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IMPACT OF READING

Reflections on Multi-Spectra Living

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Abstract

My practice with neurodivergent children, young people, and their families has been influenced through engagement with the paper *From Autism Spectrum to Multi-Spectra Living* (Urbistondo Cano and Simon, 2022).

Drawing on experiences within a mental health service, I share how this helped me name and notice the phenomenon of *splintersectionality* within professional discourses and everyday practice. This invited attention beyond medicalised narratives towards renewed appreciation of relational and contextual understandings. I reflect on my own personal and professional positioning and how these ideas have supported my efforts to remain curious and accountable to the communities I work alongside.

Keywords:

multi-spectra living, autism, neurodiversity, neurodivergence, splintersectionality, decolonising practice

Citation Link

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Multi-Spectra Living

I have spent most of my career in services supporting neurodivergent people; first as a music therapist, later transitioning to the (currently controversial) field of behaviour analysis, and now in my training to develop as a family and systemic psychotherapist. For the past ten years I've worked in a mental health service for children and young people who are Autistic or those with a Learning Disability. Increasingly, I have questioned how my own positioning within a neurodiversity paradigm informs my practice. One of the primary reasons I have spent over a decade of my working life in my current service is because of the values and ethos embedded in the team's approach and the embracing of *Multi-Spectra Living* (Urbistondo Cano and Simon, 2022).

Multi-Spectra Living is defined by Fran Urbistondo Cano and Gail Simon in the paper *From Autism Spectrum to Multi-Spectra Living*. The notion invites us to think less about the restrictive, single stories that often live alongside descriptions such as "conditions" or "disorders" and instead view lives through rich, diverse, and culturally and contextually influenced lenses (Urbistondo Cano and Simon, 2022).

Being closely connected with people in my professional and personal life that view neurodivergence through a multi-spectra lens, I sometimes forget that not everyone shares this stance. This paper gave language to practices already present in my work but also reminded me that these ideas and ways of being may still be emerging for others in their work and in their lives. This invited me to consider what these differences might mean for me, and my colleagues, in our practice.

Splintersectionality in practice

This paper also gave name to phenomenon that materialises frequently in my day-to-day work; *splintersectionality*. Splintersectionality is described as the "practice of seeing a single characteristic of a person or community and fixing it as the primary guide to how they should or can respond" (Urbistondo Cano and Simon, 2022, p.137). Too often I see splintersectionality at play for the children, young people, and families my service supports. This shows up and structures interactions in many ways.

Dominant discourses about Autism, Learning Disability, and mental health are regularly the headlines in referrals to our service, with little acknowledgement of Social GGRRAAACCEEESSS (Burnham, 2012), contextual influences, and the intersectionality that creates a person's unique experiences. This can mean that referrals take a blaming or pathologizing stance, locating problems within an individual rather than understanding difficulties within the context of the relationships, societal, and cultural environments that they occur.

Adding to this, diagnostic discourses and narratives stemming from a medicalised model frequently narrate the lives of people referred to the service for support. Too often the systems around children, young people, and their families will swiftly reduce the difficulties experienced to a diagnosis, rather than slowing down and exploring the contexts that may be affecting the ways in which people feel or act. The types of support that other professionals, the system, and families sometimes request are then organised by these discourses and narratives. Unfortunately, this doesn't always set up our service to appreciate and explore ways of supporting the relational and contextual aspects that may be influencing a child/young person's life.

These contextual forces are in tension with Multi-Spectra Living and the ways myself and my colleagues approach our work. Maintaining a practice that embraces Multi-Spectra Living, and one which resists splintersectionality, can feel at odds with the (single spectrum) system we work in. Because of this, it can sometimes be a challenge to 'find our place' (Lini and Bertrando, 2020), both with the families we support, but also the networks we are part of.

This tension, and the challenges it provokes, became more visible to me through my engagement with this paper. Giving name to something that has for many years underpinned mine and my colleagues practice (Multi-Spectra Living) was comforting, especially as work in a predominantly single spectrum system can weigh heavily. I felt as though a new member had joined my Solidarity Team (Reynolds, 2011) and whilst I found solace in this, I also felt an invitation to respond to the provocations I was feeling.

What Multi-Spectra Living invites: Practice with intention

By the very nature of being human, I am positioned within the paradigm of neurodiversity, as no one person sits outside this. *Cooperative neurodiversity* (Hogenkamp, Sanghavi, and Natri, 2026) recognises that as humans neurodiversity has helped us to thrive, rather than hinder us. Holding in mind that friends, colleagues, and clients each bring unique and contextually shaped experiences of neurodiversity, I try to stay alongside and allow my understanding and appreciation of their experiences to be shaped within our interactions. I find myself tentatively locating my role as an ally, informed not by fixed knowledge but through responding to what emerges between us. Appreciating cognitive and neurological diversities as complementary to the lives we live and social worlds we are striving to create helps me maintain this position.

However, being an ally doesn't mean I always get it right (Ross, 2025). Maintaining a posture that resists professional colonisation of neurodivergent experiences requires a great deal of reflexivity and reflective practice, especially when power can be positioned in professional knowledge, skill, and epistemic authority. When reading this paper, I began to question what allyship means in my practice, and what my colleagues and I could do to privilege neurodivergent voices and experiences so that we are more intentional with how we embody Multi-Spectra Living.

I was curious how my colleagues would respond to the ideas Multi-Spectra Living invites and what reflections and feelings this may stir. I had the opportunity to share this paper with some of them, and we discussed the connections and ideas which resonated. Together, we reflected on the pointers and questions for Multi-Spectra Living as suggested by Urbistondo Cano and Simon (2022).

We celebrated our practice and how we contribute to a decolonial posture by:

- Positioning families as the experts in their own lives,
- Joining with families and working towards change that is meaningful to them and what they want, rather than being driven by professional agenda or oughtism (Evans, 2019),
- Making it a priority to ask children, young people, and their families how they describe themselves and using their language to connect and create personalised descriptions of their experiences,
- Attending to context and intersectionality to help appreciate what might be happening for a child/young person and their family.

We also recognised some of the challenges faced and how we would like to do more epistemic witnessing, particularly when resisting the discourses that are found in a single spectrum system and are in tension with our ethos, values, and practice of Multi-Spectra Living. Many of us had felt activated when noticing splintersectionality in practice, particularly when professionals or services use a single lens to dominate the reading of a situation for a neurodivergent child, young person, or family we are supporting. Despite the provocation, we recognised we do not always invite others to a conversation which could open space for new or different perspectives. We thought how we could be more intentional to call in (Ross, 2025) colleagues, other services, and the systems which we are part of to resist splintersectionality and encourage Multi-Spectra Living.

We also acknowledged the need to be more intentional with lenticularity, particularly where we might be witness to or involved in professional discourses that colonise or other the neurodivergent community. As professionals, we have a duty and responsibility to remain accountable to neurodivergent voices and perspectives. We need to set aside our knowing and 'be with' people in a way that allows knowledge to come to exist between us (Quinn, 2025). Amplifying and positioning this as the highest context that organises our practice is one way we could foster our decolonial attitude.

Intentionality in practice

A few weeks after our reflections, I found myself in conversation with a professional who was concerned about a young person in their school and thought they may benefit from a referral to our mental health service. As I listened, I became aware of splintersectionality shaping how the young person's experiences were being described and made sense of, with a medicalised narrative of 'autism is a disorder' increasingly positioned as *the* explanation, with contexts surrounding the distress being dismissed or viewed as incidental (McGreevy et al, 2026). I noticed how this narrowed our conversation, leaving little room to recognise diverse ways of being and alternatives to medicalised approaches of support.

I was reminded of the commitment I made to practice with more intention and chose to 'call in' the referrer by gently attempting to widen the lens. I found myself wondering "What is being left out here?" and invited curiosity about the contexts that may be intersecting and influencing this Autistic young person's experiences. With this, the pace of our conversation slowed, and the dialogue shifted away from the pathologizing of neurodivergence and mental health (which had led to the professional thinking they needed a "mental health referral") towards appreciating this young person's lived experience as unique and contextual.

While I did not meet the young person directly in this interaction, their experiences were beginning to be reframed through more contextual and anti-pathologizing understandings, which opened space for their voice to be centred in future planning. This allowed multiple ideas to emerge about ways to support (which didn't necessarily need to include a referral to a mental health service) and how to involve the young person in identifying what they need and would find useful.

This scenario, which was a brief interaction, is not unfamiliar to me or my colleagues, yet this one stayed with me, and I found myself returning to it in the days following. I recognised I was grappling with my want to practice with more intention, and wondering how, and whether, I had been able to embody the ideas of Multi-Spectra Living in the moment. I became aware that I had drawn on small reflexive questions to disrupt the pull towards splintersectionality and resist power being positioned in professional knowledge. These pauses and moments of internal reflexion invited a shift in how I was relating in the conversation but also helped focus on the meanings that were being created. This supported me to reposition myself but also orient to and invite Multi-spectra understandings to emerge.

I have identified a few of the questions and reflections that supported me in these moments, alongside others that may guide my future conversations and practice. This exercise has helped me take greater responsibility for the commitments my colleagues and I have made to developing our practice. It has also helped me to embody these positions more intentionally through interactions in both my professional and personal life.

Below, I offer some of these questions in the hope that they may support others to be more intentional in their practice, particularly with lenticularity and remaining accountable to neurodivergent voices and perspectives. These are offered to practitioners as prompts to help us punctuate our internal (or external) dialogue, particularly where we might notice and need to respond to single spectrum discourses shaping an interaction. I would encourage others to reflect, adapt, and develop their own questions that enable practicing with more intention.

Amplifying neurodivergent voices and perspectives *Remaining accountable and privileging lived experiences as the highest context.*	•Have I created enough space for their voice/experience to lead this conversation? •How does this person describe themselves / their experience? Am I responding to this or am I responding to my idea of them? •What am I being invited to notice or feel in this moment?
Recognising and responding to splintersectionality *When you notice or feel a narrowing, diagnostic, or single story narrative emerging.*	•What story is informing how this person (behaviour, idea, etc) is being understood? •What feels absent, silenced, or foregrounded in this story? •Am I (or are we) fixing one aspect of this person as the explanation for everything else?
Inviting Multi-Spectra Living *Holding and appreciating lives as rich, diverse, and contextually influenced.*	•How are contextual experiences being positioned here? •What other identities might be intersecting for this person, their experience, etc? •What can I do to acknowledge the perspective described while also introducing context?
Resisting professional colonisation *Moving away from diagnostic discourses and power positioned in professional knowledge.*	•Whose knowledge is leading this conversation? •Is my trying to be helpful re-centering me as the expert? •What assumptions from my training or professional position might be shaping my thinking? •Am I privileging professional knowledge, narratives, etc over lived experience?

Final thoughts

Throughout my professional and personal life, I have had multiple and diverse relationships with papers and reading, especially in training. Being invited to avoid 'passive consumption' and instead slow down and be more intentional with what I read (Markovic, 2021), has enabled me to be more responsive to text that stirs in me and resonates with my practice. This has led to papers no longer being something that I read but rather relate with as a conversational partner and strive to enact in my professional and personal life.

The conversations I had with *From Autism Spectrum to Multi-Spectra Living* (Urbistondo Cano and Simon, 2022) invited me to be curious about my practice and remain accountable to the communities I work alongside. As I continue to navigate a single-spectrum system, Multi-Spectra Living offers both orientation and provocation. It reminds me that decolonising practice is not a fixed position to adopt but an ongoing process of noticing, inviting, questioning, and repositioning. This paper has offered a helpful punctuation in my professional journey and another source of support in helping me to find my place when working alongside the neurodivergent community.

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