

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

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Author Note

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

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

Presentation slides for facilitated discussion of this paper are made available at:

<https://presentation-archive.herokuapp.com/divergent-embrace.html>

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

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

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

Challenges

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

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

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

Frightfully common experiences cited among autistic adults include exclusion from conversations about how to best help autistic populations, being told they are showing up as way too much or not nearly enough regarding pathologizing evaluations of autistic behavior, without exhibition of any kindness in attention to self-reports or autoethnographies (Yergeau, 2018).

Considerations

Beyond negative influences to mental health, physical health, sense of identity, and place in the world, the cost/benefit analysis of masking autistic behaviors to meet demands for normative compliance reveals a correlated need to effectively resource using non-native tooling. Where predominate calls for pathologizing stereotypic motions resound through medically oriented contexts in a lazy dependence on discredited and biased theories, encouraging use of stimming in exploration of one's environment, non-speaking communication, and self-care in auto-regulating behaviors is commonplace among autistic academics, researchers, and clinicians (Yergeau, 2018; differentnotdeficient, 2019; Walker, 2021; ASAN, 2022; Chapman & Botha, 2022; Green & Shaughnessy, 2023).

Pride in community, and leaning on mutual support with many others voicing nearly identical questions and complaints despite their level of social isolation, is a repeating theme in autistic forums as well as clinically focused literature (Bascom et al., 2012; Graby, 2015; Chapman, 2021; Fotheringham et al., 2023; Thompson-Hodgetts, 2023). Tending to awareness of the sensorium, as opposed to a focus on counter-social embodiment, has been referred to in various ways but has nonetheless been present throughout autistic advocacy work (Sinclair, 1993; Bascom et al., 2012; Murray, 2020; Walker, 2021; Green & Shaughnessy, 2023).

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

(Onaiwu, 2015)

Interplays

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

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

(2018, p. 192)

In continuing to describe the perils of passing, Yergeau takes help from Judy Endow and Rachel Cohen-Rottenburg. These efforts to mimic allistic body language and prosody in conversation “include overwhelming stress, self-hatred, and loss of autistic identity and community. [...] People wrongly assume theirs to be the natural sociality, effectively othering and quashing disabled means of communicating and knowing. [...] Passing is an imitation borne of compliance, wherein burnout is inevitable” (2018, p. 194).

Approaches

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

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

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

Interventions

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

(Yergeau, 2018, p. 211)

Psychotherapeutic interventions relating to these concepts range widely in the level of participation, alignment with neuroqueer theory, and the expressed identities of participants. Implementations should endeavor to align with practices described in Neurodivergence-Informed Therapy (Chapman & Botha, 2022) and Avoiding Ableist Language (Bottema-Beutel et al., 2020). Some options to explore in group settings include:

- Moving among group members without making any eye contact—averted gaze, closed eyes, sonic navigation, non-verbal vocalizations, and a personal safety bubble (e.g., holding arms out in opposing directions, with hands around the average navel height of participants to avoid unwanted body contact from others) may be welcome suggestions
- Dyadic subgroups exploring claiming and receiving identity labels—each pair takes turns answering the repeated inquiry, “Who are you?” with any identities they are prepared to embrace. A following cycle of exercises would then have each pair taking turns fully focusing their attention on the face (preferably with eye contact) of their practice partner, declaring the dominant identities of their practice partners, as in “You are autistic.”

- Specifically focused on initiation rites, anyone seeking group recognition of a newly adopted identity may create and wear a sign (basic arts and craft supplies will be needed) that details how the new identity will be named when addressing them (or, alternatively, whispered to an elder who then, officially introduces this newly identified group member) before each member of the group takes a turn at making contact and naming this new identity for their peer. “You are <enter-self-determined-identity-label-here>!”

Identities

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

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

Conclusions

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

Given the social isolation often forced upon autistic and other neurodivergent people via unreasonable demands for compliance with dominant social narratives, self-advocacy and auto-bootstrapped communities must be materially supported in order for these practices to flourish. Assumptions of access, or capacity for leaning on social networks to meet support needs, quickly becomes framed as a cruel joke among populations facing a marked lack of access to diagnostics, support, therapy, medical care, housing support, and employment as disabled citizens (especially where racism or transphobia comes into play). Not only do disability provisions rarely provide support in ways that avoid pathologizing non-normative experience, regardless of impairment those dependent on so-called systems of care are the most likely to be suffering the ills inherent to other examples of intersecting marginalized experiences and identities. Without extending trust and compassionate actions to those reporting non-normative experience, one is likely to be abusing the very same trust so often demanded *a priori* in exchange for establishing or maintaining accommodated access (e.g., reactive repair vs. prior planning for inclusion).

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