

The neurodiversity concept viewed through an autistic lens

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The Neurodiversity Concept Viewed Through an Autistic Lens

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Sonuga-Barke and Thapar shed light on an important area for both clinical and academic practice.¹ The debate between a medical view on autism (ontologically grounded in positivism) and a social view (more closely aligned with constructivism) is a longstanding issue in both the academic literature and wider societal discourse. The neurodiversity movement in particular (a social view) has been growing in popularity and influence since it was first proposed by Judy Singer in 1998.² Neurodiversity challenges us to reframe our view of neurodevelopmental conditions away from one of disorder and towards one of difference/diversity.¹ Sonuga-Barke and Thapar provide a helpful overview of the basics for non-specialist readers. The language is new to many and there is some excellent pre-existing literature summarising the movement and terminology, including explanation that individuals are neurodivergent and populations consisting of neurodivergent and neurotypical people are neurodiverse.² Grammatically speaking, one cannot be neurodiverse as an individual.

We hope that this may bring the debate into the realm of psychiatric practice. We write this letter as representatives of Autistic Doctors International – a group of over three hundred autistic doctors who focus on advocacy, support and research. We are insiders to the worlds of academia, psychiatry, anaesthesia and general practice, amongst others. We are also autistic. This duality of identities grants us a unique lens through which we view these debates. As physicians, trained and often practicing in a traditional medical/deficit model, we have a sense of its usefulness as a tool because of how healthcare systems function today. But we are also acutely aware of the limitations and the negative effects of a rigid categorical system in particular vis-a-vis neurodivergent individuals. A purely medical approach risks deficits not being balanced with strengths, which perpetuates diagnosis as ‘bad news’ – promoting both stigma and shame. An approach considering multiple perspectives can only be of benefit to both healthcare professionals and people seeking our help. As autistic professionals, we navigate social and environmental challenges/barriers, whilst also personifying the associated strengths – resilience and attention to detail, for example. We also embody the diversity that the medical workforce is striving to achieve in order to better represent the wider populations we serve.³ We invite doctors, past or present, who are autistic to contact us if they are interested in working with us towards our shared goal of understanding and inclusion.

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