DOCUMENT SUMMARY This critical review argues that the autistic population faces a severe, unaddressed mental health crisis driven by a societal and clinical mismatch with their needs. The author critiques dominant interventions like ABA for enforcing neurotypical norms and harming mental health, while advocating for a paradigm shift toward neurodiversity-affirming psychotherapy. The paper proposes using phenomenological psychology, specifically Interpretative Phenomenological Analysis (IPA), as a key method to adapt therapy, ensuring it is meaningful in the client's own terms and respects autistic ways of being.

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Why This Matters to Enlitens

This paper is a strategic asset that provides the philosophical and evidence-based backbone for Enlitens' entire mission. It articulates the precise problem we are solving: the profound mental health crisis in the autistic community caused by non-affirming care. It systematically dismantles the medical model and provides a powerful, citable critique of ABA, highlighting its focus on normalization and its link to camouflaging and suicidality.

Crucially, it offers a sophisticated solution that moves beyond simplistic "client-led" therapy. The proposed "phenomenological check" provides a framework for how a therapist can be both affirming and effective, challenging clients in ways that are demonstrably meaningful *to them*. This directly informs the methodology of the Enlitens Interview and provides the academic language (phenomenology, double hermeneutic, IPA) to legitimize our approach in our whitepaper and communications.

Critical Statistics & Arguments for Our Work

- **Mental Health Crisis:** Autistic people are more likely to suffer from anxiety (20%), depression (11%), and other mental disorders.
- **Suicide Rates:** 31% of premature deaths among autistic people were due to suicide, compared to just 4% in the general population.
- **Misaligned Research Funding:** In 2018, only 6% of autism research funds went to quality of services, and a mere 2% to the needs of autistic adults.
- **Critique of ABA:** Neurodiversity critics argue ABA is focused on pushing autistic people into a neurotypical mold, forcing behaviors that don't resonate (like eye contact) and suppressing crucial self-regulation behaviors (like stimming).
- **ABA and Poor Outcomes:** Forcing neurotypical behaviors promotes autistic camouflaging, which is associated with higher depression rates, suicidality, and reduced mental health.

- **Lack of Evidence for ABA:** A recent scoping review of ABA interventions found **zero studies** that measured the effect of ABA on the autistic individual's subjective quality of life.
- **The "Double Empathy Problem":** Autistic individuals are often falsely seen as lacking emotional understanding, when in fact they fail to understand neurotypicals, and neurotypicals also fail to understand them.
- **Alexithymia Prevalence:** The prevalence of alexithymia (difficulty identifying emotions) is estimated at 50% among autistic individuals, posing a challenge for traditional talk therapy.

Alternative Approaches Mentioned

- **Neurodiversity-Affirming Psychotherapy:** The core proposal. Therapy should facilitate a mentally healthy and fulfilling life *in autistic terms*, respecting autistic ways of functioning.
- **Phenomenological Psychology:** Proposed as the key to adapting therapy. It focuses on the client's experience "from within" and its qualitative unity, detailing holistic experiential states rather than just symptoms.
- **"Phenomenological Check":** A process where therapeutic challenges are permissible, but the outcomes *must* be meaningful in the autistic client's own terms to justify unsettling them. This creates space for affirming the autistic self while still stimulating growth.
- **Interpretative Phenomenological Analysis (IPA):** A specific tool for conducting phenomenological investigations within therapy. It's based on a "double hermeneutic," where the client makes sense of their own lived experience, facilitated by the therapist's input. This empowers the client's voice and helps circumvent the double empathy problem.
- **Activity-Based Therapies:** For nonverbal clients, the paper recommends approaches like art, play, and music therapy. Music therapy, in particular, can be affirming by incorporating stimming and echolalia into the process.
- **Autistic Therapists:** The paper strongly recommends introducing more autistic therapists, who are naturally posed to be acquainted with the autistic self and intuitively understanding of autistic clients.

Quotes We Might Use

- **On the goal of intervention:** "autistic impairment and distress are not to be addressed by making autistic individuals 'less autistic' and reducing related symptomatology. Instead, the proper locus of autism interventions is the undoing of the social exclusion of autistic individuals and the facilitation of a healthy and fulfilling life in autistic terms."
- **On the failure of research:** The funding numbers "show a shocking lack of interest in aligning scientific investment in autism research to the priorities of the most important stakeholders: autistic people ourselves."
- **On the therapeutic relationship:** "helping a client necessitates taking them seriously, not literally and obediently."
- **On adapting therapy:** "As psychotherapists, we may need to enlarge our conception of what 'meaningful engagement' means in order to include and best serve individuals with social disabilities, altering our previously established processes and rules for therapeutic engagement."

- **On affirming but effective therapy:** This approach makes space "both for affirming the autistic self and for maintaining the sine qua non psychotherapeutic element of stimulating the client to transcend their comfort zone to their mental health's benefit."

FORMATTED CONTENT

Neurodiversity and psychotherapy-Connections and ways forward

Abstract

This critical review examines the connections between the neurodiversity paradigm and psychotherapy for autistic individuals. Clinical data indicates that autistic people face a deep and multifaceted mental health crisis, which neurodiversity-affirming psychotherapy is ideally posed to address. Nonetheless, there are substantial challenges for tailoring psychotherapeutic schemes to autistic clients. The importance of phenomenological psychology in overcoming these challenges is highlighted, and a related proposal is briefly developed.

1. THE NEURODIVERSITY PARADIGM

Neurodiversity is an iteration of the disability rights movement concerned chiefly with the rights of autistic people, while also encompassing social groups in neurocognitive conditions like attention deficit hyperactivity disorder and dyslexia. The neurodiversity movement is minimally defined by its opposition to the medical model of autism, wherein autism is framed as a spectrum disorder caused by individual neurobiological dysfunctions. In place of this conceptualisation, neurodiversity advocates proffer that autism is constitutive of natural, and, by some, even beneficial, variations of the human mind. In this view, autism is, instead of a disorder, a disability due to an illness of fit between individual and society, often understood in terms of societal barriers that marginalise autistic people. Thus, autistic impairment and distress are not to be addressed by making autistic individuals[1] "less autistic" and reducing related symptomatology. Instead, the proper locus of autism interventions is the undoing of the social exclusion of autistic individuals and the facilitation of a healthy and fulfilling life in autistic terms.

Neurodiversity has ushered in a new era in autism research, which is now beginning to touch clinical practice and design. In 2017, the Interagency Autism Coordination Committee (IAAC), the primary advisory body to the US government for matters regarding autism, called for a paradigm shift in clinical research orientation. The directive was to pursue, besides investigations into the underlying biology and causes of autism, research aiming at improving services across the lifespan and addressing the daily needs of autistic people. This call contrasts starkly with the current reality of autism research funding allocation. In its 2018 portfolio analysis, IAAC reported that just 6% of both private and public funds were utilised in research for the quality of services for autistic people, while a mere 2% went towards researching the needs of autistic adults. In a 2016 statement responding to a previous report by the same agency and displaying similar figures, Ne'eman, the then-president of the Autistic Self Advocacy Network, commented that the numbers "show a shocking lack of interest in aligning

scientific investment in autism research to the priorities of the most important stakeholders: autistic people ourselves".

2. THE AUTISTIC MENTAL HEALTH CRISIS AND CLINICAL APPROACHES

Clinical data demonstrates clearly that autistic people face a severe and multifaceted mental health crisis. A recent meta-analysis of 432 studies found that autistic people are more likely to suffer from anxiety (20%), depressive (11%), bipolar (5%), schizophrenia spectrum (4%) and other mental disorders. A large cohort study following over 2.5 million individuals between 1987 and 2009 estimated that autistic people were, in this timeframe, 2.56 times more likely to die than neurotypicals. Alarmingly, 31% of premature deaths of autistic people was due to suicide, compared with 4% in the general population. There is evidence to suggest that autistic well-being is strongly correlated with social and parental acceptance and autistic-evaluated quality of support received. Moreover, evidence is inconclusive regarding whether autistic mental health relates to symptom severity, partly because cross-sectionally measuring mental health issues interferes with observations and self-reports of autistic characteristics. In addition, some evidence points to the so-called "high functioning" autistic adults being more susceptible to depression and suicide than "low functioning" ones.

Correspondingly, neurodiversity scholars have developed theoretical frameworks according to which autistic mental health, thriving and well-being are not self-contradictory terms, but descriptive of potential realities that may be materialised by the provision of neurodiversity-affirming social and clinical support.

Meta-analytic and large cohort US data demonstrate that, by far, the most dominant clinical approach to autism is applied behaviour analysis (ABA), followed distantly by pharmaceutical treatments. A recent overview of autism interventions points out that the efficacy of medication approaches is extremely understudied and that, in the United States, most of the drugs used are not approved by the Food and Drugs Administration. ABA has consistently found itself at the heart of heated abuse-related controversy within the autism community. Though the many iterations of ABA have now largely distanced themselves from techniques such as slapping and delivering electric shocks, neurodiversity critics argue that ABA is still focussed on pushing autistic people into a neurotypical mould , forcing them to take on behaviours that do not resonate with them (e.g., eye contact) and to abandon behaviours that may be crucial to self-regulation (e.g., stimming or self-stimulatory behaviour). In turn, this is thought to promote autistic camouflaging, which is well known to be associated with higher depression rates and suicidality, and reduced mental health and well-being. Notably, a recent scoping review of ABA interventions found zero studies measuring the effect of ABA on autistic subjective quality of life.

3. THE ROLE OF PSYCHOTHERAPY

Overall, despite the neurodiversity paradigm's rapid establishment within autism studies, autism research and clinical work still appear to be misaligned with the needs of autistic people themselves. Most notably, the prevailing autistic mental health crisis is not systematically addressed by any of the dominant intervention schemes. Psychotherapy, as a cluster of client-tailored methods principally aimed at improving mental health and subjective well-being, is ideally placed to fill this lacuna. Unfortunately, research into the effectiveness of psychotherapy for the autistic population remains very sparse. The most well-studied approach is cognitive behavioural therapy (CBT), with meta-analytic evidence suggesting that CBT is effective for treating autistic anxiety and that, though the evidence is more limited, the same may be true for

depression. Despite this, CBT practitioners often admit limited confidence in applying their skills with autistic clients, with the literature including ample calls to systematically tailor CBT to autism. In contrast, psychodynamic psychotherapy (PT) studies pertinent to autism are mostly conceptual or single subject, and studies concerning interpersonal psychotherapy (IPT) for autism are virtually nonexistent.

The lack of enquiry into adapting psychotherapy for autism is problematic. One should not expect that applying psychotherapeutic methods in their received form will yield results equally fruitful with the autistic as with the general population. This is due to two major issues. First, no particular attention paid to the client being autistic risks further suppressing the autistic self within the individual. Second, the standard forms of most psychotherapeutic methods are incompatible with frequent autistic characteristics.

4. CHALLENGES IN ADAPTING PSYCHOTHERAPY FOR AUTISM

One of the neurodiversity movement's central imperatives is that the autistic self should not be pathologised and treated as a set of maladaptive symptoms within the clinic. Instead, psychotherapy for autism should facilitate a mentally healthy and fulfilling life in autistic terms, respecting autistic ways of functioning. The mental health profession's approach to characterising a behaviour, cognition, personality characteristic or mental formation as pathological is based on the "four Ds": being deviant from the social norm; causing distress; causing dysfunction; and putting the client and/or other in their environment in danger. Evidently, following these criteria will lead to classifying autistic traits as pathological traits. The immediate rebuttal from the neurodiversity camp would be that autistic traits are not pathological traits, but irremovable parts of the self and thus not up for negotiation within psychotherapy.

An obvious attempt at resolving this impasse, often championed within neurodiversity studies, would be to let autistic people hold the treatment reins. While well-intentioned... this advice is markedly problematic for psychotherapy. First, it is likely the case that at least some autistic clients ask for therapeutic outcomes in the opposite direction, such as learning how to socially engage in a neurotypical way. Second, more importantly and structurally, all empirically credible psychotherapeutic methods maintain a fundamental element of disbelief towards what the client asserts about themselves and/or of partly working against what comes naturally to them. The very inability of clients to see which parts of themselves could be tweaked and explored to make their lives better is part of what makes psychotherapy sensible in the first place. Psychotherapy's task is precisely to uncover and unsettle this default mode when it leads to an unfulfilling or mentally tormenting life. Thus, helping a client necessitates taking them seriously, not literally and obediently.

The other major challenge for adapting psychotherapy for autism is that frequent autistic characteristics appear to be at odds with (certain strands of) psychotherapy. In general, autistic individuals may find the therapeutic context sensorily overwhelming (e.g., when it involves bright lights or strong smells) and the social interaction with the therapist too overbearing. Others may display limited cognitive flexibility and ability to manage abstract concepts, which may render techniques like CBT's cognitive restructuring and PT's explorations of the unconscious rather fruitless. Additionally, at least some autistic clients should be expected to display atypical interpretation of social cues, facial expressions and nonverbal communication, as well as a reduced capacity for perspective-taking and increased difficulties in building and maintaining relationships.

Two relatively frequent autistic characteristics, namely alexithymia and intellectual disability, seem to raise particularly difficult challenges for psychotherapy. A 2020 meta-analysis estimated the prevalence rate of alexithymia at about 50% among autistic individuals. Alexithymia is a little-understood psychological phenomenon that involves difficulties in identifying emotions experienced by oneself and others. Here, one should notice two things. First, alexithymia may be overdiagnosed in autistic people, as they are often falsely taken to lack emotional understanding, when they in fact face a "double empathy problem". That is, autistic individuals can emotionally comprehend and empathise with one another, but often fail to understand the neurotypicals, while the neurotypicals also fail to understand them. Considering this, it seems reasonable to speculate that autistic alexithymia may be addressed at least partly by matching autistic clients with autistic therapists.

Last, one-third of autistic people are diagnosed with an intellectual disability, while about 25%-50% of autistic children never develop functional verbal communication. These issues obviously constitute significant barriers for techniques that are fundamentally dependent on dialectical explorations. Certainly, methods employed with nonverbal children and adults should fit their communication styles, centring less on talking techniques and more on activity-based approaches, such as art, play and music therapy. Regarding music therapy in particular, there is encouraging meta-analytic evidence for application with the autistic population. Early research also demonstrates music therapy's capacity to be neurodiversity-affirming by utilising autistic characteristics, traditionally seen as pathological, to facilitate the connection between individuals and groups. For example, stimming in unison has been employed as a part of interactive musical improvisation, and echolalia (the repetition of previously heard words and sounds) has been conceptualised as musical expression and accompanied in a recitative style, both with positive results.

5. ADDRESSING AUTISM PSYCHOTHERAPY CHALLENGES VIA PHENOMENOLOGY

Phenomenology is a philosophical tradition tasked, it is commonly proffered, with investigating the invariant structures of experience. This refers not to the specific contents of one's encounters with the world, but rather to the general forms that these experiences take. The importance of phenomenology for the mental health professions has been highlighted in connection with its capacity to convey the client's experience "from within," in its qualitative unity and immediacy, detailing holistic mental experiential states instead of diffuse symptoms or localised organic functions.

As regards autism, its unique phenomenologies have been noted as of paramount importance in adapting psychotherapy for autistic individuals. Koenig and Levine (2011, pp. 31-36) have highlighted both the positive prospects of psychotherapy for autism and the importance of phenomenology in realising such prospects, writing, "Given the unique phenomenology of individuals with ASDs, research-supported interventions will need modification and ongoing adjustments over time... As psychotherapists, we may need to enlarge our conception of what 'meaningful engagement' means in order to include and best serve individuals with social disabilities, altering our previously established processes and rules for therapeutic engagement."

Pantazakos and Vanaken have developed a proposal for neurodiversity-affirming clinical interventions for autism, which centres on phenomenological psychology and is especially focussed on psychotherapy. Within this approach, therapists are encouraged to pay due credit

to the first-person experiences of autistic people and prioritise results meaningful in autistic terms. Importantly, this does not take the form of uncritically affirming the autistic client's cognitive, behavioural and emotional default modes. On the contrary, the therapist is free to pursue avenues that may push against what the client is used to, and to challenge them. Crucially, however, this process is continuously subject to a phenomenological evaluation, whereby procured results must be meaningful in the autistic client's own terms to justify unsettling the client. In this way, Pantazakos and Vanaken argue, space is made both for affirming the autistic self and for maintaining the sine qua non psychotherapeutic element of stimulating the client to transcend their comfort zone to their mental health's benefit.

This "phenomenological check" on therapy is materialised in two ways. First, psychotherapists are urged to familiarise themselves with typical autistic phenomenologies before working with autistic clients, becoming acquainted with frequent elements of the autistic self. "Elements of the autistic self" are defined as those associated with better mental health and/or subjective quality of life when affirmed, and worse mental health when individuals are pushed to act against them. For instance, stimming, avoiding eye contact and not pursuing socialising beyond a certain margin are all examples of frequent elements of the autistic self... because ample phenomenological enquiries demonstrate that attempting to change these elements does not make for a more fulfilling autistic life.

Second, therapists are encouraged to employ phenomenological sessions nested within regular treatment sessions. Pantazakos and Vanaken recommend interpretative phenomenological analysis (IPA) as the primary tool for conducting these phenomenological investigations. IPA, it is argued, is best suited to interrogating the meaningfulness of interventions for autism as it is based on a "double hermeneutic," whereby it is the subject themselves who is making sense of their own lived experience, facilitated by the expert's input. This will serve to both empower neurodivergent voices within the clinic and circumvent the aforementioned double empathy problem.

A couple of other recommendations can be advanced as part of this proposal, pertinent to the neurotype and training of psychotherapists. First, it seems natural to assume that bringing autistic phenomenology to bear on psychotherapy for autism will be aided immensely by the first-person experience of autistic psychotherapists. Such therapists are naturally posed to be acquainted with the autistic self and intuitively understanding of autistic clients. Second, there already exist several neurodivergent/neurodiversity-affirming therapist collectives, though they remain far from integrated into the therapeutic canon. Funding such collectives and paying due attention to their research and insights will serve to bridge the current gap between the autism clinic and neurodiversity. Third, the training of psychotherapists to successfully work with autistic clients should be a systematic and institutionally facilitated endeavour.

TABLE 1 Key recommendations for psychotherapists in practice and research

- Educate yourself in neurodiversity theory and the movement's positions on neurodiversity-affirming clinical interventions
- Conceptualise your autistic client as a person whose mental health concern may be separable from their autism
- Consider how your client may thrive in autistic terms rather than despite their autism
- Do not use a client as an ultimate source of information for directing therapy; instead, work with them phenomenologically, potentially using IPA, to find out what works best for them

- Employ strategies that may challenge your client, unless there is robust phenomenological evidence that these strategies do not procure results experienced as meaningful from a first-person point of view

6. CONCLUSION

This critical review of the connections between autism and psychotherapy delivered four main conclusions. First and foremost, the autistic population faces a mental health crisis, which is yet not adequately and systematically addressed by the mental health system. Second, neurodiversity-affirming clinical interventions aimed specifically at the improvement of autistic mental health and subjective quality of life are of the essence in addressing this crisis. Third, psychotherapy seems ideally posed to address this issue, but its connection with autism is currently under-researched, and important challenges stand in the way of adapting psychotherapeutic schemes for autistic clients. Fourth, adjusting psychotherapy on a phenomenological basis and introducing systematic, neurodiversity-affirming clinical training of psychotherapists will be key in materialising psychotherapy's adaptation for autism fruitfully.