



# A GRANN INTRODUCTION TO NEURODIVERSITY & AUTISM

Presented by GRANN

**GRANN ACKNOWLEDGES THE BILAI, GURANG,  
GOORENG GOORENG AND TARIBELANG BUNDA  
PEOPLE WHO ARE THE TRADITIONAL CUSTODIANS OF  
THIS LAND AND PAY RESPECT TO ELDERS PAST,  
PRESENT AND EMERGING. WE EXTEND THAT RESPECT  
TO ALL ABORIGINAL AND TORRES STRAIT ISLAND  
PEOPLE.**



# DISCUSSIONS COVERED

- What is Autism
- The Legacy of Ableism
- What is Neuronormativity?
  - Examples of Neuronormativity
- The Pathology Paradigm vs. The Neurodiversity Paradigm
- A Neuro-Affirming Mindset
- Person-First vs. Identity-First Language
- The Double Empathy Problem
- Monotropism and Attention
- Understanding Individualised Eating
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- Understanding Pathological Demand Avoidance (PDA)
- Understanding Masking
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  - Unmasking
- Burnout: A Systemic Issue
  - Addressing Burnout
- Stigma Surrounding Neurodivergence
- Supporting Neurodivergent Individuals
- The Way Forward







# INTRODUCTION

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Neurodiversity is not a niche concern; it is a fundamental dimension of human variation. The idea, first published by Judy Singer in 1997, has since been reclaimed by the Neurodivergent community itself, challenging dominant narratives that seek to frame cognitive differences as mere dysfunctions.

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Instead, neurodiversity reflects the vast spectrum of human cognition, one that includes both those who are Neurodivergent and those who can comfortably perform neuronormative expectations.

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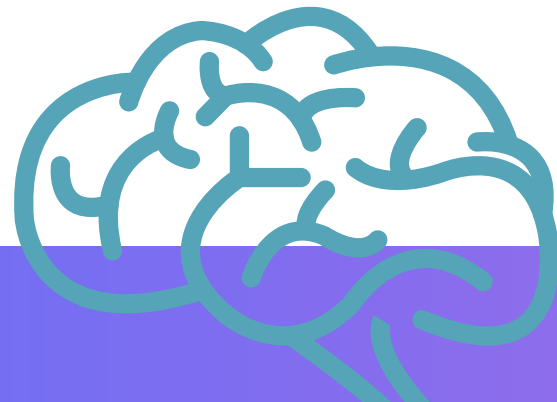
Yet, Neurodivergent people are disproportionately subjected to a world designed without us in mind, leading to chronic exhaustion, alienation, and burnout. In this GRANN introduction, we critically examine why this happens and explore pathways forward.



# WHAT IS NEURODIVERSITY?

Neurodiversity is an ecological reality. The term refers to the full range of neurological variations within the human species, yet it has often been co-opted to refer only to those who deviate from the neuronormative ideal – Autistic, ADHD, dyslexic, and other acquired Neurodivergent individuals.

In truth, neurodiversity encompasses everyone; the distinction is that those labelled "neurotypical" enjoy systemic privilege, while Neurodivergent individuals are expected to mask, assimilate, integrate, and "overcome" our cognitive differences to survive.



# WHAT IS NEURODIVERGENCE?

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Neurodivergence, a term coined by Kassiane Asasumasu in 2000, describes the state of not being able to comfortably perform neurotypicality. The capitalist system demands efficiency, compliance, and productivity, and those who do not fit within its rigid structures are often marginalized.

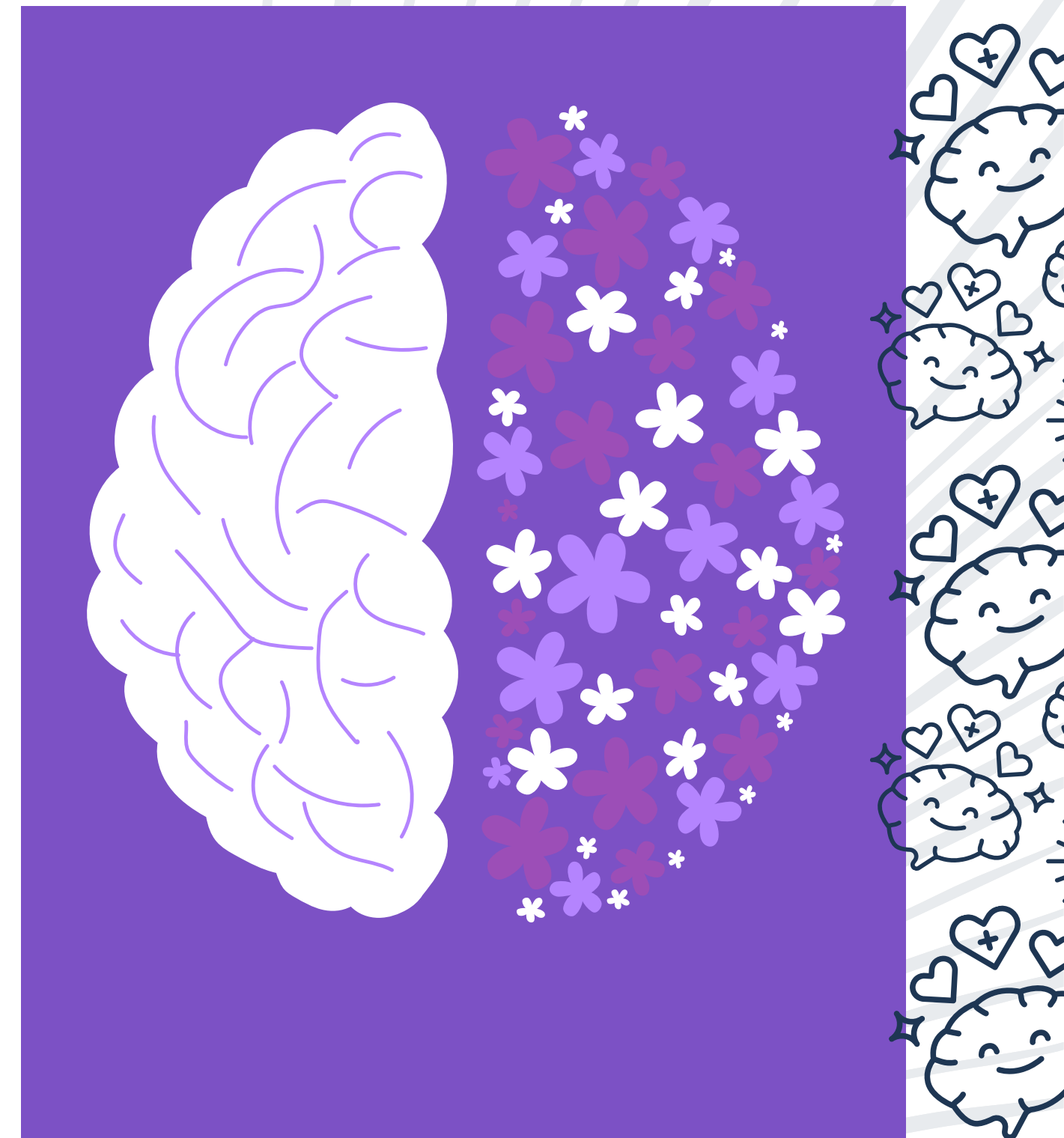
Neurodivergence includes hereditary differences such as Autism and ADHD, but also encompasses mental health conditions, brain injuries, and other variations and acquired diversities that shape cognition. If the system labels you as "disordered" or "dysfunctional," you are likely Neurodivergent. Welcome!

# WHAT IS AUTISM?

A neurodevelopmental condition characterised by differences. Autistic people may have strong interests, unique communication styles, and sensitivities to light, sound, or touch (sensory processing). They may prefer routines or find social settings challenging. These traits are not problems in themselves, but they may clash with societal expectations.

The social framework highlights that disability arises from social barriers, not individual deficits. It sees autism as a natural variation in human diversity. The neurodiversity movement advocates for acceptance, inclusion, and the dismantling of environmental and societal barriers.

From a social perspective, many difficulties Autistic people face are due to stigma, lack of accommodations, or the pressure to "mask" their traits. Social acceptance and inclusion are key to improving quality of life.





# THE LEGACY OF ABLEISM

Historical and contemporary treatment of Autistic and Neurodivergent individuals has been shaped by eugenicist ideology. Hans Asperger's complicity in Nazi-era "selection" of Autistic children for execution or survival is a chilling reminder that Neurodivergence has long been subjected to violent categorization. Today's functioning labels, compliance-based therapies (Behaviour Therapies), and workplace "accommodations" that demand continuous proving of one's worth are modern echoes of these histories. An unpleasant, yet necessary reminder, to steer away from the terms like "Aspergers", and stay informed of language choices.

Everyone is a  
genius. But if  
you judge a fish  
by its ability to  
climb a tree, it  
will live its  
whole life  
believing that it  
is stupid.  
Albert Einstein



# WHAT IS NEURONORMATIVE?

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Neuronormativity is not an inherent neurological state but a socially constructed standard of cognition and behaviour. A neuronormative person is someone whose cognitive patterns align with the dominant culture's expectations, affording them systemic privilege. As these expectations shift across cultures and historical periods, neuronormativity functions more as a performance, one that reinforces existing power structures, rather than a distinct neurotype.

The common framing of neuronormativity and Neurodivergence as binary opposites is misleading; instead, neuronormativity is best understood as an arbitrary benchmark used to include or exclude people from full participation in society.



# EXAMPLES OF NEURONORMATIVITY

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Common examples of neuronormativity:

- Avoiding eye contact is seen as dishonesty.
- Verbal communication is considered the most valid form of expression.
- In-person interactions are prioritized over other forms of communication.
- There is a belief that focus looks the same for everyone.
- Direct or blunt communication is viewed as rude.
- Autistic individuals are assumed to not understand sarcasm.
- Emotional expression is expected to follow a single "correct" model.
- Fast responses in conversation are seen as necessary.
- Behaviours like stimming are often stigmatized.
- Workplaces favour group collaboration over individual approaches.



# THE PATHOLOGY VS. THE NEURODIVERSITY PARADIGM

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Dominant medical and psychological frameworks have historically pathologized Autism and Neurodivergence, reducing them to a collection of deficits to be treated or eliminated. This is the pathology paradigm: the belief that Autistic and Neurodivergent people are broken versions of an idealized "normal". In contrast, the neurodiversity paradigm asserts that Autism and Neurodivergence are inherent aspects of human diversity, and that the disabling aspects of Autistic and Neurodivergent experiences arise from systemic barriers rather than from intrinsic deficits.



# A NEUROAFFIRMING MINDSET

## WHAT IS NEURO-AFFIRMING

Neuro-affirming practices recognise, respect, and celebrate neurological differences. This perspective views Neurodivergence as a natural part of human diversity rather than a deficit or disorder. Affirming approaches emphasize strengths, honour unique perspectives, and uphold the dignity of Neurodivergent individuals. By nurturing inclusive environments, society can better support and empower Neurodivergent people.

## WHAT IS NOT NEURO-AFFIRMING

- **Stereotyping Autism as a lack of empathy** – This misconception ignores the varied emotional experiences of Autistic individuals. Many experience deep empathy but express it in different ways.
- **Excluding mental health conditions** – Overlooking the role of mental health within the neurodiversity conversation dismisses the complexities of lived experiences.

## HOW TO BE NEURO-AFFIRMING

- **Educate Yourself** – Learn about different Autistic & Neurodivergent experiences to build empathy and understanding.
- **Advocate for Accommodations** – Support flexible communication methods, sensory-friendly environments, and other inclusive practices.
- **Champion Inclusion & Belonging** – Promote policies that amplify Autistic & Neurodivergent perspectives in education, workplaces, and broader society.



# PERSON-FIRST VS. IDENTITY-FIRST LANGUAGE



Language is not just a means of description; it is a tool of power. Within the Autistic and Neurodivergent community, language shapes the way we see ourselves and how society perceives us. The debate between person-first and identity-first language is not just about preference, but about autonomy and self-definition.


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Person-first language (e.g., "person with Autism") implies that Autism is something separate from the individual, an add-on rather than an intrinsic aspect of identity. This framing aligns with deficit-based models that seek to cure or minimize Autism and Neurodivergence. In contrast, identity-first language (e.g., "Autistic person") reflects the lived experience of many Autistic and Neurodivergent individuals who see their neurology as fundamental to their identity.

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Many Autistic people, as well as many within the broader Neurodivergent community, overwhelmingly favour identity-first language because it affirms our existence on our own terms. While language will always be deeply personal, it is crucial to recognize that dismissing identity-first language often reinforces the same structures that seek to erase or diminish Autistic and Neurodivergent identity. be used as demonstrations and speeches.



An artistic composition on the left side of the image. It features two overlapping silhouettes of human heads in profile, facing each other. The silhouette on the left is light blue, and the one on the right is light green. A white, textured fabric, possibly a rope or thick thread, is draped over the heads, forming loops and swirls. The background is a solid light grey.

# THE DOUBLE EMPATHY PROBLEM

Autistic people are frequently accused of lacking empathy, yet this claim is based on neuronormative biases. Damian Milton's Double Empathy Problem (2012) reveals that communication breakdowns between neurotypical and Autistic/Neurodivergent individuals are mutual. Neurotypicals struggle to empathize with Autistic and Neurodivergent perspectives just as much as the reverse, but only one group is stigmatized for it. This imbalance is rooted in power, not in any inherent communicative "deficit."



# MONOTROPISM AND ATTENTION

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The theory of monotropism, developed by Dinah Murray, Wenn Lawson, and Mike Lesser, provides a powerful framework for understanding Autistic cognition. Monotropic individuals invest deep cognitive resources into fewer attention tunnels at a time, leading to intense focus, deep thinking, and strong passion for specific interests. While mainstream narratives portray this as a "deficit" of flexibility, it is more accurately understood as a different, yet equally valid, cognitive strategy. Pathologizing monotropic attention styles only serves to alienate and devalue Autistic individuals.





# UNDERSTANDING INDIVIDUALISED EATING

Individualised eating refers to how a person's ability to eat a particular food is deeply connected to the environment, routine, and people present. Food is not just an isolated object, it exists within a sensory, emotional, and situational framework. Many Autistic and Neurodivergent individuals do not separate food from its context, making it difficult to transfer eating habits across different settings.



Shaped by various factors, including time, routine, environment, and relationships, individuals may associate certain foods with specific times of day, locations, or social interactions, such as eating toast only for breakfast or accepting food from one caregiver but not another. Sensory and emotional connections also play a role, making some foods feel safe in certain settings but not others. Individualised eating is frequently misinterpreted as defiance or manipulation, when in reality, it reflects a need for predictability and comfort. It is not about control, disobedience, or a lack of discipline, but rather an individual's way of navigating food in a world that often overlooks Autistic and Neurodivergent needs.



Rather than viewing individualised eating as a challenge to be "fixed," it helps to recognize that it serves an important function for Autistic and Neurodivergent individuals. Food routines provide:

- **Predictability & Security** – Eating the same food in the same setting provides a sense of control and stability.
- **Support for Social Experiences** – Associating certain foods with enjoyable activities makes them feel safer and enhances participation.
- **Structure & Regulation** – Eating habits help create order in daily life, reducing anxiety and overwhelm.
- **Easing Co-Occurring Conditions** – Honouring food-related routines can prevent unnecessary stressors that may exacerbate conditions such as anxiety, digestive issues, or sensory sensitivities, rather than inflaming them.

Recognizing individualised eating as a legitimate food experience allows us to provide better support and nurture a sense of security and inclusion in social and daily life experiences.



# REFRAMING INDIVIDUALISED EATING



# UNDERSTANDING PATHOLOGICAL DEMAND AVOIDANCE (PDA)



PDA stands for Pathological Demand Avoidance, also referred to as Persistent Drive for Autonomy, and is considered a profile within the autism spectrum. The PDA profile is not currently recognised in the DSM-5, but is widely acknowledged in lived experience and clinical practice.

## **PDA is characterised by:**

- Extreme anxiety in response to everyday demands.
- Intense need for autonomy and control.
- Surface sociability with difficulties in reciprocal interaction.



# UNDERSTANDING PATHOLOGICAL DEMAND AVOIDANCE (PDA)

## Key Features:

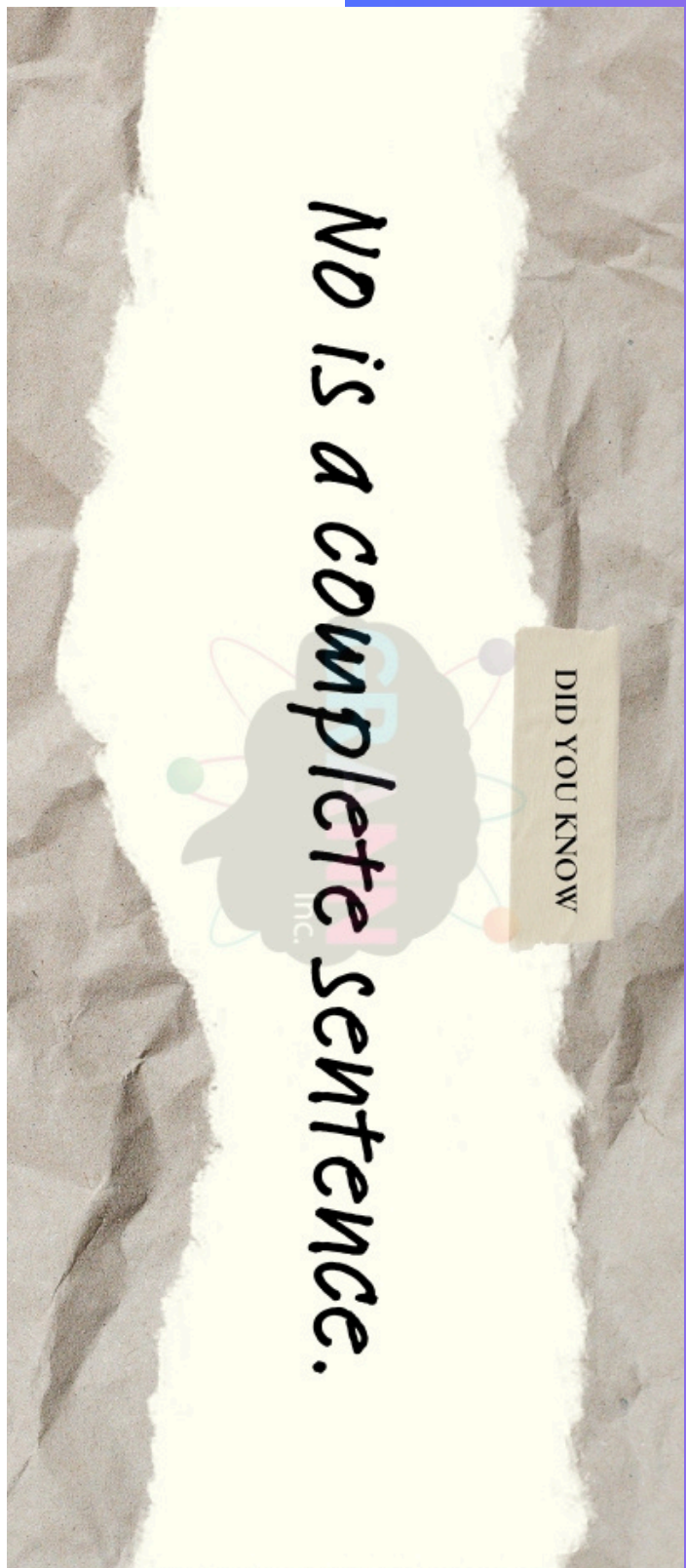
- Avoidance of everyday demands, often using social strategies
- Resistance driven by anxiety, not defiance
- Sudden changes in mood and behaviour
- Need for control over self and environment
- High levels of intolerance to uncertainty

“These behaviours are best understood as extreme responses to perceived threats to autonomy and safety.” – Kildahl et al., 2021





# Understanding Pathological Demand Avoidance (PDA)



## Reframing Behaviour of PDAer's:

PDA behaviours are often mislabelled as defiance, opposition, or manipulation. But in reality, they may be acts of self-preservation, responses to past trauma, or attempts to assert autonomy.

*"Nature's answer to over-conformity." – Milton, 2013*

## PDA & Anxiety:

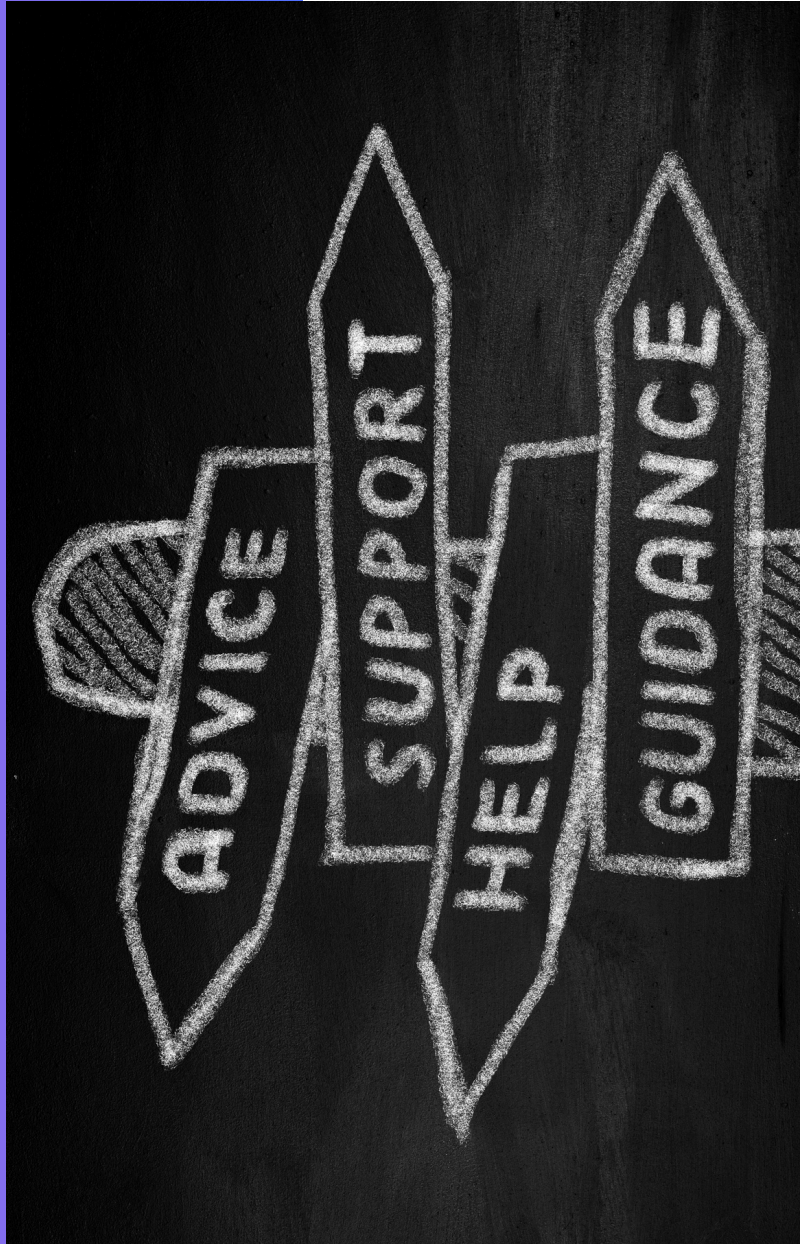
- Anxiety is the thought to be the underlying driver of demand avoidance.
- Everyday requests may trigger fight, flight, or freeze.
- Masking, shutdowns, meltdowns, and withdrawal are common.
- Demand avoidance may reflect a protective survival strategy.

*"A crippling inability to comply" – Autism Awareness Australia*

## The Importance of Autonomy:

- Autonomy = a core human right, not a luxury.
- Self-determination reduces anxiety and builds trust.
- Rigid behavioural expectations erode agency.
- Refusal may be a legitimate expression of distress.

# Understanding Pathological Demand Avoidance (PDA)



## Supporting Individuals with PDA:

- Use low-arousal and low-demand approaches
- Prioritise co-regulation, not correction
- Create predictable, safe environments
- Offer choices and collaborative problem-solving
- Respect the right to say no
- Reduce demands
- Nurture autonomy
- Avoid power struggles
- Focus on relationship over compliance

*"When a child resists, ask not how do we stop this?  
But what need are they expressing?"*

PDA is not defiance – it's a response to unmet needs.

Anxiety and autonomy must be central in support plans.

Let's move from control to connection.

PDA is not a pathology. It is a call for safety, respect, and understanding.



# UNDERSTANDING MASKING

Masking—also called camouflaging or compensation—is the act of consciously or unconsciously suppressing or mimicking behaviours to appear neurotypical. It is particularly common among autistic girls, women, and gender-diverse individuals, who often internalise social norms to blend in. This behaviour can involve forced eye contact, rehearsed social scripts, copying gestures, or suppressing stims and sensory discomfort.

While masking may help form social connections or succeed in interviews, it comes at a significant emotional and physical cost. It contributes to delayed diagnoses, identity loss, burnout, anxiety, depression, eating disorders, and trauma (Pearson & Rose, 2021; Hull et al., 2017). In some cases, masking becomes so ingrained—referred to as adaptive morphing—that it ceases to feel like a choice, making unmasking especially difficult.

Autistic females may show strong social mimicry and be perceived as having intact social skills, but often struggle with executive functioning and perfectionism (Dworzynski et al., 2012). They may prefer less socially intense activities or peer groups, further obscuring their autistic identity.

# THE COST OF MASKING

Masking, suppressing natural neurodivergent traits to conform to societal expectations, exacts a devastating toll on mental and physical health. It is often not a choice, but a survival mechanism demanded by an ableist world. Common masking behaviours include:

- Suppressing stimming behaviours to appear "calm" or "in control"
- Concealing emotional reactions, avoiding being perceived as "too sensitive"
- Mimicking social norms that feel unnatural or uncomfortable
- Forcing facial expressions to match social expectations
- Avoiding asking for help to appear independent, capable
- Pretending to enjoy or dislike things to fit in with peers
- Suppressing meltdowns, often leading to severe distress
- Feeling compelled to lie to soften blunt honesty
- Enforcing painful eye contact to avoid seeming "rude"
- Over-apologizing for traits that cannot be masked, such as poor memory
- Constantly policing oneself to avoid "oversharing" about passions and interests
- Attributing unmaskable traits to being "just anxious" or "a perfectionist"
- Forcing oneself to endure overwhelming sensory environments, leading to burnout





# UNMASKING

Masking is exhausting, unsustainable, and deeply harmful. It is time for society to shift its focus away from demanding neurodivergent people "blend in" and instead prioritize accessibility, acceptance, and genuine inclusion.

Unmasking can be a complex process, particularly after years of masking. Newly diagnosed autistic women often face identity confusion, lack of self-acceptance, and social stigma. Supporting autistic girls and gender-diverse youth involves early, open discussions about masking, helping them recognise when they are masking, and encouraging self-expression in safe, affirming environments (Hull et al., 2017; Stanborough, 2021).



# BURNOUT: A SYSTEMIC ISSUE



Autistic burnout is not merely the result of individual stress, it is a systemic crisis. It is the consequence of forced assimilation, constant masking, and the relentless demand to perform neurotypicality under capitalism. Burnout manifests as physical, emotional, and cognitive exhaustion, often leading to severe mental health crises. Symptoms include chronic fatigue, diminished executive function, heightened sensory sensitivity, and social withdrawal.



# ADDRESSING BURNOUT



- Deconstruct neuronormative expectations: Name it! Recognize that the pressure to "function" within the constraints of capitalism is a significant contributor to burnout.
- Prioritize self-defined rest: Autistic and Neurodivergent rest does not look the same as neurotypical rest. It may involve deep engagement in selective interests, stimming, or extended solitude.
- Lower cognitive and sensory demands: Environments should be adjusted to accommodate Autistic and Neurodivergent needs rather than demanding constant adaptation.
- Reject functioning labels: "High-functioning" and "low-functioning" classifications serve only to police Autistic and Neurodivergent bodies. Functioning labels are capitalist tools used to determine whose labour is exploitable and whose needs are inconvenient.

# STIGMA SURROUNDING NEURODIVERGENCE

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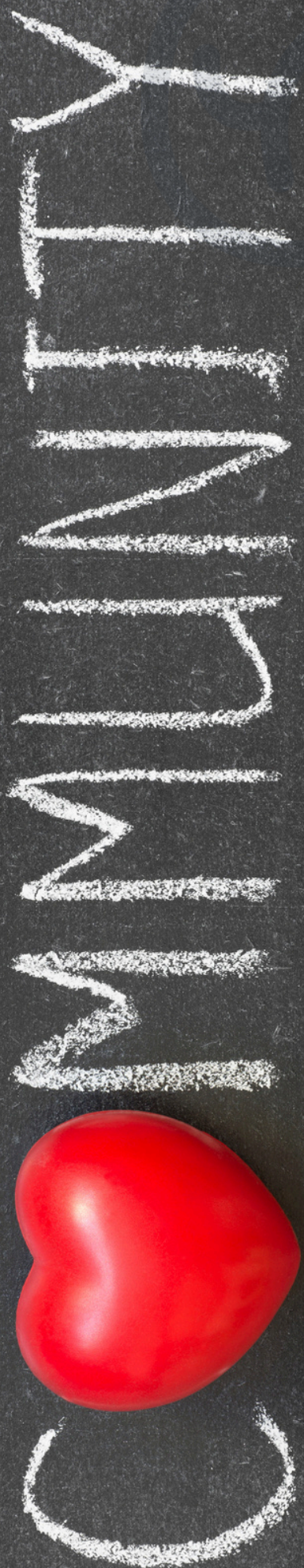
Stigma surrounding Neurodivergence often leads to exclusion, particularly in how the term is defined. A common misconception is that Neurodivergence only includes Autism and ADHD, overlooking mental health conditions like anxiety and PTSD. This narrow perspective limits recognition and support for those whose experiences don't fit traditional definitions, further reinforcing gaps in accessibility and understanding.





# SUPPORTING NEURODIVERGENT INDIVIDUALS

- **Advocate for Yourself** – Understanding your rights and clearly expressing your needs can help you secure accommodations that support your success. You can also entrust in others to advocate with you.
- **Find Your Community** – Connecting with support networks provides a space to share experiences, exchange coping strategies, and build a sense of belonging.
- **Use Helpful Tools** – Stay organised with calendars, reminders, and sensory tools to reduce overwhelm and ease daily challenges.
- **Set Boundaries** – Be clear about your social and sensory limits, and don't hesitate to communicate when you need a break or personal space.
- **Celebrate Your Strengths** – Focusing on your unique abilities, passions and interests can boost self-confidence and encourage a more positive self-image.





# THE WAY FORWARD

True Autistic and Neurodivergent liberation cannot be achieved within the existing capitalist, ableist structures. Reform is not enough; we need radical transformation. This means:



Redistributing resources to ensure access to housing, healthcare, and community support without gatekeeping based on "functionality."



Recognising Autistic and Neurodivergent autonomy and self-determination.



Building Autistic and Neurodivergent spaces that do not center the comfort of neuronormatives at the expense of our well-being.



Dismantling systemic barriers rather than forcing Autistic and Neurodivergent people to "adapt" or "cope."

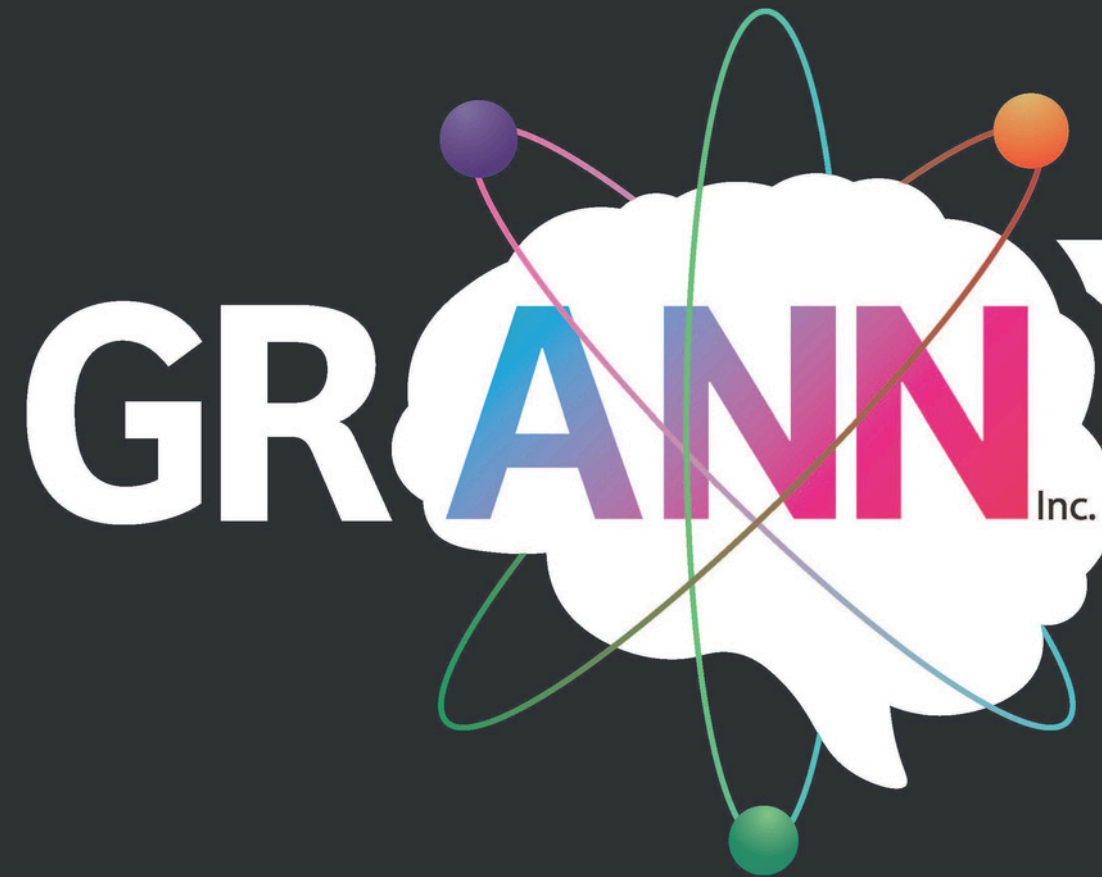


**THIS IS AN INVITATION, NOT JUST TO AWARENESS, BUT TO  
ACCEPTANCE, UNDERSTANDING, AND ACTION. AUTISM AND  
NEURODIVERGENCE IS NOT A FLAW TO BE FIXED. IT IS A  
REALITY TO BE AFFIRMED, A STRENGTH TO BE RECOGNISED,  
AND A MOVEMENT TO BE BUILT.**

**GRANN**

Inc.

**SHARE WIDELY. CHALLENGE THE DOMINANT  
NARRATIVES. ADVOCATE FOR RADICAL CHANGE.  
EMPOWER EACH OTHER. RESPECT PEER AUTONOMY.**



Gladstone  
Region

**Autistic &  
Neurodivergent  
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