

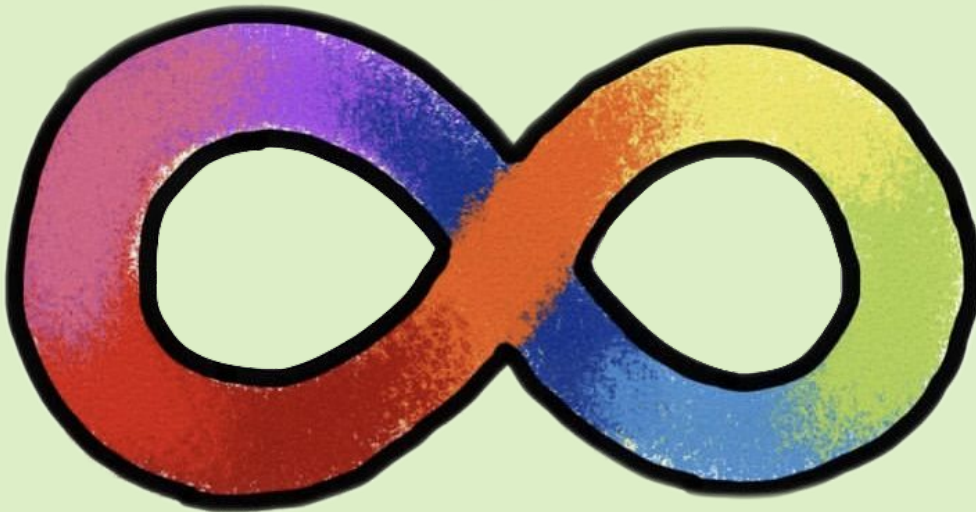
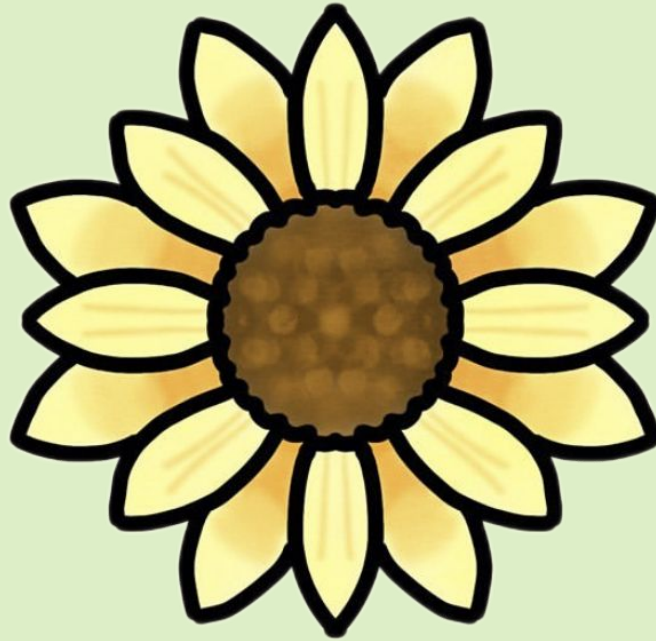
Autism Awareness and Acceptance

Originally written and compiled by the University of Edinburgh AS group
March, 2021

Updated and edited: July, 2022

All opinions and perspectives detailed in this document are that of this autistic group, but cannot hope to represent the diverse and collective experiences of the wider autistic community.

If you require this document in an alternative format for accessibility reasons, please contact mwickett@ed.ac.uk



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Autism is a neurodevelopmental condition that means autistic people feel, hear, interpret and see the world differently.

It is a natural neurological difference (also known as a neurotype or form of **neurodiversity**) that means our brains experience things differently. Neurodiversity also includes, but is not limited to, dyslexia, dyspraxia, ADHD, OCD. The opposite of being neurodivergent is to be neurotypical.

Autism can be considered an invisible disability and presents in each autistic person differently. Some autistic people do not consider themselves disabled, while others do. Asperger's syndrome was a separate diagnosis but is now an archaic term and Autism is used instead. Below are two examples of how some Autistic traits manifest - these particular examples relate to the trait of (hyper/hypo)sensitivity.



"I am hypersensitive to noise, light, touch and food textures, but hyposensitive to colours and temperature."

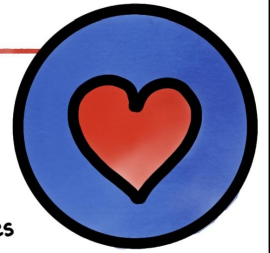
"I am hypersensitive to sounds, smells, colors and food textures. I have synesthesia which means that when I listen to music, I see colors and shapes. It makes listening to music pretty magical but quite intense."



Autism Spectrum

Strengths

- deep focus + attention to detail
- expertise and factual knowledge
- integrity + accepting of difference
- methodical, creative + novel approaches



Challenges

- sensory issues + information processing
- social communication + interaction
- repetitive behaviour + ♥ routines
- anxiety

This information pamphlet was created by Autistic people: the best way to learn about Autism is from Autistic people as we are the experts of our own brains.

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Important Terminology

A full glossary can be found at the back of this document



Talking About Us

We mostly use identity-first language (“I am Autistic”) rather than person-first language (“I am a person with Autism” or “I have Autism”). This is because we are born Autistic and it is part of our identity - similar to nationality or sexuality. It goes without saying that we are people, too. Saying we “have” Autism implies a separate condition.

Being Overwhelmed

Many Autistics are “hypersensitive” to some senses or stimuli, as detailed in the glossary. Prolonged high sensory levels can be stressful for an autistic person and can lead to them experiencing “sensory overload”. This is one way that autistic people can be overloaded, which can lead to meltdowns or shutdowns.

Shutdowns and meltdowns are painful and vulnerable experiences that are highly stigmatised, and misunderstood: we’re not “just being difficult”, “petulant” or “throwing a tantrum”. Autistic people experiencing meltdowns or shutdowns are particularly misunderstood by public services, which is a huge accessibility barrier. Sensory overload can be managed by finding a quieter, darker area with less invasive sensory stimuli, or using headphones and sunglasses (et al) with a similar effect-sometimes called “sensory deprivation”.

Term

Definition

Meltdown

A visible form of overload that happens when someone becomes completely overwhelmed by their current situation and temporarily loses behavioural control due to the experienced pain.

It is a loss of control and can be verbal (eg shouting, screaming, crying) or physical (eg kicking, lashing out, biting) or both.

Shutdown

An internalised meltdown normally characterised by quiet protective self-withdrawal from situations.

Stimming

Self-stimulatory behaviour, or stimming for short, is the repetition of physical movements, sounds, words, or moving objects. They can be involuntary or voluntary and are a great way for regulating anxiety and heightened sensory input. It’s essentially venting.

Some of our favourite stims include spinning, pacing and bouncing off the wall, bouncing knees up and down, one handed claps, tapping fingers, swaying, rubbing rocks, skipping, clicking fingers, repeating fun words, wriggling fingers, singing, jumping up and down, spinning, toe walking, dancing, and chewing things.



Ableism

Ableism is defined as a discrimination or prejudice against disabled individuals. In relation to autistic people, ableism includes assuming that we are able to easily adapt to a new situation, making assumptions about what we can cope with, refusing to implement reasonable adjustments, and using terms about disability in a derogatory manner.

Struggles and Solutions

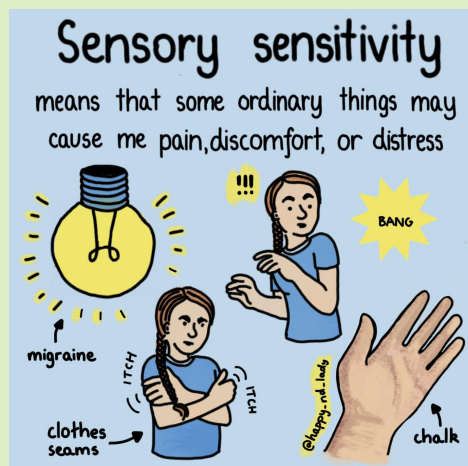
University Life

Being an autistic student at university is hard for various reasons. Some of the barriers we face include:

- An inaccessible sensory environment: e.g. intensive lights, flickering lights, invasive ambient sounds, crowds, fire alarms, sudden loud sounds etc.
- Online teaching issues e.g. increased isolation and added difficulty in connecting with peers, schedule restrictions, etc.
- Stigma of stimming and the fear of drawing unwanted attention. This can be because of mockery by peers or internalised ableism.
- Last-minute changes to timings or locations of classes and assessments.

In online lectures, encourage the use of chat function and accept that some cameras are off. Many of us prefer to use the chat function, for reasons such as anxiety, burn out, fatigue communication differences which are exaggerated by inherent spotlighting of online calls. Not using cameras allows us to stim without anxiety.

During in-person lectures, encourage sign-clapping (which are jazz hands in BSL), and/or lap-tapping, have frequent breaks and normalize stimming.



Societies can help us feel welcome by providing maps and information about what happens at their events and socials, as we are more likely to attend if we know we can expect. Please try to remember that autistic people can struggle with small talk and introductions, and that we can need more processing time when responding in conversations.

Exams and Assessments

I will get exam adjustments



It is possible to get accommodations for assessment through the **Disability and Learning Support Service**. One example is being in a different room with extra time for exams. This helps with sensory sensitivities and time management.

However, it can also be difficult for autistic people to determine exactly what is expected of them during assessments. Autistic people can be more likely to want to include more points that get deemed "irrelevant" in arguments, or complete their assessment in a way that makes sense to them but confuses others.

Employability

In the workplace, many autistic people have to decide if they should **disclose** they are autistic to their boss(es). Not disclosing is a barrier to appropriate accommodations, whereas disclosing may lead to discrimination. You can help us by ensuring a non-discriminatory work environment.

Autistic people in the workplace often have to conform to unrealistic standards of toxic productivity in an unfriendly sensory environment with few accommodations. You can contribute to a culture where people are not valued solely on constant productivity, which will decrease likelihood of autistic burnout. Therefore preventing a damaging environment for the physical and mental health of autistic workers, who are just as valuable an asset as neurotypical workers.

Struggles and Solutions

Process of Obtaining Diagnoses

- Through the NHS: Speaking with your GP is the first step. This may be intimidating, and having a written outline of what you're going to say helps.
- Through private companies: With lengthy waiting times (children wait on average 5 years, adults may be longer) it may be quicker to access a diagnosis privately. However, this is often costly.
- Once you've spoken with a GP, you will be asked to complete forms for a referral.
- The process tends to involve a lot of paperwork!
- The diagnosis will also involve a consultation with a parent or guardian who has known you for some time, so it is helpful to have someone (if it is that person) support you throughout the process.

Finding Community

- Having never seen yourself represented or reflected in society can be difficult, and contributes to feelings of erasure and displacement. Finding a diverse community who will share your experience and support you can be one of the best parts of a diagnosis!



Mental Health

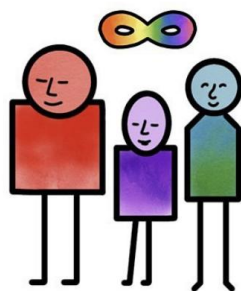
Autistic people are more likely to experience problems with mental health, including feelings of hopelessness, depression and elevated suicide rates.

Mental Health services and waiting times in the UK are long and it is also hard to find neurodiverse-specific help: many mental health services fail to account for the needs of Autistic people, which renders the treatment ineffective at best, harmful at worst (Royal College of Psychiatrists, 2020).

Autistic people often do feel more isolated and a sense that they don't belong which is often accompanied by feelings of self-loathing and internalised ableism: when an Autistic person believes that they don't deserve to be accommodated in society, often feeling like a "burden". All Disabled people deserve to be accommodated, and regarded as equal members of society.



Kindness



Kindred
(you are not alone)

Developing Self-Compassion

Diagnoses can be highly validating- they can be a powerful means of self-acceptance and they provide explanations for many of the social and systemic barriers that autistic people face constantly. Furthermore, diagnoses can provide a means of understanding and compassion for oneself, which allows you to begin to work with your disability rather than viewing yourself as broken.

Struggles and Solutions

Everyday Life

Sudden changes are very hard! Many of us rely on routines to help us cope, so when things do not go as we have planned, it takes us longer to adapt.



We can struggle to quickly process information, which makes us more prone to **meltdowns** (see page 2) and **burnout** (analogous to a computer crashing). You can help by removing the causes of the meltdown/ burnout and allow us to take frequent breaks.

Asking for Accommodations

Unfortunately, many services for autistic people require autistic people to have a formal diagnosis, and often obtaining accommodations we need can require us to show proof of diagnosis (if we even have one).

This means having diagnoses are often required for us to get the accommodations that we need. This also means that access to diagnosis and accommodations is a privilege- when they should really be for us all.

Noise-cancelling headphones
are like painkillers for me.



I can still hear everything but less sharp.
The background noise almost completely disappears and I can hear voices for 2m

Symptoms and Preventing Burnout

- Burnout can affect everyone, but it may affect autistic individuals more long term and intensely.
- This is because of the of the difficulties encountered which other abled individuals don't have to deal with.
- This can be prevented by a variety of different methods, including the spoon theory.
- Using spoons to monitor energy levels can help stop these energy overdrafts
- Asking for Accommodations
- Making sure you manage your sensory needs and own accommodations:
 - A great tool is having a sensory bag. This can include things like noise-cancelling headphones, sunglasses, a mask with your favourite smell,, and other helpful tools for when you get too overwhelmed.

Contributing struggles: Mental Health

Combined struggles of autistic people can contribute to the development of mental health problems such as loneliness, bullying, unemployment and masking. Understanding both the intersecting problems and the intersecting identities is crucial in addressing any of these issues, because they are more complex than any one isolated incident. Rather, all of these aspects overlap and the stigma and prejudice of these may contribute in a lack of access to support. Autistic people often do feel more isolated and a sense that they don't belong which is often accompanied by feelings of self-loathing and internalised ableism: when an Autistic person believes that they don't deserve to be accommodated in society, often feeling like a "burden". All Disabled people deserve to be accommodated, and regarded as equal members of society.

Struggles and Solutions (Social Communication)

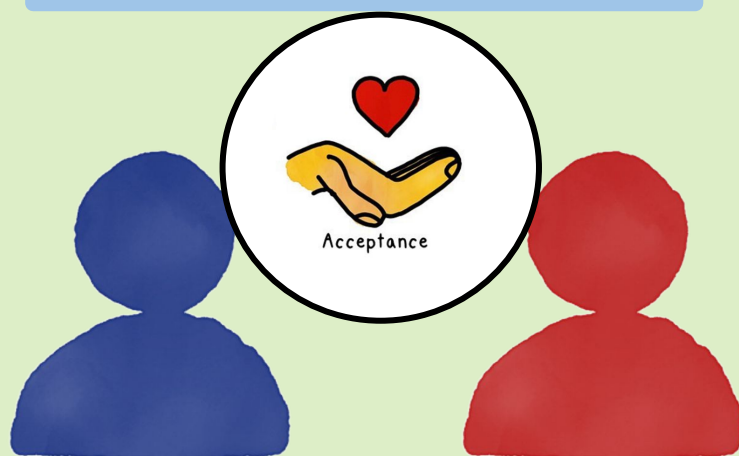
Social Communication Barriers

Many autistic people face barriers when communicating with others, particularly with neurotypical people. A few examples of these barriers include:

- Autistic people can easily become overwhelmed in social situations, such as when in a crowd or interacting with strangers.
- Generally accepted social norms and rules can seem illogical or impossible to autistic people, so we can have problems following and understanding them.
 - One common example is problems with maintaining eye contact, which for neurotypical people is a sign of listening when conversing. So, an autistic person being unable to maintain eye contact could be interpreted as being disrespectful.
- Some autistic people may use a variety of different communication methods. Some of these alternative methods include writing, sign-language and text-to-speech software.
- Tone of voice and writing can be an issue for autistic people. We can both struggle to control (or hear at all) our own tone and understand the tone of others.
- Some autistic people struggle to control the volume of their voice, which can cause conflict with neurotypical people.
- Social interaction can drain autistic people's energy faster than neurotypicals.
- Stimming openly is stigmatised.
- Disclosing autism to neurotypical people can be met with disbelief and derision.
- Infodumping, normally relating to special interests, can be common in autistic people. This can be off-putting and confusing to neurotypical people.

How You Can Help

- Provide guidance on what to do in social situations, for example using social stories. An example of a social story can be found [here](#)
- React sympathetically if you encounter someone misunderstanding/failing to follow social rules.
- Be respectful of non-verbal communication methods, and if you are unsure of what was said or how to respond, just ask!
- Challenge any biases about autistic people that you may have. Particularly if your biases were created through the media, which are therefore likely based on stereotypes and fearmongering. Remember, if you have met one autistic person, you have only met **one** autistic person not all of them.
- Be respectful towards anybody you see stimming in public. Stimming is a natural way for autistic people to deal with stressful and overwhelming situations so negative reactions could exacerbate this.
- Pay attention to sunflower lanyards. Disabled people, including some autistic people, wear them to make their disabilities visible.
- Provide clear instructions when communicating with others and try to avoid last minute changes to plans.
- Be understanding towards anyone having a meltdown or shutdown.



Autism and Mental Health

Mental Health Problems

This topic should be prefaced with a clear distinction between mental health, mental illness and a neurodevelopmental disability. These terms are defined in the glossary, and should not be conflated.

Although the terms 'mental health' and 'mental illness' are used interchangeably, they do not carry the same meaning. A danger of conflating these topics is that very often misdiagnosis can occur. However, people exist along a spectrum, and a mentally ill individual may have good mental health and vice versa. It's a lot more complicated than a simple label. Unfortunately, if we were to address in full this complexity it would be a whole other document. Instead, we hope to raise awareness of some of these issues.

Misdiagnosis (particularly in women):

Autism is frequently misdiagnosed, particularly in women, as poor mental health or an underlying mental illness, before it is formally recognised. This misdiagnosis is often rooted in social prejudices and misconceptions. Due to the stigma around autism, misdiagnosis is a more 'socially acceptable' outcome. However, it is notably common amongst women that they will be underdiagnosed due to the perceptions of Autism as a male disability, which is influenced by socio-cultural perceptions and stigma. Socialisation of autistic women, and higher levels of masking, contribute to both misdiagnosis, isolation and poor mental health. [Recent research](#) has demonstrated that one of the most vulnerable groups is autistic women, who are 13x more likely than neurotypical women to attempt suicide.

Comorbid Mental Illnesses and Mental Health Challenges:

- Misdiagnosis is made more complex by the fact that these mental health challenges or mental illnesses may equally exist alongside a diagnosis and do not have to detract in terms of severity or consequence. This is referred to as comorbid, and each can exist alongside the other. This is only complicated by the misconception that you can only have one diagnosis. Autistic people are more likely to experience problems with mental health, including feelings of hopelessness, depression and elevated suicide rates.
- PTSD is more common in autistic people, particularly CPTSD; research indicates rates of probable PTSD in autistic people (32-45%) are higher than the general population (4-4.5%) (Rumball et al. 2020; Rumball et al. 2021; Haruvi-Lamdan et al. 2020).
- Eating disorders, particularly ARFID (Avoidant and Restricted Food Intake) and anorexia, are common: an estimated 23% of patients with anorexia nervosa (AN) are also autistic (Westwood and Tchanturia 2017; Wentz et al 2005; Anckarsäter et al 2012).
- OCD is common, where overlaps between restrictive routines and repetitive behaviours may occur.
- PMDD is common in autistic people who menstruate: Premenstrual Dysphoric Disorder is similar to PMS, but more serious. It may cause severe depression and anxiety, mood changes and irritability and increased suicidal ideation.
- Sleep problems are common, particularly due to the difficulties of
- Anxiety and depression are common, due to us being constantly exposed to ableism.
- Self harm may occur during meltdowns.
- Furthermore, due to repetitive thought patterns such as rumination, suicidal ideation is common. Suicide is a major issue facing the autistic community, with autistic individuals six times more likely to attempt.
- Finally, autistic people with comorbid ADHD are at a higher risk of eating disorders, addiction, and suicide. Many of these may fall under the radar because they present differently in autistic individuals, and are not picked up on.

Poor mental health services for autistic people:

Mental health services have very few tailored therapies for autistic people, despite autistic people being shown to have increased struggles with mental health and mental illness. CBT therapy has shown as ineffective for autistic people. A specific form of CBT has been designed for autistic people, but this is hard to access. Counselling is usually only effective when the counsellor understands autism and the differences in communication and thought processing an autistic individual may have. Furthermore, economic barriers such as low employment rates in autistic people may mean that access to quality private counselling or therapy is not an option for many autistic people. Mental Health services and waiting times in the UK are long and it is also hard to find neurodiverse-specific help: many mental health services fail to account for the needs of Autistic people, which renders the treatment ineffective at best, harmful at worst (Royal College of Psychiatrists, 2020).

Cognitive behavioural therapy
didn't work for me because I
didn't realize most of my
anxiety is sensory



We've had 4 sessions
and I feel worse. I'm done.

can't be rationalized
into not being painful

@happy.nd.lady

Autism and Mental Health

Benefits of a Diagnosis

The assessment process can be intimidating, and you may feel imposter syndrome. Having to justify that you've been struggling and need help when you've been masking for so long can make be difficult. The waits for assessment can be long, but it is worth sticking the process out. Remember that if you don't get the outcome you wanted, you can ask for a second opinion. Not receiving a diagnosis does not mean you are not autistic: many health professionals still have old-fashioned views about autism, and there are still challenges to be overcome here. Self-diagnosis in the autistic community is valid and widely accepted. Unfortunately, a diagnosis may still be required to access certain supports. An autism diagnosis can provide many of the outcomes detailed below, though some don't require a medical diagnosis.

Impacts of getting my autism diagnosis

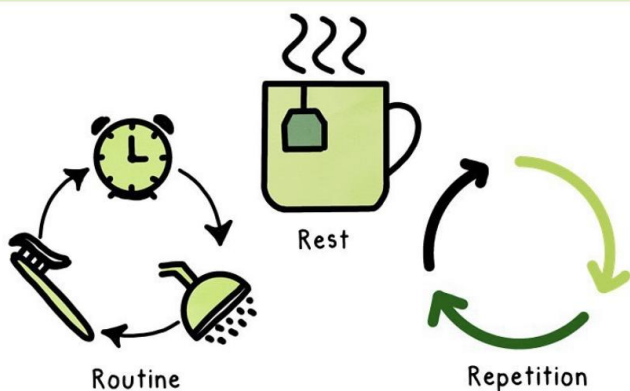


How do I recharge?



Benefits of a Diagnosis

- ★ **Ability to be more yourself and unmask:** When you've spent so long trying to force yourself to conform and wondering why you felt different, it can be a bit of a light bulb moment (or perhaps a galactic explosion of light)
- ★ **Find new ways to communicate and express yourself:** Realising you don't have to force what's not working anymore opens up new and hopeful ways that might work better.
- ★ **Finding community:** likeminded people who you don't have to explain everything to, and can help
- ★ **Preventing burnout:** Once you can begin to understand yourself and your needs, you can begin to identify patterns and care for yourself.
- ★ **Friends and family can understand and help you better**
- ★ **Developing self compassion:** realising that you were never at fault, but there were just things that weren't accommodating your disability.
- ★ **Asking for accommodations** in education and the workplace
- ★ **Disability benefits:** never, ever any shame in needing social or economic support!



Intersectionality within the Autistic Community

TLDR:

Intersectionality helps us understand what social factors may constitute an individual's experience and understanding them helps us understand how we can accommodate and support them.

What is intersectionality?

Intersectionality is a term that is growing in its use, but was first used by Professor Kimberlé Crenshaw in 1989 to describe the intersection of race and sex. It is now commonly used to articulate the experiences of individuals who hold more than one marginalised identity. This is important when considering autism because an autistic who holds multiple identities will experience the world differently. For example, you may be an autistic white woman or an autistic black woman. The identity of not just being a woman, but a woman of colour, intersect and may affect the age at which an individual receives a diagnosis and how she is treated. These intersections can layer as multiple sections of oppression, where marginalised identities compound one another. It is essential to understand the importance of intersections and recognise that the diversity of the voices within the autistic community only adds value, not detracts.



Queer/LGBTQ+ intersection

Autism has an interrelated history with the development of ABA (Applied Behavioural Analysis), which was developed by Ivar Lovvas and Robert Koegal with the 'Feminine Boy Project'. This targeted those who were 'gender deviant'. It is today known as gay conversion therapy. However, as well as a complex past with those who didn't fall into a binary gender or sexuality, autism has a closely related and much more positive present in the LGBTQ+ community. Studies vary, but consistently show that there is a strong percentage of the LGBTQ+ diagnosis, in particular those who are autistic and gender non-conforming. Recent studies have shown that 24% of transgender individuals reported having an autism diagnosis. Of course, it is also important to note that many of these figures are drawing on those with a diagnosis when many Black and Indigenous people of Colour and women face challenges and barriers to diagnosis: these figures and shared community may be higher. This interconnection and overlap with the LGBTQ+ community is one which is to be highlighted with pride and a celebration of intersecting identities.

Intersectional Ethnicities

Autism is not unique to any ethnicity but is a neurodevelopmental processing difference which can affect any individual. There is a lack of representation, and research, for and about Black and Indigenous People of Colour and other minority groups, which manifests in a lack of support and services for these communities. The National Autistic Society found that this lack of support manifested in five mainstream ways, most notably challenges to receiving a diagnosis, barriers to accessing support services, and denial and isolation. This is informed by cultural representation and stigma of autism, with representation across film, media and awareness presenting white autistic people. However, this representation is false and inaccurately leads to stigmatised behaviours and responses to these. The conversation is slowly and hopefully beginning to change, with those such as Tyla Grant and Grace Liu advocating for better representation in mainstream media, and increasing research and support efforts across the board. There is further work to be done surrounding structural and institutional barriers to support, including socioeconomic factors and access to healthcare.

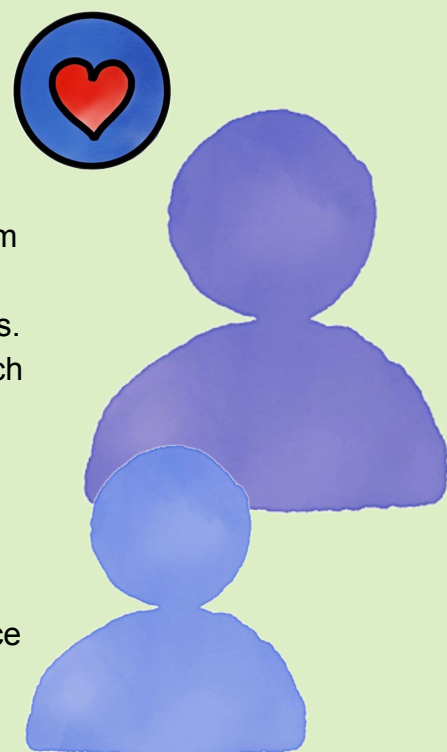
Intersectionality within the Autistic Community

Intersectional gender

A male-based understanding of autism has a tendency to influence perceptions of autism, notably influencing the rate and access to diagnoses. This is informed by the structured diagnostic criteria, theories such as “the extreme male brain” (Baron-Cohen, 2002) and cultural representation with explicitly and implicitly autistic coded male characters across TV and media and more. When autism is viewed as a set of social behaviours to be treated as symptoms, these behaviours may be coded in terms of social norms, and gendered (and often racialised) rather than recognised as a neurodivergence. Various studies suggest that the diagnosis gap ratio of autistic males to females ranges from 2:1 to 16:1 (autism.org), whilst the most current data in a 2017 study suggests an estimate of 3:1 (Loomes et al). Women furthermore typically receive their diagnosis later in life, with much of the material in our further resources list serving as a testament to this. Dr Camilla Pang observes that this reluctance to provide a woman with a diagnosis is due to challenging gender stereotypes.

ADHD and Autism // ‘comorbid’ neurodivergence

‘Neurodiversity’ was first proposed by Judy Singer in 1999 in proposing an intersectional analysis. It is grounded in the evolutionary argument for a biodiverse ecosystem that benefits from a variety of life, making the ecosystem more resilient and sustainable. Neurodiversity was developed and advocated for by the autistic community, but it does not describe solely autistic individuals. Neurodiversity is the range of variances in the human brain and cognition, such as ADHD, dyslexia, Tourettes and many more. When these co-occur in the same brain, these variances are referred to medically as co-morbid. A 2017 study found that of 119,821 formally diagnosed students, 21,660 or 18% had another learning disability such as dyslexia. This intersection is important in helping an individual understand their needs better, as it will affect how they interact with daily life when dealing with multiple disabilities or neurodivergence to consider.



-Other disabilities- and autism

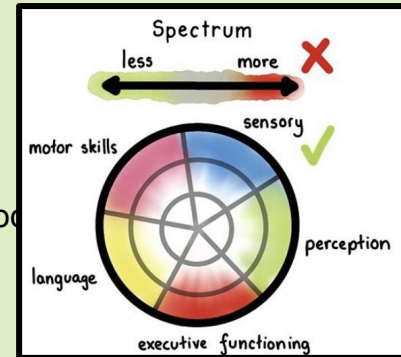
Autism also coexists with other disabilities, such as Ehlers Danlos Syndrome. Like autism, this and other hypermobility disabilities present on a spectrum. Recent research suggests that there may be a connection, with autistic individuals having higher rates of both hypermobility and EDS. However, like most research and studies around autism this is a developing field and all of this information is not to say that these are certainties, but merely to recognise the relationship between autism and other disabilities. Autism and other disabled communities often share approaches to helping manage their energy levels or coping strategies. One such example is spoon theory, which was borrowed from the chronically ill community. Spoon theory was developed for those with chronic illness by Christine Miserandino, and is used to describe the limited energy levels for those dealing with chronic illness. The idea is that each individual begins each day with a set amount of spoons, and that with each activity a spoon is given. For non-disabled individual may begin their day with 10 spoons, but an autistic individual may begin theirs with six. This metaphor is useful in helping autistic people mitigate and prevent energy deficit and burnout, which results in difficulty regulating many of the challenges mentioned in prior sections.

Myths and Misconceptions

“Everyone’s a little bit autistic”

This is similar to saying to someone with chronic cluster migraines that “we all have headaches, too.” Moreover, this statement dismisses the struggles autistic people experience as it sets neurotypical expectations for neurodivergent people. About 1% of the world is autistic (World Health Organisation, 2022).

The autism spectrum is not a sliding scale that goes from “less autistic” to “more autistic”. Rather, it is more like a circle of traits. Autistic people tend to be very good or very bad at them. This is called a spiky profile. For example, an autistic individual can be very perceptive but be highly sensitive to their surroundings, while another can be mostly unaffected by their surroundings but have poor perception. Not all autistic people are the same and there is no definitive appearance for all autistic individuals. Thus, saying “you don’t look/act autistic” also comes from a misconstrued perspective.



“We need to find a cure”

Autism is a fundamental part of who we are, it is everything we do and in every way we think and act, and it can’t, and shouldn’t be removed from us to be “cured”. To try to cure us from it is to remove the very core of who we are: we do not need to be cured of ourselves. Historically, cures and treatments have been aimed at erasing autistic behaviours in an unnecessary attempt to make us fit in better amongst non-autistic peers. This is not only ineffective but damaging. Currently, some places still use ABA (Applied Behavioural Analysis) as a treatment to suppress autistic people of their visible autistic traits and encourage more neurotypical behaviour. ABA is a behavioural intervention designed to make autistic children “indistinguishable from their neurotypical peers”. It uses “behavioural reprogramming” techniques, long sessions and constant forcing of the autistic person to ignore (for us) painful sensory stimuli to appear more “normal”. Due to backlash from the autistic community, this has been rebranded as Positive Behavioural Support (PBS) but still works the same way.

“Levels of autism are rising/ autism is being overdiagnosed”

Awareness of autism is rising, so more people are seeking diagnoses. The people saying this are usually not medical professionals skilled in identifying autism, so they are usually unaware of the reason why the number of diagnoses is rising. Waiting lists and the availability of psychiatrists are just some of the obstacles to getting a diagnosis. Thus, a self-diagnosis is valid.

“Diagnoses don’t matter”

A diagnosis allows autistic people to understand themselves better, feel less “broken”, opens up access to accommodations and benefits that they need and are entitled to, support from professionals and the autistic community, and start on the path to self-acceptance. Diagnoses also matter because if a parent of a child is autistic, their child has a 1 in 4 chance of also being autistic. To emphasise: official diagnoses are not available to everyone, and self-diagnosis is valid.

“This is what we hear when you pray for a cure. This is what we know, when you tell us of your fondest hopes and dreams for us: that your greatest wish is that one day we will cease to be, and strangers you can love will move in behind our faces.”
- Jim Sinclair



Myths and Misconceptions

“You Don’t Look Autistic”

Autism is an invisible disability. Many autistic people also have to mask their autistic traits because of negative reactions to autistic traits. What most neurotypicals have been told about autism is actually misinformation that stigmatises and pathologises our identities. This stigma has contributed to many of us going years without truly understanding autism or spending much of our lives without access to a diagnosis.

Telling autistic people that they “don’t look autistic” perpetuates ableist stereotypes by asserting that we all have to fit into society’s constrictive ideas of what it means to be autistic. There is no way to “look” autistic: autism doesn’t affect physical appearance. This misconception happens when people compare autistic people to one another, and try to decide that one person is “more autistic” than another.

It’s also invalidating to tell autistic people that, and it gaslights the experiences of systemic and interpersonal ableism (as well as intersecting forms of marginalisation) that autistic people constantly experience.

“Autism Is An Excuse For...”

It’s common to hear people saying that they think autism is an excuse for “avoiding something” or “getting special treatment”. When we as autistic people need adjustments or accommodations because of our neurodivergence, this helps to be able to do the same things as non-autistic people. This is the concept of equity. Equity is when things are altered in a way so that everyone is on a level playing field, rather than equality. Equality would be when everyone gets the exact same adjustments regardless of circumstances.

In our experience, we are often met with negative reactions or outright refusal from neurotypical people when asking for accommodations, so our asking for support comes with a potential risk that we must face for our own wellbeing. This is when neurotypical people tend to misunderstand and think autistic people are looking for excuses. Disability accommodations are not a luxury, but are a necessity - they are there to compensate for spaces and environments failing to accommodate disabled people in the first place. Please listen to autistic people, or any disabled people, when they tell you that they need something for an accommodation for their needs.

It should also be noted that autism is not an excuse for genuinely harmful behaviour. Someone saying “It’s not my fault I said something discriminatory” would still be wrong. Although, autistic people may need some extra explanations to understand why what they did or said was harmful.

Autistic People and “Childlike Innocence”

Autistic people are frequently seen as being “childlike”, or being “incapable of thinking”, or our “very existence being an inspiration”.

This idea of us being childlike normally comes from parents of autistic children, rather than autistic people ourselves. Additionally many autistic traits can be associated with children by neurotypical people:

- Stimming is heavily stigmatised, and can be mistaken for an inability to sit “properly.”
- Autistic people’s sensitivity to sensory stimuli can be seen as inappropriate for adults. For example, autistic people can be fond of soft fabrics, such as those found on toys and blankets.

The association of autistic people with the state of being childlike can be used to deprive us of our autonomy. We are capable of thinking for ourselves and speaking for ourselves.

Myths and Misconceptions

Functioning Labels

Many people say “you must be high functioning!” or “is your autism quite mild?” These functioning labels are frowned upon by the Autistic community, because:

- They describe our support needs and experiences through a neuronormative lens, and wrongly assume that our support needs are constant. Our support needs can depend on the situation, energy levels, environmental factors (e.g. noise levels), et al.
- Functioning labels are gaslighting, and are used to deny our autonomy, our humanity, or our support needs.
- Use the terms “high-support needs” and “low-support needs” if you are talking about the types of support someone requires.

”[So-called] Mild autism doesn’t mean one experiences autism mildly... It means YOU experience their autism mildly. You may not know how hard they’ve had to work to get to the level they are.”

-Adam Walton-

Jigsaws/ Rainbow Infinity



A puzzle piece used to be the symbol of autism... until Autistic people were consulted. It is now only used by people who view autism as a “puzzling disease”... which it is not. Neither are we missing pieces!

The new symbol is a rainbow infinity sign. It accurately reflects an inclusive spectrum, and looks friendlier, too.

There are multiple other ways of representing invisible disabilities, such as sunflower lanyards or Euan’s guide.



Busting Myths About Our Personalities and Ourselves

- We don’t have superpowers- it’s true that many autistic people can hyperfocus, and be highly invested in special interests. It’s worth remembering that not all autistic people experience special interests the same way (if at all).
- Not all autistic people are white cis men, and there is no right or wrong way to be autistic. Autism intersects with all identities- all socio-economic backgrounds and ethnicities, all (and none) disabilities, sexualities and gender identities. It’s always good practise to read or listen to as many people from all intersections, and not just privileged autistic people with few support needs who are speaking (see Neuropalatability).
- Many of us are sociable, and autistic people can be extroverted. We can, and do, maintain strong and healthy friendships and relationships with both neurodivergent and neurotypical people.
- Autistic people do have empathy (if not hyperempathy) - what we don’t always know how to do is express that empathy to neurotypical people (in particular) in a way that they find socially acceptable.
- It’s a common misconception that autistic people don’t have a sense of humour. Autistic people can sometimes have a different humour style to neurotypicals. Tastes in humour vary from person to person in neurotypical people, which is just as true in autistic people..

Resources the Authors Recommend

Blogs and Websites

- Ambitious About Autism Blog
- Autreat: Don't Mourn For Us
- Spaced Out and Smiling
- BMA: Autism
- Different Minds
- AllyPallyWrites ([blog](#))
- AutisticandUnapologetic

The Edinburgh University Neurodiversity Society (EUNDS) is a space for all Neurodiverse people and their allies to hang out.



YouTube

- Tyla Grant
- Yo Samdy Sam
- Nathan Selove
- The Aspie World
- Paige Layle
- Jessie Gender
- Joe Jamfrey
- Amythest Schaber
- Purple Ella
- NeurodiVERSE [event](#)



Podcasts

- BBC 1800 Seconds on Autism
- Autism by Autistics
- Spectrumly speaking
- The One Percent (Autistic Tyla)
- Eugenics (You're Wrong About - Episode ft. Eric Michael Garcia)
- Rain Man ft Eric Michael Garcia (You Are Good - Episode)
- The Neurodivergent Woman (Monique Mitchelson and Michelle Livock cover Autism and ADHD)

Miscellaneous Clips and Further

- The TED Autism Spectrum [Talks](#)
- [Ally's blog also has a section 'Practical Neurodiversity' which hyperlinks and details further resources](#)

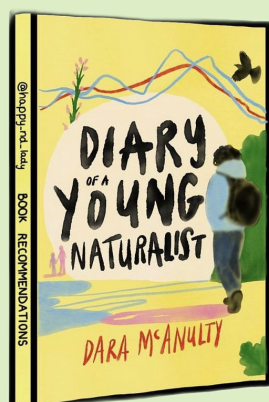
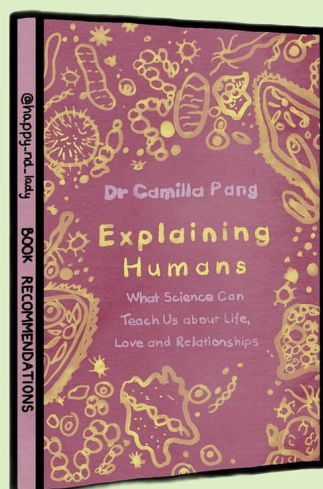
Films and TV shows

- **Good:** "Everything's going to be OK", "The A Word", "The Reason I Jump", "Loop (Pixar)", "Young Royals", "Please Stand By", Hannah Gadsby, Fern Brady and many other comedians
- **Okay:** "Atypical", "The Good Doctor"
- **Bad:** "Rainman", Sheldon from "The Big Bang Theory", Sia's film "Music", "Undateables", "Love on the Spectrum" (infantilising), anything portraying Autistic people only as savants, and anything featuring Autistic characters made without consulting the Autistic community.

Resources the Authors Recommend

Books

- The Reason I Jump
- Explaining Humans
- Diary of a Young Naturalist
- A Kind of Spark
- STIM: an Autistic Anthology
- Odd Girl Out
- The Neurodiversity Reader
- Letters to My Weird Sisters
- The Bi-ble [includes short story]
- Disability Visibility: First Person Stories from the Twenty-first Century
- [The Autistic Community and the Neurodiveristy Movement](#) [open access book]
- Geek Girl [Author Holly Smale has retrospectively labelled her protagonist as autistic following her diagnosis]
- A Room Called Earth
- We're Not Broken: Changing the Autism Conversation
- NeurodiVERSE - a poetry anthology
- The Autism Discussion Page on Stress, Anxiety and Meltdowns
- More recommendations [here](#)



Instagram

- happyautisticlady
- eatsleepstim
- 21andsensory
- My_unsecret_diary
- wrongplanetcomics
- the.autisticats
- superspectrumgirl
- autismisabitch
- hvppyhands
- autiebiographical
- Schumn
- theautisticlife
- theexpertally
- neurodivergent_insights
- neurodivergent_lou
- thesprectrumgirl
- autism_sketches

TikTok

- soundofftheforest
- auteach
- anotherautisticaussie
- wonder_art
- lafilledani
- sarahjmurr
- evelynjeans
- pallyallyally
- linzrinzz
- pigeonscribble

Advocacy Organisations

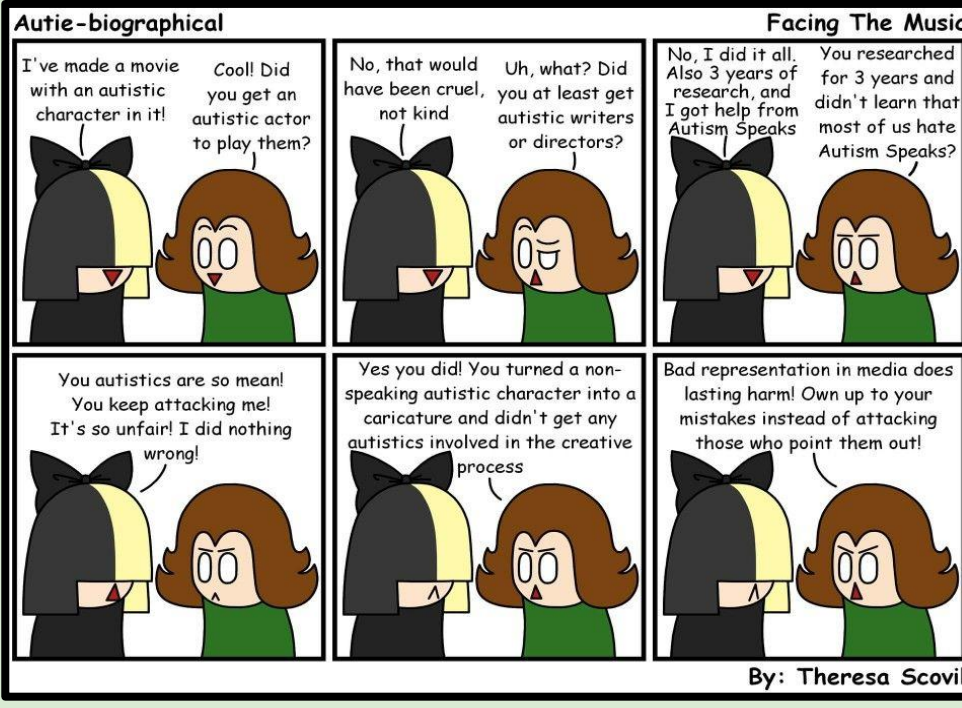
- Autism Women and Non-Binary Network
- Autistic Inclusive Meets
- Number 6 (Local to Edinburgh)

Glossary

- **AAC communication:** Alternative communication methods used by non-verbal and semi-verbal autistic people.
- **Ableism:** The systemic and interpersonal discrimination against disabled (including autistic) people, in this context: including the stereotypes and assumptions which neurotypical people use to discriminate against autistic people.
- **Accommodations/Adjustments:** Changes that can be put in place to remove an accessibility barrier for neurodiverse people, that result in allowing neurodiverse people to participate in activities, events and jobs that otherwise would be inaccessible.
- **Hypersensitivity:** Having a more sensitive sense to stimuli than on average.
- **Hyposensitivity:** Having a less sensitive sense to stimuli than on average.
- **Identity-first language:** Describing someone as “an autistic person” rather than “a person who has autism”. See pg2 above.
- **Infodump:** A noun used to describe a long monologue or conversation about an autistic person’s special interest (see below). They’re not always intended to be showing off, but they’re often attempts to share our own passion for our interests. Sometimes we talk for longer than we realise, or we can often feel there’s much crucial information that can’t be omitted, which means they can end up being much longer than intended.
- **Internalised Ableism:** Describes ableist narratives that disabled people have received so much that they end up believing that they need to conform to them.
- **Mental health:** a state of mental, psychological and emotional wellbeing.
- **Mental illness:** a long-term diagnosed condition that affects thoughts and behaviours, and may be caused by factors such as trauma, brain chemistry and genetics
- **Neurodiversity:** A word used to describe several different conditions, including autism and ADHD among others, which affect the way we think. These are not necessarily negative or positive differences, they are just different and unique to each person.
- **Neuronormativity:** A system where neurotypicals are given precedence over neurodiverse people, where neurodiverse people are othered and marginalised.
- **Neuropalatability:** “the appeal to neuronormativity and representations of normalcy within the #neurodiversity movement which further marginalise those who do not meet these (neuro)normative standards of being in and engaging with the world in a set way.” ally
- **Person-first language:** Describing someone as “a person who has autism”. See pg3 above.
- **Special interests:** Intense interests autistic people have on a specific, usually well-defined, topic.
- **Stim(s):** Repetitive movements or actions that autistic people make to de-stress, for enjoyment or for venting.
- **Spoon theory/Spoons:** A method of measuring the energy it takes to do both daily tasks and tasks which require socialising, travel and other tiring things. The more spoons something uses up, the more tiring it is. Spoons can usually only be replaced by sleep and relaxation.

Appendix of Memes

TOP RIGHT Sia's film "Music" fails to represent autistic people: it did not include autistic people in the writing or making process, and portrayal of autistic people is ableist and racist.



RIGHT Condescending Wonka - this highlights a common micro-aggression commonly seen when autistics disclose to neurotypicals. Rather than disbelief, a better response would be asking questions and a willingness to learn.



Gordon Ramsay - while people may be supportive when a person discloses their autism, autistic people still face a lot of stigma when actually showing autistic traits.

Appendix of Memes



TOP LEFT: Sarcastic meme highlights the danger of autistic coded characters without actually labelling them as autistic, and also only representing a singular way to be autistic.

