Neurodiversity – an original concept necessary for interdisciplinary sociological and medical research

Radu-Mihai Dumitrescu

Faculty of Sociology and Social Work, University of Bucharest, Romania

Corresponding author:
Radu-Mihai Dumitrescu
E-mail: dum_mihu@yahoo.com

Abstract

The study investigates how neurodiversity is conceptualized and addressed in the scientific literature, with a focus on its social impact. A bibliometric analysis was performed on 101 articles indexed in PubMed (2010-2025), using the keywords "neurodiversity" and "social impact". Data visualization was performed with VOSviewer. Five thematic clusters were identified: childhood autism, clinical assessment, autistic perspectives (e.g, "masking"), mental health, and methodological factors. The literature is dominated by the childhood perspective, while dimensions such as adult life, gender diversity and social applicability are poorly represented. The study highlights an incomplete epistemological transition: from a medical and dysfunctional perspective on neurodivergence to an identity and sociocultural approach. Although neurodiversity is beginning to be recognized as a valid research paradigm, it remains poorly integrated thematically and thematically and practically. The results signal the need for interdisciplinary and applied research that incorporates the experiences of neurodivergent people and supports the development of inclusive education, health and labor policies.

Keywords: *neurodiversity, autism, ADHD, social impact, masking, self-representation, bibliometrics, VOSviewer, neurodivergent identity, inclusion*

Rezumat

Studiul investighează modul în care neurodiversitatea este conceptualizată și abordată în literatura științifică, cu accent pe impactul social al acesteia. A fost realizată o analiză bibliometrică pe 101 articole indexate în PubMed (2010-2025), folosind cuvintele-cheie „neurodiversity" și „social impact". Vizualizarea datelor a fost efectuată cu VOSviewer. Au fost identificate cinci clustere tematice: autismul în copilărie, evaluarea clinică, perspectiva persoanelor autiste (ex.: „masking"), sănătatea mintală și factori metodologici. Literatura este dominată de perspectiva copilăriei, în timp ce dimensiuni precum viața adultă, diversitatea de gen și aplicabilitatea socială sunt slab reprezentate. Studiul evidențiază o tranziție epistemologică incompletă: de la o perspectivă medicală asupra neurodivergenței către o abordare identitară și socioculturală. Deși neurodiversitatea începe să fie recunoscută ca o paradigmă valabilă în cercetare, rămâne slab integrată tematic și aplicativ. Rezultatele semnalează nevoia unor cercetări interdisciplinare și aplicate, care să includă experiențele persoanelor neurodivergente și să sprijine dezvoltarea unor politici educaționale, de sănătate și de muncă incluzive.

Cuvinte-cheie: *neurodiversitate, autism, ADHD, impact social, masking, autoreprezentare, bibliometrie, VOSviewer, identitate neurodivergentă, incluziune*

Received: 27.04.2025
Accepted: 18.06.2025

Neurodiversitatea – concept original necesar pentru cercetările interdisciplinare sociologice și medicale

Suggested citation for this article: Dumitrescu RM. Neurodiversity – an original concept necessary for interdisciplinary sociological and medical research. Psihiatru.ro. 2025;81(2):42-49

Introduction

Neurodiversity is defined as a paradigm that recognizes and values a range of differences in the neurological functioning of individuals, particularly those with conditions traditionally classified as neurodevelopmental disorders such as autism, attention deficit hyperactivity disorder (ADHD), dyslexia and others. This movement marks a shift from considering neurodevelopmental disorders as deficits requiring medical intervention, to recognizing them as natural variations in the diversity of human beings. The neurodiversity perspective asserts that neurological and behavioral differences can confer unique strengths and abilities, contributing valuable insights and innovations to the wider society[1-3].

The term "neurodiversity" encompasses a spectrum of cognitive differences, distinguishing between neurotypical individuals (those with "typical" neurodevelopmental differences) and neurodivergent individuals (those with distinct neurodevelopmental profiles). This distinction promotes a more inclusive and affirmative approach, recognizing individuals who may have been marginalized because of cognitive or behavioral differences[2,4]. The definitions of neurodiversity vary within different communities, with some advocating it as a social movement for the rights of neurodiverse individuals, while others emphasize the academic understanding and clinical implications of different neurodevelopmental disorders[5-7].

Recent literature indicates strong support for a range of attitudes and interventions in educational

settings and workplaces that respect neurodiversity, aiming to create environments that capitalize on the unique capacities of neurodivergent individuals rather than pressurizing them to conform to neurotypical norms[8,9]. This approach is crucial in higher education, where neurodivergent students often face systemic barriers that require personalized interventions and support, rather than general, traditional treatment[10].

Despite the progress of the neurodiversity movement, debates persist about the theoretical frameworks underlying this paradigm. Critics of more traditional medical models argue that some forms of neurodivergence may require additional clinical understanding and treatment, leading to debate about how these views interact with the social model of disability, which emphasizes social barriers and biases against those who are different from the majority[11,12]. Therefore, clarity in defining terms such as "neurodiversity" and "neurodivergent" is needed as research and accepted perspectives from different communities evolve[10,13].

The ongoing dialogue on neurodiversity has highlighted that a single definition can be elusive, given the varied perspectives of different stakeholders, including clinicians, advocates and people with lived personal experiences. This diversity underscores the need for further research that incorporates diverse viewpoints, while recognizing the strengths already documented in diverse neurological settings[14,15].

The societal impact of neurodiversity is significant, widely influencing community perceptions, educational practices, workplace dynamics and cultural understanding of cognitive differences. The neurodiversity movement advocates the recognition of neurological variations, such as autism, ADHD and dyslexia, as normal human diversity rather than pathological impairments. This redefinition plays a significant role in reshaping social attitudes towards neurodivergent individuals, promoting inclusion and combating stigmatization[16,17].

A socially important issue is improving self-representation within neurodivergent communities. By encouraging individuals to embrace their differences as strengths or identifiers, and by encouraging them to actively participate in discussions about diagnoses and support, the neurodivergent movement has empowered many people to advocate for their needs more effectively. Self-advocacy efforts have been linked to greater awareness and understanding of neurological differences, both in the general public and within health systems[18,19]. In addition, as neurodivergent individuals share their experiences, these narratives help to humanize their conditions, promoting greater socially manifested empathy and reducing stigma[20].

In educational settings, incorporating the principles of neurodiversity leads to more inclusive learning environments that value diverse cognitive styles. Programs designed with neurodiversity in mind prioritize individual strengths and enhance participation, thereby improving social interaction and academic outcomes for neurodivergent students. This involves rethinking traditional pedagogical systems to adopt more flexible and adaptive approaches, which can significantly alter students' educational trajectories and emotional well-being[21,22]. Importantly, promoting an understanding of neurodiversity among educators helps to reduce the anxiety and stress that neurodivergent students often face, improving their experiences during their academic training[21].

Workplace dynamics have also begun to reflect the principles of neurodiversity through the adoption of inclusive hiring practices and workplace accommodations. Employers are increasingly recognizing the unique contributions that neurodivergent employees can make, particularly in innovation and problem-solving, through models of approach that can be categorized as original. By modifying hiring processes (e.g., interviewing) to be more adaptable or by providing support that enables neurodivergent individuals to thrive and achieve higher levels of well-being, organizations not only benefit from a wider talent pool, but also cultivate a culture of diversity that can enhance overall productivity and morale at work[23,24]. The neurodiversity movement has prompted organizations to recognize and address structural barriers that disproportionately affect neurodiverse employees, leading to improved policies and practices aligned with equity and inclusion[25].

Culturally, the neurodiversity movement encourages a shift from a purely medical perspective to an integrative, holistic one. It promotes the recognition of the intrinsic value of diverse cognitive styles and the need for social adaptation to incorporate these differences. Articulating neurodiversity as a form of identity, rather than as a disability, opens avenues for better understanding and aligns with broader social justice movements that advocate for the rights of marginalized groups[16,17]. As awareness of neurodiversity increases, public engagement and media representation is helping to normalize diverse neurological experiences, encouraging acceptance across diverse social domains[26,27].

The societal impact of neurodiversity is characterized by significant improvements in self-representation, educational inclusion, workplace practices and cultural acceptance, illustrating a progressive shift towards recognition of the inherent value of neurological diversity. While challenges remain, the broader contextual understanding facilitated by the neurodiversity movement advocates for a more equitable society in which all individuals can thrive.

The implications of neurodiversity extend into social and ethical dimensions, particularly in terms of identity. For example, studies indicate that neurodiverse populations, including those from multiracial and ethnic backgrounds, may face compounded burdens in identity disclosure and public perception. Such perspectives call for a reassessment of identity frameworks and an awareness of the unique challenges

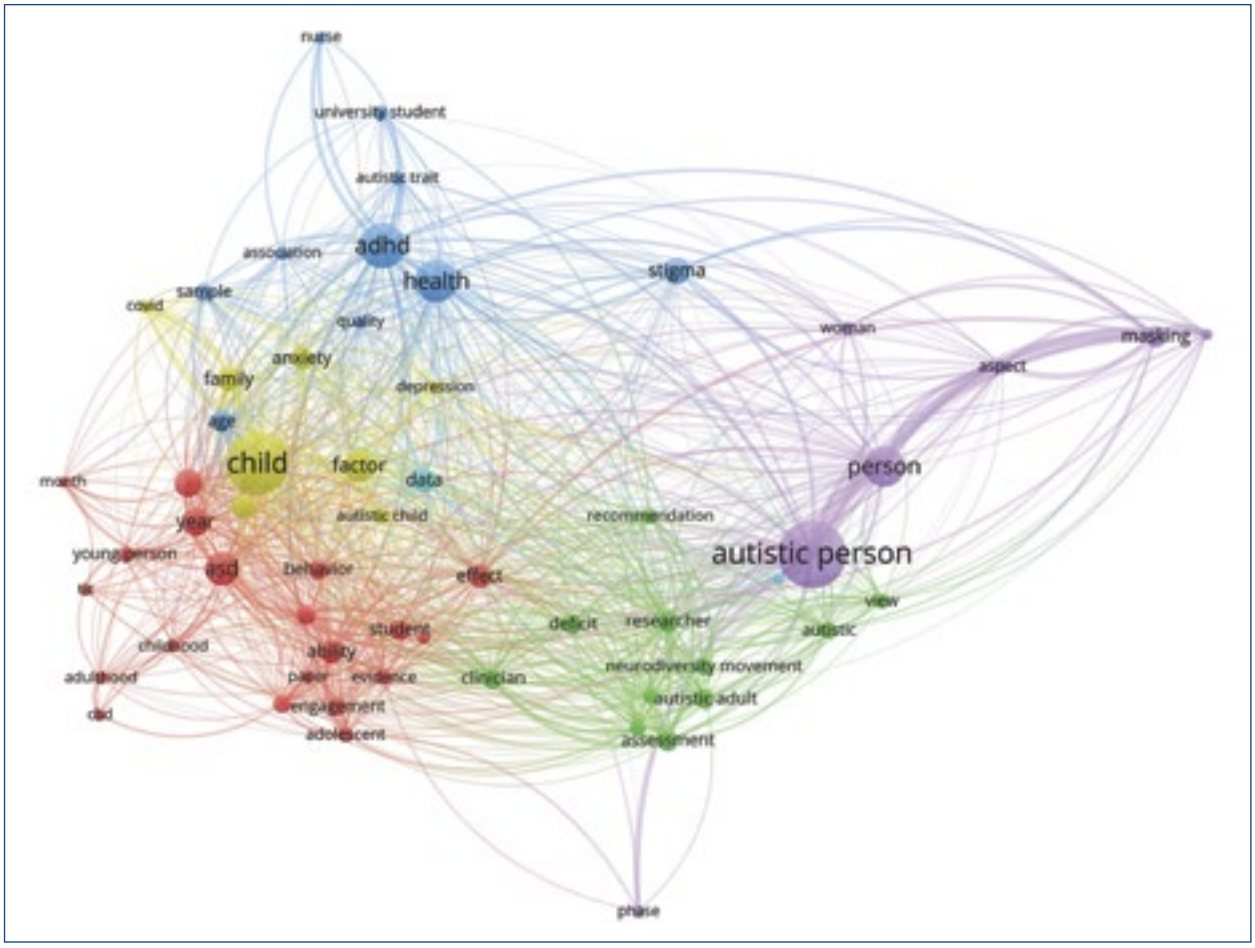

Figure 1. *Bibliometric image obtained with VOSviewer*

faced by neurodiverse individuals, suggesting the need for inclusive approaches to policy making and community engagement. Conceptualizing neurodiversity as a social model reinforces the view that differences should not just be tolerated, but valued and socially integrated. It advocates environments that accommodate diverse cognitive profiles rather than forcing individuals to conform to a neurotypical standard. This aligns with advocacy for inclusion in educational and professional environments, where diverse cognitive abilities can lead to innovative problem solving and improved group dynamics. All of this points towards an evaluation of the definitions and social aspects that exist in the field of science at this time.

Methodology

To conduct this bibliometric research, a systematic approach to explore the relevant scientific literature around the concept of neurodiversity and its social implications was utilized. The query was conducted in May 2025 through the PubMed portal, recognized for its accuracy and relevance in the biomedical and behavioral sciences.

Selection criteria. The keywords used were "neurodiversity" and "social impact", the time range chosen for the search being 2010-2025. Only articles written in English and containing all required bibliographic metadata (title, abstract and keywords) were included.

In total, 101 articles were identified that met these eligibility criteria.

Temporal distribution of papers: most papers are from recent years, signaling a growing academic interest; 2023 – 19 papers, 2024 – 34 papers, and 2025 – 11 papers.

Data analysis. The bibliometric visualization tool VOSviewer was used to analyze the relationships between terms and to identify the most frequent concepts associated with neurodiversity. A co-occurrence map of terms was generated, based on keywords and abstracts, allowing the observation of semantic networks and dominant thematic cores in the analyzed literature.

Results and discussion

The co-occurrence map of the terms extracted from the set of scientific articles was generated with VOSviewer.

In Figure 1, the nodes (words) represent terms (usually keywords or terms in titles and titles in shorthand). The size of the nodes indicates the frequency of occurrence of the term (larger terms are more frequently

used). The color represents a thematic cluster – i.e., terms that frequently occur together and define a subtheme. The lines between terms (links) describe the strength of association (how often terms appear together in the same document).

General interpretation by clusters

Red cluster

Theme: Childhood and autistic spectrum disorder (ASD)

Core terms: "child", "asd", "parent", "behavior", "student", "year", "childhood", "adolescent" and "young person".

This cluster seems centered on children with autism, the role of parents, and development in childhood/adolescence.

Green cluster

Topic: Assessment and neurodiversity

Key terms: "autistic adult", "assessment", "ability", "clinician", "neurodiversity movement", "deficit".

This cluster focuses interest on autistic adults, clinical assessment and the neurodiversity paradigm.

Purple cluster

Topic: The autistic person's perspective

Central terms: "autistic person", "person", "masking", "aspect" and "view".

This cluster includes studies focusing on the subjective experiences of autistic people, in particular on the phenomenon of "masking" behavior.

Blue cluster

Theme: Mental health and comorbidities

Terms: "adhd", "health", "anxiety", "depression", "university student" and "nurse".

The cluster focuses on mental health issues associated with autism, especially among young people/students.

Yellow cluster

Topic: Factors and general data

Terms: "factor", "data", "age", "sample" and "quality".

This cluster seems to group more methodological, research-related terms: data, factors, sample, quality etc.

Remarks: the term "autistic person" appears as a central node, strongly connected with several clusters, suggesting that it is a transversal concept in the analyzed literature. The purple cluster (with "masking") is relatively isolated, signaling an emergent or specific subtheme. The high density of links suggests a highly interconnected research area.

Dominant themes

Analyzing this bibliometric map, the following were identified according to frequency and centrality of terms, connectivity between clusters, and the share of large clusters.

Autism in childhood and adolescence (red cluster)

Main terms: "child", "asd", "parent", "behavior", "adolescent" and "childhood". The focus is on studies of the development of children with autism, parenting, behavior and the transition to adolescence. Among the main implications we note that it is the most common theme and well connected with other areas (e.g., mental health, education).

The autistic perspective and the masking phenomenon (purple cluster)

Key terms: "autistic person", "masking", "aspect" and "view". The focus is on subjective experience, self-representation of autistic people and issues of authenticity versus masking in behaviours. We can identify a trend: the topic is relatively recent and emerging, but with interesting connections to the area of neurodiversity.

Neurodiversity and clinical assessment (green cluster)

Terms included: "assessment", "neurodiversity movement", "clinician", "deficit" and "autistic adult". The focus is on the paradigm shift in autism research – from a deficit-centered model to a neurodiversity model. This theme attempts to redefine autism from a nonpathological perspective.

Mental health and co-morbidities (blue cluster)

Terms included: "adhd", "anxiety", "depression", "health" and "university student". The focus is on comorbidities common in people with autism, particularly among young people or students. It is relevant in the context of transition to adulthood and the social impact of autism.

Methodology and influencing factors (yellow cluster)

Terms present: "factor", "data", "quality", "sample" and "age". The focus is on methodological issues and variables analyzed in the studies – co-occurrence with all other themes is frequently observed.

An overview of the dominant themes identified is summarized in Table 1.

Gaps identified in the mapped literature

Underrepresentation of adult experience

Although there is a green cluster linked to the term "autistic adult", it is smaller and less connected compared to the one centered on childhood. Child and

Table 1 Summary of the dominant themes identified

Theme	Description	Relevance
Childhood autism	Behavior, family, school	Central
The experience of autistic people	Masking, identity, representation	Growing
Neurodiversity and assessment	Alternative perspective on autism	Innovative
Mental health	ADHD, anxiety, depression	Common comorbidities
Methodology	Research design, samples	Support for all topics

Table 2 Main gaps identified

Domain	Gap
Adult life	Few studies on autistic adults and seniors
Applied mental health	Lack of correlations between comorbidities and interventions
Identity and diversity	Underexploration of gender, masking, self-representation
Social and economic impact	Lack of studies on professional life, services and public policies

adolescent themes dominate, while the adult, professional, social or family life of autistic people is poorly reflected. This gap can be summarized as a lack of research on the adult life and ageing of autistic people.

Limitations in exploring neurodiversity

Although terms such as "neurodiversity movement" and "autistic person" appear, the approach is focused on general concepts. The purple cluster (masking, identity) seems relatively isolated. This limitation leads to the observation that qualitative, interdisciplinary and more in-depth studies on autistic identity, social masking, and self-representation are needed.

Applied mental health research deficit

Terms like "anxiety", "depression" and "adhd" appear in the blue cluster, but without close connections to "clinician", "assessment" or "intervention". This gap can be summarized as a lack of studies linking psychiatric symptoms with specific interventions in autism, especially for adults.

Gender and diversity

The terms "woman" and "person" appear, but there is no strong cluster around them. Autistic women, non-binary or LGBTQIA+ autistic people are underrepresented. Gender and sexuality diversity in autism is underexplored.

Social, professional and economic impact

No terms related to "employment", "relationships", "independent living", "policy" and "services" appear. The gap can be summarized as a lack of research on social integration, community support and economic autonomy of autistic people.

A summary of the main gaps identified is summarized in Table 2.

The social impact of neurodiversity

The societal impact of neurodiversity is an emerging theme, and the bibliometric map provides some relevant clues, but also signs of under-representation.

Relevant terms identified:

- "Neurodiversity movement" (green cluster).
- "Autistic person", "autistic adult", "view, aspect" (purple and green clusters).
- "Masking", "identity", "stigma" (purple/blue cluster).
- "Clinician", "researcher", "recommendation".

These terms suggest that the theme of neurodiversity is present, but in a focused and partly isolated way from the traditional themes (childhood autism, clinical assessment).

The significance of social impacts in the context of neurodiversity

Neurodiversity, as a social movement and scientific concept, promotes the idea that neurological differences (e.g. autism, ADHD, dyslexia) are not deficits but natural variations of the human mind. Social impacts may include:

- Changing public perceptions of autism – from pathology to diversity.
- Changing education and employment policies.
- Autistic empowerment – self-representation, civic participation.
- Changes in clinical practice – less deficit-focused treatments.
- Creating inclusive spaces – schools, universities, workplaces.

Elements present in the bibliometric map

- Recognizing the neurodiversity movement: "neurodiversity movement" is a clearly defined node.
- Identity issues and stigmatization: the terms "masking", "stigma", "view" and "person" show an interest in the lived experience of autistic people.
- Interface between research and advocacy: "recommendation", "clinician", "researcher" suggest links between theory and practice.

Underrepresented elements

- Terms related to employment, public policies, civil rights, inclusive education – e.g., "workplace", "employment", "policy", "law", "inclusion" and "services" – do not appear at all.
- The social representation of neurodiversity in media or culture is not visible in this map.

This map reflects a conceptual and theoretical presence of neurodiversity, but it does not fully document the concrete social impact of this paradigm. In other words, it talks about neurodiversity, but does not sufficiently analyze how it influences the real lives of autistic people in society.

What can we recognize about ADHD?

The bibliometric map is strongly centered on autism and ADHD appears in a secondary and contextual role. However, there are a number of aspects of ADHD that become apparent if we analyze more closely what this map reflects visually and thematically. The presence of ADHD in the map is clear, through the defining term: "adhd" (visible in a blue cluster, associated with terms such as "anxiety", "depression", "health" and

"student"), which is in a contextual cluster – Mental health and comorbidities. ADHD is primarily treated as a common comorbidity in autism, particularly in young people. It appears alongside "anxiety" and "depression", suggesting a clinical and psychiatric orientation (co-occurrence of symptoms and differential diagnostic issues are discussed). The link with "university student" or "health" suggests interest in impact on educational environment or general functioning.

What is missing about ADHD? The lack of an ADHD cluster is the main issue. There is no thematic cluster around ADHD as the main topic, which indicates that it is not a distinct research object in this set of articles. Another observation concerns the absence of neurodiversity in relation to ADHD. Although the neurodiversity movement also refers to ADHD, here we do not see terms such as "neurodivergent", "adhd person", "executive function", "attention" or "stigma" in relation to ADHD. Furthermore, the identity or social perspective is missing. There are no terms that suggest exploring the subjective experience of people with ADHD or the social impact of the condition, unlike in autism, where we have "masking", "identity" and "autistic person".

As a synthetic interpretation, ADHD is present, but not as an autonomous theme. In this map, it appears only in the shadow of autism, treated as a psychiatric comorbidity, not as a neurodivergent identity. This may have several meanings. It is possible that the bibliometric set analyzed is drawn from an autism-centered literature. On the other hand, there may be a general tendency in research to analyze ADHD mainly in relation to other disorders rather than as a stand-alone subject, at least within the neurodiversity paradigm.

Possible research directions

Following the observation of this bibliometric map, several research directions can be proposed. Exploring ADHD as a neurodivergent identity can be done in parallel with autism, from a nonpathologizing perspective. Comparative studies between the social experience of people with autism and those with ADHD may be an important source of information. A number of researches seem to be needed to complete the picture of the field: research on adult ADHD, impact in work, relationships, self-perception. The relationship between ADHD and "masking" is a topic still largely unexplored, although there is anecdotal evidence similar to autism.

Defining neurodiversity from the perspective of this map

Defining neurodiversity on the basis of a bibliometric map implies an analysis of how this concept is understood and positioned in the thematic research network. The term "neurodiversity movement" appears in the relatively restricted green cluster in proximity to terms such as "autistic person", "researcher", "recommendation" and "view", "aspect", "identity". The visual and thematic context clarifies a number of issues. It is not a central term, but is linked to other themes such as subjective perspective, autistic identity, self-representation. It is loosely connected with concepts related to medicine, pathology or interventions. It is not directly associated with ADHD or other forms of neurodivergence, indicating a narrow understanding of neurodiversity.

A map-based definition of neurodiversity is possible. Neurodiversity, as reflected by this map, can be defined as an alternative perspective on autism centered on four aspects:

- Recognizing autistic identity outside the medical paradigm.
- Valuing neurological differences as part of natural human diversity.
- Direct involvement of autistic people in research and advocacy.
- A framework that emphasizes self-representation, "view", "look" and "identity", in contrast to dominant medical or parental representations.

This definition is incomplete in relation to the broader meaning of neurodiversity in the literature because:

- It does not integrate other forms of neurodivergence (ADHD, dyslexia etc.).
- It does not include political, educational and institutional implications.
- It does not reflect the movement's influence in areas such as legislation, labor or public policy.

Narrative interpretation of the bibliometric map

In the academic landscape of autism research, the map reveals a vast and interconnected territory, but fragmented in significant ways, reflecting scientific priorities, social orientations and emerging trends.

The territory of childhood is the dominant core of the landscape represented by the selected literature. At the center of this landscape pulsates a region densely populated by terms such as "child", "parent", "asd", "behavior" and "adolescent". This is the traditional center of autism research, where most studies focus on childhood, family and early development. It is a world where autism is often viewed through the lens of intervention, behavioral difficulties and parenting efforts. The research here is rich, with a dense network of interconnected terms, suggesting an abundance of literature and scientific consensus.

The voice of the autistic person is an emerging but still isolated theme. At the eastern edge of the map, another, newer but increasingly influential region is emerging. Terms such as "autistic person", "masking", "appearance", "view" and "stigma" indicate a shift in perspective: research is beginning to listen to the voice of the autistic person, not just the observations of clinicians or parents. This area reflects a move

towards self-representation, towards understanding how autistic people experience their identity and interact with social norms. However, this cluster seems relatively isolated, a sign that these perspectives are not yet fully integrated into the scientific mainstream.

Neurodiversity – a bridge between worlds

Between childhood and the autistic voice, a transition zone is emerging – the terms "neurodiversity movement", "assessment", "clinician" and "researcher" suggest an epistemological recalibration: autism is no longer just a disorder, but a valid neurological variation. This region seems to act as a bridge between clinical and social approaches, but still remains underexplored in its applied dimension. The concrete impact of neurodiversity in social life, in the workplace or in public policy remains an uncharted research frontier.

Mental health – a parallel but poorly connected territory

To the north, a cluster emerges in which "adhd", "anxiety", "depression" and "health" are central terms. It is an area dedicated to the comorbidities and psychological well-being of people with autism, particularly in adolescents and university students. Although partly connected to the rest of the regions, this area seems to operate as a parallel rather than integrated territory, signaling a missed opportunity: how does neurodiversity intersect with mental health? This remains a question largely without a conclusive answer.

Methodology – the unseen skeleton of the whole map

Scattered throughout the network, but also clustered in a cluster of their own, the terms "factor", "data", "sample", "age" and "quality" remind us that autism research is underpinned by a complex methodological infrastructure, but often invisible in popular narratives or social discourse. These terms connect all the other clusters, but are not themselves the subject of direct interest, a sign of a mature field, but also of possible stagnation in methodological innovation.

Narrative conclusion: research between paradigms

This bibliometric map tells a story of a field in epistemological transition: from autism as a childhood deficit to autism as a valid identity and adult experience, with neurodiversity as a bridge between worlds still little reconciled.

Among these islands of knowledge, there are still gulfs of silence: research has not sufficiently penetrated areas such as adult life, gender diversity, employment or the real social impact of the neurodiverse paradigm.

Conclusions

The bibliometric research conducted on the concept of neurodiversity and its social impact reveals a burgeoning but thematically fragmented and unevenly covered field. The visual map of terms indicates an interconnected research network dominated by a few well-defined thematic clusters, but also a number of important gaps that require further academic attention. Childhood autism remains the dominant theme in the reviewed literature, with a particular focus on childhood, adolescence, behaviors and parenting. This highlights the persistence of a clinical-educational paradigm centered on early development and early intervention. The voice of the autistic person is beginning to gain visibility, in particular through the emergence of the cluster associated with terms such as "masking", "autistic person" and "identity". Although relatively isolated in the network, this cluster signals an emerging direction centered on lived experience, authenticity and self-representation.

The concept of neurodiversity is present but thematically underdeveloped, being linked mainly to autism and not to the full spectrum of neurodivergent conditions (ADHD, dyslexia, Tourette's, etc.). A still theoretical view emerges, centered on conceptual definition, less on social, policy or institutional applications. ADHD is treated as a comorbidity rather than as an autonomous neurodivergent identity, being integrated into a mental health cluster alongside anxiety and depression. The lack of a cluster of its own reflects the underrepresentation of applied ADHD research in the context of neurodiversity. Mental health is an area that is present but poorly correlated with applied research, particularly in terms of clinical interventions, assessment and psychosocial assessment and support. There is also no clear connection between psychological well-being and the neurodiversity paradigm, which limits the applicability of current research.

Gender dimension and identity diversity are insufficiently explored, despite the presence of terms such as "woman" or "person". Autistic women, non-binary and LGBTQIA+ people remain underrepresented in the corpus analyzed. Key data on the concrete social impact of neurodiversity, particularly in terms of employment, autonomy, public policy and social inclusion, are missing. Terms such as "employment", "policy", "services" or "inclusion" are absent, suggesting a dissociation between theoretical discourse and the everyday realities of neurodivergent people.

The methodological cluster provides a solid basis for research, but does not seem to be directed towards innovation, which may indicate a maturity of the field, but also a possible plateau in current approaches. The bibliometric map outlines an epistemological transition: from a deficit-focused, medicalizing perspective towards an identity and sociocultural approach to neurodivergence. However, this transition is incomplete, with poorly articulated thematic areas and insufficient interconnections between emerging theories and social applications.

Interdisciplinary research, centered on subjective experience, diversity and the structural conditions that shape the lives of neurodivergent people, is needed

for a sustainable development of the field. The integration of neurodiversity into education, health and labor policies remains an underexplored but essential direction for the future.

From this map, neurodiversity is best understood as an *autism-centered intellectual and identity movement* that challenges traditional pathological discourse and argues for a paradigm shift in understanding neurological differences. It is an expanding paradigm, but still peripheral and partly embedded in the dominant knowledge network, which remains centered on childhood autism and clinical interventions. ■

References

1. Chown N, Annable JL, Beardon L, Howard N. A Response to the Terms in Shah Et Al's 'Neurodevelopmental Disorders and Neurodiversity: Definition of Terms from Scotland's National Autism Implementation Team.' *Br J Psychiatry*. 2023;222(4):157-159.
2. Hoare E, Reyes J, Olive L, et al. Neurodiversity in Elite Sport: A Systematic Scoping Review. *BMJ Open Sport Exerc Med*. 2023;9(2):e001575.
3. Holmes LG, Anderson KA, Sieber GS, Sieber GS, Shattuck P. Sexual and Reproductive Health Services for Autistic Young People in the United States: A Conceptual Model of Utilisation. *Perspect Sex Reprod Health*. 2023;55(1):49-61.
4. Cunff AL, Logan PE, Ford RM, et al. Co-Design for Participatory Neurodiversity Research: Collaborating with a Community Advisory Board to Design a Research Study. *J Particip Particip Res Methods*. 2023;4(1).
5. Twinley R. Neurodivergent Affirming Practice in Occupational Therapy: Scoping Review and Qualitative Content Analysis of the Literature. *Neurodiversity*. 2024;2. doi:10.1177/27546330241301740.
6. Lowes J. This Condition Impacts Every Aspect of My Life: A Survey to Understand the Experience of Living with Developmental Prosopagnosia. *PLoS One*. 2025;20(4):e0322469.
7. Loth E. Does the Current State of Biomarker Discovery in Autism Reflect the Limits of Reductionism in Precision Medicine? Suggestions for an Integrative Approach That Considers Dynamic Mechanisms Between Brain, Body, and the Social Environment. *Front Psychiatry*. 2023;14:1085445.
8. Accardo AL, Bomgardner EM, Rubinstein MB, Woodruff J. Valuing Neurodiversity on Campus: Perspectives and Priorities of Neurodivergent Students, Faculty, and Professional Staff. *J Divers High Educ*. 2024. doi:10.1037/dhe000000571.
9. Hennekam S, Kulkarni M, Beatty JE. Neurodivergence and the Persistence of Neurotypical Norms and Inequalities in Educational and Occupational Settings. *Work Employ Soc*. 2024. doi:10.1177/09500170241255050
10. Kushwaha RK. Neurodiversity Approaches and Autism (ASD): A Scoping Review. *Qistina J Multidisiplin Indones*. 2023;2(2):780-787.
11. Quigley E, O'Hanlon M, Brandes M, Kennedy R, Gavin B. Neurodiversity and Third-Level Education: A Lacuna Between the Strength-Based Paradigm Shift and the Lived Experience. *Neurodiversity*. 2024;2. doi:10.1177/27546330241277427
12. Doyle N, McDowall A. Diamond in the Rough? An „Empty Review" of Research Into „Neurodiversity" and a Road Map for Developing the Inclusion Agenda. *Equal Divers Incl an Int J*. 2021;41(3):352-382.
13. Craddock E. Being a Woman Is 100% Significant to My Experiences of Attention Deficit Hyperactivity Disorder and Autism: Exploring the Gendered Implications of an Adulthood Combined Autism and Attention Deficit Hyperactivity Disorder Diagnosis. *Qual Health Res*. 2024;34(14):1442-1455.
14. Shiels T, Kenny N, Shiels N, Shiels R, McNamara P. Incivility in Higher Education: Challenges of Inclusion for Neurodiverse Students with Traumatic Brain Injury in Ireland. *Societies*. 2021;11(2):60.
15. Grant A, Griffiths C, Williams K, Brown A. "It Felt Like I Had an Old Fashioned Telephone Ringing in My Breasts": An Online Survey of UK Autistic Birthing Parents' Experiences of Infant Feeding. *Matern Matern Child Nutr*. 2024;20(1):e13581.
16. Whiteley P, Carr K, Shattock P. Research, Clinical, and Sociological Aspects of Autism. *Front Psychiatry*. 2021;12:481546.
17. Brilhante AVM, Filgueira LM de A, Lopes SVMU, et al. „Eu Não Sou Um Anjo Azul": A Sexualidade Na Perspectiva De Adolescentes Autistas. *Cien Saude Colet*. 2021;26(2):417-423.
18. Brien A, Hutchins T. The Key to Successful Social Interactions. *Top Lang Disord*. 2024;44(4):265-284.
19. Harada N, Pellicano E, Kumagaya S, Ayaya S, Asada K, Senju A. "I Don't Think They Understand the Reality of Autism": The Lived Experiences of Late-Diagnosed Autistic Adults in Japan. 2024. doi:10.31234/osf.io/my3r9.
20. Botha M, Dibb B, Frost DM. "Autism Is Me": An Investigation of How Autistic Individuals Make Sense of Autism and Stigma. *Disabil Soc*. 2020;37(3):427-453.
21. Clouder L, Karakuş M, Cinotti A, Ferreyra M V, Fierros GA, Rojo P. Neurodiversity in Higher Education: A Narrative Synthesis. *High Educ*. 2020;80(4):757-778.
22. Finch MEH, Trammell BA, Hulse AR, et al. Relationship of Executive Functioning and Memory to Autism Symptomology and Adaptive Functioning: Implications for Reducing Future Underemployment. *Psychol Sch*. 2022;60(2):282-294.
23. Chang HY, Saleh MC, Bruyère SM, Vogus TJ. Making the Employment Interview Work for a Neurodiverse Workforce: Perspectives of Individuals on the Autism Spectrum, Employers, and Service Providers. *J Vocat Rehabil*. 2023;59(1):107-122.
24. Goldberg C, Willham E. When Words Are Not Enough: The Combined Effects of Autism Meta-stereotypes and Recruitment Practices Aimed at Attracting Autistic Job-seekers. *Hum Resour Manage*. 2024;63(4):639-651.
25. Brown JEH, Young JL, Martinez-Martin N. Psychiatric Genomics, Mental Health Equity, and Intersectionality: A Framework for Research and Practice. *Front Psychiatry*. 2022;13:1061705.
26. Rosqvist HB, Stenning A, Rosqvist N, et al (Eds.). *Neurodiversity Studies*. Routledge, London, 2020.
27. Barnett JP. Neuroqueer frontiers: neurodiversity, gender, and the (a)social self. *Sociol Compass*. 2024;18(6):e13234.

CONFLICT OF INTERESTS: none declared.

FINANCIAL SUPPORT: none declared.