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NEURODIVERSITY IN TRANSLATION DIDACTICS: A STUDENT WITH ADHD IN TRANSLATION CLASSES

ABSTRACT:

This article aims to draw attention to the situation of neurodivergent students in translation classes at universities. Teachers aware of their students' neurological problems have the opportunity to adjust the content and teaching strategies. What distinguishes neuroatypical from neurotypical students in translation classes comes down to the presence of specific academic difficulties and the need to provide support during classes and in adapting exams.

KEYWORDS: neurodiversity, translation didactics, ADHD, special educational needs, neurodevelopmental disorder

INTRODUCTION

Nowadays, we talk more and more often about the potential of neurodivergent people, but can we as a society use it properly? Many times, instead of focusing on people's strengths, comorbid with the autism spectrum, dyslexia, or ADHD, both at school and in the professional environment, we focus on difficulties and problems and work mainly to adapt the child or adult to the generally accepted pattern. From the point of view of neurodivergent people, the stigma of defining their condition as a “disorder” makes us believe that they should be treated. People with the diagnosis should therefore adapt to the order of life of the dominant majority of society. It must be agreed that low-functioning people will need constant care from a therapist and continuous support. However, there is a huge number of people who, despite their differences, manage on their own, and yet, for fear of rejection, they learn to hide their difficulties and strive to adapt to the norms of social life, despite the considerable work



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this goal requires. However, it is the school or professional environment, including the common perception and treatment of people diagnosed with mental disorders, that determines whether they will struggle with the stigma of a mentally ill person or whether this difference will be treated as a potential asset for the entire society.

WHAT IS NEURODIVERSITY?

Neurodiversity is a term referring to various features of the human brain, i.e. a different way of reasoning and perceiving the world and the resulting behaviours. It includes the belief that differences in information processing, learning styles, emotional responses, and other neurobiological aspects are an integral part of the human neuropsychological spectrum and represent the richness of our population. The term was first used in the 1990s by Australian sociologist Judy Singer. According to Singer (1999) and Blume (1998), neurodiversity was more closely linked to an “ecological society” in which the perspectives of minorities are respected for their uniqueness. In contrast, Walker’s (2014) definition makes a distinction between the neurodiversity paradigm, which is more concerned with politicising neurodiversity than depathologising it, and the reality of neurological diversity, which is a manifestation of genetic diversity (Chapman 2020: 218).

Thus, neurodiversity can be defined and understood in different ways. Coming from a medical perspective, and specifically from the perspective of the classification of neurodevelopmental disorders, neurodiversity may include among others intellectual disability, communication disorders, autism spectrum disorders (ASD), attention deficit hyperactivity disorder (ADHD), specific learning disorders, motor disorders, and other neurodevelopmental disorders (according to the DSM-V classification in APA 2013). In diagnosing neurodevelopmental disorders, the diagnostic criteria of the European ICD-10 classification (*International Statistical Classification of Diseases and Related Health Problems*) and the American DSM-V classification (*Diagnostic and Statistical Manual of Mental Disorders*) are used as the basis for determining their existence and formulating the psychiatric diagnosis. Neurodiversity is, in a sense, a conceptual umbrella term covering several different disorders that impair an individual’s social functioning. It should also be added that, according to estimates, the concept of neurodiversity may apply to as many as 15–20% of the general population (Doyle 2020).

ADHD AS A MANIFESTATION OF NEURODIVERSITY

The last two decades have seen a fundamental shift in the understanding of what is now known as attention deficit hyperactivity disorder (ADHD). This change is not simply the development of yet another new theory about a behaviour pattern but it is

a fundamental change in the understanding of the nature and essence of this disorder. It can even be said that a completely new ADHD paradigm has emerged (Brown 2013).

In the past, there was a stereotypical way of perceiving people suffering from ADHD. The classic behaviour model was the film character Dennis The Menace, i.e. a little boy, very restless, impulsive and hyperactive, although at the same time nice, who almost always behaved badly and frustrated people around him, especially his parents and teachers, with his attitude. Brown's new paradigm presents a person with ADHD in a completely different way: this time it is a child, teenager or adult, man or woman, with a set of difficulties in concentrating attention, undertaking tasks, maintaining effort, using working memory and modulating emotions, properties of which considerably impair their ability to cope with the necessary challenges of everyday life. The difficulties indicated are among the problems that we sometimes experience at a certain age in the face of certain health, professional, or family circumstances. However, it should be noted that what distinguishes people diagnosed with ADHD is the fact that these difficulties are persistent and chronic and significantly impede functioning compared to the experiences of other people of the same age.

The new definition of ADHD based on Brown's paradigm was formulated as follows (Brown 2013: 20–38):

A New Working Definition of ADHD

ADHD =

- a complex syndrome of
- developmental impairments of executive functions,
- the self-management system of the brain,
- a system of mostly unconscious operations.
- These impairments are situationally variable,
- chronic, and significantly interfere with functioning in many aspects of the person's daily life.

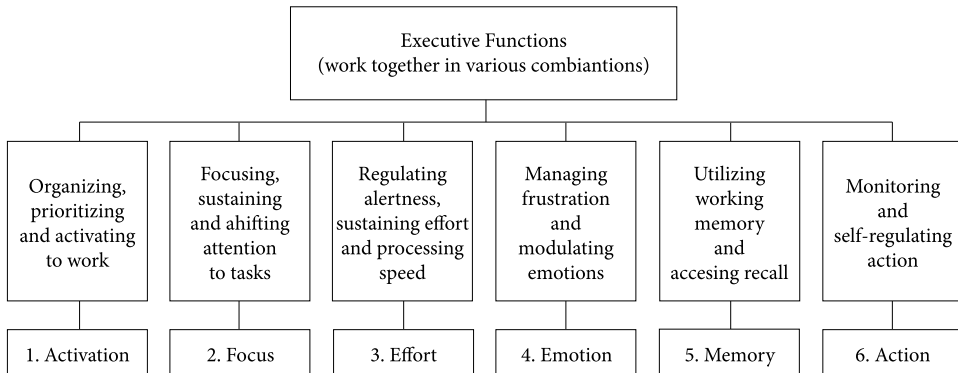
The above definition shows that ADHD should be treated as a complex syndrome that affects children, teenagers and adults. Moreover, the manifestation of ADHD can vary significantly among individuals. Some people do not experience or have not experienced the problem of hyperactivity or difficulties in controlling behaviour, but only problems with concentrating attention or vice versa. Therefore, it is crucial to change the way ADHD is perceived not so much as a behavioural disorder, but as a developmental disorder in terms of impaired control of executive functions by the brain of a person with ADHD.

The key element of Brown's concept is the indication that attention deficit hyperactivity disorder significantly disrupts executive functions closely related to the brain (Brown 2013). Executive functions should be understood as a set of cognitive skills necessary to control and self-regulate behaviour, which enable the creation, maintenance, supervision, correction and implementation of an action plan.

A set of cognitive functions is part of people's daily lives and helps them move through their daily activities effectively and efficiently. The table below shows the executive functions necessary for proper human functioning in personal, professional and social life, whose functions are impaired in the case of neurodivergent people.

Table 1: Executive Functions Impaired in ADHD (Brown 2013: 22)

Executive Functions Impaired in ADHD



Brown (1996, 2000, 2005, 2009) created the above model, which is one specific executive function paradigm. There have been more models put forth. Describing three categories of self-regulation impairment in children with ADHD, Virginia Douglas (1988) offered one of the earliest diagnoses of ADHD as characterised by impaired executive functioning. “The amount of organized, effortful attention that is deployed throughout all stages of information processing, including stimulus evaluation, response decision, and response execution” is influenced by self-regulation, according to Douglas (1988: 66). As of right now, Russell Barkley's (1997, 2006) concept of ADHD as executive function impairment seems to be the most frequently accepted. Except for three crucial details, his model and Brown's model are fairly comparable. Initially, Barkley clarifies that his model pertains only to people with the combined type of ADHD, or those whose impulsivity and hyperactivity are among their ADHD deficits, and not to people with the predominately inattentive type. Second, whereas Brown's model includes the ability to self-regulate action as one of six clusters of symptoms, none of which has precedence over the others, Barkley's approach emphasises the ability to inhibit as the major among other elements of ADHD. Third, according to Barkley (2012), executive functions are basically conscious, deliberate activities. In contrast, he places less conscious functions like alertness, concentration, and memory – which come more naturally to us – into the “pre-executive level,” which he views as being very distinct from executive

functions. Brown, on the other hand, contends that the majority of executive functions are executed automatically, without conscious thought or decision.

All things considered, executive function disorders in ADHD are situationally variable and depend on brain dynamics. People with ADHD may experience situations in their lives in which executive dysfunction does not occur, especially when they fall into the so-called hyperfocus, i.e. they perform a task that they consider extremely interesting at a given moment. However, it should be remembered that ADHD symptoms are chronic and significantly interfere with functioning in many aspects of everyday life. We can only talk about ADHD when the difficulties in functioning are chronic, i.e. they do not result from temporary fatigue, stress, or illness.

HOW TO DEFINE ADHD?

ADHD (Attention Deficit Hyperactivity Disorder) is a diagnostic term used for children and adults who have serious cognitive difficulties and disorders in important aspects of everyday life, such as family and personal relationships, at school or work. It mainly covers problems with concentration, reaction control, and activity level. It also manifests itself in impaired will and the ability to long-term control one's behaviour, i.e. it does not allow taking into account the goals of individual actions and their future consequences (Barkley 2020: 39). The World Health Organization defines ADHD as a group of disorders characterised by early onset (usually in the first five years of life, but no later than before the age of 12), lack of persistence in carrying out tasks requiring cognitive involvement, a tendency to move from one activity to another without completing any of them and – poorly controlled, excessive activity. It is a neurodevelopmental disorder of various etiologies, although the exact cause remains unknown.

There are two main areas of symptoms that are characteristic of ADHD: on the one hand, these are severe attention disorders, i.e. inability to concentrate, and, on the other hand, these are excessive impulsivity and hyperactivity (Kořakowski *et al.* 2007). We shall remember that they may occur simultaneously, or one of these groups may be dominant.

Attention disorder should be understood as a poor ability to concentrate on the task at hand. It includes both directing attention and maintaining it. People affected by attention disorder may get distracted easily and be unable to focus on one selected stimulus. Moreover, they may experience difficulties in maintaining continuous attention while performing one task or may forget instructions and have problems completing the task. Other difficulties may come down to losing and forgetting things, moving on to the next activity without completing the previous one, or being unable to properly organize work and play.

Excessive impulsivity in relation to a group of peers is considered to be the lack of ability to inhibit reactions. As a result, this leads to acting on impulse, rushing to

answer before a question is asked, or interrupting others by interjecting into the conversation. The people affected are characterised by excessive talkativeness, difficulty waiting for their turn, inability to plan activities as well as frequent changes of activities.

Hyperactivity associated with impulsivity is excessive, unjustified motor activity compared to others in a given age group. Symptoms of hyperactivity include frequent need to move, nervous movements of hands and feet, inability to sit still, getting up from seat during classes or in other situations, manipulation of various objects, or excessive noise while playing or performing tasks.

Unfortunately, there is still a myth that every person has full control over their own processes of self-discipline, self-control, and free will. People deprived of the ability to self-control are attributed to a reluctance to control themselves or it is assumed that no one has taught them this before, assigning blame to their parents or guardians (Barkley 2020: 83–84). Apart from the influence of education and upbringing, there are also other neurological (resulting from the structure of the brain) and genetic factors that directly contribute to shaping the normal level of self-control and free will. Due to abnormalities in the functioning of the nervous system, people with ADHD are unable to control these features. It should be remembered that ADHD is a genuine disorder that poses a real problem for the affected individual, and without appropriate treatment, it can cause great suffering and nervous breakdown.

TRANSLATIONS AND TRANSLATION COMPETENCE

Translation education is a complex process which, in Polish reality, takes place in institutional conditions, such as specialised academic centres, with the participation of high-class professionals. It aims to equip students, studying appropriate fields, with a set of translation skills as translation is a complex process and its efficiency does not automatically result from other linguistic skills. However, it is conditioned by them (Grucza 1981: 6). Therefore, the translation process proceeds from the source text to the target text through reception, identification, decoding, actual translation, encoding, and broadcasting. Hence, it is a translation system that is at the centre of interest in translation studies, and within it, the trainee translator acquires translation competence. Translation competence is a specific bilingual competence, unavailable to direct observation (Płusa 2007: 23). Only its effects are available for direct observation.

A specialist in the field of translation is required to be fluent in foreign and native languages, have the knowledge of translation theory, be familiar with the subject matter of the translated texts, and be aware of the realities of the culture of the source and target languages (*ibidem*). According to Płusa (2007: 24), “A translator, as a rational and logical person who uses analysis, should be reliable, hard-

working, accurate, patient, consistent and, above all, honest. It is advisable to be bilingual and bicultural. He must also be able to deal with interlingual and intralingual interference.”¹

Plusa’s definition of the word “translator” may seem unattainable for neurodivergent people due to high requirements. What distinguishes neuroatypical students from neurotypical ones in translation classes comes down to the occurrence of specific academic difficulties, including: increased susceptibility to distraction, problems with selective attention, problems with prolonged concentration of attention, and increased need for additional movement to improve concentration. In addition, there is the need to provide support during classes and in the adaptation of exams. In the following part of this article, attention is paid to the identification of difficulties that students with ADHD face during translation classes (oral and written) and to suggest possible solutions.

METHOD

Every year, universities admit neurodivergent candidates (including those with autism spectrum disorder, ADHD, dyslexia, etc.) who encounter a number of difficulties on the way to obtaining a diploma resulting from the insufficient satisfaction of their specific educational needs. Many of them undertake language studies (applied linguistics, philology) in order to become future translators. The course syllabi of translation classes are developed mainly with neurotypical people in mind putting aside the needs of neurodivergent students. Academic staff do not always have the appropriate competencies to accurately identify differences in the cognitive profiles of their students, i.e. to notice differences in ways of thinking, talents, and especially unusual learning difficulties. In many instances, university teachers are not even aware that there are students affected by neurodevelopmental disorders in their class groups whereas teachers aware of the neurological problems of their students have the opportunity to adjust the content and teaching strategies adequately to their needs and capabilities thanks to additional support from university institutions, such as the Office for People with Disabilities operating at the University of Warsaw. The concept of neurodiversity highlights the necessity of searching for the strengths of those people whose non-compliance with commonly accepted social standards may obscure the unique skills they may have. Therefore both: striving to find this potential and, in the longer term, obtaining a desired profession and career development opportunities should become a key element of their education.

Our academic centre, the Institute of Specialised and Intercultural Communication at the Faculty of Applied Linguistics of the University of Warsaw, educates both future translators and interpreters. The research, which is the pilot study, was

¹ Here and below, unless otherwise indicated, author’s translation.

conducted during the summer semester of the 2022/2023 academic year and was based on a series of interviews with seven students diagnosed with ADHD (confirmed diagnosis from psychological-pedagogical centres) who are coping with their studies in applied linguistics and training to become translators/interpreters in the future. The students taking part in my study are those under my mentorship as the deputy head of student affairs and at the same time supervisor of their individual study organisation programmes. After learning about the objectives of the pilot study, they volunteered to participate with the aim of improving the situation of neurodivergent people at the university in the future. The interviews were conducted in two stages: the first stage was the so-called pre-interview (January–February 2023), including a conversation about students' expectations and a discussion of the recommendations outlined by the university's Office for People with Disabilities:

1. What kind of adaptations regarding the form of classes and teaching materials do you need due to the existence of a neurodevelopmental disorder (ADHD)?
2. What are the appropriate forms of examination to compensate for the difficulties caused by ADHD (based on the recommendations outlined by the university's Office for People with Disabilities)?
3. What are your expectations in terms of adaptation of the course syllabi of translation/interpreting classes and thus the requirements for passing the course?

The next stage followed the observations of translation/interpreting classes with the students participating in the study (March–June 2023) and finally, there was a post-interview which was a conversation about achievements of the assumed goals and the encountered learning and other difficulties (June–July 2023). The study aimed to identify the main difficulties that were highlighted during interviews and during classes, as well as to propose exemplary solutions in order to optimise the educational process.

RESULTS

The academic difficulties highlighted by students diagnosed with ADHD during the study were divided according to the following criteria: translation course syllabi, translation classes, and interpreting classes.

TRANSLATION COURSE SYLLABI

Syllabi for academic courses cover issues such as the literature of the course, the thematic scope, didactic methods, or the examination form. The work methods included in the course syllabi do not encompass possible adaptations to compensate for the academic difficulties of students with ADHD, e.g. the translation strategies

presented during the course are tailored for neurotypical students without taking into account the limitations resulting from neurodevelopmental disorders, such as: periods of increased difficulty in maintaining concentration while working on a text, periods of significantly increased fatigue, problems with organising work and learning, problems with task structuring and prioritisation, difficulties with working with text (increased time of text analysis), motor difficulties (problems with writing), periods of temporary recurrent deterioration of general health condition, or problems with simultaneous tasks. In addition, the student's workload involves regular class participation including individual and group work, whereby students with ADHD may experience problems with presenting knowledge to the group, communication problems, periods of increased absences from class due to the severity of chronic illness symptoms as well as increased reactivity to stress.

It would certainly be difficult to counteract all the above academic difficulties. However, some elements can be implemented already at the stage of course syllabi by indicating them in teaching methods, such as the segmentation of translation fragments into smaller parts as a form of earning the grade. In the case of students with ADHD, more frequent checking of shorter fragments increases the variety of forms of work and translates into better dynamics of the classes themselves. The specificity of translation classes, especially written translation, requires sitting in front of a computer for a long time with full concentration while working on the text. Moreover, the class formula imposes a time limit for the translation. Working under time pressure is both an advantage and a disadvantage depending on the presence of ADHD, i.e. for some people, the so-called deadline will be necessary to actually start performing a given task and avoid procrastination, while for others the vision of a strictly defined time limit may prove to be paralysing.

Students also drew attention to the limited possibility of choosing the topics of translation classes, and the offered thematic blocks did not always fall within their scope of interests. A key role in people with ADHD is played by the so-called hyperfocus, i.e. increased interest in a given topic or task. Then such a person is fully absorbed in its implementation, does not get distracted, and, as a result, performs the entrusted task in an exemplary manner. In addition to the appropriate topic of the classes, the time of the classes also influences the level of concentration, i.e. translation classes taking place in the afternoon may be a greater challenge for students with ADHD than classes at the beginning of the day when the level of concentration is much higher and there is no option of overwork after several hours of classes.

WRITTEN TRANSLATION CLASSES

During translation classes, students encountered challenges in understanding the structure of the translation text due to difficulties in receptive competencies. Those difficulties, among others, with reading comprehension translated into problems with

using the style appropriate for the selected text genre for translation, and also resulted in more frequent spelling and punctuation errors than in the case of neurotypical students. The underlying causes of this situation can be attributed to inattention and lack of concentration, and not to ignorance of the rules, which in turn concerns people with dyslexia. The writing process itself is quite tedious for students with ADHD due to the need to “sit still” in one place. They also emphasised difficulties, especially with the use of the so-called high, formal style, as it was much easier for them to write in colloquial, everyday language, which is not always adequate in a given context.

In the case of longer text fragments when not using CAT tools, they often skipped or missed parts of the text due to distraction and inattention. Moreover, their translation was characterised by a lack of consistency in adhering to the layout of the original translation in relation to the layout of the translated text, which was reflected, for example, in the form of transferring a sentence or a couple of sentences from one paragraph to the subsequent one. For students with a dominant hyperactive subtype, translating is a difficult and monotonous task, which results in thoughts drifting away and difficulties in completing the task within the allotted time.

INTERPRETING CLASSES

The specific nature of interpreting classes differs from the one of translation classes, which is why the observations made vary and have been presented as a separate criterion of the study. The most frequently reported difficulty was the problem with capturing key information and unexpected deconcentration while interpreting (so-called *inconsistent attention span*). When a student with ADHD encountered an interesting or unknown word in the interpreted text, it resulted in the student getting lost at some stage, because of the stimulus that drew all the attention. In consequence, the student was unable to continue the task assigned because he/she “missed” the entire fragment of the text he/she was listening to.

Another aspect of oral translation classes is the stress resulting from interpreting in a booth or in front of a group of colleagues. In the case of students with ADHD, the stress factor plays an even greater role due to the usually low self-esteem resulting from frequent critical remarks of their behaviour or learning outcomes at earlier levels of education, as well as the often paralysing fear of being judged. ADHD often co-occurs with a disorder called RSD (*Rejection Sensitive Dysphoria*), i.e. emotional dysphoria, when one feels extreme sensitivity, or even physical symptoms of emotions usually due to real or perceived rejection, teasing, or criticism. RSD is often caused by one's sense of lack of other possibilities and failure to meet one's too-high standards or expectations. For example, the lecturer's lack of reaction to the translated fragment will be interpreted unfavourably. It means that a student will

assume that he/she certainly incorrectly delivered the translated fragment or is not liked by the lecturer, which of course is almost always an over-interpretation.

Other difficulties reported by the students during the study include classroom noise (scratching, playing with a pen, and other sounds), making it difficult to concentrate while listening to the text that afterward needs to be interpreted. In consequence, there were incidents of short-term memory problems that affected the ability to memorise the text they had heard. Due to episodes of deconcentration, people with ADHD are often characterized by short working memory, which impedes the acquisition of interpreting competencies. The last difficulty mentioned was the need to engage in multitasking, which meant taking notes and listening simultaneously. Afterward based on the notes taken, the students had to interpret a given fragment. As a result, it often occurred that notes were incomplete or unclear making it impossible to deliver the interpretation.

CONCLUSIONS

Taking into account the above academic difficulties reported by the students participating in the study, recommendations can be offered for working with students with ADHD in translation classes. Undoubtedly a perfect solution will be selecting diverse and thematically interesting texts for translation, where we can expect the so-called hyperfocus to appear, bearing in mind that the person with ADHD does not directly influence its occurrence. Once they are in hyperfocus mode, they become so absorbed in the task at hand that they are oblivious to everything else going on around them. Fluctuating hyperfocus can be frustrating for teachers, resulting in comments such as, “They can focus when they want to.” However, the ability to concentrate is more complex than just the will. Many people with ADHD want to focus on activities and on what someone is saying, but they can only focus on the activity if there is the right balance between personal interest, stimulation and reward, which is why frequent praise for properly completed tasks is so important.

In the case of translation classes, a beneficial solution is to segment texts into smaller parts and check them regularly, increasing the work’s dynamics and the task’s attractiveness. Additionally, it is worth considering allowing students breaks to leave the room and “breathe” (sometimes 1–2 minutes is enough), and in the case of interpreting, allowing students to move around while interpreting. During initial interpreting workshops, it is also worth allowing the text to be listened to 2–3 times before starting the interpretation.

This article aimed to show the difficulties of neurodivergent people, especially those with ADHD, in acquiring translation competencies. The series of interviews conducted made it possible to formulate preliminary recommendations for working with neuroatypical people with ADHD to facilitate their education in translation

and interpreting. Achieving a high level of translation competence is a long-term and complex process, even among students without neurodevelopmental disorders. Therefore, neurodivergent people need specialised help, without which it is more difficult for them to function at university and carry on their studies. Academic teachers and their invaluable support play a key role in the education process.

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