Gentle Leading and Neurodivergence

Inclusive Leadership Strategies for Embracing Neurodiversity and Driving Workplace Innovation.

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Introduction

Gentle Leading: The Neurodivergent Expansion

This book grew out of a deepening of the original inquiry—and from the undeniable need to expand the conversation.

It is structured in three parts, each building upon the last to translate lived experience into actionable leadership design.

Part 1 lays the conceptual groundwork. It introduces neurodivergence not as a deficit, but as a distinct cognitive dialect—one often misread, under-recognized, or forced into translation. This section explores how neurodivergent expression intersects with workplace systems, outlining why inclusion efforts often fall short when they fail to account for structural misunderstanding. It also delves into coping and masking—not just as personal strategies, but as systemic responses to unfit environments, and the cumulative toll they take on sustainability and psychological clarity.

Part 2 zooms in. It examines nine neurodivergent profiles with the greatest relevance in leadership contexts—from ADHD to Autism, Dyslexia to Giftedness—each explored through their patterns of expression, friction points, masking dynamics, and structural needs. This is followed by a brief but necessary overview of supplementary profiles such as PTSD, bipolarity, NVLD, or auditory processing differences—profiles that have only recently entered the broader conversation on neurodiversity, yet profoundly shape leadership realities. Often overlooked by traditional inclusion models but still shape leadership realities in profound ways.

Part 3 turns to application. It addresses how leaders can build and sustain neurodiverse teams—including what it means when neurodivergence is not just present within the team, but also within the leader themselves. Particular focus is given to mixed or opposing profiles (e.g., ADHD and High Sensitivity) and the unique negotiations that arise when divergent regulation patterns coexist. A dedicated section on nervous system stewardship underscores why sustainable leadership begins with regulation, not resilience—and why this matters for everyone, not just the neurodivergent. The final chapter explores neuroleadership through the lens of neurochemistry—examining how dopamine, serotonin, and other biochemical systems influence clarity, courage, motivation, and interpersonal coherence.

It became increasingly clear: needs-based leadership doesn't just reduce micromanagement. It improves retention, cultivates high-performing teams, and meaningfully reduces burnout and overfunctioning—especially for neurodivergent individuals. Why? Because it centers the regulation of the nervous system, not just organizational outcomes.

Neurodivergence was always part of the vision. Any leadership model that claims to be inclusive must reflect the full range of how people think, feel, and function. But truly serving the 1 in 5 people who are neurodivergent—and many more who remain undiagnosed—requires more than a chapter. It requires a shift. This is where needs-based leadership meets the lived experience of sensory overload, executive function challenges, masking, and invisible exhaustion. It's where psychological safety moves beyond theory and becomes a lifeline.

This book is written for two audiences—though they often overlap:
– Neurodivergent leaders who want to lead without masking, burning out, or contorting themselves into someone they're not.
– And those in leadership roles who want to meaningfully support neurodivergent team members and not just through policy, but through presence, structure, and everyday interaction.

When leadership is intentionally designed with cognitive diversity in mind, the benefits extend to all. Communication gains clarity, workflows become more sustainable, burnout decreases, and innovation emerges more organically. This approach does not reflect preferential treatment—it reflects the structural integration of human difference as a foundational design principle.

Welcome to the branch of Gentle Leading™ that dares to go deeper—into brains wired differently and workplaces built too narrowly. We're not adding complexity for its own sake. We're adding clarity where it's been missing. And in doing so, we're expanding what leadership can be—for all of us.

Let's begin.
—Alexandra Robuste

Acknowledgments & Intentions

This book wouldn't exist without the people who knowingly shaped, challenged, and propelled me into the leader—and the person—I am today.
To my sons, Yannick, Noah, and Luc—you handed me the ultimate crash course in leadership long before I even realized it. You taught me that leadership is about trust, emotional regulation, and truly understanding human needs. Without you, Gentle Leading would never have been born.
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Chapter 1
Neurodivergence in Leadership
Why Awareness and Inclusion Are Essential

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Abstract
This chapter positions neurodivergence as a vital yet underrecognized dimension of leadership and organizational design. Grounded in research from cognitive science, disability studies, and inclusion, it reframes conditions such as ADHD, autism, and dyslexia as forms of cognitive diversity rather than deficit. It explores how conventional workplace norms—through masking expectations, biased metrics, and structural ableism—undermine neurodivergent participation and sustainability. The chapter introduces key concepts such as coping, masking, emotional safety, and structural generosity, advocating a shift from reactive accommodation to anticipatory system design that supports both neurodivergent sustainability and collective organizational intelligence. It sets the foundation for a cognitive-informed leadership paradigm and prepares the reader for in-depth analysis of specific neurodivergent profiles in the chapters that follow.

The Invisible Baseline
How workplaces were built.
Standard indoor climate settings were calibrated in the 1960s to match the resting metabolic rate of a 40-year-old man—an assumption that still informs building codes and office environments today (Kingma & van Marken Lichtenbelt, 2015). This is one reason why many women—and others with lower baseline metabolic rates—report discomfort or persistent cold in shared workspaces.

Despite estimates that one in five people are neurodivergent (Maenner et al., 2020), most professional environments—from recruitment to leadership development—are still calibrated to neurotypical norms.
It challenges the idea that there is a normal way to think, learn, or behave.

These design choices may appear neutral, but they embed an unspoken norm. When foundational systems are built around a narrow standard, exclusion is not necessarily intentional—but it becomes structurally inevitable. And many of these defaults remain unchanged. Naming this difference is the first step toward addressing it.

When we don't question the invisible baseline, we risk mistaking exclusion for excellence—and calling neurotypicality a prerequisite for leadership. This book invites a different lens.

Figure 1.1. Estimated Prevalence of Neurodivergence- Approximately 15–20% of the global population—are estimated to be neurodivergent (Baumer & Frueh, 2021; CDC, 2023).

Defining Neurodivergence
From diagnostic labels to cognitive variation as a human constant.

Neurodivergence refers to naturally occurring variations in cognitive functioning. The term was coined by sociologist Judy Singer in the late 1990s to move beyond clinical deficit language and to frame cognitive diversity as a natural part of the human spectrum. According to the National Symposium on Neurodiversity (Syracuse University, 2011), neurodivergence describes "neurological variation that is recognized and respected as any other human variation."

Commonly recognized profiles include ADHD, autism, dyslexia, dyscalculia, dyspraxia, giftedness, high sensitivity (HSP), Tourette syndrome, nonverbal learning disorder (NVLD), auditory processing disorder (APD), and, in some frameworks, obsessive-compulsive traits (OCD). Although traditionally classified as a clinical disorder, OCD traits—when not associated with distress—are increasingly understood as cognitive divergence (Walker, 2021).

Increasingly, this list is expanding to include profiles shaped by neurological variation or atypical cognitive pacing more broadly—such as epilepsy-related processing patterns, post-traumatic cognitive shifts (e.g., in complex PTSD), and mood-based divergence (e.g., bipolar spectrum conditions)—especially when these manifest as enduring differences in perception, regulation, or systemic sense-making (Vingerhoets, G., 2006; Schmid, M., Schäfer, I., & Knaevelsrud, C, 2024; Martínez-Arán, A., Vieta, E., Reinares, M., Colom, F., Torrent, C., Sánchez-Moreno, J., ... & Salamero, M. (2004).

While individual prevalence estimates—such as ~20% for high sensitivity (HSP), 5–8% for ADHD, or ~10% for dyslexia—are typically reported separately, they point to an important statistical reality: neurodivergent traits do not occur in isolation. Many individuals experience overlapping expressions—sometimes referred to as mixed or multiplex neurodivergence—involving sensory sensitivity, executive function variability, or divergent processing styles that span multiple profiles.

These overlaps complicate exact prevalence estimates. Yet, if we acknowledge that not all neurodivergent traits co-occur—and that some profiles affect distinct subgroups—then a purely overlapping model likely underestimates the actual reach of neurodivergence. Even without full additive calculation, the coexistence of multiple high-prevalence traits strongly suggests that the overall share of the population affected by neurodivergent cognition exceeds the commonly cited 15–20% range.

Thus, estimates from Baumer and Frueh (2021) and the CDC (2023) are best understood as conservative baselines—not accounting for subclinical expression, underdiagnosis, or cumulative patterns. This is not a niche.

Figure 1.2 Epidemiological Estimates of Cognitive Diversity- It presents estimated prevalence ranges for selected neurodivergent profiles, based on epidemiological and psychological

research. While exact rates vary by region and criteria, the chart underscores the cognitive heterogeneity within modern workforces. Because many profiles co-occur, these figures are not additive—but collectively highlight how a substantial share of the population processes, relates, and leads differently. To avoid citation overload, one core source is referenced here (Gillberg, 2010); detailed references appear in the respective chapters.

Neurodivergent profiles also show notable familial clustering. Research across multiple conditions—including ADHD, autism, dyslexia, and Tourette syndrome—indicates a strong heritable component, with first-degree relatives frequently exhibiting related traits or overlapping patterns of cognitive divergence (Faraone et al., 2005; Ronald et al., 2006). While genetic transmission does not follow a simple Mendelian pattern, familial prevalence data point to polygenic inheritance and shared environmental factors that influence expression. Many neurodivergent adults report recognizing similar traits in parents, siblings, or children—often retrospectively, once language or diagnostic access is available. This familial pattern underscores two key realities: first, that neurodivergence is rarely isolated to individuals; and second, that its recognition often emerges within intergenerational narratives, shaped as much by social framing and access to diagnosis as by biology itself.