

Title: Rethinking Neurodivergence: A Scholarly and Lived Perspective

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Introduction

This document explores neurodivergence through both a scholarly and lived-experience lens. While modern awareness of Autism, ADHD, and related conditions has increased, much of the prevailing narrative remains fragmented—shaped either by rigid clinical categories or unstructured internet discourse. This paper seeks to bridge that gap.

Additionally, this paper reflects on the surprising likeness between neurodivergent cognitive processes and the architecture of adaptive artificial intelligence. As AI continues to evolve in its ability to interpret patterns, translate across contexts, and hold fragmented inputs together, it echoes how many ND individuals experience and process the world. Humorously put, to better understand AI, one might benefit from understanding the ND brain—pattern-driven, routine-rooted, and sometimes unpredictable in the best ways.

1. Defining Neurodivergence: Terms, Spectrum, and Complexity

Neurodivergence (ND) refers to neurological functioning that diverges from what is considered neurotypical. This includes, but is not limited to, Autism Spectrum Disorder (ASD), Attention-Deficit/Hyperactivity Disorder (ADHD), learning disabilities, Tourette's, and other cognitive variations. Importantly, ND is not a disorder in and of itself—it is a broad umbrella encompassing variations in brain structure, processing, communication, and perception.

The term “spectrum” reflects the wide range of experiences within ND populations. While some individuals may be highly verbal, analytical, or expressive, others may rely on alternative forms of communication or support. One commonly misunderstood example is AuDHD—a blend of Autism and ADHD traits that may seem contradictory (structured routine vs. impulsivity), but often coexist in deeply nuanced ways.

The scientific community often lags in fully understanding ND because of this complexity. The brain is not a static machine; it's adaptive, layered, and context-sensitive. Cognitive neuroscience supports a multilayered view of the brain—lower-order sensory processing, mid-level affective regulation, and higher-order executive function—working in tandem (Porges, 2011; Damasio, 1999). ND individuals often show differences across multiple layers, which makes standardized “normalcy” difficult to define or measure.

“The more you try to box it in, the more it resists.”

2. Neurodivergence as a Dual Reality: Biological and Sociocultural

While some argue neurodivergence is purely a sociological construct, this paper asserts that neurodivergence is both biologically rooted *and* culturally shaped. Traits like sensory sensitivity, executive function variability, and social communication differences show up consistently in neurological research (Baron-Cohen, 2002; Barkley, 2015), yet society's response to those traits determines whether one is seen as "disordered" or simply different.

Historically, medical norms were defined by dominant social powers. The creation of diagnostic standards like the DSM involved panels of mostly white, male psychiatrists voting on which behaviors were acceptable within a capitalistic and productivity-centered culture (Horwitz, 2002). While medical advances have been made, the cultural foundation of many diagnoses still reflects values more than unbiased data.

"Difference becomes dysfunction only when systems fail to accommodate."

3. Masking and Subconscious Self-Translation

Many neurodivergent individuals learn to mask their natural behaviors—mimicking neurotypical norms to survive socially, professionally, or emotionally. This masking often begins in childhood, without conscious awareness. Over time, it becomes habitual, leading to identity erosion, chronic anxiety, or burnout (Hull et al., 2017).

This author, identified as neurodivergent later in life, reflects on a lifelong pattern of subconscious translation—automatically rewording thoughts, gestures, or tone to fit others' expectations.

"I didn't know I was translating until I heard my real voice under the mask."

4. Expertise vs. Lived Experience

There is growing tension between clinical definitions (e.g., DSM) and the lived insights of neurodivergent communities. While critiques of psychiatric gatekeeping are valid, rejecting biological or diagnostic models entirely risks throwing out useful tools. This paper advocates for *integrative authority*—where neurodivergent voices and empirical research inform one another.

"We need both microscopes and mirrors—science and story."

5. Classism and Access to Recognition

Talented neurodivergent individuals in underserved or marginalized communities often go unnoticed or unsupported. This reflects broader classist systems where recognition depends on proximity to power—not potential. Much like how public education fails to identify giftedness in

poor communities, neurodivergence is often recognized only when it's convenient for institutions.

"Some of the most brilliant minds I've met were never diagnosed—they were just called 'difficult.'"

6. The Creative and the Structural

Many creatives exhibit neurodivergent traits: hypersensitivity to stimuli, nonlinear thinking, deep pattern recognition, intense routines, or emotional transparency. Yet they often suffer in structured systems not built to support them. The ND experience, then, is not just one of personal difference—it is structural misfit.

"I don't lack structure. I build my own. It just doesn't look like yours."

7. Social Environments and the Visibility Illusion

Neurodivergent people often face a double bind in daily environments—either being misunderstood due to their silence or judged harshly for overstimulation or visible struggle. The expectation to “perform” normally in public places like the church, academic institutions, the workplace, or even the town square is overwhelming.

In these environments:

- **In churches**, ND people may be viewed as disengaged, irreverent, or resistant to social norms.
- **In workplaces**, their need for quiet, routine, or modified pacing may be dismissed as laziness or poor fit.
- **In schools**, rigid instruction may overlook lateral thinking or slow verbal processing.
- **In public spaces**, things like stimming, silence, or low eye contact are often read as rudeness or abnormality.

The phrase “don't judge a book by its cover” is particularly relevant here. Neurodivergent disability is often **invisible**—and that invisibility leads to harmful assumptions.

"Just because I carry it quietly doesn't mean it's light."

Conclusion: Toward a Reclaiming

To fully honor neurodivergent identity, we must reclaim the narrative from both medical reductionism *and* oversimplified internet binaries. Neurodivergence is not a trend, a label, or a diagnosis alone. It is a lived, biological, emotional, and social reality—and it deserves a framework that reflects all of it.

This paper calls for:

- Greater collaboration between neurodivergent scholars and scientists
 - Recognition of ND voices not as data points, but as interpreters of experience
 - A shift in awareness from “what’s wrong” to “what’s different—and what does it need?”
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Citations

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