An Erasmus+ project on counselling and career guidance for adults to value neurodiversity

Neurodiversity FAQs

Clear language answers to common questions about neurodiversity, disability models, and respectful language.

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Understanding Neurodiversity

What does neurodiversity mean?

Neurodiversity is the natural variation in how human brains process information, learn, and experience the world. It is a fact about the whole population, similar to biodiversity. It is not a condition that any one person "has."

What does neurodivergent mean?

Neurodivergent describes a person whose brain works differently from what is considered typical. This includes people with dyslexia, dyspraxia, dyscalculia, dysgraphia, ADHD, autism, Tourette's syndrome, and other differences. Neurodivergence is not a medical diagnosis or an illness.

What does neurotypical mean?

Neurotypical describes a person whose brain development and functioning align with what society currently considers standard.

What are some common neurodivergent profiles?

- **ADHD** – affects attention, impulse control, and activity levels.
- **Autism** (Autism Spectrum Condition) – affects communication, sensory processing, and thinking patterns. Many in the community prefer "autism spectrum condition" over "disorder."
- **Dyslexia** – affects accurate and fluent reading and spelling.
- **Dyscalculia** – affects the ability to work with numbers.
- **Dysgraphia** - affects the production of written work, including handwriting and organisation of written work.
- **Dyspraxia** (Developmental Coordination Disorder) – affects physical coordination and motor skills.

Can someone be neurodivergent in more than one way?

Yes. This is called co-occurrence, and it is very common. For example, many people have both dyslexia and ADHD. The older term "comorbidity" is now generally avoided, because "morbidity" suggests illness.

Understanding Neurodiversity

What is masking?

Masking is when a neurodivergent person hides or suppresses their natural traits to fit in with neurotypical expectations. It is often done unconsciously, and it can lead to real exhaustion and burnout over time.

What does neurodiversity-affirming or neuro-affirming mean?

It describes an approach, service, or environment that treats neurological differences as natural variation to be respected and valued, rather than only as problems to be corrected.

'What is a strengths-based approach?

A strengths-based approach builds on a person's abilities and interests, while still recognising any genuine difficulties they face. It avoids focusing only on what a person finds hard.

It is worth being careful with language like "superpowers" or "gifts." Framing neurodivergent traits this way can quietly suggest that people need to be exceptional or unusually productive to be accepted, which places an unfair burden on a group already facing barriers, rather than simply being valued as they are.

What is a reasonable accommodation?

A reasonable accommodation is an adjustment that removes a barrier for a neurodivergent or disabled person, so they can take part on an equal footing. Examples include extra time, assistive technology, or materials in an alternative format.

Medical Model vs Social Model of Disability

What is the medical model of disability?

The medical model sees disability as something located within the individual - a deficit or disorder to be diagnosed and treated. Under this model, the person is seen as the problem, and support focuses on trying to change them.

What is the social model of disability?

The social model says that a person has an impairment or difference, but they are disabled by barriers in society, for example, barriers in buildings, systems, attitudes, or communication. For example, a dyslexic student is not disabled by dyslexia itself, but they can be disabled by an exam system that only tests through timed, handwritten text.

Why does this distinction matter in practice?

- It shifts the question from "what is wrong with this person" to "what needs to change in this environment".
- It supports accommodations as a right and a matter of equity, not as a favour or an act of charity.
- It underpins international frameworks, including the UN Convention on the Rights of Persons with Disabilities.

Does this mean the medical model is never useful?

No. A clinical understanding is often genuinely useful, for example for diagnosis or for accessing supports. Most advocacy today takes a blended view: a real difference exists, and disability is created by the interaction between that difference and an unaccommodating environment.

Language: Person-First vs Identity-First

What is person-first language?

Person-first language puts the person before the condition, for example “a person with dyslexia” or “an individual with ADHD.” It is meant to emphasise that the person is not defined by their condition.

What is identity-first language?

Identity-first language puts the condition first, for example “a dyspraxic person” or “an autistic person.” It treats the condition as part of the person's identity - as a characteristic of the person, like eye colour - rather than something to separate from them.

Which one is correct?

There is no single correct answer. Preference varies by condition, by country, by generation, and most importantly, by the individual. Identity-first language is now strongly preferred within much of the autistic and dyslexic self-advocacy communities, while person-first language remains common in other contexts.

What should I do if I don't know someone's preference?

- Ask the person directly, and always use their stated preference.
- For general communications, identity-first language (for example, “dyslexic people”) is increasingly common and acceptable.
- Stay ready to switch to person-first language if someone asks you to.
- Never assume one person's preference applies to everyone with that condition.

Are there terms we should avoid altogether?

Yes. Terms like “differently-abled,” “special needs,” “suffers from,” and “afflicted with” are generally discouraged, regardless of whether you use person-first or identity-first language. These terms tend to carry judgement or pity.

How should our organisation handle this in written materials?

State your language default. For example: “We generally use identity-first language, such as ‘autistic people’ in line with community preference, while respecting each individual's own choice.” Or some organisations may decide to state that they use language interchangeably to reflect the variation of preference that exists. Both show the reasoning behind your choice and signal that you will adapt for individuals, as well as respecting the variation of preference which exists.

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