

**SIG 17****Viewpoint**

# Cultivating a Global Understanding of Neurodiversity: Challenges and Opportunities for Speech-Language Pathologists

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**Purpose:** Neurodiversity, a concept predominantly rooted in Western, English-speaking cultures, is rapidly gaining global traction. The article aims to advance culturally sensitive, contextually grounded, and ethically informed neurodiversity-affirming clinical practices and advocacy worldwide. Through this article, speech-language pathologists (SLPs) are encouraged to deepen their understanding and appreciation of neurodiversity by recognizing how diverse cultural, historical, and social contexts around the world shape neurodivergent individuals' experiences every day. Ultimately, the article seeks to move beyond a Western-centric neurodiversity paradigm by highlighting the profession's colonial legacies, demographic limitations, and knowledge gaps, especially as they relate to the Global South.

**Conclusions:** Drawing on interdisciplinary scholarship, my positionality as a multilingual and multicultural SLP, and narratives of lived experiences of neurodivergent individuals, this article identifies existing challenges and opportunities for SLPs in achieving the aforementioned aims. Four key considerations, including (a) deepening our understanding of marginalization, (b) becoming keenly aware of differing cultural expectations and how these may influence the lives of neurodivergent people, (c) stepping away from careless commercialization of neurodiversity-affirming models of service delivery, and (d) engaging in bidirectional knowledge exchange are discussed alongside specific strategies to support SLPs in becoming globally conscious and culturally informed service providers.

This article encourages speech-language pathologists (SLPs) to deepen their understanding and appreciation of neurodiversity by recognizing how cultural, historical, and social differences around the world shape the experiences of neurodivergent people, rather than applying a Western-centric view of the neurodiversity paradigm. The neurodiversity paradigm, as outlined by Walker (2014) and Dwyer (2022), recognizes the natural variation of human brains, challenging the concept of a single “normal” brain. It acknowledges the unique challenges faced by neurodivergent

individuals while valuing their strengths. While applications of the neurodiversity paradigm, referred to as neurodiversity-affirming principles, hold promise and help advance its social justice purpose, a superficial, nascent, or inaccurate comprehension of the paradigm and the complexities associated with it can limit its focus and application.

In this article, the terms “Global North” or “Global South” and “Western” or “non-Western” are used interchangeably to encompass people with diverse values, perspectives, ways of living, and experiences of being neurodivergent. The Global North, comprising North America, Europe, and Australia, is diverse, but often perpetuates power imbalances, colonialism, and economic disparities that marginalize the Global South (Frame, 2022; Prendella & Mirabella, 2024). The field of speech-language pathology

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has been shaped by Western colonial ideologies that continue to influence contemporary service delivery (Abrahams et al., 2019). Understanding this reality is key to appreciating the lives of neurodivergent people that are shaped by global inequities and speech-language pathology clinical practices rooted in White, English-speaking cultures (Abrahams et al., 2019; Cheng et al., 2023).

### ***Need for the Current Article***

SLPs should care about understanding neurodiversity from a global perspective, one that centers sociocultural, historical, and geopolitical diversity, because neurodivergent individuals' experiences are shaped by diverse cultural, linguistic, and sociopolitical contexts (Cheng et al., 2023) and Western-centric view risks perpetuating inequities in access to services, implementation of services, and advocacy (Nair et al., 2024). Recognizing this diversity is essential for ethical, inclusive, and contextually relevant practice. Millar et al. (2023) noted that although SLPs mainly practice locally, they are global citizens and are expected to embrace social justice, value diversity, practice intergroup empathy, and take responsibility to serve a growing culturally diverse clientele.

### ***Challenges for SLPs in Understanding Neurodiversity From a Global Lens***

First, adopting a neurodiversity-affirming mindset globally is challenging for SLPs due to the profession's lack of diversity, especially in Western countries. Only 8.3% of U.S. SLPs are multilingual, 8.9% are racially minoritized, and 95.7% are female (American Speech-Language-Hearing Association, 2022); in the United Kingdom, only 9% of SLPs are from Asian, Black, or of mixed ethnicities, and 95% are female (Health and Care Professions Council, 2023). This demographic homogeneity, including limited disability representation, constrains our understanding of neurodiversity across geographical, cultural, and linguistic contexts.

Second, current knowledge of neurodivergence is dominated by Global North perspectives (Cheng et al., 2023; Nair et al., 2024), even though 80% of disabled people live in the Global South (Grech & Soldatic, 2016). Western terminology and medical ethics frame disability discourses worldwide (Ghosh & Bhaduri, 2024). For example, autistic masking studies focus almost exclusively on Western, English-speaking samples (Pearson & Rose, 2023), leaving the presentation and psychosocial impacts of masking in diverse non-Western contexts virtually unexplored in research.

Third, our understanding of the neurodiversity paradigm remains superficial, even in Western contexts. In the

United States, 46% of SLPs are uninformed about the paradigm and 58% report a gap between knowledge and application (Guyon, 2022). While familiarity is increasing, application remains difficult (Gaddy & Crow, 2023), partly due to surface-level curricular inclusion (Schmid, 2024) and persistent challenges in addressing longstanding deficit-based models and clinical priorities (Santhanam & Bellon-Harn, 2022).

In the Global South, the field of speech-language pathology, diagnostic labels (e.g., autism, dyslexia) associated with neurodivergence and clinical services for neurodivergent people are shaped by Western frameworks rooted in colonial legacies (Abrahams et al., 2019). For example, direct translations of terms like "autism" into local languages can reinforce stigma, while debates on language use (e.g., person-first vs. identity-first) may cause confusion due to cultural and linguistic differences conflicting with Western-informed neurodiversity principles (Hirota et al., 2024). This complexity calls for a more nuanced understanding of neurodivergence and recognition that solutions are complex and evolving. The goal is not to reject Western frameworks or use limited global insight as a justification for neglecting neuroaffirming practice; rather, it is to underscore the importance of approaches rooted in each community's geographic and sociocultural realities. In the subsequent sections, this article explores four key considerations for SLPs aiming to adopt a globally conscious approach in applying principles of the neurodiversity paradigm.

### ***Develop a Deeper Understanding of Marginalization***

The marginalization of neurodivergent individuals is deeply rooted in broader social power dynamics that also marginalize other forms of diversity (Legault et al., 2021; Walker, 2014). To understand neurodiversity globally, it is essential to recognize how historical forces shape disability identities. In Africa, neurodiversity is situated within a history of coloniality, systemic racism, and oppression (Matshabane & Seedat, 2024). Similarly, British colonial rule imposed Western medical models, institutionalizing disability and intensifying marginalization of disability in India (Ghai, 2002). For example, Spivak (2023) argues that Western colonialization silenced non-Western voices by demanding speech on Western terms, rendering alternative communication forms unintelligible and invalid. This fostered stigmatization and the need for social conformity, and the need to contribute to the economy as productive citizens emerged as a dominant narrative (Ghosh & Bhaduri, 2024) in many countries in the Global South following colonial oppression. The historical and ongoing marginalization of neurodivergent individuals from the Global

South can lead to a tendency to defer to Western perspectives and internalized stigma (Bhatiya & Priya, 2021). For example, SLPs in Africa might prioritize using Western-developed assessment tools and therapeutic approaches despite their limited cultural relevance because these are considered inherently superior and thereby overlooking local knowledge and practices that may better serve their clients (Matshabane & Seedat, 2024).

Deeply entrenched patriarchal structures within many cultures exacerbate marginalization for neurodivergent women and gender minorities (Krazinski, 2023). For instance, an autistic male (who aligns with the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* [DSM-5] description of Level 1 supports) would often get through his entire life without being aware that he is autistic or without even considering the need for a diagnosis. His social attributes may be viewed as unique to him and he may be deemed eligible for marriage, capable of making his own financial decisions, and less stigmatized in comparison to someone from a marginalized gender identity. In contrast, an autistic woman with similar traits may face harsher criticism and discrimination for being herself, including being perceived as socially awkward, incapable of independent living or managing her own finances, and ineligible for marriage or relationships, all of which can limit her personal and professional growth. Even mothers of autistic children face more discrimination and stigma than fathers do in non-Western contexts (DeMasters, 2023; Ng & Ng, 2022).

Another important consideration is intersectionality and understanding how being neurodivergent intersects with other forms of marginalized identities, such as age, race, poverty, caste, indigenous identities, and people of nonnormative sexualities or gender identities (Mallipeddi & VanDaalen, 2022; Sarkar, 2024). For example, disability self-advocates are predominantly men across the globe, leaving out representation of diverse individuals of varying gender identities from significant policy dialogues (Wickenden, 2023). A deeper understanding of marginalization, practicing cultural humility and respect for diverse perspectives, is crucial to address these ongoing challenges.

### **Be Cognizant of Differing Cultural Expectations**

In becoming cognizant of varied cultural expectations, SLPs would need to develop (a) a reframed understanding of the need for a diagnosis, (b) the value of interdependence over independence, and (c) nonpathologization of communication differences. In the Global North, formal diagnoses give neurodivergent people tailored post-diagnostic supports, health insurance funded services, and

community ties (Ardeleanu et al., 2024; Chaix & van der Hoeven, 2023). A diagnosis also helps deepen autistic self-understanding (Lilley et al., 2022) yet risks prejudice upon disclosure (Huang et al., 2022). In the Global South, diagnostic labels hold less symbolic or practical value as differing cultural narratives, stigma, and limited access to affirming communities reduce identification with such labels (Hirota et al., 2024). Service access depends mainly on family finances and the family's education level, thereby widening inequality (Fletcher-Watson, 2024). Parents may even face ostracism after announcing a child's autism diagnosis (Ng & Ng, 2022). In such scenarios, SLPs could consider diagnosis-agnostic supports that are need-driven supports to improve participation without gatekeeping. For example, instead of waiting on an autism diagnosis to incorporate sensory social routines in a child's support plan, the SLP notices that the child benefits from it and implements it proactively.

Another important consideration is the heightened need for a neurodivergent person to be independent, especially with respect to self-advocacy. While learning and using independent life skills are essential to any human, the hyperfocus on independence, often driven by capitalist ideals of productivity and self-reliance, can be detrimental to neurodivergent people (Grinker, 2020). The push for independence and "doing more" can exacerbate internalized ableism, leading to burnout and emotional exhaustion. In many global communities that value community living, interdependence and collective support are prioritized over individual autonomy (Hirota et al., 2024) and need for self-advocacy (Santhanam & Bellon-Harn, 2022), a perspective that deserves greater consideration within disability discourse.

Finally, communication differences viewed as atypical in Western norms may be normalized elsewhere. For instance, overlapping talk is common and valued in many cultures (Tannen, 2006). Other variations include tone, silence, eye contact, or body language (Galanti, 2008). In rural or marginalized communities, such differences are often accepted as natural variation (Ting-Toomey & Dorjee, 2018). These communities may have a greater emphasis on community interdependence and appreciation for diverse ways of being and interacting socially (Hirota et al., 2024). They may develop unique communication strategies that are more readily understood within their social circles, thereby not having the need to conform to an established social communication standard. In such contexts, before introducing external frameworks of neurodiversity affirmation, SLPs can use humility and their clinical observational skills to identify and acknowledge existing practices within these communities that may already support and affirm neurodivergent individuals.

## Use Caution in Globalizing Neurodiversity Affirmation

Gaddy and Crow (2023) noted in their article that “neuro-affirming care should not be reduced to a fad, trend, or marketing strategy” (p. 1221). As the neurodiversity paradigm gains traction, it risks becoming a commercialized enterprise globally. Clinical service providers claim self-proclaimed expertise in understanding the lived experiences of neurodivergent people and misuse or misrepresent the neurodiversity paradigm for commercial gains (Acevedo & Stolz, 2024). For example, a clinical program may promote itself as neurodiversity affirming and may use words such as sensory needs and masking in their promotional materials but may continue to use compliance-based approaches. This commercialization raises concerns about the potential exploitation of vulnerability of neurodivergent people. As we embrace neurodiversity, we must be mindful of the pitfalls of commercialization and ensure that the paradigm and the movement remain centered on the needs and well-being of neurodivergent individuals.

When promoting neurodiversity clinics or sharing affirming practices online, clearly state author or creator identities (e.g., race, gender, disability, culture, location) to give context. Clarify that shared insights apply to specific populations and may not be universally applicable across global contexts. Western privileges such as access to research, legal systems, and the English language should be used to support and not impose on non-Western communities (Falzon, 2023). For example, while encouraging an autistic person from a non-Western background to engage in self-advocacy, SLPs must consider cultural contexts where speaking up may carry social or familial risks. Instead of imposing practices, clinicians can engage families in respectful, collaborative discussions to find culturally sensitive alternatives.

## Engage in Bidirectional Knowledge Exchange

Ongoing education, particularly one that focuses on bidirectional knowledge exchange is critical. Programs such as study abroad, clinical placements in the Global South, and student exchanges expand perspectives and build intergroup empathy (Millar et al., 2023). Collaborating with researchers, including neurodivergent individuals and community experts without research training from the Global South, is critical to avoid epistemic injustice (Cheng et al., 2023). These individuals offer invaluable lived expertise and should be recognized as active contributors, not merely research subjects. Traditional Western research methods may not suit all cultural contexts. For example, direct questioning about sensitive experiences (e.g., “How does that make you feel?”) may be

inappropriate in many societies (Adikaram et al., 2022). Thus, adapting methodologies and engaging institutional review boards and funding agencies in discussions about inclusive practices is vital. Participatory and indigenous research methods such as oral histories and storytelling can provide culturally relevant insights (Cheng et al., 2023; Donaldson, 2024; Drawson et al., 2017). When peer-reviewed literature lacks representation, blogs and social media by neurodivergent individuals offer meaningful perspectives (Angulo-Jiménez & DeThorne, 2019).

## Conclusions

In conclusion, through deep understanding, appreciation, humility, and intentional application, the neurodiversity paradigm has the potential to benefit all communities across the globe. Integrating diverse perspectives, fostering bidirectional knowledge exchange, and addressing power imbalances are crucial while recognizing the dynamic and context-specific nature of being neurodivergent. Attempting to rigidly codify, carelessly translate, propagate, or monetize the neurodiversity paradigm and neurodivergent lived experiences would be counterproductive and oppose its core principles. Effective support requires a diversity-conscious and culturally humble mindset coupled with a flexible and adaptive approach that considers the unique needs and circumstances of each neurodivergent person.

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