

“The other side of the coin”

Exploring the Lived Experiences of Neurodivergent Counselling Trainees: An Interpretive Phenomenological and Structural Existential Analysis

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AI Statement

Dedication

Acknowledgements

Abstract

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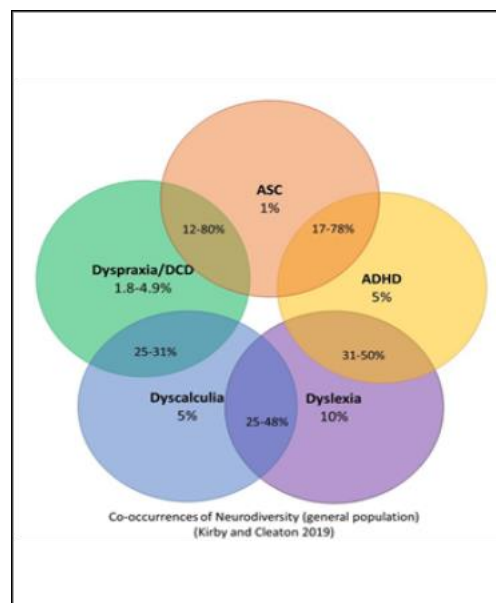
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Chapter 1: Introduction

Conceptualising Neurodivergence and Diagnostic Overlap

Neurodivergence is an increasingly recognised and discussed topic, with recent figures placing around 15-20% of the global population within this category (Sutton, Scott and Deemer, 2025; Quigley et al, 2024). Put simply, Neurodivergence refers to differences in how people process and interact with the world. This may involve sensory, social or information processing differences and includes, though is not exclusive to; Autism, ADHD, Tourette's, Dyslexia, Dyscalculia and Dyspraxia, with many Neurodivergent people meeting the criteria for multiple categories (NHS, ND; Ramtekkar, 2017; Hours, Recasens and Baleyte, 2022; Royal College of Nursing, 2026).



(Kirby and Cleaton, 2019, cited in, Royal College of Nursing, 2026)

A significant example of overlap is Autism and ADHD, where a dual diagnosis has only been possible since 2013, before which they were considered mutually exclusive (Ramtekkar, 2017). Importantly, this historical separation meant that whole aspects of experience could be overlooked within diagnosis and treatment, rendering support only partially effective.

The examination of neurotype categories in isolation therefore holds significant risks. In the case of Autism and ADHD, the little understood interplay between the two can lead to diagnostic overshadowing and missed as well as misdiagnosis, the latter most commonly as bipolar or personality disorders (Craddock, 2025; Eaton, 2024; Sutton, Scott and Deemer, 2025). Craddock (2025) further outlines the concept of ‘residual diagnostic categories’, referring to cases that do not comfortably fit within existing frameworks. Inhabiting such a category is said to create a tension or ‘torque’, which may result in ambivalence and fragmented identity experiences, as individuals struggle to locate themselves within diagnostic categories.

This brief overview highlights the heterogeneity inherent within Neurodivergent experience and, despite recent increases in knowledge, healthcare services remain ill-equipped to recognise or work with this complexity, with no joined-up clinical pathways currently available (Sutton, Scott and Deemer, 2025). Given the extent of co-occurrence across Neurodivergent profiles, a single diagnosis focus may risk fragmenting lived experience, therefore supporting the use of a broader Neurodivergent framework in the present study. It is important to note that this is not an attempt to dilute single Neurotype culture or the validity of studies which focus on them but rather stems from a desire to capture complexity and to represent those who may otherwise slip through the cracks of more rigid diagnostics.

Models of Neurodivergence: Medical, Social and Neurodiversity Perspectives

Early work consistently positioned Neurodivergent individuals as lacking empathy or emotional depth, reinforcing deficit-based interpretations, however recent developments, influenced by the rise of lived experience research, have begun to challenge this view, contributing to a gradual shift away from the traditionally objective medical model (Trew, 2025). Alternative, more affirming frameworks include; the Neurodiversity Paradigm, the Quality of Life (QOL) Model, and a resurgence of the Social Model of Disability (Babel and Ostaszewski, 2023; Benson, 2023; Legault, Bourdon and Poirier, 2021; Liñares-de-Marcos et al., 2026; Quigley et al., 2024).

Although social models are a much-needed antidote to misrepresentation and discrimination, relying on them alone risks discounting differences in neurology. In light of this, Quigley et al. (2024) argue that the Neurodiversity Paradigm may be understood as a bridge between medical and social models, recognising both the strengths and the very real difficulties experienced by Neurodivergent individuals. Still, the legacy of objectification persists, particularly within the language of the DSM-5 and, by extension, wider clinical practice (Bolton, 2023), with concepts such as 'Compulsory Neuro-normativity' (Benson, 2023) highlighting how normative expectations frequently pressure individuals towards conformity, often at personal cost.

Under-represented Populations within Neurodivergence Research and Practice

Neurodivergence has historically been conceptualised through a narrow lens, contributing to the under-recognition of diverse presentations. A clear example of this is the relative invisibility of

Autistic women and girls within both research and diagnostic frameworks, which has shaped how neurodivergence is understood and responded to across multiple settings (Craddock, 2024; Rippon, 2025). Although there is limited scope to explore each instance in detail here, similar patterns of under-representation have been noted across other groups, including differences related to gender, sexuality, and ethnicity, with emerging research also highlighting the marginalisation and underrepresentation of neurodivergent individuals from ethnically diverse backgrounds within both scholarship and systems of recognition (Chapman and Botha, 2023; Nair et al., 2024; Walker, 2021). Despite variation in context, these groups share experiences of marginalisation and misrecognition within systems of understanding and support.

The Relevance of Neurodivergence to Counselling and Psychotherapy

As well as challenges with daily life and accessing spaces such as employment, education and healthcare, Neurodivergent individuals experience significantly higher rates of poor mental health than their Neurotypical counterparts (Black et al, 2024; Sonuga-Barke, 2023; Kudiakova et al, 2024). Increased rates of anxiety, depression, suicidal ideation and completed suicide are frequently linked to factors such as stigma, cognitive marginalisation, social isolation, burnout, the pressures of masking, and trying to function within environments that are designed for Neurotypicality (Kudiakova et al, 2024; Legault, Bourdon and Poirier, 2021).

Given the increased prevalence of mental health difficulties, Neurodivergent individuals are more likely to engage with mental health services and seek therapeutic support, therefore Counselling and Psychotherapy become key sites in which these difficulties are explored and addressed (Leong and Graichen, 2024). However, many therapeutic models are rooted in Neurotypical assumptions around communication, emotional expression, regulatory, and

relational processes (Bolton, 2023). Differences in these areas that do not align with therapeutic expectations can result in Neurodivergent individuals feeling misunderstood or inadequately supported within therapeutic spaces (Jones, Hamilton and Kargas, 2023). Recent research by Kroll et al. (2024) suggests that standard approaches often fail to account for diversity of experience, reinforcing the potential for mismatch between Neurodivergent ways of being and existing therapeutic frameworks.

With a clear need for updated therapeutic models and increased representation within the profession, current research has largely focused on clients, with comparatively little attention given to the experiences of Neurodivergent practitioners or trainees. This highlights a mismatch between the presence of Neurodivergent individuals within professional counselling contexts and the extent to which their experiences are recognised and understood. Although research in this area is emerging, it predominantly examines singular neurotypes such as Autism, with the training environment forming only part of the investigation (Taylor and Sims, 2024). The present study therefore seeks to build on this work, by exploring the lived experiences of Neurodivergent trainee counsellors with a particular focus on the training process, in order to better understand these experiences across Neurotypes. The following literature review will examine key concepts relevant to this area, including neuronormativity, Neurodivergent experience, and how these are shaped within therapeutic and training contexts.

A Note on style and terms

In line with neuroinclusive principles, the structure and language of this dissertation have been intentionally designed to reflect Neurodivergent needs, with additional diagrams to assist visual processors. Neurodivergence will be used as an umbrella term throughout this paper, except

where particular research or participant accounts specify a singular neurotype. Where counselling/counsellor is used, this should assume the inclusion of psychotherapy/psychotherapists.

Chapter 2: Literature Review

Neuronormativity and the Shaping of Neurodivergent Experience

Society is shaped by dominant norms that influence behaviour, as well as what is considered socially acceptable, with conformity frequently linked to inclusion, safety and belonging (Glen, 2025; Goffman, 1972). While arguably useful for cooperation and cohesion, these norms can become narrow and limiting, representing an increasingly small proportion of the population. As a result, individuals who do not conform to these expectations may be marginalised, leading to increased pressure to conform to normative expectations (Chapman and Botha, 2022; Legault, Bourdon and Poirier, 2021).

Within this context, Neurodivergent individuals may experience pressure to adopt normative ways of being and presenting themselves (Benson, 2023), creating a need for masking (Cook et al, 2021; Leong and Graichen, 2024). Furthermore, the influence of pathologizing narratives means that self-identification and self-diagnosis are often contested or dismissed, despite emerging research suggesting that these forms of identification may be valid and meaningful for many individuals, further reinforcing the medicalisation of Neurodivergence (Chapman and Botha, 2022; Walker, 2021).

Masking or 'camouflaging' is a widely recognised adaptive response to navigating social norms and expectations (Cook et al, 2021). By overriding natural ways of being and replacing them with perceived acceptability, the purpose of masking is to avoid social stigma and being misinterpreted, as well as other adverse outcomes (Pryke-Hobbes et al, 2023). Further support for the adaptive nature of masking comes from Cleary et al (2023) who link it directly to discriminatory experiences of belonging to a minority group, and the survival instinct to avoid bullying, exclusion and social rejection. Although commonly associated with Autism, social camouflaging has also been observed in wider Neurodivergent populations such as ADHD, and to a lesser degree neurotypical populations (Goffman, 1959; Miller et al, 2021; van der Putten et al, 2024). However, Neurodivergent individuals appear to engage in masking more frequently and to a greater extent than their neurotypical counterparts, in order to compensate for the misalignment between themselves and environments typically dominated by neuronormative expectations.

While masking certainly helps in the short term with regards to immediate social acceptance and protection, in the long term it is associated with significant personal cost to mental health, self-image, and identity, often contributing to burnout (Cleary et al, 2023; Zhuang et al, 2023). Carpita et al (2024) further found that increased engagement in camouflaging behaviours was predictive of and linked to greater severity of eating disorder symptoms. Importantly, Cook, Crane and Mandy (2024) found that Autistic individuals reported reduced masking and increased authenticity within environments of acceptance and flexibility, strengthening the view that masking is context dependant and socially mediated, rather than an inherent feature of Neurodivergence.

Within this context, the role of diagnosis in legitimising Neurodivergent identity remains complex and contested, with some clinicians strongly advocating against self-identification (David and Deely, 2024). While a formal diagnosis provides many benefits such as increased self-understanding, validation, and access to support, it is frequently cited as non-affirming in nature as well as being unequally accessible with significant structural barriers, such as long waiting lists and clinician bias (Newton, et al 2025). This considered, more people are both reliant on and choosing to self-identify as an alternative means of gaining much needed self-understanding and a sense of belonging. Emerging evidence suggests that self-identification is not merely subjective but can accurately reflect Neurodivergent cognitive and experiential differences, offering comparable predictive value to formal diagnosis (van Rijswijk and Curseu, 2025). However, self-identification continues to be questioned within clinical and social spaces, positioning formal diagnosis as a gatekeeper to identity and the legitimacy of experience, therefore further entrenching the medicalisation of Neurodivergence (Newton et al, 2025).

Neurodivergent Ways of Experiencing and Relating

Having outlined how Neurodivergent individuals adapt to normative systems, often at personal cost, it is equally important to examine how these systems may misinterpret Neurodivergent ways of experiencing and relating. The double empathy problem offers an alternative to deficit-based models, whereby difficulties in cross neurotype interactions are framed as an issue of reciprocity as opposed to stemming from Neurodivergence itself (Milton, 2012). Importantly, Heasman and Gillespie (2018) demonstrate that understanding is co-constructed and dependant on shared expectations and interpretive frameworks, drawing on observations of autistic adults engaged in a structured task. This perspective is supported by research demonstrating that rapport within mixed neurotype interactions is decreased, though increased within neurotype aligned interactions (Crompton et al., 2020a; Crompton et al., 2020b).

Such findings strengthen the argument that social difficulty is not an issue to be located within the autistic individual, but rather a mismatch of social and communication styles. This mismatch may also be understood at a sensory-experiential level, whereby differences in sensory processing shape how environments are perceived and engaged with, influencing social interaction in ways that may be misinterpreted (Bolsden, 2022). In addition to this are findings from phenomenological research conducted by Dallman (2024) that evidenced the presence of intense and complex emotional lives in autistic participants, which are frequently missed or misunderstood by normative frameworks present within wider society as well as the therapeutic frame. However, despite its widespread influence and acceptance as a model, the double empathy problem has been critiqued by Livingston, Hargitai and Shah (2024) for having scattered concepts, as well as limited and inconsistent empirical support. This criticism, while providing caution, does not diminish the validity of the concept, but rather calls for a refinement of terms, thus highlighting the need for deeper investigation.

As well as relational interaction and emotional life, another common area of misalignment within Neurodivergent experience is attention and task engagement. Neurodivergent attention has traditionally been viewed and interpreted through a deficit-based lens, popularly conceptualised as inattention and restricted interests; however, such framings miss the other side of this experience, which is increasingly being characterised as experientially rich while holding significant functional value (Rapaport et al., 2024). From a monotropic perspective, attention and cognitive resources are organised precisely, intensely, and around a small number of prominent interests, both supporting sustained engagement as well as making it difficult to transition between tasks (Dwyer et al., 2024b; Lawson, 2025). Empirical and Neurodiversity informed research further challenges deficit models by demonstrating that both Autistic and ADHD

Neurotypes exhibit distinct patterns of attention, marked by sustained focus, intensity, and interest driven variability, suggesting that the concept of hyperfocus may reflect adaptive forms of engagement that are mediated contextually, rather than individual dysfunction (Bertilsson et al, 2023; Dupuis et al., 2022).

Qualitative accounts indicate that experiences of flow, hyperfocus, and monotropic attention may represent overlapping expressions of a shared state that is defined by deep immersion, intrinsic drivers of motivation, with a subsequent reduced awareness of other demands (Heasman et al, 2024; Rapaport et al., 2024). It is important to note here that while some researchers find a heavy correlation between concepts such as monotropism and hyperfocus, the link between them remains unclear, with some proposing they are distinct processes (Dwyer et al, 2024a). Regardless of whether they are the same phenomena, having patterns of engagement that prioritise depth of attention leads to similar real-world effects; on the one hand they appear to possess many benefits, though on the other hand this comes at a price, with significant difficulty arising within environments of sensory disruption, that require frequent transitions, or disperse and shallower forms of attention. Taken together, these perspectives suggest that Neurodivergent engagement, experiencing and relating are not inherently deficit-based, but a distinct pattern of difference with its own strengths and challenges that are heavily mediated by external expectations and environments.

Neuronormativity within Institutional and Training Contexts

Having outlined both the structural context of neuronormativity and the internal dynamics of Neurodivergent engagement, it is important to examine how these patterns are interpreted and responded to within everyday systems and environments. Counsellor training is unique in that

there are multiple sets of norms operating at once, often conflicting in their expectations. For this reason, relevant research concerning education and Neurodivergence, as well as neuronormativity within the therapeutic frame and professional environments will be examined distinctly under the following two subheadings.

Neuronormativity in Higher and Postgraduate Education

As Quigley et al. (2024, p1) posit, there remains a “gap between rhetoric and reality concerning neurodiversity at the third level, with many students’ lived experiences being reported as challenging, and at times compounding stigma, masking, and feelings of inadequacy.” Despite increasing emphasis on inclusion, research consistently outlines how higher education institutions remain grounded in normative assumptions that shape expectations around engagement and professionalism (Quigley et al., 2024). Within such environments, Neurodivergent students are often required to navigate structures and systems that misinterpret their behaviour, resulting in pressure to conform in order to belong and progress. Consequently, this is associated with barriers to disclosure, strained identity, and reliance on masking (Gray et al., 2025), a misalignment which is further reinforced by deficit-focused supports and interventions that are designed to reduce or correct Neurodivergent traits and ways of functioning (Ross et al., 2026). These approaches not only reward conformity, but frequently create singular pathways whereby masking becomes the primary means of success and inclusion.

Within this context, Quigley and Gallagher (2026) discuss the psychological consequences for the individual, highlighting the concept of “double masking”, whereby, not only is neurodivergence concealed, but so is the perceived failure to meet society’s narrow prescription

of Neurodivergent strengths. This reflects an ongoing and multilayered tension whereby systems that aim to be inclusive, create additional and hidden burdens to the individuals they propose to help. Taken together, these findings indicate that the challenges faced by neurodivergent students are not solely located within the individual, but emerge through ongoing interactions between natural neurodivergent ways of functioning, and systems that remain structurally misaligned with them.

Neuronormativity within the Counselling frame and Training Environment

While research within education highlights the pressure to conform to normative expectations, similar dynamics can be observed within counselling contexts, whereby professional and conceptual norms shape both therapeutic practice and training environments. Counselling frameworks often privilege particular forms of communication, emotional expression, and relational engagement that align closely with neurotypical standards, thus creating potential for misalignment with both Neurodivergent clients and counselling trainees (Bolton, 2023). Empirical research indicates that neurodivergent individuals may experience therapeutic spaces as confusing or invalidating, with difficulties arising from unclear communication, sensory discomfort, and the need to mask within sessions in order to meet perceived expectations (Jones, Hamilton and Kargas, 2023). These dynamics may be further exacerbated within training environments, where expectations around professionalism and therapeutic competence are established and assessed.

At a practice level, approaches grounded in behavioural or deficit-oriented models may reinforce conformity by positioning neurodivergent ways of being as problems to be corrected, rather than differences to be understood (Fuld and McKelvie, 2024). In contrast, emerging neurodivergent-

affirming approaches to therapy emphasise adaptation concerning relational expectations and the environment, with evidence suggesting improved outcomes when interventions are aligned with neurodivergent needs (Kroll et al., 2024). However, despite these developments, therapeutic provision often remains inconsistently adapted and affirming, with research indicating variability in practitioner understanding and confidence when working with neurodivergent clients (Paynter et al., 2025). As such, counselling and training environments may continue to operate under broader neuronormative frameworks, creating a tension between stated commitments to inclusivity and implicit expectations placed upon individuals to conform. This suggests that, rather than being resolved within therapeutic practice, issues of misalignment and masking may persist within the very contexts intended to safely hold authenticity, highlighting a persistent tension between inclusion in principle and practice.

Adaptation, Representation, and the Research Gap

While the preceding section highlights how neurodivergent individuals may experience misalignment within normative systems, it is also important to consider how these dynamics are navigated in practice. Masking has been conceptualised as an adaptive response to neuronormative expectations, whereby individuals modify or suppress aspects of their behaviour in order to align with socially accepted norms (Leong and Graichen, 2024). While such strategies may facilitate access, inclusion, and progression within education and professional environments, they are frequently associated with, exhaustion, identity strain, and reduced wellbeing, reflecting the significant psychological costs associated with sustained masking (Leong and Graichen, 2024). This positions masking not as an inherent feature of neurodivergence, but as a response to environments that remain misaligned with neurodivergent ways of being.

Despite increasing recognition of neurodivergence within counselling practice, the experience of neurodivergent counsellors themselves remains comparatively underexplored. This raises an important question: how can the profession meaningfully position itself as neuro-inclusive for clients, if the inclusion of neurodivergent counsellors and trainees within training and professional environments remains limited? Emerging research has begun to address this gap. For example, Taylor and Sims (2025) explored the experiences of autistic counsellors, identifying a lack of awareness, accommodation, and representation within training and professional contexts, which significantly impacted participants' confidence and mental health. Furthermore, participants described how training structures and professional expectations remained grounded in neurotypical norms, often requiring adaptation and masking in order to participate and succeed. These findings are further reflected in practitioner accounts, where neurodivergent therapists describe training environments as requiring sustained adaptation to unclear expectations and normative modes of participation, often resulting in masking, misrecognition, and experiences of exclusion (Marnau, 2025). Together, these accounts highlight the potential for training environments to shape not only access and sustainability within the profession, but also how neurodivergence is understood and enacted within therapeutic practice.

However, while studies such as Taylor and Sims (2025) provide a valuable springboard, there remains scope to expand inclusion criteria and methodological approach. In particular, existing research has tended to focus on singular neurotypes, most commonly autism, with comparatively little attention given to broader and often overlapping neurodivergent identities. Furthermore, the use of thematic analysis captures shared patterns across participants but does not fully explore the depth of individual lived experience and meaning-making. There is also limited exploration of training environments as distinct sites of neuronormativity, despite their central role in shaping professional identity and practice. As such, there remains a lack of

phenomenological research examining how neurodivergent counsellors, across multiple and intersecting neurodivergent identities, experience and interpret training and professional environments, reflecting the often intersecting nature of neurodivergence outlined in the introduction. Addressing this gap is important not only for understanding the personal and professional impact of neuronormativity, but also for informing more genuinely inclusive and representative training and practice frameworks within the counselling profession, with potential downstream benefits for more organic and better-aligned inclusion for clients.

Chapter 3: Methodology

3.1: Context

Aims and Objectives

This research aims to explore the lived experiences of Neurodivergent Counselling Trainees, with a focus on the training process, addressing the current gap within the academic literature.

It further aims to contribute towards wider conversations within the profession, concerning how Counsellor training can be more Neuro-inclusive for its trainees, therefore taking a ‘downstream’ approach to Neuro-inclusion for clients (Dark, 2024; Leong and Graichen, 2024; Taylor and Sims, 2024).

To achieve this the research will:

1. Explore participants lived experiences of challenges, strengths, inclusion/exclusion, and their recommendations in relation to the Counsellor training process.

2. Use thoughtful analysis and the presentation of diverse experiences to challenge objective stereotypes, stigmatising narratives and ideological monoliths existent about Neurodivergent individuals within society and the Counselling profession.
3. Provide an example of how research can be conducted within a Neuro-inclusive framework that also aligns with the Neurodiversity Paradigm (Dark, 2024; Dwyer, 2022)
4. Provide clear recommendations from a lived experience perspective, of how Counsellor and training courses, wider institutions, and individuals, might expand their environments and knowledge base to become more Neuro-inclusive.

Paradigm, Ontology, Epistemology and Methodology

Pellicano and den Houting (2022) propose that the field of research is undergoing a fundamental paradigmatic shift as a response to more rigid and one-dimensional schools of thought rapidly becoming obsolete. This more complex and nuanced understanding of phenomena can be observed in work such as Dorfler's proposed (2023) Critical Interpretivism, whereby Critical Realism and Interpretivism are blended to account for the existence of both the real and interpretive realms. Similarly, Dwyer's (2022) paper regarding how the Neurodiversity Paradigm can be respected and preserved within the world of research calls for a blending of approaches to account for multiplicity of experience. Further support comes from Frost and Bowen (2012, p27) who describe pluralism in research as having the great benefit of being able to "tap into the multiple dimensions of lived identities" while allowing the researcher to maintain curiosity and responsiveness.

As the current research on does not fit neatly under an existing and discrete paradigmatic structure, it will take a Pluralistic stance in order to reflect its roots in the Neurodiversity paradigm (Dwyer, 2022; Frost and Bowen, 2012). With this theoretical fusion and flexibility, it is hoped that the current exploration is able to move away from overly rigid and dogmatic ‘methodological fetishism’ (Poulis and Kastanakis, 2020) and maintain an openness to what is presented, interpreted, and needed by participant and researcher, what is co-constructed as part of the interview process, and an awareness of possible structures of influence. Under this framework, experience is viewed as emergent through interaction and interpretation, disablement may arise relationally, neither neurology nor institution alone provide sufficient explanation despite being existent and influential, and participants lived experiences will both vary and overlap as well as being of central importance. To summarise, this research is concerned with exploring the lived interface between a person and their context.

The ontological position of Subtle Realism (Hammersley, 1992) in this research acknowledges that neurodivergent processing differences, along with institutional structures, schools of thought and professional norms that govern training, exist as real, though are mediated through both interaction and interpretation. At an epistemological level this research sits in the belief that the way knowledge is gained is diverse, and that our interpretation of it is rooted in meaning making, therefore taking a largely Interpretive stance (Ryan, 2018; Smith, Flowers and Larkin, 2022). This is further informed by the belief that knowledge is also co-constructed through relational interaction, particularly as part of the interview process (Van Deurzen and Arnold Baker, 2025). While informed by a Critical Disability lens (Ryan, 2018) and therefore recognising the influence of the Neuronormative frame on Counsellor trainees, this lens is not assumed or applied universally (Dwyer, 2022). While it may be tempting for the reader to view this blended approach as a shying away from the challenging of power structures, it in fact stems from a desire

to dilute ideological monoliths existent about Neurodivergent individuals by embracing complexity (Dwyer, 2022), as well as caution not to create another system of oppression via social determinism (Bayram, 2025; Shakespeare, 2014; Walker, 2021).

Interpretive Phenomenological Analysis (Smith, Flowers and Larkin, 2022) was therefore used as dominant methodology to maintain openness by focusing on the lived experiences of participants as they were felt and interpreted, while keeping an awareness of the potential interaction between this, individual neurological differences and influences of structural power. IPA is particularly suited to this topic as the ideographic depth gives space for individual expression and a move away from the trope that all Neurodivergent individuals are the same. In addition to this, the double hermeneutic is ideal for keeping an awareness of any internalised ableism that may arise. The development of Group Experiential Themes (Smith, Flowers and Larkin, 2022) allows tentative cross participant patterns to be suggested, that may, along with individual themes, provide ample proposals for individuals and institutions that wish to be more Neuroinclusive in thought and practice.

Although Interpretive Phenomenological Analysis (IPA) is the dominant Methodology, elements of Structural Existential Analysis (Van Deurzen and Baker, 2025) are blended with this to enhance Neuroinclusion during data collection and analysis. Specifically, the Structural Existential Analysis (SEA) interviewing style of using disclosure and personability, as well as its deep experiential dialogue, were used to create relational depth and a sense of safety for participants (Van Deurzen and Baker, 2025). Feelings of safety are important for all, though particularly so for Neurodivergent individuals if they are to feel at all able to unmask, share their

authentic selves, and examine their experiences freely (Cage and Troxell-Whitman, 2019; Hull, 2017; Hull 2021; Milton, 2012; Pearson and Rose, 2021; Yalom, 2002). SEA’s analytical framework was also used as an additional lens during analysis and discussion, in order to provide a framework for the many dualistic and existential tensions that arose (Van Deurzen and Baker, 2025).

Research Question

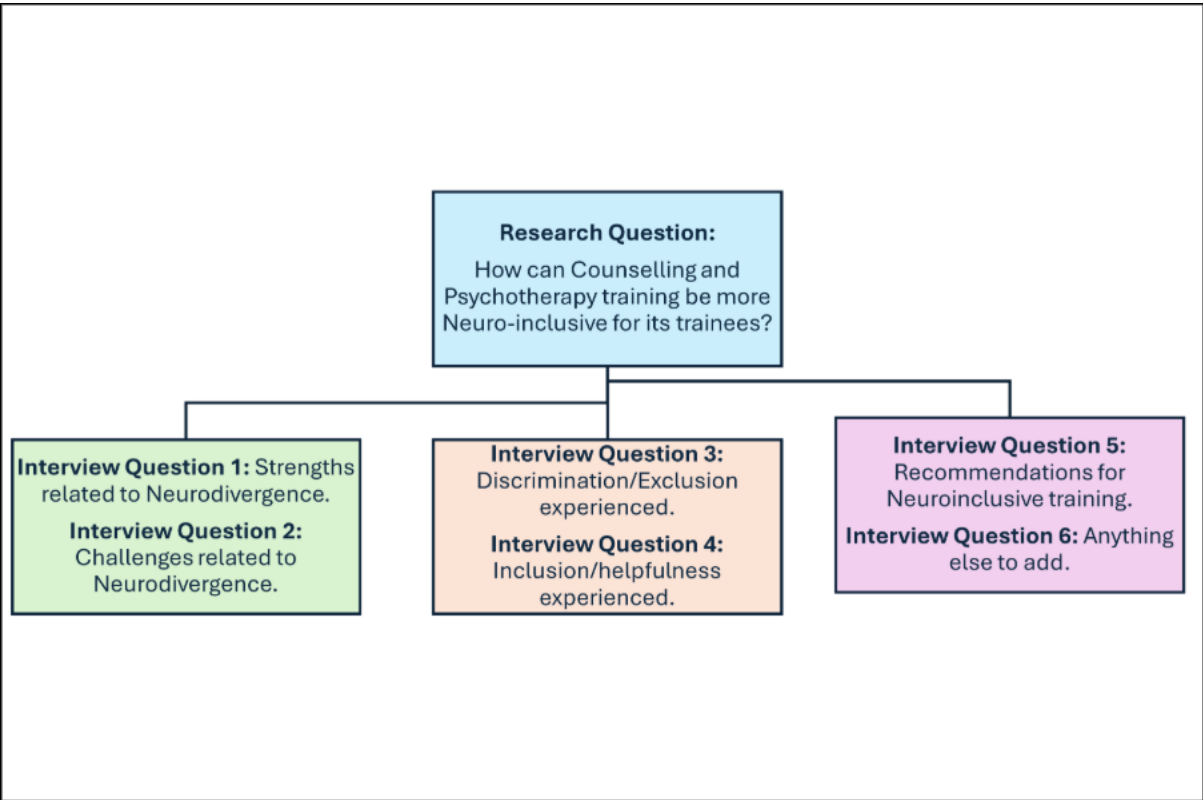


figure label

3.2: Participants

Sampling

A purposive sample of 6 participants were recruited via a flyer (appendix) that was circulated around social media and professional networks. The inclusion criteria were as follows:

1. Be either self-identified or diagnosed as Neurodivergent; either generally Neurodivergent or with a specific or combined Neurotype.
2. Participants must have been enrolled on a Counselling or Psychotherapy practice-based training course for at least 3 months (including individuals who may have left before completion) **or** have completed a practice-based training course in either Counselling or Psychotherapy within the past 3 years.
3. Participants must have had access to either supervision or personal therapy.

Optional 'Mixed Method' Demographics

Demographic information was collected separately using Microsoft Forms and was optional as well as being anonymous, with 5 out of 6 participants choosing to complete the form. To honour multiple, complex and fluid identities, some questions were tick box (with option to tick many as well as expand), some were more straightforward answers (such as what discipline is being studied), and some asked for more qualitative descriptions of how identities are experienced. Age was not formally collected, though was diverse. Direct extractions of the Questions and answers from Microsoft Forms can be seen below in figures (add numbers), and an example of the blank form has been included as appendix (number).

1. How do you define/label/experience your own Neurodivergent Identity? Tick as many as apply.

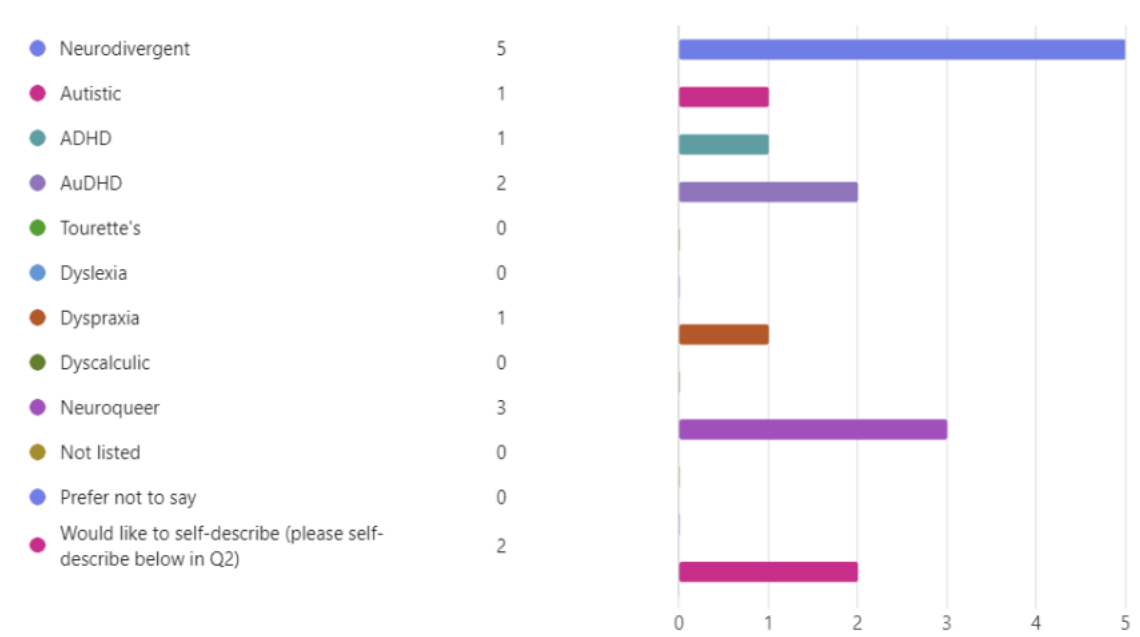


figure label

2. Self-description of Neurodivergent Identity (if applicable)

3 Responses

ID ↑	Name	Responses
1	anonymous	N/A
2	anonymous	Well, autistic doesn't feel quite right, and even though it implies pathology, I like ASD because it has 'spectrum' in it.
3	anonymous	Variable attention rather than deficit

figure label

3. What discipline/modality of Counselling or Psychotherapy are you studying/did you study?

5 Responses

ID ↑	Name	Responses
1	anonymous	Humanistic/Person-centred
2	anonymous	Humanistic, integrative, relational psychotherapy (studying)
3	anonymous	Person centred Play Therapy, and Child and Adolescent Counselling
4	anonymous	Person centred
5	anonymous	Humanistic

figure label

4. How do you define/label/experience/describe your gender identity? (including multiple identities or 'prefer not to say')

5 Responses

ID ↑	Name	Responses
1	anonymous	I would typically use the label cis-gender woman; although there is some fluidity in how I experience gender (in line with neuroqueerness) so labels like gender-queer or gender nonconforming woman also fit
2	anonymous	Queer (prefer that to gay, but sometimes 'gay' is simpler as it doesn't require explanation) cis male. As part of that, I like the verb 'queering'.
3	anonymous	Female
4	anonymous	Ambivalent. I sometimes present in a more masculine way, and I'm not really very feminine, but I wouldn't say it's anything that makes any sense to name, nor that I care to.
5	anonymous	She/they. Gender expansive, gender fluid

figure label

5. How do you define/label/experience/describe your ethnic and/or cultural identity? (including multiple identities or 'prefer not to say')

5 Responses

ID ↑	Name	Responses
1	anonymous	White & Welsh
2	anonymous	Part of the patriarchy that spread the hatred of queers around the globe, so would rather not to be English but am. Skin-tone is white. So, to all external appearances, an extremely privileged person.
3	anonymous	White British
4	anonymous	White British
5	anonymous	Mixed, settler/romany

figure label

6. How do you define/label/experience/describe your sexuality? (including multiple identities or 'prefer not to say')

5 Responses

ID ↑	Name	Responses
1	anonymous	Pansexual & Queer
2	anonymous	Queer as fuck. This may undermine some of the privilege in Q5.
3	anonymous	Heterosexual
4	anonymous	Heterosexual
5	anonymous	Pan sexual

figure label

7. Are there any other identities or intersectionalities that have not been addressed in this form?

3 Responses

ID ↑	Name	Responses
1	anonymous	N/A
2	anonymous	Someone whose life has been impacted by mental health. I am a widower and someone who is working through trauma and shame. I am also discovering that society is increasingly labelling me as elderly. While not entirely agreeing with that, I am definitely more than half-way through.
3	anonymous	Working class and emigré

figure label

3.3: Data Collection

Method

Data was collected via semi-structured interview, which were held, recorded and transcribed online via Teams and ranged between 1.5 and 2 hrs in duration, As well as the main interview schedule, this timeframe included introductions, ending reflections and signposting. Participants were given an interview pack around one month, but no later than 2 weeks before interviews commenced, which included information regarding the purpose of the study, the process of participation, consent, confidentiality, interview schedule, ethics, contact arrangements and signposting/resources.

Interview Process

IPA and SEA interview techniques were integrated to be more Neuroinclusive and reflexive to the emerging needs of participants. Due to all participants belonging to a cognitively marginalised

group (Legault, Bourdon and Poirier, 2021), carefully considered disclosure and the prioritising of the relationship were considered optimal for creating an environment of safety, under which authentic experience may unfold (Brown, 2018; Dwyer and Buckle, 2009; Jordan, 2010; Milton, 2012; Cage and Troxell-Whitman, 2019). Further support for the use of interviewer disclosure comes from research regarding shared frames of reference, and the role of counter narratives on mutual understanding and meaning making (Crompton et al, 2020; Taylor and Sims, 2024; Walker, 2021).

During interview, IPA's typically facilitative style (Smith, Flowers and Larkin, 2022) was found to be a good blend with SEA's more relational co-constructed exploration (Van Deurzen and Arnold Baker, 2025), and smoothly moving between the two approaches felt natural while staying attuned to the emerging needs of the participant. Additional Neuroinclusive measures included; discussing movement and communication needs at the beginning of interview (both interviewer and interviewee), offering structured and unstructured breaks, ongoing 'checking in' regarding pacing, and an open spirit of collaboration throughout (Dark, 2024).

3.4: Data Analysis

Data was analysed using a staged, idiographic IPA process (Smith, Flowers and Larkin, 2022), combined with Structural Existential Analysis and a critical Neurodiversity-informed lens at Stage 3 (Van Deurzen and Arnold-Baker, 2025, Walker 2021; Botha, 2021). Literature was considered lightly before analysis, but a fuller and more intentional review was conducted afterwards in order to keep interpretations grounded in participant accounts, rather than being overly shaped by existing theories, findings, or literature structures.

Stage 1: Data Reduction and Initial Conceptual Clusters (ICC)

Transcripts were exported from Microsoft Teams, checked for accuracy, and read repeatedly to support immersion. Extracts of interest were highlighted and transferred into participant-specific ICC spreadsheets (Excel), where they were organised into broad conceptual clusters (e.g. strengths, attention, difficulties). Sub-concepts were tentatively grouped using visual structuring (e.g. colour coding, formatting), with analytic reflections recorded alongside, though distinctly from, participant data. Each case was analysed individually with a purposeful time gap before moving to the next, in line with IPA's idiographic commitment.

Stage 2: Development of Personal Experiential Themes (PET) and Individual Case Portraits (ICP)

ICC's were revisited through further immersion and refined into Personal Experiential Themes using a second spreadsheet. Extracts were reviewed, contextualised against the original transcript, and organised into superordinate and corresponding subthemes. Where necessary, extracts were distilled, split, or (rarely) duplicated to preserve meaning. Analytical summaries and interpretations were documented alongside theme development. From PETS spreadsheets Individual Case Portraits (ICP) of each participant were developed as a way of capturing their individuality and as a commitment to ideography (see findings section). Participants were then given the opportunity to view their ICP's and were able to suggest changes they felt necessary to deepen meaning or to enhance curated anonymity.

Stage 3: Development of Group Experiential Themes (GET)

Following completion of the idiographic stage, all PETs were reviewed comparatively to identify patterns across cases. A Group Experiential Themes (GETS) spreadsheet was developed, organising shared and divergent meanings into overarching superordinate and corresponding subthemes. Existential and Critical Neurodiversity informed perspectives were applied at this stage to deepen interpretative analysis, specifically examining how emerging tensions along with broader socio-cultural norms and power structures shape Neurodivergent experience (Van Deurzen and Arnold-Baker, 2025; Walker 2021; Botha, 2021).

Reflections on Neuroinclusive Analysis

Throughout all stages, a reflexive and iterative analytic process was maintained, with attention to the double hermeneutic inherent in IPA, whereby the researcher interprets participants meaning making. Particular care was taken whilst engaging with this process, given the potential for Neurodivergent experiences to be historically misinterpreted. As counselling trainees and professionals, participants were highly reflective and had frequently considered the topics discussed prior to interview. Interpretation within this study was not confined to post-hoc analysis but emerged through the dialogical and reflexive nature of the SEA-informed interview process. These factors, combined with a tendency toward direct and authentic communication by both participants and interviewer, informed a cautious and highly reflexive interpretative approach, seeking to privilege and preserve expressed meanings rather than impose unwarranted and ungrounded layers of interpretation (Botha, 2021; Finlay, 2002; Smith, Flowers and Larkin, 2022; Walker, 2021; Yardley, 2000).

3.5: Ethical Considerations

Positionality Statement and Pre-research Reflections

As a Neurodivergent Counselling trainee, I inhabit an insider-outsider position within this research, a position that carries both the potential for great benefits and significant risks (Berger, 2015; Dwyer and Buckle, 2009). From my own experience of working with Neurodivergent clients, the greatest benefit of this position likely to be an enhanced sense of safety achievable through neurotype alignment (Taylor and Sims 2024), the greatest risk being overidentification and consequent misinterpretation of the participants lived experience. My personal standpoint on Neurodivergence aligns closely with the Neurodiversity Paradigm that acknowledges a nuanced and fluid experience that is complex by nature and made up of both strengths and difficulties. To mitigate overidentification and bias, robust reflexive and reflective measures will be engaged with during the entirety of the research process.

Reflexivity and Reflective Practice Measures

Reflexivity was maintained throughout the research process via journalling, self-care, academic supervision, and neuro-affirming personal therapy, all of which are well-established practices within qualitative research and psychotherapy training (refs). As a trainee psychotherapist, these practices were already embedded within my routine; however, reflexive journalling was engaged with more intentionally across all stages of the project to support the double hermeneutic process central to IPA (Smith, Flowers and Larkin, 2022).

My prior practical experience within a trauma-focused placement, where many clients were also Neurodivergent, further shaped reflexive capacity, with experience of ongoing 'in-the-moment'

reflexivity, bracketing and careful use of self-disclosure, all of which were supported by ongoing supervision.

Risk Management, Participant Contact and Documentation

This study was conducted in accordance with relevant ethical and legal frameworks, including the BACP Ethical Framework for the Counselling Professions (2018), BACP Ethical Guidelines for Research (2018–2019), the UWTSD Research Ethics and Integrity Code of Practice (ref), General Data Protection Regulation (2016), the Data Protection Act (2018), and Dark's (2024) Principles for Neuroinclusion.

Data security was maintained through password-protected and encrypted systems, with raw data transcripts accessed only by the researcher in a private setting. Personal identifiers (e.g. consent forms and contact details) were stored separately from research data. Participant anonymity was preserved through pseudonyms and curated anonymisation, with participants given the opportunity to request the removal of specific content or quotations post-interview. All raw data transcripts and participant details/consent forms will be securely destroyed following award of the degree.

Participants received an interview pack (appendices) including a covering letter, information sheet, consent form, interview schedule, and signposting resources. In recognition of neurodivergent processing differences, participants were offered up to one week to provide additional reflections and up to two weeks to withdraw their data.

Chapter 4: Findings

Before moving on to Group Experiential Themes, each participant will be outlined in an individual case portrait, as a deep commitment to the ideographic nature of IPA research. This is also an ethical decision, born from the desire to elevate unique and full Neurodivergent voices and experience, so that the reader may get a feel for personhood and individuality. After individual case portraits, the cross-cutting principle of duality will be briefly discussed before illustrating the outcome of cross case analysis (GETS).

Personal Experiential Themes (PETS): A Commitment to Ideography though Individual Case Portraits

Angharad Individual Case Portrait and PETS

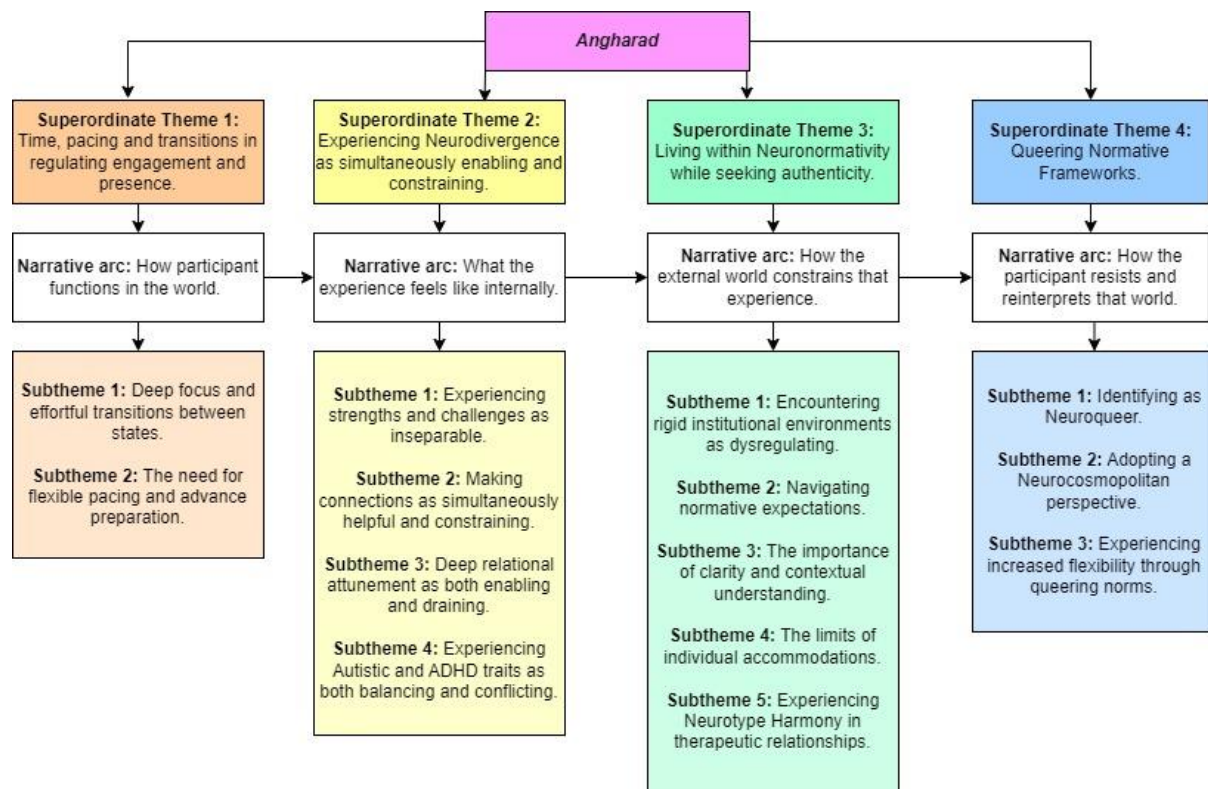
Angharad experiences engagement as state dependent rather than continuous, with presence requiring specific temporal and transitional conditions. She has access to states of deep immersion and “hyperfocus”, which are facilitated by more singular “monotropic” attention, minimal transitions between tasks, and a “sweet spot (of around) 3 hours” engagement. Although it is viewed as a great strength during therapeutic work, deep focus and attunement can be energetically costly, particularly if self-care, autonomous pacing and “buffer zones” are not achievable to mediate. Through the “effortful” gaining of accommodations, the permission to take additional breaks between tasks within the training environment was required in order to “not be questioned” by staff when trying to meet this need. Related to this, Angharad speaks of a desire for the layout of the day to be more singular in order

to achieve proper task immersion, as well as reducing the need for additional buffering to manage transitions, further reflecting that “just saying that felt good...(bringing) relief (and) satisfaction.”

The pressure to conform with the dominant norms of the training and professional environment is deeply felt, with masking often required to appear “competent”. Angharad gives an example of dropping her mask in order to listen and engage effectively, only to be misinterpreted as unhappy and uninterested, therefore “had to put (her) mask on again”. Safety, “flow states” and “relational depth” are experienced within Neurotype aligned relationships and interactions, and Angharad makes a strong case for representation at all levels of the profession. The concept of queering transcends identity and is used to flex and adapt the therapeutic frame in a way that works for themselves and clients. The concept of “Neurocosmopolitanism” is proposed so that the mindset of “tolerance” may be replaced with a “genuine valuing of difference”.

Key quote from Angharad:

“I work in that queer way. I'm queering all the things all the time. And I think it allowed me to kind of take from the therapeutic frame, adapt it in the way that works for me...Nick Walker's ideas, neuro-queerness, neuro- cosmopolitanism. That is how I practice. That is my being. You know that is, that is me, really. That is what I strive for. So yeah. Thank you for letting me say my stuff.”



Key recommendation from Angharad:

“There are certain things about the frame I don't like. I don't like the time frame for example. Like I understand the importance of boundaries and time boundaries and stuff. But for a lot of the time for me and as a client in therapy and for the clients, the neurodivergent clients I've worked with, it's like you just kind of warming up around that 40 minute, half an hour mark. And I've had training where neurodivergent therapists have said that in their private practice, they offer an hour and a half session for people and I think that's something I definitely want to do, because I think that's really important. And again, for that like nervous system regulation for settling in like I feel like that's happened even in this interview for me now like it's taken me that time to really like get into it. You know?”

Benny Individual Case Portrait and PETS

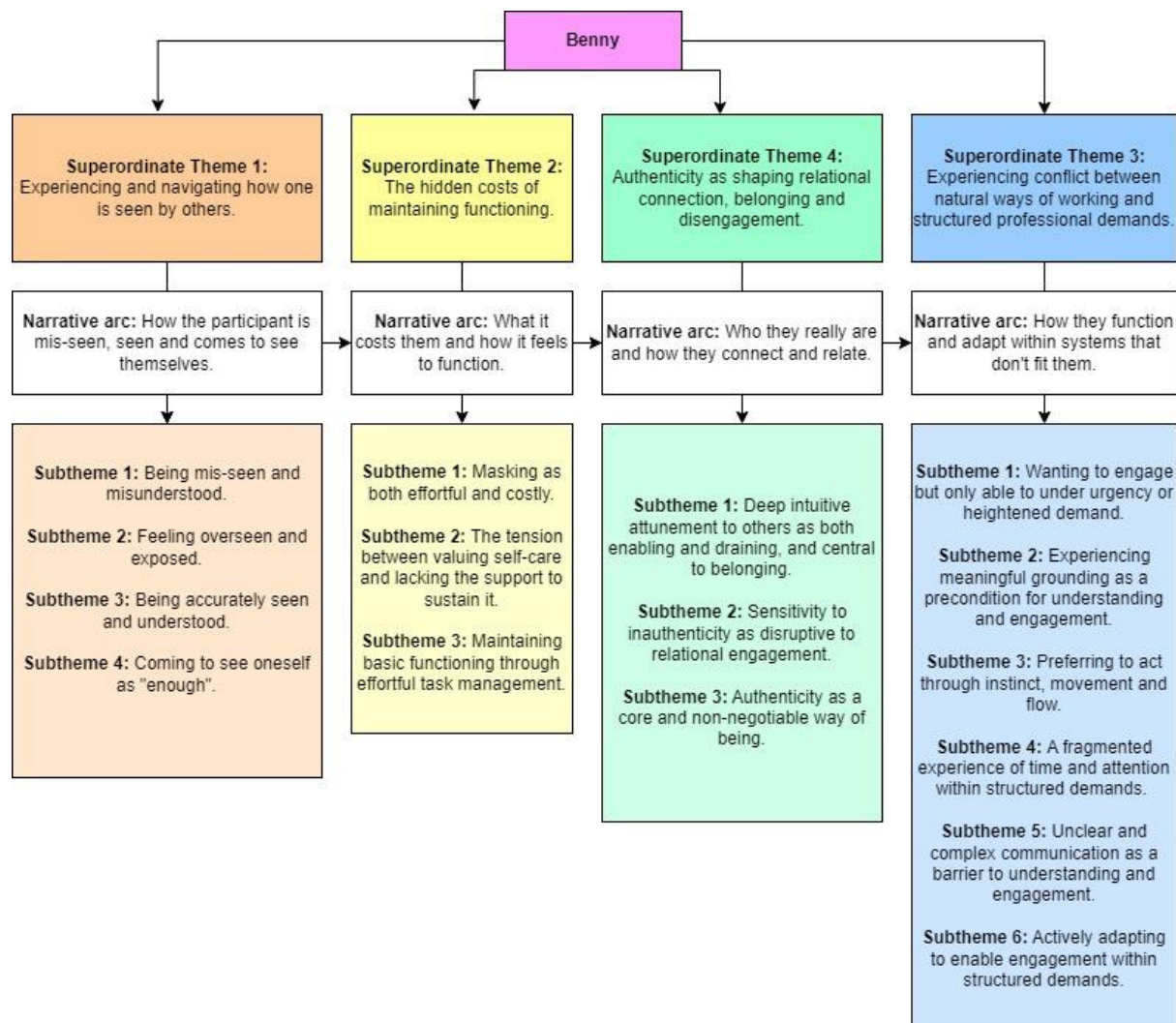
Benny holds significant experience of being mis-seen, mislabelled and misdiagnosed spanning multiple contexts. Within peer relationships and professional settings, this often manifests as misattunement and misunderstanding, though in the case of medical settings has resulted in a history of incorrect diagnosis, ineffective treatment plans, and her experience being entirely dismissed. Overtime, this has led to feelings of overexposure and vulnerability when in group settings, as well as consistent and prolonged periods of masking. Masking is described not as a choice, but as an automatic necessity, that facilitates the meeting of basic needs such as acquiring income under normative frameworks. Benny speaks extensively of the personal cost she endures as a result of trying to function within systems that are misaligned with her natural ways of being. During the interview she cites severe “burnout” on multiple occasions, to the extent of being physically unable to exit her car for hours at a time, while attempting to transition between the outside world and home. Benny describes a tension between her naturally instinctive, fluid and creative way of engaging and the professional frame; a frame that she says has little space for much needed “movement” and “spontaneity”.

Benny describes an enhanced capacity for attunement, or a “sixth sense”, with client work being the “one place that (she) feel(s) at home”, however, this comes at an energetic cost. This high-level attunement has cross functions with authenticity, which is a non-negotiable personal value, with her describing the thought of lying as “traumatic”. While having positive effects for client work, Benny links high attunement and the desire for authenticity as directly responsible for disengagement in relationships in which they are not taking the therapist role (“if I can sense even a little whiff of like, inauthentic ways...I can’t do it”). Despite this inner and interpersonal struggle, she describes with great warmth a single tutor who had a significant impact, with this relationship appearing to support the emergence of a more positive and coherent sense of self.

In the absence of aligned structures and accommodations, and armed with increased self-knowledge and confidence, Benny often uses creative skills to develop adaptation techniques that work with, rather than against her natural ways of functioning.

Key quote from Benny:

"I feel like she (tutor on course) saw me in a way that nobody's ever seen me before. And like that did something to me. Cause it was like oh. So, I can say what I think or I can be rambunctious. I can move if I need to move. I can be upset if I'm upset...It was the acceptance, I think, like she accepted me for me, like all sides of me. The flawed parts of me, the bits that I hate about me, the bits that I've been told to shut down and hide and throw away. She let them be. She was like, no, here's the space to have them."



Key recommendation from Benny:

*"Yeah. They just need more education, especially in women. Especially in women...about hormones and how hormones affect what's going on, like loads of people will come out when they're going through menopause, all I'm ADHD suddenly. Well, no. You were always ADHD. Just the strategies that you put into place suddenly don't work for you anymore. Which is then exacerbating the symptoms. This is not that they've just magically gone, '**** ADHD!', because lots of people find that when they have kids or when they've then become menopausal, that's when it changes and then everything's changed. But we get ignored. So, I think there needs to be a lot more understanding around women especially."*

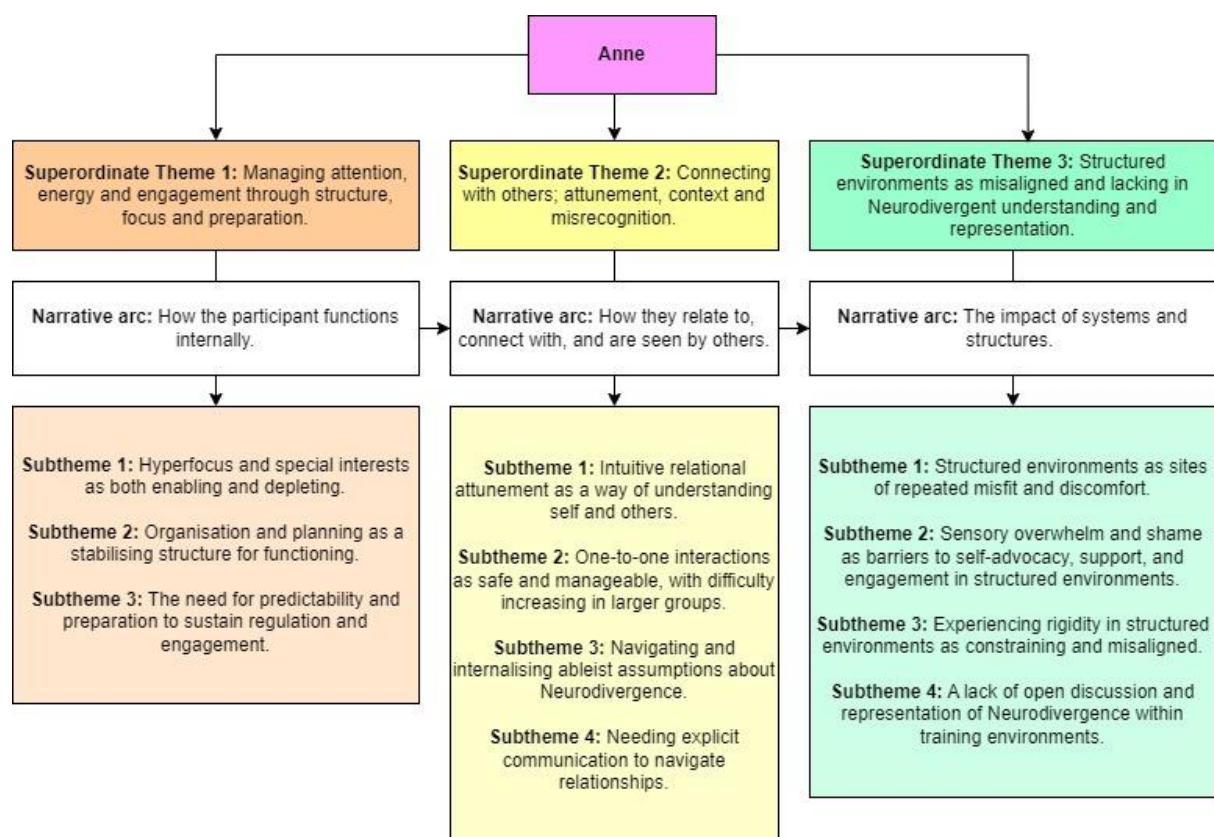
Anne Individual Case Portrait and PETS

Anne describes a highly structured and functional internal system of task regulation, comprising of advance preparation, organisation, and the ability to “stick” to a plan. These elements are described as a “need” rather than a desire and are highly influenced by the immediate sensory environment as well as predictability of conditions. Another fundamental element of this internal system is the ability to access states of “hyperfocus” which are accelerated by “special interest” energy. Anne speaks with gratitude about this combination as being a “superpower” if external conditions align, though reflects that it can sometimes tip into “over focus”, whereby basic needs are neglected and exhaustion can set in.

Anne talks with passion of a deep ability to attune to others and “getting that sense” of someone from the “feeling of being next to them”. She reflects that this type of connection is made possible due to not relying on facial expressions and describes an enriching cyclical process of understanding self and others. With clients she excels, as well as other one to one interaction, especially if the topic is a special interest rather than unstructured small talk. Difficulty arises as group size increases, if interactions become inauthentic (such as role play), when relationship status or boundaries are unclear and implied, or within environments of mismatch. Structured professional environments have been a consistent source of misalignment and sensory dysregulation, with experiences of ableism and discrimination common. Anne reflects with irony, about the rigidity she has experienced within normative environments, with a stated desire for more flexibility in both attitudes and practicality, as well as increased education, awareness and open discussion about what it feels like to be Neurodivergent.

Key quote from Anne:

“And we're getting that sense of where they are just in like that feeling of being next to them as opposed to what these examples are and all that outward behaviour...I feel I can connect with people because I don't rely on the facial expressions. I feel like I connect to people probably way better than other people do...as a foster carer, I can sit there and like, I know that I'm understanding this child so much better than everybody else around me.”



Key recommendation from Anne:

“So, the more (neurodivergence) is part of the course, you know, learning about it for our clients, learning about it and talking about it and allowing people to talk about what comes up for them, what's different for them, or what's positive for them and what works well for them. These

conversations aren't had, which is a shame because there's learning for everybody. And if there are, then it allows everybody to feel comfortable to talk about what is working for them and what's not working for them."

Iwan Individual Case Portrait and PETS

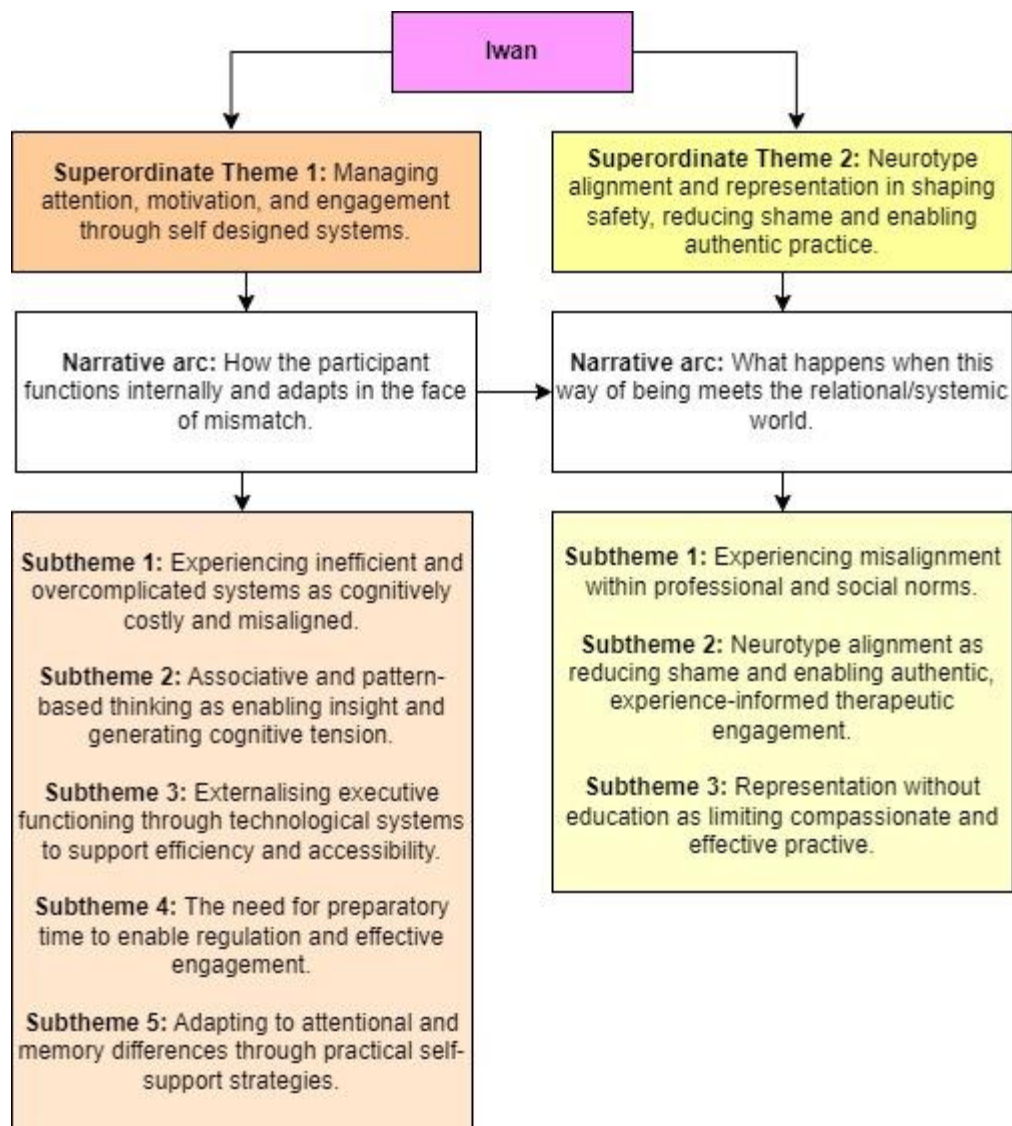
Iwan describes making connections and “rabbit hole” thinking as his natural mode of operation and demonstrates a strong pattern-based, systems-oriented way of thinking. He is particularly skilled at solving problems of a technical nature and speaks of using his “weaknesses to support (his) strengths”. However, he experiences significant frustration when engaging with inefficient, unnecessarily complicated, and cognitively demanding systems. As well as placing additional strain on executive functioning, these systems are fundamentally mismatched with his naturally logical, streamlined, and efficient way of processing information and approaching tasks. When he has the autonomy to do so, Iwan develops self-designed systems that outsource much of the cognitive overload, while also providing additional benefits for confidentiality through automatic filing systems and supporting neuroinclusive client practice via online booking. Time is also used as a regulatory tool, with preparation and arriving early to get into the right “zone” being key to focus, engagement, and success. Alongside this, Iwan compassionately supports his everyday functioning by using environmental scaffolds, such as duplicates of essential items, while also acknowledging the limits of his capacity for certain types of tasks.

Iwan experiences misalignment in social contexts within professional environments, such as a lack of desire for expected small talk, busy events, and parties. Misunderstanding is experienced while seeking clarity which is often labelled as “trouble making”, as well as so named 'flat affect' being fundamentally misunderstood with an iceberg-like effect occurring; he astutely reflects

that the stiller the face, the more is going on underneath. Iwan speaks with conviction about his positive experiences of neurotype aligned interactions, both as a therapist as well as in other contexts. He talks about how lived experience and carefully considered self-disclosure can help reduce shame in clients, as well as enabling authentic interactions that strengthen the therapeutic relationship. However, he strongly argues that representation without education limits compassionate and effective practice, and even though he had a high level of Neurodivergent representation on his course at all levels, education around Neurodivergence as a topic, despite being requested, always seemed to “fall off the list”.

Key quote from Iwan:

“I said (to client) you might notice that I don't give you as much eye contact as most other people...that's not because you're boring or uninteresting...it's because I can't cope with the intensity of looking at someone all the time. But believe me, I am here with you...(reflecting) it's because everything's going on in the brain, so you haven't got time to cope with what's happening on your face...all that sort of muscle processing goes offline to give more computing power for the thought.”



Key recommendation from Iwan:

“A lot of (adaptations) are about supporting my weaknesses by using my strengths. So, for instance, I’m rubbish at organising paper, as I’m looking around my office at the moment and seeing heaps of paper it’s terrible, but I’m really good at getting computers to file stuff for me...I know that if I do rely on paper filing, it will end up as a mess, so I just don’t rely on paper filing, and that’s OK.”

Jade Individual Case Portrait and PETS

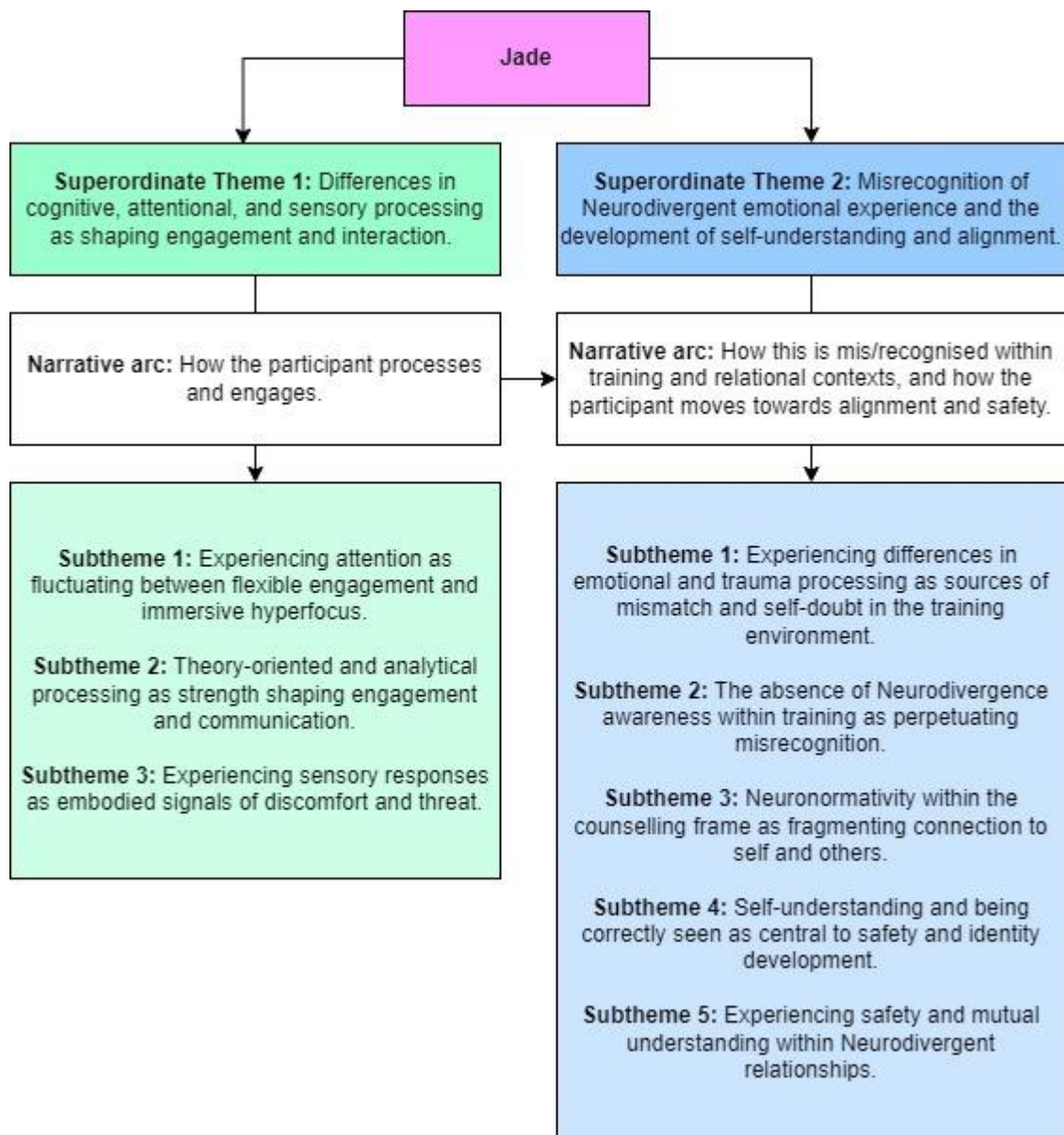
Jade “lean(s) more towards...skipping about...for short bursts” when it comes to task focus, unless she is “completely absorbed to the point of exclusion of hearing anything else”, indeed, when the material is challenging or “really catches (her) attention (she will) dig down to the deepest detail”. However, there is often “no warning” that these states of hyperfocus will descend, and typically, they are accompanied by an absence of hearing or ability to pick up on interoceptive cues (such as hunger or thirst). Jade has a great capacity for absorbing information and can remember content after “one reading”, which is viewed as a significant strength and further, assigned to facilitating confidence and engagement during class discussion with peers, adding depth and nuance to group understanding.

Jade describes a keen somatic sensitivity that allows her to register the tone and emotional atmosphere of the room in the absence of explicit cues. She speaks of being inherently emotionally steady, with a natural “emotional range most of the time between 4 and 7”, yet this stability, along with an innately high distress tolerance, is consistently interpreted by others as “repression”, while her direct communication style is assigned the value label of “inappropriate”. She reflects that these responses may have made others “feel unsafe, because (she) didn’t react the way they expected, because it wasn’t in their books. Maybe they did not have other Neurodivergent people around them to be able to place the way (she) reacted.”, and at times this contributed towards emerging self-doubt in relation to having the “wrong way of reacting”. The result of this mismatch is a fragmentation in connection to both self and others, with Jade experiencing the immediate and wholesale adoption of counselling norms by peers as inauthentic and “as if (they were) lifted from the book”. However, through increasing experiences of safety within neurotype-aligned relationships, and with growing self-knowledge, Jade begins to see herself more clearly and compassionately, reframing earlier experiences through a neuro-

affirming lens. As relational and internal safety develop, both her sense of self and her personal relationships shift in a mutually reinforcing and cyclical manner, with this deepening attunement with loved ones ultimately becoming “everything”.

Key quote from Jade:

“No, they never called me out like that. I think they were trying their real hardest to be respectful. Like they knew that they had to react a certain way because they were on a counselling course. And so, they couldn't say anything, but did you ever get it like when you have a reaction and then, like you get a prickly feeling and go cold? Does that make sense? And you're like, this is awkward...it's like, even thinking about it now, I've got that cold feeling, like, all over. Yeah, yeah.”



Key recommendation from Jade:

"It (counselling texts) describes, I guess, a normative response, right? I don't know whether the research has been done, (but there's) no consideration for, a response that maybe wouldn't be as emotional. Or maybe if they do mention something like that, they're like, oh well, you've got to look at how it makes you feel inside. Or why don't you feel like this? Or why do you feel this? Sometimes there's not a reason beyond that's just who you are, like there's no emotional attachment to what

someone has just told you. And there seemed to be within the class like such strong reactions as if that was expected.”

Frankie Individual Case Portrait and PETS

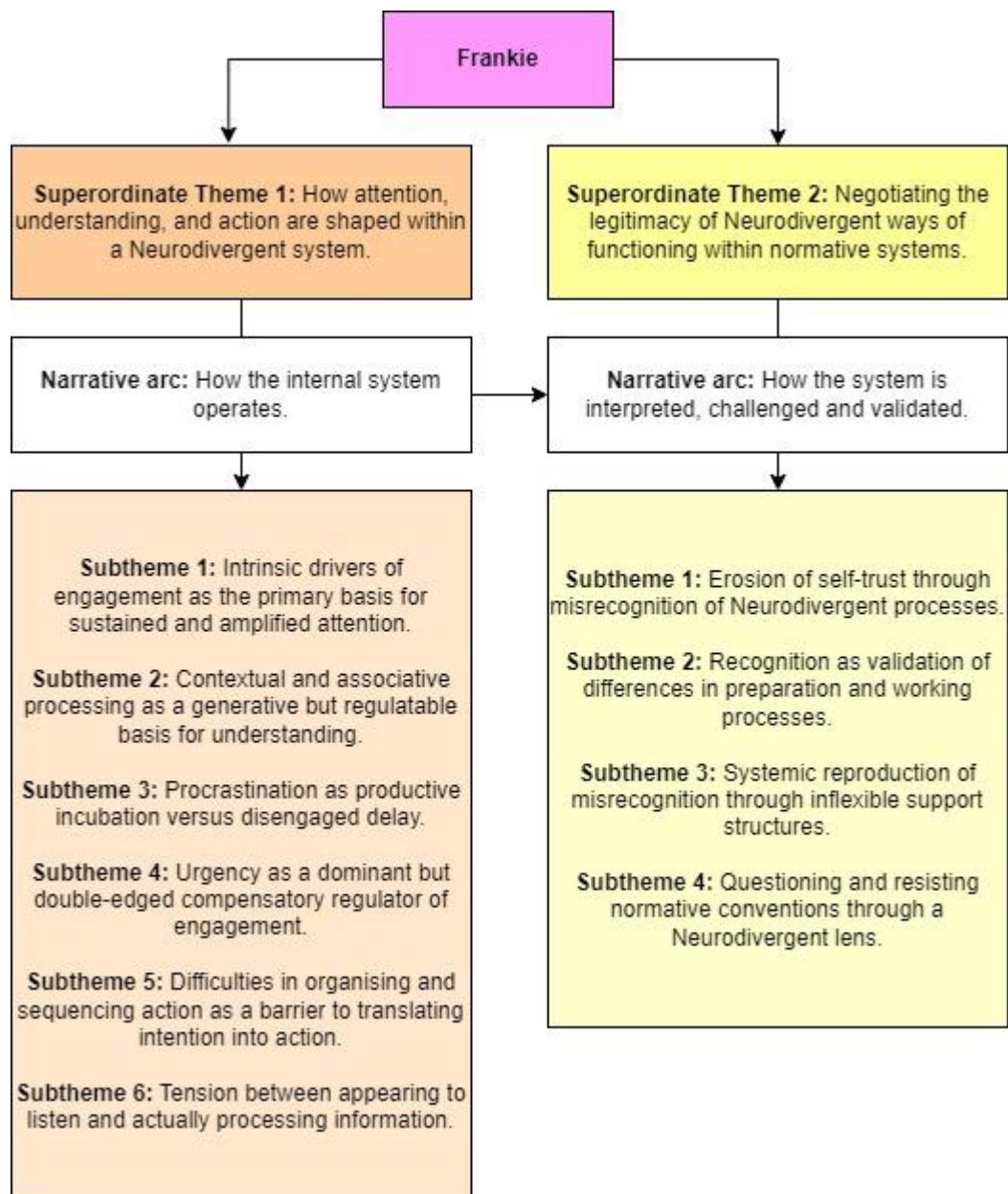
Frankie passionately and coherently discusses the concept of intrinsic drivers as the foundation of her Neurodivergent engagement and motivation, relating to a model she refers to as INCUP (Interest, Novelty, Challenge, Urgency, Passion), adding another ‘C’ in ‘connection’ as the interview progresses (INCCUP). One or more of these drivers need to be present for task execution to both take place and sustain, with the presence of multiple drivers being responsible for states of excitement and “firing on all cylinders”. Frankie describes an associative cognitive style, with understanding unfolding because of connections being made, or what she terms “rabbit hole” thinking. Procrastination is experienced as multifaceted, and while often looking the same to the outside observer, can take on the role of either useful incubation or disengaged delay. When conditions for engagement are misaligned, urgency moves from helpful nudge to state dominance and can result in exhaustion, dysregulation, and burnout. An additional barrier to action lies in the organising and sequencing of tasks, associated with dyspraxia, which helps explain why intention does not always translate into action. As a result, Frankie appears to gravitate towards a more fluid and creative mode of working, which remains equally engaged and effective.

After a lifetime of misattunement, particularly within educational and professional settings, the process of masking begins to be explored, with self-knowledge being key to increasing authenticity. Frankie describes a tension between appearing to listen and internally processing information, often feeling required to prioritise one over the other. On a positive note, she speaks fondly of a supervisor who seemed to instinctively understand her fluid style, reflecting it back

positively in an experience of deep validation. However, despite having gained vital self-knowledge, as well as experiencing some corrective attunement, trust and belief in her unique process and a “sense of (her) own capacity...(still) often leaves (her) sitting there in doubt”. Frankie has a deep passion for equality, social justice, and care for the environment, believing that Neurodivergence is vital to systemic change through its innate curiosity and the fundamental need to “ask why?”.

Key quote from Frankie:

“Hard work doesn't look the same...and doing it well doesn't look the same for everyone...and so, yeah, having reflected back some sort of...yeah, it would be great to have reflected back some process, that wasn't just neurotypical, wouldn't it? You know, because we're all, it's all assumed to be that way...and the processes we're learning are assumed to be quite...the norm. And there might be other processes in there that work better with different ways of being. I guess I would love to...yeah, I would have liked to have had support to not feel so uncertain about my own process...You know, it would have saved me a lot of stress, because I think 90% of the stress was not trusting that I could do it, because I did it so differently to everyone else.”



Key recommendation from Frankie:

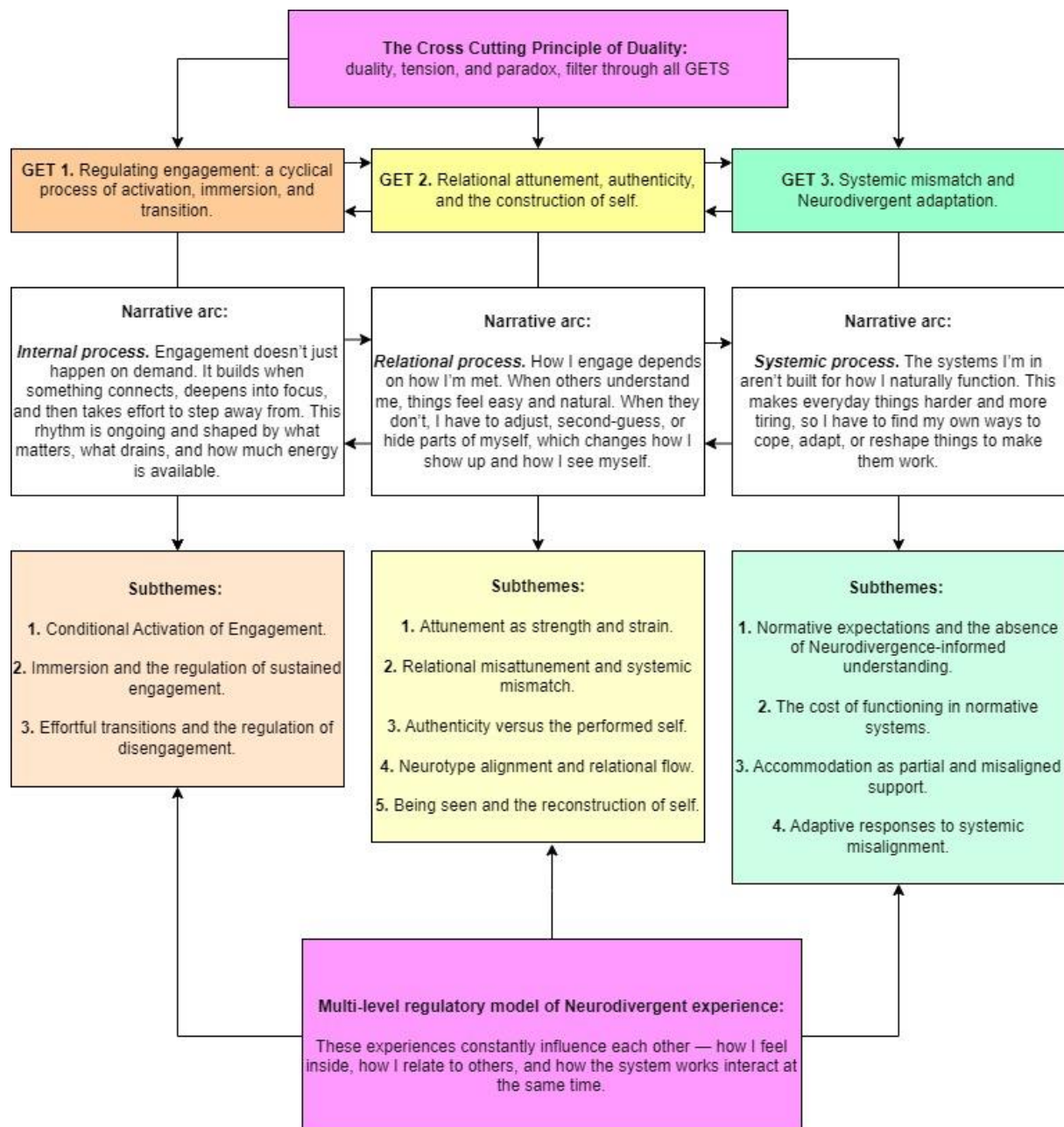
"I love the idea of training on Neurodiversity being part of every counsellor's standard training. And I'd love it if you could think of a way of making that experiential in a way that could suit people, and just kind of, I guess the fluidity, the flexibility to be able to find out what kind of teaching, what kind of support suits people individually and how they best, you know...what's it called that cognition of how I learn? And knowing what works and even the

lecturers getting to grips with what works for different neurotypes and being able to be flexible enough that people can learn in those different ways in the same room. I don't know how you do that necessarily, but having a combination of different ways of learning the same thing, perhaps, you know?"

The Cross Cutting Principle of Duality

Participants consistently described their internal and relational experiences as carrying both enabling and constraining qualities, with strengths and challenges experienced as inseparable and largely context-dependent. This pattern of tension appeared so consistently across accounts that, rather than being presented as a standalone group theme, is understood here as a cross-cutting principle that shapes the entirety of experience. This principle is consistently evident within the individual case portraits above, as well as the cross-case analysis (GETS) below. As Angharad reflected early in interview:

"I think one thing for me is when I was going through the questions is that I might be kind of repeating myself if I split them up. This thing was really good, but then kind of the other side of the coin type thing. So, I'm just like aware of that..."



Group Experiential Theme (GET) 1. Regulating Engagement: A Cyclical Process of Activation, Immersion, and Transition

[Table here/discussion/appendice?](#)

GET 1 presents participants experiences at an internal level, outlining where natural modes of operation may be facilitated or blocked by others, systems, or levels of self-knowledge and acceptance. While presented here as three separate subthemes, participants' accounts suggest

that engagement does not unfold in a linear sequence of initiation, sustainment, and transition. Instead, engagement is experienced as a continuous and cyclical process of regulation, in which preparation, immersion, disengagement, and recovery are interdependent and cumulative. Engagement is therefore better understood as a fluctuating rhythm rather than a series of discrete stages, in which the capacity to move between states is continuously negotiated and shaped by both internal conditions and external demands. Within this process, periods of disengagement may function either as productive incubation and/or rest and therefore supporting subsequent engagement; or as disengaged delay, reflecting dysregulation of the process, or insufficient alignment with intrinsic drivers and natural modes of operation.

Subtheme 1: Conditional Activation of Engagement

Engagement initiation was experienced as conditional rather than automatic, emerging more consistently when participants had;

1. **Clarity**; surrounding instructions, expectations and the purpose of tasks.
2. **Sufficient preparation**; regarding advance information and time to “get in the zone”.
3. **Internal readiness**; based on, sensory regulation, intrinsic drivers/INCCUP.
4. **Natural modes of operation** being facilitated; such as spontaneity and movement.

Where these conditions were absent, participants described significant difficulty, and in some cases complete inability, in initiating tasks despite a desperate desire to engage, and “want to do well” (Benny).

Variation was evident in how participants preferred to access engagement, with some requiring preparation, predictability and “buffer zones” in order to “get into the right frame of mind” (Iwan, Angharad and Anne), while others engaged more readily through spontaneous, embodied, or urgency-driven pathways (Frankie and Benny). Where conditions were misaligned or blocked natural modes of operation, participants described reliance on compensatory strategies such as urgency dominance, external pressure, or masking as a means of initiating engagement. While urgency was widely experienced as draining when dominant or prolonged, when used minimally or in the presence of other drivers, it is often experienced as a facilitating nudge toward task engagement, where “the drive of urgency might get you there” (Frankie).

Subtheme 2: Immersion and the Regulation of Sustained Engagement

Sustained engagement is characterised by deep, immersive attention, consistently described as “hyperfocus” across all participants, despite individual Neurotype. Hyperfocus can be highly productive and is experienced positively, but is difficult to predict or regulate, often expanding associatively beyond task boundaries and tipping into what Anne describes as “overfocus”, leading to exhaustion. While this deep immersion was present across all 6 participants, variation emerged in how engagement was mediated by intrinsic drivers, natural modes of operation, and task complexity. Jade, the only participant on a foundation-level course, described a greater capacity and preference to “skip about”, transitioning flexibly between tasks when they were less complex or engaging. By contrast, participants on postgraduate courses, where engagement appeared more cognitively and emotionally demanding, described needing to fully immerse in order to engage, though this engagement was frequently disrupted by environmental, relational, and systemic factors.

Participants described sustained engagement as being driven by a combination of intrinsic factors, including interest, novelty, challenge, connection, urgency, and passion (INCCUP). These drivers did not operate in isolation, but appeared to interact, capturing a heightened state of engagement in which multiple drivers were aligned, for example Frankie's description of instances where "everything's firing on all cylinders". This intensity of immersion was closely linked to later difficulty disengaging, suggesting that the depth of sustained engagement directly shapes the effort required for transition within this cyclical process.

Subtheme 3: Effortful Transitions and the Regulation of Disengagement

Transitions between tasks were experienced as effortful and often dysregulated, particularly following periods of deep immersion or overload. Rather than occurring automatically or passively, transitions required active regulation, with participants describing the need for intentional "buffering", autonomous pacing, and self-care measures, in facilitating effective disengagement and subsequent re-engagement. Immersion was found to directly impact ability to transition, with deeper immersion making disengagement more difficult, and feelings of incomplete or unsatisfactory immersion leading to unresolved internal load that carried into subsequent tasks. Angharad spoke at length about an optimal timeframe, or "sweet spot" of around 3 hours for immersing and naturally transitioning out of a task.

However, adequate immersion and pacing were rarely facilitated, with unpredictable and frequent transitions forming part of the culture of the learning environment. In some cases, this kind of overload resulted in "shutdown" transitions, where participants described entering dissociative states to cope (Anne, Angharad, Benny). In the case of Benny, shutdown transitions often move from difficulty to the complete inability to move, and she becomes "stuck" in place

needing loved ones to physically assist her. Buffering strategies, such as creating time and space between tasks (Anne, Iwan, Angharad), grouping similar tasks together to reduce transition frequency (Angharad), and engaging in intentional transition self-care rituals (Angharad, Benny, Iwan), were therefore experienced as essential rather than optional. Where these were absent, participants described delayed disengagement, cognitive and embodied carryover, increased difficulty re-engaging, and burnout.

Group Experiential Theme (GET) 2. Relational Attunement, Authenticity, and the Construction of Self

GET 2 conceptualises participants' experiences as a relational regulation system, in which the quality of relational attunement directly shapes both immediate engagement and longer-term self-perception. Participants demonstrated a heightened capacity for attuning to others, alongside a parallel and interlinked sensitivity to the authenticity of relational responses directed toward them. When interactions were experienced as authentically attuned, often within neurotype-aligned relationships, all participants described their own versions of a sense of ease, "relational depth", "richness", and "flow" (Angharad).

In contrast, environments characterised by misattunement, where participants felt misread, invalidated, or responded to, elicited protective regulatory strategies, including masking, withdrawal, or hyper-monitoring and "watching for (others') cues" (Frankie). Over time, repeated experiences of misattunement were internalised as self-doubt and erosion of self-trust, whereas moments of being accurately seen and accommodated had a reparative effect, supporting self-acceptance and the reconstruction of identity.

Subtheme 1: Attunement as Strength and Strain

Participants described a heightened and often embodied capacity to attune to others, characterised by intuitive, somatic, or felt awareness of relational dynamics and described as a “6th sense” (Benny) or “prickly” sensation (Jade). This attunement was experienced as both a strength in its ability to facilitate depth, connection, and effectiveness in therapeutic contexts. However, this moved to strain where this depth of relating was prolonged without “buffering”, within environments where multiple relational signals competed for attention (such as group settings), or when there was mismatch between behaviour and group norms, resulting in overt or often covert disapproval. Several participants described a reciprocal process, whereby attuning to others simultaneously deepened their understanding of themselves, **suggesting that attunement functioned as a key mechanism in both relational and self-awareness.**

Subtheme 2: Relational Misattunement and Systemic Mismatch

Across accounts, all participants reported pervasive experiences of being misread, misinterpreted, or responded to through the lens of frameworks that failed to accurately capture their underlying processes or intention. These misattunements often arose within structured or normative environments, where neurodivergent ways of processing emotion, communication, or attention were interpreted as incorrect or deficient, or in some cases missed altogether. Participants highlighted recurring patterns, such as flat affect being read as disengagement (when the opposite was widely cited as true) or questioning being perceived as defiance (which in fact stems from a deep desire to understand and cooperate), illustrating how relational

breakdowns were frequently rooted in mismatched interpretive systems rather than individual deficits.

“And I think at least in that circumstance, when it's somebody trying to teach you something, I feel like when I am intently focused on looking, I'm intent on ‘the mask of I'm listening’ the ‘I am listening mask’. And it's like, yeah, I'm going to be acknowledging to you, I'm going to be, you know, using those facial gestures and that thing to let you know I'm listening. That's when I'm least likely to be listening.” (moved from Frankie PETS, but still want to include, not sure where)

Subtheme 3: Authenticity versus the Performed Self

In response to relational misattunement, participants described engaging in active self-monitoring, often shifting between authentic expression and performed or masked versions of self. Authenticity was experienced as both essential and vulnerable, with some participants describing inauthenticity (either in themselves or others) as deeply uncomfortable or even threatening (Benny and Anne). Where misattunement was anticipated or detected, while often unconscious, some participants reported adapting their behaviour in real time in an effortful semi-conscious process of interpreting others cues and translating their own responses into more normative and therefore ‘acceptable’ portrayals of their internal experience. The description of this semi-conscious process sounded akin to that of speaking a different language, in that it is essential to make oneself understood, as opposed to being optional or deceptive.

Subtheme 4: Neurotype Alignment and Relational Flow

When interacting within neurotype-aligned relationships and environments, participants consistently described a significant shift toward ease, safety, and “relational depth”. These interactions were characterised by the reduced need for masking, greater mutual understanding, and a sense of “flow” or natural connection. More specifically this was facilitated by shared communication styles such as directness, differing expectations around eye contact and small talk, and engagement through shared or special interests. Such relationships and environments enabled participants to operate in ways that felt both authentic and effective, highlighting that relational difficulty was not inherent, but contingent on context and alignment.

Subtheme 5: Being Seen and the Reconstruction of Self

Moments of being accurately seen and understood were described as highly impactful, often resulting in significant inner transformation. Participants emphasised the importance of being recognised in a way that allowed previously suppressed or misunderstood aspects of self to be expressed without judgement, and these experiences were associated with increased self-acceptance and permission to exist authentically. On the other hand, repeated experiences of misattunement and misinterpretation were internalised as negative character labels (e.g. “lazy”), or as self-doubt, contributing to enduring uncertainty around one’s own processes and capabilities. Both positive and negative experiences took on a self-recursive quality, with external and internal each impacting and deepening the other. These relational experiences did not occur in isolation, but were shaped by broader systemic structures and expectations, which are explored further in GET 3.

Jade about post Neurodivergence discovery:

“And obviously my husband knew me very well, obviously knows me very well, but I think his kind of understanding of me has increased since then as well, as I thought more about myself and kind of found ways that helped me every day, you know, that became everything.”

Group Experiential Theme (GET) 3. Systemic Mismatch and Neurodivergent Adaptation

GET 3 conceptualises participants’ experiences at a systemic level, focusing on how normative structures, expectations, and institutional practices shape the conditions under which neurodivergent individuals are required to function. Across accounts, participants described training and professional environments as largely organised around neuronormative assumptions, with limited integration of neurodivergence-informed and affirming understanding. This resulted in a persistent mismatch between individual ways of functioning, specific norms of the training environment (both educational and counselling frame), and wider systemic demands (social norms and institutional structures).

Functioning within these environments was associated with significant and often hidden cumulative costs, which required ongoing effort from the whole individual system to meet expectations which were frequently misaligned with participants’ natural modes of processing and engagement. While accommodations were available, they were frequently experienced as reactive, limited, inflexible, or inconsistently effective, placing responsibility on individuals to identify, request, and manage their own support. In response, participants engaged in a range

of adaptive strategies, from practical system redesign to behavioural regulation and, in some cases, more fundamental reframing and deconstruction of normative frameworks. These adaptations were shaped by individual strengths and contexts, highlighting variability in both access to and need for different strategies. Overall, GET 3 positions neurodivergent experience not as a deficit within the individual, but as emerging from a misalignment between individuals and the systems within which they operate, with adaptation functioning as a necessary, though often effortful, response.

Subtheme 1: Normative Expectations and the Absence of Neurodivergence-Informed Understanding

Participants universally described training and professional environments as underpinned by neuronormative assumptions, that are often multilayered with counselling, educational and professional norms overlaying, being simultaneously expected, and often conflicting or competing with each other. Expectations around personal presentation such as eye contact and movement, ways and levels of emotional expression, or engagement as vulnerable despite regulation, were not only implicitly regulated by the group, but explicitly outlined in counselling textbooks and therapeutic models. Angharad speaks of frequently being given an “invitation” to share in a group setting, then being questioned about opting out, and experiencing the pressure of being assessed and graded, and needing to appear “competent” which directly conflicts with authenticity in that moment. Conversely, Jade gives the example of her “unexpected” and non “textbook” presentation of direct style and high distress tolerance making others “feel unsafe” when contextually sharing about personal trauma. Further, Frankie questioned the validity and transparency of professional standards and assessment criteria, giving the example of preparation for supervision and this could easily be deemed absent if difference is not

recognised, having implications for discrimination under existing and emerging frameworks such as SCOPED.

Participants also highlighted how these systemic conditions were maintained through institutional prioritisation, with neurodivergence-related content frequently pathologized, deprioritised or overlooked entirely. All participants noted a consistent absence of structured education around neurodivergence, alongside a lack of open discussion, which was cited as contributing to the marginalisation of neurodivergent individuals and perspectives. As the only participant who noted a high level of Neurodivergent representation at all levels of his course, Iwan reflected that there remained a persistent lack and deprioritising of education on Neurodivergence, **suggesting that representation alone is not enough for true inclusion.**

Subtheme 2: The Cost of Functioning in Normative Systems

Functioning within normative systems was associated with substantial and ongoing cost, described across participants as cumulative, embodied, and difficult to sustain. Benny spoke at length and passionately about this topic, giving many examples of tasks that many consider to be routine, though to the Neurodivergent system require complex sequencing and high energy output. Though personal costs varied across participants, each outlined their own version of unseen effort, which was often compounded by the need to maintain outward functioning over extended periods, resulting in experiences of dissociation, shutdown, paralysis, and chronic burnout.

Structural constraints, such as the necessity of maintaining employment, housing, or progressing through training, limited the ability to reduce or avoid these demands, creating a tension between capacity and external expectations. Participants frequently had to make sacrifices to basic self-care in order to conserve the energy required to be included in such environments, highlighting that systemic misalignment is not neutral, but instead produces significant personal cost, which is borne by the individual. In some cases, this cost was experienced as simply too high, with several participants deciding to leave placement, training, and employment in order to regain functional capacity.

Subtheme 3: Accommodation as Partial and Misaligned Support

While accommodations were available within training and professional contexts, participants described them as inconsistently effective and effortful to gain. Accessing support frequently required individuals to engage in complex or confusing additional processes and administration, therefore not only placing responsibility on the individual to advocate for their needs, but paradoxically giving them additional cognitive and emotional load, which the accommodations are supposed to reduce. Participants highlighted that accommodations were typically delivered through predefined options, rather than through collaborative exploration of individual needs, resulting in support that could be misaligned or further counterproductive. Iwan and Frankie gave the specific example of extra time for assignments, and while Angharad cited this as helpful, Iwan reflects that for someone with ADHD this is often “actually the worst thing you can do”, indicating that “bespoke” and flexible support would be optimal. This subtheme underlines that accommodation, while intended to mitigate systemic barriers, functions as a partial and imperfect solution at best, and at worst as an additional load.

Subtheme 4: Adaptive Responses to Systemic Misalignment

In response to systemic conditions and misaligned accommodations, participants described a range of adaptive strategies, reflecting both practical and conceptual forms of adjustment. Adaptations were not uniform, the nature of which were largely dependent on individual need, capacity, and skill. Iwan, for instance has high level ability in I.T. and systems thinking and describes “supporting (his) weaknesses by using (his) strengths” by outsourcing executive functioning and motivation challenges to automations. Benny is a good example of the use of behavioural strategies, such as ‘body doubling’ (a common motivational technique for ADHD), treats for wordcount intervals, and self-imposed deadlines in the absence of a sufficient “container”. Iwan also uses environmental scaffolds by way of duplicate items over different locations to account for challenges with memory.

While adaptation enabled continued functioning within misaligned systems, it was often effortful and uneven, highlighting both the resourcefulness of participants and the limitations of systems that require such adaptation. At a more conceptual level, participants described processes of reframing and challenging normative assumptions, questioning the necessity of existing structures and, in some cases, actively reshaping their practice to align with Neurodivergent ways of being, such as Angharad’s example of “queering” the counselling frame and its norms. Frankie further illustrates the importance of Neurodivergence in questioning convention and outdated constructs, not only for Neurodivergent individuals and groups, but for the improvement of society as a whole.

Chapter 5: Discussion

Though findings were presented as separate themes, they are better understood as part of a multi-level regulatory system, in which internal, relational, and systemic processes continuously shape and are shaped by one another. As such, the following discussion is organised around broader interpretive principles that cut across themes, while remaining grounded in participants' immediate lived experience. In this sense, the discussion moves from the phenomenological layer of experience towards a more interpretive, contextual, and interactional understanding that becomes possible when both individual and shared experiences are considered alongside wider literature and broader social contexts. **At this stage, critical perspectives and existential tensions will also be drawn upon where relevant.**

Dynamic thresholds and context-dependant regulation

Participants frequently described experiences in dualistic terms, often describing two sides of the “same coin”. Here the same underlying processes were universally experienced as simultaneously enabling and constraining depending on context. Dominant frameworks often encourage binary interpretations of neurodivergent experience, positioning individuals as either coping or struggling, functioning or in crisis, and this was reflected in the binary language participants often used on the surface. However, experiences such as hyperfocus, urgency, procrastination, and the desire for connection were rarely described as fixed traits or static strengths and difficulties, but rather, they appeared to fluctuate according to immersion, duration, relational safety, sensory load, environmental fit, and systemic expectation. While the phenomenological layer of experience was often expressed through contrast and tension, the interpretive layer of analysis suggests movement across dynamic and context-dependent

regulatory thresholds, rather than fixed oppositional states. In this sense, what participants experienced as contradiction may be better understood as fluctuating forms of regulation and engagement shaped by context and alignment.

This interpretation aligns with emerging non-pathologising conceptualisations of autistic flow and monotropism, which frame engagement not as a stable attentional deficit or strength, but as a dynamic process involving transitions into, sustainment of, and disengagement from states of deep immersion (Heasman et al., 2024). Similarly, monotropic accounts of neurodivergent attention conceptualise engagement as involving deep allocation of attentional resources towards strongly valued interests or stimuli, often making transitions between attentional states effortful and regulatory in nature (Dwyer et al., 2024a; Lawson, 2025). Rather than difficulties residing solely within the individual, Heasman et al. (2024) argue that engagement is shaped relationally and environmentally, with factors such as sensory overwhelm, interruption and pacing issues, and systemic demands influencing an individual's ability to sustain or transition between states of focus and regulation. This appeared strongly reflected within participant accounts in GET 1, where engagement itself was not inherently problematic, but where difficulties often emerged through normative relational disruption, systemically forced transition, or prolonged sensory dysregulation caused by both relational and environmental demands.

Importantly, participants' accounts also suggested that the middle of neurodivergent experience often remains obscured, both socially and internally. In describing his ability to dissociate parts of his body in order to override sensory discomfort, Iwan reflects on the longer-term impact this had upon his relationship with his own interoceptive experience:

“It's also one of the things that I've had to go through in therapy, actually getting back in contact with my own interoception and that has at times been painful, I even said to my therapist. I know it's good to have feelings, but it's much easier not to have them.”

Here, adaptation appears to involve not only external masking, but a gradual distancing from internal regulatory signals themselves, aligning with broader conceptualisations of masking as involving the suppression of natural responses across sensory, cognitive, behavioural, and bodily domains, rather than solely social performance (Pryke-Hobbes et al., 2023). Experiences frequently became recognised only once they had tipped into visible overwhelm, exhaustion, shutdown, or dysregulation, whilst intermediate states of strain, effort, or narrowing capacity often remained unnoticed or invalidated. Consistent with this, participants in Pryke-Hobbes et al. (2023) described masking becoming “second nature,” with some reporting they could no longer recognise when masking was occurring. Such findings may help contextualise why intermediate states of strain or dysregulation remained difficult to detect prior to more acute overwhelm. Anne’s description of hyperfocus tipping into “overfocus” is particularly relevant here, suggesting that regulatory difficulty may emerge less from the presence of immersion itself, and more from the gradual crossing of individual thresholds that are often only recognised retrospectively if reflection and self-awareness are sufficient. This may be compounded by masking processes and prolonged adaptation to neuronormative environments, in which participants frequently described learning to override, minimise, or distrust early indicators of need, overwhelm, or dysregulation. While existing masking literature has primarily focused on social presentation and stigma management, participants’ accounts here suggest that prolonged adaptation may also reshape individuals’ relationships with their own bodily and interoceptive experience, potentially obscuring early regulatory signals until distress becomes acute.

In this sense, counselling and neuro-affirming relational environments may have an important role not simply in reducing distress, but in supporting the re-recognition and validation of internal regulatory signals before crisis thresholds are reached. Several participants described experiences of being accurately seen and relationally validated as transformative in this regard. Benny's key quote (see section 4.3) appeared to reflect not only interpersonal acceptance, but a gradual restoration of permission to recognise and respond to their own needs authentically. The findings therefore suggest that regulation may depend not solely upon self-management, but upon relational and systemic conditions that make authentic self-recognition possible.

The Intertwining of Sensory, Relational, Emotional, and Attentional Experience

Participants' accounts frequently suggested that sensory, emotional, relational, and attentional experiences were not encountered as separate domains of functioning, but as deeply intertwined and mutually shaping aspects of lived experience. Difficulties relating to attention, emotional regulation, social engagement, or environmental overwhelm were rarely experienced in isolation, instead appearing to emerge through ongoing interaction between sensory environment, relational safety, cognitive demand, emotional state, and contextual expectation. This supports Boldsen's (2022) argument that sensory experience cannot be cleanly separated from social functioning, whilst also extending this understanding beyond sensory-social interaction alone. Within the present findings, sensory, emotional, attentional, and relational processes appeared phenomenologically inseparable, operating less as distinct categories of experience and more as part of a broader interconnected experiential ecology in which changes within one domain continually shaped the others, whilst also being profoundly influenced by the relational and systemic contexts in which they occurred.

This interconnectedness was particularly evident in participants' descriptions of relational engagement, which were frequently shaped not only by interpersonal dynamics themselves, but also by sensory load, environmental predictability, attentional demand, emotional safety, and perceived authenticity within the interaction. Participants often described becoming overwhelmed within environments that were noisy, unpredictable, lacked clarity, or had performative expectations, with these conditions going on to alter attentional flexibility, emotional regulation, and capacity for relational connection. In this sense, social difficulty did not appear reducible to isolated deficits in communication or interaction but instead emerged through the interaction between multiple experiential domains. This was clearly reflected in Anne's account, where severe auditory sensitivity was described as directly blocking both cognitive processing and relational engagement during sudden or loud auditory experiences, often followed by feelings of shame and self-consciousness regarding how these reactions were perceived by others. Such findings further support Boldsen's (2022) argument that sensory and social experience cannot be meaningfully separated within neurodivergent lived experience, whilst extending this interconnectedness to include emotional and attentional domains.

Likewise, emotional experience often appeared contingent upon contextual and relational conditions. Several participants described emotional depth, access, or expression as becoming possible only under particular circumstances, suggesting that emotional experience itself may be partially mediated through safety, attunement, environmental fit, and the extent to which authentic and aligned engagement are felt possible. For example, Angharad speaks of experiences in personal therapy, both as client and therapist, where they are only "warming up around the 40 minute mark" suggesting that both temporal structures, as well as the normative frameworks that dictate them, can have a direct impact on the ability to access emotion. This aligns with Dallman's (2024) work on emotional depth and phenomenological intensity, whilst

also suggesting that emotional accessibility may fluctuate according to relational, temporal, and systemic conditions rather than existing as a fixed internal capacity. Similarly, participants frequently described greater ease, fluidity, and relational “flow” within neurotype-aligned interactions, supporting literature surrounding double empathy, neurotype matching, and neurotype-aligned therapeutic relationships (Heasman and Gillespie, 2018; Milton, 2012; Taylor and Sims, 2024). However, the present findings suggest these experiences extend beyond communication alone, with neurotype-aligned interactions appearing capable of simultaneously altering emotional regulation, sensory tolerance, attentional flexibility, self-perception, and capacity for authenticity.

The findings therefore challenge dominant compartmentalised frameworks which position sensory, emotional, attentional, relational, and behavioural experiences as discrete symptom clusters or independent domains of functioning. Whilst such categorisation may be useful within clinical and diagnostic settings, participants’ accounts instead suggested a far more integrated experiential structure, in which these processes appeared phenomenologically and functionally inseparable within lived experience. Neurodivergent experience may therefore be better understood less through isolated traits operating independently, and more through ongoing interaction between relational, sensory, emotional, attentional, and systemic conditions. Such findings may also carry implications for practice, suggesting that attempts to address isolated aspects of neurodivergent experience without consideration of wider relational, sensory, emotional, and systemic interactions risk overlooking the interconnected nature of regulation described by participants. Importantly, these patterns emerged through participant accounts themselves, rather than being forced into pre-existing theoretical frameworks.

Being Truly Seen versus Being Perceived

Participants repeatedly described a profound difference between being perceived and being truly seen, with this distinction appearing central to experiences of identity, relational safety, authenticity, and self-trust. Whilst being perceived was frequently characterised by misalignment, misinterpretation, and pathologising assumptions fuelled by normative frameworks, being truly seen appeared to involve accurate attunement, recognition, validation, and the valuing of natural ways of functioning. Both experiences involved attention being directed towards the neurodivergent person, though through very different lenses, with the latter comprising a sense of felt understanding that could be non-verbal and somatic in nature. This distinction appeared to shape not only direct relational experiences, but also identity formation, cognitive engagement, sensory-affective regulation, and participants' capacity to trust their own internal experience. Participants also frequently described high somatic attunement to others in terms of a "sixth sense", often citing neurotype alignment as highly facilitative in this area spanning roles. However, whilst such interactions could feel like "home", they could simultaneously feel emotionally intense or "draining", requiring strategic self-care and "buffer zones" in order to regulate and contain the depth of engagement.

These experiences align with attachment literature more broadly, but more specifically with Milton's (2012) work on the Double Empathy Problem (DEP). Though sometimes criticised for containing scattered concepts and inconsistent empirical evidence (Livingston, Hargitai and Shah, 2024), the present findings provide tentative support for the idea that difficulties neurodivergent people experience do not reside within them alone, but may emerge relationally through mismatched expectations, communicative norms, and differing ways of processing and relating. This was reflected in participants' descriptions of normative frameworks and interactions as often inflexible, performative, impractical, or emotionally and communicatively vague. Interestingly, many of these descriptions appeared inversely related to common deficit-

based characterisations of neurodivergent people themselves, suggesting that communicative and relational difficulty may arise less from objective interpersonal deficits, and more from clashes between differing relational norms, values, and expectations surrounding authenticity, emotional expression, practicality, and communication. The findings further support literature suggesting neurotype alignment may facilitate engagement, social ease, reduced masking and subsequent reductions in cognitive load (Crompton et al, 2024a; Crompton et al, 2024b; Dallman, 2024; Heasman and Gillespie, 2018; Taylor and Sims, 2024). However, the present findings also suggest these experiences may extend beyond communication and relational comfort alone, appearing capable of shaping identity development, authenticity, and self-trust itself. Participants frequently described experiences of being accurately recognised and relationally validated as transformative, enabling previously internalised narratives of deficiency or “wrong(ness)” to be reconsidered through a more coherent and self-accepting lens.

Training and Representation: Neither Alone is Sufficient

Environmental Fit and Flexible Accommodation

Implications for Practice and Recommendations

[\(add table here\)](#)

Section 1: In this sense, counselling and neuro-affirming relational environments may have an important role not simply in reducing distress, but in supporting the re-recognition and validation of internal regulatory signals before crisis thresholds are reached.

Section 2: if sensory, emotional, attentional, relational, and systemic experiences co-regulate each other,

then: interventions targeting only one isolated domain may miss the wider regulatory ecology sustaining distress or difficulty.

Limitations and Suggestions for Future Research

Chapter 6: Conclusion