



Neurodiversity-Affirming Rehabilitation: A Narrative Review of a Paradigm in Transition

Horvarth Jan

Department of Physiotherapy, Faculty of Health, Slovak Medical University in Bratislava, Bratislava, Slovakia

Corresponding Author: * Horvarth Jan

ABSTRACT

The neurodiversity movement has prompted a fundamental re-examination of how rehabilitation professionals conceptualise and support autistic, attention-different, dyslexic and other neurodivergent people. Departing from a deficit or pathology model that prioritises normalisation, neurodiversity-affirming practice reframes neurological difference as a natural form of human variation to be accommodated and valued rather than corrected. This narrative review traces the origins and core tenets of the neurodiversity paradigm and synthesises recent scholarship on its translation into rehabilitation, with particular reference to occupational therapy and allied disciplines. It contrasts affirming and non-affirming approaches, examines the ethical critique of normalisation-focused intervention, and sets out emerging principles including environmental adaptation, strengths-based goal-setting, the valuing of interdependence over enforced independence, the fostering of a coherent identity, and the meaningful inclusion of neurodivergent voices and professionals. Barriers to authentic paradigm change — among them entrenched medical-model assumptions and superficial or rhetorical adoption — are discussed. The review concludes that a genuine shift requires reflexivity, structural change and sustained collaboration with neurodivergent communities...

Manuscript Information

- **ISSN No:** XXX
- **Received:** 01-06-2026
- **Accepted:** 20-07-2026
- **Published:** 30-08-2026
- **IJCATM:** 1(2); 2026: 14-17
- **©2026, All Rights Reserved**
- **Plagiarism Checked:** Yes
- **Peer Review Process:** Yes
- **Paper type:** Review

How to Cite

Horvath J. Neurodiversity-affirming rehabilitation: a narrative review of a paradigm in transition. Int. J. Current Acad. Trend. Multi. 2026;1(2):14-17

Access this Article Online



www.ijcatmjournals.com

KEYWORDS: neurodiversity; neurodiversity-affirming practice; rehabilitation; occupational therapy; autism; strengths-based practice; models of disability.

1. INTRODUCTION

A substantial proportion of any population is neurodivergent — that is, has a neurocognitive profile that differs from what is culturally regarded as typical. The category encompasses autism, attention-deficit and hyperactivity presentations, dyslexia, dyscalculia, dysgraphia, developmental coordination difficulties, Tourette's syndrome and acquired conditions, among others [1,2]. For much of the history of the rehabilitation and allied health professions, these differences have been approached through a deficit model: the neurodivergent person is characterised primarily by impairment, and the aim of intervention is to reduce that impairment and bring behaviour closer to a neurotypical norm.

Over the past two decades this framing has been increasingly challenged. The neurodiversity movement, arising initially from autistic self-advocacy, holds that neurological variation is a natural and valuable feature of humanity rather than a collection of disorders to be eliminated [1,3]. Its translation into clinical fields has given rise to what is now termed neurodiversity-affirming practice, which reorients the goals and methods of support away from normalisation and towards accommodation, self-determination and wellbeing. This review examines the origins of the paradigm, the models of disability that underpin the shift, the principles of affirming rehabilitation, the current state of practice, and the barriers that stand in the way of authentic change.

2. Origins and Core Concepts of the Neurodiversity Paradigm

The term neurodiversity is generally attributed to the sociologist Judy Singer, who developed the idea in the late 1990s in the context of an emerging online autistic community; the journalist Harvey Blume, a contemporary of that community, is credited with helping to popularise it [4]. From the outset the concept was inclusive, encompassing a broad range of neurological configurations rather than a single diagnosis.

It is useful to distinguish two terms. Neurodiversity refers to the fact of variation across all human minds — the observation that there is no single 'normal' brain and that differences in thinking, perceiving, learning and processing are natural, in the same way that biological diversity is natural across living systems [2]. Neurodivergence, by contrast, refers to an individual whose neurocognitive profile diverges from the typical. Under this umbrella fall autism, attention and hyperactivity differences, the specific learning differences, coordination and tic conditions, and acquired forms such as those following brain injury or trauma [1].

The paradigm is frequently contrasted with what its proponents call the pathology paradigm. Where the pathology paradigm locates the problem within the individual and seeks to correct or normalise them, the neurodiversity paradigm treats neurological difference as a natural variation to be understood, accommodated and, where relevant, celebrated [1,3]. This is not a denial that neurodivergent people may experience genuine difficulty or require support; rather, it relocates much of the difficulty from the individual to the mismatch between the

person and an environment designed for the neurotypical majority.

3. Models of Disability Underpinning the Shift

The move towards affirming practice is grounded in a broader shift in how disability itself is understood. The medical model frames disability as an individual deficit to be diagnosed and remediated. The social model, by contrast, locates disability in the barriers — physical, social and attitudinal — that a society erects, so that the appropriate response is to change environments and remove barriers rather than to change the person.

Neurodiversity-affirming practice draws on the social model and extends it through identity and affirmational models of disability, which additionally recognise neurodivergence as a valued dimension of identity and community. On this account, responsibility for participation and quality of life is shared rather than placed wholly on the disabled individual. The practical consequence is a redirection of professional attention towards the built, social and sensory environment, and towards the accommodations that allow a neurodivergent person to participate on their own terms.

4. From Normalisation to Affirmation

Historically, clinical and educational practice with neurodivergent people — and with autistic children in particular — centred on developing the person's ability to 'fit in' and to achieve neurotypical milestones [3]. Surveys of practitioners have indicated that a primary focus on remediating perceived deficits, rather than on altering environments or building on strengths, has long predominated in occupational therapy and related fields.

Affirming scholarship has subjected the normalisation goal to sustained critique. Normalcy, it is argued, is frequently sustained only through heavy masking — the effortful suppression of natural behaviour to appear typical — which is associated with significant psychological cost. The promise that inclusion will follow from achieving normalcy loses meaning where the surrounding society continues to marginalise those who remain visibly different. Critics also note that the 'normal' towards which neurodivergent people are pushed is often implicitly defined by dominant cultural standards, so that expectations of normalcy can carry unexamined assumptions about acceptable ways of being. Interventions built primarily around eliminating or suppressing core neurodivergent traits have been questioned on these grounds, and the debate over such approaches has been central to the emergence of affirming alternatives [3].

5. Principles of Neurodiversity-Affirming Rehabilitation

Several principles recur across the affirming literature. The first is a shift in therapeutic focus. Rather than aiming to modify core traits so that a person appears more typical, affirming practice concentrates on reducing distress, addressing co-occurring conditions that genuinely cause suffering, and supporting a coherent and positive sense of identity. The goal is enhanced wellbeing, not conformity.

The second principle is environmental adaptation. Because much difficulty is understood to arise from a mismatch between person and setting, addressing barriers in the built, social and sensory environment becomes central to intervention. The third is a strengths-based orientation, in which support builds on a person's capacities and preferences rather than cataloguing and targeting their deficits.

A fourth principle reconsiders the goal of independence. While independence is a common objective in rehabilitation, an overemphasis on it — or the assumption that independence is universally desired — sits uneasily with affirming practice. Many neurodivergent people, like many people generally, live fulfilling lives within relationships of interdependence, reciprocally giving and receiving support within families and communities. Affirming rehabilitation therefore reframes success in terms of a meaningful life rather than maximal self-sufficiency.

A fifth principle concerns whose voice guides practice. Affirming approaches insist on the meaningful inclusion of neurodivergent people in shaping their own support, and on access to neurodivergent professionals and mentors. This centring of lived experience is regarded not as a courtesy but as a condition of legitimate practice.

6. Evidence Base and Current State of Practice

Recent scoping reviews of affirming practice, particularly within occupational therapy, describe a field in transition. There is clear and growing interest among practitioners in working in a neurodiversity-affirming manner, and an expanding literature articulating what such practice entails. At the same time, these reviews find that everyday practice remains substantially anchored in the medical model, with a continuing emphasis on remediating impairments [3]. Surveys suggest that although many clinicians express a desire to practise affirmingly, most continue to work within deficit-focused frameworks.

The evidence base also displays notable gaps. Much of the research to date has concentrated on school settings, leaving the components of affirming practice within homes, clinics and the wider community comparatively under-explored. There is, moreover, a recognised shortage of intervention studies that operationalise affirming principles and evaluate their effects, so that the paradigm is at present richer in conceptual and ethical argument than in outcome data. Mapping current practice and building a robust evidence base across settings are widely identified priorities.

7. Barriers to Authentic Paradigm Change

A consistent theme in the literature is the distance between rhetoric and reality. A stated commitment to being more neuroinclusive does not, on its own, guarantee a genuine shift in mindset, and analyses of professional and organisational materials reveal contradictions and inconsistencies that betray incomplete change. Superficial or declaratory adoption — using affirming language while retaining deficit-based practice — is a recognised risk.

Underlying this is the persistence of an abnormal/normal binary in the assumptions that shape clinics and classrooms, which

continues to exert influence however affirming practitioners wish to be. Genuine paradigm change, the literature suggests, requires reflexivity — an ongoing, critical examination of one's own assumptions — together with a long-term institutional commitment to understanding and enacting affirming principles. Gaps in professional education, and the momentum of established models, further slow the transition.

8. Ethical Dimensions

A distinctive feature of the affirming literature is its explicitly ethical framing. Several authors argue that affirming neurodivergent ways of being is not merely one option among others but a moral imperative for the rehabilitation professions, requiring practitioners to act as agents of change through listening to and collaborating with the neurodivergent people they serve [5]. Employing an ethical-pragmatist lens, this position aligns affirming practice with the professions' own stated commitments to autonomy, justice and client-centred care, and treats respect for a person's neurologically grounded traits and behaviours as an ethical baseline rather than an optional refinement.

9. Implications and Future Directions

For rehabilitation education and service design, the neurodiversity paradigm implies a reorientation of goals, methods and relationships. Curricula can foreground affirming concepts, the social and affirmational models of disability, and reflective practice, while services can embed environmental adaptation, strengths-based planning and the routine inclusion of neurodivergent voices. In diverse international contexts, including India, where awareness of neurodivergence and specialist services are still developing unevenly, there is an opportunity to build affirming principles into practice as the field matures, rather than having to dislodge entrenched deficit models later.

Priorities for research follow directly from the identified gaps: mapping current practice across homes, clinics and communities; developing and evaluating interventions that operationalise affirming principles; and generating outcome evidence, defined in terms that neurodivergent people themselves value, such as wellbeing, participation and identity rather than the suppression of difference. Throughout, the meaningful involvement of neurodivergent researchers and communities is both a methodological strength and an ethical requirement.

10. CONCLUSION

Neurodiversity-affirming rehabilitation represents a paradigm in transition — well developed in concept and ethics, still emerging in routine practice and outcome evidence. Its central move is to relocate the 'problem' of neurodivergence from the individual to the mismatch between person and environment, and to redirect professional effort from normalisation towards accommodation, strengths, interdependence, identity and self-determination. Realising this shift authentically, rather than rhetorically, will require reflexivity, structural and educational change, a stronger evidence base, and the sustained centring of

neurodivergent voices in the design and delivery of the support that concerns them

REFERENCES

1. Twinley R. Neurodivergent-affirming practice in occupational therapy: scoping review and qualitative content analysis of the literature. *J Occup Ther.* 2024. doi:10.1177/27546330241301740.
2. Kornblau BL, Robertson SM. Special issue on occupational therapy with neurodivergent people. *Am J Occup Ther.* 2021;75(3):7503170010.
3. Wagland Z, Stermann J, Scott-Cole L, Spassiani N, Njelesani J. Promoting neurodiversity-affirming care for autistic children: a scoping review. 2025. doi:10.1177/27546330251357479.
4. Singer J. *NeuroDiversity: the birth of an idea.* Self-published; 2017.
5. Dallman AR, Williams KL, et al. Neurodiversity-affirming practices are a moral imperative for occupational therapy. *Open J Occup Ther.* 2022;10(2):1-13.
6. Kapp SK, Gillespie-Lynch K, Sherman LE, Hutman T. Deficit, difference, or both? Autism and neurodiversity. *Dev Psychol.* 2013;49(1):59-71.
7. Robertson SM. Neurodiversity, quality of life, and autistic adults: shifting research and professional focuses onto real-life challenges. *Disabil Stud Q.* 2010;30(1).
8. den Houting J. Neurodiversity: an insider's perspective. *Autism.* 2019;23(2):271-273.
9. Zaks Z. Moving to a neurodiversity-affirming paradigm in the support system: autistic professionals as paradigm change. 2025. doi:10.1177/27546330241294138.
10. Leadbitter K, Buckle KL, Ellis C, Dekker M. Autistic self-advocacy and the neurodiversity movement: implications for autism early intervention research and practice. *Front Psychol.* 2021; 12:635690