

**Holding It, Together:**  
**Supporting Neurodiverse Individuals in Grief**

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### **Abstract**

This capstone examines how neurodiverse individuals experience and express grief in ways that are often misunderstood and overlooked. Neurodiverse people, especially youth, frequently face unique forms of loss. For neurodiverse individuals, whose grief is often unrecognized or misinterpreted, these experiences can lead to feelings of isolation and abandonment and create significant changes in stability, relationships, and life roles. Using a person-centred perspective, this capstone project explores ways to better support neurodiverse individuals through inclusive, flexible therapeutic practices. This work seeks to honour the unique ways neurodiverse individuals express grief, adapting our therapeutic approach to truly meet their needs and offer a more compassionate path to healing.

*Keywords:* disenfranchised emotion, grief, internalized oppression, neurodiversity, social camouflaging, self-stigma, unrecognized grief

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### **Dedications**

This capstone is dedicated to *anyone* and *everyone* who has ever felt isolated, misunderstood, or alone in their time of need. May we awaken from our illusion of separateness and become a society of inclusion, compassion, and understanding.

*“We are all just walking each other Home” ~ Ram Dass*

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**Holding It, Together:**  
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**Chapter One: Introduction**

In investigating the nature of the grieving process, it is clear that grief extends beyond death-related situations and can occur whenever there is a loss of opportunities for closure or resolution (Boss, 2009). Ambiguous loss, for example, can relate to scenarios such as receiving news of a terminal illness or experiencing a slow death, having a family member or friend go missing or be kidnapped, dealing with a loved one with dementia, child abuse, divorce, addiction, military deployment, children leaving home, and aging parents. In many of these experiences, the individual being grieved may be physically present but psychologically absent, such as in the case of a loved one with dementia. Conversely, the loved one may be physically absent but psychologically present, as with a missing person, kidnapping, or a long-term coma.

Understanding how these kinds of losses affect adolescents is particularly important, given that significant developmental changes and the formation of critical relationships with family and community mark this stage of life. Furthermore, for vulnerable child populations, early-life trauma shares a common thread with the experience of ambiguous loss. These youths may grapple with a profound sense of loss, mourning the joyous childhood they should have experienced—a time when they could have enjoyed a carefree, safe, and protected environment but, unfortunately, did not (Maté, 2012).

Integrating the effects of neurodiversity and grief reveals that neurodiverse individuals may experience these losses differently. Neurodiversity encompasses a range of neurological differences that affect how individuals perceive and interact with the world. For instance, adolescents with autism or ADHD might process and express grief in unique ways and might require tailored support and understanding. The loss of childhood and innocence

can be particularly poignant for neurodiverse individuals who may already navigate the world with different expectations and experiences.

### **Overview of the Topic**

This capstone explores the pressing need for caregivers and service providers to understand better and support neurodiverse youth as they navigate grief and offers suggestions for working with neurodiverse clients in clinical counselling settings. Throughout recorded history, human suffering has been a profound question pondered by philosophers, thinkers, and artists. Siddhartha Gautama, also known as The Buddha, taught that the very nature of existence involves an element of suffering (Chen, 2021). Recognizing grief in non-death-related loss can normalize ambiguity and create opportunities for closure or resolution (Boss, 2009; Faustino & Vasco, 2020; Suh et al., 2021). This is especially important for neurodiverse youth, who may benefit from a more nuanced and compassionate approach to understanding and supporting their unique experiences of grief.

Grief is an aspect of our emotional reality that we experience deep sadness and sorrow after loss. Our society pushes away the reality of sorrow/suffering, a denial perpetuating an unexpressed human need for emotional processing and release (Faustino & Vasco, 2020). This repression also has an impact on our psychological well-being and overall health (Suh et al., 2021). In this age of crisis and information sharing (Pettit, 2020), research developing the understanding of grief continues to see publication. Grief is heavily perceived as a “negative experience” and one the individual should seek to escape as soon as possible (Komischke-Konnerup et al., 2021; Suh et al., 2021). However, we might also consider grief to be a beautifully complex and potentially profound response to some form of loss, such as the loss of a job, the end of a meaningful relationship, or the dissolution of a cherished dream. While one’s focus on bereavement is essential, it is equally important to experience the full range of natural physiological responses to loss; it is prudent that we recognize that grief is an

actualization of our experiences of all forms of loss. Unfortunately, our solution-obsessed society pushes away the reality of sorrow and suffering (Cairns, 2009), a denial perpetuating an unrecognized human need for emotional processing and release (Faustino & Vasco, 2020). To experience and embrace profound sadness and sorrow is a crucially important function we must not ignore. As Marcel Proust (1923) said, “We are healed of [a] suffering only by experiencing it to the full” (p. 23). The repression of our basic human processes has an impact on our overall well-being (Suh et al., 2021), including increased stress, anxiety, and physical health discomforts

In this capstone, I will explore the pressing need for caregivers to better understand and support neurodiverse youth as they navigate grief. These experiences are often misunderstood and minimized due to societal fixation on death-related loss. Neurodiversity encompasses a range of neurological differences, such as autism, ADHD, and dyslexia. Neurodiverse individuals may process and express grief differently, and their experiences of loss can be uniquely challenging. Recognizing that grief can encompass non-death-related forms of suffering, such as the loss of stability, relationships, or life opportunities, this paper seeks to broaden the conversation around grief by applying it to the diverse emotional and cognitive realities and expressions of neurodiverse youth (Boss, 2009; Faustino & Vasco, 2020; Suh et al., 2021). This capstone project investigates the dominant, restrictive views of grief in today’s health-focused society, which often denies or represses the emotional realities of suffering in favour of solutions or closure (González-Freire et al., 2010). For neurodiverse individuals whose experiences of loss are frequently disenfranchised or dismissed, the need for nuanced, compassionate grief support is especially vital. This capstone project underscores the importance of expanding therapeutic practices and societal understanding to honour and address the profound, varied losses experienced by neurodiverse youth.

### ***Intersection of Neurodiversity and Grief***

Neurodiverse individuals often experience grief differently than neurotypical populations, which can make their grief less visible and more easily misunderstood (Mair et al., 2024; Mattison, 1998). Research shows that they may process loss internally, leading to behaviours like aggression or isolation that are mistaken for something other than grief (Eisma et al., 2020). Caregivers may find it challenging to recognize the need for support because of these differences in emotional expression. Neurodiversity shapes how grief is expressed, often resulting in hidden or unrecognized emotions, which can lead to isolation and prolonged distress. This hidden or unrecognized grief can lead to feelings of isolation and prolonged emotional distress. Understanding these unique expressions of grief allows therapists and caregivers to address the emotional needs of the neurodiverse client better and prevent further emotional struggles. Studies highlight the importance of recognizing these differences to provide the right support and avoid misinterpretations that worsen distress (Francés et al., 2022).

### **Purpose Statement**

This capstone aims to explore the multifaceted nature of grief and its intersection with neurodiversity and how clinical practitioners can beneficially support neurodiverse clients experiencing grief. By examining various experiences of loss, such as terminal illness, death, ambiguous loss, and early-life trauma, this paper aims to illuminate how these experiences uniquely affect neurodiverse adolescents. Reviewing literature and case studies, this paper will highlight how neurodiverse individuals process and express grief, emphasizing the need for tailored support and understanding. Ultimately, this exploration seeks to provide insights into practical strategies for closure and resolution, fostering a more compassionate and inclusive approach to supporting neurodiverse youth through their grief journeys.

## **Theoretical Framework**

Person-centred therapy is based on the idea that people can grow naturally when given a supportive, non-judgmental space (Rogers, 1957). This approach focuses on empathy, acceptance, and being genuine with clients, helping them feel safe to explore their feelings and experiences. For neurodiverse individuals who experience and express emotions and grief differently, this kind of therapy is beneficial. Therapists using person-centred therapy can make neurodiverse clients feel understood and accepted for who they are (Beadle-Brown et al., 2009; Walker, 2014). By using empathy and creating a safe environment, therapists help clients explore their unique experiences. The SPELL framework (Structure, Positive Approaches, Empathy, Low Arousal, and Links), discussed in chapter two, offers a structured approach that helps meet the specific needs of neurodiverse clients, reducing anxiety and boosting their confidence (Mills, 2008).

### ***Conditions of Worth***

Rogers (1959) coined the term *conditions of worth*, stating “self-experience is avoided (or sought) solely because it is less (or more) worthy of self-regard” (p. 224). This term refers to the messages we receive from the world about how we should act to be accepted. Depending on these messages, we may start to hide or change aspects of ourselves to fit into these conditions, even if it means ignoring our true feelings. Rogers hypothesized that this is how we become disconnected from our authentic selves by trying to gain approval from others. This is not a conscious decision, Rogers says, but something that is taught to us early in life as we try to feel acceptance. Conditions of worth, as described by Rogers, can explain many mental health issues, such as depression or anxiety (1959). Neurodiverse youth report that they must mask or alter their true feelings, even during grief, as they feel they must meet the expressions of emotion to receive care (Hogeveen & Grafman, 2021). This constant need to conform to neurotypical expectations leads to disconnection from authentic

self-expression. It can complicate the grieving process, leaving them vulnerable to mental health issues like depression and anxiety when their grief is consistently invalidated (Soraya, 2014).

### **Contribution to the Field**

As the understanding of neurodiverse diagnoses expands, so does the gap in general clinical knowledge and available services. To this day, there is a lack of clarity regarding the best therapeutic practice for supporting neurodiverse clients (Kalisch et al., 2023). This capstone expands the understanding of how grief is processed and expressed by neurodiverse youth. The insights gained from this exploration highlight the need for tailored, person-centred support strategies, fostering a more compassionate and inclusive approach to supporting neurodiverse youth through their grief journeys. This contribution aims to inform practitioners, social workers, and educators by offering valuable perspectives and practical implications for enhancing the well-being of neurodiverse individuals in the context of grief.

### **Reflectivity and Positionality Statement**

I have experienced a fear of loss as far back as I can remember. My family, in an attempt to meet the needs of their complex child, assumed that my behaviours were typical symptoms of an anxious, sensitive child. When I first heard Gabor Maté frame the term sensitive with its Latin roots, simply the *sincere capacity to feel*, I experienced validation and compassion for a young boy who was so aware of life's impermanence. Naturally, death frightened me. The death of grandparents and family friends initiated me into a world in which someone I care deeply about could be taken from this physical world at any moment. I felt a sense of loss for the physical absence of a grandparent, but I also experienced a loss for the naive sense of safety I previously knew. I longed for the innocence of a carefree childhood, and I felt unsafe with the realization of life's uncertainty.

I had a supportive network of friends and family, as well as food, hobbies/activities and a safe, warm home, even after experiencing the death of friends and family. I had access to the necessities for safety, and as Maslow's Hierarchy of Needs suggests, I faced distress when the comforts of the basic needs did not take away my pain and sorrow (Li, 2020).

As I grew older and continued to explore my untapped grief, I noticed questions blossoming in my mind as to how sociocultural practices and religions address the existential questions relating to life and death. What is grief, and what function does it serve in healing from loss? Denying this essential human experience in pursuing control or a sense of safety is helpful. The personal significance of this capstone is, in part, to continue my search for a resolution with my own experience of ambiguous loss. I experience validation when gaining a different understanding of the varied types of loss that I have always felt and find closure for the part of me that has always felt a sense of grief through normalizing nondeath-related loss. This, too, may serve others as I begin to reconstruct my own beliefs and experiences related to grief and loss. In our modern age, the reality for many is that they are spending so much time, energy and money trying to mitigate or minimize their suffering. To accept the reality of grief is to be vulnerable, and being in our vulnerability feels at least initially unsafe. This is the very belief that perpetuated my untouched pain, a pain that desperately wanted comfort and relief. In time, I started my therapy work as a client, and in this safe space, I was allowed space to be with my vulnerable pain. At times, I drop into a deep sadness and grief, mourning losses both death-related and non-death. With tears flowing from my eyes and my body huddled in the therapist's chair, I feel the burden shift.

In 2020, I had light cast my own neurodiversity. I researched and found a Vancouver doctor specializing in diagnosing adult ADHD. This doctor came highly recommended, if only because they were so willing to provide their clients with a diagnosis (for a price). My primary motivation for this test was to seek additional support from my educational

institution. While undergoing the ADHD diagnosis process, I gained insights not only into my cognitive functions but also into how society perceives and interacts with individuals diagnosed with a neurodivergent condition. I became frustrated and much more aware of the gaps institutions had in meeting my unique needs as a person with ADHD. Questions and insights started to percolate in my mind. What is neurodiversity, and in what ways does it impact my life? What influence does it have on me, and to what degree do I need to address it? What are my needs, and how can I be an advocate for myself while still learning so much from the questions I have yet to answer? How has the diversity of my own neurological process influenced my experience, expression and processing of grief throughout my life? What secondary effects has this caused, in terms of the shame and guilt for carrying and even hiding pain throughout my life? These questions began my interest in exploring how healthcare professionals address the often unmet needs of neurodiverse people in distress.

### **Significance of the Study**

The research in this capstone project will be beneficial as it explores the multifaceted nature of grief and its intersection with neurodiversity, both related to human development and evolution, and, therefore, it is essential to consider for client work. In our health-obsessed society, grief is often equated with death or the loss of a loved one, leading to a denial of the broader reality of sorrow and suffering. This denial perpetuates an unexpressed human need for emotional processing and release (Faustino & Vasco, 2020), impacting our psychological well-being and overall health (Suh et al., 2021). Grief is not limited to the loss of life; it encompasses feelings of deep sadness and sorrow after various forms of loss. Similarly, neurodiversity represents a range of neurological differences that affect how people experience and process the world around them.

This research will benefit anyone interested in understanding the function of grief and the unique experiences of neurodiverse individuals (Faustino & Vasco, 2020; Suh et al.,

2021). By incorporating neurodiverse perspectives, this research reflects how individuals perceive and express grief, providing more inclusive perspectives to working with clients. Therapists and caregivers, in particular, will gain a deeper understanding of the concepts related to grief, non-death losses, and neurodiversity, enabling them to meet the needs of their clients better. This research aims to normalize the grief experience, promote emotional resilience, and enhance well-being by recognizing and validating the complex nature of grief and the diverse ways it is experienced across different neurological perspectives.

### **Definition of Terms**

**Disenfranchised Emotion:** Disenfranchised emotions are feelings, such as grief or frustration, that are invalidated or misunderstood by society. They particularly impact neurodiverse individuals. This lack of recognition can exacerbate self-stigma and internalized oppression, hindering their self-acceptance and emotional well-being (Kim et al., 2021).

**Grief:** A natural and individualized process that may accompany the death of a loved one or other significant losses, involving a range of emotions and varying stages of adjustment (Kübler-Ross & Kessler, 2005).

**Internalized Oppression:** When individuals and communities accept and act on society's negative stereotypes about their identity, leading to self-limiting beliefs and behaviours. These internalized beliefs can include shame, diminished self-worth, and pressure to mask their true selves to meet external expectations (Milton, 2012).

**Neurodiversity:** Neurodiversity refers to the natural variation in how people's brains process information, leading to differences in communication, social interaction, and sensory processing (Harris, 2018; Kanner, 1943; Tager-Flusberg et al., 2001).

**Social Camouflaging:** Occurs when individuals feel pressured to conceal or alter their authentic selves to fit in with neurotypical peers during social interactions (Hull et al., 2017).

**Self Stigma:** Occurs when individuals internalize society's negative stereotypes, leading to low self-esteem, shame, and a loss of motivation to pursue their goals (Rüsch and Thornicroft, 2014).

**Unrecognized Grief:** Occurs when a person's mourning is not acknowledged or supported by others, often because the loss doesn't fit traditional views of what is considered grief. This can include any grief responses that differ from societal norms, particularly in neurodiverse individuals (Mair et al., 2024).

### **Outline of the Capstone Project Chapters**

Chapter one introduces the research questions and the purpose of the capstone. It also highlights the contribution of this research. This section helps the reader understand the study's focus and importance and sets the stage for the rest of the chapters.

Chapter two presents a literature review, beginning with a broad overview of neurodiversity. It explores neurodiversity within a larger societal context, including the neurodiverse movement, and contrasts the medical and social models that shape societal beliefs about neurodiversity. Following this, the review delves into research on how neurodiverse individuals engage in relationships, particularly peer interactions, and the use of techniques like social camouflaging to navigate a society that prioritizes neurotypical traits. The chapter then shifts to examine how neurodiverse individuals relate to themselves, highlighting the internalized oppression and self-stigma associated with neurodiverse experiences. This section further explores the impact of disenfranchised emotions and ambiguous loss, which often arise from cultural norms that emphasize neurotypical values and expectations. Chapter two introduces therapeutic frameworks identified as effective in working with neurodiverse populations. These approaches include Person-Centred Therapy (PCT), Cognitive Behavioral Therapy (CBT), Narrative Therapy, and Group Therapy. Each is

reviewed within the context of supporting neurodiverse individuals who are navigating grief or have previously experienced it.

Chapter three discusses the value of further training in neurodiverse experiences and the needs of caretakers, including therapists, doctors, parents and guardians, educators, helpers, and others. This chapter offers a practical application of the research in the form of a four-day training for caregivers, healthcare professionals, mental health professionals, social workers and therapists. Using research from this capstone, this training aims to inform participants of up-to-date understandings of how neurodiverse individuals experience grief and how we can best support them.

## **Chapter Two: Literature Review**

Neurodiverse clients may experience challenges when navigating significant and minor life changes, often requiring specialized support to process and understand these transitions. Whether it is the death of a loved one, moving homes, or other significant changes, their emotional experience and behaviour may differ from neurotypical patterns, making it essential for therapists to be aware of these differences. In this chapter, I will explore research on neurodiversity and offer various perspectives on understanding neurodivergent clients. I will discuss how grief manifests in neurodiverse individuals, highlighting the unique ways they may express and experience loss. Recognizing these patterns can enhance our therapeutic approaches, especially as neurodiverse clients will inevitably be part of any therapist's caseload. Finally, I will reflect on current research surrounding best practices for working with neurodiverse clients. This includes exploring person-centred therapy, Cognitive Behavioral Therapy (CBT), Narrative Therapy (NT), and group therapy, all of which can be adapted to meet the needs of neurodiverse individuals. Through this understanding, therapists can provide more effective, compassionate care that supports neurodiverse clients in their grief and beyond.

### **Neurodiversity**

The term neurodiversity has entered popular culture's language in the past decade. Terms such as "neurodiverse" and "neurodiversity" have been used to describe people with brains that process information differently. Neurodiverse individuals often exhibit unique strengths like heightened sensory perception, creative problem-solving, or deep focus while facing challenges in attention regulation, language processing, or executive functioning (Walker, 2014). Some of the diagnoses that fall under the umbrella term of neurodiversity are autism spectrum disorder (ASD), Attention deficit hyperactivity disorder (ADHD), intellectual/learning disabilities, dyslexia, down syndrome, mental health conditions such as

bipolar disorder, obsessive-compulsive disorder (OCD), social anxiety, Tourette syndrome and Williams syndrome (Armstrong, 2015).

As discussed, neurodiversity is applied to a wide range of people and how their brains process information (Harris, 2018). Connections between brain regions might be stronger or weaker, affecting communication, social skills, and sensory processing. Having been first identified in 1943 by Leo Kanner as a singular diagnosis of autism, it has subsequently become known as a diagnosis that includes a spectrum of conditions rather than a singular disorder (Harris, 2018). Autism Spectrum Disorder (ASD) is among the most researched subsections of the neurodiverse umbrella. Tager-Flusberg et al. (2001) describe autism as a spectrum of conditions that often include difficulties with social interaction, pragmatic language, an intense focus on details, and heightened or reduced sensitivity to sensory input and obsessive interests. Attention Deficit Hyperactivity Disorder (ADHD), on the other hand, is described by the American Psychiatric Association as “the incapacity of attending with a necessary degree of constancy to any one object” (2022). In his book *On Attention And Its Diseases*, Sir Alexander Crichton (1798) began research into human attention, laying the foundation for ADHD research. His work provides an example of a medical recognition of differences in cognitive functioning (as cited in Palmer & Finger, 2001). Sir Crichton (1798) emphasizes that the intensity of a person's attention ranges between individuals and even within a person at different times.

### ***Social Context of Neurodiversity***

Neurodiversity has also become a social movement, with advocates within the neurodiversity movement rejecting the notion that there is one correct or healthy way for brains to operate, viewing neurological differences as valuable rather than deficient. Instead of striving to "cure" or "correct" these differences, proponents argue that society should embrace them as essential aspects of the human experience. They also state that their

neurodiversity provides unique strengths and perspectives of the world and that neurodiverse individuals deserve respect and should be accommodated (Walker, 2014). Examples of these accommodations would be reforms to education systems that support neurodiverse learning styles and greater social awareness that changes the deficit-based disability narrative attached to various neurodiverse people into one of appreciation and empowerment.

The fight for neurodiverse social justice also began when researchers and discourse began to surround neurodiversity. Walker (2014) asserted that neurodiverse brains should be respected without attempts at correcting or fixing them and coined the term *neurodiversity paradigm*. This movement challenged many people on the socially agreed-upon ideas of disability, which uphold normal neurological functioning as ideal and that neurodiversity suggests a disorder and disability (Dekker, 1999; Leadbitter et al., 2021; Walker, 2014).

**Neurodiversity as a Social Movement.** In the early 1990s, autistic people started connecting online and in communities to share their experiences (Leadbitter et al., 2021). This movement led to researchers Singer (1999) and Blume (1998) exploring and ultimately publishing work to define and solidify the concept of neurodiversity. Similar to the uniqueness of a fingerprint, Singer (1999) states that there is no neurological standard for the human brain, and our neurological differences vary in ways that are neither normal nor abnormal but simply unique. For many, neurodiversity is more than an umbrella term but has aligned with civil rights and disability rights movements that advocate for the acceptance and recognition of their conditions as more than neurological deficits. As the grassroots neurodiverse movement grew in mainstream popularity, so did society's understanding of neurodiversity. Leaders in the neurodiverse community continue to assert that just as a healthy ecosystem is biodiverse, neurological diversity contributes to healthy societies and should be valued.

**Medical Model versus Social Model.** The neurodiversity movement challenges the traditional medical model of disability, which views neurological differences as deficits to be treated or cured. In contrast, the social model emphasizes that many of the difficulties faced by neurodiverse individuals arise from societal barriers rather than from the neurodiverse condition itself and calls for changes in social attitudes and structures to support inclusion and acceptance. Walker (2014) differentiates between what culture might consider normal neurological function and genetic variation within a neurodiverse paradigm. Descriptions such as this, by researchers and advocates for neurodiverse inclusion, work to remove negative stereotypes of neurodivergence in the language of our culture. Chapman (2019) is of a similar mind, describing neurodiversity as a scientific and political concept that has increasingly challenged how society and researchers understand function and dysfunction. This is especially evident regarding the “impairment” concept, which compares behaviour/function/expression against societal norms. Advocates of neurodiverse communities have raised their concerns with the strictly medical model of approaching neurodiversity as something to be treated and cured. The framework of the medical model assumes that pathology exists inherently within the disabled person. In contrast, the social model suggests that impairment also emerges from a society’s misunderstanding and attempt to address disabled people's needs (Oliver, 1990). Advocate and researcher Singer (1999), who has been an advocate and helped popularize the term neurodiversity, argues that the medical and social models represent two extremes on the same issue, each addressing neurodiversity from distinct perspectives and frameworks.

### ***Neurodiversity and Relationship to Others***

Acceptance, rather than fixing differences, is at the core of the neurodiversity movement. This shift in how we support neurodiverse individuals also impacts how society views neurodiversity in relationships, highlighting the importance of understanding how it

shapes how people connect and interact. For example, research by Janssen et al. (2002) looked into the impact of neurodiversity on children's attachment styles and found evidence for insecure attachment patterns among neurodiverse children compared to other neurotypical children, especially for disorganized attachment. However, the tools used to measure attachment, such as the *Strange Situation*, may not work the same way with some neurodiverse children, such as those with Down's syndrome. Attachment theory, introduced by Bowlby (1969), describes the importance of early relationships with guardians in influencing social and psychological development. The theory posits that infants require a feeling of safety, and they can trust caregivers to establish a *secure base*, which is crucial for their brain development, exploration, and understanding of the world. Their attachment style is developed through early interactions with caregivers, particularly in how consistently and sensitively they respond to the child's needs (Berry et al., 2007; Levy et al., 2011). This can affect how they interpret and engage with others throughout life (Berna, 2003; Berry et al., 2007; Bowlby, 1969; Heasman & Gillespie, 2019). Those with secure attachment styles tend to manage stress and threats more effectively than insecurely attached people, who may be more prone to exaggerating threats and rumination and struggle to suppress negative thought patterns (Mikulincer & Shaver, 2012). Researchers previously thought that autistic children would have difficulty forming secure attachments to caregivers due to their difficulties with social interaction. However, Davidson (2015) found that autistic and neurodiverse children display similar attachment behaviours when compared to those with other disabilities, such as Reactive Attachment Disorder (RAD). The challenges neurodiverse youth experience with back-and-forth conversations and speech issues, such as an odd emphasis on certain words, make it difficult for neurodiverse youth to communicate their feelings and establish secure attachments where their emotional needs are met (Levy et al., 2011). While Davidson (2015) noted that youth with ASD can form secure attachments with some caregivers, children with

RAD tend to show less interest in reciprocal conversations and face more significant speech challenges. This can lead to misunderstandings from caregivers, underscoring the urgent need for support that considers how neurodiverse youth process emotions and connect with adults during difficult times.

In a recent study on how atypical social behaviours affect first impressions among peers with ASD, Granieri et al. (2020) found that youth with ASD often preferred friends who displayed similar atypical social behaviours, such as reduced eye contact and facial expressions. However, not all atypical behaviours were equally welcomed, as some, like unexpected gestures and vocalizations, posed more challenges for these youth (Heasman & Gillespie, 2019). This highlights both the strengths and challenges of neurodiversity in peer relationships—where shared communication styles can foster connection, but certain behaviours may still complicate social interactions.

**Neurodiversity and Peer Relationships.** The challenges neurodiverse individuals face in primary attachment relationships can also be observed in more casual social relationships. Researchers noted a range of behaviours, from being socially aloof or passive to being socially motivated but awkward in interactions (Scheeren, 2020). A qualitative study by Bennett et al. (2009) explored how these socially indiscriminate behaviours influence social relationships. Reports found that these children felt rejected and insecure, often prompting them to control interactions by asking personal questions to be considered kind. As mentioned above, youth with an ASD diagnosis prefer peers who display similar atypical social behaviours (Granieri et al., 2020). Although youth with autism struggle to maintain peer relationships, studies show they still desire friendships and social interactions (Bauminger & Kasari, 2000; Granieri et al., 2020). This can be incredibly challenging for youth who show more externalized behaviours, like aggression or disruption. Research by Sturaro et al. (2013) found that children with ASD who display these behaviours are more

likely to be rejected by their peers. This rejection can make social interactions even harder for them as they struggle to form positive connections. In response to these challenges, many neurodiverse youth may engage in social camouflaging, trying to hide or change their behaviours to fit in with their peers and family (Granieri et al., 2020).

**Social Camouflaging.** In the world of a neurodiverse individual, mental health difficulties are often interrelated to the external pressures of a neurotypical society. Masking, also known as social camouflaging, occurs when individuals feel pressured to conceal or alter their authentic selves to fit in with neurotypical peers during social interactions (Hull et al., 2017). The consequences of social masking are experiences of mental, physical and emotional draining that leads to exhaustion and burnout. Hull et al. (2017) highlighted the pressure autistic individuals face to fit in with neurotypical peers, which distorts their self-perception. This constant need to conform can lead to a skewed understanding of who they are, creating a frustrating disconnect between their true selves and the identities they feel they must adopt. Participants in this study reported feeling disingenuous and as if they were lying about who they were when they tried to present in more socially acceptable ways. In their research, Hull et al. (2020) found that neurodiverse individuals who reported masking in social situations often experienced negative feelings and attitudes towards themselves, no matter how well they masked.

Social camouflaging is done in a social context for different reasons, both conscious and subconscious. These include a desire for friendship, but the changes neurodiverse individuals make in their behaviour are often self-imposed, based on what they believe is socially acceptable (Sasson et al., 2017). It's a frustrating cycle where the push to fit in can force them to sacrifice their authenticity to meet perceived social norms. Bargiela et al. (2016) reveal through their qualitative studies that autistic individuals often try to mask stimming, speech patterns/ticks, and responses to sensory stimulation in an attempt not to be

bullied, ostracized, rejected, or make social errors. Current research on masking mainly focuses on adult autism diagnosis experiences who are mostly white, well-educated, and have high-average IQs. There's a noticeable lack of studies on young autistic people, which creates a significant gap in understanding their experiences (Cook et al., 2021).

***Gender Differences with Social Camouflaging.*** Exploring how neurodiverse grief is managed helps to understand the nuanced emotional experiences of individuals, particularly as gender differences in social camouflaging come into play. For instance, Lai et al. (2017) found that girls and women with autism are more likely to go unrecognized because of their effectiveness in camouflaging their symptoms compared to boys. For this reason, the term camouflaging has been a characteristic of women with autism (Gould, 2017). Some research shows that girls may display different social behaviours, such as better integration of verbal and non-verbal cues as well as the ability to maintain reciprocal conversations and use this along with advanced social skills to mask traits known mostly to males (Attwood, 2006; Gould & Ashton-Smith, 2011). These behaviours, often imitation and masking, would be explicit strategies used to manage friendships and social situations and, in many ways, are not unlike their neurotypical peers (Dean et al., 2017). While women have often been overlooked in autism diagnosis, improvements in diagnostic tools and research have enhanced the recognition of autism in females. Recent epidemiological studies show a 2-3:1 male-to-female ratio for autism diagnosis compared to a previously accepted 4-5:1 ratio (Baxter et al., 2015). At this time, there is a lack of studies that have operationalized and quantified social masking with autism. Much research on sex and gender differences is gathered through self-report methods and internal-external discrepancy measurement approaches, which means findings may be biased or incomplete as they depend on individual perceptions that can vary significantly due to social expectations and camouflaging (Cook et al., 2021). Understanding social camouflaging highlights the emotional complexities

neurodiverse individuals face, particularly regarding gender differences. Many neurodiverse individuals, especially women, use masking behaviours to fit in socially, which can hinder their ability to express and process grief authentically. By recognizing the impact of camouflaging, caregivers can better support neurodiverse individuals in navigating their grief experiences, ensuring their unique emotional needs are acknowledged and addressed.

Behaviours considered to be unique to autistic children, such as social isolation, language development, and intense difficulty in changes in routine, may be seen more in males than females due to factors such as masking. Autistic adults who report higher levels of camouflaging also tend to experience more psychological distress (Beck et al., 2020; Lever & Geurts, 2016). However, research has not found a direct correlation between the success of camouflaging and mental health, and it is presumed to be distress caused by the pressure they feel to mask autistic traits (Lever & Geurts, 2016). This hypothesis is concerning for researchers, given the high rates of mental health problems in autistic adults (Beck et al., 2020). Beyond gender differences, research has failed to provide information about participants' IQ, education, socioeconomic status, ethnicity, gender identity, sexual orientation and race. These factors play significant roles in the development and persistence of camouflaging behaviours (Botha & Frost, 2020; Lai et al., 2017).

### ***Neurodiversity and the Self***

Neurodiverse individuals often face complex challenges in relating to themselves, shaped by societal stigmas and internalized oppression (Chowdhury, 2022; Reeve, 2019; Rüsçh & Thornicroft, 2014). Self-stigma, where negative stereotypes about neurodiversity are internalized, can lead to diminished self-worth, and feelings of inadequacy. This internalized oppression amplifies the emotional burden. Another fundamental feature of this complexity is disenfranchised emotions—feelings of grief, frustration, or anger invalidated or misunderstood by others. These dynamics create a barrier to self-acceptance and emotional

well-being, leaving neurodiverse individuals to navigate a world that often fails to recognize or validate their full emotional and cognitive experiences (Doka, 2008; Reeve, 2019).

**Self Stigma and Internalized Oppression.** Cultural beliefs about what's considered normal have put a negative spin on anything that's different. As Thomas (1999) points out in her book *Female Forms*, this leads to a self-fulfilling prophecy of self-imposed psycho-emotional disablement. Individuals internalize societal expectations and limitations, convincing themselves they can't achieve more. Thomas describes this as a cycle that keeps individuals trapped, undermining their self-worth and potential while reinforcing the very stereotypes they're trying to escape. Rüsç and Thornicroft (2014) explain that neurodiverse and disabled individuals experience stigma in three main ways. First is public stigma, where society harbours prejudices and discriminates against people who are neurodiverse, disabled or have a mental health diagnosis. Second is structural discrimination, where societal rules and policies disadvantage these individuals, such as the lack of adequate resources for mental health services. Lastly, self-stigma occurs when individuals internalize society's negative stereotypes, leading to low self-esteem, shame, and a loss of motivation to pursue their goals. Milton (2012) coined the term *internalized oppression* to describe a psycho-emotional disability that serves as one example of self-stigma occurring between a disabled person's beliefs and their sense of self. This has a cumulative impact on the disabled person, affecting them emotionally and their self-confidence, self-esteem and overall sense of self (Reeve, 2019; Thomas, 1999). In this sense, advocates and researchers are aligned in their assertion that a problematic relationship exists between the definition of neurodiversity, and more specifically autism, as a social deficit and society's idealized normative perspective on social reality (Mallet, 2011; Reeve, 2019; Rüsç & Thornicroft, 2014; Thomas, 1999).

**Disenfranchised Emotion.** Neurodiverse youth can experience challenges when dealing with grief, often due to the lack of support or understanding they need to get through

it. Kenneth Doka (1989) coined the term *disenfranchised grief* to describe “the grief a person experiences when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported” (p. 4). For neurodiverse kids, this kind of grief is even more complicated because it often brings extra isolation and a lack of support. Many of them feel pressured to fit into a neurotypical mould that doesn’t align with who they are or how they process emotions, which leaves no space for their grief to be understood (Milton, 2012). Instead, their grief is often ignored or mislabeled as behaviour issues. We all have varying degrees of access to support systems, but the quality of our support systems is most valuable (Graham, 2013). The impact of disenfranchised emotion in neurodiverse populations is connected to experiences of internalized oppression. Self-advocates from the neurodiverse community have highlighted disenfranchised emotional states due to the pressure of a neurotypical society, unwanted care, and loss of support (Milton, 2012). These unique experiences of grief are characterized by their duration and intensity (Thorp et al., 2018). Research by Furlong (1991), and more recently supported by Chowdhury (2022), suggests that society avoids negative emotions and values optimism over despair. Many marginalized students experiencing disenfranchised emotions have been labelled as disengaged or at risk at home and in school (Mills & McGregor, 2014). This can lead to a painful cycle where, because their grief is never adequately addressed, these neurodiverse kids either withdraw or act out, which only leads to more punishment or exclusion. Furlong (1991) found that neurodiverse students at risk of dropping out were often just dismissed as emotionally troubled rather than given real support, leaving them feeling even more isolated. In this way, their disenfranchised emotions lead to disengagement in their education as teachers and admin treat them as a problem (Hickey et al., 2022). Neurodiverse youth grieving in a society that values staying positive over authentic emotional expression (Chowdhury, 2022) face the challenge of managing their grief while feeling isolated from society. When their grief is

misunderstood or labelled as a problem rather than being taken seriously, it leaves them feeling even more disconnected and makes it more challenging to move through their loss (Furlong, 1991).

### ***Neurodiversity Summary***

Neurodiversity is the idea that every brain is unique, and these differences should be viewed as a natural part of human diversity, not as problems or defects. This approach includes individuals with conditions like autism, ADHD, dyslexia, and other neurological variations. Instead of emphasizing what these individuals may find challenging, neurodiversity highlights their strengths and unique abilities. For instance, someone with autism might have remarkable attention to detail, while someone with ADHD could excel in creative problem-solving (Armstrong, 2015).

The neurodiversity movement challenges the notion of a single "right" or "normal" way for brains to function. It promotes the idea that these differences in thinking, processing information, and interacting with the world should be appreciated and valued, not treated as disorders needing a cure. Advocates argue that society should adjust to accommodate these variations by creating more inclusive environments, such as schools that cater to different learning styles or workplaces that allow flexibility in how tasks are approached (Walker, 2014). Instead of forcing neurodiverse individuals to fit into rigid expectations, the emphasis is on celebrating and supporting their unique ways of thinking.

### **Grief**

Grief has been a focus of research for decades, evolving from the early understanding of grief as a series of stages, as proposed by Kübler-Ross and Kessler (2005), to more nuanced perspectives like those of Boss et al. (2017), who explores the complexity of grief and how it can be experienced in more ambiguous ways. What researchers agree on is that this is a topic worthy of study. This is due to the unique and complex way each person

experiences grief (Kim et al., 2021), and grief is an experience we will all encounter at various points in our lives. The recent coronavirus pandemic has only led to a spike in research surrounding how individuals experience bereavement and loss (Kumar, 2021). In their systematic research reviewing how neurodiverse individuals were affected by the complexities of grief, Mair et al. (2024) found limited results as to how people with neurodevelopmental disorders (NDDs) experienced grief. Fitzgerald et al. (2021) emphasized this point by stating that the grief of neurodiverse individuals is often misunderstood as challenging behaviour. Populations who struggle with change and transitions, such as individuals with autism, are increasingly vulnerable to prolonged experiences of grief. Researchers point out that the compounding effects of grief on neurodiverse individuals can stem from internal processing challenges and social difficulties, leading to disenfranchised grief, where their emotions are often misunderstood, unrecognized, or invalidated by others (Gaines, 2022; Milton, 2012).

### ***Neurodiverse Grieving***

While neurodiversity celebrates the unique strengths and abilities of individuals with neurological differences, it is also essential to recognize that these differences can affect how people experience emotions, including grief. Neurodiverse individuals may process loss in ways that are not always understood or acknowledged, which can lead to unique challenges when they are grieving. Francés et al. (2022) explored themes in their research on how the neurodiverse individual perceives their grief and how others perceive it. For a neurodiverse person to receive support in their grieving, it initially depends on their ability to recognize that they need help (Francés et al., 2022). This phenomenon is known as hidden grief among neurodiverse populations, where a neurodiverse person is acutely aware of their grief and the impact on their life but is generally less reactive and less apparent in their signalling behaviour such as increased meltdowns or shutdowns, repetitive, fixed behaviours, somatic

complaints such as headaches and stomach aches, and, at times, regression in developmental skills (Eisma et al., 2020). These atypical presentations of grief make it challenging for parents and caregivers to recognize and offer their support, and over time, can lead to the child developing traits of insecure attachment (Sullivan & Knutson, 2000).

The systematic review by Mair et al. (2024) referred to individuals who have had one or more neurodevelopmental delays, including but not limited to intellectual disabilities, communication disorders, autism spectrum disorder, attention-deficit/hyperactivity disorder, specific learning disorders, and motor disorders who have had recent experiences of grief and loss. The research focused on firsthand experiences rather than relying on accounts from caregivers, aiming to accurately understand and thematically categorize the differences and similarities reported by the individuals. Their research on how neurodiverse individuals relate to themselves, including the impact of self-stigma, internalized oppression, and disenfranchised emotions, is essential for advancing understanding and improving caregiver support. By exploring the phenomenology, epistemology, and ontology of grief in neurodivergent populations, this research provides valuable insights into their emotional and cognitive experiences, helping to shape more empathetic and effective practices. In their research, Mair et al. achieved the recognition of neurodiverse experiences when facing loss. These insights contribute to the greater insight and awareness many researchers have found missing in neurodiverse individuals.

The stark contrast between the *known* and the *unknown* proved challenging for many people worldwide during COVID-19. This was particularly highlighted in the neurodiverse community, who often face difficulty with change and transitions (American Psychiatric Association, 2022; World Health Organization, 2019). While neurodiverse populations include a wide range of diagnoses and traits, they are all similarly vulnerable to the effects of loss. This kind of vulnerability often leads neurodiverse folks to experience prolonged grief,

complicated grief, and complex trauma (Gaines, 2022; Osterweis et al., 2015). This vulnerability partly comes from the challenge of being understood by neurotypical populations (Milton, 2012).

### ***Misunderstood Behaviour***

Because neurodiverse individuals often express emotions differently, their grief can sometimes be misunderstood or misinterpreted as challenging behaviour. This can make it difficult for others to recognize the underlying emotional struggles, leading to a lack of appropriate support. In studies by Mattison (1998), neurodiverse child participants shared that their distress was often mistaken for aggression or viewed as an inconvenience by their caregivers. This misunderstanding was a common theme in the systematic review done by Mair et al. (2024), who reported that the needs of grieving neurodiverse individuals are less likely to be recognized because of differences in how they express their emotions. Additionally, many participants hid their feelings to avoid inconveniencing their caregivers and to conform to neurotypical expectations of grief. Research shows that this misinterpretation of their behaviour can lead to prolonged overwhelming emotions, often resulting in meltdowns and shutdowns (Francés et al., 2022).

### ***Disenfranchised Grief***

When grief is not recognized or validated as grief, it can be understood as disenfranchised grief. Studies have found that neurodiverse populations often experience the impact of alexithymia when grieving, which is a term used to describe problems with feeling emotions (Doka, 2008; Hogeveen & Grafman, 2021). Expressions of grief that differ from the typical expectation of grieving, such as shutdowns or meltdowns, repetitive, fixed behaviours and increased sensitivity or sensory stimulation, may lead to a dismissal or lack of recognition of the grieving neurodiverse individual (Fisher, 2012). This idea ties directly to the need for neurodiverse individuals to access quality support systems that can better meet

their unique needs (Graham, 2013). Without these systems, neurodiverse individuals may be left to navigate a world that often doesn't understand or accommodate their unique needs, making it more challenging for them to address their emotional distress. Mattison (1998) noted that these experiences of being misunderstood and disenfranchised also led to severe reactions such as meltdowns or shutdowns. Soraya (2014) found similar outcomes with disenfranchised emotion and also noted that these populations often experience difficulties with daily tasks and increased risk for depression. The challenges with grief and disability can lead to misinterpretations of neurodivergent grief and mismanaged or overlooked support (Hamlin, 2003).

### ***Unrecognized Grief***

Another theme related to disenfranchised grief that is highlighted in the research by Mair et al. (2024) was unrecognized grief. The experience of neurodiverse individuals is often overlooked, misunderstood or simply unrecognized. Due to differences in expression, neurodiverse populations frequently feel their grief goes unrecognized and hidden. The majority of participants in Mair et al.'s (2024) study were aware of their grief reactions to both non-death and death loss; however, they felt pressure to hide their grief further so as not to burden those around them (Kim et al., 2021). As previously discussed, this example of social masking occurs because neurodiverse individuals are aware that their grieving process differs from those around them, leading them to hide further or mask their genuine emotions (Lai et al., 2017). The experience of hidden grief, as discussed by Mair et al. (2024), is a term used to describe the lack of recognition by neurotypical populations rather than any intentional concealment of grief by neurodiverse individuals.

### ***Ambiguous Loss***

Experiences of disenfranchised grief create a misattunement between neurotypical and neurodiverse people in grief, in which misunderstandings or misrepresentations of grief

can cause and prevent support that is not aligned with the needs of the neurodiverse person (Lai et al., 2017). Misunderstandings about grief between neurotypical and neurodiverse people can create a gap in support, leading to an ambiguous loss for the neurodiverse individual (Boss et al., 2017). For example, a neurodiverse child may not receive the support they need from a caregiver simply because of their unique way of grieving and the caregiver not recognizing it. The majority of present-day research on ambiguous loss has been influenced by the framework of Boss (2017), asserting that the children in this scenario are undergoing an "ambiguous loss [that lacks] clarity and finality, leaving [people] in 'the paradox of absence and presence'" (p. 73). This research aimed to enhance understanding of how ambiguous loss manifests for children in out-of-home care (OOHC) and what triggers cause maladaptive behaviours linked to ambiguous loss (Lai et al., 2017). The HEAR model, developed by Kor et al. (2023), is a straightforward approach to building connection and respect in conversations. This framework was designed to support caregivers in the core skills of hearing, empathizing with feelings, acknowledging their emotions, and responding with thoughtful support. This model aims to properly support clients by ensuring they feel genuinely heard and valued. The gathered quantitative data was systematically integrated into the HEAR model and applied to address the client's unmet needs effectively.

Neurodiverse youth face specific kinds of responses to their behaviour while in school. Neurodiverse children going through loss can often express their grief in a way that is frequently characterized as "problem behaviour(s)" (Alvis et al., 2022, p. 447). Research suggests that behaviours such as acting out in school, self-isolation and using substances to cope are manifestations of ambiguous loss and an attempt at finding some comfort from the emotional and psychological pain of ambiguous loss (Osterweis et al., 2015). A child who has experienced a disconnect from the innocence of a safe and protected childhood also suffers in their early life development. Mechling et al. (2021) described the effects as

challenges with healthy attachment, emotional regulation, and behavioural problems such as aggression or isolation. These also include environmental factors such as neglect, abuse and instability in the family unit that can have longer-term mental health repercussions.

Ambiguous loss can significantly impact the lives of neurodiverse individuals, such as a change in living arrangements. 40% to 90% of bereaved people with learning disabilities lose their homes as a result of caregiver death (Dowling et al., 2016). The degree to which the neurodiverse person is impacted through these imposed transitions, which are often already difficult for neurodiverse folks (McRitchie, 2012), is crucially dependent on how involved the family and caretakers are before and after loss (Gilrane-McGarry & Taggart, 2007). These themes are tied into Mechling et al.'s (2021) research on healthy attachment and its relationship to emotional regulation, offering appropriate care for the grieving neurodiverse individual. Gilrane-McGarry and Taggart (2007) describe the experience of being in a securely attached relationship as a place where neurodiverse people can experience their grief, whether through cognitive understanding or expression of emotion. Secondary loss was another primary experience participants in the study by Mair et al. (2024) mentioned. In this case, a feeling of additional loss is experienced following an initial loss, such as moving to a new home after a death. Secondary losses, for example, adjusting to a new living situation after a death-related loss, are often ignored by caregivers and family. For neurodivergent individuals, these forced changes can be challenging to handle. Tuffrey-Wijne (2013) suggests that supporting neurodiverse individuals through loss is most effective when approached as a gradual process, beginning even before the loss occurs. Integrating education, grieving rituals, and the involvement of trained caregivers—such as therapists—can significantly aid in the emotional processing of loss, fostering a more supportive and healing environment.

Understanding loss is an essential consideration for processing grief in neurodiverse populations. Many of these participants were vulnerable to incorrect thoughts that simplify death into either/or categories rather than a complex process that includes ambiguity and both naturalistic and non-naturalistic concepts (Speece & Brent, 1996). Education on biological life cycles and integrating religious and spiritual beliefs played an essential part in making sense of loss. The variables influencing death comprehension among neurodiverse individuals in McEvoy et al.'s (2012) study included higher cognitive ability, receptive language skills, and adaptive behaviour skills.

When marginalized communities do not always have the luxury to pursue healthy grieving practices, they are more vulnerable to prolonged grief disorder and other future health challenges (Look, 2023). For example, children placed in out-of-home care (OOHC) may struggle to comprehend their loss experiences long term due to factors such as their developmental stage. These children can experience a sense of loss that may have a more significant impact on their future well-being (Look, 2023; Melhem et al., 2013; Mitchell, 2016). Research by Kor et al. (2023) builds on qualitative reports done by “thirty frontline out-of-home care practitioners, casework managers and practice improvement specialists within the permanency support and service development programmes at non-government organizations” (p. 1). Drawing directly on the practice experience of those directly involved in OOHC, the study aimed to review prior research on children in OOHC and formulate a model to assist caretakers in addressing the challenges associated with ambiguous loss. This study applied Constructivist Grounded Theory (CGT) to analyze the initial research data. Unlike traditional grounded theory, CGT views data as co-constructed between the researcher and participants. Researchers gather information through interviews and observations, analyzing it to identify emerging themes. The HEAR model's development in this study was shaped by the data collected and the researcher's insights. In their research, Kor et al. (2023)

found that a child in OOHC may have an unmet need for grieving that is not understood by adults and caregivers in their lives. The unmet need for grieving “may lead to children displaying anger and sense of helplessness, blaming themselves for the loss and enduring long-term behavioural, emotional, and relationship difficulties” (p. 2). We see a correlation with neurodiverse children who often have intense internal experiences of emotion when grieving and display behaviour that can be confusing and perceived as problem behaviour (Francés et al., 2022). As discussed, this experience of unrecognized grief only creates further feelings of isolation, anxiety, depression and confusion for the neurodiverse child (Kim et al., 2021; Lai et al., 2017).

Research by Kor et al. (2023) and Francés et al. (2022) found positive impact when using the HEAR model when working with neurodiverse kids who were experiencing ambiguous loss and who might be expressing their grief in unique ways. Understanding how ambiguous loss affects them helps therapists create better support for neurodiverse individuals, helping them feel better and cope more effectively (Graham, 2013).

### ***Neurodiverse Grieving Summary***

The multidimensional experience of grief takes work to understand. However, particular research (Boss, 2009; Corr, 2020; Kor et al., 2023; Kübler-Ross & Kessler, 2005; Weaver et al., 2021) offers valuable insights into critical themes emerging from the research data. One consistent finding is the pivotal role of support from caregivers and the community in navigating the grieving process. Regardless of the nature of the loss, whether it be the death of a loved one, separation from one's place of origin, or the erosion of cultural ties, the need for authentic expression stands out. Individuals can forge a path toward personal well-being and healing through this authenticity. These studies emphasize the intricate dance of individual and collective responses to grief, urging a deeper understanding of the nuanced dimensions of the grieving process. Understanding the subtle dimensions of grief, including

how neurodivergent individuals may experience grief differently, is essential for providing adequate support and fostering well-being.

### **Supporting Neurodiverse Individuals**

Supporting neurodiverse individuals may initially seem complex due to this population's wide range of needs. This concern is validated through research that explores best practices when working with neurodiverse clients. Neurodiverse individuals may require unique approaches when receiving care from social workers, caregivers, and therapists (Dekker, 1999; Leadbitter et al., 2021). Graham's (2013) research on best practices highlights that neurodiverse clients benefit from highly personalized support, ranging from communication adaptations to tailored therapeutic interventions. Their needs may also include assistance in navigating social and educational systems. Social workers, for example, play a key role in fostering inclusive environments and linking clients to appropriate resources, while therapists might employ varied therapeutic techniques to address specific challenges, focusing on coping strategies and individualized care plans (Graham, 2013; Leadbitter et al., 2021). By understanding and accommodating these diverse needs, practitioners ensure that neurodiverse individuals receive the empathetic, practical, and personalized care necessary for their well-being (Bayliss-Conway et al., 2021; Elliott et al., 2013; Walker, 2014).

In the 2019 Canadian health survey on children and youth, it was reported that 1 in 50 (2.0%) of Canadian children and youth aged 1 to 17 years were diagnosed with ASD (Government of Canada, 2022). However, it has been well-documented that modern diagnostic tools are not as effective when diagnosing women and girls as well as people with higher cognitive abilities (Simonoff et al., 2008). Both Cath et al. (2007) and Chapman and Botha (2022) found an overlap between autistic traits and mental health struggles, noting social anxiety and generalized anxiety disorder as two of the main challenges. This

experience of generalized anxiety and social anxiety is said to contribute to the communication differences between neurodiverse people, in this case, those with autism and neurotypical populations. Ozsivadjian et al. (2012) hypothesized that the experience of living life with autistic traits, such as sensory processing, has an impact on mental wellness and can make the world innately more anxiety-provoking.

### ***Approaches for Working With Neurodiverse Grief***

Interventions for working alongside neurodiverse clients who are in grief require a tailored approach that is sensitive to the unique ways neurodiverse individuals experience and process information and emotions (Harris, 2018). Researchers questioned how to locate and navigate the intangible components of grief that heavily impact neurodiverse individuals (Fisher, 2012; Graham, 2013; McRitchie, 2012). A phenomenological analysis by Swainland (2003) reported that the inability to locate their grief in tangible terms created a feeling of ongoing distress. As discussed above, neurodiverse individuals can experience compounding grief, which can lead to expressions that may be challenging for practitioners who are not familiar with these complexities (Faustino & Vasco, 2020). In this way, many standardized approaches may not address the needs of neurodiverse clients.

Speaking in factual terms can be comforting when working with neurodiverse clients, such as individuals diagnosed with autism, as research has shown that they can express their grief through echophenomena (repetition of words, sounds, or actions) (Ozsivadjian et al., 2012). This repetition is often an attempt to process intense physical and emotional sensations, frequently directly related to loss, that can lead to getting stuck in a cycle with characteristics of tics or stimming (Hamlin, 2003).

It is part of the trained therapist's job to find appropriate and compassionate ways to support their clients. In 2018, 5.3 million Canadians reported a need for mental health support in the past year (Statistics Canada, 2019). Given research that neurodivergent individuals

experience higher rates of mental health issues, counsellors need to consider neurodivergent experiences (Laderer, 2022). Alternative therapies to talk-based approaches must be regarded. Mair et al. (2024) found that narrative and storytelling positively correlated for neurodiverse individuals struggling to understand previous loss. Chapman and Botha (2022) proposed neurodivergence-informed therapy, which rejects normalization, considers neurodivergent perspectives and emphasizes relational humility. As we consider how best to support neurodiverse individuals through grief, it is crucial to explore therapeutic approaches that are flexible and responsive to their unique needs. The following section will discuss person-centred therapy, cognitive behavioural therapy (CBT), narrative therapy, and strength-based approaches, all of which can be adapted to honour the strengths and experiences of neurodiverse clients.

**Person-Centred Therapy.** Person-centred therapy is a humanistic approach to psychotherapy developed by Rogers in the mid-20th century. This approach emphasizes the importance of the client-therapist relationship and the belief that clients possess a natural capacity for personal growth (Rogers, 1957). This approach is often created through non-directive therapeutic environments wherein the therapist offers empathy, unconditional positive regard, and congruence. This style is meant to support clients in developing greater self-awareness and self-acceptance, empowering them to make meaningful changes in their lives.

Since its inception in the late 1940s, person-centred psychotherapy has been the subject of more than 200 quantitative outcome studies (Elliott et al., 2013). In their 2013 sample, Elliott et al. reviewed 191 studies involving more than 14,000 clients. The authors found that person-centred therapy is highly beneficial for clients compared to those who received no treatment, and it is just as effective as other therapeutic approaches, especially for addressing relationship issues, trauma, and depression. Their review also found that while

therapeutic techniques such as cognitive-behavioural therapies (CBT) are more effective for treating symptoms of specific anxiety conditions such as panic disorder and generalized anxiety disorder, person-centred therapy shows promise for helping individuals manage difficult medical conditions.

***Core Principles of Person-Centred Therapy.*** The core principles of person-centred therapy are congruence/genuineness, acceptance, and empathy. Bayliss-Conway et al. (2021) used the Barrett-Lennard Relationship Inventory (B-LRI) to study the effects of these relational conditions over ten sessions. They found a significant increase in the clients' authenticity when applying person-centred core principles into session, supporting Rogers' (1957) hypothesis that the therapeutic relationship enhances client congruence. When testing person-centred therapy for effectiveness in treating clients with mild to moderate depression, Bower et al. (2003) found that person-centred therapy is effective in the short-term intervention for clients in primary care and found that it has similar effectiveness to other treatment routines such as CBT in the long term. Elliott et al. (2013) also found that person-centred therapy was an effective intervention for clients with symptoms of depression and distress. However, many researchers suggest further research into person-centred therapy's effectiveness.

Out of the 204 clients who completed the Beck Anxiety Inventory (BAI) at their first therapy session, Elliott et al. (2013) found that anxiety levels improved significantly over time, with half of the clients (102) showing an even more significant improvement after completing a second BAI. The authors focused on clients who started therapy with clinically significant anxiety (BAI score of 8 or higher). Ninety-one clients completed a follow-up BAI and showed substantial improvements in anxiety levels; none reliably deteriorated, and their distress levels decreased significantly. Elliott et al. asserted that their findings offered strong

evidence that person-centred therapeutic intervention was effective in reducing anxiety and distress.

***Person-Centred Therapy and Neurodiversity.*** At the heart of neurodiversity as a movement is the pursuit of acceptance and equal treatment in society (Walker, 2014). Recognizing the strengths, independence, and resilience of neurodiverse individuals is essential for creating a supportive environment that values their unique contributions (Kalisch et al., 2023). At its theoretical core, the person-centred therapeutic approach is ideal for addressing each client's unique needs. Person-centred therapy emphasizes the need for a supportive, non-judgemental space for clients to explore their experiences, feelings and thoughts (Santana et al., 2018). As discussed by Beadle-Brown et al. (2009), this approach aligns well with the needs of neurodiverse clients as it gives them an experience of validation for their experience just as it is, with no pressure to modify or even fully understand what that might be. The core pillars of person-centred therapy are empathy, unconditional positive regard, and congruence, which may address the basic support needs of clients who experience the world differently, such as clients diagnosed with autism, ADHD, or other neurological variations. Research has shown that a person-centred approach makes clients feel more understood and accepted, without pressure and encourages self-expression and self-acceptance (Santana et al., 2018). This would ideally create a space where neurodiverse clients could explore what it might be like to feel safe being who they are without the pressures of neurotypical norms and where they could explore their unique identities, challenges and strengths in a way that matches their experience of the world, promoting self-acceptance and personal growth.

***SPELL Framework.*** In their research of best practices for supporting neurodiverse clients with a person-centred approach, Beadle-Brown et al. (2009) referenced a framework known as SPELL, developed by Mills (2008), that acts as a foundation for working with

neurodiverse clients in a person-centred way. SPELL stands for structure, positive approaches and expectations, empathy, low arousal, and links. This framework has been designed to integrate cognitive learning theory to create a therapeutic environment that supports the unique needs of neurodiverse clients.

Structure is a fundamental principle in the SPELL framework and involves organizing the therapeutic environment and activities in a way that makes for a predictable and understandable experience. This is important for individuals who have been diagnosed with autism, who often struggle with processing and organizing information as well as changes in routine (Tager-Flusberg et al., 2001). Tools used to create this structure are visual tools such as timetables, symbols, and non-verbal communication aids that reduce anxiety by providing the client with clarity and reducing the reliance on verbal instructions (Schopler & Olley, 1980). With a lack of frustration about expectations and instruction, Mills (2008) suggested that neurodiverse clients can benefit by promoting independence in session. This step intends to offer the neurodiverse client consistency and predictability while allowing for situations that may increase discomfort in the client to be managed in a new way.

Positive approaches and expectations refer directly to the core of person-centred theory, which is offering choice and respecting the client's preferences. Researchers mention the importance of this pillar as it enhances communication, prevents client distress and reduces challenging behaviour (Mansell et al., 2005). This step is also aligned with neurodiverse-affirming care, which values the lived experience and choices of the client rather than the preconceived notions of a typical neurodiverse person (Walker, 2014). This step focuses on empowering clients to try new things in a safe environment and grow into their independence. It is important to note that the SPELL framework identifies and develops the client's areas of strength (Mills, 2008).

Empathy is a skill that is crucially important with a person-centred approach (Mansell et al., 2005). This involves respecting the client's unique differences and actively trying to understand how they might communicate, their understanding of the world, and react to different situations (Mansell et al., 2005; Mills, 2008). Empathy is a core skill in person-centred therapy because it requires the caregiver to truly work to understand the experience of the client and offer them appropriate support that includes expectations, types/styles/need for structure as previously discussed, and a positive approach meant to help neurodiverse clients navigate and better tolerate challenges rather than avoid them.

Low arousal is next on Mills' (2008) framework and highlights the need for appropriately stimulating environments based on the client's needs. Many sensory profiles of autistic individuals report either an overly-sensitive or under-sensitive profile across sensory domains compared to general populations (Kern et al., 2006). These sensory domains may include light, sound, temperature, smell, and touch sensitivity. To reduce anxiety and positively support neurodiverse clients, these environmental pieces must be taken into consideration.

Links is the final piece of the SPELL framework by Mills (2008) and is the bridge that intends to support neurodiverse clients by advocating for consistency of care. As previously discussed, the pressure to conform and mask neurotypical expectations can be a stressful and often anxiety-inducing experience for neurodiverse individuals, leading to ongoing internalized distress and depression (Eisma et al., 2020; Francés et al., 2022; Gaines, 2022; Milton, 2012). Caregivers can work to achieve a continuity of person-centred care by providing professional guidance to families, schools, and public agencies. Advocating for neurodiverse clients is the final step in the SPELL framework and is consistent with neurodiverse-affirming care (Walker, 2014). Mills (2008) notes that although the SPELL framework has been created to support neurodiverse clients, external support that is

consistent with these principles remains a crucial aspect of their care. As discussed, the challenges that neurodiverse individuals face have just as much to do with their differences in processing, language and emotional recognition as it does with mainstream societies' misunderstanding of neurodiverse experiences (Dekker, 1999; Leadbitter et al., 2021; Singer, 1999; Tager-Flusberg et al., 2001; Walker, 2014).

**Cognitive Behaviour Therapy.** While studies by Francés et al. (2022) suggest the best practice for those working with neurodiverse clients to be versatile and flexible, there has been evidence that traditional therapies, such as Cognitive Behaviour Therapy (CBT), can be successfully adapted to treat common mental health issues with autistic individuals (Cooper et al., 2018). In their study, Cooper et al. surveyed therapists based on skill, experience and confidence in working with autistic clients to define therapists' strengths, weaknesses and gaps when working with this population. Participants were then given training on utilizing CBT with autistic clients and were retested. The average therapist had 6.6 years of experience, mainly nurses (46%) and clinical psychologists (18%). The research pointed out that the majority of the 50 participants felt confident in their ability to engage with the core assessment skills of CBT but were initially less knowledgeable on how to adapt their skills to meet the needs of autistic clients. The training to meet the needs of their clients included modifications such as emotional recognition training (Spain et al., 2015). A systematic review of common modifications to make cognitive behaviour therapy effective for autistic clients spanned 468 studies. Despite extensive research on CBT, there is a shortage of resources on how to adapt this approach for minority populations, including clients with neurodiverse needs (Balsam et al., 2006). Researchers like Hays and Iwamasa (2006) emphasize the importance of incorporating sociocultural competence in therapy, allowing clinicians to adjust sessions to meet the varied needs of their clients. By tailoring CBT, therapists can offer a more effective and nuanced approach to addressing the unique

challenges faced by clients with intersecting minority identities, enhancing the overall therapeutic outcome.

**Narrative Therapy.** As discussed, a significant challenge for neurodiverse individuals in grieving is connecting loss with emotion (Faustino & Vasco, 2020). Narrative therapy has proven to be an effective tool for helping them understand and process the reality of loss (Hamlin, 2003; Mattison, 1998). This is accomplished through restructuring and reframing stories, beliefs and understandings that the neurodiverse client has surrounding loss. Studies by Cashin et al. (2012) involved ten adolescents with autism, ages 10-16, who participated in five one-hour narrative therapy sessions over ten weeks. Findings showed significant improvements in psychological distress and emotional symptoms related to grief. It is worth noting that researchers do not wish to remove all symptoms related to loss but the unnecessary suffering that may be related to neurological differences. Narrative therapy uses various techniques, including externalizing problems, re-authoring personal narratives, and deconstructing dominant stories to empower individuals to reshape their relationship with the issues they face (Cashin et al., 2012). This can be especially important for autistic clients who commonly experience anxiety and depression.

**Presumed Competence.** A strength-based approach to working with neurodiverse clients emphasizes the need for practitioners to assume their clients have strengths and abilities, regardless of communication style or presenting concerns (Dawson et al., 2007). Researchers Dawson et al. found this is particularly important when working with nonverbal neurodiverse clients, who are often assumed to have limited cognitive or receptive language skills. Strength-based strategies are used to promote presumed competence, including using age-appropriate communication with clients, encouraging clients to express their strengths, supporting communication in various modalities, and recognizing the communicative functions of challenging behaviours (Hussman, 2015).

**Language.** Language is crucial when working with neurodiverse populations for clarity and because it can unintentionally reinforce ableist perspectives. This can perpetuate the harmful belief that neurodiverse individuals are not expected (Kenny et al., 2016). The recognition of neurological needs does not merely imply impairment or disability; it is also supported by emerging studies, such as Kenny et al. (2016), that identify unique strengths associated with neurodiverse traits. Advocates for neurodiverse communities suggest terminology that is meant to centre the person before the condition, for example, identity-first (“autistic person”) or person-first (“person with autism”) language. Research shows that many autistic individuals prefer identity-first language when empowering neurodiverse clients, while healthcare professionals tend to favour person-first (Kenny et al., 2016).

Functioning labels such as *low-functioning* and *high-functioning* have also been criticized for oversimplifying individuals' abilities (Kenny et al., 2016). Researchers recommend that caregivers and healthcare professionals consult with advocates for neurodiversity to gain better insight into the lived experience (Donaldson et al., 2017)

**Group Therapy.** Research has shown that individuals with autism spectrum diagnoses benefit from group therapy and peer support groups (Cascio, 2012; Jantz, 2011; Seebom et al., 2013). A study of 35 clients with high-functioning autism (HFA) who had been in, were seeking, or were currently in a support group found benefits in learning social skills and understanding behaviours that could be misinterpreted by others (Jantz, 2011). Participants reported feeling that group settings provided them with a safe, non-judgmental space for expressing emotions and concerns without the pressure to conform to societal norms. These environments helped clients foster personal growth and deeper experiences of social interactions, which may be challenging outside these spaces. Cascio (2012) found that neurodiverse support groups positively affect participants due to their strength-based and community-based approach to group therapy. Participants reported the positive effects of

feeling accepted and included less pressure to conform to neurotypical expectations in society (Griffin & Pollak, 2009).

### **Chapter Summary**

This chapter explored the unique ways neurodiverse clients experience and express grief, focusing on how significant life changes, such as the death of a loved one or moving homes, can be particularly challenging for them. It highlights the importance of understanding neurodiversity within a broader social context, including the difficulties neurodiverse individuals face in peer relationships, the pressure of social camouflaging, and the impact of gender differences on their grief experiences. Factors such as self-stigma, internalized oppression, and disenfranchised emotions contribute to how neurodiverse clients experience and process grief, often resulting in misunderstood behaviours and unrecognized grief, particularly in the face of ambiguous loss.

The chapter also reviewed various therapeutic approaches to working with neurodiverse clients in grief. Person-centred therapy, Cognitive Behavioral Therapy (CBT), Narrative Therapy (NT), and group therapy were discussed, focusing on how each method can be tailored to benefit neurodiverse clients. By addressing these challenges and integrating a more inclusive approach, therapists can better support neurodiverse clients in navigating grief, enhancing their emotional well-being and promoting more meaningful healing experiences.

### **Chapter Three: Discussion and Applied Practices**

This capstone project has explored how grief and neurodiversity intersect, focusing on how neurodiverse individuals, particularly youth, deal with loss in all its forms. Whether it's a loved one, trauma, or ambiguous loss. The research explores the question: How can therapists help neurodiverse individuals process grief when they express it in ways that are often misinterpreted? The literature review sought to explore the question of how better to understand the unique experiences of neurodiversity and grief. The current chapter proposes a four-day workshop for clinical counsellors, social workers, and caregivers, intending to create a more personalized approach to working with the unique needs of neurodiverse youth experiencing different forms of grief.

From the literature review, one thing became apparent, the current understanding of neurodiverse grief is severely lacking. Many neurodiverse individuals' grief is ignored or brushed off as bad behaviour, leaving them to struggle without proper support. Researchers have demonstrated gaps in both therapeutic approaches and understanding of popular culture, which are held up by systems that continue to fail these individuals. Research and therapeutic practice often have a narrow focus on neurotypical grief that aligns only with the typical experiences reported by neurotypical individuals (Kalisch et al., 2023). Neurodiverse behaviours that emerge in response to challenging life experiences are often left misunderstood and unacknowledged. What I found in my research is that the existing literature is not just incomplete but, in many ways, complicit in upholding the neurotypical perspectives that keep neurodiverse individuals from receiving appropriate care. More research and implementation need to be done to address how societal power dynamics continue to limit access to proper grief care for neurodiverse populations.

## **Limitations**

Despite the contributions of the research used in this capstone paper, some limitations must be considered to give perspective on these findings. One factor is the use of older resources. Many of these studies, including Blume (1998), Bowlby (1969), Boss (2009), Kübler-Ross and Kessler (2005), and Singer (1999), have been included because they contributed to laying the groundwork for the modern understanding of grief and neurodivergence. These seminal pieces of research still offer valuable insight built upon in research today and help frame the discussion around more current findings.

A second limitation to consider is the lack of research specifically addressing grief in neurodiverse children. There are major gaps in the research in that much of the available research on neurodiverse grieving related to youth has a focus on the experience of the parents of neurodiverse children who have received news of a diagnosis. These findings do not fully capture or give perspective on the unique experiences of neurodiverse children. Researchers such as Mair et al. (2024) provide an important supplement to this capstone project. In their 2024 systematic review, Mair et al. provided research that presented the unique experiences of neurodiverse individuals experiencing grief. These perspectives illuminate and influence many common experiences throughout this paper, including ambiguous loss, unrecognized grief, disenfranchised grief, social camouflaging, misunderstood behaviour and presumed competence.

## **Future Directions**

As mentioned, the available research on neurodiversity in youth is a growing field that still needs to be explored as a glaring gap in the research. Perspectives in neurodiverse grieving also focus mostly on the parent of a neurodiverse child who had recently received a diagnosis. This research focuses on informing and educating parents on how to process this diagnosis and best support their child's needs. There was also no research to be found on the

neurodiverse child's perspective and grieving process. Researchers such as Gaines (2022) concluded that neurodiverse children are affected by grief, but there were no details of how they are affected. It appears that researchers are beginning to recognize how neurodiverse individuals experience grief given the perspectives shared in their systematic review, such as in the study conducted by Mair et al. (2024). While there are early steps toward understanding how neurodiverse youth experience grief and how caregiving professionals can support them, there is an absence of research from the perspective of neurodiverse children that still needs to be addressed.

### **Supporting Neurodiverse Clients: Four-Day Workshop**

In response to the lack of research and training on supporting neurodiverse youth through times of grief, this four-day workshop is designed to address the gaps in how therapists and healthcare professionals address grief in neurodiverse individuals. Zen Buddhist teacher Frank Ostaseski reminds his students not to mistake the roadmap for the landscape (Love and Death: Opening the Great Gifts, 2024). In this way, those providing care to a grieving child should engage using their methods lightly, always grounded in the core principles of listening, understanding, acknowledging, and showing compassion. This training has been created to support caregivers in identifying and developing these foundations of care based on person-centred principles with the hope that the client's grieving process unfolds naturally.

Currently, there are gaps in the approach that many mental health professionals take with neurodiverse clients' grief. Neurodiverse individuals report that caregivers, therapists, healthcare professionals and support staff often misinterpret their emotions as bad behaviour or simply miss the mark (Eisma et al., 2020; Francés et al., 2022; Singer, 1999). This program intends to reconsider outdated therapeutic practices and provide participants with the information to understand what neurodiverse individuals go through when they experience

grief and loss. Over four days, participants will explore major gaps in the current caregiving system's, learn how to adapt their therapeutic approach and walk away with practical strategies to use in client engagement. Daily sessions will run for four hours, giving the facilitator time to provide in-depth psychoeducation on these topics while also providing participants with an opportunity to break out into small groups to discuss and integrate their perspectives, experiences and learnings.

The program will run as follows. Day one will provide participants with the foundational psychoeducation on how neurodiverse clients report experiencing and expressing grief in ways that often get ignored or misread. Days two and three will focus on informing and adjusting common therapeutic approaches like person-centred therapy, narrative therapy, group therapy and CBT so they better suit neurodiverse clients. I hope to encourage meaningful group discussions each day to support the group's recognition of how common neurodiverse needs are. On day two and three, facilitators can utilize case studies and role-playing to emphasize the reality of this experience for so many neurodiverse individuals. This may be helpful for practitioners who may not have had personal or professional experience addressing neurodiverse needs. On day four, the group will take a collective look at the more significant issues—how systems such as the public healthcare system not only create barriers for these clients but, at times, cause serious harm and how we as practitioners can work to start breaking them down or at the very least work within them more mindfully.

### ***Day One: Understanding Neurodiverse Grief***

Day one kicks off by calling out the glaring issue: neurodiverse communities are telling us that we have been misinterpreting their grief as bad behaviour or something else entirely. Today's goal is to help therapists recognize the unique ways neurodiverse people experience and express grief—ways that often go unseen or misunderstood. We will dive into

what ambiguous loss and disenfranchised grief look like for these individuals and discuss how traditional therapeutic models have missed the mark. Case studies and group discussions will allow participants to explore their biases and challenge their beliefs about grief.

- **Daily Goal:** To better understand the unique expressions of grief in neurodiverse individuals and how they are often misinterpreted.
- **Presentation Topics:**
  - Facilitator Introduction: Why is this topic important?
  - Introduction to Neurodiversity and Grief
  - Ambiguous Loss and Disenfranchised Grief in Neurodiverse Clients
  - Common Misinterpretations: Behaviours vs. Emotional Expression
- **Activities:**
  - **Group Discussion:** “What Have We Been Missing?” Participants share personal cases where they struggled to interpret neurodiverse clients’ emotions.
  - **Case Study Analysis:** Reviewing real-life case study examples of how neurodiverse grief has been misinterpreted as defiance or other behaviours.
  - **Reflection Exercise:** Participants identify one assumption they've held about grief that might be outdated or neurotypical-centric.

### ***Day Two: Adapting Therapeutic Approaches (Part One)***

On day two, the focus shifts to reimagining common therapeutic interventions—specifically, adapting person-centred and CBT approaches to address neurodiverse needs. To best serve clients, therapists must understand how to modify their approach to meet clients where they are. Participants will engage in small group role-play and session planning, emphasizing avoiding ableist assumptions. By the end of the day,

participants will have engaged with actionable tools to use in therapy—not just vague theories.

- **Daily Goal:** To adapt person-centred and CBT approaches to better suit neurodiverse clients in grief.
- **Presentation Topics:**
  - Person-Centred Therapy for Neurodiverse Individuals
  - Modifying CBT for Grief in Neurodiverse Clients
  - Identifying and Avoiding Ableist Bias in Therapy
- **Activities:**
  - **Worksheet:** In small groups, design a session plan using person-centred or CBT approaches for a neurodiverse client dealing with loss.
  - **Role-playing:** In the same small groups, practice adapting CBT and person-centred techniques, focusing on neurodiverse grief presentations.
  - **Group Critique:** Two small groups merge, presenting and reviewing each other's session plans and role-play experiences and providing strength-based feedback on inclusivity and effectiveness.

### ***Day Three: Adapting Therapeutic Approaches (Part Two)***

Day three continues the hands-on approach but highlights narrative therapy and sensory considerations. Neurodiverse clients often process grief through sensory experiences or storytelling (McEvoy et al., 2012). Participants will work on crafting grief narratives and making their therapy spaces more sensory-friendly, learning practical tools for reducing client anxiety during sessions. Today is all about making sure participants consider additional factors, ensuring that their therapy isn't just accessible but effective for neurodiverse individuals.

- **Daily Goal:** To integrate narrative therapy and explore sensory-sensitive methods for neurodiverse clients processing grief.
- **Presentation Topics:**
  - Narrative Therapy and Storytelling Techniques for Grief
  - Sensory Processing and Grief: Managing Overwhelm with Neurodiverse Clients
  - Practical Tools for Reducing Anxiety in Therapy Sessions
- **Activities:**
  - **Narrative Therapy Practice:** in small groups, participants will create and share grief narratives for neurodiverse clients, focusing on externalizing the problem and reframing loss.
  - **Sensory Audit:** Participants assess their therapeutic spaces and identify sensory triggers that might increase distress for neurodiverse clients.
  - **Action Plan:** In small groups, design a sensory-friendly grief processing session for a neurodiverse client.

#### ***Day Four: Addressing Systemic Barriers***

Day four aims to address bigger picture items: the systemic issues preventing neurodiverse people from getting the care they need. As a large group, we will collectively discuss the structural inequities in mental health care and how current policies fail to support neurodiverse clients in grief. Through conversation and advocacy planning, participants will leave with a clearer sense of how they can push for systemic change, both in their practice and within the broader system. The focus of today is not just on individual therapy but dismantling the barriers that keep neurodiverse individuals from accessing meaningful grief support while being aware of how we professionals can provide that support in our own way.

- **Daily Goal:** To identify and start addressing the systemic and institutional barriers neurodiverse individuals face in accessing appropriate grief support.
- **Presentation Topics:**
  - Structural Inequities in Mental Health Care for Neurodiverse Populations
  - How Policies Fail Neurodiverse Clients in Grief
  - Advocacy and Policy Change: What Can Therapists Do?
- **Activities:**
  - **Advocacy Planning:** Each participant creates a policy-change proposal or an advocacy action plan to improve access to grief support for neurodiverse clients. Once complete, participants will go into small groups to present and discuss their ideas.
  - **Final Group Discussion:** "What Will You Change?" Participants are encouraged to share key takeaways they hope to implement in their practice in small groups before returning to the larger group for closing.

## Summary

This workshop is not just another checkbox for continuing education—it's a direct response to the massive gaps in how we, as therapists and healthcare professionals, approach working with neurodiverse individuals experiencing grief. The reality is current systems, models, and practices are failing them. We've seen time and time again that neurodiverse clients' expressions of grief are misunderstood or outright ignored, labelled as behavioural issues or simply not fitting the neurotypical mould. This workshop aims to address that head-on, offering strategies to shift how therapists work with neurodiverse individuals. This workshop is focused on enlightening and adapting therapeutic approaches, recognizing the complexity of neurodiverse grief, and addressing the systemic barriers that keep them from getting the support neurodiverse individuals need. The goal of this workshop is not simply

about learning new tools—it's about therapists and caregivers coming together to find ways to radically shift how they think about neurodiversity and grief so we as a larger community can provide our clients with the compassionate understanding and care they deserve.

### **Conclusion**

This Capstone sought to begin understanding the range of unique experiences that neurodiverse individuals face when exposed to grief. The research revealed that neurodiverse individuals often process and express grief in ways that are frequently misunderstood or overlooked by a culture that values neurotypical expressions of emotion (Mair et al., 2024; Walker, 2014). The unique emotional responses reported in the research by neurodiverse individuals, such as social withdrawal or unexpected behavioural changes, are often misinterpreted as behavioural issues rather than a way of communicating a need for support or expressions of their grief (Hull et al., 2020; Kalisch et al., 2023; Sasson et al., 2017). Having their experiences of grief so misunderstood can leave neurodiverse individuals feeling isolated or invalidated in their mourning process and can lead to prolonged grief or complicated grief, as well as masking emotions and depressive symptoms (Chowdhury, 2022; Faustino & Vasco, 2020; Reeve, 2019; Rüsçh & Thornicroft, 2014; Suh et al., 2021). In response to the gap in compassionate support for neurodiverse individuals experiencing grief, a four-day workshop has been developed. This workshop offers therapists, social workers, teachers, support staff, family members and more the practical insights gained from this research and strategies that intend to create an inclusive, empathetic environment that respects the unique grief expressions of neurodiverse individuals.

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