

Challenges in Reconciling Neurodiversity with Overmedicalization of Autistic Individuals

Heyon Choi

Abstract

This essay is focused on the issue of dealing with underlying conflicts and inconsistencies regarding the overmedicalization of individuals with autism. Medical experts and sociologists have been delving into these issues, attempting to reshape how to understand, research, and support autistic people and others with related neurodevelopmental differences. Specifically, this study attempts to clarify the position that autism is a difference, not a deficit, such that individuals do not need to be "fixed" or "cured." Much of the research in this area has focused on the continued importance of a timely diagnosis and how the participation and well-being of autistic individuals and their families are impacted with respect to education, community, employment, and care. Many strategies are underway to understand autism better in dealing with behavioral as well as health-related concerns.

Neurodiversity is a non-medical term used to describe people whose brains develop or work differently for somewhat inexplicable reasons. The neurodivergent movement encourages viewing autism as a natural variation of human diversity rather than a disorder to be cured. People who are neurodivergent often display different strengths and struggles compared to people whose brains develop or work more typically. The movement has emphasized the acceptance and inclusion of individuals with neurological differences, challenging traditional deficit-based models of disability.

Although this paper considers the idea that medicalization may be necessary in specific circumstances, questions regarding whether the diagnosis and medical treatment of neurodivergence occur at an appropriate rate must be addressed. Through research into both medical and sociological conceptions of neurodiversity, not to mention the need for medical treatment of the condition in specific settings, this essay hopes to provide a balanced analysis of the challenges posed between recognizing the dignity of neurodivergent people and overmedicalization, focusing mainly on the autism spectrum disorder.

Introduction

Temple Grandin, teacher, and international consultant, said, "The world needs all types of minds" (Grandin. n.d.). This essay explores the countervailing points for and against treating autism, arguably a health or behavioral condition, as if it were a medical condition.

Neurodiversity is a nonmedical term that describes people whose brains, for somewhat inexplicable reasons, develop or work differently. The person often displays different strengths and struggles compared to people whose brains develop or work more typically. The neurodiversity movement has emphasized the acceptance and inclusion of individuals with neurological differences, challenging traditional deficit-based models of disability. This movement encourages viewing autism as a natural variation of human diversity rather than a disorder to be cured.

Although this paper is intended to contemplate the idea that medicalization may be necessary in specific circumstances, questions regarding whether the diagnosis and medical treatment of neurodivergence occurs at an appropriate rate or instead reflects society's intolerance of differences must be carefully considered. Through research into both medical and sociological conceptions of neurodiversity and the need for medical treatment of the condition in certain settings, this essay hopes to provide a balanced analysis of the challenges posed between recognizing the dignity of neurodivergent people and overmedicalization, focusing mainly on the autism spectrum disorder.

The importance of further research cannot be minimized. Many discrepancies associated with the diagnosis and care of autistic people must be analyzed and clarified. Other relevant concerns include insufficient training for healthcare providers, limited financial support for early diagnosis, and inadequate interventional services. Given the significant increase in the number of people diagnosed with autism (Izuno-Garcia et al., 2023), understanding the needs and strengths of this population will become increasingly crucial for promoting well-being and providing affirming, high-quality care for autistic people of all ages.

Background

Autism spectrum disorder (ASD) is a neurological and developmental disorder that diagnoses how individuals behave, communicate, and interact with others. People with ASD often have problems with social communication and interaction and also have different ways of

learning, moving, or paying attention. Many believe that autism and neurodivergence have long been misdiagnosed and misunderstood within the global medical community.

In the latter part of the nineteenth century, doctors like John Down and Adolf Kussmaul employed terms like "developmental retardation" and "aphasia voluntaria" (or voluntary silence) to describe autistic symptoms. In the mid-twentieth century, Leo Kanner, a prominent psychiatrist and physician, played a critical role in shaping our understanding of autism and revolutionizing its diagnosis.

Before Kanner's work, individuals with autism often faced misdiagnosis or were labeled as having other conditions. Some common diagnoses included childhood schizophrenia, intellectual disability, or being considered as socially "eccentric" or "difficult." The lack of understanding and appropriate diagnostic criteria resulted in many individuals with autism not receiving the support and interventions needed in part because many believed that autism was primarily caused by poor parenting. However, using his meticulous observations and analysis, Kanner made significant contributions, mainly by identifying autism as a distinct condition and describing its characteristics. Kanner's identification of autism had a profound impact on the field of psychiatry and laid the foundation for further research and understanding of the condition. His work opened doors for further exploration into the causes, treatment, and support of individuals with autism (Elias, 2024).

Finally, in 1978 the condition was officially recognized using the term autism by the World Health Organization (History of Autism). However, this characterization of autism as a separate condition from schizophrenia did not necessarily ensure that autistic people would be accepted and integrated into mainstream society. On the contrary, its categorization as a mental "disorder" or "illness" led doctors, researchers, and society to treat autistic people differently. Research has shown that people diagnosed with the condition may have been committed to mental institutions and denied job and educational opportunities. During this period, autism was primarily seen as a neuro-deficiency, a developmental disorder that must be confronted and overcome.

Specific Details about Autism

Information on health conditions in a global world definitively states that autism is not an illness, as stated on the website of the National Health Service (NHS), which has an audience

around the world. Being autistic does not mean you have a disease. It means your brain works in a different way from other people from birth and can be diagnosed at any age. Signs of autism might be evidenced when you are very young or not until you are older.

If you are autistic, you are autistic your whole life. However, autism is not a medical condition with treatments or a "cure." That being said, there are ways to support these people with specific accommodations. Autistic people can live a full life if given extra help when needed. Autism is a spectrum, and as said often, everyone with autism is different. Some autistic people need little or no support. Others may need help from a parent or caregiver every day. When some medical people try to diagnose autism, it is clear that nobody knows what causes it or if it actually has a cause. It can affect people in the same family and may sometimes be passed on to a child by their parents. We should note what we do know: autism is not caused by bad parenting or vaccines, is not linked to diet, and is not an infection you can spread to other people. Additional information that is true is that some autistic people have average or above-average intelligence. Some autistic people have a learning disability. Some autistic people achieve great success. Although some may go through adulthood struggling with sensory issues and communication deficits, exceptions exist despite this general rule.

Temple Grandin, Ph.D., who was diagnosed with autism in 1950, stands out as an exceptional role model for autistic people. Grandin's symptoms were severe enough that her doctor suggested she be medicated and put in an institution. However, instead of institutionalizing her, her caregivers provided her with a structured environment and play activities throughout her youth. Like many children with autism, Temple did not speak until she was almost four years old. Moreover, like many children with autism, she was fascinated by animals, which led her toward a career as a livestock researcher, consultant, and teacher. She ultimately earned a doctorate and became a college professor. Presently, Dr. Grandin teaches courses at Colorado State University and is the author of several books, some concerning autism (Grandin, n.d.).

Fortunately, our perception of autism has evolved over time. Sixty years ago, autism was nothing more than an unrecognized developmental delay generally lumped in with mental retardation. Today, it is recognized as an independent neurologically based disorder, a significant public health problem, and a topic of much research. While researchers have struggled to find a cause for the disorder, research continues in many directions. Numerous treatments have been

developed that help children with autism to maximize their potential and become socially fluent. Though no breakthroughs appear likely to occur any time soon, there is good reason for hope.

Neurodiversity with Respect to Autism

"Neurodiversity" is a popular term often used to describe differences in how people's brains work. The idea suggests that there is actually no "correct" way for any of our brains to work. Generally, the word neurodiversity can refer to the diversity of all people. However, in general, the term is most commonly used in the context of autism spectrum disorder (ASD) as well as other neurological or developmental conditions such as ADHD or learning disabilities. Indeed, people perceive and respond to the world in various ways, and these differences must be embraced and encouraged. Judy Singer, an Australian sociologist, coined the term neurodiversity to promote equality and inclusion of what she called "neurological minorities.". She introduced the world to a new way of viewing such behavioral differences in publishing her book "Neurodiversity: The Birth of an Idea" in 1997. Singer's work was monumental and increased the social and educational trends that have embraced the term in the autistic community.

These shifts in thinking expressed indignance towards the view that many autistic people were lesser and incapable of being fully functioning humans. Singer argued that diversity in neurological issues should not be avoided, and neurodiverse people should not be ostracized but instead embraced and accommodated to enrich the lives of both neurodivergent and neurotypical people. Such ideas indicated the possibility and need for a different treatment by society for people on the autism spectrum, leading to a new dialogue that informs a more understandable and empathetic view of this neurological abnormality.

As Temple Grandin so eloquently stated in "The World Needs All Kinds of Minds," the neurodiversity movement has emphasized the acceptance and inclusion of individuals with neurological differences rather than the challenge of disabled people (Colorado State University, 2018). Grandin's life was spent encouraging all of us to view autism as a natural variation of human diversity rather than a disorder that needs to be cured medically.

The neurodiversity movement surfaced during the 1990s, aiming to increase the acceptance and inclusion of all people while embracing these neurological differences. Through online platforms, more autistic people have been able to connect and form a self-advocacy movement over the decades, pursuing their collective goal of wider acceptance and

understanding. Neurodiversity research and medical education are increasingly altering how clinicians view and address specific disabilities and neurological conditions. When examining the arguments for and against the medicalization of neurodiversity, neurodivergent experiences must be viewed as acceptable deviations from normal human behavior. Autistic individuals must also be accepted and accommodated rather than pathologized.

Although the neurodiversity movement has gained mainstream traction, the medical community has worked relatively more slowly in acknowledging or accommodating neurodivergent individuals. Central to the concept of neurodiversity is the idea that people experience and interact with the world around them in many different ways such that no one "right" way of thinking, learning, and behaving exists. Furthermore, these differences should not be viewed as detriments. Autistic Self Advocacy Network (ASAN), led by autistic individuals, has emphasized the neurodiversity perspective, advocating for the acceptance and inclusion of individuals with autism. The organization has challenged negative stereotypes, promoted a strengths-based approach to autism, and advocated for the rights of individuals with autism (ASAN, 2023).

The recommendation that neurodiversity be viewed as a broad spectrum that captures the entirety of variation within human brain activity did not immediately change the lives of neurodivergent people. Moreover, autism which falls under the larger umbrella of neurodiversity, is a condition with primarily social challenges. Given that these individuals' differing worldviews and thought processes largely govern their interactions with others and their social environment, autistic people are some of the most clearly neurodivergent individuals. People with autism often have impairment of theory of mind which is characterized by profound difficulties in social interaction and communication. Hence, they lack the full cognitive capacity to infer others' mental states, which is paramount for social communication (Senju, 2012).

Medicalization of Autistic Individuals

Medicalization means defining a problem in medical terms, usually as an illness or disorder, or using a medical intervention to treat it. The definition does not have a negative connotation, as the medicalization of certain conditions can have benefits. However, overmedicalization can be a medical and social problem as it may lead to stigmatization, not to unnecessary economic costs.

Sociological debates about medicalization have encountered several critiques. For example, Peter Conrad has argued that the interest in medicalization has focused on previously non-medical problems (Conrad, 1992). Sociologists like Conrad take a broader perspective on medicalization as a social process influenced by many participants. Furthermore, medicalization has numerous social consequences, including the pathologization of human differences and individualization of human problems while minimizing social and political contexts.

Medical and therapeutic interventions are significant decisions that often lead to large price tags and the mental and physical weight of medication. While such steps are frequently necessary, Singer's proposal of neurodiversity and its ideas of broadly reaching acceptance disrupt the clear path between diagnosis, expert intervention, and treatment.

Those people with autism often have difficulty communicating clearly with others, while many cannot distinguish between basic social cues and changes in tone. These challenges do not discredit an autistic individual's ability to make decisions for themselves. Yet, they must be recognized when discussing neurodiversity, especially when placing non-experts at the forefront of their complex medical care. To this end, Christophe Gauld and his colleagues posit that neurodiversity requires the implementation of suitable support systems in order to facilitate the full participation of all individuals within our society. Gauld is a sleep physician and a child and adolescent psychiatrist who works at the intersection of neurodevelopment and emerging disorders. Neurodevelopment refers to the development of the brain, and neurodevelopmental disorders (NDDs) are conditions that disrupt this development.

Of course, neurodiversity can lead to under-medicalization as well, such that individuals may not receive proper access and associated rights and benefits because of a lack of acknowledgment of their health condition (Gauld, 2024). A significant portion of individuals diagnosed with autism struggle with their condition and have advocated to find treatments or "cures" for their condition (Gauld, 2024). Such treatments include applied behavior analysis (ABA), educational therapies, and medications, including antipsychotics and antidepressants. Gauld's proposition that promoting neurodiversity could possibly lead to the undertreatment of genuine neurological ailments points to the inefficacy of a "one size fits all" model for dealing with neurodivergent individuals.

As self-diagnosis continues to gain popularity in the midst of more significant numbers of people losing trust in general medical expertise, it is critical to understand that the needs and

abilities of people with autism can vary and change over time in that some people can live independently throughout their lives, while others may require lifelong care and support. Hence, accurate levels of medicalization are paramount while still respecting each individual's neurodiversity for the best medical and social outcome.

Discussion

Respecting and ensuring safety:

Several important issues that should be discussed in any dialogue about autism are articulately stated in "Uniquely Human: A Different Way of Seeing Autism" by Barry M. Prizant (2015). His goal is to promote a more precise understanding and humane approach to autism. Instead of classifying "autistic" behaviors as signs of pathology, Prizant suggests applying a range of strategies to cope with a seemingly chaotic and somewhat overwhelming world. He asserts that building on autistic individuals' strengths and offering support would lead to more acceptable behavior and, ultimately, a better quality of life. Prizant focuses on the fact that we must all show respect for people with autism and their unique qualities.

As stated in this discussion, autism needs to be seen more from the neurodiversity argument rather than a person who needs to be 'fixed' by the medical process. We can agree that the neurodivergent theory can be used to describe a person with a neurodivergence, such as autism. Still, many others believe this also means their brains process information differently. It is essential to add to this view that others feel that autism is a neurodevelopmental disorder that affects how people learn, interact, communicate, and behave. However, it is more than that simple definition that needs additional discussion. People with autism are all different and may experience a range of symptoms. While some people can live independently, others may require lifelong care and support. It is not a medical condition with a cure, but it can be managed by medical professionals and therapies that can improve their symptoms and definitely support their development.

One of the most critical aspects of this discussion is to understand clearly the difficulties that autistic people face each day. By understanding these challenges, we can apply that knowledge to help autistic individuals and make them feel safer and accepted. Forms of assistance would include the following:

- Social interactions: social and empathy challenges

- Communication: nonverbal communication difficulties
- Repetitive behaviors: repeated words or unusual behaviors
- Sensory sensitivities: over- or under-sensitive to stimuli
- Interests: highly focused on specific interests
- Anxiety: evidence of extreme anxiety.

Although autistic people have certain qualities specific to their condition, they often have a unique way of viewing the world, have excellent attention to detail, and can be very productive. The recognition of these behaviors can help each of us not only understand people with autism but also understand how we can work and live with them easily. This would allow them to feel more inclusive in our society and help us know that this is not a condition that can be fixed by medical means. As with most human beings, these people need to be treated with love and respect and accepted as members of our society.

Key places for autistic acceptance:

In the article, “The Next Frontier in Workplace Diversity: Brain Differences,” Katherine Reynolds Lewis (Lewis, 2014), a journalist who writes about children, mental health, race, gender, disability, education, and related topics, argues that autism is an identity, not a disease. Many continue to work to change the attitudes in some workplaces and offer more acceptance of those with diverse methods of working and accomplishing tasks. Most advocates for this inclusion recognize how important inclusivity is to business success, as well as gender or racial diversity in the labor force.

A growing number of companies actively recruit candidates on the autism spectrum to do jobs clearly suited to their strengths, such as those involving large amounts of data or rigorous attention to detail. They excel at jobs that require neurological differences. Since an estimated 70% of disabilities are not apparent to most observers, it is a certainty that even more organizations already employ people with a brain difference, whether it's autism, ADHD, or dyslexia, to name a few. To this end, many companies have created employee resource groups and networks to support workers with neurological differences.

The most relevant challenge for businesses is to attract the best talent for their work and create an environment that utilizes every person's full abilities. Most importantly, individuals

with a neurological disability often possess a strength associated with their condition, in the same way a blind person may enjoy a keen sense of smell, hearing, or taste. For example, people with ADHD tend to be innovative, curious, and active. Many jobs are open to people who are super creative, energetic, and seek information.

Unfortunately, the reality is that many adults with autism tend to be underemployed because they often face challenges with social interaction. Employers must be sensitive and responsive to differences related to a neurological condition. It is essential to focus on what skills and value you can bring to a workplace, not the accommodations you may need for your disability. On a more positive note, many companies have begun in recent times to seek out autistic people more proactively because of their strengths. It is critical that in the future, this acceptance and understanding continues to spread. An increased awareness of differences in people's brain function and communication preferences could improve the work that everyone does.

Conclusion

While autism is considered a lifelong disorder, the degree of impairment in functioning because of these challenges varies among individuals with autism. One of the significant challenges for the autism community is the presence of misconceptions and stigma surrounding autism. Overdiagnosis can perpetuate these misconceptions and create barriers to acceptance and understanding. Dismantling these misconceptions and combating the stigma associated with autism is crucial in recognizing autism as a genuine neurodevelopmental condition that affects individuals in different ways.

By promoting accurate information, increasing awareness, and fostering acceptance, mainstream society can create a more inclusive and supportive environment for individuals on the autism spectrum. Accurate diagnosis, access to support and services, and advocacy for autism acceptance and inclusion will create a world that embraces and empowers autistic individuals. Providing healthcare professionals and clinicians with the necessary tools, training, and resources to make informed assessments will help to reach these objectives. By staying informed with the latest research and diagnostic criteria, professionals can improve their ability to accurately identify individuals on the autism spectrum.

Moreover, challenging stereotypes, spreading awareness, and fostering a culture of empathy and respect are all vital in eliminating stigma and promoting the rights and well-being of individuals with autism. By encouraging inclusive practices in education, employment, and social settings, individuals with autism can lead fulfilling and meaningful lives. It is essential to embrace neurodiversity and recognize the unique strengths and talents that individuals on the autism spectrum possess, thereby creating a more inclusive and supportive society for individuals on the autism spectrum.

Together, we can work towards a society that embraces and celebrates the diversity of the human experience. The overmedicalization of autistic people must be understood, and our studies emphasize that changes must be made in the process. It is essential to recognize that the debate surrounding autism overdiagnosis is complex and multifaceted. While concerns about overdiagnosis exist, it is crucial to acknowledge the validity of autism diagnoses and the importance of accurate identification and support.

Further research must continue since many discrepancies associated with the diagnosis and care of autistic people exist and must be analyzed and clarified. Other relevant concerns include insufficient training for healthcare providers, limited financial support for early diagnosis, and inadequate interventional services. Given the significant increase in the number of people diagnosed with autism (Izuno-Garcia et al., 2023), understanding the needs and strengths of this population will become increasingly crucial for promoting wellbeing. Singer's conception of neurodiversity must primarily be viewed within the field of sociology where she researched. Radical acceptance may be a necessary step towards accommodating and promoting the confidence of neurodivergent individuals in society. However, the appropriateness of medical treatment and intervention in many cases must be carefully assessed, as proposed by Gauld. While neurodiversity must be accepted as a natural part of the general human condition, and its acceptance must be connected with a nuanced approach to medical treatment such that the treatment ensures an effort toward proper medicalization.

Moreover, recent estimates say that 15-20% of the world's population has some form of neurodivergence (McAllister, 2024). Whether we as a society are or not, each of our lives is filled with neurodivergent people whom we know, love, and even work with every day. How to understand, support, and include the neurodivergent community and understanding how neurodiversity impacts society and the workplace is imperative.

Almost every human being wants to thrive and be successful in life. Their parents and caregivers seek success for their children, as do the teachers working to make a difference in their students' lives. To this end, we as a society must provide assistance and services to workplace managers and colleagues as well as family members and friends who interact with autistic people every day.

Bibliography

ASAN. (2023). About Us. *ASAN*. <https://autisticadvocacy.org/>

Colorado State University. (2018, April 10). Grandin: The world needs all kinds of minds.

Source. <https://source.colostate.edu/grandin-the-world-needs-all-kinds-of-minds/>

Conrad, P. (1992). Medicalization and Social Control. *Annual Review of Sociology*

Elias, M. (2024, June). Leo Kanner's 1943 Paper On Autism: A Groundbreaking Discovery.

Discoveryaba.com. <https://www.discoveryaba.com/aba-therapy/leo-kanners-paper-on-autism>

Ferguson, Sian. (2022, Dec). How Common Is Autism Misdiagnosis? *Healthline.com*.

<https://www.healthline.com/health/autism/autism-misdiagnosis>

Fombonne, E. (2023). Editorial: Is autism overdiagnosed? *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 64(5), 711-714. <https://doi.org/10.1111/jcpp.13806>

Gauld, C., Jurek, L., & Fournoret, P. (2024). Diversity, Epistemic Injustice and Medicalization.

Cortex: A Journal Devoted to the Study of the Nervous System and Behavior, 176, 234–236. <https://pubmed.ncbi.nlm.nih.gov/38580533/>

Grandin, Temple. (n.d.). The World Needs All Kinds of Minds. <https://ed.ted.com/lessons/the-world-needs-all-kinds-of-minds-temple-grandin>

- Izuno-Garcia, A. K., McNeel, M. M., & Fein, R. H. (2023). Neurodiversity in Promoting the Well-Being of Children on the Autism Spectrum. *Child Care in Practice*, 29(1), 54–67. <https://doi.org/10.1080/13575279.2022.2126436>
- Lewis, K. R. (2014, Dec). *The next frontier in workplace diversity: Brain differences*. Fortune Magazine. <https://fortune.com/2014/12/16/brain-differences-autism-workplace-diversity/>
- Loftus, Yolanda (2024, June). Is Autism Overdiagnosed? *Autism Parenting Magazine*. <https://www.autismparentingmagazine.com/autism-spectrum-overdiagnosed/>
- McAllister, S. (2024, March). What is it like to be neurodivergent? *Zurich.com*. <https://www.zurich.com/en/media/magazine/2022/its-all-in-the-mind-what-does-it-mean-to-be-neurodivergent#:~:text=It%20is%20thought%20that%20about,include%20dyscalculia%20and%20Tourette's%20syndrome>
- NHS. (n.d.). *National Health Service*. <https://www.nhs.uk/>
- Pisciotta, A. (2024). Shifting Paradigms. *Voices in Bioethics*, 10
- Prizant, B. M. (2015). *Uniquely human: A different way of seeing autism*. Avery Publishing
- Senju A. (2012). Spontaneous theory of mind and its absence in autism spectrum disorders. *The Neuroscientist: a review journal bringing neurobiology, neurology and psychiatry*, 18(2), 108–113
- Singer, J. (2017). *NeuroDiversity: The Birth of an Idea*. n.p.: Judy Singer