Q&A from the BAMBA Neuro-Affirming Mindfulness Teaching Session (22 JAN 26)

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1. Are there any particular challenges common with particular neurotypes?

(e.g., ADHD and mind-wandering, Dyspraxia and physical sensations)

Each neurotype has stereotypical diagnostic presentations, but humans rarely present neatly by neurotype. Lived experience, context, trauma, and intersectional identities all shape what feels accessible or challenging.

The following are **common features**, not deficits. This list is **indicative, not exhaustive**, and should never be used prescriptively.

Autism

- Interoception differences: body sensations (breath, heartbeat, hunger) may be faint, delayed, absent, or overwhelming.
- Literal processing: metaphor-heavy guidance can be confusing or distracting.
- Sensory sensitivity: bells, lighting, temperature, textures, or prolonged stillness may overwhelm.
- Social/inquiry load: open-ended group sharing or unspoken norms can feel unsafe or exhausting.

ADHD

- Sustaining attention: long, quiet practices may lead to restlessness or zoning out.
- Working memory: multi-step instructions can be hard to hold.
- Time perception: practices may feel very long without clear duration cues.
- Stimulation needs: under-stimulation can reduce engagement.

Dyslexia

- Written overload: dense text, slides, or worksheets can be tiring.
- Processing speed: rapid verbal instruction may be difficult to track.
- Left–right confusion: body scans or movement cues can be disorienting.

Dyspraxia (DCD)

- Body awareness and coordination: posture changes or movement instructions may be effortful.
- Planning and sequencing: multi-part practices can increase cognitive load.
- Fatigue: physical effort can reduce capacity for sustained stillness.

Alexithymia

- Emotion labelling: difficulty naming emotions during inquiry.
- Pressure to “find something”: emotion-focused questions can evoke anxiety or shutdown.
- Misinterpretation: silence or neutrality may be misread as avoidance.

Aphantasia

- Visualisation practices: imagery-based guidance may be inaccessible.
- Loving-kindness visuals: “picture a person/place” may need alternatives (such as recalling qualities of how a person makes us feel, rather than visualising them).

Highly Sensitive Person (HSP)

- Over-arousal: intensity, pace, or group energy can overwhelm.
- Emotional permeability: strong resonance with others’ sharing can be draining.
- Startle response: sudden sounds or transitions may disrupt regulation.

Trauma-acquired neurodivergence

- Hypervigilance: silence, closing eyes, or inward focus may feel unsafe.
- Dissociation: prolonged body-focused practices may lead to numbing or disconnection.
- Authority dynamics: directive language can trigger threat responses.

Tourette’s / Tic conditions

- Suppression pressure: stillness or silence may increase tics.
- Self-consciousness: group attention can heighten anxiety.
- Misinterpretation: tics may be misunderstood as disruption.

Teaching implications

- Offer genuine choice (anchors, posture, eyes open/closed, movement).
- Be concrete and brief, with clear timing and purpose.
- Normalise variability: noticing nothing is a valid experience.
- Design for access first, then invite depth.

2. In inquiry, the classic question is "What did you notice?" Would it be more inclusive to be more specific?

Yes. More specific and concrete questions can reduce cognitive load and performance pressure.

Helpful approaches include:

- Offering options (e.g. sensations, thoughts, emotions, or nothing in particular).
- Naming that noticing nothing is a valid experience.
- Making inquiry optional and allowing different modes (speaking, writing, chat, silence).

This supports accessibility without narrowing what counts as a legitimate response.

3. Does neurodivergence mean that the length of practices needs changing?

Sometimes, yes. But this is best discovered collaboratively.

A helpful approach is to:

- Start with shorter practices (e.g., 5 minutes).
- Ask during inquiry how accessible the length was.
- Gradually adjust length while monitoring accessibility.

The **comfort / stretch / panic** model is useful here. Length can increase over time if it remains accessible and choice-based.

4. What is "justice sensitivity"?

Justice sensitivity refers to a heightened attunement to fairness, ethics, and harm, particularly when something feels unjust or morally wrong.

It is more commonly reported in some neurodivergent people (especially autistic and ADHD individuals) and can show up as:

- Strong emotional or physiological responses to perceived injustice.
- Difficulty letting go of unfairness.
- A deep need for honesty, clarity, and ethical consistency.

In mindfulness teaching, this matters because practices such as acceptance or non-striving can be misheard as approval of harm or passivity.

Teachers may need to explicitly clarify that acceptance means acknowledging what is present as a starting point for wise action, **not endorsing injustice**.

5. There is a higher prevalence of trauma in neurodivergent people. Should trauma-sensitive mindfulness be taught alongside ND-affirming practice?

Yes, and ideally the two approaches are integrated.

Neurodivergent people are more likely to experience:

- Chronic misunderstanding or invalidation.
- Social exclusion or bullying.
- Masking and camouflaging.
- Sensory overwhelm without support.

These experiences can be traumatising even without a single identifiable event.

Trauma-sensitive mindfulness supports ND-affirming practice by prioritising:

- Choice, pacing, and consent.
- Alternatives to forced stillness or eye-closure.
- Titration rather than “pushing through”.

For safety and accessibility, ND-affirming and trauma-sensitive approaches work best together.

6. What does “neuro-affirming” mean?

A neuro-affirming approach recognises neurodiversity as a natural and valuable form of human variation, not something to be corrected or normalised.

In mindfulness teaching, this involves:

- Valuing different ways of sensing, thinking, moving, and communicating.
- Designing environments that adapt to people, rather than expecting people to adapt.

- Avoiding deficit-based or pathologising language.
- Offering genuine choice and flexibility.

The shift is from “How do people fit mindfulness?” to **“How does mindfulness meet people as they are?”**

7. Can body scans be challenging for some participants?

Yes. Body scans can be challenging, particularly for neurodivergent and trauma-experienced participants.

Common experiences include:

- Difficulty sensing specific body areas.
- Interoceptive differences.
- Dissociation, numbness, or anxiety.
- Self-judgement when little or nothing is noticed.

Helpful adaptations include:

- Normalising that noticing nothing is a valid experience.
- Offering alternative anchors (sound, contact points, external focus).
- Using invitational language (“you might notice… or you might not”).
- Segmenting or shortening body scans.

The intention is to **offer multiple ways of being present**, not to force body awareness.

Thank you for your questions! You can also contact us here:

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“Neurodiversity Tips for Mindfulness Teachers”

Our 50-page PDF is available here:
https://www.christophspiessens.com/neurodiversitypdf

