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NEUROINCLUSIVE LEADERSHIP & NERVOUS SYSTEM DESIGN

The Neurodivergence Lexicon

460 terms for the things your nervous system has been doing all along — including the ones nobody ever gave you a word for.

You have been describing these experiences for years without the vocabulary. The intention that formed perfectly and never surfaced at the right moment. The word you could feel the shape of and could not reach. The friend you love who ceased to exist the moment they left the room. The crash that arrived two days after the good day.

None of that is carelessness, coldness, or a lack of trying. Each one is a specific, named, well-documented process — and the naming changes what you can do about it. You cannot design around a problem you can only describe as *something is wrong with me*.

460

TERMS

12

DOMAINS

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PREMISE

THE PREMISE

State determines access. Access determines whether skill is available. Almost everything in this lexicon describes a state — not a person. Change what a nervous system has access to, and the same person performs like someone else entirely.

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Clustered by mechanism, not alphabetically — because the cluster is the insight.

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Highlighted entries

Terms on a tinted background are the high-frequency ones — the concepts that explain the most daily experience per word. If you read only those, you still get the book.

How to use it

Not front to back. Find the thing you have been calling a personal failing, read its actual name, and notice what happens to the shame when the mechanism has a label.

What this is not

Not diagnostic, not medical advice, not a substitute for assessment. It is vocabulary — so that the right questions get asked, by you, of the right people.

Memory

Memory is not one thing. It is at least six systems running in parallel, and they fail in different ways. Most of what gets called forgetfulness is one specific system doing exactly what it does.

THE SYSTEMS

Episodic Memory

Remembering an experience from the inside — the room, the light, who was standing where. This is the system that lets you re-live rather than merely know.

Procedural Memory

Knowing how without knowing how you know. Riding a bike, typing, driving home on autopilot. It survives when other memory does not.

Explicit Memory

Memory you can deliberately call up and describe. The kind people mean when they say memory.

Working Memory Span

The actual size of that countertop. It varies between people far more than anyone admits, and it shrinks under stress.

Autobiographical Memory

The story-of-me system. Episodic and semantic memory combined into a continuous sense of a life.

Event-Based Prospective Memory

Remembering when a cue appears. When I see her, I'll ask. This kind works reasonably well, because the world does the reminding.

Retrospective Memory

Remembering what already happened. The content, not the intention.

Semantic Memory

Remembering facts with no scene attached. You know the capital of France. You have no memory of learning it.

Implicit Memory

Memory operating below awareness. It shapes what you do without ever presenting itself as a memory.

Working Memory

Holding information in mind while you use it. The mental countertop. Small, and it clears itself without warning.

Short-Term vs. Long-Term Memory

Short-term holds for seconds. Long-term holds for years. The bridge between them is attention and sleep, not effort.

Prospective Memory

Remembering to remember. Not the birthday — the remembering of the birthday, at the moment it still matters.

Time-Based Prospective Memory

Remembering at a time, with no cue. At three, I'll call. This is the kind that collapses, and it is the kind adult life runs on.

Metamemory

Knowing what you know. The sense of whether an answer is in there before you go looking.

HOW IT FAILS

Recognition vs. Recall

Recognition is picking it out of a lineup. Recall is producing it from nothing. Multiple choice feels easy for a reason. A blank page is a different task entirely.

Encoding Specificity

You retrieve best in the conditions you encoded in. Same room, same music, same state.

State-Dependent Memory

What you learned while activated comes back most easily while activated. Calm learning is hard to reach in panic.

Retrieval Cues

The hooks a memory hangs on. One smell, one word, and the whole thing arrives intact after twenty years.

Context-Dependent Memory

You remember it in the kitchen. You get to the desk and it's gone. Walk back to the kitchen — there it is.

Encoding Failure vs. Retrieval Failure

You didn't forget his name. It never went in. Attention was elsewhere at the moment of encoding, and nothing was stored to retrieve.

Prospective Retrieval Failure

The intention was formed, stored, and simply did not surface at the moment it was needed. It arrives ninety minutes late, fully intact.

Interference

New memories crowd out old ones, and old ones block new. Two similar passwords, and neither is available.

Primacy Effect

The first thing said sets the frame and stays. First impressions have a mechanism.

Forgetting Curve

Most of what you learn today is gone within a week without reinforcement. Ebbinghaus measured it in 1885 and nobody has disproved it.

Confabulation

The brain filling a gap with something plausible, without any experience of lying. It feels exactly like remembering.

Memory Consolidation

The overnight transfer from fragile to durable. This is why sleep deprivation is a memory problem before it is anything else.

Flashbulb Memory

The ones that feel like film — where you were when you heard. Vivid, detailed, and no more accurate than any other memory.

Object Permanence, Adult

Not the developmental milestone. The everyday version: out of sight, genuinely out of mind. The friend, the leftovers, the deadline — all equally gone.

Emotional Permanence

They left the room. Does the love still exist? For some nervous systems the answer requires evidence, repeatedly.

Tip-of-the-Tongue

You know the word. You know its shape, its first letter, its rhythm. You cannot reach it. Access failure, not knowledge failure.

Serial Position Effect

Beginnings and endings stick. The middle dissolves. This is why the third item on a five-item list disappears.

Recency Effect

The last thing said is still sitting in working memory, which is why it feels more important than it is.

False Memory

Confidently, vividly wrong. Memory is reconstructive, and confidence is not evidence of accuracy.

Memory Reconsolidation

Every time you open a memory you rewrite it slightly before putting it back. Recall changes the thing recalled.

Source Monitoring

Did I do that, dream it, read it, or plan to do it. When this system is noisy, intentions feel like completed actions.

SDAM

Severely Deficient Autobiographical Memory. You know your life as a set of facts. You cannot re-experience any of it. Not amnesia — a different architecture.

Object Constancy

The relationship survives the conflict. Holding onto someone's goodness while you are furious with them. It is a capacity, and it is not evenly distributed.

LEARNING MECHANICS

Chunking

Compressing information into meaningful units. A phone number is ten digits or three chunks, and only one of those fits.

Interleaving

Mixing topics rather than blocking them. It feels worse while you do it and works better afterward.

Externalization

The core ADHD principle: what cannot be held internally must be made visible externally. The system goes outside the body.

Spaced Repetition

Reviewing at widening intervals. It beats effort, duration, and intention. The timing is the whole trick.

Cognitive Offloading

Putting it in the world instead of the head. A list, an alarm, a note on the door. This is not a workaround. It is the design.

Neuroplasticity

The brain changes with use, throughout life — more slowly and less dramatically than the internet promises, but genuinely.

Cognitive Reserve

The buffer built over a lifetime of learning, language, and complexity. It doesn't prevent decline. It delays how much shows.

Attention

Attention is not a quantity you have more or less of. It is a system that allocates, and the allocation is not always yours to make. Everything below is a different part of that system.

ARCHITECTURE

Attention Regulation

The accurate frame. Attention is rarely absent — it is inconsistently allocated. The deficit is in the steering, not the supply.

Orienting Network

Where the spotlight points, and how fast it moves when something new appears.

Executive Attention

Holding the beam on one thing while other things compete for it. The most expensive attentional operation there is.

Salience Network

The switchboard between inward focus and outward focus. When it mis-switches, the world grabs you or you cannot come back from inside.

Priority Mapping

The ranking of everything currently available for attention. When the map is flat, everything is equally urgent, which is the same as nothing being urgent.

Top-Down Attention

Goal-driven. You decide. This is the one that costs energy and fails first under load.

Sustained Attention

Staying with something after the interest is gone. Vigilance. A completely different skill from focusing on something you love.

Stimulus Competition

Everything in the room asking for attention at the same volume. The filter is what's missing, not the focus.

Neural Noise

The baseline static in the system. More noise means more effort for the same clarity.

Alerting Network

Baseline readiness. How prepared the system is for something to happen at all.

Orienting Response

The automatic turn toward the new. Involuntary, ancient, and impossible to fully suppress in an open-plan office.

Salience Detection

The pre-conscious decision about what matters. It happens before you get a vote.

Default Mode Network

The idle channel — self-reference, memory, imagining. It should quiet down during focused work. Sometimes it doesn't.

Bottom-Up Attention

Stimulus-driven. The siren, the flicker, the notification. The world decides.

Selective Attention

Pulling one signal out of many. The cocktail party problem, and why some people cannot do it in restaurants.

Divided Attention

Two things at once. Mostly it is rapid switching with a tax on each switch, and the tax is invisible until the work is checked.

Signal-to-Noise Ratio

How much of what reaches you is useful. Lower the noise and the same brain performs like a different one.

WHAT ATTENTION DOES

Hyperfocus

Intense, sustained, and hard to exit. Hours vanish. Meals vanish. It is not chosen and it is not always useful.

Flow vs. Hyperfocus

Flow leaves you restored. Hyperfocus can leave you depleted, dehydrated, and eleven hours behind. They look identical from outside.

Monotropism

Attention pooled deep into a narrow channel rather than spread wide. It explains focus, interests, transitions, and overwhelm with one mechanism.

Attentional Inertia

Attention keeps traveling in the direction it is already going. This is why starting is hard and stopping is harder.

Attentional Tunneling

Under load the field narrows. You stop seeing the periphery, including the person in it.

Attentional Blink

The brief gap right after you notice something, during which you cannot notice the next thing.

Change Blindness

The thing that changed while you were looking at it, and you have no idea.

Mind-Wandering

The brain leaves without telling you. Sometimes it comes back with the answer.

Distractibility vs. Interest Deficit

The reframe: it is not that attention fails everywhere. It is that attention will not deploy without interest, urgency, novelty, or challenge.

Time Agnosia

The clinical version — impaired perception of duration and sequence, not just poor estimation.

Hyperphantasia

Imagery so vivid it competes with what is actually in front of you.

Cognitive Disengagement Syndrome

Formerly sluggish cognitive tempo. Foggy, slow-starting, dreamy, staring. Distinct from ADHD and frequently mistaken for it.

Polytropism

Attention spread across many channels at once. The contrast case, and the design assumption of most workplaces.

Attentional Capture

Hijacked by something irrelevant. You did not choose to look at the moving thing. You looked at the moving thing.

Attention Residue

Part of you is still in the last task. You are in the meeting and 30 percent of you is still in the email.

Inattentive Blindness

Looking directly at it and not seeing it. The keys on the counter. It was not hidden. You were loaded.

Perseveration

Stuck on the loop. The thought, the topic, the action continues past the point of usefulness and will not release.

Maladaptive Daydreaming

When the internal world becomes the main channel — hours of immersive imagining that displaces the actual day.

Time Blindness

Difficulty sensing time passing. Five minutes and forty-five minutes feel structurally similar from the inside.

Aphantasia

No mental imagery. Ask them to picture an apple and there is nothing to picture. Roughly one in twenty-five people.

Anendophasia

No inner monologue. Thinking happens without narration, which most people find hard to believe is possible.

MODERN LOAD

Cognitive Overload

More incoming than the system can process. Output degrades before you notice input has exceeded capacity.

Attentional Saturation

The point where nothing more will fit and additional input actively displaces what's already held.

Information Overload

Enough to make a decision, then far past it. The extra information reduces decision quality.

Choice Overload

Too many options and the system stalls. Twelve is not better than three.

Digital Attention Fragmentation

Attention broken into pieces too small to build anything with.

Zoom Fatigue

Sustained face-processing, delayed feedback, and self-view. Genuinely more taxing than a room, especially for ND nervous systems.

Notification Debt

Every unopened ping is an open loop. The count is not the cost. The loops are.

Executive Function

Executive function is the set of processes that turn intention into action. When it fails, it does not look like inability. It looks like laziness, and it is not.

CORE FUNCTIONS

Executive Functioning Planning, initiating, sequencing, inhibiting, monitoring, switching, and holding it all in mind. The management layer, not the labor.	Executive Dysfunction The gap between knowing exactly what to do and being unable to begin doing it. Intact knowledge. Missing bridge.
Dysexecutive Syndrome The acquired version — after brain injury, stroke, or illness. Same profile, different origin.	Inhibitory Control The brake. Stopping an action, a word, or an impulse before it lands.
Response Inhibition Stopping a movement already in motion. Measurable in milliseconds and reliably different in ADHD.	Behavioral Inhibition The developmental capacity to pause before acting. It arrives late in some people and stays effortful.
Cognitive Inhibition Stopping a thought. Considerably harder than stopping an action, and rarely taught.	Interference Control Holding the line on the task while everything else competes.
Cognitive Flexibility Changing the plan without changing your whole state. Adjusting to the new information rather than being knocked over by it.	Mental Set Shifting The lab term underneath flexibility: releasing one rule set and adopting another.
Mental Set Maintenance The opposite problem. Holding a frame long enough to finish inside it.	Task Switching Moving from one task to another. Never free, and more expensive than it feels.
Switch Cost The measurable tax on each move. Seconds to minutes, multiplied across a fragmented day.	Planning Building a route from here to done. Requires simulating a future you cannot feel.
Sequencing Knowing what order things go in. Not intelligence — a distinct process that can fail on its own.	Sequencing Fatigue The exhaustion of ordering rather than doing. The plan costs more than the task.
Organization Structuring things so they can be found later by a version of you who will remember nothing.	Prioritization Ranking by importance. When the priority map is flat, the smallest task and the largest one weigh the same.
Self-Monitoring Noticing what you are doing while you are doing it. Without it, the correction comes only after the consequence.	Error Monitoring Catching it mid-flight. Some systems flag errors loudly and constantly, which is its own kind of exhausting.
Goal Maintenance Keeping the goal live while executing the steps. It slips quietly, and the steps continue without it.	Goal Shielding Protecting one goal from all the others that keep arriving. Without shielding, every new goal is equally compelling.

Goal Neglect

You know the goal. You can state it. You are not acting on it. The instruction is available and not driving behavior.

Effortful Control

The deliberate override. Finite, expensive, and the first thing to go when regulation drops.

Automaticity

The point where a task stops costing anything. Some tasks never get there, and that is the invisible expense.

Cognitive Persistence

Staying on it when it stops being interesting. The unglamorous core of most achievement.

Metacognition

Thinking about your thinking. Noticing the pattern while it is still running.

Scaffolding

Support designed to be removed later. If it is never removed, it was not scaffolding. It was structure, and that is fine too.

THE FRICTION POINTS

Task Initiation

Knowing what to do, wanting to do it, having the time, and not being able to start. The most misread experience in this entire lexicon.

Task Paralysis

Frozen in front of something small. The size of the task and the size of the block have no relationship.

Procrastination as Emotion Regulation

Not a time-management problem. A mood-repair strategy. You are avoiding the feeling the task produces, and the avoidance works, briefly.

Planning Fallacy

It will take longer than you think. It has always taken longer than you think. This has no effect on your next estimate.

Doom Piles

The pile of things whose only shared property is that a decision was deferred. Not mess. Deferred decisions, stacked.

Body Doubling

Someone else present while you work. They do nothing. It works anyway, and nobody fully knows why.

Behavioral Momentum

The small easy task that starts the large hard one. Motion first, motivation second.

Intention–Action Gap

The plain-language version. The distance between deciding and doing, measured in hours or years.

Wall of Awful

The emotional wall built from every previous failure at this exact task. You are not climbing the task. You are climbing the history.

Perfectionism as Initiation Block

Not high standards. Avoidance wearing high standards as a costume. If it cannot be done perfectly it cannot be started.

Optimism Bias

The engine underneath. You predict the version of the day with no interruptions, no traffic, and a fully regulated nervous system.

Time Tax

The future bill for today's shortcut. Every unfiled paper, unlabeled folder, and unnamed download is borrowing against later.

Transition Warning

Five minutes' notice before a change. Costs nothing, prevents a great deal.

DEPLETION

Decision Fatigue

Quality drops with quantity. By evening the same brain that ran a department cannot choose dinner.

Ego Depletion

The theory that willpower is a depleting resource. The replication record is poor. The felt experience is not.

Mental Fatigue

Cognitive exhaustion without physical exertion. Real, measurable, and routinely dismissed.

Cognitive Load

How much your working memory is carrying right now. Masking, sensory filtering, and translation all draw on the same account as the actual work.

Intrinsic, Extraneous & Germane Load

The three kinds: the task's own difficulty, the noise around it, and the effort of genuine learning. Only one of the three is worth keeping.

Processing & Cognitive Architecture

Underneath attention and memory sits the machinery: how fast information moves, how much fits, and how the brain decides what it is looking at before it looks.

SPEED & CAPACITY

Processing Speed

How fast information moves through the system. Independent of intelligence, and the single most misread number on any assessment.

Processing Delay

The answer arrives, correctly, late. The conversation has already moved on.

Processing Latency

The gap between input and response. Three seconds in a meeting reads as uncertainty. It was arithmetic.

Decision Latency

The lag before a choice can be produced. Longer under load, longer with more options, longer when the stakes are read as high.

Cognitive Throughput

How much actually gets through per unit of time. Capacity multiplied by speed, minus interference.

Mental Bandwidth

What is left for this after everything else. Poverty, pain, grief, and masking all consume bandwidth before the task ever gets any.

Cognitive Bottleneck

The narrow point everything queues at. Widening anything else changes nothing until the bottleneck moves.

Information Processing Capacity

The ceiling. Not a character trait, not fixed across conditions, and not the same as ability.

HOW PERCEPTION IS BUILT

Bottom-Up Processing

Detail first, pattern later. Accurate, thorough, slower, and exhausting in a chaotic environment.

Top-Down Processing

Expectation shaping perception. Faster, efficient, and confidently wrong more often than anyone likes.

Predictive Processing

The brain guesses what is coming and corrects against what arrives. Perception is largely prediction, lightly edited by reality.

Prediction Error

The size of the surprise. Learning is the correction of prediction error, and so is most of what we call stress.

Attenuated Priors

Weaker predictions, so the world stays surprising. Central to current autism research and to why uncertainty registers as danger.

Intolerance of Uncertainty

Not knowing is itself the threat. The uncertain outcome, not the bad outcome, is what the system reacts to.

Weak Central Coherence

The classic theory: detail processed at the expense of the whole. Contested, partly replaced, still cited everywhere.

Enhanced Perceptual Functioning

The counterweight theory: perception is not impaired but heightened, and higher-level processing is not required to explain the profile.

Intense World Theory

Autism as over-input rather than under-connection. Too much signal, too much salience, too much of everything.

Systemizing & Empathizing

The two-axis model that shaped a generation of autism research. Worth knowing, worth holding loosely, worth knowing the critique.

Cognitive Misalignment

Not a deficit in the person. A mismatch between how someone processes and how the system was designed. Friction is the diagnostic sign.

Body & Nervous System

Everything above this point runs on hardware. The hardware has states. In some states you have access to your own skills, and in others you do not — and no amount of insight overrides that.

SENSING

Interoception

The sense of your own inside — heartbeat, hunger, bladder, tension, the early signal of an emotion. Weak interoception means the first news of a feeling is a shout.

Alexisomia

No words for body sensation. The sibling of alexithymia, one level lower down.

Vestibular Processing

Balance, motion, head position. Rocking, spinning, and swinging are this system asking to be fed.

Thermoception

Temperature sensing. Some people are never quite the right temperature, and that is a processing difference, not fussiness.

Failure to Habituate

Most nervous systems stop noticing the clock after a minute. Some never do. It stays exactly as loud on hour three.

Sensory Seeking

The body asking for more input — pressure, sound, movement, spice, speed. It is regulation, not misbehavior.

Sensory Defensiveness

Alarm at ordinary input. The tag, the strip light, the hand on the shoulder — registered as threat, not annoyance.

Sensory Diet

Input designed across a day rather than reached for in crisis. Preventive, not reactive.

Misophonia

Specific sounds — chewing, tapping, breathing — producing rage or panic. Not irritation. A limbic response.

Synesthesia

Crossed sensory channels. Letters have colors, sounds have shapes, days of the week have positions in space.

Interoceptive Accuracy vs. Sensibility

Whether you actually detect the signal, versus how confident you are that you do. The two come apart more often than you would expect.

Proprioception

Where your body is in space without looking. Deep pressure, heavy work, and firm touch feed this system.

Nociception

Pain signaling. Distinct from the experience of pain, which the brain assembles afterward.

Sensory Gating

The filter deciding what reaches awareness. When gating is thin, the fridge hum and the label in the shirt arrive at the same volume as the conversation.

Sensory Modulation

The dial, not the switch. How much input is turned up or down before it reaches you.

Sensory Avoidance

The body asking for less. Also regulation, and far more socially acceptable.

Sensory Overload

More input than can be integrated. What follows is meltdown, shutdown, or escape, and none of the three is a choice.

Sensory Anchor

The one reliable input that brings you back — cold water, weight, a specific texture, a specific sound.

Hyperacusis

Ordinary sound experienced as physical pain.

Visual Stress

Light, glare, contrast, and pattern producing headache, fatigue, or nausea. Fluorescent lighting is a documented workplace barrier.

REGULATION

Autonomic Nervous System

The two gears — sympathetic for mobilization, parasympathetic for recovery. Neither is good or bad. Both are needed. Neither is chosen.

Polyvagal Framing

The model behind most nervous system language in coaching. Clinically useful, scientifically contested. Worth using with the caveat stated.

Fight, Flight, Freeze, Fawn

The four. Everyone names the first two, some name the third, and the fourth — appeasing to stay safe — is the one that gets mistaken for personality.

Hyperarousal

Above the window. Fast, loud, reactive, unable to settle. Thinking is technically available and practically not.

Window of Tolerance

The band of arousal where you can still think, feel, and choose at the same time. Everything you know how to do lives inside it.

Homeostasis

The baseline the body is defending. Everything is measured against it.

Allostatic Load

The running total. The cumulative cost of all that adjusting, carried in the body, and paid eventually.

Heart Rate Variability

The variation between heartbeats. Higher variability tracks with greater regulatory capacity. One of the few numbers worth watching.

Startle Response

The involuntary jump. Its size and its recovery time both say something about baseline load.

Co-Regulation

Borrowing another nervous system's steadiness. It is the original regulation mechanism and it never stops working.

Regulation vs. Suppression

Looking calm and being calm are different states. Suppression costs more than the original emotion and shows up later.

Stimming

Self-regulation you can see. Rocking, tapping, flapping, humming, pacing. Suppressing it does not remove the need — it just removes the tool.

Vagal Tone

How readily the system returns to calm after activation. Trainable, slowly, and visible in the body long before it is visible in behavior.

Neuroception

Deciding danger before you know it. The assessment is complete before conscious thought arrives.

Dorsal Vagal Shutdown

The collapse state. Not calm. Numb, heavy, far away, and unreachable by encouragement.

Hypoarousal

Below the window. Flat, foggy, disconnected. Often read as laziness or disinterest.

Window of Access

The version that matters in practice: not whether you have the skill, but whether your current state gives you access to it. Capacity is an access question, not a willpower question.

Allostasis

Stability achieved through change — the body adjusting to keep meeting demand.

HPA Axis

The stress pipeline from brain to adrenal gland. Chronically activated, it reshapes sleep, immunity, mood, and memory.

CO2 Tolerance

How long you can comfortably tolerate rising carbon dioxide. Low tolerance means the alarm threshold is set low, and breath work moves it.

Somatic Regulation

Working with the body first — breath, movement, pressure, temperature — because the body is where the state actually is.

Self-Regulation

The capacity to return yourself. It is built out of co-regulation, which is why it cannot be taught to someone in isolation.

Titration & Pendulation

Dosing the hard thing. A little, then back to safety, then a little more. The alternative is flooding.

Motor Stereotypies

The clinical name for repetitive movement. Same behavior, colder framing.

Motor Regulation

Planning, initiating, and coordinating movement. Effortful for many ND people and completely invisible to everyone else.

Dysautonomia

The autonomic system off-script — heart rate, blood pressure, digestion, and temperature regulation all unreliable.

Tics

Involuntary movements or sounds. Suppressible briefly, at a cost, and the cost compounds.

Vasovagal Response

The faint. A sudden parasympathetic override, often triggered by pain, blood, or standing too long.

CHEMISTRY & RHYTHM

Neurotransmitter

A chemical messenger across a synapse. Not a personality, not a mood, and not something you have too little of in a simple way.

Dopamine

Motivation, reward prediction, and initiation. Not the pleasure chemical — the pursuit chemical.

Serotonin

Mood, impulse, satiety, and social ease. Involved in far more than depression.

Noradrenaline

Arousal and alertness. Too little and nothing engages; too much and everything is urgent.

GABA

The brake. Inhibitory, calming, and central to how the nervous system stops.

Glutamate

The accelerator. The main excitatory signal, essential for learning and easy to run too hot.

Acetylcholine

Attention, memory, and plasticity. The learning chemical.

Oxytocin

Bonding and trust — and also in-group preference. It is not a kindness molecule.

Cortisol

The stress hormone. Useful in bursts, corrosive when chronic, and directly implicated in memory and sleep problems.

Endocannabinoid System

The body's own stress-buffering system, involved in pain, appetite, mood, and sleep. Rarely taught, increasingly relevant.

Circadian Rhythm

The 24-hour clock, set primarily by light. Fight it and everything downstream degrades.

Ultradian Rhythm

The 90-minute wave inside the day. Attention was never designed to run flat for eight hours.

Delayed Sleep Phase

The internal clock genuinely set later. Not discipline. Not choice. Common in ADHD and routinely moralized.

Sleep Debt

Accumulated, compounding, and only repayable with sleep. Everything else is a workaround with interest.

Revenge Bedtime Procrastination

Staying up to reclaim hours the day took. It is not irrational. It is the only unclaimed time available.

Motivation & Reward

Motivation is not a moral quality. It is a prediction system deciding, largely without consulting you, what is worth the energy.

THE REWARD SYSTEM

Reward Processing

How the system decides what is worth doing. Difference here explains more ND behavior than any other single mechanism.

Reward Salience

How loudly a possible reward registers. When it registers quietly, effort does not launch.

Anticipatory vs. Consummatory Pleasure

Wanting versus liking. They run on different systems and can be dissociated entirely — wanting something intensely and enjoying it not at all.

Delay Discounting

How steeply a reward loses value with time. Steep discounting means next month is worth almost nothing, and no amount of knowing this changes the felt value.

Novelty Seeking

The pull toward the new. It is a legitimate regulatory need, not a character flaw and not a commitment problem.

Sensation Seeking

The intensity version — speed, risk, volume, edge. Frequently self-medication for an under-stimulated system.

Reward Prediction Error

The gap between the reward expected and the reward received. Disappointment has a formula, and so does delight.

Motivational Salience

What stands out as worth pursuing right now. It is assigned before you deliberate.

Anhedonia

Nothing lands. The reward arrives and produces no signal.

Effort Discounting

The cost side of the same equation. The reward is real and the effort required cancels it before you begin.

Novelty Salience

New things get automatic priority. This is why the fourth project is compelling and the first one is not.

HOW IT SHOWS UP

Interest-Based Nervous System

The popular framing: activation runs on interest, novelty, challenge, and urgency rather than importance. Not a research construct. Accurate enough that it has spread anyway.

Urgency Dependence

Deadlines as the only reliable fuel. It works, it produces good work, and it costs the nervous system every time.

Zeigarnik Effect

Unfinished things keep running in the background. The mind holds open loops at a cost, which is why the small undone task is loud.

Open Loops

The plain-language version. Every unclosed thing draws a small standing charge on attention.

Now vs. Not Now

The two-tense timeline. There is now, and there is not-now, and not-now contains both tomorrow and next year at the same distance.

Motivation vs. Activation

You are not unmotivated. You are unactivated. The wanting is fully present and the launch mechanism is not engaging.

Ovsiankina Effect

The pull to resume what was interrupted. Interruption is not neutral — it creates a demand to return.

Behavioral Activation

Action before mood. Waiting to feel like it is a strategy that fails reliably.

Intrinsic vs. Extrinsic Motivation

Internal drive versus external reward. Adding external rewards to something intrinsically enjoyed can destroy the enjoyment.

Habituation to Reward

Why the thing that worked stops working. The system recalibrates to whatever becomes normal.

Learned Helplessness

The shape repeated failure leaves behind. Effort stops because effort stopped mattering, and the belief outlives the conditions that produced it.

Demand Avoidance

A demand registers as a threat to autonomy and the system refuses. Not defiance. See PDA.

Special Interest

Deep, sustained, expertise-building engagement with a topic. A source of regulation and identity, not a symptom to be redirected.

Reinforcement Schedules

Variable, unpredictable rewards produce the strongest behavior. Every app you use is built on this finding.

Habit Loop

Cue, routine, reward. Design the cue and the environment; willpower is the least reliable component.

Self-Determination Theory

Three needs drive sustained motivation: autonomy, competence, relatedness. Remove autonomy and the other two cannot compensate.

Autonomy Threat

The mechanism underneath. The nervous system requires a minimum of perceived control to stay regulated. Below that minimum, it activates.

Hyperfixation

Total, temporary immersion. Weeks or months of everything, then nothing. Distinct from a special interest, which persists.

Emotion & Social

Most of what gets read as a character problem in this section is a state problem. The behavior is real. The explanation people reach for is usually wrong.

FEELING IT

Alexithymia

Difficulty identifying and describing your own emotions. Not an absence of feeling — an absence of labels. Present in roughly half of autistic adults.

Emotional Attunement

Reading the state rather than the words. Most conflict is an attunement failure dressed as a disagreement about facts.

Cognitive Empathy

Understanding what someone feels. This is the one that requires processing time, and the one that looks absent when processing is slow.

Compassionate Empathy

Understanding, feeling, and moving to help. The one that matters in practice.

Double Empathy Problem

The mismatch runs both ways. Autistic and non-autistic people both misread each other. It was never a one-sided deficit.

Emotional Dysregulation

The size and duration of the response, not the presence of it. Zero to full in under a second, and a long way back down.

Emotional Granularity

The difference between bad, and disappointed, and dreading Thursday. Finer granularity means better regulation, and it is learnable.

Emotional Contagion

Catching a room's state without consenting to it. Highly sensitive and highly attuned people absorb more and recover slower.

Affective Empathy

Feeling what someone feels. Frequently elevated in autistic people, which is the opposite of the stereotype.

Empathy Under Load

When the nervous system is maxed out, empathy goes offline. Not because you stopped caring — because the body cannot hold both at once.

Theory of Mind

Modeling another person's mental state. The classic construct, heavily contested, still shaping diagnosis.

WHERE IT GETS PAINFUL

Rejection Sensitivity

A small slight lands as a full-body alarm. Not drama. Not fragility. A threat response to social exclusion, running at full volume.

Shame Response

The whole-body collapse under exposure. Heat, averted gaze, the urge to disappear. It shuts down exactly the capacities needed to repair.

Guilt vs. Shame

Guilt says I did something bad. Shame says I am something bad. Guilt drives repair. Shame drives hiding.

Justice Sensitivity

Unfairness registering as physical pain — including unfairness that has nothing to do with you. It is a moral strength that costs a great deal to carry.

Shame Spiral

Shame produces dysregulation, dysregulation produces the behavior, the behavior produces more shame. The loop is self-feeding and it accelerates.

Moral Injury

What breaks when you act against your own code, or watch it happen and cannot stop it. Distinct from trauma and rarely named.

Fawn Response

Safety through appeasement. Agreeing, accommodating, smoothing, apologizing. It is a threat response, and it is routinely mistaken for kindness.

Dissociation

The exit that was not chosen. Distance, fog, watching yourself from slightly outside.

Derealization

Not-real. The room is a set. The people are convincing.

Emotional Flashback

No image, no scene — just the feeling arriving whole, at the intensity of the original event, attached to nothing in the present.

Depersonalization

Not-me. Your hands, your voice, your face, all belonging to someone else.

Hypervigilance

Scanning that never stops. Exhausting, protective, and frequently indistinguishable from attentiveness.

THE SOCIAL COST

Masking

Suppressing what shows — the stim, the flat tone, the discomfort. Effective, expensive, and cumulative.

Camouflaging

Actively performing what is not there — the eye contact, the small talk, the rehearsed warmth. Beyond suppression into production.

Compensation

The third strategy: building workarounds that deliver the expected output through an entirely different route.

Mirroring

Absorbing other people's speech, tone, humor, and taste until it is unclear which parts were ever yours.

Identity Erosion

The long-run cost of masking. Years of performing, and then a genuine inability to answer what do you actually like.

Social Battery

Not a technical term. Universally understood. A finite charge that depletes with contact and refills only in solitude.

Social Hangover

The day after. Flat, sore, foggy, unable to speak to anyone. The bill for an evening that went well.

Social Anxiety vs. Social Fatigue

One is fear of judgment. The other is depletion from processing. They produce identical avoidance and need opposite responses.

Autistic Inertia

Hard to start, hard to stop, hard to change direction once moving. It applies to rest as much as to work.

Autistic Burnout

Not tiredness. Skill loss — speech, executive function, tolerance, self-care — following prolonged masking and unmet need. Recovery takes months.

Neurodivergent Burnout

Chronic exhaustion from sustained misalignment. Shutdown, disconnection, and reduced executive function that does not resolve with a weekend.

Boreout

Exhaustion from chronic under-challenge. Looks like burnout, comes from the opposite direction, and hits high-capacity people whose strengths sit unused.

Meltdown

Overload coming out. Not a tantrum — there is nothing instrumental about it. It has no audience requirement and it cannot be stopped by consequences.

Shutdown

Overload going in. Speech goes, movement goes, response goes. Frequently read as sulking or refusal.

REPAIR

Rupture

The break in connection. Ordinary, unavoidable, and not the thing that causes damage.

Repair

The return after the break. This is the mechanism that decides whether a rupture becomes damage or becomes trust. Children do not need perfect parents. They need repair.

Rupture & Repair Cycle

Connection, break, return. The cycle, repeated reliably, is what builds security. The absence of repair is what does the harm.

Accountability vs. Shame

Accountability requires enough regulation to stay present with what you did. Shame removes that regulation. This is why shaming people makes them less able to take responsibility, not more.

Attachment Styles

Secure, anxious, avoidant, disorganized. Useful language, overextended in popular use, and not a personality test.

Parts Language

Part of me wants to go and part of me cannot. Naming internal conflict as parts reduces the pressure to be one coherent thing.

Attunement Failure

The missed signal. Constant, universal, and only a problem when it goes unnoticed and uncorrected.

Rupture Tolerance

How much conflict a relationship can hold without either person leaving. It is built, not given.

Boundaries vs. Walls

A boundary defines what you will do and still lets people in. A wall keeps everyone out and calls itself a boundary.

Communication & Language

Almost every complaint about how neurodivergent people communicate is a complaint about a difference in processing, translated badly into a claim about character.

SPEECH & LANGUAGE

Echolalia

Repeating what you heard — immediately, or days later, in the original voice. It is communication, regulation, and language development, not empty repetition.

Palilalia

Repeating your own words or phrases, often under stress or excitement.

Scripting

Prepared language as safety. Rehearsed openings, borrowed phrases, whole conversations run in advance. It works, and it costs.

Gestalt Language Processing

Learning language in whole chunks rather than single words. The phrase arrives complete and gets broken down later. A different route, not a delayed one.

Auditory Processing Disorder

Hearing is fine. Decoding is late. Speech in noise becomes an unsolvable puzzle, and asking someone to repeat it does not help.

Word-Finding Difficulty

The word is there and not there. Anomia. Worse under stress, worse when watched, and no reflection of vocabulary.

Verbal Shutdown

Speech becoming unavailable under overload or distress. The thoughts are present. The channel is closed.

Situational Mutism

The voice that will not come in specific contexts, reliably. An anxiety response, not a choice and not defiance.

AAC

Augmentative and alternative communication — text, boards, devices. Speech is one channel, not the definition of communication.

Prosody

The music of speech — pitch, rhythm, emphasis. Different prosody gets read as bored, angry, or insincere. It is none of those.

Stuttering & Cluttering

Disfluency in rhythm or rate. Both worsen under pressure and neither reflects thought speed.

MAKING SENSE OF EACH OTHER

Pragmatics

The unwritten rules of language use — turn-taking, implication, when a question is not a question. Learnable, and exhausting to run manually.

Literal Interpretation

Processing what was said rather than what was implied. Efficient, accurate, and constantly penalized.

Direct Communication

Saying the thing. Read as blunt in cultures that encode politeness as indirection. Usually a translation error, not rudeness.

Info-Dumping

Connection through detail. Offering everything you know about the thing you love is an act of intimacy, whatever it looks like from outside.

Parallel Play

Together, separately. Two people in one room doing different things, and that is the socializing. It counts.

Monologuing & Reciprocity Norms

Conversational turn-taking is a cultural norm, not a moral fact. Worth knowing. Not worth pathologizing.

Hyperlexia

Reading early and fluently, comprehending later. The decoding runs ahead of the meaning.

Dyslexia

A difference in phonological processing and language decoding. Frequently paired with strength in visual reasoning, synthesis, and pattern.

Dyscalculia

A difference in number sense, magnitude, and sequence. Not a maths-anxiety problem and not resolved by more practice.

Dysnomia

Persistent naming difficulty. The category is available, the specific word is not.

Dysgraphia

The bottleneck between thought and page. Handwriting, spelling, and spatial layout of writing — with the ideas fully intact.

Identity, Systems & the Language We Use

The words in this section are contested, and the contest matters. How a difference is named determines whether the response is treatment, accommodation, or design.

THE FRAME

Neurodivergence

The umbrella. Cognitive variation that differs from the dominant norm — autism, ADHD, dyslexia, dyspraxia, Tourette's, and more.

Neurodivergent

A person whose cognitive functioning differs from what systems were designed to expect.

Neurodiversity

The paradigm: neurological variation is a natural feature of the species, not a set of defects to be corrected.

Neurotypical

Whoever the environment was built for. Not a diagnosis, and not a synonym for normal.

Neuronormativity

The invisible default. The assumption that one way of processing, communicating, and working is simply how it is done.

Ableism

Discrimination based on the belief that typical functioning is superior. Structural far more often than personal.

Internalized Ableism

The voice you inherited. Judging your own needs by the standard that excluded you. It is the last part to leave.

Medical Model

The problem is located in the person, and the response is treatment.

Social Model

The problem is located in the environment, and the response is design. Most useful when held alongside the medical model rather than instead of it.

Neurodiversity-Affirming Practice

Support that adapts the environment and the approach rather than training the person to appear typical. It has real implications for goals.

Identity-First vs. Person-First

Autistic person versus person with autism. Most autistic adults prefer identity-first. Ask, and default to identity-first when you cannot.

BEING IDENTIFIED

Self-Identification

Recognizing yourself without formal assessment. Given cost, waiting lists, and diagnostic bias, it is an access question before it is an accuracy question.

Late Identification

Recognizing it at 30, 40, 55. Relief and grief arrive together, and nobody warns you about the grief.

Diagnostic Overshadowing

One diagnosis absorbing every symptom. Everything gets attributed to the label already on file, and the second condition goes unseen for years.

Misdiagnosis Patterns

Autistic and ADHD women misdiagnosed with anxiety, depression, bipolar disorder, and borderline personality disorder, in that order, for decades.

Gender & Diagnostic Bias

The criteria were built from studies of boys. Everyone who does not present like those boys waits longer, or never arrives.

Twice-Exceptional

Gifted and disabled in the same person. Each masks the other, the average looks unremarkable, and neither need is met.

Spiky Profile

High peaks and deep troughs in one person. The average is meaningless. The profile is the information.

Disclosure

The calculation nobody outside makes: tell them and risk the frame, or don't and carry it alone.

Passing

Being read as typical, and the sustained cost of maintaining that reading.

LOAD & DESIGN

Spoon Theory

A finite daily allowance of energy, spent on tasks that cost others nothing. Written by Christine Miserandino about lupus, adopted everywhere, because it is exactly right.

Invisible Labor

The unseen work of masking, interpreting ambiguity, and adapting to a misaligned environment. It does not appear in any workload calculation.

Coping Strategies

The effortful adaptations that make a misaligned environment survivable. Their existence is why the need stays invisible.

Universal Design

Build it in rather than bolt it on. Captions, quiet rooms, written agendas, flexible hours — designed for everyone, requested by no one.

Cognitive Misalignment

Friction between how a person processes and how a system is built. It reads as underperformance and it is a design fault.

Strength-Based Design

Building the role around what the person is exceptional at, and structurally covering what they are not.

Community Language

How people actually talk: ND, NT, AuDHD, spicy brain, the tism. Informal, in-group, and not for outsiders to adopt casually.

Fork Theory

The accumulation version. One fork is nothing. Eleven forks and the smallest one ends the day.

Emotional Labor

Managing your expression to meet other people's expectations. Paid work for some, unpaid for most.

Accommodation vs. Access Need

An accommodation is granted. An access need is a condition of participation. The difference is who is being done a favor.

Psychological Safety

The shared belief that speaking up will not be punished. It is the precondition for every other inclusion effort.

Functional Differentiation

Designing roles around actual cognitive strengths instead of distributing identical expectations evenly.

Adaptive Capacity

How flexibly a person or system responds to change and load. It rises with regulation and falls with depletion.

THE FRAMEWORKS USED HERE

State to Access to Skill

The core sequence. State determines access. Access determines whether skill is available. Teaching skill to a dysregulated system changes nothing.

Gentle Leading

Leading in a way that keeps other people's nervous systems inside the window where their skill is actually available.

The Access Gap

The distance between what someone can do and what their current state allows them to reach. It is not a skills gap and it does not close with training.

SNIP

Five domains of neurocognitive profile: sensory and emotional processing, cognitive and temporal regulation, motor and energy rhythms, social and communication styles, executive function and systems thinking.

Neurotypes, Diagnoses & Profiles

Diagnoses are descriptions of patterns, written by committees, revised every decade. They are useful for access and language. They are not the person.

THE CORE PROFILES

ADHD

A difference in attention regulation, impulse control, and cognitive pacing — driven by interest and urgency rather than importance. Not a deficit of attention.

Autism

A difference in sensory processing, social communication, and cognitive patterning. A whole neurotype, present from birth, lifelong.

AuDHD

Autism and ADHD together. Not the average of the two — an internal argument between a need for structure and a need for novelty, running permanently.

Mixed Profiles

Co-occurrence is the rule, not the exception. Single-diagnosis presentations are the minority.

ADD

The historical term for the inattentive presentation. No longer a separate diagnosis, still widely used, still describing something real.

Asperger's Profile

A retired diagnostic label, now within the autism spectrum. Some adults keep the term for their own history; the name's origins are a legitimate reason others do not.

PDA

Pathological Demand Avoidance, increasingly named Persistent Drive for Autonomy. Demands register as threats to autonomy, including self-generated ones. The avoidance is involuntary and deeply distressing.

Spectrum

Not a line from mild to severe. A profile with peaks and troughs that shift with context, load, and support.

LEARNING & MOTOR

Dyspraxia

Developmental Coordination Disorder. Motor planning and coordination, plus sequencing and spatial navigation. The effort is enormous and completely invisible.

Sensory Processing Disorder

Sensory input registered, filtered, or integrated differently enough to disrupt daily functioning. Not in the DSM. Occupational therapy treats it anyway.

Developmental Language Disorder

Persistent difficulty acquiring and using language, with no other explanation. Common, under-recognized, and often mistaken for inattention.

Giftedness

Asynchronous development — advanced reasoning alongside intensity, perfectionism, and existential preoccupation. It is a support need, not a prize.

NVLD

Strong verbal ability alongside difficulty with spatial, motor, and social-perceptual reasoning. The mismatch confuses everyone, including the person.

Visual Processing Disorder

Eyes work. Interpretation of what is seen does not — spacing, tracking, figure-ground, visual memory.

Intellectual Disability

Significant differences in intellectual functioning and adaptive skills. Frequently conflated with autism; a distinct thing.

Overexcitabilities

Dabrowski's five intensities: psychomotor, sensual, intellectual, imaginal, emotional. A useful description of what too much looks like from inside.

TICS, COMPULSIONS & REPETITION

Tourette Syndrome

Multiple motor tics and at least one vocal tic, persisting over a year. Coprolalia occurs in a small minority and dominates the public image regardless.

Functional Tic Disorders

Sudden-onset, functionally driven tic-like movements. Real, distressing, and treated differently from Tourette's.

OCD

Intrusive thoughts producing distress, and compulsions performed to reduce it. The compulsion works briefly and strengthens the loop.

OCPD

A personality pattern of rigidity, perfectionism, and control. Different from OCD, routinely confused with it, and frequently ego-syntonic.

Tics vs. Compulsions

A tic relieves a physical urge. A compulsion prevents a feared outcome. The distinction determines the treatment.

BFRBs

Body-focused repetitive behaviors — hair pulling, skin picking, nail biting. Regulatory, shame-heavy, and highly responsive to the right intervention.

MOOD, ANXIETY & TRAUMA

Anxiety Disorders

Generalized, panic, social, phobic. In ND adults, anxiety is frequently downstream of unmet sensory and access needs rather than a primary condition.

Depression

Persistent low mood, anhedonia, and cognitive slowing. In ND adults, routinely diagnosed where burnout, masking, or sensory exhaustion is the actual mechanism.

Bipolar I and II

Cyclical shifts between depressive and manic or hypomanic states. Distinguishable from ADHD emotional intensity by duration and by sleep pattern.

Cyclothymia

Chronic mood fluctuation below the threshold for bipolar diagnosis. Persistent, disruptive, and easy to dismiss.

PTSD

Following trauma: hypervigilance, avoidance, intrusion, and reactivity. The nervous system is still responding to something that has ended.

C-PTSD

Following repeated, inescapable trauma — usually relational, usually developmental. Adds shame, emotional flashbacks, and disrupted sense of self. Frequently misdiagnosed as a personality disorder.

Dissociative Disorders

Including DID and OSDD. Disruptions in memory, identity, and continuity, developed as survival architecture.

BPD / EUPD

Instability in emotion, identity, and relationships, with intense fear of abandonment. Also the label most frequently applied to autistic and ADHD women before anyone considers neurodivergence.

Narcissistic Traits

Grandiosity, entitlement, and low empathic responsiveness. Traits exist on a continuum, occur transiently under threat, and are not the same as the disorder.

NPD

A pervasive, inflexible, lifelong pattern causing significant impairment. Rare. Diagnosable only by a clinician, and not by someone's ex-partner.

Antagonistic vs. Vulnerable Narcissism

The grandiose, dominant presentation and the fragile, shame-driven one. The second looks nothing like the stereotype and is far more common.

Psychosis Spectrum

Altered perception, belief, and thought organization. Frequently traumatic, frequently over-feared, and responsive to treatment.

Schizoid & Schizotypal Traits

Detachment from relationships, or unusual perception and belief. Both overlap with autistic presentation and are regularly confused with it.

HSP

Sensory processing sensitivity — deeper processing, stronger emotional reactivity, and faster overstimulation. A temperament trait, present in about a fifth of people.

EATING, SLEEP & PERCEPTION

ARFID

Avoidant/Restrictive Food Intake Disorder. Restriction driven by texture, smell, appearance, or fear of consequence — not by body image. Extremely common in autistic people.

Eating Disorders & ND Overlap

Autistic people are substantially over-represented in anorexia populations, and standard treatment protocols frequently fail them.

Narcolepsy

Chronic sleepiness with intrusion of sleep phenomena into waking. Often mistaken for depression or ADHD for years.

Chronic Insomnia

Persistent difficulty falling or staying asleep. In ND adults, frequently a delayed clock or an unregulated nervous system rather than a sleep disorder.

Restless Legs & PLMD

Movement urges and periodic limb movements that fragment sleep. Frequently linked to low ferritin.

Aphantasia

No voluntary mental imagery. Discovered by most people in adulthood, usually mid-conversation, usually with shock.

Misophonia

Specific repetitive sounds triggering rage or panic. Now understood as a genuine neurological condition, not a tolerance problem.

Idiopathic Hypersomnia

Excessive sleep and sleep drunkenness with no identifiable cause and no refreshment from any amount of sleep.

Sleep Apnea

Interrupted breathing in sleep. Produces inattention, irritability, and memory problems, and is diagnosed as ADHD with some regularity.

Prosopagnosia

Face blindness. You cannot recognize faces, including familiar ones, including sometimes your own. It reads as rudeness and is a perceptual difference.

SDAM

Knowing your history without re-experiencing any of it. Facts intact, film missing.

Synesthesia

Consistent cross-activation between senses. Involuntary, stable across a lifetime, and more common in ND populations.

ACQUIRED & GENETIC

Acquired Brain Injury

Neurodivergence acquired rather than developmental. Fatigue, executive dysfunction, processing delay, and emotional volatility — the same support needs, a different origin.

Stroke-Related Cognitive Change

Attention, language, memory, and emotional regulation altered by location of damage rather than by severity.

Absence Seizures

Brief losses of awareness that look exactly like daydreaming. Missed for years, and mistaken for inattention.

FASD

Fetal Alcohol Spectrum Disorder. Executive function, memory, and regulation differences that are lifelong and consistently under-identified.

Down Syndrome

Trisomy 21. Wide variation in cognitive and adaptive profile, and a life expectancy that has doubled in forty years.

Rett Syndrome

A genetic condition affecting mainly girls, involving loss of acquired skills, motor function, and speech, with cognition often underestimated.

Post-Concussion Syndrome

Symptoms persisting long past the injury. Cognitive fog, light sensitivity, headache, and an exhaustion that no scan explains.

Epilepsy

Seizure activity, plus the frequently overlooked cognitive layer: attention fluctuation, memory lapses, and post-ictal exhaustion.

Migraine

A neurological event, not a headache. Prodrome, aura, pain, and postdrome — with cognitive and sensory disruption throughout.

Fragile X

The most common inherited cause of intellectual disability, with high rates of co-occurring autism and anxiety.

Williams Syndrome

Strong verbal and social ability alongside significant spatial and cognitive difficulty. The inverse of the autistic profile in several dimensions.

Cerebral Palsy

A motor condition from early brain development. Cognition is frequently unaffected and routinely assumed to be affected.

Medication-Induced Cognitive Effects

Antihistamines, anticholinergics, sedatives, and several psychiatric medications all alter cognition. Worth ruling out before concluding anything.

Body Conditions That Shape the Nervous System

This is the section most glossaries leave out. A large share of what gets called brain fog, laziness, or anxiety is a body doing something measurable. None of this is medical advice — it is vocabulary, so the right questions get asked.

INFECTION & POST-INFECTIOUS

Lyme Disease

A tick-borne bacterial infection. The neurological presentation — memory loss, word-finding difficulty, brain fog, mood change, sensory sensitivity — is regularly mistaken for a psychiatric condition.

Post-Treatment Lyme Disease Syndrome

Symptoms persisting after treatment. Contested in mechanism, real in presentation, and a common route into acquired cognitive difficulty.

Co-Infections

Bartonella, Babesia, and others transmitted alongside Lyme. Psychiatric and cognitive presentations are documented and frequently missed.

PANS / PANDAS

Abrupt-onset OCD, tics, restriction, and regression in children following infection. Sudden onset is the diagnostic signature, and speed of treatment matters.

Long COVID

Post-viral illness including cognitive impairment, fatigue, and dysautonomia. The largest mass acquired-neurodivergence event in living memory.

ME/CFS

Myalgic encephalomyelitis. Profound fatigue plus cognitive impairment, unrefreshing sleep, and a defining crash after exertion. Not a fatigue-only condition.

Post-Exertional Malaise

The crash 24 to 72 hours after activity — physical, cognitive, or emotional. The delay is why nobody connects it, including the person.

AUTONOMIC, CONNECTIVE & IMMUNE

POTS

Postural Orthostatic Tachycardia Syndrome. Heart rate spikes on standing, producing dizziness, brain fog, and exhaustion. Predominantly diagnosed in women and predominantly late.

Dysautonomia

Autonomic dysfunction across systems — heart rate, blood pressure, digestion, temperature. Regulation strategies work differently when the autonomic system itself is unreliable.

hEDS & Hypermobility

Hypermobile Ehlers-Danlos and the hypermobility spectrum. The documented co-occurrence with autism, ADHD, POTS, and MCAS is strong enough to be worth screening for.

MCAS

Mast Cell Activation Syndrome. Inappropriate immune mediator release causing flushing, GI symptoms, fatigue, and cognitive fog with no clear trigger.

Histamine Intolerance

Symptoms following high-histamine foods — headache, flushing, congestion, anxiety, insomnia.

Autoimmune Conditions

Hashimoto's, lupus, MS, rheumatoid arthritis. Fatigue and cognitive impairment are core features, not side notes.

Fibromyalgia

Widespread pain with fatigue, sleep disruption, and cognitive difficulty. Central nervous system processing, not tissue damage.

Central Sensitization

The volume knob stuck up. The nervous system amplifies pain and sensory signals, and ordinary input becomes intolerable.

Chronic Pain & Cognitive Load

Pain consumes bandwidth continuously. What looks like inattention is often attention already fully committed elsewhere.

METABOLIC & HORMONAL

Thyroid Dysfunction

The great mimic. Hypothyroidism produces fatigue, fog, depression, and slowed cognition. It is a blood test, and it is often not run.

B12 & Folate

Deficiency produces cognitive impairment, mood change, and neuropathy. Reversible when caught, permanent when not.

Blood Sugar Dysregulation

The crash that reads as a mood. Irritability, fog, and shakiness on a schedule that tracks meals rather than events.

IBS & ND Overlap

Functional gut symptoms occur at markedly higher rates in autistic and ADHD adults. Interoception, stress, and diet all contribute.

Menstrual Cycle & Executive Function

Estrogen supports dopamine. When it drops in the luteal phase, executive function, working memory, and emotional regulation drop with it, every month.

Pregnancy & Postpartum

Substantial, measurable structural brain change. Cognitive and emotional shifts are physiological, not failures of coping.

Ferritin & Attention

Low iron stores are associated with restless legs, fatigue, and attention difficulty. Ferritin can be low while hemoglobin is normal.

Vitamin D

Deficiency is associated with fatigue and low mood, and is close to universal at northern latitudes in winter.

Gut-Brain Axis

Bidirectional signaling between gut and brain via nerve, immune, and microbial pathways. Real, and routinely oversold.

PMDD

Premenstrual Dysphoric Disorder. Severe mood, cognitive, and physical symptoms in the luteal phase — a sensitivity to normal hormonal change, not abnormal hormones.

Perimenopause

Falling estrogen unmasking difficulties that were previously compensated. This is why so many women are identified as ADHD or autistic in their forties.

Hormonal Contraception & Mood

Mood and cognitive effects vary enormously between individuals and formulations. Worth tracking rather than assuming.

LOAD, SUBSTANCE & BASELINE

Chronic Illness Fatigue vs. Burnout vs. Depression

Three different mechanisms producing one appearance. Rest fixes one, change fixes another, and neither touches the third. Naming the right one determines everything.

Caffeine, Alcohol & Nicotine

All three are regulation tools with a cost. Nicotine is a genuine cognitive enhancer, alcohol is a genuine anxiolytic, and both bills come due.

Self-Medication

Substance use that starts as regulation. Stimulants for focus, alcohol for social load, cannabis for sleep. It works, which is exactly the problem.

Dehydration

Mild dehydration measurably degrades attention and mood. Unglamorous, and worth ruling out first.

Trauma, Stress & Recovery

Trauma is not the event. It is what the nervous system did to survive the event, and how long it kept doing it afterward.

WHAT IT IS

Type I Trauma A single overwhelming event. Discrete, identifiable, and easier to treat because it has edges.	Type II Trauma Repeated, ongoing, inescapable. No edges, no before, and frequently no memory of anything different.
Developmental Trauma Harm occurring while the nervous system is being built. It shapes the architecture rather than damaging a finished structure.	ACEs Adverse Childhood Experiences. A score that predicts adult health outcomes at a population level. Predictive, not deterministic, and not a diagnosis.
Trauma-Informed Practice Assuming trauma may be present and designing so that the environment does not re-trigger it. It is a design stance, not a treatment.	

HOW IT SHOWS

Triggers vs. Reminders A reminder brings the memory. A trigger brings the state. One is thought, the other is physiology, and only one can be reasoned with.	Flashback The past arriving as present. Visual, auditory, or purely somatic.
Implicit Memory The record kept below language. It does not present as memory. It presents as reaction.	Somatic Memory The body's version. Posture, breath, gut, and muscle holding what the narrative does not.
Freeze Immobilized while still activated. High arousal, no movement. Frequently mistaken for calm compliance.	Shutdown The system going offline. Low arousal, low response, low everything.
Chronic Activation Never fully returning to baseline. The system stops distinguishing between threat and Tuesday.	Hypervigilance Continuous scanning. Protective once, exhausting permanently.

COMING BACK

Recovery The restoration of cognitive clarity, emotional balance, and somatic regulation. It requires conditions, not effort, and it takes longer than anyone plans for.	Post-Traumatic Growth Real, documented, and not the point. Growth is a possible outcome, never an obligation, and never a reason to reframe someone's suffering for them.
Resilience Not the ability to endure more without support. The capacity to return, which is built almost entirely from the availability of support.	

ALEXANDRA ROBUSTE

NEUROINCLUSIVE LEADERSHIP & NERVOUS SYSTEM DESIGN

“The word you couldn't find, the intention that never surfaced, the crash two days after the good day — these are not evidence of who you are. They are evidence of a nervous system doing something specific, with a name. Having the name doesn't fix it. But it changes what you're working with.”

Alexandra Robuste

READY FOR SUPPORT THAT ACTUALLY UNDERSTANDS THIS?

Book a Free Discovery Call

15 minutes to talk through what resonated here, whether coaching can help, and what designing around your actual nervous system would look like.

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Terms are drawn from cognitive psychology, neuroscience, occupational therapy, and neurodivergent community usage. Where a construct is contested or popular rather than scientific, the entry says so.