



“Pockets of freedom”:

Creating therapeutic spaces as refuges for Black experiences of neurodivergence

by Sandra Coral



Sandra Coral is an integrative narrative and somatic practitioner, former specialist teacher (gifted education and other additional learning needs) and writer who predominantly works with neurodivergent people from multiply marginalised identity groups, empowering them to recover their unique ways to thrive while still navigating the daily pressures of living under systems of oppression. She also supports workplaces and schools in becoming more neurodiversity affirming, trauma-informed and equity-centred environments. Their podcast and Substack newsletter, Neurodivergent Narratives, centres the unique challenges, perspectives and experiences of neurodivergence and healing for historically excluded communities. Sandra is also a new author, having published It's Never Just ADHD: Finding the child behind the label (Sage) in 2024. Sandra is a Canadian living in England with her partner and their child.

sandra@ndnarratives.com



ORCID ID: <https://orcid.org/0009-0007-9071-876X>

Abstract

The influence of Eurocentricism on therapy spaces makes them unsafe for Black people. This is compounded for Black people whose lives are impacted by their neurodivergence, and therapeutic support needs to account for that. This paper demonstrates how integrating the tenets of critical race theory alongside narrative practice can guide therapists and others in helping professions in creating what Makungu Akinyela has called “pockets of freedom”. These are therapeutic environments free from the interpretations and judgements of the dominant culture, and which serve as a refuge for Black people (with neurodivergence) to heal from the effects of colonialism.

Key words: *neurodivergence; neuronormativity; gifted; race; racism; Black people; critical race theory; whiteness; intersectionality; narrative therapy; narrative practice*

Coral, S. (2025). “Pockets of Freedom”: Creating therapeutic spaces as refuges for Black experiences of neurodivergence. *International Journal of Narrative Therapy and Community Work*, (2), 61–72. <https://doi.org/10.4320/EJDR6304>

Author pronouns: she/they

In my first meeting with Michael, a Black man in his early 30s, he described feeling disconnected and isolated. He attributed this disheartening state to his extremely high intelligence, seeing it as something that set him apart from others, including in the Black community. While growing up, Michael had dealt with the impact of gang life and police brutality around him. When he was a child in school, people in positions of power viewed him as a threat, not only because of his intelligence but, more significantly, because he dared to be so intelligent while being Black. To meet his learning needs, it was suggested that Michael skip three grade levels, but his mother felt that this could be detrimental to his emotional and social development. With no offers to address his mother's concerns, his school ultimately did nothing, leaving Michael to fend for himself. His incredible knowledges, unique perspectives and the skills his intelligence produced were rarely acknowledged. He grew to dislike himself because of the problems his intelligence created. His high intelligence alienated him from the Black community, but despite his intelligence, because he was Black he wasn't accepted by the dominant culture either.

Intersectionality and neurodiversity

The term Intersectionality was coined by Kimberlé Crenshaw (1989). She recognised that Black women's experiences of discrimination were missing from both feminist and anti-racist theory because their single-dimensional analyses of discrimination "erased Black women in the conceptualisation, identification and remediation of race and gender discrimination by limiting the inquiry to the experiences of otherwise-privileged members of the group" (1989, p. 140), such as white women and Black men. Crenshaw developed intersectional analysis to centre the particular experiences of people for whom "Black" and "woman" constituted one distinct identity rather than two separate and discrete experiences. Intersectionality made visible the problematic consequences of viewing racial and gender discrimination separately, and it can also be applied to the compounding experiences of those who are both Black and neurodivergent.

Nick Walker (2021, p. 26) defined neurodiversity as "the diversity of human minds, the infinite variation of neurocognitive functioning within our species". Within this diversity, normative ways of accessing, processing and communicating information are defined as "neurotypical". The idea of a "typical" brain is a social construct, much like race and gender, not an actually

existing neurotype. It's also important to note that the Eurocentricity of notions of neuronormativity informs a focus on professionalism, the prioritisation of the written word over oral knowledge, ways education is organised and learning is assessed, what knowledge and skills are considered valuable, and whose ideas and experiences are centred in that knowledge (Jones & Okun, 2001; Okun, 2021). Any experiences that are seen to deviate from this normative construct, including ADHD, Tourette syndrome, obsessive compulsive disorder, autism, psychosis or traumatic brain injury, can be considered forms of neurodivergence.¹ Extremely high intelligence may also be seen as neurodivergent, partly because of its impact on a person's social, emotional and sensory needs.

The more closely a person can *generally* adhere to and function under the expectations of the dominant culture, the more power they can *usually* access in society. People whose neurotypes diverge from social norms are not as readily accepted by many in society, and are not adequately accommodated in schools and workplaces. This can lead to them being shamed, blamed and unappreciated for the perspectives, knowledges and talents they possess. They often grow up traumatised from their school experiences, burnt out from trying to hide or change any signs of neurodivergence so they can better "fit in" with expectations at school or work, face mental health challenges like anxiety or depression, isolate due to social or communication differences (Coral, 2024), or struggle to find sustainable employment options as adults. But even after understanding all these challenges (and more), without utilising intersectionality, you'd *still* be erasing the specific experiences of ableism that marginalised groups encounter.

For example, extremely high intelligence is often considered an advantage by the dominant culture, especially when used in ways that are seen to benefit society. But it's also disproportionately noticed in children who are white.² Intelligence testing has its origins in eugenics, and has been used as "scientific" proof that people who are white (particularly those of higher economic status) are of superior intelligence. Standardised tests are used to "measure cultural conditioning and learned scholastic aptitude (as opposed to innate intelligence) ... The poor and otherwise socially disadvantaged score lower, and data, aggregated by race and class, are used to promote the interests of the ruling elite" (Reddy, 2008, p. 673). Without considering these facts *and* the reasons for them, Michael's particular experiences of

high intelligence as a *Black child* wouldn't be seen. Any assumptions made about his ability to receive adequate learning support or acknowledgment of his abilities would come from the single-dimensional lens of high intelligence as defined in relation to the most privileged groups in society. This lens wasn't helpful for Michael as a child, and surely wouldn't be helpful within the therapeutic spaces where he sought help as an adult.

Looking at neurodivergence through an intersectional lens requires therapists, counsellors and other neurodiversity-affirming helpers to reflect on our beliefs about neurodivergence, privilege, oppression and how power impacts a person's experience within society:

- What ways of thinking and processing information have I been taught to see as most valuable?
- How might I bring these beliefs and/or assumptions into the therapeutic space?
- How might presentations of neurodivergence be interpreted depending on what a person looks like, their race, gender expression, socioeconomic status?
- How might people around me interpret my ways of thinking, communicating and processing information based on my various social identities?
- When (if ever) have their interpretations accurately portrayed my experiences?

"Pockets of freedom"

Makungu Akinyela (2025, p. 15) drew on Frantz Fanon (1967) to describe the unique psychological experiences that impact a colonised person. Akinyela explained how surviving the dominant culture forces the colonised person to change themselves to become more aligned with Eurocentric norms. The hope is to be viewed as more human by the coloniser and, therefore, live more safely in society. But this behaviour alienates the colonised person from their communities. It creates *double consciousness*, in which different perspectives on a person's various social identities lead to difficulties in developing a sense of self. With this in mind, Michael and I aimed to co-create a preferred story of his neurodivergence, which included re-authoring his sense of self as a Black man, beyond the gaze of the dominant culture.

Most people consult me in a coaching capacity, expecting me to deliver solutions and the accountability necessary to accomplish them. However, it is important to take time for conversations about the realities of

neurodivergence alongside lived experiences of social identities before moving to any goal-setting or problem-solving. This is especially true for those historically excluded from the social discourse that shapes the context of the problems that they consider to be keeping them from achieving their goals. Slowing down for conversation about the problem can reveal how the person has learnt to see themselves, their experiences of neurodivergence, and their belief in their ability to meet their goals while navigating oppression. We can also recover the knowledges, beliefs, values and skills that have sustained them thus far. For people whose neurodivergence only adds to their further marginalisation in society, it is necessary to create therapeutic spaces where they feel safe enough to share their experiences.

Our work with those most marginalised must include creating what Akinyela has called "pockets of freedom". In a pocket of freedom, colonised people can "talk about their lives ... make sense of their relationships, free from the interpretations and judgments of dominant Eurocentric culture" (2025, p. 16). This idea comes from the history of liberated spaces, including the histories of escaped societies of enslaved Africans who "created communities that became beacons of hope and liberation for those still enslaved". These were "liberated territories" where "people lived differently than they could in other spaces" (2025, p. 25).

In some liberation movements, these liberated territories were specifically designated as places of healing for those involved in the ongoing struggle. These were places for people to go and rest and regather their energies before returning to the occupied territories to continue to struggle for freedom. (Akinyela, 2025, p. 25)

Akinyela has argued that critical African-centred theory is necessary for decolonising Africans' minds, bodies and spirits, suggesting "the need for Africans to develop a collective liberatory consciousness as a necessary act against Eurocentric control of Africans" (2025, p. 11). In this paper, I've chosen to situate Akinyela's ideas within a critical race theory (CRT) framework to reflect on the impact of colonisation on Black lives, including in therapeutic practices and spaces. CRT is more accessible to me as a transracial adoptee who grew up in rural Canada isolated from Black community. I explore how we might integrate a CRT perspective into creating our own safer therapeutic environments or "pockets of freedom" for Black people seeking therapy while considering their specific experiences of neurodivergence.

Critical race theory

The impacts of Eurocentrism on experiences of neurodiversity differ depending on a person's overlapping privileges and oppressions. However, being Black with neurodivergence is a distinct experience. Many spaces, including therapeutic ones, are inherently unsafe for Black people because people in positions of power (in this case, the therapist) define their experiences and then interpret their problems and possible solutions through a Eurocentric lens. Even with good intentions, therapists, educators and other neurodiversity-affirming helpers integrate dominant ideology into putatively "healing" or "safe" spaces. Doing so disempowers marginalised groups. It limits their potential for re-authoring stories by further disconnecting them from the knowledges and skills they've acquired from their own culture and experience. It keeps them from reclaiming a preferred identity, therefore reinforcing double consciousness.

Critical race theory acknowledges that racism is embedded in all the systems and structures of society, affecting the ways these structures work and who benefits from them. It "asks us to consider how we can transform the relationship between race, racism, and power and work towards the liberation of People of Colour" (Adaway, 2019). Black Lives Matter (n.d.) has imagined Black liberation as a world where "Black people across the diaspora thrive, experience joy, and are not defined by their struggles. In pursuing liberation, we envision a future fully divested from police, prisons, and all punishment paradigms and which invests in justice, joy, and culture".

Critical race theory is based on six tenets (Delgado & Stefancic, 2001):

1. racism as endemic: it's everywhere, from inside us to externally in our societal systems and throughout our daily lives
2. whiteness as property: everything has been created to benefit or support whiteness as the dominant culture
3. challenging historical narratives: the narratives of people from different races have changed over time, depending on how they benefit whiteness
4. intersectionality and anti-essentialism: there are many ways race impacts our lives that are unique to Black people

5. differential racialisation: racial justice/progress happens to the extent that there is something to benefit whiteness
6. voices of colour: those who experience racism are the best to speak on it.

Racism shapes Black people's experience of the systems and institutions of society. This also includes spaces perceived as "safe", such as a therapy room. The CRT framework could guide counsellors, teachers and other neurodiversity-affirming helpers in questioning and unlearning internalised biases they unwittingly bring into the healing space. Questions for reflection and discussion with others in your community on co-creating safer spaces could include:

- What narratives are you carrying about race (your own and others')?
- How are your beliefs about race benefiting the dominant culture?
- How are your beliefs about race challenging the ideology of the dominant culture?
- What parts of your culture and conditioning might you be bringing into the therapeutic space?
- How might your conditioning and social identity markers keep you from effectively co-creating a "pocket of freedom" with Black people?
- How can/are you use/using your position of power to co-create "pockets of freedom"?

The tenets of CRT describe the general experience of all Black people in a Eurocentric society. However, depending on additional overlapping oppressions and privileges, Black experiences are still incredibly diverse. Remember, not all oppressions impact a person's life equally, and Black people are not a monolith that's impacted uniformly. Intersectionality becomes an important tool to help "acknowledge that everyone has their own unique experiences of discrimination and oppression and we must consider everything and anything that can marginalise people" (Taylor, 2019). When we refuse to acknowledge how we benefit from the systems that oppress others, we'll never truly see the Other as human and deserving of the same opportunities to thrive. Creating pockets of freedom that truly feel like a refuge and healing space for Black people with neurodivergence³ means continuously working to transform our relationship to race, neurodivergence and power, and how we use our power to support the liberation of all people.

Creating “pockets of freedom” through a critical race theory framework

I will show how I applied the six tenets of CRT in my work with Michael. I share extracts of our conversations, which took place both verbally and in writing. After each of our sessions together, Michael and I shared access to transcripts of our conversations. This enabled us to further engage with each other's words and ideas by adding additional thoughts, insights and questions to the text. Michael could reflect on and further externalise the problem, and I could uncover more unique outcomes to develop in later conversations.⁴

Racism as endemic

For Black, brown, Indigenous and other melanated people, racism is an everyday part of life. It's not just in how we interact with others but is also embedded in our institutions, systems and culture. It shapes how we see ourselves because racial trauma is internalised and embedded in our bodies, and everyday stressors, microaggressions and lack of regard add extra layers of challenges in all areas of our lives (Menakem, 2017). What's more, for Black and other colonised people, it's “never simply that we compare ourselves with other people, but that we judge ourselves and our relationships through Eurocentric norms and values” (Menakem, 2017, p. 160). This results in Black people alienating ourselves from our communities, our culture and ourselves in the hope of being safer and “fitting in” with the expectations of the dominant culture, but never truly feeling “good enough” or safe enough to be ourselves. For Michael, this meant trying to “escape the demands of The Blob” (his metaphor for white supremacist society) and how he was treated, which directly impacted the ways he learnt to see himself as a Black person and his neurodivergence. In conversation, Michael said:

Okay, now this person [referring to himself] is a threat. And so ... it didn't take me long as a kid to figure out, like, “Okay, I'm not supposed to say these things. I'm not supposed to ask these questions. They can't help me”. And not only that, they're going to be spiteful about it.

In the transcript of this conversation, the following written dialogue took place.

Sandra: I'm just thinking here about the fact that you felt like you would be a threat to the adults

around you for asking questions – that moving you to a higher grade was more about their needs than yours. Was this when you first realised that people weren't really seeing you, but you saw their motives? It's such an interesting word to use, “threat”, like this kid is a danger. I'm wondering what a kid might learn to think about themselves when they believe that they're a threat at such a young age.

Michael: Yeah, pretty much. Getting in trouble like getting sent to the office every week or every other week for minor things, getting bullied by other kids and teachers essentially turning the other way because I was already “difficult”, getting hit with a belt by my dad FOR [Michael capitalised this] getting in trouble all the time. Asking too many questions people couldn't answer and their nasty responses, getting berated for having “good parents” and so having no reason to “act out” – things of that nature. Sustained over time, pretty much the majority of my early school time. Let alone pop culture and the media I would consume on my own that made it clear Blackness, when not fetishised or entertaining, is something not wanted or appreciated, often feared. When I got older and had more interactions with law enforcement and bigger institutions and forces, it became increasingly clear. And scary.

Sandra: Where does one go, what does one do, when no-one within the spaces they're dependent on sees them?

Michael: I think we just learn to adapt, which to me was just creating space, even if I had to fight for it.

Black people are closely monitored (or policed) in schools and workplaces, which makes us vigilant about our surroundings and how we're behaving in them. We grow up enduring harsher punishments in school than other students (particularly those who are white) for the same “offences”. But as Black people with neurodivergence, we become even more hypervigilant about how we're perceived at work, at school and in the wider world. We endured the same type of treatment as other Black children, but our presentations of neurodivergence were interpreted as aggressiveness, defiance, laziness or unintelligence (Coral, 2024). We learnt that we must change ourselves by hiding

any expressions of neurodivergence in our communication, thinking or work styles. But this isn't easily accomplished or sustainable without heavy costs to our self-esteem and wellbeing. It's also made more difficult when considering that those same characteristics of neurodivergence are imposed on *all* Black people by the dominant culture simply because we're Black. No matter how hard we try, no matter what we do or don't do, we can't escape them. This is also true when we're in "healing" or "safe" spaces that are deeply influenced by Eurocentric ideals.

Black people often come into therapeutic spaces with problem stories ingrained in them from the dominant culture. Therapists and other neurodiversity-affirming helpers must be committed to continually learning to identify and interrogate Eurocentric beliefs that may influence not only their beliefs and therapeutic practices, but also those of the Black people who come to work with them. "Oppressed people often internalise the trauma-based values and strategies of their oppressors. These values and strategies need to be consciously noticed ... and challenged" (Menakem, 2017, p. 79). Narrative therapy understands that "problems are located outside of persons", which makes "it more likely that matters of gender, class, culture, race, sexuality and ability are considered in therapeutic conversations" (Hammoud-Beckett, 2007, p. 113). We can define the problem within a context that is closer to the person's experience. This also allows us "to name and acknowledge broader relations of power and instances of injustice that have contributed to the problem" (Russell & Carey, 2004, p. 118). Identity is contextual and relational, not fixed. We must ask questions that encourage Black people to explore their relationships with the different identities represented in the problem story, to support the re-authoring of their preferred story. This includes asking questions about neurodivergence.

Whiteness as property

Critical race theory encourages us to remember that claims about colour blindness and meritocracy will never be true because when race and racism are integrated throughout society, it's not possible to be neutral about them. Suggesting this enables the dominant culture to take no responsibility for ending the oppression of Black, brown, Indigenous and other melanated people. It also hides how whiteness works to maintain its power. This tenet of CRT aligns with Akinyela's (2025) suggestion that part of our job in

creating "pockets of freedom" is being "consciously aware of the ways in which the dominant Eurocentric culture can influence the lives of New Afrikan people and in creating a context in which families can come to their understandings about their lives" (p. 20). Narrative therapy gives us tools to challenge dominant ideology by questioning subjugating discourses that support people's dominant and unhelpful stories. This allows us to make visible the dominant culture's influence on people's lives.

Foucault used the term "games of truth" to describe "a set of rules by which truth is produced" (1997, p. 297). As Black people with neurodivergence, we face many different "truths" at once. Externalising the problems in a person's life can help to make visible the discourses and truth claims that contribute to them, making them available for analysis. Exposing the sociopolitical practices that create such truths opens space to discover other ways of understanding our experience, including understandings that could better support us to create change. Delgado and Stefancic (2001) suggested that

Stories can name a type of discrimination (e.g., microaggressions, unconscious discrimination, or structural racism); once named, it can be combated. If race is not real or objective but constructed, racism and prejudice should be capable of deconstruction; the pernicious beliefs and categories are, after all, our own. Powerfully written stories and narratives may begin a process of correction in our system of beliefs and categories by calling attention to neglected evidence and reminding readers of our common humanity. (p. 43)

I believe that our humanity is made visible when we reveal "games of truth" because this allows us recognise our acts of resistance to them and see why these acts matter. This was the case for Michael after one of our conversations. Writing in the transcript, he chose to reflect on something I had said in conversation: "The system worked exactly as it is designed, which is not for students like us."

You know, this is something I have always been vocal about to varying degrees of success/ response, and I know logically and have experienced it, but you saying this was extremely validating. It's like, "Whew, okay, I knew I wasn't crazy".

Michael also highlighted a comment from me within the same conversation: “But you weren’t even supposed to be found”. Michael wrote:

Powerful when you said it, and powerful now reading it back. These days, as I ponder and work through this stuff, I frequently come back to the idea of being a flower that bloomed in a dark room.

I wish I had thought to ask Michael about “being a flower that bloomed in a dark room” and what that meant to him. Why did he frequently come back to this idea? What sustained him in continuing to bloom even though he was in a dark room? How did he know he was finally blooming? He might have told me more about his acts of resistance to the demands of The Blob, which told him he wasn’t meant to be highly intelligent because he was Black and that he was a threat because of it.

Challenging historical narratives

Historically, Black students have been considered less intelligent than students who are white, and the education system has been designed to ensure this narrative is reflected through its academic results and intelligence testing. Black people have learnt we must do more and do it better than everyone else in the hope of being seen as smart enough. Black children with neurodivergence don’t fit neatly into this narrative. They are routinely punished for behaviours like excitement, passion, shyness or anxiety, which are interpreted by those in power as defiance, aggression, rudeness or unintelligence (Coral, 2024). These interpretations reinforce beliefs about Blackness and unintelligence, leading to lowered expectations for success, resulting in lower academic outcomes. These narratives won’t change without interrogating our beliefs and intentionally changing our responses to them.

With my background as a gifted education teacher and lived experience as a highly intelligent Black student, I shared some of my knowledges to support Michael in deconstructing the discourses around Blackness and intelligence. When considering Michael’s different intersecting identities, I asked questions about the “games of truth” that might be at play in his experience:

- Who is allowed to be intelligent in this society? Who isn’t and why?

- What do we learn about intelligence from within the Black community?
- What narratives around Blackness and intelligence have changed over time?
- How have these changes benefited whiteness?
- How would the dominant culture benefit from you believing yourself to be a threat because of your intelligence?
- What kind of relationship do you want with your intelligence while being Black?

Understanding the power imbalances within society around Blackness and intelligence became pivotal for Michael in re-authoring a new narrative for himself. Moving the problem to a social context enabled him to see how Black boys were never considered to be smart, let alone smarter than any children who were white! He recognised how the Black community worked to resist the narrative of unintelligence by redefining and celebrating Black Excellence for their children, even when whiteness continued to demand perfection from them. This enabled him to reflect on what sustained him through his education journey on his quest to “escape from the demands of The Blob”.

Michael: A lot of it was “We can’t handle this, we can’t answer your questions. We don’t know how to support you, so we’re just going to sequester you”. And then for me, I’ve always been a fighter, so to speak, and I just never backed down from a conflict, so it was like, “Okay, now this person [meaning himself] is a threat”. As opposed to thinking “Okay, this kid needs a little bit more multidisciplinary support, emotional support or different content” sort of things. It was more like “If he’s not going to stay in line, we’re going to keep him in line”. And that’s kind of when I realised that I couldn’t escape, so I’m going to figure this puzzle out myself, and that helped me excel faster.

Sandra: So, you’re starting to see things that are these patterns. Speaking up, knowing as much or more than your teachers, and they can’t handle it. They don’t know how to handle it. They don’t know because they don’t see you as being someone who should be as smart as that. You’re not supposed to be as smart as that. People who are supposed to be as smart as that are white, are rich, you know? Not you. So that makes you defiant. But how

else are you going to get their attention? You tried telling them, “I need more”, but they didn’t listen. They don’t know because they don’t see you as someone who should be as smart as that.

Michael and Sandra reflected on this dialogue in writing in the transcript.

Michael: Nailed it. Yup. Hard to stomach, but yeah.

Sandra: Yeah, I know, and it’s completely the fault of the systems at play in society. The tests were never made to find you. Since you were noticed, that also meant you were wrong and something had to be blamed on you, too. (Yes, even as a kid, it had to be clear that somehow you were wrong because the system is based in whiteness, and it can’t be wrong because it’s “supreme/the best”.)

Michael: Whew, so real again.

CRT recognises that the education system is working exactly as it’s meant to. It creates more opportunities for white children to succeed by ensuring that fewer Black students do. Because of the systemic racism at play, Black people are held captive to narratives that may never change because they continue to benefit whiteness. The work of creating “pockets of freedom” involves learning and understanding the significance of historical narratives of race within the dominant culture. A culture of supremacy in which whiteness is considered the best creates an opposite that’s positioned as the worst or the least. This “opposite” is Blackness (Coral, 2024). White supremacist narratives of Blackness don’t change easily, and unless we actively challenge such beliefs and stories, they will negatively influence the healing environments we wish to create.

Intersectionality and anti-essentialism

To build a culture of co-creating stories with Michael, I needed to remember that even as people who were both Black and neurodivergent, there would still be significant differences and nuances in our experiences. Michael was from the US and grew up in a Black family within a wider Black community. I grew up as a transracial adoptee in Canada but resided in the UK. Although we had some parallel experiences, we had distinct differences in our relationships with the dominant culture. Reflecting on the overlapping privileges and oppressions I faced made me more

intentional about reducing the imbalance of power that often occurs within therapeutic spaces. Some questions guided my quest to become more decentred:

- What unconscious biases might I have about Michael’s social identities that could affect my ability to see him as the expert on his experience?
- How can I avoid thinking that I have all the answers or that I am an expert on Michael’s lived experience?
- How am I using my lived experience, skills and talents to support Michael in co-creating his preferred story?
- How am I growing my capacity to be willing to learn from Michael, trust in his skills and knowledges, make mistakes and be held accountable when I do?
- Who supports me when I must hold myself accountable, and in what ways do they help me?

Being intentional about how I engaged within the “pocket of freedom” supported my commitment to reducing the influence of dominant social discourses. I wanted to ensure Michael could safely explore alternative interpretations of his stories and clarify, further enrich, question and reflect on them through the transcripts of our conversation, rather than me interpreting his actions through my understanding of Blackness.

In one of our conversations, Michael said, “I just take care of people, kind of a big brother”. In the transcript of this, we had the following written dialogue.

Michael: I actually like this about myself, that I can be people’s big brother when they need it. I just feel like because I was protecting myself solo for so long, it eventually got taken advantage of, and in my desperate need for deep connection, I let it happen, whether consciously or unconsciously.

Sandra: This is where I have my biggest questions, but I’m not sure if this is what you’d want to explore more in the future. The gap between wanting to help and being so aware of the differences between you and others. Yet at the same time, struggling to find ways to fill that gap to find belonging (and at the expense of not listening/creating too many changes to yourself?). Not sure if that’s what I want to say

or not, but it's an initial thought for you to ponder or expand on to clarify for me if you want.

Michael: Yeah, for sure. These are the doors I need to open and recognise, and have been pondering over.

We're all influenced by the dominant culture in different ways. Our experiences shape how we interpret our actions and those of others, especially from more marginalised communities. Neutrality is not possible in therapeutic work. By doing nothing, we align ourselves with the narratives defined by the dominant culture. Questioning any biases or beliefs we might bring into the therapy rooms and asking for feedback throughout the conversation reminds us that we collaborate and are not experts on the lives of others. Black people are not a monolith, and our experiences of neurodivergence are not the same either. Yet, we are each uniquely qualified as experts on our own experiences.

Differential racialisation

Critical race theorists have drawn from different academic fields to create their framework, and they ask us to do the same when finding our path to liberation. There are many paths to freedom. Unlike whiteness, which doesn't believe it thinks and reasons from a white perspective, but from a universally valid one, which is "the truth" and everyone knows it (Baldwin, 1961), narrative therapy also draws on many different schools of thought. This gives us freedom to sculpt a therapeutic space that fits the person's needs, without relying on the tools and beliefs of the dominant culture to do so. This also helps ensure that progress isn't necessarily defined by whether it benefits whiteness.

Creating "pockets of freedom" entails finding "stories of resistance that are built on ... linked to and grounded in [Black] people's traditions, cultural practices and history" (Akinyela, 2025. p. 21). For Black people with neurodivergence, "progress" within therapeutic contexts and how it is achieved may be different from what we've been taught it *should be*. I had to intentionally refrain from assuming there was only one right answer to Michael's problems, and that I knew what it was. Michael needed to define what progress would look like for him. I wanted to be open-minded to the skills, values and commitments Michael appreciated in himself, even when the dominant culture might not have been so appreciative.

A component of Michael's dominant problem story was what he called his "Armour". This was a collection of protection and coping mechanisms created "to escape the demands of The Blob". This was mentioned frequently and was woven through many of our conversations.

Michael: It wasn't enough for people to just be like, "They're on something different". They don't have to hop on the cliff; that's fine, we can do it. There seems to be a mob that needs to keep saying, "Why don't you want to be like us?" "Why don't you want to do this?" They have to kind of like invalidate you to justify their role or experience. That's what I noticed, just in every social, family, friends, school, whatever, over time. And so, I guess it's exhausting trying to like ... You can only take so many arrows ... So you start to feel like, "I need to put something on when I leave that house. Because if I don't, you know, I'm going to bleed out. I'm dealing with too many arrows".

Sandra: What was the armour made of?

Michael: I think, charming, jokes and saying witty things was part of it. It was like, "Okay, yeah, that keeps them entertained. They won't bother me". And I think just a natural composure. When I was young, I was with my gang members and stuff, so I learnt how to stay composed, you know? I'm saying a roomful of people who may not respond to things the same way as other people ... You can't talk to a dude who caught a body [killed someone or had someone killed] the same way you would talk to somebody who's getting on your nerves in the store. And you've got to be very careful.

In the transcript of this conversation, Michael reflected:

This was a really dope question [What was the armour made of?]. It made me reframe and reflect in ways I haven't. I internalised a lot of negative stuff and turned my gifts into curses. Now it's hard to discern the difference.

Highlighting the double consciousness Michael experienced helped him acknowledge what he needed protection from while living within his different intersecting social identities. It allowed him to see his experiences differently, supporting the creation of a preferred story about himself and his intelligence.

Through my questions, Michael was “invited to be the one who [was] interpreting the experiences of [his] life” (Russell & Carey, 2004, p. 39). In this way, what Michael deemed important and preferred was centred, regardless of whether it aligned with dominant cultural ideology. From this point, Michael identified other situations in which he had intentionally used his intelligence to align with the values, hopes and principles he had for his life. This allowed him to begin building new identity conclusions.

Voices of colour

Storytelling plays a pivotal role within CRT, creating a way to “reduce alienation for members of excluded groups while offering opportunities for the dominant group to meet them halfway” (Delgado & Stefancic, 2001, p. 44). There can be a gap in understanding by therapists, counsellors and neurodiversity-affirming helpers who want to understand Black experiences of neurodivergence but have backgrounds, perspectives and experiences that are radically different. Through storytelling, we provide “a language to bridge the gaps in imagination and conception that give rise to the different” (Delgado & Stefancic, 2001, p. 44). Akinyela (2025) described the significance in African culture of “call and response”, in which the storyteller and witnesses work together to tell and interpret a story. The story is only complete when there is a teller and a witness to it. For instance, in Black churches, someone leads the ceremony and is consistently joined by others to co-create the rhythm and meaning of what’s being told.

Storytelling in narrative therapy enables the linking of lives around shared themes, values and beliefs, which supports the development of an alternative story that enables other possibilities for living. The practice of outsider witnessing introduces “a third party who is invited to listen to and acknowledge the preferred stories and identity claims of the person consulting the therapist” (Russell & Carey, 2004, p. 65). This practice further supported Michael in re-authoring the story of his intelligence. He asked Casey, his white nonbinary long-term partner, to act as an outsider witness to his preferred story.

Sandra: What parts of that story might be connected to part of your own story? Is there anything in that difference that maybe you could resonate with?

Casey: I resonate with being really intelligent. That’s something that, as Michael has been working with you and doing self-worth, that I’ve noticed in myself, too. Like, “Oh, yeah, I kind of just discredit my intelligence as well”. I don’t notice all the time. I think I’m quick to second-guess my own voice.

Sandra: And did you find that Michael being able to own more of his intelligence and what it does for him, or has done for him, was something that you might give yourself more credit for in the future? Is that what you’re saying?

Casey: Yeah, recognising like, “Wait! No, I can do this. Wait, no, I do have good ideas. Wait! I am smart. Why am I second-guessing myself?” But it’s like, “Well, because those people are attacking you. And that’s scary”. So it’s something I would like to hold my ground on, I guess, better. Kind of like, “No, I know what I’m standing for. And I know what I know. And you’re not going to tell me I’m XYZ just because you don’t agree or understand” ... I need to acknowledge that sometimes people don’t understand me because they’re not there. And that’s got nothing to do with me ... And then just in confidence, Michael supports my confidence a lot. I was raised to like “not brag”, but I think the flip side of that coin is that I never learnt how to cultivate my own pride and confidence in myself.

This conversation helped develop a double-storied narrative. Michael could look beyond the problems and difficulties he experienced to discover the special skills and knowledges that arose from responding to the hardships he had faced. He saw how his experience contributed to improvements for Casey’s life, which further validated his new narrative of himself and his intelligence. Michael also saw how his experiences might be useful for other Black men dealing with similar situations to his.

Sandra: What were some things that stood out for you from what Casey shared about your story? What did they bring up for you?

Michael: They talked a lot about having the confidence to stand their ground, to be able to own certain things. And it’s really, maybe, reassuring to hear. I’m glad I heard it. You know, through my journey, the thing that I needed and had a lot to help me do things

was a certain confidence in certain things. Like, I've always known I was going to be good with words or something like that. I'm confident. ... I value that a lot more now than I did before. I wonder if there's probably a lot of stressed-out young men out there who feel like, "Man, I don't want to have to be an asshole to be confident. I want to just be confident myself and know that I can come in there and like, 'I ain't gotta be showboaty to be valuable'". I didn't think I was providing the alternative to that as much as I was, so hearing it from Casey saying, "Oh, I can own that" makes me go, "Oh man, okay. That is something valuable to provide". It is good, you know?

Michael also connected what he learnt about himself from Casey to the wider Black community. He recalled some ancestral wisdom to enrich his preferred identity claims of his intelligence.

Michael: Nipsey [Hussle]⁵ said, "The highest human act is to inspire", so the fact that, okay, I can help somebody have the confidence to fight back when they should is like the goal I've always had, you know? It's in everything I do ... Octavia Butler⁶ made it okay to imagine something else. Not what's been given to you, but something completely, radically different. And that takes confidence and a lack of fear, and that's something that I always try to have at least that. So, to see that in [Casey's] eyes was cool. It's really, really important.

Linking lives through storytelling helped Michael develop stronger identity claims about his extremely high intelligence, while being a Black man. Having someone witness the new story of how he'd learnt to use his intelligence gave it more realness and authenticity. This happens when the telling of the story "is witnessed and responded to by a significant audience" (Russell & Carey, 2004, p. 67). Who Michael was and how he experienced neurodivergence created unique skills and insights to navigate hostile environments more safely and gave him the confidence to build an armour of coping strategies, ensuring his survival in many harmful and life-threatening situations. Michael saw how his hardships inspired others to find the confidence to "imagine something completely different against the demands of The Blob", and his experiences weren't for nothing. The skills and talents he acquired were valuable and important, and could continue to support him and others in the future.

Conclusion

There are many routes to liberation as we transform the relationship between race, neurodivergence and power. Each neurodivergent person has a unique path to take on this journey. But for Black people who navigate neurodivergence alongside the daily stresses of oppression, it becomes an exhausting, all-encompassing and often dangerous quest. When we need therapeutic spaces to rest and find solace, I hope that we'll find more "pockets of freedom" within them, spaces that empower us to reconnect to our communities, our culture, our ancestors and each other. Spaces where our unique knowledges, beliefs and skills are valued and our humanity is restored as we discover more preferred stories to sustain us. Spaces that enable us to return home to ourselves and, for a brief time, set us free.

Notes

- ¹ Some expressions of neurodivergence are more socially accepted than others. In this paper, I wanted to centre how being Black adds a unique layer of experience to living with any form of neurodivergence. Exploring different forms of neurodivergence and their relationships to race and power would take a whole series of books.
- ² Conversely, Black children in schools in which there is a low percentage of Black students have been over-diagnosed with "mental disorders" in comparison to their school's total population. They have also been diagnosed with "more severe" types of "mental disorder" (read: less "socially acceptable" and therefore further from access to power) compared to other (particularly white) students with the same presentations. Black children in schools with a higher proportion of Black students have tended to be underdiagnosed (see Coral, 2024).
- ³ Identity and language play important roles in the neurodiversity movement. Many people, clinically or self-diagnosed, chose to use identity-first language (autistic person, ADHDer, dyslexic, etc.) to show that their neurodivergence isn't something they can or would choose to see as separate from themselves. However, for this paper, I have chosen to use person-first language in relation to the specific experiences of Black people navigating neurodivergence, unless referring to a person who identifies otherwise. Referring to "Black people with neurodivergence", rather than "neurodivergent Black people", is a way of highlighting these two realms of identity and their intersectionality to make visible Black people's specific experiences of neurodivergence. Race is seen first in the dominant culture. When race is not mentioned, whiteness is the default assumption. To say "men who are Black" would reify whiteness as the norm against which Blackness needs to be specified. In this paper, I use identity-first language for Blackness to centre the experience of Black people. I then consider how

neurodivergence and other social identity markers can compound our experiences of oppression.

- ⁴ I haven't heard of a similar use of transcripts in narrative therapy practice. With limited time with clients and my access needs, I have found reviewing transcripts of discussions to be a useful extension of therapeutic conversations as well as being helpful for my skill

development and processing needs. I have noticed that many of the people I work with have also chosen to utilise the transcripts in various ways based on their access needs and preferences.

- ⁵ Nipsey Hussle was a Black American rapper and activist.
⁶ Octavia Butler was a Black American author of speculative fiction.

References

- Adaway, D. (2019). *What exactly is critical race theory?* <https://adawaygroup.com/critical-race-theory/>
- Akinyela, M. (2025). Decolonising our lives: Divining a postcolonial therapy. In M. Akinyela (Ed.), *Culture, politics, spirituality and practice: A book of resistance and critical theory for disturbing times* (pp. 5–30). Dulwich Centre Foundation.
- Baldwin, J. (1961). *Nobody knows my name: More notes of a native son*. Dial Press.
- Black Lives Matter. (n.d.). *About*. <https://blacklivesmatter.com/about/>
- Bloom, H. (1998). Neurodiversity: On the neurological underpinnings of geekdom. *The Atlantic*, (September). <https://www.theatlantic.com/magazine/archive/1998/09/neurodiversity/305909/>
- Coral, S. (2024). *It's never just ADHD: Finding the child behind the label*. Sage.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, (1), 139–167.
- Delgado, R., & Stefancic, J. (2001). *Critical race theory: An introduction*. New York University Press.
- Fanon, F. (1967). *Black skin, white masks*. Grove.
- Foucault, M. (1997). The ethics of the concern for self as practice of freedom. In P. Rabinow (Ed.), *Michel Foucault: Ethics: Subjectivity and truth* (Vol. 1, pp. 281–302). New Press.
- Hammond-Beckett, S. (2007). Azima ila Hayati – An invitation into my life: Narrative conversations about sexual identity. *International Journal of Narrative Therapy and Community Work*, (1), 29–39.
- Jones, K., & Okun, T. (2001). *Dismantling Racism: A Workbook for Social Change Groups*. Change Work.
- Menakem, R. (2017). *My grandmother's hands: Racialized trauma and the pathway to mending our hearts and bodies*. Penguin.
- Okun, T. (2021). *White supremacy culture*. Dismantling Racism Works. <https://www.dismantlingracism.org/white-supremacy-culture.html>
- Reddy, A. (2008). The eugenic origins of IQ testing: Implications for post-Atkins litigation. *DePaul Law Review*, 57(3), 667–677.
- Russell, S., & Carey, M. (2004). *Narrative therapy: Responding to your questions*. Dulwich Centre Publications.
- Singer, J. (1998). *Odd people in: The birth of community amongst people on the autistic spectrum: A personal exploration of a new social movement based on neurological diversity* [Unpublished honours thesis]. University of Technology, Sydney.
- Singer, J. (2024, December 20). Revealed: Who “really” coined “neurodiversity”? An evidence based corrective. *Reflections on Neurodiversity*. <https://neurodiversity2.blogspot.com/2024/12/revealed-who-really-coined.html>
- Taylor, B. (2019, November 24). Intersectionality 101: What is it and why is it important? *Womankind Worldwide*. <https://www.womankind.org.uk/intersectionality-101-what-is-it-and-why-is-it-important/>
- Walker, N. (2021). *Neuroqueer heresies: Notes on the neurodiversity paradigm, autistic empowerment, and postnormal possibilities*. Autonomous Press.