Ought: The Journal of Autistic Culture

Volume 6 | Issue 2 Article 5

June 2025

Inside Out: Autistic Psychologists on the Power Structures of Diagnosis

Audrey J. Scaer
Eastern Michigan University, ascaer@emich.edu

Christopher R. Dabbs
Valparaiso University, chris.dabbs@valpo.edu

Recommended Citation
Scaer, Audrey J. and Dabbs, Christopher R. (2025) "Inside Out: Autistic Psychologists on the Power Structures of Diagnosis," *Ought: The Journal of Autistic Culture*: Vol. 6: Iss. 2, Article 5.
DOI: 10.9707/2833-1508.1210

Available at: https://scholarworks.gvsu.edu/ought/vol6/iss2/5

Inside Out: Autistic Psychologists on the Power Structures of Diagnosis

Audrey Scaer and Christopher Dabbs

Psychological assessment and psychiatric diagnosis, as practices, are not values-neutral endeavors. These practices are inherently hierarchical between assessor and client, while the diagnostic processes themselves are shaped by their surrounding historical and cultural terrain. Psychiatric diagnoses, from this viewpoint, emerge from their present contexts, rather than exist as organic entities (Roberts, 2005). Within the field of psychology, practitioners and researchers may have a tendency to view their practices as imbued with “objectivity and value-neutrality,” in part because an acknowledgment of the inherent hierarchies may threaten the power they have in the role they inhabit (Prilleltensky, 2008, p. 117). Instead, psychologists who work to acknowledge and equalize their position of power can reframe client “resistance” as a desire to be viewed as “legitimate participants” in their treatment (Roberts, 2005, p. 40).

Such participation can include the reclamation of psychiatric diagnoses as personal identities within a broader fight for disability justice (Chapman, 2023). When the hierarchical nature of psychiatric diagnosis is recognized, self-diagnosis (or self-identification), as a form of identity reclamation, inherently threatens this power dynamic. Institutional expertise is sidestepped for personal self-knowledge. This threat to power may then serve to obfuscate analyses of the impact of self-diagnoses on individual well-being. Some practitioners have taken a reactionary approach to their threatened power, stating that self-identified patients can never be competent nor informed enough to weigh in on their own diagnoses (Davis, 2018). Even more confusingly, the acknowledgement of patient autonomy has been argued to hinge on “moral weight” (Davis, 2018, p. 6), an uncertain fulcrum onto which the professional’s consideration of the patient’s autonomy is balanced. In contrast, some medical practitioners have created a more collaborative and strengths-based diagnostic philosophy that takes into account the epistemological power of lived experiences (Farnood, 2021).

A proportion of practitioner reticence towards collaborative diagnostic care may be better understood through the professional identity development of clinicians who work with psychiatric diagnosis. At least in the United States, every predominant mental health profession includes “diagnosis” or “assessment” as a core training goal or competency (American Board of Psychiatry and Neurology, 2023; American Psychological Association, 2011; Council for the Accreditation of Counseling and Related Educational Programs, 2024; Council on Social Work Education, 2022). That is, to be a clinician, one is trained to incorporate diagnostic power into their identity. Once this identity is foreclosed upon (Marcia, 1966)—committed to without further exploration or scrutiny—it can become difficult to contend with perceived attacks on the identity, which can be met with rigidity and conformity. Depending on the manner in which diagnostic power was integrated into the professional’s identity, self-diagnosis may act as a splinter, disrupting the foreclosure of the diagnostic identity (i.e., a loss or change of power with which to contend). This rupture can create a diffuse vacuum of identity, a state in which, if prolonged, can cause distress and confusion (as seen with other social identity loss, like religion; Dabbs & Winterowd, 2023).

Self-diagnosis provides access to social resources, including facilitating broader advocacy, increasing public awareness, and building culture and community around a sense of personal and communal identity (Fellowes, 2023). In this present work, we hope to highlight the power dynamics inherent to the diagnosis of autism spectrum disorders, underscore the challenge that self-diagnosis of autism as a social identity poses to current diagnostic paradigms, and explore these concepts utilizing our personal narratives as once self-diagnosed, now professionally diagnosing, autistic psychologists, using an interdisciplinary analysis.

Power Relations in Historical and Contemporary Diagnosis of Autism and Autism Spectrum Disorders

The term “autism” was first coined in relation to a symptom domain of schizophrenia, as “a detachment from reality, together with the relative and absolute predominance of the inner life” (Bleuler, 1911/1950, p. 63). Bleuler (1911/1950) likened this term to the Freudian conception of autoeroticism (centered towards a sense of self-pleasure; Kanzer, 1964), while distinguishing it for the sake of avoiding confluence. Leo Kanner’s 1943 work extended this terminology to refer to “an extreme autistic aloneness” observed in what was then viewed as a form of childhood schizophrenia, with one parent in this study familiarly describing their child as existing “like in a shell” (p. 242). Hans Asperger lauded this term as “undoubtedly one of the greatest linguistic and conceptual creations in medicine nomenclature,” referring to a person who meets this description as “not an active member of a greater organism,” while relenting to the possibility of such persons bringing “potential value to society” (1944/1991, pp. 37, 87).

The usage of “autism” as diagnostic terminology follows a similar trajectory within the editions of the *Diagnostic and Statistical Manual* (DSM), with the first edition describing “profound autism and withdrawal of reality” within a description of psychotic disorders broadly, alongside emergence of a childhood type of schizophrenic reaction (American Psychiatric Association, 1952, p. 12). This categorization remained largely unchanged until the DSM-3, wherein Infantile Autism first emerged, organized with other developmental conditions—its description recognizing dissent in the field towards its relationship with schizophrenia. It was not until the DSM-4 in 1994 that Asperger’s Disorder emerged as its own category. This is also the first edition in which “autism” or “autistic” were not utilized as a description for a symptom in a schizophrenic condition or within Schizoid Personality Disorder, demonstrating the broad explicit completion of this linguistic and nosological shift.

Importantly, autism was proximally formulated as an entity that must be understood, categorized, and constructed based on its exterior observation by professional bodies. From early linguistic conceptions of “autism” as an inward focus detached from external reality (Bleuler, 1911/1950), autistic people were then defined as uninterested and incapable of self-knowledge, let alone categorical or communal definition. Within this conception, psychiatric power must provide definition, as the autistic subjects themselves would even be incapable of the panoptic self-observation necessary for subordination (Roberts, 2005).

In light of this historical backdrop, it is in some ways remarkable that the autistic self-advocacy movement was able to intervene in the continued defining of autism in the DSM-5. Within this edition, the autism spectrum disorders of Asperger’s Disorder, Pervasive Developmental Disorder Not

Otherwise Specified, and Autistic Disorder were combined to create the current diagnosis of Autism Spectrum Disorder (American Psychiatric Association, 2013). Steven Kapp and Ari Ne'eman (2020), leading figures in the lobbying effort by the Autism Self-Advocacy Network (ASAN) which contributed to this change, recognized their efforts as part of a political, rather than scientific, process. The power differential between the self-advocates and institutions shaped ASAN's methods of engagement, in that they consciously focused on scientific arguments for their proposed changes, while deemphasizing political and social arguments (Kapp & Ne'eman, 2020). In this way, the lens of objectivity retained by the psychiatric authorities remained unthreatened (Prilleltensky, 2008). Simultaneously, the self-advocates understood that "autistic people are shaped by the diagnostic process" and so hoped to "shape that process in return" (Kapp & Ne'eman, 2020, p. 169). That is, autistic individuals utilized power to engage in an act of self-creation. This tension between early conceptions of autism and communal understandings has been referred to by Ne'eman as "dueling narratives" (2007).

These dueling narratives are today reflected in the pervasive push and pull across all areas of current practices, with many advancements directly challenging the perceptions of autism as solely externally observable. The outward, observational nature of autism assessment—named most literally in the Autism Diagnostic Observation Schedule or ADOS, long considered the "gold standard" diagnostic instrument for all autistic people (Zander et al., 2016)—has been criticized by those in the autism community for "the power gap between autistic and non-autistic people inherent in the tool's development and implementation" (Timimi et al., 2019, p. 18). As such, the first tool that was created utilizing the internal experiences of autistic individuals was published by Ratto et al. in 2023. Communally understood concepts, like the drive "to devote energy (the way you usually do) to appearing non-autistic" (Meyerding, 2004, para. 23) are now measurable using tools like the Camouflaging Autistic Traits Questionnaire, in part related to the legitimization of these concepts by autistic researchers (Hull et al., 2019; Milton & Sims, 2015). Autistic professionals have argued for humanizing language practices, affirming treatments, and research driven by community interests (Chapman & Botha, 2023; den Houting et al., 2022; Dwyer et al., 2022; Natri et al., 2023; Raymaker, D. & Nicolaidis, 2013; Tillett, 2025).

Arnaud and Gibson (2025) argue that ongoing tension between neurodiversity advocates and critics arises in part to a fundamental misperception of the movement's understanding of what autism is. That is, within the neurodiversity paradigm, "the nature of autism as a structuring pre-reflective ground is the basis for the common social identification with the social kind of 'autism'" (p. 9). This means that the foundational principle within the movement of autism-as-inseparable-from-personhood (as articulated by Sinclair, 1993; cited by Arnaud & Gibson, 2025) speaks to an internal, intrinsic, and presocial experience. Subsequently, identification as autistic is an "identificatory act" that houses this sense of experience within a social identity (p. 7). A biomedical approach that treats autism as solely a psychiatric diagnosis also enforces the idea of autism as a separable entity (Arnaud & Gibson, 2025). Further, defining autism as only observable detaches the autistic person from the autistic experiences central to their personhood.

However, autism inseparability does not deny distress, disability, or the need for support, nor does depathologization of autism as a social identity (Arnaud & Gibson, 2025). In fact, among autistic people, greater support of the neurodiversity movement is associated with greater support for usage of the term "disability" to describe autistic people, while the inverse is true for non-autistic people, irrespective of adoption of the social model of disability (Dwyer et al., 2025). This suggests that autistic individuals may have a unique relationship with their autistic experience relative to identification with the neurodiversity movement—and a relationship that may differ from relationships to the neurodiversity paradigm by non-autistic individuals. This further supports Arnaud and Gibson's (2025) proposition that autism inseparability as experienced by autistic individuals may influence autistic perceptions of what autism is when encapsulated in the communal scaffolding of the neurodiversity movement. In this context, self-identification is precipitated by a lack of recognition of disability by institutions, rather than a rejection of support by individuals.

Self-Diagnosis of Autism in the Context of Power Relations

Amid shifting diagnostic criteria, increased influence and prominence of autistic researchers and advocates, and a broadening of public understanding of autism, studies focused on “late diagnosis” of autism have increased exponentially (Russell et al., 2024). Among these studies, researchers have increased their focus on the qualitative experiences of individuals who receive an autism diagnosis in adulthood. As stated by the editor-in-chief of *Autism in Adulthood*, one of the most cited autism-centered academic journals, “at this point, we have published far more qual papers than quant papers” (C. Nicolaidis, personal communication, April 8, 2024). As more people are diagnosed as autistic later in life, there appears to be a similar rise in the visibility of those of us who decide to self-identify as autistic. A portion of us self-identify before later receiving a formal diagnosis, while others never follow familiar diagnostic trajectories (Lewis, 2016).

As a group, we share a common history of social “othering,” marked by past experiences of peer rejection, peer victimization, and physical and emotional abuse, which subsequently negatively impact our self-concepts (Ardeleanu et al., 2024; Lewis, 2016; Sandland, 2022). Alongside these evident experiences, allistic (non-autistic) individuals demonstrate negative attitudes and implicit bias against autistic people (Cage & Burton, 2019; Dickter et al., 2020; Sasson et al., 2017; Whelpley & May, 2023). In turn, we may internalize those experiences and mask the characteristics perceived to increase discrimination (Sandland, 2022). Fricker (2006) defines hermeneutical injustice as “the injustice of having some significant area of one’s social experience obscured from collective understanding owing to a structural identity prejudice in the collective hermeneutical” (p. 100). While unrecognized and undiagnosed autistic individuals collectively experience anti-autistic social discrimination, we are obscured from the communal identity that may contribute to a fullness of self-conceptualization. As such, self-identification, as a process, is rarely flimsy or unsubstantiated. Instead, self-diagnosed autistics tend to extensively research autism, paired with extensive self-exploration of personal experiences, a reality echoed in our personal narratives below (Friedman et al., 2024; Lewis, 2016).

Perhaps unique to this process is the witnessing of the self in others, through both in-person and online connections with the autistic community (Sandland, 2022). Among the self-diagnosed, autism is then defined both internally and relationally (Friedman et al., 2024). For one person, “This was the first time I felt deeply understood, and had my own perspectives communicated back to me” (Lewis, 2016, p. 578). With this increased autistic community connection, individuals become less isolated (Sandland, 2022). In alignment with social identity theory, autistic individuals build social identities similarly to other neurotypes, including among other autistic individuals (Maitland et al., 2021; Tajfel & Turner, 1979). Such autistic solidarity is then associated with higher levels of psychological well-being among autistic people (Cooper et al., 2023). Among self-diagnosed autistic individuals, self-identification is associated with increased mental well-being, self-understanding, and self-acceptance of internal and social experiences (Ardeleanu et al., 2024; Friedman et al., 2024; Lewis, 2016; Sandland, 2022). In light of systemic and personal social injustices, self-identification is then a form of epistemic justice.

Considering the historical and contemporary power dynamics between autistic individuals and psychiatric diagnosis, it is perhaps unsurprising that we may self-diagnose as autistic as a result of a broader sense of institutional mistrust (Lewis, 2016). Autistic adults who self-diagnose report a common history of perceived psychiatric misdiagnosis (Ardeleanu et al., 2024; Sandland, 2022), mirroring the commonality of this experience among autistic adults broadly (Kentrou et al., 2024). Autistic adults who self-diagnose may have been invalidated in mental health settings and relatedly fear continued discrimination by mental health providers (Ardeleanu et al., 2024; Friedman et al., 2024; Lewis, 2016), intersecting with findings that autistic individuals can experience ableist discrimination in therapy settings related to a lack of knowledge about autism by therapists (Andoni, 2024; Darazsdi & Bialka, 2023). Simultaneously, autistic therapists experience institutional barriers and anti-autistic bias in entering the field, despite their perceptions of being able to well serve and connect to their autistic clients (Dabbs et al., 2024). These concerns are also intersectional. For instance, transgender and gender expansive autistic self-identified adults fear that professionals may lack the knowledge and expertise to provide culturally sensitive care to all of the aspects of their diverse identities, and their concern (of experience prejudice from providers) may be a barrier to treatment (Ardeleanu et al., 2024; Friedman et al., 2024).

Thus, this hermeneutical injustice experienced prior to self-diagnosis may result in an epistemic mistrust towards institutional knowledge concerning autism and autism diagnosis. Conceptions of epistemic trust in psychotherapy settings includes a client's "willingness to consider the information from the therapist, therapeutic relationship, or therapeutic context as personally pertinent and generalizable" (Fisher et al., 2023, p. 561). Providers must demonstrate an understanding of a client's inner experiences that is then detected by said client, prior to entering a state of epistemic trust within their working relationship (Fisher et al., 2023). For autistic clients with experiences of invalidation in mental health settings, providers have failed to demonstrate understanding, meaning that mutuality could not be achieved.

While self-diagnosis can undoubtedly be meaningful for a sense of internal and communal acceptance, there are also self-diagnosed individuals who believe they could benefit from formal diagnosis (Lewis, 2016). However, beyond the commonality of mistrust and fear of continued retraumatization by mental health settings, self-diagnosed adults face the reality of lack of professional supports, long waitlists, lack of financial resources, and lack of access to services for adults seeking formal diagnosis (Ardeleanu et al., 2024; Friedman et al., 2024). Some also fear increased stigma, including fears of a formal diagnosis negatively impacting their ability to move to another country or receive gender affirming care (Ardeleanu et al., 2024; Lewis, 2016). Similarly, the potential benefits of accommodations for school or work are balanced against fears of increased stigma and discrimination within those settings (Ardeleanu et al., 2024). In turn, these individuals have the additional pressure of self-accommodating their needs without access to formal support (Friedman et al., 2024).

At the same time, some view formal diagnosis as an avenue for receiving external validation for their autistic ways of being in relation to internal experiences of self-doubt (Friedman et al., 2024). Such imposter's syndrome around one's autistic identity can be a barrier to community building with other autistic individuals (Ardeleanu et al., 2024). If self-diagnosed autistic people experience both interpersonal trauma and professional misdiagnosis and invalidation (Ardeleanu et al., 2024; Friedman et al., 2024; Lewis, 2016; Sandland et al., 2022), we wonder if such persistent external invalidation could then extend to self-invalidation of one's autistic identity.

Primarily, there is an obligation for professional bodies to work to improve access to neuroaffirming assessment and therapeutic interventions for this population, as the impetus for remediation should not fall on the oppressed.

And, we are hopeful that our narratives may provide support and validation for those who feel stuck in this limbo.

Method

Autoethnography is an interdisciplinary, qualitative research method used to interrogate and analyze connections between the author's (or, in this case, authors') lived experiences and the greater social, political, environmental, and cultural domains in which the author exists (Adams et al., 2015). At its core, autoethnographic research centers relationships: between author and culture, between culture and environment, between author and author, etc. While the self is an inherent, reflexive part of the autoethnographic method, the method is not solely about the self. This distinction is perhaps best characterized by a quote from Starr (2010): "The focus of autoethnography is not the literal study of self but the space between the self and practice" (p. 2).

In the context of this article, we would specifically note that our subtype of autoethnography is of the cultural insider variety. That is, our study sees us reconciling our identities as autistic people, practicing psychologists, and autistic practicing psychologists in the greater social and cultural context of power dynamics that exist within the self-identification, clinical assessment, and clinical diagnostic practices common to autism. Our reflexive process involved establishing agreed-upon areas of reflection (backgrounds, self-identification journey, diagnostic process experiences, and reconciliation of identity), creating multiple drafts of these sections individually and then together, and meeting regularly to discuss reactions, countertransferences, fears, and realizations. We compared and contrasted our experiences and reflected on the intersections of our experiences with the thesis of this work (self-identification and the powered process of psychiatric diagnosis).

Since the advent of psychological laboratory sciences and the paradigmatic influences of fields such as behaviorism, psychology has privileged positivist, "objective" investigations over interpretivist, critical modes of understanding. However, this has changed in recent years with researchers arguing that a diversity of research methods may be warranted in a field as complex as psychological sciences (Parker, 2015). While the anti-interpretivist lens exists, and is something we contend with as psychological researchers, perhaps it is our specific positioning as trained clinicians that privileges us to the power and value of individual narrative, story, and experience. In truth, we engage in qualitative work on a daily basis: with our clients, in understanding how their experiences align with our positivistic models of medical diagnosis. Turning this lens onto ourselves naturally leads us to employing autoethnographic methods.

Autoethnography offers insights unavailable through experimental or survey methods, although we acknowledge that there may be limitations to this method. For example, this idiographic approach cannot claim statistical-probabilistic generalizability. However, this is but one type of generalizability, and one that does not privilege qualitative methods (Smith, 2017). Privileging our work includes such generalizabilities as: a) intersectional generalizability, work that tracks community movements and patterns over time (e.g., the histories of the autism diagnosis and neurodiversity movements we've included here), and b) naturalistic generalization, when a reader resonates with the experiences of research in a manner that facilitates deep reflection (e.g., in our experiences as self-identified autistics, or as autistic psychologists). Psychology is best served by a diversity of method and theory: "There is no single theory or paradigm. A panoply of social theories includes constructivism, critical theory, feminist theory, critical race theory, cultural studies, semiotics, phenomenology, hermeneutics, deconstruction, narrative theory, and psychoanalysis" (Wertz, 2011 as cited in Gergen & Gergen, 2018, p. 58). We invite you to read our autoethnographic material below in consideration of the research shared above.

Personal Narratives of Self-Diagnosis

Explanation of Backgrounds

Chris: I grew up in a trailer park in a Rust Belt city that was hit hard by deindustrialization and white flight. I am bicultural, raised by my Mexican-American stepfather and my mother with Appalachian roots. My immediate family is racially and ethnically mixed, being a non-nuclear family of remarriage and kinship adoption. I'm the oldest of nine. I grew up on social welfare, living below the poverty line, until around teenagerhood. Our upward mobility was largely due to my mother earning her bachelor's degree (first in our family) and securing a career in teaching. My father has a high school education and worked as a carpenter much of his life. Blue collar occupations dot both sides of my family tree: steel mill workers, truck drivers, bartenders, and homemakers. I'm the first person in my family to attend a residential college, and the first to receive graduate education, much of which was paid for through a combination of work study, federal and state need-based aid, and federal and private student loans.

Audrey: I spent my early years living on a seminary campus in Indiana, feeding the ducks and running through the surrounding woods with my fellow pastors' kids. My father, and his father before him, were pastors, professors, and theologians, while my mother held a bachelor's degree and worked as a business professional. We were a white, middle-class family, and I was the middle child, sandwiched between two brothers. I attended a small parochial school before making the transition to (what felt like) a massive public high school. My family was hesitant about my desire to major in psychology, and I was stubborn about finding a way to make it into a career. Like many psychology majors, this meant finding my way to graduate school—dragging my new husband along to Oklahoma.

Journey Towards Self-Identification

Chris: I spent the first 25 years of my life being presented with outdated information (and misinformation) about autism—in the media, in my undergraduate psychology coursework, and in my master's coursework. It wasn't until I took an adult intellectual assessment course taught by a school psychologist during my Ph.D. training that I was introduced to a more holistic and diverse understanding of autism. In learning about autism, as a spectrum, I saw a reflection of myself that I had never seen before. Pieces began to click into place, but I held internal resistance to identifying with the autistic identity (read: label). Reflecting now, this resistance was scaffolded by internalized ableism. I had absorbed and adopted the ideas, beliefs, and biases about autism and autistic people that had been fed to me for decades.

My journey towards self-identification was a journey of power reclamation. I spent much of my life knowing I was different, but being told by the adults around me that I wasn't (do most kids gnaw the buttons off of remote controls or cry at the sound of a vacuum cleaner?). In academic environments, the importance of my social differences were masked by my scholastic successes. However, internally, I was seeking something to help me understand myself in my social and environmental contexts. When the people around me ignored my expressed reality, I found solace in forging my own identity.

My self-identification was a years-long process of confronting my own biases that saw me diving deep into autistic communities on Reddit, TikTok, Twitter, Mastodon, and the Wrong Planet forums while flipping furiously through my *DSM-5*. I would like to say that I emerged from this self-diagnostic process free of the shackles of internalized ableism, but this isn't the case. Even today, literally as I write this paragraph, I juggle constant comparisons of my own abilities to those of my neurotypical peers, my thoughts full of "shoulds" and "oughts" that only serve to demean my own autistic strengths.

Audrey: My process of coming to understand that I am autistic is a muddled history entangled with internalized shame. I remember first reading the DSM criteria in middle school and immediately relating, wishing that I could have such a straightforward explanation for my experiences, and simultaneously believing I couldn't be autistic. In trying hard to hide the ways in which I felt socially different (and never really succeeding), my own autistic traits became something that felt wrong to speak about to others. As such, even as I wished I could be autistic in the background of my mind, and even as I slowly came to understand some of my characteristics to potentially be "autistic traits," I could never fully confront the idea and especially couldn't talk about it. Meanwhile, it seemed everyone around me knew something was "weird" about me, even if they didn't have a name for it.

Eventually, I did enough internal work that I was ready to confront the idea that I really could be autistic, and what confronted me directly was TikTok. For perhaps the first time in my life, I was hearing from autistic people about what their experiences are actually like for them internally. Autism could no longer remain an esoteric, intangible topic, because autistic individuals were speaking in personalized ways about their lives, and how those lives were infused with and inseparable from their experiences with autism. Each video placed into context isolated experiences that I have always had and were presented by these creators with openness and pride. After an evening of watching video after video, I remember asking my husband "Do you think I could be autistic?"

From there, I spent several months re-interrogating every aspect of my life since early childhood in this new context. I read books, academic articles, blog posts, and forums insatiably. I took (and retook) online assessment tools as a form of reassuring myself I wasn't overthinking things, though I certainly was, just not in the way I was worried about. Most importantly, I talked openly with my friends (including Chris) about my autistic ways of being. I found that I was surrounded by a community that appreciated me for who I am, and that my community was already filled with autistic and neurodivergent folks. It was through recognizing how much I appreciated the autistic people in my life for their autistic ways of being that I began to come into myself. In many ways, my process of self-identification was a process of discovering the autistic community that I already had, held dear, and felt I could belong within.

Experiences with Diagnostic Processes

Chris: I began considering formal autism assessment during my pre-doctoral psychology residence. I had spent the years prior integrating myself into online autistic spaces, confronting my internal biases and prejudices, and I found myself pulled towards the clinical diagnostic process for two primary reasons: a) self-understanding and, more specifically, assistance in accommodating my environments to help me thrive, and b) external reassurance and validation. The medical insurance provided by my pre-doctoral residence program did not cover psychological assessment, so I sought to find the most affordable, out-of-pocket testing I could (a real oxymoron). I ended up at a small group practice about 20 miles outside of the major metropolitan area where I was completing my residence. There, I was told that, for $500, I could be seen by a psychologist-in-training completing their post-doctoral year for my autism evaluation. I jumped at the opportunity.

During my evaluation, I became hyper-aware of the power dynamics in the diagnostic process. I was sitting across from a pre-licensed psychologist, practicing under supervision, who had approximately one more year of training under their belt than I did and one fewer clinical license (I was then, and still am, a licensed mental health counselor). During our clinical interview, it became apparent that I knew more about autism than my evaluator—they even said as much during our feedback session. I do not hold this against my evaluator, who was intelligent and ethical in their practice, but share it as a lived commonality for many of us late-diagnosed individuals seeking autism diagnosis. Access to a world of legally stipulated support often hinges on the assessment of people less informed about autism than we are.

My evaluator asked me why I thought I was autistic; I shared with them the multipage document I had curated from my self-identification notes in anticipation of our appointment: a vivid recollective history of any piece of evidence that hinted at autism from ages six to the present day. They wrote something down. They asked me about my self-diagnosis process; I gave them printouts of my RAADS-R, AQ, and CAT-Q questionnaires. They wrote something down. They asked me about special interests; I proceeded to talk about Disney's *The Nightmare Before Christmas* for about 15 minutes uninterrupted. They wrote something down. I completed my assessments the same day and, a few weeks later, I visited for a follow-up where my evaluator delivered my report.

My autism evaluation report highlighted my "difficulties navigating social interaction," my "struggles [with] understanding small talk," and made mention of my autistic "deficits," "symptoms," and "fixations." My allistic evaluator engaged in many of the deficit-oriented practices, and stigmatizing language, demonstrated in the literature as common with autism diagnosis from the biomedical model (Gillespie-Lynch et al., 2017). I remember leaving my appointment with mixed feelings: validation, shame, embarrassment, relief. Within my own client/practitioner duality, I could almost feel my thoughts being pulled into separate directions in trying to make sense of my internal experience in that moment. Reckoning with the hermeneutical injustice—how I perceived my autistic self vs. how I was being told about my autistic self—was contentious.

While my report listed a diagnosis—Level 1 autism, requiring support—there was no mention of my autistic strengths: my acute attention to detail, my natural inclination towards categorization, and my formidable episodic memory. There is little to no room for strengths in the medicalized deficit model of autism spectrum disorder, although autistic strengths are real and apparent (Baron-Cohen et al., 2009). My allistic evaluator did mention, however, an "enormous capacity for masking autistic traits" as a positive.

They saw my capacity for pretending to be like them as an overarching good. There was no mention about how the decades of masking my autistic traits had led to a destructive autistic burnout. In the years since my evaluation, I have structured my own assessment practice counter to this backdrop, with a specific intent to treat my autistic clients holistically and with a particular attunement to their autistic strengths. Through this focus, I work to provide my clients with additional self-understanding and meaningful support (Dabbs, 2025).

Audrey: While still living in Oklahoma, I called every service in the entire state (as well as some out-of-state services) that provided adult autism assessments. No services were covered by my insurance, and no center had a waitlist shorter than two years. During this period, I wanted a professional to give me a diagnosis to end the perpetual cycle of self-re-examination that took up so much space in my daily life. Given there were no resources to meet my needs, there came a point where I knew I had to consciously choose to believe I was autistic or stagnate to my own detriment. Self-identification became the pragmatic choice.

I found the center that assessed me by Chris' recommendation after moving back to the Midwest. Despite what I felt I knew about myself, I felt pressure to prove just how autistic I was to my assessor. I consciously unmasked entirely; I rarely made eye contact, I utilized various fidgets throughout the session, and I insisted on showing her pictures of my Pixar *Cars* diecast collection lest she think I was exaggerating just how many I own.

While I was authentic, it's strange to reflect in retrospect on the level of vulnerability that felt necessary to reduce my perceived risk of being misconstrued; a fear likely built on a plethora of experiences being invalidated in professional settings. After rendering my diagnosis, my assessor told me earnestly "I felt nervous assessing you because you obviously know more about autism than I do." I wonder if my assessor would not have made the comment so openly if they did not in some ways see me as a peer within the field— and yet all of the knowledge that I had obtained about autism had very little to do with the formal training that I had received, but more with the autistically driven interest in the topic itself that would be mirrored by any number of autistic individuals seeking out formal assessment.

I feel many conflicting feelings towards this process in retrospect. It absolutely felt validating to receive a diagnosis. I am also glad to have documentation I can utilize as needed for receiving accommodations and services. At the same time, the weight I once put on receiving a formal diagnosis now feels so small in the broader context of my self-understanding related to autism. For me, autism is so much more than Autism Spectrum Disorder, and I want others to recognize this as well.

Reconciliation of Professional and Personal Identity

Chris: My day job is academic: I'm a professor who teaches undergraduate and graduate psychology and counseling material such as psychopathology, personality theories, addiction, counseling skills, and psychology of religion. Clinically, I moonlight as a psychological evaluator, focusing predominantly on differential diagnostic evaluations for autism, ADHD, and OCD. I find that my identity as an autistic professional is viewed differently in each of these spaces.

Autistic people are highly underrepresented in academia for a variety of historical reasons (Dabbs & Scaer, forthcoming). However, on the outside, the "ivory tower" seems to be an ideal career choice for autistic people: a generally flexible environment with ample opportunity to hyperfocus on a specialty knowledge area. In my experience, though, academics are no more informed about autism than I was 10 years ago, and institutional policies often reflect this. Instances in which I do disclose my autistic identity are met with a mixture of responses: many lean neutral to supportive, and some lean to pitious, if not outright infantilizing.

Perhaps the clearest examples of occupational power in these spaces is in advocating for autistic students. On multiple occasions, including on behalf of autistic and ADHD counselors-in-training, I have been openly challenging and confrontational to our systems of dispositional assessment. As it stands, many counselor educators believe that if you cannot sit still with a client for 50-minutes of conversation and intense eye contact that you may be unfit for the field: this is a blatant attack on a neurodiverse workforce. When non-autistic professors whisper autistic during a faculty meeting, as an explanation for a student's under-performance, it falls to me to challenge the link. Challenging anti-autistic ableism in academia has had direct professional consequences for me, including the rupture of previously solid collegial relationships. Living incongruently is not a strength of mind, and a firm sense of justice and inclusion (that the biomedical model would label as 'cognitively rigid') guides me in these moments with colleagues.

Ironically, students have responded much more in kind than have faculty to my identification as autistic. I share my identity publicly to fight the same biases and stigmas associated with autism. I'm afforded the luxury of this disclosure due, in part, to my compounding privileged social identities. I have found myself serving as an informal mentor to an increasing number of autistic college students, a bittersweet reality in the face of tokenization and lack of institutional support. This is not unique to my lived experience: queer faculty often informally mentor queer students; black faculty often informally mentor black students. I reconcile the additional unpaid labor through a karmic understanding of community building.

Being an autistic clinician, unlike being an autistic academic, has often paved the way for opportunities to directly address other clinicians about autistic mental health care. The power here is evident. As far as I know, I am the only autistic licensed psychologist in my geographic area providing adult autism assessment—if there is anything that makes for a long-lasting clinical career, it's an under-saturated niche. I feel that the clinical world has embraced my autistic identity more than the academic world, perhaps because clinicians more readily understand the reflexive importance of lived experience in navigating clinical practice. In general, I have been met with fewer professional roadblocks as an autistic testing psychologist than as an autistic professor of psychology.

Audrey: Since my graduation, I've worked as a clinician in a college counseling center setting. As a whole, there is a subtle push and pull working as an openly autistic clinician, and subtlety isn't really my strong suit. The process of disclosure never feels expected by other professionals. Most appear to be outwardly supportive, but unsure of how to show support, while others can shift their treatment of me towards infantilization. I try to avoid stepping on toes when I suggest to clinicians "Have you considered your client may be autistic?" while still at times being perceived as too blunt for a population that (ironically) tends to communicate indirectly. Clinicians seem to view me as autistic in a different way than their autistic clients, while the onus still falls on me to confront anti-autistic misinformation and ableism when others usually do not speak up.

This tension is underscored by insider-outsider assumptions regarding who exists in my professional role and who is served by my profession (Lund, 2022). At times, other therapists speak to me from the insider assumption that I exist apart from their autistic clients' more stigmatized experiences. My autistic strengths that facilitate my professional role can obscure my spiky profile of challenges and disability. When another professional openly expresses stigma towards an autistic client's experience that I share, they communicate both their lack of understanding of their client, but also, their lack of understanding of my lived reality. In breaking their misperception, I realistically risk losing professional credibility. In staying quiet, I maintain my professional power at the expense of client advocacy. My relative safety in breaking these assumptions is facilitated by my privileged identities, whereas these assumptions may be navigated differently by those for whom the loss of professional credibility is more threatening. This identity navigation is shared by other mental health professionals who conceal aspects of their own mental health experiences within professional settings (Richards et al., 2016). I draw from autistic professionals who break these assumptions despite potential insider perceptions of role discrepancy (Doherty, 2025).

Within my sessions, especially when working with clients with similar neurotypes, I find that I navigate less tension, aligned with the double empathy problem (Milton, 2012). While therapy is reciprocal and relational, it doesn't follow allistic social rules. There is a structure and flow to therapeutic communication that I find myself at ease within. In this context, showing up authentically and autistically is an invitation for clients to show up as themselves. In this way, my presentation can arbitrate the social rules of the session, meaning, in part, my own sense of comfort is born from the hierarchical role I inhabit.

As a person who views autism from both the lens of a diagnostic category and a social identity, it can feel strange within my role as a psychologist in being viewed by clients as an arbitrator and potential validator of autism. This strangeness feels especially pronounced when I encounter clients who self-identify as autistic. Broadly speaking, some clients can approach the topic with a sense of preparedness, as if they are ready to react to my potential dismissal of their thoughts with defensiveness. Others approach the topic with a fearful hesitation, even initially downplaying their own perspectives by ensuring I know that they are “not self-diagnosing” when they share their suspicions. I previously approached mental health professionals with both of these stances as a client at different points in my own processing. As a therapist who practices from a relational-cultural theory perspective (Jordan, 2017; Miller, 1976), I both value self-disclosure as an avenue for therapeutic intervention, and recognize the harms of responding to a client’s concern from my own emotions that are reactive or unprocessed. I hold and traverse all of these aspects when I choose to self-disclose I am autistic to clients.

My disclosure can provide safety in exploration to clients, but it can also be confronting. I’m reminded of an experience in an early session with my own autistic therapist when I noticed they were rocking back and forth while thinking before they shared with me a powerful insight. For myself, this moment helped to break down a dichotomy within my own professional identity. That is, unmasking within session not only facilitates an autistic therapist’s ability to provide effective therapy through reducing the cognitive load of masking, but it also provides an in the moment example of how stigmatized and celebrated aspects of autistic experience can co-exist. In this way, I have also utilized self-disclosure as an avenue for exploring internalized ableism with clients who are not ready to confront the possibility that they may be autistic. In processing their reactions to my own disclosure, we can uncover together what their perceptions of me may say about their perceptions of autism, and in turn, what those perceptions could say about themself if they are autistic. In all of these circumstances, I navigate my own autistic identity, my own professional role as a psychologist working within a medical model, and my own viewpoint of autism as something more than a diagnosis with an attitude of humility and continued learning as a newly emerging professional.

Conclusion

Our descriptive and analytical autoethnographic process herein highlights the historical roots of psychiatric power and how it has been challenged and reshaped by autistic self-advocates. The act of self-identification of autism is a form of epistemic resistance, a blatant opposition to allowing institutional gatekeepers to be the sole arbiters of our reality. Alongside this, our autoethnographic processes were completed with the intent to reveal the profound internal work and community validation that self-identification often entails. Although described as such by many opponents, autistic self-identification is largely not impulsive or uninformed—it is thoughtful, reflective, and painstaking work in response to systemic barriers and historical instances of clinical invalidation.

The history of Autism Network International (ANI) illustrates the early, collective push by autistic people to claim their agency and challenge harmful medicalized narratives (Sinclair, 2005). Autistic self-advocacy efforts, including those by ANI, the Autistic Self-Advocacy Network, and others, demonstrate that, when autistic voices come together, we can influence our diagnostic discourse and reimagine those structures that have historically suppressed self-knowledge. This communal organizing has paved the way for broader acceptance of self-identification and community-led reforms.

Organized movements are strongest with people working both inside and outside of the systems targeted for change. As psychologists, we hold formal authority to diagnose, a position that can serve to perpetuate or disrupt the same hierarchies we critique. As autistics, we hold powerful in-group understanding, experiences, and empathy that mold our in-community interactions (Battalova et al., 2020). Reconciling our identities as autistic psychologists involves humility, self-reflection, and respect for the dual identity. Our autoethnographies here serve to demystify some of that process. By probing our own experiences within a broader cultural and institutional framework, we explicitly challenge what “expertise” means and who holds it.

Ultimately, moving beyond or through hierarchical models demands that professionals learn to regard self-identified autistic individuals, not as illegitimate, but as crucial informants of the autistic experience. This is a monumental shift, and one that requires careful, critical dismantling of the rigid pillars of psychiatric power that have blockaded autistic diagnosis into its current disheveled state. This movement is reflected in the plethora of autistic-led neuro-affirming resources that have been published in recent years (Dabbs & Scaer, 2025; Hartman et al., 2023; Marschall, 2025; Price, 2022). Our hope is that this manuscript serves as one step in affirming that true autistic expertise does not lie solely within institutional walls but, vitally, with autistic people themselves, whether or not they have received a formal diagnosis. The reconciliation of our own identities as autistic psychologists, and our broader challenge to medicalized power structures, stands as our testament to the transformative potential of recognizing and honoring the full and complete humanity of those who self-identity as autistic.

References

Adams, T. E., Jones, S. H., & Ellis, C. (2015). *Autoethnography*. Oxford University Press.

American Board of Psychiatry and Neurology. (2023). *Requirements for Clinical Skills Evaluation in Psychiatry*. https://www.abpn.org/wp-content/uploads/2023/04/CSE-Psychiatry.pdf.

American Psychiatric Association. (1952). *Diagnostic and statistical manual of mental disorders* (1st ed.).

American Psychiatric Association. (1980). D*iagnostic and statistical manual of mental disorders* (3rd ed.).

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.).

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

American Psychological Association. (2011). Revised competency benchmarks for professional psychology. Competency initiatives in professional psychology. Retrieved from https://www.apa.org/ed/graduate/competency

Andoni, L. (2024). *Autistic adults' ableist and neurodiversity affirming experiences in therapy* [Doctoral dissertation, University of Massachusetts Boston]. Scholarworks at UMass Boston. https://scholarworks.umb.edu/doctoral_dissertations/975/

Ardeleanu, K., Steinberg, H., Garfield, T., Voltaire, S., Shea, L., Brown, M., ... & Tan, C. D. (2024). Self-identification of autism: Why some autistic adults lack a clinical diagnosis and why this matters for inclusion. *Autism*, Advance online publication. https://doi.org/10.1177/13623613241297222

Arnaud, S., Gibson, Q.H. (2025). Neurodiversity, identity, and hypostatic abstraction. *Philosophical Studies*, 1-22. Advance online publication. https://doi.org/10.1007/s11098-025-02324-w

Asperger, H. (1991). 'Autistic psychopathy' in childhood (U. Frith, Trans.). In U. Frith (Ed.), *Autism and Asperger syndrome* (pp. 37–92). (This chapter is an annotated translation of a German article by Hans Asperger that was published in "Archiv für Psychiatrie und Nervenkrankenheiten," 1944, 117, 76-136. The original also appeared in "Heilpädagogik," Vienna: Springer-Verlag, 1952) Cambridge University Press. https://doi.org/10.1017/CBO9780511526770.002

Baron-Cohen, S., Ashwin, E., Ashwin, C., Tavassoli, T., & Chakrabarti, B. (2009). Talent in autism: Hyper-systemizing, hyper-attention to detail and sensory hypersensitivity. *Philosophical Transactions of the Royal Society of London. Series B, Biological Sciences*, *364*(1522), 1377–1383. https://doi.org/10.1098/rstb.2008.0337

Battalova, A., Bulk, L., Nimmon, L., Hole, R., Krupa, T., Lee, Mayer, Y., & Jarus, T. (2020). "I can understand where they're coming from": How clinicians' disability experiences shape their interaction with clients. *Qualitative Health Research*, *30*(13), 2064-2076. https://doi.org/10.1177/1049732320922193

Bleuler, E. (1950). *Dementia Praecox or the group of Schizophrenias*. (J. Zinkinz, Trans.). International Universities Press. (Original work published 1911)

Cage, E., & Burton, H. (2019). Gender differences in the first impressions of autistic adults. *Autism Research*, *12*(10), 1495–1504. https://doi.org/10.1002/aur.2191

Camus, L., Rajendran, G., & Stewart, M. E. (2024). Social self-efficacy and mental well-being in autistic adults: Exploring the role of social identity. *Autism*, *28*(5), 1258-1267. https://doi.org/10.1177/13623613231195799

Chapman, R. (2023). A critique of critical psychiatry. *Philosophy, Psychiatry, & Psychology*, *30*(2), 103-119. https://doi.org/10.1017/S1358246123000218

Chapman, R., & Botha, M. (2023). Neurodivergence-informed therapy. *Developmental Medicine & Child Neurology*, *65*(3), 310-317. https://doi.org/10.1111/dmcn.15384

Cooper, K., Russell, A. J., Lei, J., & Smith, L. G. (2023). The impact of a positive autism identity and autistic community solidarity on social anxiety and mental health in autistic young people. *Autism*, 27(3), 848-857. 857. https://doi.org/10.1177/13623613221118351

Council for the Accreditation of Counseling and Related Educational Programs (2024). *Section 3: Foundational counseling curriculum*. https://www.cacrep.org/section-3-foundational-counseling-curriculum/

Council on Social Work Education. (2022). *Educational policy and accreditation standards for baccalaureate and master's social work programs*. https://www.cswe.org/getmedia/bb5d8afe-7680-42dc-a332-a6e6103f4998/2022-Educational-Policy-and-Accreditation-Standards-(EPAS).pdf

Dabbs, C. R. (2025, May 6). The epidemic of inadequate adult autism assessment. https://www.chrisdabbs.com/post/the-epidemic-of-inadequate-adult-autism-assessment

Dabbs, C. R., Hutchins, C. H., Baird, R., Scaer, A. J., Kosanovich, S. E., & Spitler-Nigh, B. (2024). Unmasking Bias: Autistic perspectives in mental health training. *Autism in Adulthood*. Advance online publication. https://doi.org/10.1089/aut.2024.0210

Dabbs, C. R., & Scaer, A. J. (2025). Understanding and affirming autistic clients: A primer for mental health professionals. Bloomsbury.

Dabbs, C. R., & Winterowd, C. L. (2023). Religious, spiritual, and secular identity and group participation in US college students during the COVID-19 pandemic: Differences in quality of life and psychological distress. *Interdisciplinary Journal of Research on Religion*, *19*(3). http://doi.org/10.31234/osf.io/qjyez

Darazsdi, Z., & Bialka, C. S. (2023). "Oh, you couldn't be autistic": Examining anti-autistic bias and self-esteem in the therapeutic alliance. *Autism*, 27(7), 2124-2134. http://doi.org/10.1177/13623613231154622

Davis, J.K. (2018). Dr. Google and premature consent: Patients who trust the internet more than they trust their provider. *HEC Forum*, **30**, 253–265. https://doi. org/10.1007/s10730-017-9338-z

den Houting, J., Higgins, J., Isaacs, K., Mahony, J., & Pellicano, E. (2022). From ivory tower to inclusion: Stakeholders' experiences of community engagement in Australian autism research. *Frontiers in Psychology*, *13*, 876990. https://doi.org/10.3389/fpsyg.2022.876990

Dickter, C. L., Burk, J. A., Zeman, J. L., & Taylor, S. C. (2020). Implicit and explicit attitudes toward autistic adults. *Autism in Adulthood*, 2(2), 144-151. https://doi.org/10.1089/aut.2019.0023

Doherty, M. (2025). My autistic meltdown: The impact of autistic sensory needs. *The Lancet*, *405*(10487), 1332-1333.

Dwyer, P., Hersh, L. H., Kapp, S. K., Rivera, S. M., & Gillespie-Lynch, K. (2025). Neurodiversity movement identification and perceived appropriateness of terms used to describe autism. *Autism in Adulthood*. Advance online publication. https://doi.org/10.1089/aut.2024.0297

Dwyer, P., Ryan, J. G., Williams, Z. J., & Gassner, D. L. (2022). First do no harm: Suggestions regarding respectful autism language. *Pediatrics*, *149* (Supplement 4). https://doi.org/10.1542/peds.2020-049437N

Farnood, A. (2021). *The effects of online self-diagnosis and health information seeking on the patient-healthcare professional relationship* [Doctoral dissertation, University of Glasgow]. Enlighten Theses. https://theses.gla.ac.uk/82637/

Fellowes, S. (2023). Self-diagnosis in psychiatry and the distribution of social resources. *Royal Institute of Philosophy Supplements*, 94, 55-76. http://doi.org/10.1017/S1358246123000218

Fisher, S., Fonagy, P., Wiseman, H., & Zilcha-Mano, S. (2023). I see you as recognizing me; therefore, I trust you: Operationalizing epistemic trust in psychotherapy. *Psychotherapy*, 60(4), 560–572. https://doi.org/10.1037/pst0000501

Fricker, M. (2006). Powerlessness and social interpretation. *Episteme*, 3(1-2), 96-108. https://doi.org/10.1353/epi.0.0004

Friedman, A., Paltoglou, A., & Sorte, R. (2024). A qualitative exploration of the experiences of self-diagnosed autistic women and gender-diverse individuals who are not pursuing an autism diagnosis. N*eurodiversity*, 2, 1-13. https://doi.org/10.1177/27546330241307828

Gergen, K. J., & Gergen, M. (2018). The performative movement in social science. In P. Leavy (Ed.), *Handbook of Arts-Based Research* (pp. 54-67). The Guilford Press.

Gillespie-Lynch, K., Kapp, S. K., Brooks, P. J., Pickens, J., & Schwartzman, B. (2017). Whose expertise is it? Evidence for autistic adults as critical autism experts. *Frontiers in Psychology*, 8(438). https://doi.org/10.3389/fpsyg.2017.00438

Hartman, D., O'Donneell-Killen, T., Doyle, J. K., Kavanagh, M., Day, A., & Azevedo, J. (2023). *The adult autism assessment handbook: A neurodiversity affirmative approach*. Jessica Kingsley Publishers.

Hull, L., Mandy, W., Lai, M. C., Baron-Cohen, S., Allison, C., Smith, P., & Petrides, K. V. (2019). Development and validation of the camouflaging autistic traits questionnaire (CAT-Q). *Journal of Autism and Developmental Disorders*, 49, 819-833. https://doi.org/10.1007/s10803-018-3792-6

Jordan, J. V. (2017). Relational–cultural theory: The power of connection to transform our lives. *The Journal of Humanistic Counseling*, *56*(3), 228-243. https://doi.org/10.1002/johc.12055

Kanner, L. (1943). Autistic disturbances of affective contact. *Nervous Child*, 2(3), 217-250.

Kanzer, M. (1964). Freud's uses of the terms "autoeroticism" and "narcissism." *Journal of the American Psychoanalytic Association*, 12(3), 529-539. https://doi-org.ezproxy.emich.edu/10.1177/000306516401200З

Kapp, S. K., & Ne'eman, A. (2020). Lobbying autism's diagnostic revision in the DSM-5. In S. K. Kapp (Ed.), Autistic community and the neurodiversity movement: Stories from the frontline, (pp. 167-194). Palgrave Macmillan.

Kentrou, V., Livingston, L. A., Grove, R., Hoekstra, R. A., & Begeer, S. (2024). Perceived misdiagnosis of psychiatric conditions in autistic adults. *EClinical Medicine*, 71. 102586

Lewis, L. F. (2016). Exploring the experience of self-diagnosis of autism spectrum disorder in adults. *Archives of Psychiatric Nursing*, *30*(5), 575-580. https://doi.org/10.1016/j.apnu.2016.03.009

Lund, E. M. (2022). Valuing the insider-professional perspective of disability: A call for rehabilitation psychologists to support disabled psychologists and trainees across the profession. *Rehabilitation Psychology*, 67(4), 582–586. https://doi.org/10.1037/rep0000452

Maitland, C. A., Rhodes, S., O'Hare, A., & Stewart, M. E. (2021). Social identities and mental well-being in autistic adults. *Autism*, *25*(6), 1771-1783. https://doi.org/10.1177/13623613211004328

Marschall, A. (2025). *Neurodiversity-affirming therapy: What every mental health provider needs to know*. W.W. Norton & Company.

Meyerding, J. (2004, July 3). Autreat 2004. *Autreat*. https://www.autreat.com/Autreat_jane.html

Miller, J. (1976). *Toward a new psychology of women*. Beacon Press.

Milton, D. E. (2012). On the ontological status of autism: The 'double empathy problem.' *Disability & Society*, 27(6), 883-887. https://doi.org/10.1080/09687599.2012.710008

Milton, D., & Sims, T. (2016). How is a sense of well-being and belonging constructed in the accounts of autistic adults?. *Disability & Society*, *31*(4), 520-534. https://doi.org/10.1080/09687599.2016.1186529

Natri, H. M., Abubakare, O., Asasumasu, K., Basargekar, A., Beaud, F., Botha, M., Bottema-Beutel, K., Brea, M. R., Brown, L. X. Z., Burr, D. A. Cobbaert, L., Dabbs, C., Denome, D., Rosa, S. D. R., Doherty, M., Edwards, B., Edwards, C., Liszk,S. E., Elise, F., & Zisk, A. H. (2023). Anti-ableist language is fully compatible with high-quality autism research: Response to Singer et al. (2023). *Autism Research*, *16*(4), 673-676.https://doi.org/10.1002/aur.2928

Ne'eman, A. (2007). Dueling narratives: Neurotypical and autistic perspectives about the autism spectrum. *Society for Critical Exchange*. https://case.edu/affil/sce/Texts_2007/Ne%27eman.html

Parker, I. (2015). *Critical discursive psychology*. Palgrave Macmillan.

Price, D. (2022). *Unmasking autism: The power of embracing our hidden neurodiversity*. Monoray.

Prilleltensky, I. (2008). The role of power in wellness, oppression, and liberation: The promise of psychopolitical validity. *Journal of Community Psychology*, *36*(2), 116-136. https://doi.org/10.1002/jcop.20225

Ratto, A. B., Bascom, J., daVanport, S., Strang, J. F., Anthony, L. G., Verbalis, A., ... & Kenworthy, L. (2023). Centering the inner experience of autism: development of the self-assessment of autistic traits. *Autism in Adulthood*, *5*(1), 93-105.

Raymaker, D., & Nicolaidis, C. (2013). Participatory research with autistic communities: Shifting the system. In J. Davidson & M. Orsini M (Eds.), *Worlds of autism: Across the spectrum of neurological difference* (pp.169–190). University of Minnesota Press.

Richards, J., Holttum, S., & Springham, N. (2016). How do "mental health professionals" who are also or have been "mental health service users" construct their identities? *Sage Open*, *6*(1), 2158244015621348. https://doi.org/10.1177/2158244015621348

Roberts, M. (2005). The production of the psychiatric subject: power, knowledge and Michel Foucault. *Nursing Philosophy*, *6*(1), 33-42. https://doi.org/10.1111/j.1466-769X.2004.00196.x

Russell, A. S., McFayden, T. C., McAllister, M., Liles, K., Bittner, S., Strang, J. F., & Harrop, C. (2024). Who, when, where, and why: A systematic review of "late diagnosis" in autism. *Autism Research*. Advance online publication. https://doi.org/10.1002/aur.3278

Sandland, B. (2022). *The spiral of self-identification of autism. Understanding self-identification of autism through firsthand experiences* (Doctoral dissertation, University of Birmingham). https://etheses.bham.ac.uk/id/eprint/12143/

Sasson, N. J., Faso, D. J., Nugent, J., Lovell, S., Kennedy, D. P., & Grossman, R. B. (2017). Neurotypical peers are less willing to interact with those with autism based on thin slice judgments. Scientific Reports, 7(1), 1-10. https://doi.org/10.1038/srep40700

Sinclair, J. (1993). Don't mourn for us. *Our Voice*, *1*(3). http://www.autreat.com/dont_mourn.html

Sinclair, J. (2005). Autism Network International: The development of a community and its culture. Autreat. https://www.autreat.com/History_of_ANI.html

Smith, B. (2017). Generalizability in qualitative research: misunderstandings, opportunities and recommendations for the sport and exercise sciences. *Qualitative Research in Sport, Exercise, and Health*, *10*(1), 137-149. https://doi.org/10.1080/2159676X.2017.1393221

Starr, L. J. (2010). The use of autoethnography in educational research: Locating who we are in what we do. *Canadian Journal for New Scholars in Education*, 3(1). Retrieved on Jan. 1, 2025 from https://journalhosting.ucalgary.ca/index.php/cjnse/article/view/30477.

Tajfel, H., Turner, J. C., Austin, W. G., & Worchel, S. (1979). An integrative theory of intergroup conflict. Organizational Identity: A Reader, 56(65), 9780203505984-16.

Tillett, J. I. S. (2025). *When being normal isn't the goal: How therapists co-transform beyond normal with their autistic clients* [Doctoral dissertation, Virginia Polytechnic Institute and State University]. ETDs: Virginia Tech Electronic Theses and Dissertations. https://vtechworks.lib.vt.edu/items/bd8f33dc-52a2-41c1-b4c8-69a5f8aaa2a3

Timimi, S., Milton, D., Bovell, V., Kapp, S., & Russell, G. (2019). Deconstructing diagnosis: Four commentaries on a **diagnostic** tool to assess individuals for autism spectrum disorders. *Autonomy*, *1*(6). PMCID: PMC6687500

Whelpley, C. E., & May, C. P. (2023). Seeing is disliking: Evidence of bias against individuals with autism spectrum disorder in traditional job interviews. *Journal of Autism and Developmental Disorders*, *53*(4), 1363-1374. https://doi.org/10.1007/s10803-022-05432-2

Zander, E., Willfors, C., Berggren, S., Choque-Olsson, N., Coco, C., Elmund, A., Moretti, A. H., Holm, A., Jifält, I., Kosieradzki, R., Linder, J., Nordin, V., Olafsdottir, K., Poltrago, L., & Bölte, S. (2016). The objectivity of the Autism Diagnostic Observation Schedule (ADOS) in naturalistic clinical settings. *European Child & Adolescent Psychiatry*, 25(7), 769-780.

Audrey Scaer is a staff psychologist at Eastern Michigan University's Counseling and Psychological Services. As an openly autistic psychologist, Audrey works especially to provide neuroaffirming care to autistic college students. Outside of clinical work, Audrey is focused on research, education, and advocacy centered on autistic wellbeing.

Christopher Dabbs is Assistant Professor of Counseling Psychology at University of Lethbridge. He is a licensed psychologist and licensed mental health counselor who is open about his own autistic identity. In his research, Dr. Dabbs primarily focuses on ways in which social bias and stigma impact mental wellness, employment, and life satisfaction in religious minorities and people broadly described as neurodivergent. His research has been published in academic journals, collected volumes, and he regularly provides clinical training and presents to national and local audiences.