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Models of Neurodivergence

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(Note: I will be discussing brain-related disabilities, because I am not confident enough in my opinions on physical disability to be sure this model is useful. I am going to be interchangeably using "neurodivergence", "brain weirdness", etc. This is intended to be inclusive of intellectually, developmentally, learning, and psychiatrically disabled people.)

It is often useful to distinguish the map and the territory. When we talk about the map, we talk about what we believe; when we talk about the territory, we talk about what's true. These are not necessarily the same thing! I can draw a map that says that San Francisco is in Alaska, but that doesn't mean that I should be wearing several layers of coats right now.

It's important to note that– even if your map is accurate– the process of making a map loses information. A map of San Francisco doesn't include everything you see walking down the street; on the other hand, you can look at a map of San Francisco when you can't look at the whole city. Different maps are useful for different purposes: a BART station map is useful if you want to figure out which train to get on, while a map of vegan restaurants is useful if you are trying to feed my boyfriend Topher. And some maps really

aren't useful at all: a map that includes only streets that begin with A– even if it were perfectly accurate– is going to be pretty useless for San Francisco street navigation.

Talking about models of neurodivergence is a way of talking about different ways of mapping the far-off land of Brain Disability. There are lots of different maps! Terrifying Inhuman Monsters Who Will Snap And Kill Us All is a map. Lazy People Making Excuses For Their Character Flaws is a map. Children In Adult Bodies is a map. This site includes descriptions of a lot of maps.

However, I am going to examine two maps more closely: one of which is the most prominent in non-disability-rights communities, and one of which is most common in disability-rights communities.

The medical model of neurodivergence works something like this: just like some people can have sick bodies, some people can have sick brains. (Brain sickness is traditionally referred to as a "chemical imbalance", whether or not there's any evidence it is actually caused by imbalances in any chemicals.) If your brain is sick, you should go to a doctor and receive treatment that will make you not sick anymore.

The medical model is very useful for lots of people. Many people find that framing depression as something wrong with their brain is helpful. It's a big step up from the Lazy People Making Excuses For Their Character Flaws model, which all too often means that people are miserable and then blame themselves for being miserable, or don't seek appropriate accommodations because if they just had enough willpower they'd be able to fix it.

However, it also has serious flaws. The medical model leads to the idea that the only reason one could want to refuse treatment is that you're too crazy to realize what's wrong with you. While it is true that sometimes people are too crazy to realize that treatment would be in their best interests, many times people legitimately feel that hospitalization, therapy, or medication won't help them; all too often, the tradeoff between these two is not recognized.

The medicalization of mental illness is often believed to reduce stigma: hence the array of "depression/anorexia/bipolar/suicidality is an ILLNESS" posters one is continually subjected to on Tumblr. However, evidence suggests that this may not work. While medicalization reduces blame, it makes people more pessimistic about recovery, has no effect on social distance, and either has no effect or worsens people's perceptions of the dangerousness of neurodivergent people. Furthermore, in the past ten years, people have accepted the medical model much more, but continued to socially distance themselves from neurodivergent people, believe they are dangerous, and generally stigmatize neurodivergence. If anything, it increases levels of community rejection!

At the same time, the medical model isn't very good for people who are going to have weird brains for the rest of their lives. A key part of the medical model is that treatment makes you not sick anymore. This leads to much-critiqued therapies like ABA for autism, which not only attempt to increase functioning but also eliminate behaviors that are neutral but not neurotypical– because as long as you're still visibly neurodivergent, you're still sick.

It contributes to a Fantasy of Being Neurotypical, similar to the Fantasy of Being Thin. You can spend your entire life trying to become a neurotypical person and failing– or you can accept that you're neurodivergent and try to live the best life you can as a neurodivergent person.It is possible to have a happy, fulfilled life and be badbrains as fuck. And for those of us who have incurable mental Stuff, it is necessary.

The social model of mental illness works like this: some people are not able to do things that other people can do; this is called "impaired". A person who cannot walk is impaired. Some impaired people are not accommodated by society; this is called "disabled". A person whose apartment does not have a wheelchair ramp, which means they can't leave the house, is disabled. However, even though I am legally blind without my glasses, I am not

disabled; as long as my glasses don't fall off my face, I can see as well as anyone else.

"Accommodation" is a broad term. Reduced-cost housing or aides paid for by the government are accommodations. Someone's boss allowing them to work from home sometimes can be an accommodation. Extra time on tests is an accommodation. Your friends making dinner for you or avoiding wearing perfume that triggers your sensory sensitivities can be an accommodation. Occupational therapy or psychotherapy that teaches coping skills can be an accommodation. Eventhings that seem very medical, like psychiatric medications or electroconvulsive therapy, can be accommodations.

If you're having a hard time understanding the social model of disability, I recommend you read Alicorn's The Social Model of Humanity. Humans are impaired because we cannot sense hidden portals. However, we are not disabled by our inability to sense hidden portals, because nobody can sense hidden portals and so we build all our buildings with doors.

The social model of disability suggests that a lot of the harm of disability is caused not by the impairment itself but by disability. This seems probably true: physically impaired people who can participate fully in society are just as happy as anyone else, while physically impaired people who have to sit at home alone all day are not. It also seems plausible that this isn't true for all disorders: for instance, it seems naively true that depression, being an impairment in one's ability to feel happiness, would suck no matter how well-accommodated.