Divergent Embrace: Reflections on Accepting One's Place Among Missing Generations

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CNSW-743-A.2024SP – Transitions Through the Lifespan

April 12, 2024

Author Note

This paper contains exploration of prompts paraphrased from our online course platform:

- *What drew the author(s) to engage this topic?*
- *Inherent challenges and benefits of going through this transition*
- *Themes and considerations dealt with in this particular transition*
- *The potential interplays of this transition with one's mental health (psychotherapeutic considerations and assessments)*
- *Psychotherapeutic as well as alternative and culturally diverse approaches/considerations to working through this transition*
- *Ideas for therapeutic interventions*

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Divergent Embrace: Reflections on Accepting One's Place Among Missing Generations

My path to fully embracing an autistic identity has been a long and winding way. Ever an autodidact, a self-taught learner, I came to embrace autistic identity only after years participating in neurodivergent and disabled community discussions in digital forums. This solitary sourcing of deeper learning could not accurately be described as a masturbatory pursuit, in the way that so many pathologizing references to autistic ways of being so readily do. It was, to the contrary, steady progress into reciprocal relationships that span the globe, cultural boundaries, regional demarcations, and richly varied ways and means of impairment and support.

This body of work will serve to integrate aspects of social justice, disabled rights, queer theory, monotropic focus, rhetorical failure, double empathy problems, unacknowledged bias, inspiration porn, clinical violence, iatrogenic harm, psychotherapeutic implications, profit motives, eugenic aims, social isolation, burnout recovery, depression, suicidality, addiction, poverty, dehumanization, pervasive gaslighting, and exploration of identity and belonging in community through a co-created event framed in experiential learning. The invitation to imagine post-normal, neuro-cosmopolitan, internationalist, identity transcending futures is free to claim. The embrace of autistic identity being no less costly than liberating, it is there we will focus our attention and intention, welcoming expansion, and perhaps revision, of collective consciousness.

Challenges

Why would *anyone* choose to accept, much less share publicly, what it means to be autistic? Isn't that a move toward stigma and away from privilege? Aren't those people who can't live on their own, the ones who "got the autism"...? Why won't they simply "act normal" for once!? Why would anyone ever willingly move closer to understanding and embodying *that*?

As Yergeau explained, “rhetorical failure is omnidirectional” (2015). The violence inherent in normalizing unidirectional responsibility for rhetorical failures, however, is thoroughly accepted in modern societies (Yergeau, 2018; Bottema-Beutel et al., 2020). The proliferation of acceptance campaign logos emblazoned with puzzle pieces by those who refuse to attend to wisdom arising from within the communities they’re pushing into surplus classes in service of their own profit motives is but one supposedly benign, née supportive, example of exclusive and eugenic (micro)aggressions piling sky high (Bascom et al., 2012). The worst of what humans create falls down the social location ladder, where autistic and disabled people hold the lowest positions (Stevenson & Mowad, 2019; Walker, 2021; Chapman, 2023).

Even while dutifully attending to calls for compliance with dominant narratives, the toll of masking autistic embodiments from detection is outrageously heavy (Pearson & Rose, 2021). Intersecting minority stressors only serve to compound this isolating experience, and the weight of these burdens is typically only borne for the comfort of those already wielding more privilege (Jones et al., 2020). The result of such efforts is frequent cycles through exclusion (Sasson et al., 2017; DeBrabander et al., 2019; Douglas & Sedgewick, 2023) and autistic burnout (Bascom, 2012; Yergeau, 2018; Raymaker et al., 2020). Richdale et al. explore the impact of sleep quality, fatigue, and social well-being on depressive symptomatology (2023), and are joined by many others in sharing reports of suicidality, even among school children, at rates many times beyond those found among allistic peers (Kõlves et al., 2021; Umagami, 2023).

Frightfully common experiences cited among autistic adults include exclusion from conversations about how to best help autistic populations, being told they are showing up as way too much or not nearly enough through pathologizing evaluations of autistic behavior, witness to lacking exhibition of professional attention to self-reports or autoethnographies (Yergeau, 2018).

Considerations

"Autistic people cannot meaningfully express themselves whilst feeling that it is safe to do so" (Pearson & Rose, 2023, p. 45). Beyond negative influences to mental health, physical health, sense of identity, and place in the world, the cost/benefit analysis of masking autistic behaviors (in limited cases where they might be consciously pursued) to meet demands for normative compliance reveals a correlated need to effectively resource using non-native tooling. Where predominate calls for pathologizing stereotypic motions resound through medically oriented contexts in a lazy dependence on discredited and biased theories, encouraging use of stimming in exploration of one's environment, non-speaking communication, and self-care in auto-regulating behaviors is commonplace among autistic academics, researchers, and clinicians (Yergeau, 2018; differentnotdeficient, 2019; Walker, 2021; ASAN, 2022; Chapman & Botha, 2022; Green & Shaughnessy, 2023).

Pride in community is a repeating theme in autistic forums as well as clinically focused literature (Bascom et al., 2012; Graby, 2015; Chapman, 2021; Fotheringham et al., 2023; Thompson-Hodgetts, 2023). Similarly, tending to awareness of the sensorium, as opposed to a focus on counter-social embodiment, has been present throughout autistic advocacy work (Sinclair, 1993; Bascom et al., 2012; Murray, 2020; Walker, 2021; Green & Shaughnessy, 2023). Pearson & Rose cite findings that "an autistic social identity was related to self-esteem, and that collective self-esteem (a positive perception of being autistic) mediated this relationship," lending further support for the need to fully embrace one's neurodivergence (2023, p. 53).

The more time one has to process a newly adopted autistic identity has been correlated with greater pride in that identity and increased self-esteem. These realizations often come with self-understanding, meaning making, self-compassion, social identity, and a sense of belonging. They may also arrive with traumatic periods of re-framing one's life experiences, seeing old memories through a new lens, and often compared to grief (Pearson & Rose, 2023, pp. 56-57).

> *I more than wanted to come out; I needed to. I wanted anyone out there who remotely identified with me in any way (age, gender, ethnicity, region, etc.) to be encouraged by my existence. To know that they were not alone. I wanted autistic kids (like my own, and others) to know that it's okay to grow up to be an autistic adult—like me. I wanted people to know that though I have very real challenges, being autistic has also afforded me many strengths too.*
>
> (Onaiwu, 2015)

Interplays

Sinclair describes autism as pervasive, explaining how it "colors every experience, every sensation, perception, thought, emotion, and encounter, every aspect of existence" (1993). In embracing such an identity, one is confronted with deciding what diagnostic labels mean for them in terms of crip-queer praxis. They would be encouraged by autistic elders to relax into adoption of the bad character, the disbelieved, the discreditable. "Kakoethos entails opposing, countering, and neuroqueering that which is typically framed as authoritative and credible. One model of such counter-diagnostic and kakoethical moves is the practice of self-diagnosis in autistic spaces" (Yergeau, 2018, p. 163). "Claiming rhetoricity, claiming self-definition, claiming empathy or understanding—all of these claims, in some way, defy autism's clinical categorizations. […] Part of the autistic experience is not being believed. […] In many respects, one cannot claim autism until others have denied one's autism" (Yergeau, 2018, p. 167).

> *[Yergeau is] suggesting that autism isn't a discrete object, much like pansexuality isn't some bright orange spot on a PET scan. Instead, autism is a rhetoric, a demi-rhetoric—a means through which we come to know, perform, identify, self-isolate, perceive, fuck, rock, and interrelate. Autism is a means of communing and recognizing, of cripping and queering spaces and relations, and seeing and acknowledging kindred spirits.*
>
> (2018, p. 192)

In continuing to describe the perils inherent to identity management, Yergeau takes help from Judy Endow and Rachel Cohen-Rottenburg. These efforts to mimic allistic body language and prosody in conversation "include overwhelming stress, self-hatred, and loss of autistic identity and community. […] People wrongly assume theirs to be the natural sociality, effectively othering and quashing disabled means of communicating and knowing. […] Passing is an imitation borne of compliance, wherein burnout is inevitable" (2018, p. 194). Pearson & Rose note in contrast that "a stronger autistic social identity was related to lower levels of depression and better mental health" (2023, p. 58). With recognition of notions of identity management in broader social literature, autistic efforts in this regard are focused on passing for normal or hiding flaws as opposed to expressing values or self-promotion.

Approaches

"Sensorimotor approaches regard atypical sensoria, mind-body disconnects, disjunctures between volition and embodied response, and impairments in motor planning and coordination as core components—at times even the underlying essence—of autism" (Yergeau, 2018, p. 195). "What is so intrinsically wrong about hand-flapping, about narrow and unusual interests, about an aesthetic sensibility attuned to repetition or detail rather than holistic gestalt, or objects rather than people?" (Schwarz, 2004). "If meltdowns [or self harm] transpire[s] because one's body cannot otherwise express, then capturing that expression via language or some other modality can surmount an impossible task. […] The semiconsciousness and nondiscursivity of my thinking does not in these instances make me nonthinking, nor does it necessarily make me arhetorical" (Yergeau, 2018, pp. 204-205).

"[Rhetoric] can contain, promote, or destroy all that we may feel, experience, or mean. […] Clinical wills and clinical practices bend toward, around, and in opposition to those of us who are neurologically queer. We practice demi-rhetorics, queerly relational and queerly nonrelational spaces, spaces in which our disclosed bodyminds continually (re)invent the contours of rhetorical being, rhetorical arousal, rhetorico-whatever" (Yergeau, 2018, p. 206).

Autistic culture models itself after numerous counter-cultural movements. Queer and Deaf cultures have tended to dominate these comparisons (Schwarz, 2004). "Autistics, queers, and the deaf have been frequently subject to behavioral methodologies with similar or shared geneses. […] Applied behavior analysis, auditory-verbal therapy, and reparative therapies often share as their goal the performance of normalcy by means of behavioral overwriting … training subjects to behave as […] neurotypical, hearing, cisgender, or straight" (Yergeau, 2018, p. 209).

Interventions

> *I find it telling that shrinks and scholars concern themselves so frequently with autistics and eye contact, and yet they refuse to consider the violences of their own gazes. […] In avoiding the eyes of others, I am indeed missing out on things. […] And yet—there is much that I do learn, do experience, do feel and intimate and express and attract and repel. […] I know your scent, […] the rhythm of your pace, […] the pulsing force field of the space between our bodies. There are intimacies and knowledges that exceed the eye-to-eye, that exceed the I-to-I.*
>
> (Yergeau, 2018, p. 211)

Psychotherapeutic interventions relating to these concepts range widely in the level of participation, alignment with neuroqueer theory, and the expressed identities of participants. Implementations designed to do no harm would endeavor to align with practices described in Neurodivergence-Informed Therapy (Chapman & Botha, 2022), *The Neurodivergent Friendly Workbook of DBT Skills* (Wise, 2022), and broadly supported calls for Avoiding Ableist Language (Bottema-Beutel et al., 2020). Some options to explore in group settings include:

- Moving among group members without making any eye contact—averted gaze, closed eyes, sonic navigation, non-verbal vocalizations, and a personal safety bubble may be welcome suggestions (e.g., holding arms out in opposing directions, with hands around the average navel height of participants to avoid unwanted body contact from others)
- Dyadic subgroups exploring claiming and receiving identity labels—each pair takes turns answering the repeated inquiries, "Who are you?" and "What else?" with any identities they are prepared to embrace. A following cycle of exercises would then have each pair taking turns fully focusing their attention on the face of their practice partner (with eye contact where comfort allows) and, while holding that gaze with intention, declaring the dominant identities of their practice partners, as in "You are autistic."
- Specifically focused on initiation rites, anyone seeking group recognition of a newly adopted identity may create and wear a sign (basic arts and craft supplies will be needed) that details how the new identity will be named when addressing them (or, alternatively, whispered to an elder who then, officially introduces this newly identified group member) before each member of the group takes a turn at making contact and naming this new identity for their peer. "You are <enter-self-determined-identity-label-here>!"

Identities

"*Who are we, I wonder. What is autistic community, autistic rhetoric?* Somewhere, another solitary *you* sifts through a collection of cereal box tops, rhetoricizing into the night" (Yergeau, 2018, p. 213). "Professionals who truly understand the neurodiversity paradigm would no sooner attempt to 'treat' a client's autism than attempt to 'treat' their homosexuality, or attempt to 'treat' a client's ethnicity" (Walker, 2021, p. 141). While working in alignment with clinical social justice principles, any good treatment plan includes "helping the client understand their own oppression, both external and internalized, as a primary cause of their suffering" (Walker, 2021, p. 141).

We have available, as clinical mental health professionals, a growing body of literature describing atypical embodiments and ways of being. "There is simply no way to generate good theory and praxis by clinging to unsound and bigoted assumptions" (Walker, 2021, p. 156). "Work based in the pathology paradigm has no more scholarly or 'scientific' validity than work based in cultural paradigms of racism, misogyny, or homophobia" (Walker, 2021, p. 145). I neuroqueer, therefor I am neuroqueer; it is primarily a verb, action pursued, before it might be taken as an identity label—anyone may make the choice to neuroqueer, or to be neuroqueer.

Conclusions

Throughout this work the author has invited co-creators of relevant experience to imagine post-normal, neuro-cosmopolitan, internationalist, and identity transcending futures. While participating in experiential exercises designed to encourage creative engagement with non-speaking communication options, self-created rhetorics, and awareness of sensoria, invitation was extended to deepen toward the ultimate rite of passage described herein, the naming and witnessing of marginalized identities. Neuroqueer theory and praxis was used to support this exploration and provided context for claims of autistic community, agency, and the need for continued effort in pursuit of collective liberation, especially by those at privileged intersections.

Given the social isolation often forced upon autistic and other neurodivergent people via unreasonable demands for compliance with dominant social narratives, self-advocacy and auto-bootstrapped communities must be materially supported in order for these practices to flourish. Assumptions of access, or capacity for leaning on social networks to meet support needs, quickly becomes framed as a cruel joke among populations facing a marked lack of access to diagnostics, support, therapy, medical care, housing support, and employment as disabled citizens--especially where racism or transphobia comes into play (Crowe, 2023). Not only do disability provisions rarely provide support in ways that avoid pathologizing non-normative experience, regardless of impairment, those dependent on so-called systems of care are the most likely to be suffering the ills inherent to other examples of intersecting marginalized experiences and identities.

Without extending trust and compassionate actions to those reporting non-normative experience, one is likely to be abusing the very same trust so often demanded *a priori* in exchange for establishing or maintaining accommodated access (e.g., reactive repair vs. prior planning for inclusion). Consider this your invitation to neuroqueer until radical acceptance of differences in capacity, capability, communication, and perception become natural experience.

> *In order to provide space for autistic people to live authentically, we need to consider what can be done beyond the responsibility of the individual. As we have acknowledged, autistic people (and marginalised people more broadly) have limited power to shape the narrative, and thus to lead to social and cultural changes needed to safely foster authenticity.*
>
> (Pearson & Rose, 2023, p. 205)

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Appendix A

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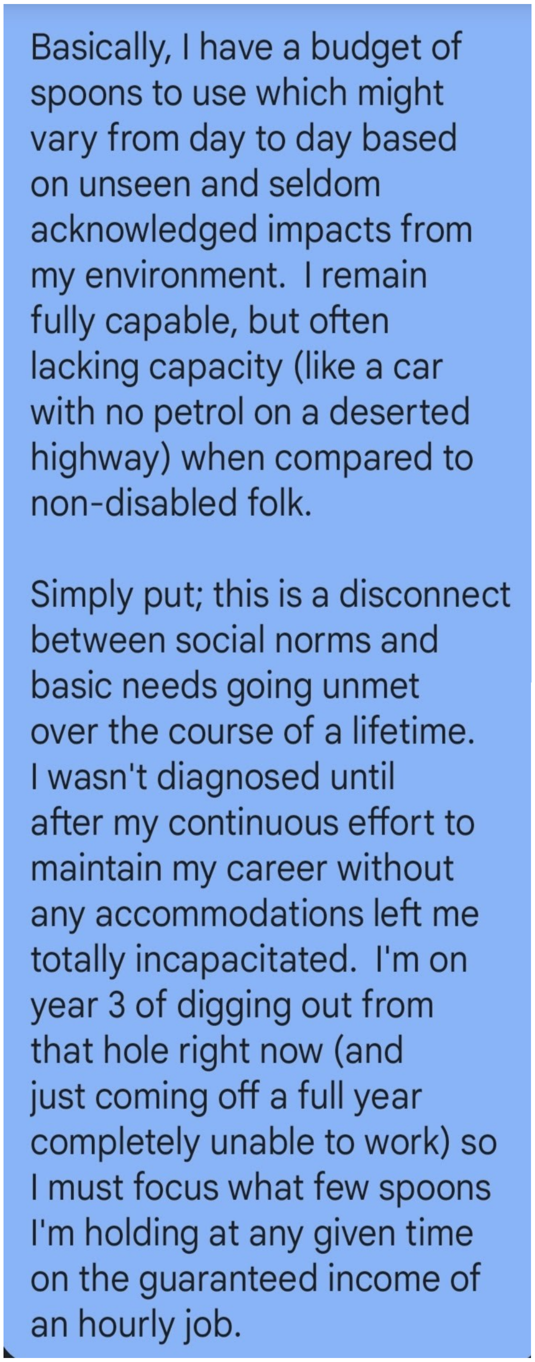
Appendix B

Autistic Lived Experience and Community Sourced Wisdom

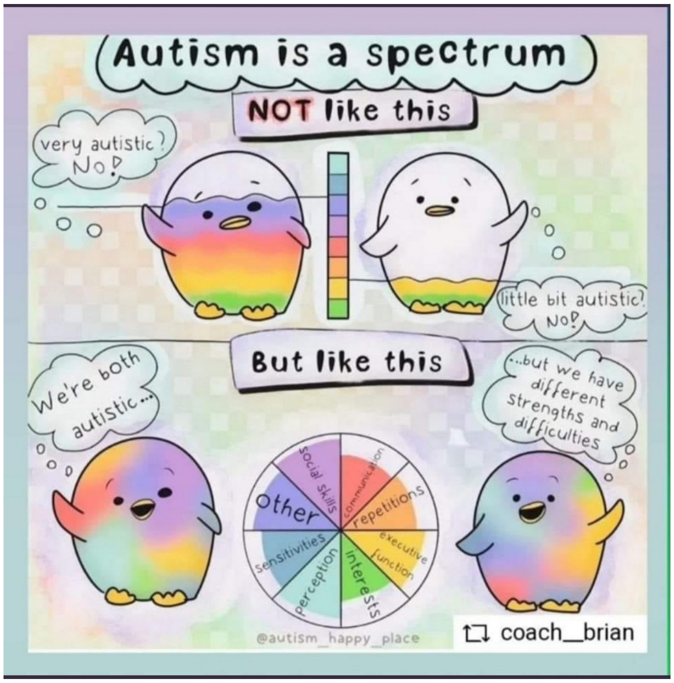
https://stimpunks.org/ https://ndconnection.co.uk/blog/can-school-ever-be-right-for-autistic-people/

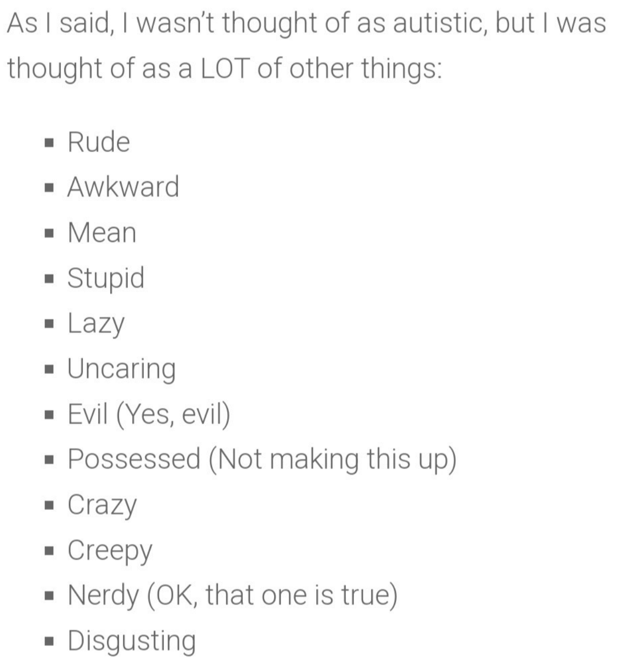
https://www.linkedin.com/pulse/why-access-key-neurodivergent-human-rights-annie-crowe-



Basically, I have a budget of spoons to use which might vary from day to day based on unseen and seldom acknowledged impacts from my environment. I remain fully capable, but often lacking capacity (like a car with no petrol on a deserted highway) when compared to non-disabled folk.

Simply put; this is a disconnect between social norms and basic needs going unmet over the course of a lifetime. I wasn't diagnosed until after my continuous effort to maintain my career without any accommodations left me totally incapacitated. I'm on year 3 of digging out from that hole right now (and just coming off a full year completely unable to work) so I must focus what few spoons I'm holding at any given time on the guaranteed income of an hourly job.



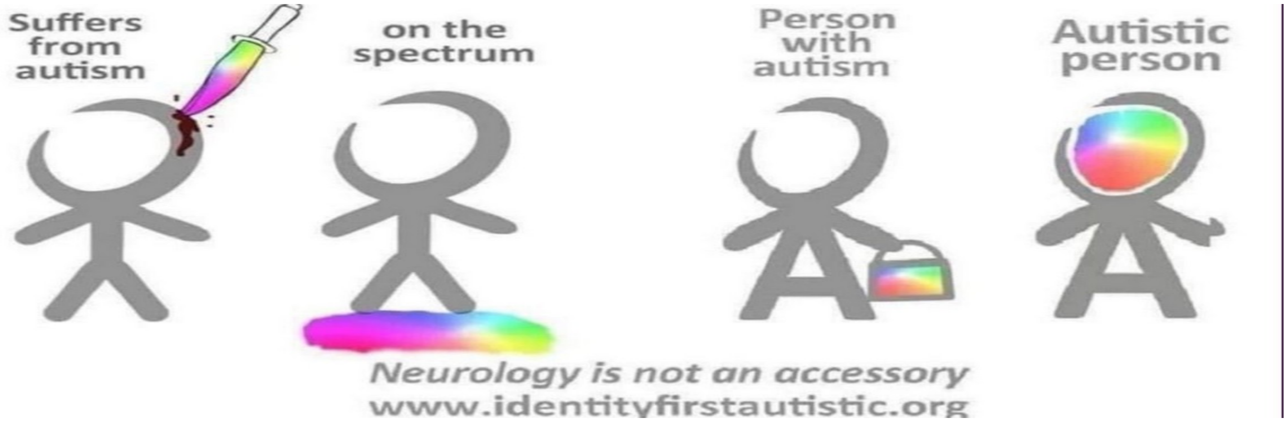


As I said, I wasn't thought of as autistic, but I was thought of as a LOT of other things:

- Rude
- Awkward
- Mean
- Stupid
- Lazy
- Uncaring
- Evil (Yes, evil)
- Possessed (Not making this up)
- Crazy
- Creepy
- Nerdy (OK, that one is true)
- Disgusting

Appendix C

Neuroqueer Resources



https://neuroqueer.com/ https://www.healthline.com/health/what-is-ableism/

https://ndconnection.co.uk/blog/why-i-continue-to-speak-out

https://www.filmsforaction.org/articles/liberation-theory-a-working-framework/

Potentially offensive	Autistic preferred	Insight and perspectives from the autistic community	Example of preferred language use in research
Autism spectrum disorder (ASD)	Autism, autistic	Disorder is unnecessarily medicalised and reinforces negative discourses that autism is wrong or needs curing	'Autism is a neurodevelopmental difference…'
Person-first language (person with autism)	Identity-first language [autistic (person)]	Identity-first language emphasises autism as inseparable from the person and an integral part of their identity, whereas person-first language suggests a separation between autism and the individual	'A total of 125 autistic adults participated in the study.'
Autism symptoms and impairments	Specific autistic experiences and characteristics	Medical terminology pathologises the characteristics and experiences of autistic people as deficient and abnormal	'This study recruited autistic participants with a high sensitivity to sensory stimuli.'
At risk of autism	May be autistic; increased likelihood of being autistic	Danger-oriented terms (vs. probabilistic terms) imply that autism is a negative (possibly preventable) outcome	'Children with an increased likelihood of being autistic were also included in the study.'
Co-morbidity	Co-occurring	Autism is not a disease, even though it often co-occurs with other neurodivergences or medical conditions	'Individuals with co-occurring medical conditions were excluded from the study.'
Functioning (e.g., high/low functioning) and severity (e.g., mild/moderate/severe) labels	Specific support needs	All autistic people have a range of strengths, skills, challenges, and support needs that can vary over time and in different situations and environments	'Individuals with sensory and communication support needs.'
Cure, treatment, or intervention	Specific support or service	Autism does not need to be cured, treated, or modified. Supports should not be targeted at autism characteristics, although autistic people may benefit from individualised supports	'The participants were receiving occupational therapy to reduce sensory overload in those with high sensory needs.'
Restricted interests and obsessions	Specialised, focussed, or intense interests	Deficit-based terminology pathologises the interests of autistic people rather than celebrating their knowledge	'The participant had specialised interests in computers and politics.'
Normal person	Allistic or non-autistic	Allistic is an empowering term that reframes autism and autistic traits as a difference instead of an abnormality	'The comparison group included allistic (non-autistic) people.'