Neurodiversity and Triratna

This document aims to help centres provide an inclusive and supportive environment for neurodivergent people.

Definitions:

Neurodiversity is a general term used to describe natural variations in the way human brains process information and view the world. There are many different types of neurodiversity. Example: ADHD and autism are forms of neurodiversity.

Neurotypical is used to describe individuals whose brain function is deemed to be typical within their culture. Most people in any society are neurotypical.

Neurodivergent is a term used to describe individuals who think and process information in ways that are not standard within their culture. Approximately 1:6 people in our society are thought to be neurotypical. Example: "I am neurodivergent because I have dyslexia".

Neurodiverse is a term used to describe groups of people who have different brain functions. Example: if I am chatting to a neurotypical friend this is a neurodiverse group because we have different brain functions. If I'm chatting to a friend with autism we are not a neurodiverse group - because we both have autism.

Stimming: Stimming is short for self-stimulating behaviors. The term "stim" is used to describe one of these behaviors, which can include doing an action over and over or repeating the same sound several times. Stimming is a way to release excess, pent up energy – and bring about a feeling of calm, comfort and awareness in the body and mind.   Stimming can also block out unpleasant sensations such as overwhelm or anxiety. Biting nails when you are anxious or fiddling with a bracelet are stimming behaviours. People with ADHD or Autism often stim.

What Neurodiversity is and is not:

- Neurodiversity is a normal form of brain function.
- Neurodiversity is not a form of learning disability or an illness.
- Neurodiversity is a *difference* NOT a *difficulty*.
- You can't 'grow out of' neurodiversity; if you are neurodivergent you have this type of brain function for life.

Neurodiversity in general and autism in particular are often described as conditions found on a spectrum. People sometimes say "he's on the spectrum" or "we are all on the spectrum".

This can be unhelpful depending on how you define the term "spectrum". If by spectrum you mean a line with Neurotypical at one end and Neurodivergent at the other end, with everyone

falling somewhere in between, this is incorrect. People are either Neurotypical or Neurodivergent.

However, individuals are differently affected by neurodiversity. Some neurodivergent individuals have brain functions less close to the neurotypical standard than others. For example, one person with autism can lead a normal life in society with minimal support, another autistic person may be completely non verbal and need 24 hour care.

In general terms, if your abilities lie outside what is deemed to be a normal range of brain function you are neurodivergent, but everyone is neurodivergent differently and it is helpful to think of a spectrum of different abilities. See figure 1.
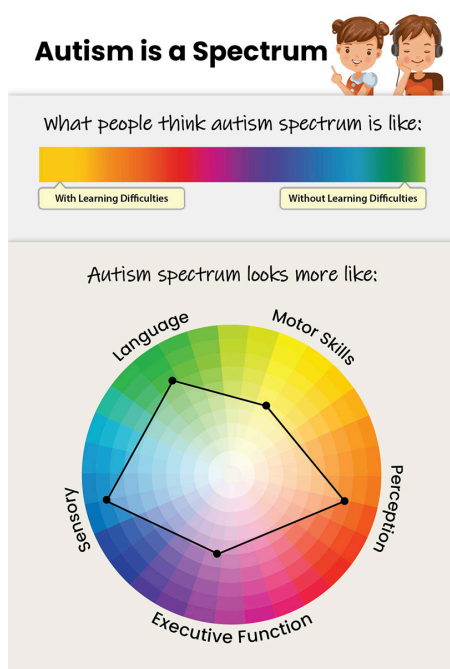

Figure 1.

Each category on this diagram shows a different type of brain function. Neurotypical people would tend to have abilities that plot in the middle circles of the diagram whereas neurodivergent people tend to have skills that plot more to the centre or the edge of the diagram.

Diagram taken from https://www.autism.org.sg/living-with-autism/what-is-autism

Many neurodivergent people respond to sensory input differently than neurotypical people do.

- "Hypo" sensitivity means that you are less sensitive to the sensory input than is standard, and therefore are likely to need more input in order to feel comfortable. People who are Hyposensitive to noise need more noise around them and are often described as "difficult" by other people.
- "Hyper" sensitivity means that you are more sensitive to sensory input than is standard and therefore need less input than is standard to feel comfortable. People who are hypersensitive to noise may be unable to come into a centre for a festival day because it is too noisy for them.
- It is possible to be hypo or hyper sensitive to any sense input (not just sound).

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Latest research suggests that between 1:5 and 1:7 of the population are neurodivergent, and estimates are increasing as more studies are done.

Types of Neurodiversity:

There are many different types of neurodiversity. I have listed common types here with a brief summary of how symptoms appear in adults.

- **Attention Deficit Hyperactivity Disorder (ADHD)**: Also known as Variable Attention Stimulus Trait (VAST). Individuals may have inattentiveness (difficulty concentrating and focusing), hyperactivity and/or impulsiveness and need flexibility in structures and schedules. High emotional lability (strong fluctuations) is also now recognised as a component of ADHD.
- **Autism**: Also known as Autism Spectrum Condition (ASC) or Autism Spectrum Disorder (ASD) where people process. Individuals find social situations produce anxiety, struggle to make friends, need clear structures, are hypersensitive to sense input and are often described as "rude" or "not interested in others".
- **Dyscalculia**: A learning difficulty that can affect processing of mathematical concepts and problem solving.
- **Dysgraphia**: A learning difficulty that can affect writing. People with dysgraphia often avoid writing or testing and have illegible handwriting/
- **Dyslexia**: A learning difficulty that can affect reading and spelling, often involving a processing delay.
- **Dyspraxia**: Also known as Developmental Coordination Disorder (DCD) affects coordination and may produce fatigue.
- **Highly sensitive people:** (HSP) have increased or deeper central nervous system sensitivity to physical, emotional or social stimuli. Also known as sensory processing sensitivity (SPS)
- **Misophonia**: A condition where a person has a strong dislike of certain sounds
- **Synesthesia**: A condition where a person experiences something with two or more senses at once
- **Tourette's Syndrome**: A neurodivergent condition affecting speech and motor control. People with Tourette's may not use appropriate language.

Other types of neurodiversity include: Acquired or traumatic brain injury, Cognitive functioning difficulties or executive dysfunction, Slow processing speed, and Stammering.

It is common for one person to have more than one type of neurodiversity.

There is growing evidence of a significant overlap between neurodivergent individuals (such as those with autism, ADHD, etc.) and those who identify as LGBTQIA+.

Diagnosis:

It is difficult for neurodivergent people to obtain a diagnosis. To get a diagnosis you have to show many different aspects of a specific condition. For example, to be diagnosed as autistic you have to show different brain functions in *all* these areas: Social communication and interaction, repetitive behaviours, symptoms present in early childhood, clinically significant impairment and that the symptoms are not explained by other conditions. It can be hard to find evidence to fulfill all the criteria.

Many neurodivergent individuals also choose not to get formal diagnoses because of stigma in society and very long waiting times for diagnosis. It is also possible to have some traits of a condition without having all of them. Because of these constraints it is standard within the neurodiverse community to accept self assessment as valid.

In the last 15 years identification of neurodiversity has become common in schools. This means that newcomers to our centres are likely to have known that they are neurodivergent since primary school. They have grown up knowing that schools, universities and workplaces now have a duty to make "reasonable adjustments" to support neurodivergent individuals who have diagnoses. People then come into centres and expect to find these reasonable adjustments in place. This is a growing issue within Triratna.

"Reasonable adjustments" for neurodiversity have generally been defined in terms of workplaces and so may not be applicable to Triratna centres. However, if we want to make our centres supportive and welcoming to most people, considering what reasonable adjustments can be made is helpful. For example, providing a quiet area for people who can't be in a noisy room for a tea break is a reasonable adjustment. Centres which prioritise inclusivity thrive as diverse communities and often find that it is not just neurodivergent people who need these adjustments. For example, people who are hard of hearing flourish in quieter environments.

A very comprehensive description of reasonable adjustments can be found here:

It is not a reasonable adjustment if someone has to ask for something to be implemented every time they come into the centre, these adjustments need to be part of how the centre works.

Other situations that affect neurodivergent individuals in Triratna:

Masking:
Masking is a trauma response to rejection or fear of failure. Masking is a coping mechanism that many people, both neurodivergent and neurotypical, employ to navigate social interactions and life in general. It involves creating a facade or adopting social personas to blend in and protect ourselves from potential harm or rejection.

For neurodivergent people, masking goes beyond surface-level adaptations. It often involves enduring pain and discomfort, having really poor boundaries and exhibiting trauma responses as a means of self-preservation. While it may provide temporary protection, the underlying truth is that the authentic self remains hidden. The constant need to suppress one's true identity and project a persona leads to a sense of disconnection and isolation, which in the long term can lead to burn out.

Neurodivergent people often feel that we are only acceptable to society to the extent that we appear to be neurotypical. Unfortunately this can also be the case within Triratna.

Implicit expectations:
All groups and organisations have implicit requirements for behaviour within the group. It can often be very challenging for neurodivergent people to work out what these "unspoken rules" are. We have a need for flexibility in the ways these rules are implemented.

Example:
In Triratna we have a phrase "The Triratna Way" which is often used to describe expected behaviour. I've been told "there is a Triratna way of being a friend". Shared aspirations can be very positive but people have to know what they are. In centres there is often an assumption that people will pick this up simply by being around other people, and many people do. Neurodivergent people probably won't pick these aspirations up unless they are clearly stated somewhere.

How to help:

- **Consider having an accessibility statement on your website .** This could include information to help people with physical disabilities, or who know they are neurodivergent, to make an assessment of whether the centre is likely to be a supportive environment before coming into the centre. Examples of helpful accessibility statements might include "We understand that some people prefer quieter environments. We have a quiet area within our centre, which is found in…. Please don't hesitate to ask about this when you arrive". Or, "our shrine room is fully accessible by wheelchair and all our doorways are at least 70cms wide".
- **What reasonable adjustments could be made in your centre to support neurodiversity?** These could include awareness that many people find floral scents difficult, consider not normally having lilies or hyacinths in your shrine room or reception areas, this will help both neurodivergent people and people with allergies or asthma.
- **Is there a "go to" person in your centre for neurodiversity?** Is this person clearly identified within the centre and on your website?
- **How are difficulties within groups managed in your centre?** Is there a known procedure for helping resolve issues, and if so is this clearly signposted? Are group leaders trained?

- **Are there people in your centre who are often described as "difficult"?** If so, how are people supported in your centre? Where do people go to get advice?

Where to get advice:

Prajnanandi is the go-to person for help with Neurodiversity within Triratna at present, although I'm working to get more people involved! We are hoping to set up a regional network of support people within the UK.

Contact me on janegarratt57@gmail.com

Some resources for neurodiversity in the UK:

Neurodiversity Hub
Offers guidance and resources for students, universities, and employers

ADHD UK
A national charity that provides information, diagnosis, data, and support for ADHD

ADHD Foundation
A charity that offers resources, diagnosis support, training, events, and webinars for ADHD

National Autistic Society
Offers diagnostic and residential services, advice, and guidance for autistic adults and young people

Autism Together
Offers services, advice, and courses for autistic individuals and those who support someone with autism

British Dyslexia Association

A membership organization that offers information and support for dyslexia and dyspraxia

The Dyscalculia Information Centre
Offers information and support for dyscalculia

Dyslexia Action
Offers assessment, teaching, and training to support individuals with dyslexia and literacy difficulties

Star Institute
A resource for learning more about sensory processing
Universal Design for Learning
A framework for teachers and educators to provide universal support for all learners

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