Neurodivergent Education for Students, Teaching & Learning (NESTL) Toolkit

Key Resource 6 -----
Myth Busting

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1. **Myth –** *Too many people are being diagnosed with neurodivergent conditions. There weren't so many neurodivergent people around in the past. 'Neurodiversity' is just a modern fad.*

In fact – Neurodivergent people have always existed. Awareness of neurodivergence has been growing in recent years, often through social media. The fact that more people are recognising their neurodivergence, and being diagnosed with neurodivergent conditions, does not mean that there is a greater percentage of neurodivergent people in the population nowadays compared to 10-20 years ago. Diagnostic criteria for some neurodivergent conditions have also changed over the years. More expansive diagnostic criteria for autism, for example, mean that more people nowadays meet the diagnostic criteria for autism than they did in 1911 when the term was first coined.
For an evidence-based and nuanced discussion of the rise in autism diagnoses in particular, see the 2025 BBC podcast series "The Autism Curve".

2. **Myth –** *I can tell who in my class is neurodivergent and who is not just by looking at them.*

In fact – It is not always possible to tell whether or not someone is neurodivergent just by looking at them. Many students are deploying the survival strategy of masking (hiding their neurodivergence) in class to appear neurotypical. Students might force themselves to make eye-contact or to sit still in order to fit in with their neurotypical peers; autistic students may simply not come to class on days when they do not have verbal abilities at their disposal and so we may never see them when they are non- or partially-verbal. Dyslexic students may spend many additional hours preparing for class so that in the classroom they can pretend to decode tutors' instructions spontaneously and with ease. Students with OCD may have got up three hours early so that they can complete their rituals before class begins.

Our biases about what particular neurodivergent conditions look like (e.g. ADHD is associated in many people's minds with young, white, hyperactive boys) can also shape what we can and can't see. Anand Prahlad writes that as a Black autistic man, his autism is an 'invisible disability' because few people are willing to 'see' autism in a Black person. Lexi (Giizhigokwe) Nahwegiizhic, writing on 'Neurodiversity from an Indigenous perspective' in *The Routledge Handbook of Indigenous Disability Studies* describes a spiritual aspect to masking: for Nahwegiizhic, unmasking involved 'reconnect[ing] with my spirit and culture'.

3. **Myth –** *I know of people who have very severe autism. The students in my class who say they are autistic have a mild form of autism because they are able to study for a degree. They are not as autistic as the severely autistic people I have seen in society or on TV.*

In fact – Autistic people are generally opposed to the notion that there are such things as 'high functioning' and 'low functioning', or 'mild' and 'severe' autism. Autism is not an illness that you have in a 'mild' or 'severe' form and all autistic people are part of the autism spectrum. A different set of terms that can be used are 'high support needs' and 'low support needs', referring to how much help an autistic person requires to go about their life. Often, allistic (non-autistic) people believe an autistic person's autism to be 'mild' because it affects *them* (the allistic person) mildly. However, we do not always see the pain and effort that an autistic person is suffering in order to make sure that other people around them feel comfortable and unthreatened, and we do not always see the burnout that they suffer from after even short periods of classroom interaction. Many challenges autistic people deal with (for example, debilitating intrusive thoughts) can be completely invisible to other people. Being able to study for a degree doesn't make someone less autistic than an autistic person whose high support needs made it more difficult to enter our current education system.

4. **Myth –** *Providing accommodations to neurodivergent students is unfair to neurotypical students.*

In fact – Accommodations are about equity, not equality. They address systemic barriers that neurodivergent individuals face, allowing them to access the same opportunities and demonstrate their abilities on an equal footing. Imagine asking someone in a wheelchair to climb stairs; providing a ramp isn't an unfair advantage, it's a necessary adjustment for access. These supports help level the playing field, ultimately benefiting everyone by making the learning environment more flexible and inclusive.

5. **Myth -** *Bart Simpson does not have ADHD.*

In Fact: This is a myth. Bart Simpson does in fact have ADHD (see *The Simpsons* Season 11 Episode 2).

6. **Myth –** *Students claim they are neurodivergent in order to get extra time on exams, and other benefits, including ADHD medication.*

In fact – Many students are anxious about requesting support, because they do not want to be marked out as different. Self-diagnosis may be valid for self-understanding and development, but it will not provide access to reasonable adjustments in this way. This requires some diagnostic evidence, with professional validation. Medication will only have the desired effect if the person genuinely has ADHD. Stimulants will relax someone with ADHD's brain, but do the opposite for someone without it. They are highly controlled, and titration is carefully managed.

7. **Myth** - *Dyslexia (and other forms of neurodivergence) mainly affects boys.*

In fact – Much of the diagnostic frameworks for neurodivergent conditions has focussed on the experiences of white, well-off boys. This has led to it being easier to identify neurodivergence in that cohort, perpetuating a cycle in which it seems as though they are a key group.

We are now seeing greater numbers of female and non-binary people receiving diagnoses, as criteria are reinterpreted to incorporate their experiences. It is likely that neurodivergence is relatively evenly spread across genders.

8. **Myth** - *Autistic people all have "superpower" brains, like in films such as "Rain Man".*

In fact – Initially, autism was to some extent equated with learning disabilities; autistic people were not expected also to be intelligent. The "high functioning" label associated with what was initially termed "Asperger's Disorder / Syndrome" accounted for people who had exceptional intellectual talents such as phenomenal memories or mathematical skill and processing power. It is not, however, true that autistic people will conform to either of these stereotypes, or have any kind of "savant" power.

9. **Myth –** *Everyone is a bit "on the spectrum".*

In fact – Neurodivergent traits are human traits. It is therefore by definition true that these traits are likely to show up in many, if not all people. That does not mean that everyone is neurodivergent; it means that we are all human. To be diagnosed as neurodivergent, such traits need to be pervasive across all (most) areas of life, and have a non-trivial impact on people's ability to function and flourish. Someone with ADHD, for example, will process dopamine differently to someone without it; one doesn't just respond in varyingly graded ways to dopamine. While individual characteristics and traits may be universal, therefore, the intensity and patterns of such traits, and potentially various biological markers for them are not.
See Dr Aimee Grant's 2025 article on this topic: Everyone isn't 'a little bit autistic' – here's why this notion is harmful

10.

Myth - *Autistic people have no empathy or social skills*

In fact - Autistic people can struggle with accessing their feelings and feeling empathy. They can also, however, be hyperempathic and feel things very deeply. There is also what is called the "double empathy" problem, formulated by Dr Damien Milton. Neurotypical people often complain that neurodivergent people lack empathy, however neurotypical people often struggle to empathise—or show empathy—towards neurodivergent people.

Neurotypical people expect neurodivergent people to respond to things the same way that neurotypical people do. It can be like most of the world speaks French but autistic people speak Spanish, so they half understand, but it isn't the same language, and has a different culture and nuance. You wouldn't tell a Spanish person that they were "lacking in communication and empathy skills" for not understanding French. Spanish people can understand Spanish people, and French people can understand French people. It is awkward, therefore, for neurotypical people to assume that the so-called problem lies with neurodivergent people not being able to understand them. Neither group is understanding the other effectively, and it is a joint responsibility to tackle this. Neurodivergent individuals experience and express empathy, and engage socially, in diverse ways that may differ from neurotypical norms. Many have deep empathy but might express it differently, or process social cues in ways that are not always immediately apparent to others.

Judging social "skill" based solely on neurotypical interaction styles misses the rich and varied ways neurodivergent people connect, communicate, and care. As the Autistic Rabbi, Rabbi Ruti Regan writes, real social skills include being negative sometimes, being a killjoy, speaking one’s mind, and being authentic, which are all things that many neurodivergent people excel at because of their neurodivergence.

See Real Social Skills

11. **Myth –** *People are born neurodivergent or neurotypical, and nothing changes that.*

In fact – Acquired neurodivergence is increasingly well-recognised. There are at least two major factors here. The first concerns how we classify neurodivergence in terms of impact on someone's life. Some conditions have overlapping impact, and it can be useful to classify them in the same group in order to ensure people receive appropriate support and accommodations. The second is related to changes in people themselves; events such as traumatic brain injuries, or the impact of trauma in precipitating PTSD, for example, can lead to people developing the kinds of functional and neurological symptoms associated with neurodivergence.

For more detailed guidance, examples, activities, and case studies, see the full NESTL toolkit.

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