

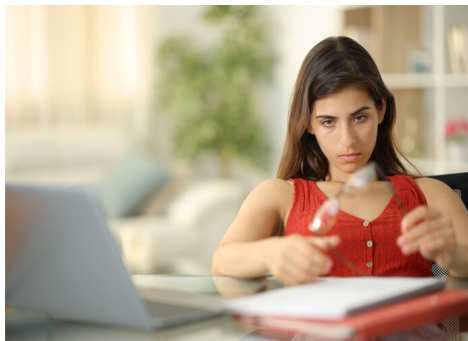
Coming into Focus:
Late Diagnosis, Identity Reclamation & Therapeutic Repair
Part of The Unfolding Neurodivergent Journey Series

An online webinar with
Monique Botha, PhD

Zoom Webinar
26 October 2026, Monday

Times:
6:00 pm – 9:00 pm, London UK
2:00 pm – 5:00 pm, New York, USA

CPD hours: 3



Location: Online streaming only
(all our webinar tickets now include complimentary access to a video recorded version for 3 months or 1 year, depending on the ticket type)

When Everything You Knew About Yourself Rewrites Itself

Late neurodivergent diagnosis doesn't arrive as simple information. It detonates through decades of accumulated self-understanding, reframing every moment of struggle that was attributed to personal failure rather than neurological difference. **For many adults, diagnosis triggers a cascading identity reconstruction—simultaneously liberating and destabilising, clarifying and grief-laden.**

Dr. Monique Botha has emerged as one of the most important researchers examining this complex process. Their work on minority stress and epistemic injustice in neurodivergent communities illuminates how late-identified adults have spent lifetimes being systematically disbelieved—told their sensory experiences weren't real, their social exhaustion was antisocial, their executive function challenges were laziness. This isn't just misunderstanding. It's a form of structural violence that fractures self-trust and fragments identity.

The psychological aftermath of late diagnosis follows predictable patterns that clinicians need to recognise. Relief often arrives first—the profound validation of finally having language for lifelong experience. But relief rarely arrives alone. It's accompanied by grief for the childhood self who struggled without support, anger at



systems that missed or dismissed clear signs, confusion about which parts of identity were authentic versus performed through decades of masking.

Botha's framework centres epistemic injustice—**the specific harm that occurs when someone's knowledge about their own experience is systematically discredited**. For late-diagnosed adults, this means years or decades of being told they're wrong about their own internal reality. The therapeutic implications are profound: these clients need more than psychoeducation about their diagnosis. They need repair of the damage done by being chronically misattuned to, misdiagnosed, and pathologised in ways that taught them to distrust their own perception.

The session examines how identity reconstruction unfolds in therapy. How do clients integrate new self-understanding while honouring the coping strategies that allowed survival before diagnosis? How do therapists support the grief process without getting stuck in it? How do you help someone distinguish between internalised ableism and genuine difficulty—between "I should be able to do this" and "this genuinely doesn't match my neurology"?

Botha also addresses a phenomenon many clinicians are encountering: parents discovering their own neurodivergence through their children's assessments. This creates layered complexity—processing one's own late diagnosis while parenting a newly-diagnosed child, managing inherited shame while trying not to transmit it forward, navigating guilt about what wasn't recognised or provided. These parents need support that addresses multiple timelines simultaneously: their past, their present parenting, and their children's futures.

The minority stress lens is critical here. Late-diagnosed adults haven't just missed accommodation—they've experienced chronic stress from navigating neurotypical systems without understanding why nothing felt natural, from constant social rejection without framework for it, from sensory and cognitive overwhelm interpreted as personal inadequacy. This cumulative stress has measurable impacts on mental health, physical health, and relational capacity.

But Botha's work isn't only about damage. It's also about the remarkable resilience late-diagnosed adults demonstrate and the generative possibilities that open when people finally have accurate frameworks for their experience. Therapy can become a site where clients practice being believed, where masking can gradually soften, where authentic self-expression becomes possible—perhaps for the first time.

This session offers clinicians practical approaches for supporting clients through this identity transition: how to validate without diminishing ongoing struggle, how to support narrative integration, how to address internalised pathology, how to facilitate the shift from "what's wrong with me" to "how do I work." You'll learn to recognise the specific emotional signatures of late diagnosis and develop interventions that honour both the grief of what was lost and the possibility of what becomes available.

Learning Objectives

By the end of this session, participants will be able to:

1. Describe the psychological and social implications of late neurodivergent diagnosis through the lens of epistemic injustice and minority stress
2. Recognise common emotional trajectories following late identification, including grief, liberation, and identity fragmentation
3. **Employ therapeutic approaches that validate lived experience and counteract internalised pathology**
4. Facilitate narrative and relational repair for clients reconciling past misattunement with present self-knowledge



5. Support neurodivergent parents in navigating dual processes of self-discovery and caregiving within family systems

About Monique Botha

Dr. Monique Botha is a leading researcher examining minority stress, epistemic injustice, and mental health in neurodivergent communities. Their work has significantly advanced understanding of how systemic marginalisation and chronic invalidation impact neurodivergent people's psychological wellbeing and identity development. Through rigorous research combined with community engagement, Botha has illuminated the specific harms of being systematically disbelieved about one's own experience—and the therapeutic approaches that can facilitate healing and identity reclamation following late diagnosis.

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