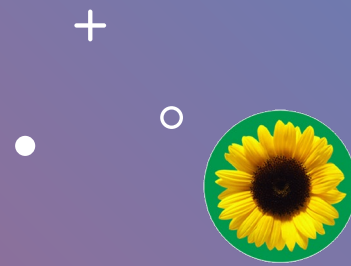


# Navigating neurodiversity: Autoethnographic reflections on inclusion, access, and transformation

Ethel Phiri, AuDHD ([ephiri@sun.ac.za](mailto:ephiri@sun.ac.za))

Stellenbosch University Transformation Indaba 2025



Conventional storyteller

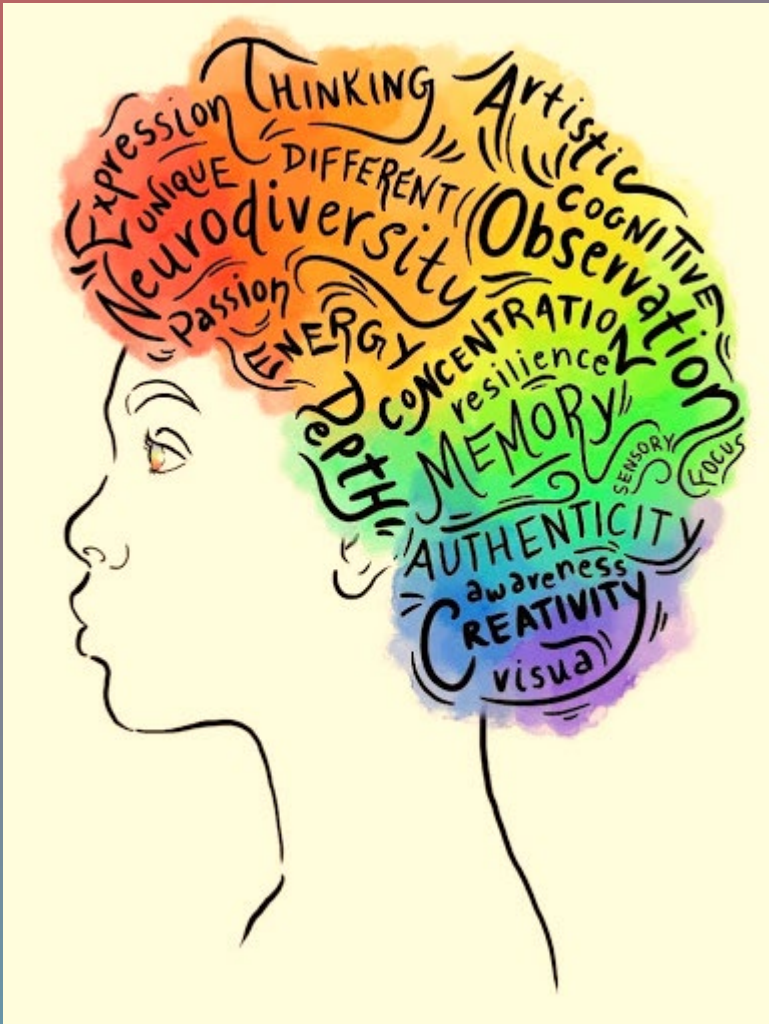


Me (AuDHD)





# What is Neurodiversity?



## Dictionary

Definitions from [Oxford Languages](#) · [Learn more](#)



### neurodiversity

/ˌnjuərə(ʊ)dʌɪˈvəːsɪti, ˌnjuərə(ʊ)dɪˈvəːsɪti/

noun

noun: **neurodiversity**; noun: **neuro-diversity**

the range of differences in individual brain function and behavioural traits, regarded as part of normal variation in the human population (used especially in the context of autistic spectrum disorders).

“Neurodiversity (ND) refers to the virtually infinite neuro-cognitive variability within the human population. It points to the fact that every human has a unique nervous system with a unique combination of abilities and needs.” – Judy Singer (1999)

<https://www.neurodiversityhub.org/what-is-neurodiversity>



# Neurotypical vs Neurodivergent

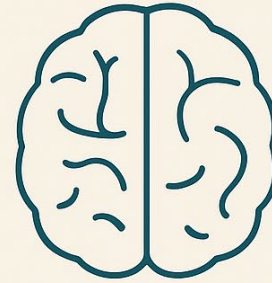
## ~80% Neurotypical

Thinking and behaviours align with societal norms. Differences may exist, but are usually less frequent or intense.

## ~20% Neurodivergent (neurominorities)

Thinking and behaviours differ from the predominant neurotype. Brings unique strengths but can face challenges in neurotypical environments.

### NEUROTYPICAL



Refers to people whose brain functions, learning and processing styles are considered the “standard” or typical

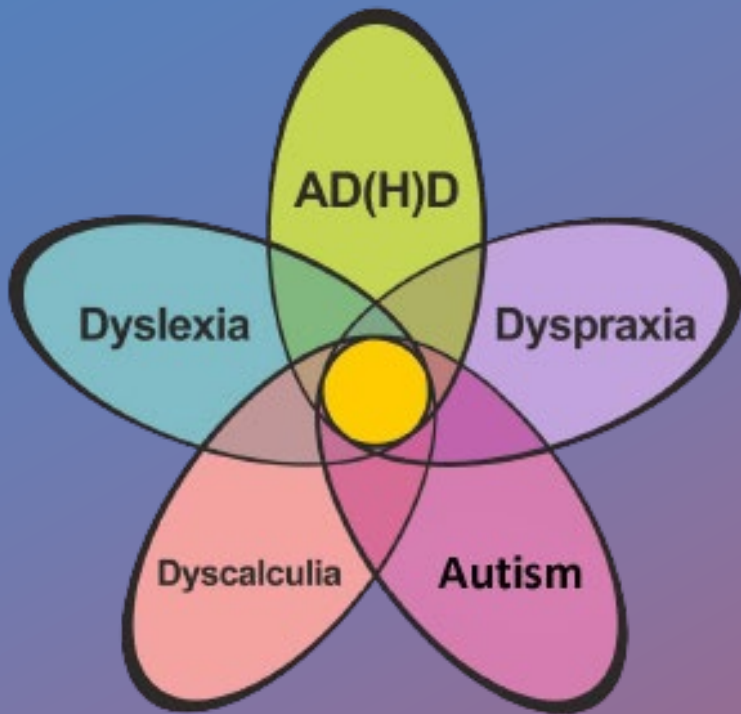
### NEURODIVERGENT



Refers to people whose brains process, learn, and experience the world differently from the “typical”.



# Neurodiversity challenges



Sensory overload



Rigidity and structure



Communication mismatches



Context blindness: the difficulty in

understanding or applying the meaning of a situation because its context is not automatically recognised

Doyle (2020); Craddock (2023)

- **Autism spectrum disorder**: social communication and interaction with others; sensory sensitivities; a dislike of change, and unfamiliar situations.
- **Attention deficit hyperactivity disorder (ADHD)**: focus and organisation; hyperactivity; impulsivity.
- **Dyslexia**: related to reading and writing.
- **Dyscalculia**: related to basic arithmetic.
- **Dyspraxia**: related to physical coordination.

[Notman \(2025\)](#)



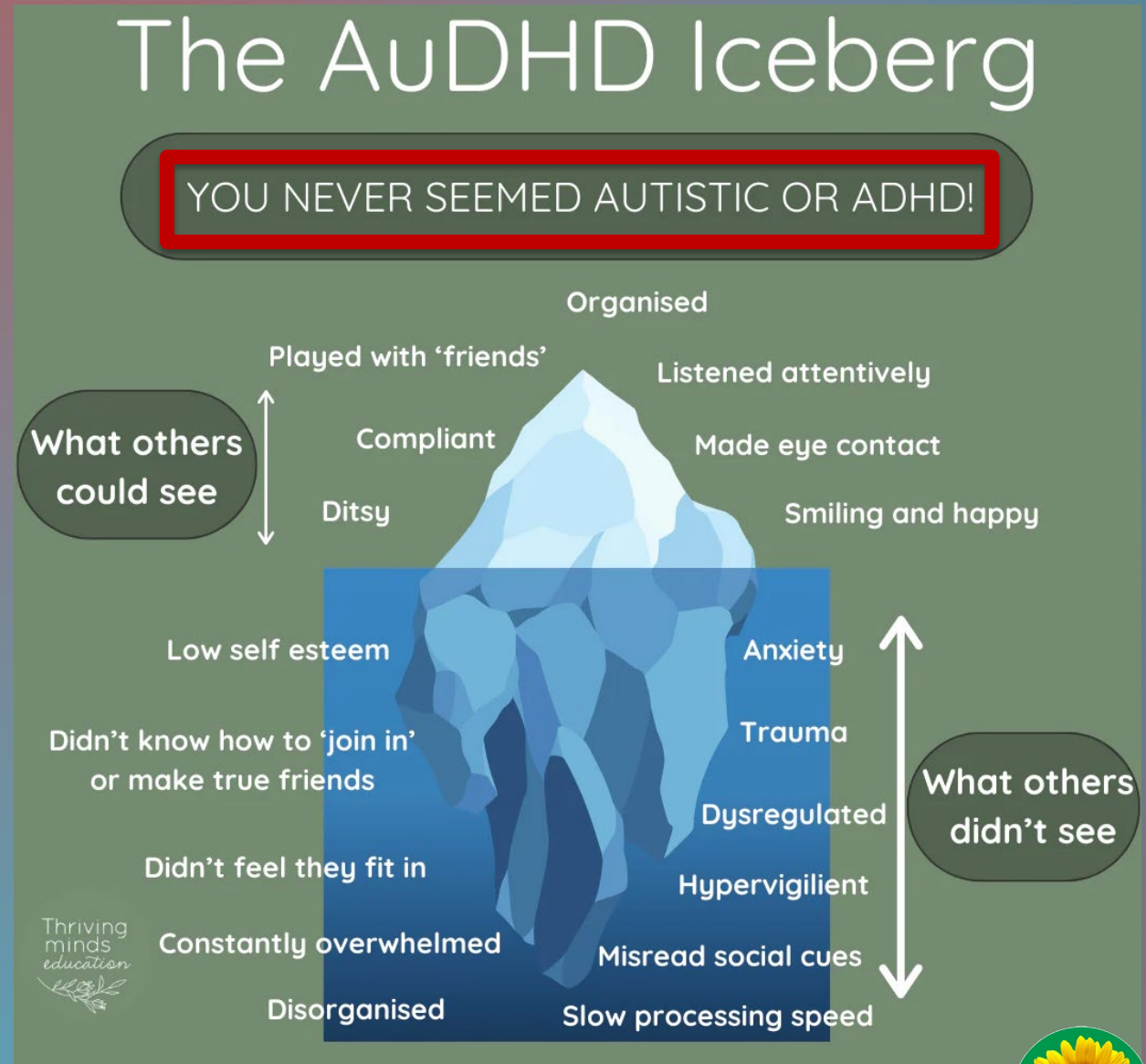


# About me



# About me

- 2005 → Arrived at SU for Marion Island (MSc)
- 2013 → PhD
- 2014 – 2018 → Postdoctoral Research Fellow
- 2019 – Present → Lecturer and Researcher
- 2022 → Diagnosis = AuDHD [autism **AND** attention deficit hyperactivity disorder (inattentive) ]
- 2022 – 2025 → Journey to getting reasonable accommodations
- 2022 – Present → Journey to self-discovery and being my authentic self



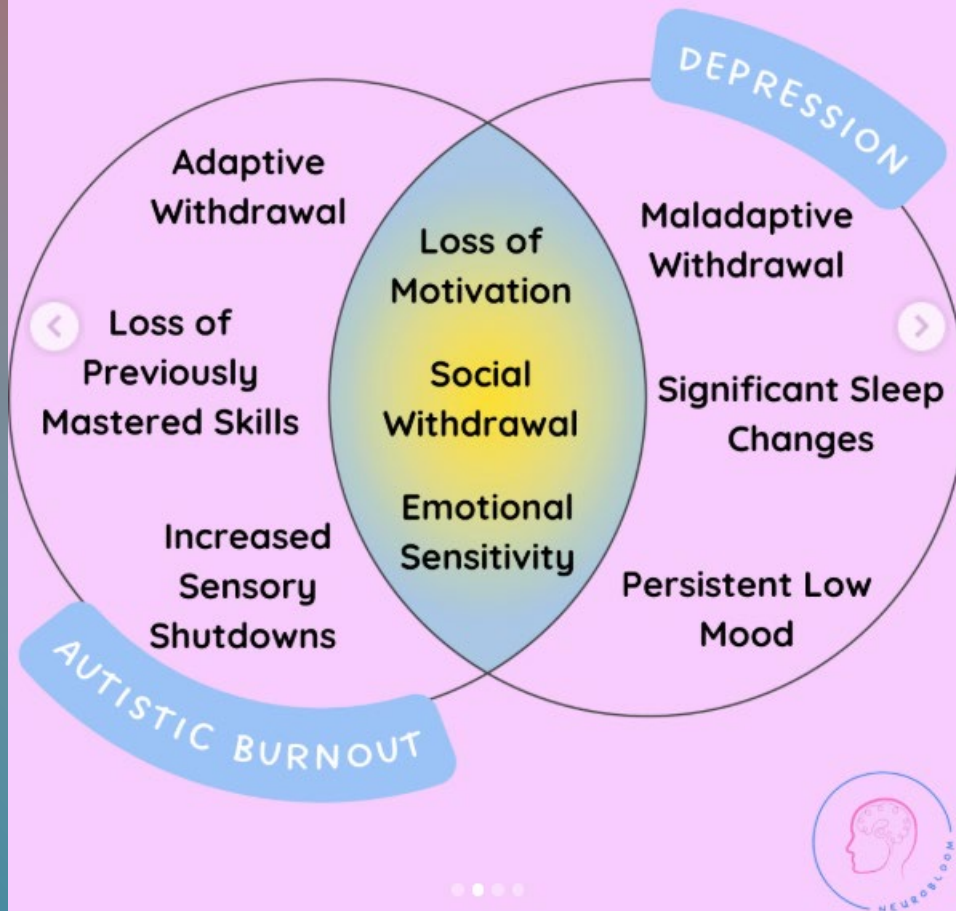
<https://thrivingmindseducation.com/products/audhd-iceberg-visible-and-invisible-aspects-of-audhd>





# More about my diagnosis

AUTISTIC BURNOUT IS SIMILAR TO  
DEPRESSION BUT IS NOT THE SAME !



## Understanding Autism in Women

Many females may not know they are autistic until they are adults. Females with high functioning autism may internalize and mask their symptoms, leaving them without the right support.

- Many years of burnout, misdiagnosed as depression → Nov 2021 referred to Neurodiversity Centre → Diagnosed in January 2022
- Did I acquire autism? No, I've been AuDHD all along
- Why the late diagnosis?
- My presentation of autism → **Asperger's Syndrome** (before 2013)



ELSEVIER

Available online at  
**ScienceDirect**  
[www.sciencedirect.com](http://www.sciencedirect.com)

Elsevier Masson France  
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[www.em-consulte.com/en](http://www.em-consulte.com/en)



Review article

Clinical characteristics and problems diagnosing autism spectrum disorder in girls

H. Young<sup>a,\*</sup>, M.-J. Oreve<sup>b</sup>, M. Speranza<sup>b</sup>



“Better understanding and diagnosis of females with autism is required to ensure the access to the support and treatment they need. Professionals must apprehend the sex/gender clinical differences to prevent the frequent misdiagnosis or missed diagnosis of females with autism”





# More about my diagnosis

Autism

Volume 21, Issue 6, August 2017, Pages 678-689

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<https://doi.org/10.1177/1362361316671845>



*Special Issue Article*

## **The art of camouflage: Gender differences in the social behaviors of girls and boys with autism spectrum disorder**

**Michelle Dean<sup>1</sup>, Robin Harwood<sup>2</sup>, and Connie Kasari<sup>3</sup>**

J Autism Dev Disord (2016) 46:3281–3294

DOI 10.1007/s10803-016-2872-8

ORIGINAL PAPER

## **The Experiences of Late-diagnosed Women with Autism Spectrum Conditions: An Investigation of the Female Autism Phenotype**

**Sarah Bargiela<sup>1</sup> · Robyn Steward<sup>2</sup> · William Mandy<sup>1</sup>**

- Autism presents very differently in each person
  - Differences are especially marked between males and females
  - Research shows many girls/women mask or camouflage their difficulties
  - Leads to misinformed expectations that they respond and engage socially like neurotypical peers

“I think women tend to be diagnosed later in life when they actually push for it themselves...when you're a child, you don't realise that you're anxious and depressed... [that] your education is going to suffer because of that and I think that if I had known, and if people had helped me from earlier on, then life would've been a whole lot easier.” (P07)



# Neurodiversity in academia



AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

**NADOHE**

NATIONAL ASSOCIATION  
OF DIVERSITY OFFICERS  
IN HIGHER EDUCATION

Journal of Diversity in Higher Education

© 2025 National Association of Diversity Officers in Higher Education  
ISSN: 1938-8926

<https://doi.org/10.1037/dhe0000639>

## “If You’re Asking for My Diversity, You’re Asking for All of Me”: Challenging Experiences of Neurodivergent Higher Education Faculty in the United States


Shanna K. Kattari<sup>1, 2</sup> and Debra Erickson<sup>2</sup>

- Focuses on **neurodivergent faculty**, complementing existing research on students
- There is **growing recognition of neurodivergence**, yet systemic barriers remain in academia
- **Neurological makeup is inseparable from identity**
- Leads to experiences of both **inclusion** and **discrimination**
- **ND likely make up a significant portion of faculty**
- Face multiple employment challenges:
  - Navigating systemic barriers daily
  - Accessing accommodations
  - Extra labour in communication and engagement
  - Masking as neurotypicals
  - Deciding whether and how to disclose neurodivergence
  - Balancing multiple marginalised identities





# Neurodiversity in academia






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Articles

## Perspectives on UK university employment from autistic researchers and lecturers

[Nicola Martin](#) 

Pages 1510-1531 | Received 06 Jan 2020, Accepted 08 Jul 2020, Published online: 11 Aug 2020

**“** I was dismissed from my job on ill capability health grounds after disclosing my disability. Even though I had worked there for over 12 years with top performance. **”**



**Ableism** “is a set of **beliefs** that guide cultural and institutional practices ascribing **negative values** to individuals **with disabilities** whilst **deeming able-bodied and able-minded individuals** as normal, therefore **superior to their disabled counterparts**” (Annamma et al., 2013).

**Focus:** Experiences of autistic academics in UK universities  
**Challenges:** Systemic ableism in academic institutions  
**Barriers:** Present at all career stages – funding, recruitment, bureaucracy  
**Impact:** Discrimination, job precarity, limited promotion opportunities  
**Proposed solutions:** Universal Design principles for inclusive employment  
**Collaborative approach:** Working with non-autistic allies to improve conditions



# Neurodiversity in academia: Day-to-day challenges

           shares a story about a neurodivergent colleague who was bullied in a meeting because of his ADHD and how that made her decide not to be open about her own neurodivergence:

The other faculty member who had ADHD ... it really impacts his sleep. ... Anyway, one of the staff members was making fun of the faculty member who had sleep issues, because he said something like, “I got up and came to this eight o’clock meeting, and me being here is a big deal.” And then the chatter on the side of the staff member making fun of him was something like, “What type of person are you, that you can’t just get up and come to an 8 am meeting that’s for your job?” He had accommodations too, where he was not supposed to be assigned to teach early morning classes and stuff like that. And it just makes me not want to be open. ... I was thinking, “Dang, if they did him like that, I ain’t saying nothing.”

Autistic people are great at pattern recognition, we see the pattern, we see the problem coming, we’re yelling “the sky is falling” [and] we’re penalized for doing that. And then we’re the ones that are hit hardest when the sky does fall.

I won’t speak in meetings if I feel I can’t organize my thoughts fast enough. Sometimes when I’m confused in a group setting, I won’t ask for clarification or repetition, because I feel like I’m derailing in the group, or monopolizing or taking up too much space. I have a lot of shame about my struggles with executive function, so another way of masking is to pretend everything’s going fine, even when I need support.

Somewhere along the line, I learned to look at people’s foreheads or right between their eyes to make them think I’m making eye contact. It’s still really painful for the people that really, really, really try to make that eye contact. And I also practice looking up like I’m thinking about something, because academics do that to break eye contact. I do a lot of practice, I practice nodding and gestures to look like I’m listening, so that when I’m looking away, they think I’m engaged. I’m very selective about social events that I go to, and I think I only choose the ones where I have the energy to mask, and then I use my physical health as excuses for others, even when autism is the real reason.





# Neurodiversity in academia: Systemic challenges

I told the Dean, the Dean said to contact the Office for Students with Disabilities, they told me to contact the Provost, the Provost sent me back to the Office for Students with Disabilities, who sent me back to the Dean. So, nobody knew what to do with me.

One of the things that I've noticed is very different about the institution I'm working in now versus the one I was working in before, which was a lot larger and had a much different structure. In that system, the accommodations office handled accommodations for staff, faculty, and students, although we had different departments for both, but they were housed in the accommodations department. Whereas the current school—and I think [this] is sadly much more common—the staff & faculty accommodations are housed somewhere else. They're in the HR office.



# Neurodiversity in academia: Post-disclosure challenges

I have gotten pushback from my department head, I have gotten indications that there would be pushback from other colleagues who have spoken to me about how they feel about students with accommodations, which to me, has been a fairly clear message that I should not talk about any accommodations that I could use.

*“My department refused to accommodate my needs as a neurodivergent staff member. I was in limbo for two years, “working from home” with full pay. My job is very practical and requires me to be present at the workplace. I was asked to consider **early retirement**— I was 53 at the time”.*

*“I was sent for a functional capacity evaluation, and when they found that I am completely capable of conducting my job, I was asked to consider leaving the University... they called it “**mutual separation**”.*

*“I now have to inform my line manager of my psychologist appointments.” Is this ethical?*

I came out; I did the workplace accommodation with the Dean [and] the accommodation process was stigmatizing, not tailored at all to somebody with my particular mental health condition, my neurodivergence, with autism. ... I just kept outing myself, “I have post-traumatic stress, I have autism. These questions don’t relate to autism, they don’t relate.”

*“I was **not “allowed”** to go overseas on a collaborative visit under the **auspices of the employer** because of my “**illness**”.*

I felt like I had to be neurotypical. I felt like to get tenure, and to succeed, and to be liked, and to be \_\_\_\_, that I had to appear as if nothing was wrong, and I was at the top of my game and “give me that leadership position, give me that money, don’t judge me, don’t stigmatize.” I think I just inherently knew that opportunities would vanish when I came out [as neurodivergent].

*“I’ve been overlooked for a promotion, even though I outperform my peers.  
**Is it because I disclosed my neurodivergence?**”*

Kattari and Erickson (2025)





# Neurodiversity in academia: Post-disclosure challenges. Any positives?

*“I disclose my ADHD to students, but not staff members”*

*“I find that students are more accommodating when I go off on a tangent, and often assist me in getting back to the point”*

A large portion of participants shared that they did not feel safe, comfortable, or otherwise positive about being out to their faculty colleagues and administrators regarding their neurodivergence. Sometimes, this was due to feedback from others, such as in the case of TJ, who was out to students but not their peers:

It was strongly advised—and I agreed—that I hide my disabilities from the faculty, but I was totally open with the students. So, it was this interesting thing where on campus I was totally open and out. At faculty meetings, I didn’t mention it except to a few critical people who were my allies, who were like, “Let me look at this for you, let me do this for you.” And I was so glad because it became clear while I was there the level of ableism that was going on.



Inclusion is not just about policies and procedures. It is about culture, relationships, and the willingness to see value in differences



# Reasonable accommodations under South African law

## Key legal frameworks

- **Constitution (1996)** – Equality (s9) and fair labour practices (s23).
- **Employment Equity Act (EEA, 1998)** – Requires reasonable accommodation unless it causes unjustifiable hardship for the employer.
- **Code of Good Practice (2002)**, linked to EEA – Practical guidance: flexible hours, assistive devices, task restructuring, adapted training.
- **Labour Relations Act (LRA, 1995)** – Protects employees from unfair dismissal due to disability.
- **Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA, 2000)** – Aims to promote a democratic society united in its diversity.

If reasonable **accommodation is unfairly denied**, individuals may **pursue legal remedies** under the Employment Equity Act, PEPUDA, or the Labour Relations Act.



- Many have chosen not to. Not because there are no legal grounds, but because of burnout (and often limited resources to sue a large organisation).



*“HR disclosed my disability (neurodivergence) to my line manager without my consent”.*



- The employer must maintain the confidentiality of disability information.
- Consultation with the employee is advisable to determine suitable accommodation.
- **A refusal of accommodation must be provided in writing with reasons.**



*“My line manager refused reasonable accommodations as drafted by the employer’s own OT and my psychologist”.*



# Accommodations for ND are mostly affordable

## Low-cost adjustments can have a high impact

- Changes often cost little or nothing but can significantly improve productivity and reduce stress for neurodivergent employees.

## Technological solutions are increasingly accessible

- Digital collaboration platforms allow clear communication and reduce reliance on ambiguous verbal instructions.

## Productivity gains offset minor costs

- Supporting neurodivergent employees can increase efficiency, reduce errors, and decrease absenteeism.

**Table 4** Typical adjustments for neurominorities

Adjustment type	Example activity
Work Environment flexibility	Reducing sensory distractions by allowing flexible hours; use of private meeting rooms; noise-cancelling headphones; redesign of shared working space.
Schedule flexibility	Avoiding rush hour travel to prevent sensory overwhelm; remote working to avoid sensory overwhelm, improve concentration and reduce social communication demands.
Supervisor or co-worker support	Additional feedback time with supervisor; differences in instructions provided—more clarity or concreteness given.
Support from different stakeholders	Peer mentoring networks within the company; allowing support activities via employee assistance, mental health, or family support throughout the working day; allowing access to stakeholder groups and charities throughout the working day.
Executive functions coaching	Workplace coaching to focus on areas such as planning, prioritization, organizational skills using workplace coaching psychology.
Training	Adjustments to training provision including sending materials in advance or providing additional induction training.
Work-station adjustments	Use of dual screens to improve concentration, whiteboards and other aide memoires; standing desks with wobble boards to improve access to movement through the day.
Assistive technology and tools	Speech-to-text, text-to-speech software to reduce demands on literacy, handwriting skills and improve concentration; mind mapping software to support shift from overview to detailed thinking; specialist spell checkers designed for dyslexia; planning and memory software.
Literacy coaching	This will be targeted coaching based on the literacy requirements of the role rather than teaching basic skills, such as speed reading, making notes whilst reading, summarizing or structuring and planning written work.



# Autoethnographic reflections at SU

Late diagnosis of AuDHD reframed personal and professional experiences

Experiences highlight systemic and individual challenges at SU

Policies/support structures exist but often insufficient for non-visible disabilities

Inclusion requires more than individual adaptation – it demands institutional transformation

Opportunities for SU to shift from legislative (non)compliance to culture change

**Goal: make neuro-inclusion a lived, day-to-day reality**



**EQUALITY**



**EQUITY**

*"...the right of different groups of people to receive the same treatment"*

[dictionary.cambridge.org](https://dictionary.cambridge.org)

*"...the situation in which everyone is treated fairly according to their needs"*

[dictionary.cambridge.org](https://dictionary.cambridge.org)



# Autoethnographic (and others') reflections at SU

Theme	Reflection	Implications for inclusion and access	Implications for Transformation at SU
<b>Diagnosis and identity</b>	Late AuDHD diagnosis after years of misdiagnosis shaped my self-understanding and professional journey.	Greater awareness that staff and students may live undiagnosed for years, which impacts performance and wellbeing.	Transformation requires SU to move beyond deficit views of disability, recognising neurodiversity as a valid identity and source of strength.
<b>Access to support</b>	Support structures are geared toward visible/physical disabilities. Neurodivergent needs (sensory, cognitive, emotional) are less recognised.	Limited access reinforces exclusion and heightens stigma, especially when support is reactive rather than proactive.	SU must mainstream neurodiversity in policy and practice, ensuring institutional resources are inclusive of non-visible disabilities.
<b>Reasonable accommodation</b>	Accommodations like flexible deadlines, alternative communication modes, and quiet workspaces are not standardised, and requesting them often feels like “asking for special treatment.”	Lack of clarity or consistency discourages disclosure and perpetuates silence.	Embedding reasonable accommodation into HR and academic practices will shift SU toward being a truly inclusive employer and learning environment.





# Autoethnographic (and others') reflections at SU

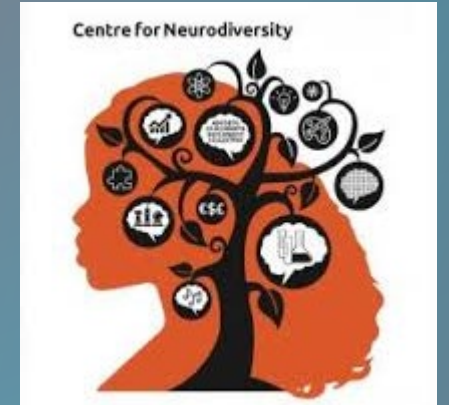
Theme	Reflection	Implications for inclusion and access	Implications for Transformation at SU
<b>Culture of excellence</b>	SU's culture of high performance and competition sometimes leaves little room for neurodivergent ways of working and being.	Creates pressure to mask difficulties, leading to employee burnout.	Transformation requires broadening the definition of excellence to value diverse contributions, promoting belonging over conformity.
<b>Disclosure and stigma</b>	Fear of being labelled or misunderstood often prevents open disclosure of neurodivergence.	Without disclosure, individuals cannot access support, reinforcing cycles of exclusion.	A culture of psychological safety must be cultivated at SU, where disclosure is met with understanding and support rather than stigma.
<b>Institutional transformation</b>	My lived experience shows that inclusion is not just policy but lived culture, which often lags behind official commitments.	True access requires everyday practices that reflect inclusion, not just compliance.	SU can position itself as a leader in transformation by embracing neurodiversity as part of its broader diversity, equity, and inclusion agenda.



# Exemplary universities



- UJ is a prominent leader in this area, having established the **Centre for Neurodiversity** and launched the Mpedi Family Scholarship for Neurodiversity Studies (by Vice-Chancellor, Professor Letlhokwa Mpedi).
- Their mandate and efforts highlight the university's commitment to creating a more inclusive environment for neurodivergent individuals, which includes both staff and students.
- UJ is the only one explicitly shown to be actively embracing neurodiversity within its staff and research cohort, making it the most prominent example in South Africa.



## Other Universities



CPUT is taking the lead in the WC to actively create a more inclusive and supportive environment for staff with neurodiverse conditions and other mental health challenges.

*“For CPUT, this represents an important milestone in its journey toward becoming an inclusive university, where all staff and students are acknowledged, provided reasonable accommodations, and empowered.”*

<https://www.cput.ac.za/component/rsblog/reflecting-on-neurodiverse-and-disability-conditions>

In collaboration with:





*“I have a seat at the table, but I am not comfortable because I do not feel like I belong”*

- Dr George Rugare Chingarande -



Transformation means everyone counts – Seen and unseen



# About the sunflower

## What is the Hidden Disabilities Sunflower?

*Who is it for and how it helps*



**HIDDEN**  
disabilities 

## What is the Hidden Disabilities Sunflower?



The Hidden Disabilities Sunflower is a simple way to let others know that you have a disability or condition that isn't immediately visible.

By wearing the Sunflower, you can signal that you might need a helping hand, understanding, or extra time when you're in shops, at work, on transport, or in public spaces.

**HIDDEN**  
disabilities 

## How does it help?



Wearing a Sunflower lanyard, pin or wristband in a Sunflower-friendly location signals that you have a non-visible disability. It prompts understanding and support from staff and the community, without needing to explain your condition.

You can explore our map of Sunflower-Friendly locations on our website. These organisations are part of the initiative and have trained their staff to recognise and support people wearing the Sunflower.

**HIDDEN**  
disabilities 

<https://hdsunflower.com/>