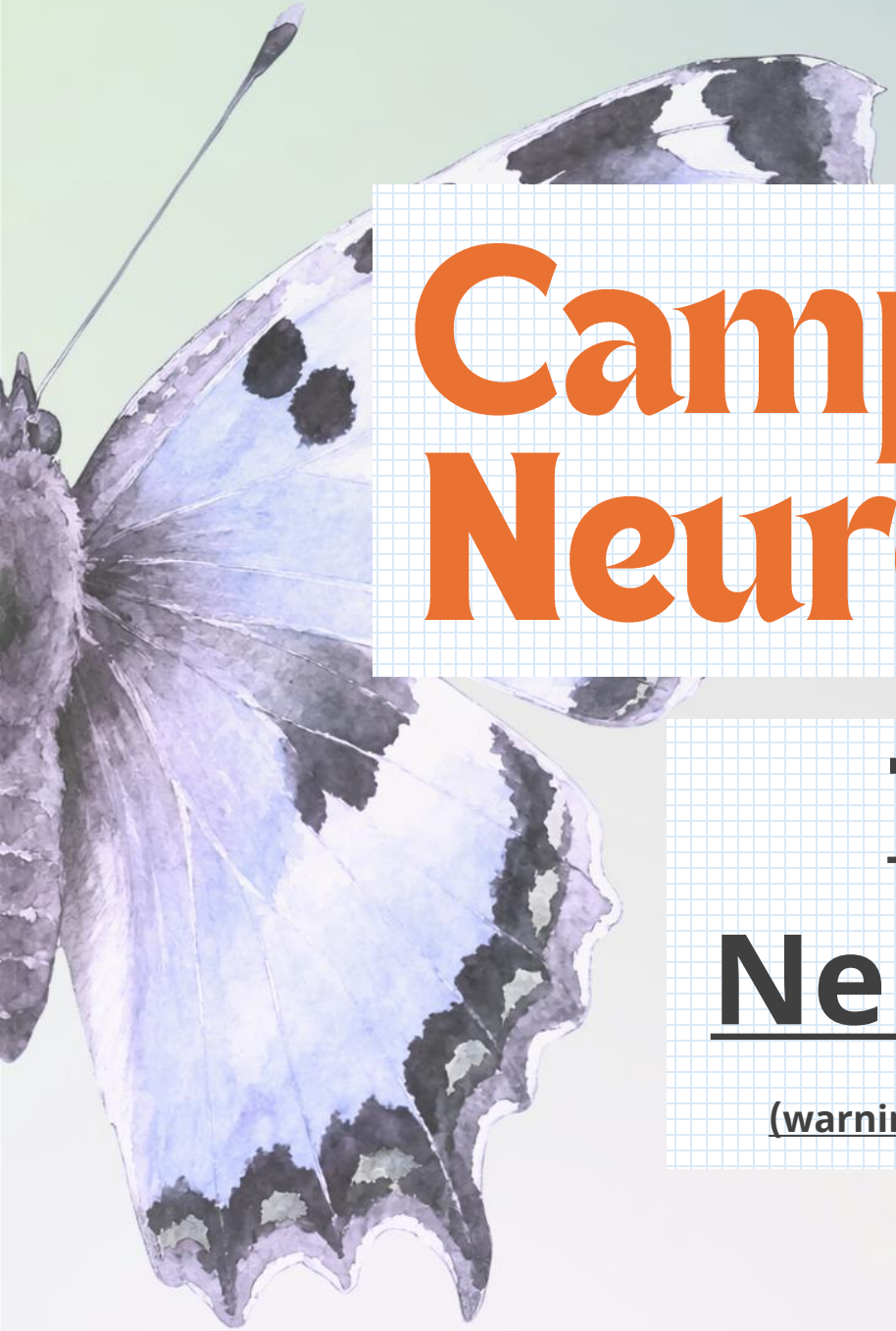
CampusKompass Neurodivergence

The ABCs of Neurodivergence

(warning: this list is not, and will never, be complete)



27.08.2026. | Zoe Rühle

In this Presentation

(Zoe will be talking until 16:00/ 4pm, then we'll have a break and continue afterwards wherever we left off.)

I. About Zoe

II. The Approach of this Presentation

III. The ABCs of Neurodivergence

- Break (30 mins.) –

IV. The ABCs of Neurodivergence (cont.)

-Q&A-

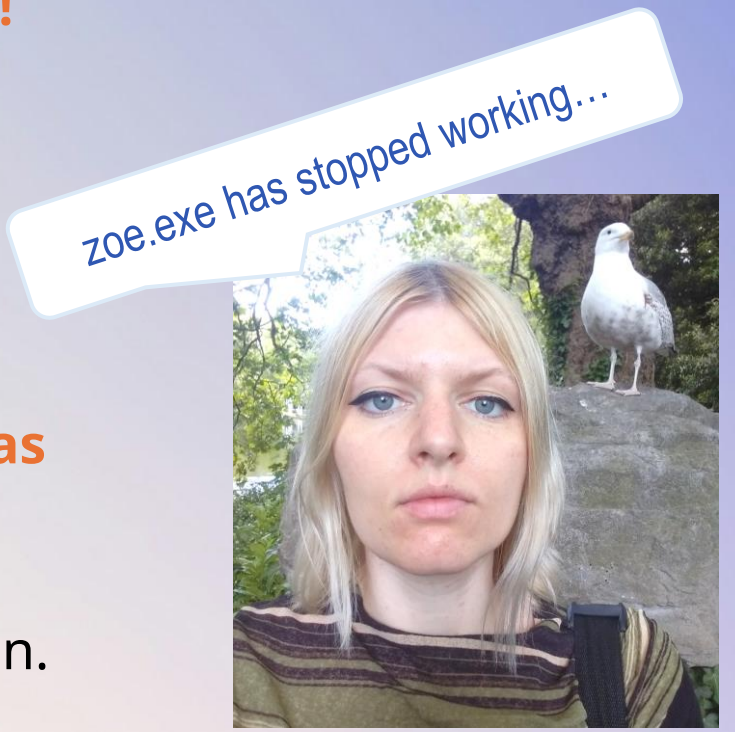
about Zoe Rühle (she/her)

- Since 2024: student aide @ Diversity Management, TUD
- 2016-2018 project member/ lecturer for LGBTAIQ+-workshops and seminars @ Gerede e.V., Dresden
- 2024 organizer/ head of operations „Films for Life Festival“
  @ Kino im Kasten
- Zoe has been diagnosed with autism, PTSD and chronic depression

➢ **I am working on this project as someone with experience in community organization and lived experience as a neurodivergent person; I am not a neurologist, therapist or medical professional!**

In terms of this Presentation (and us working together)

- I don‘t take well to interruptions and change;
  Please write down your questions and save them for later!
- I‘m talking too fast? **Raise your hand!**
- I‘m listening to you, **whether I‘m making eye contact or not.**
- If you have an inquiry, please be **as direct in your language as possible**.
- Sometimes, I‘ll take longer to respond in direct communication. Please be patient, I am very tired. Always.



the Approach of this presentation

The Approach of this Presentation

- Many of the people we will work with don‘t come with a diagnosis. We are in danger of putting them in boxes or labeling them, which is not our place.
- diagnostic criteria give you an **idea of what to expect**, but they can also lead to **stereotyped and rigid notions**, **even among professionals**

https://medium.com/@neens.d/ninas-nuggets-3-the-power-of-saying-no-a6d7c7cd4a9

The Approach of this Presentation

“Imagine I get a new client, a 50-year old man with Down Syndrome… if I work too heavily with this diagnosis in mind, I might assume that he won‘t be with us very long based on statistics for the average lifespan with Down syndrome. I might prep for somebody with dementia, because older people with Down‘s are more prone to it. I might expect somebody who‘s always chipper and cuddly, because that‘s a prevalent notion about people with Down‘s. I have this entire picture of the client in my head, and I haven‘t even met the guy yet.“

- Robin R., Disability Care Worker
(not a verbatim quote, more of a summary.
Imagine this in Ruhrpott regional dialect and the occasional expletive)

Symptom

frequently found in these conditions

- What can this look like?
- Perspectives in the shape of
  - Quotes
  - Videos
  - Memes
  - …
- **What can we do?/ „For our purposes“**

https://www.reddit.com/r/aspiememes/comments/1ax1rwd/i_mean_i_am_some_of_thosebut_not_because_im/

∞the ABCs of∞
∞Neurodivergence∞

27.08.2026 | Zoe Rühle

Addiction

- Addiction can come in **many shapes**, i.e. drugs, sex, shopping…
- For some people, this may be a family trait, which can be **linked to the way the brain processes dopamine**
- However, many factors shape the likelyhood to struggle with addiction (long-term): **Trauma**, **stress**, other conditions (esp. **mental health** & **neurodivergence**) and **social influences**

„Is Addiction Genetic? What Science Says About Inherited Risk" *Texas Health Resources*, https://www.texashealth.org/areyouawellbeing/Behavioral-Health/Is-Addiction-Genetic

https://psychestudium.blogs.hoou.de/comic-wieder-nicht-erschienen/

Addiction

for our purposes:

- **Addiction is not a moral failing; we should‘t treat it as such**
- There is a multitude of factors that shape an addict; what we can do is offer **understanding**, **patience** **and** **support**
- If we notice someone struggling, we gently address it with them and other peers and talk about counseling **with the person‘s consent**
- Counseling is offered at
  - **Gesundheitsdienst TUD**
  - **PSB Studierendenwerk**

- **Nobody can force an addict to tackle their addiction; In order for the effects to be lasting, the person has to want to get better**

Anger

Across the board, but especially notable in IED (intermittent explosive disorder), PTSD, FASD

- Suffice to say – everybody gets mad sometimes. For some, however, anger **to the point of barely controllable rage** is part of their condition
- can be a product of **trauma**, **lacking resources to cope with negative emotion**, **sensory overload** or **faulty brain development**, i.e. caused by exposure to alcohol in the womb in the case of FASD (fetal alcohol syndrome)

Anger

Across the board, but especially notable in IED (intermittent explosive disorder), PTSD, FASD

Ein autistischer Teenager mit explosiver Wut

1,9 Mio. Aufrufe • vor 1 Jahr

Special Books by Special Kids

4K Untertitel

Interview with Robby (an autistic teenager with IED) – Special Books by Special Kids

https://www.youtube.com/watch?v=9p3RmFSc8EQ&t=732s

Anger

For our purposes:

1. We should try to **use calm, clear and nonviolent communication** (i.e. „I see you‘re upset, why don‘t we take a break?“ instead of „you‘re overreacting“) whilst also
2. **Setting clear boundaries**, i.e. „I‘m not letting you curse at me.“ and exiting the situation, linked to the offer to talk again when the episode is over
3. **Learning the triggers** for what causes this particular individual to get angry (i.e. stress, fatigue, specific environments)

„Supporting Someone with Intermittent Explosive Disorder: Understanding and Coping Together“ *amongfriends.org*, https://www.among-friends.org/blog/supporting-someone-with-intermittent-explosive-disorder-understanding-and-coping-together

Anger

4. We should **offer support after an episode**. The person is likely ashamed of themselves and fearing that they have „lost their place“ in the group; whenever possible, we should help someone see their progress and extend a hand
5. All of this can be stressful: We must **take care of ourselves** and **support each other** as people offering help and constantly re-evaluate what we can and can‘t provide
6. Few people enter University with untreated, persistent anger issues; However, **if they haven‘t seen a professional yet or have not been able to, offer them support in doing so**

„Supporting Someone with Intermittent Explosive Disorder: Understanding and Coping Together“ *amongfriends.org*, https://www.among-friends.org/blog/supporting-someone-with-intermittent-explosive-disorder-understanding-and-coping-together

What is nonviolent communication?

– The sophisticated care worker‘s favourite tool

– More than kindly abstaining from hitting the person you‘re talking to or always using 100% certified sensible language. (Such a thing does not exist, anyway)

– n.c. is about **focusing on your part of the communication** and being intentional in **seperating**:

observations from judgements	**feelings from judgements**	**needs from strategies**	**concrete requests from demands**

Fischer 2020, p. 39f.

What is nonviolent communication?

„You don‘t even care about this!“

vs.

„I‘ve noticed that you haven‘t shown up to our meetings the last few times and that frustrates me. I need a certain level of reliability.“

„Fine, guess I‘m being too difficult again!“

vs.

„What I‘m hearing is that you find it difficult to cope with what I‘m asking you. Is that correct?“

What is nonviolent communication?

- That being said: Adapt this basic principle **into your own style of communication**
  - Not everybody is a sensible sock-puppet-theatre-type of person. The other party might not feel taken seriously if you seem inauthentic
  - The focus should be on **interrogating your biases in communication**, not sounding „nice“ or „empathetic“

Marshall Rosenberg, inventor of nonviolent communication, hard at work

https://de.wikipedia.org/wiki/Gewaltfreie_Kommunikation

Anxiety

Across the board, for different reasons

- Anxiety commonly describes a feeling of **intense fear or dread**
- For some, anxiety happens at an **uncomfortably continous level**; for others it happens in the shape of **sudden panic attacks**
  - panic attacks can be triggered by crowded rooms, social situations, academic pressure, claustrophobic environments or highly individual triggers

https://www.instagram.com/p/DV5AMXWiUO7/

„Angststörungen“ *Studieren mit einer psychischen Erkrankung*
https://psychestudium.blogs.hoou.de/angststoerungen/

Anxiety

Across the board, for different reasons

– can cause those afflicted to **become withdrawn**, be **hesitant to reach out**, be **affected in their ability to concentrate** or be hesitant to start working on tasks (**procrastination**)

https://www.instagram.com/p/DV5AMXWiUO7/

„Angststörungen“ *Studieren mit einer psychischen Erkrankung*
https://psychestudium.blogs.hoou.de/angststoerungen/

Anxiety

Across the board, for different reasons

"A lot of my earliest memories of my time at university are of my experiences suffering from anxiety. Feeling so anxious at a night at the students' union that I had to leave after a few minutes of just standing awkwardly at the side of the room. Feeling left out of the flatmate group within less than a week because I was too anxious to go out with them. Being too anxious to speak to anyone at a party in my flat and leaving after standing there awkwardly alone for five minutes, **feeling very embarrassed.**"

Jasmine, for YoungMinds UK, 2018

https://www.youngminds.org.uk/young-person/blog/coping-with-anxiety-at-university/

Anxiety

For our purposes:

- **Clear structures** and **reliable info** alleviate fear of the unexpected -> **communicate plans, number of participants** and **expectations ahead of time**
- **Participating in a social setting**, verbally or otherwise, should **never be mandatory**, nor should group work be.
- **Providing different ways to reach** out (via SMS/ Messenger, via mail, via Zoom, in person) is key

Anxiety

- **Proactively providing encouragement** and **positive feedback**, especially to more guarded participants
- **Creating a space that normalizes different ways of coping** with anxiety (i.e. taking a break to listen to music)

Communication is a Struggle

Across the board, but especially prevalent in autism or social anxiety

- Struggling with communication is quite human, i.e. at a party with lots of unfamiliar people or when figuring out if someone is generally nice or flirting
- With social anxiety, struggling with communication can be a result of a **fear to be perceived negatively**, standing out in a wrong way, or „failing“
  - „bowing out“ of communication seems favorable

Communication is a Struggle

Across the board, but especially prevalent in autism or social anxiety

- in autistic people, a frequent struggle is picking up and adhering to the **„unspoken“ social rules**
- Autistic brains can have trouble **recognizing emotions**, their own (*alexithymia*) as well as others, and „correctly“ interpreting them
- Additionally, many autistics accordingly don‘t pick up features of verbal and nonverbal communication that are normalized, i.e. they might not speak at all (*mutism*), „too much“ or in a monotone, arythmic fashion

When did you learn to bring a little gift when you are invited somewhere?

How did you learn?

https://www.instagram.com/p/DKafw1ahptH/?img_index=1

When did you learn to bring a little gift when you are invited somewhere?

https://www.instagram.com/p/DKafw1ahptH/?img_index=1

How did you learn?

With autism, this can feel like learning a foreign language, but sometimes, the vocabulary randomly changes and people are surprised you don‘t use the right words.

And maybe you‘re frankly not interested in the language.

Communication is a Struggle

For our purposes:

– Clear, nonviolent communication is a must!

– Again: providing alternative ways to communicate is key

– **Assume good faith** whenever reasonable, meaning: in all likelyhood, the person in front of you is clumsy rather than deliberately hurtful

Dependency on Routines

Frequent in anxiety disorders, autism and ocd

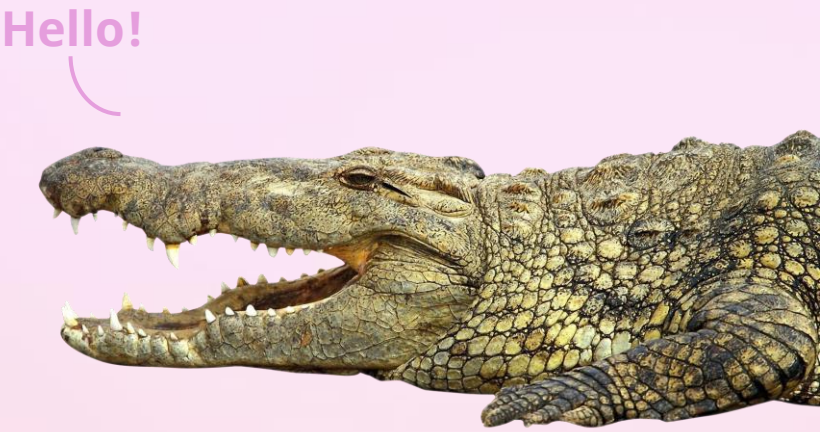
https://www.instagram.com/p/CnjtWoQsJdV/

Routines = everything can be expected & controlled = I am safe!

- for some of us, routines are the way their brain can cope best with unpredictability and stress
- This can manifest as a preference for certain routine activities, states of cleanliness (or lack thereof) or putting objects and information in order
- This gets clinical, however, when the routines **start to impair the person's daily ability to function to their satisfaction**

„Preference for Order, Predictability or Routine" *National Autistic Society*
https://www.autism.org.uk/advice-and-guidance/about-autism/preference-for-order-predictability-or-routine

Dependency on Routines



https://purepng.com/photo/5014/animals-crocodile

– For our purposes:

  – **Nobody who is stressed out because of changes is „overreacting“** – their brain perceives this change the same way it would perceive *a randomly appearing saltwater crocodile*

  – We **communicate structures and plans ahead of the week**; if there are changes and deviations, we talk about them as soon as possible!

  – If participants communicate their routine/ needs to us (i.e. a certain sweet treat at 2 p.m. or a certain arrangement of chairs), **we try our best to honour that** and work it into our day or **find a compromise**

Depressive Mood

Depression, but is a popular co-morbidity

- Feeling „a little bit depressed“ is natural, **losing all remnants of joy for prolonged periods of time isn‘t**
- A depressive mood can be characterized by
  - This meme ->
  - **Lack of interest in friends and activities**
  - **Lack of concentration**
  - **Irregular sleep and eating habits (over/under)**

https://www.mindbrained.org/2020/12/depression-the-meme/

Depressive Mood

For our purposes:

- We‘re starting every day at 10 am to **account for sleep discrepancies**
- Somebody didn‘t have it in them to attend that day (in person)? They get all presentations and materials via mail beforehand and can follow along via Zoom. **Guilt-free!**
- **Attendance & mood doesn‘t equal interest or engagement**
- Keeping extra snacks and drinks in sight and regular schedules, including breaks and lunch (12am-1pm) to encourage **staying in touch with bodily needs**
- **Stressing to participants that we accept them** and understand that their condition is not „lazyness“
- **All of this applies for people suffering from chronic fatigue!**

Difficulty with Letters/ Numbers

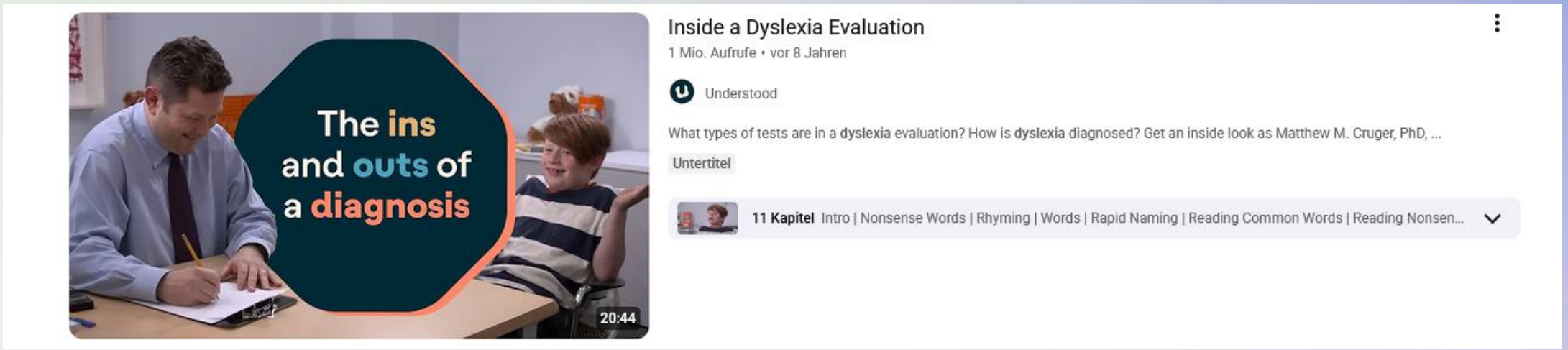
Dyslexia, Dyscalculia, Down Syndrome, FASD

- Some brains are naturally less wired to recognize certain **signs**, **symbols** and **rythmic patterns** (**like ryhming or syntax**) that make acquiring reading, writing and math skills easier
- Therefore, many people with learning difficulties struggle to work through texts and math equations in the same speed as their peers
  - This can lead to frustration, self-esteem issues and bullying by fellow students and teaching staff alike, even though this brain abnormality has nothing inherently to do with intelligence or effort

„What is Dyslexia?“ *American Brain Foundation*
https://www.americanbrainfoundation.org/diseases/dyslexia/

Difficulty with Letters/ Numbers

Dyslexia, Dyscalculia, Down Syndrome, FASD



Inside a Dyslexia Evaluation – Understood

https://www.youtube.com/watch?v=DNu4WiQaVTI

Difficulty with Letters/ Numbers

For our purposes:

– Making text **as optional as possible**

– **Normalizing different working speeds** (esp. When going through our study plans)

– Mail communication should have **clear structure**, **digestible paragraphs**, **summaries**

– **Providing tools** like line readers

Disordered Eating

An Eating Disorder Specialist Explains How Trauma Creates Food Disorders – Vice

https://www.youtube.com/watch?v=7VZNGgDjsMo

Disordered Eating

Disordered eating vs. eating disorder:

Range of behaviours vs. Concrete illness (i.e. bulimia)

- Eating disorders can develop for a variety of reasons:
  - Societal pressure
  - Aesthetic ideals
  - Socialization within family of origin
  - Need to cope with difficult feelings
  - Desire for control

„Warning Signs and Symptoms“ NEDA
https://www.nationaleatingdisorders.org/warning-signs-and-symptoms/

Disordered Eating

- Disordered eating can look like
  - Under-/overeating
  - Making yourself throw up
  - Obsessive focus on diets/ „clean“ eating
  - Excessively checking macros
  - Overuse of laxatives or diet pills to feel „lighter“
  - Excessive need to exercise

„Warning Signs and Symptoms“ NEDA
https://www.nationaleatingdisorders.org/warning-signs-and-symptoms/

Disordered Eating

For our purposes:

- Creating **as little stress over food as possible** by making sure everyone can eat **unobserved** while also making sure there is **one set lunchtime** (12-1pm)
- Keeping little snacks and water around and framing **food as fuel**, not as something „good“ or „bad“
- **Expressing concern sensibly and privately**, i.e. „I noticed that you keep checking the nutrition label on the cookies. Is everything alright?“
- **As with addiction: You can‘t force someone to recogize their disordered eating, they have to want to get better**

Disordered Eating

- Check yourself:
  - Is my treatment of people linked to **whether I find them attractive or not?**
  - What relationship do I have with my body and food? **How do I talk about it in front of others?**

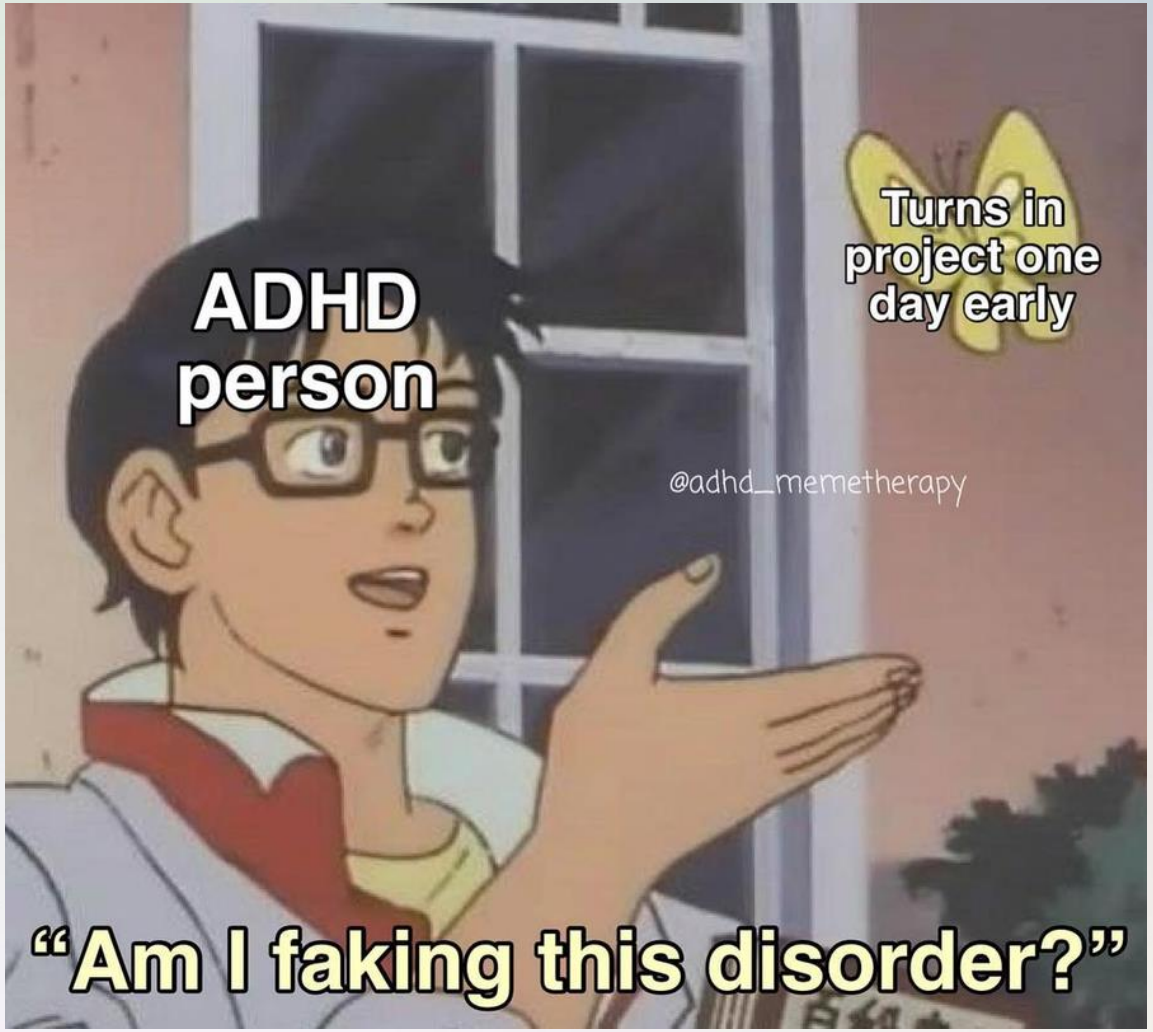
Disorganization

AD(H)D, FASD, Down Syndrome
but also across the board

- Being disorganized can have many root causes, i.e.:
  - in AD(H)D, the brain's **dopamine regulation** demands more stimulants than banal everyday tasks provide
  - In autism, **intense hyperfocus** on a familiar, favored activity or subject can lead to neglecting pragmatic, unstimulating tasks
  - In depression, a **lethargic attitude towards most things**, including essential organization tasks, is common
  - In FASD, the brain often shows smaller development with consequences to the central nervous system and brain functions regarding **coordination and planning**

Disorganization

AD(H)D, FASD, Down Syndrome
but also across the board



https://www.instagram.com/p/CmxOGjkvC2c/

Even a broken clock succeeds in keeping a deadline once in a while?

(you are, of course, not broken.
You are also not a clock.
This is a metaphor Zoe has lost control of)

Disorganization

For our purposes:

- **Providing structure** that participants would need extra effort to self-organize - through e-mails, overview PDFs, making presentations available ahead of time…
- Communicating **plans**, **deadlines** and **schedules** ahead of the week
- Being a **check-in instance** as well as a **safety net** to lean on
- Providing workshops that **showcase different learning strategies**
- **Much of this applies to procrastination as well! (procrastination does have an added fear factor though)**

Hypersensitivity

– **Have you ever worn a sweater that was just slightly uncomfortably itchy?**

– With hypersensitivity, there is rarely a „just slightly“-feeling – **when it comes to physical sensations, sounds and lighting, hypersensitive people feel every sensation more intensely than the average person**

https://www.instagram.com/p/DaVcH00EcEG/?img_index=2

„What is epilepsy?“ *Epilepsy Foundation*
https://www.epilepsy.com/what-is-epilepsy

Hypersensitivity

- In epilepsy, this is caused by brain malfunctions that lead to **surges of electrical activity** which in turn cause seizures
  - Epilepsy can have many causes, from hereditary birth defects to accidents to after-effects from substance abuse. Epilepsy can also manifest for no particular reason.

https://www.instagram.com/p/DaVcH00EcEG/?img_index=2

„What is epilepsy?“ *Epilepsy Foundation* https://www.epilepsy.com/what-is-epilepsy

Hyposensitivity

- The exact opposite of hypersensitivity: hyposensitive people are much **less receptive to sensory stimulation**
- Fascinatingly, hyper- and hyposensitivity can occur in the same individual, sometimes even at the same time
  - i.e. an autistic little girl who is noted for being „fussy“ about her clothes and food and cries in a loud classroom, but has trouble perceiving the weight of certain objects

„Autism and Sensory Processing“ *National Autistic Society*
https://www.autism.org.uk/advice-and-guidance/about-autism/sensory-processing

https://www.youtube.com/watch?v=H8kPKjwgPB0
(warning: flickering lights)

Imagine it suddenly gets very loud outside.

(Maybe there's a giant moth and also a fire, maybe it's something more mundane)

How do you react?

Hyper/Hyposensitivity

For our purposes:

- We provide **sensory tools** like silent disco headphones and sunglasses
- Flickering lights or abrupt changes and harsh sounds should be **avoided whenever possible**
- If somebody is in sensory overload: **keep calm**, allow them some **time** & **space**, suggest moving to one of the **quiet rooms**
  - **No touching!**

„Irrational“ Fears

Very frequent in anxiety disorders, ocd and schizophrenia

https://unsplash.com/de/fotos/arzt-sitzt-auf-dem-schreibtisch-und-spricht-mit-einer-sitzenden-frau-TFJw-mTWw_U

„Irrational“ Fears

Very frequent in anxiety disorders, ocd and schizophrenia

„I‘m so scared to go to the examination office!“

The examination office is not a spider-infested crypt (yet).

The actual fears are this:

- I might find out that some credit points/ grades are missing
- I might find out that I haven‘t passed something
- I might not have all my documents in order
- I might get exmatriculated
- *The employees might judge me*

We hear this a lot. TUD has plenty of nice employees, but sensitivity training wouldn‘t hurt!

„Irrational“ Fears

For our purposes

- The issue is not that the fear is „irrational“, **the issue is the feeling of being unsafe**
- Acknowledging feelings, asking „What would help you right now“
- Creating or switching to a calm, soothing environment

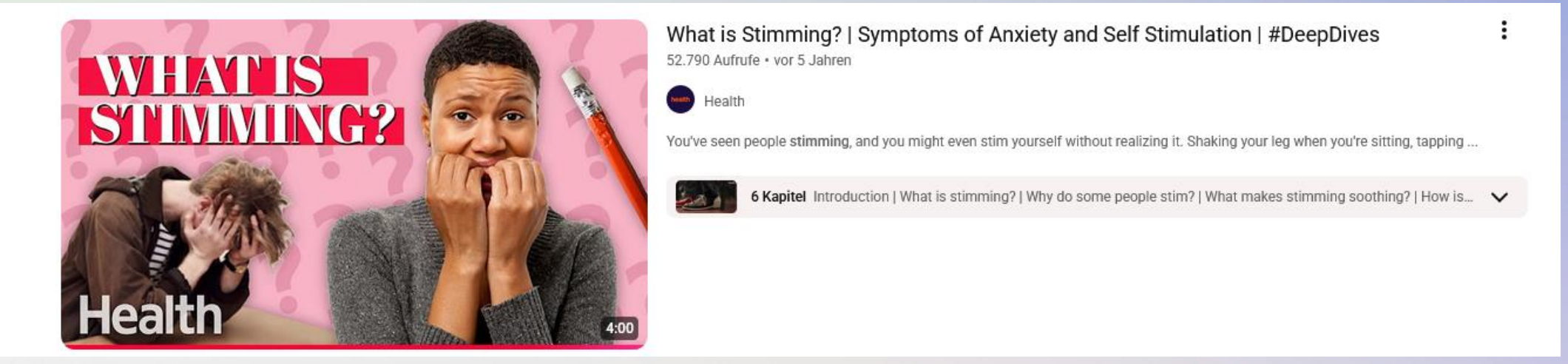
Once the immediate panic has passed/ long-term:

- Approach fearful processes step-by-step together; visualize and **put realistic scenarios down in writing** (*„realistically, what will happen if you ask at the examination office?“*)
- Support the person in taking small steps towards exposing themselves to their fears – **they decide the pace!**

„Facing Your Fears“ *NHS*
https://www.nhs.uk/every-mind-matters/mental-wellbeing-tips/self-help-cbt-techniques/facing-your-fears/

Stimming

Across the board, but AD(H)D and especially Autism



What is Stimming? - Health

https://www.youtube.com/watch?v=F5H17FHYa-k

Stimming

Across the board, but AD(H)D and especially Autism

- Stimming is a very common self-soothing technique, i.e. rocking back and forth on a chair, clicking your pen…
- Serves two functions: **regulating yourself in a sensory-intense environment** (or after) or **occupying yourself to keep your mind focused**
- Whether or not one‘s stimming can be considered pathological depends on **frequency**, **intensity** and **dependence** on the stimming

Stimming

For our purposes:

- As long as the stimming is not harmful to the person or others, we encourage stimming as an outlet (noise is a tricky factor, i.e. when somebody is crocheting. Prepare for compromises)
- We provide a handsome variety of stim toys
- If stimming is a response to a hectic room, we ask if the person would like to take a break in one of the quiet rooms
- If you stim regularly: Stim away during the week (as in „keep going“, not „go away“), it **normalizes individual modes of coping**
- **The same applies for involuntary tics!**

Trauma

- When something happens to you that challenges your safety/ life or changes your trajectory, this can manifest as trauma
- Trauma comes in many shapes
  - **Anxiety** & constant tenseness
  - Pervasive **anger**
  - Avoidance of others & **triggering situations**/ seeking out triggers
  - **Recurring thoughts** about the trauma
  - **Disordered eating** & **sleeping**
  - …

„How could Trauma affect me?“ *Mind UK*
https://www.mind.org.uk/information-support/types-of-mental-health-problems/trauma/effects-of-trauma/

What is a trigger, exactly?

„Ah yes, there it is, my parent‘s divorce!“

https://unsplash.com/de/fotos/eine-person-die-ein-buch-halt-8WO_JTyzuNg

- When something terrible happens to you, your brain keeps a file. Imagine this file as a **folder in a certain colour**
- If you encounter this „folder“ again, your brain **remembers the file and the unpleasant memory** and causes your body to go into **fight-or-flight-mode**
- this can look like a panic attack, an unexplainable crying fit or rage
- Triggers/ „folders“ come in obvious shapes (i.e. a rape scene in a movie) or less obvious ones (i.e. disdain for pull-out couches)

Trauma

For our purposes:

- **Forcing nothing.** Maybe somebody doesn‘t want to talk about their trauma.
- **Listening.** Maybe they want to talk about it for the millionth time. Let them.
- **If the trauma is severe to them, it is severe.** We do harm if we downplay or contradict their experience
- **Looking out for triggers and patterns** and helping avoid those whenever we can
- **Respecting their privacy** and not discussing their trauma with others unless they agree to it

„Helping Someone Else With Trauma“ *Mind UK*
https://www.mind.org.uk/information-support/types-of-mental-health-problems/trauma/for-friends-and-family/

Resources

Bibliography

*risk of stereotyping and pathologizing, handle responsibly!

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Different Perspectives & Lived Experiences

„Den Menschen eine Stimme geben“ – Universität zu Köln

„Studieren mit einer psychischen Erkrankung“ – HAW Hamburg, HOOU

„Autism & Uni Student Stories“ – Dublin City University

„Celebrating Scientists With Disabilities“ – The Royal Society

„NeuroInclusion in STEM“

„Barrierefreies BlindDate“ – SHUFFLE

„Disables Role Models at Queen Mary“ Queen Mary University of London

Intersectionality & Neurodivergence

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