

*Accepted to appear in The Person-Centered Journal (<https://adpca.org/>) – the article may appear in finished form slightly altered from this iteration as final edits are applied*

**De-centering Neuronormativity is an Imperative in Humanistic Psychotherapy: Towards a Neurodiversity-Informed, Person-Centered Approach**

Matthew J. Bolton<sup>1</sup>

<sup>1</sup>College of Education and Social Services, Saint Leo University, Saint Leo, FL

Author note. I am grateful to Kate Jones—an autistic, queer therapist, illustrator, and activist—who provided not only the various illustrative figures throughout the paper but also helpful discussion and insight into transactional analysis-derived needs theory. Correspondence regarding this manuscript should be addressed to Matthew Bolton, College of Education and Social Services, Saint Leo University, Saint Leo, FL. Email: [Matthew.Bolton@saintleo.edu](mailto:Matthew.Bolton@saintleo.edu).

Preprinted 2023.

---

<sup>1</sup> Matthew J. Bolton is a Master's candidate in clinical social work. Interested in crisis intervention, self-related difficulties, and trauma, he aims to provide person-centered therapy for youth, neurodivergent persons, and survivors of natural disasters.

### Abstract

Here, I bring attention to some of the ways psychotherapists operate within a neuronormative frame—how they use power structures and relational instrumentality to subjugate and oppress those of differing neurological backgrounds, relegating rather than elevating neurodivergent individuals. I call on humanistic therapists to consciously de-center this neuronormativity through heightened psychotherapeutic relationality, knowing-about, and introspection. I also offer a model of neurodivergent needs which therapists might use to better understand and support their clients.

### **De-centering Neuronormativity is an Imperative in Humanistic Psychotherapy: Towards a Neurodiversity-Informed, Person-Centered Approach**

*“We are deeply helpful only when we relate as persons, when we risk ourselves as persons in the relationship, when we experience the other as a person in his own right.”* (Rogers, 1995a, p. 179)

At a time psychotherapy is confronting its historical lack of neuro-inclusivity (Chapman & Botha, 2022; Jellett & Flowers, 2023; Irvine, 2019; Shaw et al., 2022) and person-centered practice has been observed taking an increasingly conservative view (Bazzano, 2016), this volume of *The Person-Centered Journal* poses important questions, including: “What happens [in psychotherapy] at the intersection of power and pathology;” “How have medical models of psychology marginalized and dehumanized minority populations;” and “In what ways can person-centered practitioners counter systemic oppression?” I answer from my lived, autistic-ADHD experience and aim to provide a foundation for a person-centered approach which is implicitly neurodiversity-informed and affirming. I draw on person-centered, existential, neurodiversity studies, and transactional analysis literature in doing so.

First, I want to define some terms for unfamiliar readers: *Neurotypical* (NT) refers to a person with a supposedly “normal” mind-brain configuration. *Neurodivergent* (ND) refers to those living in a wide range of neurological states, or “with” conditions recognized in medical models of psychology and psychiatry. These include such diagnostic labels as attention-deficit hyperactivity, auditory processing, autism spectrum, bipolar, obsessive compulsive, sensory processing, and borderline as well as other personality “disorders;” schizophrenia; psychosis; aphantasia; Tourette’s “syndrome;” developmental “delays;” trauma; and more. *Neurodiversity* sees infinite variety in the configuration of human brains and minds and interprets this variation as valid and in non-pathological ways to empower persons with differing neurological ways-of-Being (note the capital *B* drawing on the totality of Being in a Heideggerian sense, where the individual is perceived as innately *being-there* in the world; Glazier et al., 2014).

Neuro-variation even includes the experience of being neurotypical, or “normal,” but this discussion will focus on the oppression which has historically been perpetrated by neurotypical individuals towards those considered neurodivergent. *Neuronormativity* refers to the attitude that neurotypicality is the most natural form of cognition and perception (e.g., Chapple et al., 2021; Gray-Hammond, 2022; Irvine, 2019; Milton et al., 2020). I use quotations to break from neuronormative labeling of ND persons as inherently flawed and broken. I believe stating that a person has this “disorder” or that “syndrome” denies innate humanity. Labels can lend understanding to clusters of experienced characteristics of a person—thus we have medicalized categorization—but they also limit our empathy for the person behind the characteristics.

### **Power, Pathology, and Dehumanization of Marginalized Persons**

A culture of fear and oppression has long surrounded neurodivergence. Early explanations for schizophrenia, autism, and the like were primarily religious-supernatural (Farreras, 2021). From the 13<sup>th</sup> to 18<sup>th</sup> centuries, “mentally-ill” persons were commonly persecuted for witchcraft and suspected of demon worship and possession (Schoeneman, 1977). England’s Bethlem Royal Hospital (colloquially, Bedlam) potentially housed “insane” individuals as early as 1377 (Whittaker, 1947), but “treatment” institutions gained prominence in the 16<sup>th</sup> century and sustained popularity some 400 years (Farreras, 2021). Eugenicist beliefs around neurodivergence were widespread from the late 1800s to mid-1900s (Silberman, 2015).

Psychopharmacology then connotated difference with “deficiency,” and medical models stepped in to cure perceived “disorder” (Shorter, 1998). Traits of ADHD, for example—inattentiveness, hyperactivity, impulsivity, decreased executive functioning, which occur in a relatively-typical statistical distribution across the population-at-large—were highly pathologized in the early 2000s. It became the norm for American children and teenagers to be so diagnosed

and, often *misdiagnosed*, to the extent that 8.4% were diagnosed between 2004 and 2006 (Parens & Johnston, 2009; and see Kazda et al., 2021; Paris et al., 2015). By 2016 it was estimated via nationally-representative sampling that some 9.4% of American children—1 in 11—had ever received an ADHD diagnosis, with 62% of those prescribed medication, and 46.7% having received behavioral “treatment” for their condition (only 23% had received neither; Danielson et al., 2018). Estimates based on 2013-2019 data indicate ADHD diagnoses for as many as 9.8% of American children aged 3-17 (Bitsko et al., 2022).

These are societal demonstrations of neuronormativity, whereby everyday experiences such as inattention or poor memory are viewed with disgust and contempt and in need of alteration. Another example is when techniques and solutions are the sole focus of psychotherapy and the person is not fully acknowledged but only pathologized and seen as a series of “symptoms” to be treated by an “expert.” This often happens with primarily behavioral practitioners (and relational therapists who abuse position or power). I do not think medication is unhelpful and I am not against it. Neither do I believe that relational therapies are inherently best or even good in all situations, or that all psychotherapeutic techniques are inherently bad—indeed, keeping in mind my scope of practice I would utilize what I know if a client asked or if I felt, spontaneously in the moment, that it might be helpful; but if the client was hesitant or disliked it, then I would pull back immediately into the relationship, to a base of empathy. All psychotherapies can be harmful; there is none that is inherently “right” or superior.

The issue for me here is that individuals are typically labeled, prescribed medication and/or a talk therapy that diminishes them in some way, and generally pushed towards quick alleviation of “symptoms.” The historical entrenchment of prejudicial attitudes towards *difference* has significantly contributed to ND persons today typically being offered some

combination of cognitive or behavioral psychotherapy, as well as applied behavioral analysis, within a neuronormative approach (Chapman & Bovell, 2022). Reasons (related to larger healthcare-normativity problems faced by neurodivergent individuals; e.g., Dwyer & Rogan, 2022; Mackenzie & Watts, 2011; Malik-Soni et al., 2021; Mazurek et al., 2023) include but are not limited to insurance-imposed limits on so-called “acceptable” psychotherapies and the accessibility of support services.

Cognitive and behavioral therapies reduce human richness to universal descriptions (Cooper & McLeod, 2011). Their directive, instrumental nature is primarily authoritarian, and their presumption of therapist-as-expert and insistence on providing solutions constrain personal autonomy and growth (Bohart, 2020; Brodley, 2019; Kirschenbaum & Henderson, 1989). Many such therapists give little to no consideration to the client’s wishes outside of goals which may be set; it is as if the therapist is a driver focused on conveying the client to their destination. Moreover, the desire to interpret from the therapist’s frame-of-reference and the emphasis on theoretical formulations and medicalization of the individual—situating them in terms of inherently-problematic “symptoms;” “distorted” or “negative” thought patterns and behaviors to be challenged, changed, or removed—portends an ignorance of relational and emotional needs and immediate, moment-to-moment *experiencing*. Cognitive and behavioral therapies inherently involve a *doing-to* rather than a *being-with*. A CBT therapist has a wholly different approach from a person-centered therapist implementing a CBT technique (Santos & Stillwell, 2023).

### **Psychotherapeutic Neuronormativity and its Roots in Power Dynamics**

Psychotherapy is typically undertaken within a majority paradigm by White, heterosexual, able-bodied, NT therapists. It has been my and others’ (Guthrie, 2023; Simpson, 2020; Totton, 2019) experience and observation that disabled and neurodivergent persons are

perceived as unable to become psychotherapists. This all shows how the therapy room was built on systemic oppression (Chapman & Botha, 2022; Turner, 2018, 2020). Not to be left out, person-centered approaches have been criticized regarding multiculturalism (e.g., MacDougall, 2002; Swan & Ceballos, 2020) and their perceived focus on individualism, empathy, and so forth (e.g., Quinn, 1993; Waterman, 2013).

Furthermore, a surprising degree of recent person-centered literature concerning neurodivergence features pathologizing and stigmatizing perspectives. The literature is rife with medicalization and person-first language; it generally refers to “symptoms” and often uses terms like “retarded,” “regressed,” “disorder/disordered,” “problematic,” “handicapped,” “stunted,” “special needs,” and “bizarre,” and identity-first terms with negative connotation, to describe individuals as well as behaviors (see, e.g., Campling, 2007; Hawkins, 2007, 2014; Krietemeyer & Prouty, 2007; Lipinska, 2014; Oberreiter, 2021; Pörtner, 2017; Prouty, 2007; Rutten, 2014; Swan, 2018). Whitehead and Purvis (2023) use medicalized language and advocate for an approach partially in association with the ideas of the discredited psychologist Bruno Bettelheim. Bettelheim falsified professional credentials and was not only abusive towards colleagues and students but also put forth damaging theories of autism (Levitt, 2018; Silberman, 2015)

There is also the general adoption of problematic and biased assumptions among psychotherapists-at-large: For example, that autistic people lack cognitive empathy, or that neurodivergent persons are incapable of producing their own knowledge, even about themselves (Chapman & Carel, 2022; Michael, 2021). Perspectives on the complementarity of person-centered approaches and modern psychiatry (Freeth, 2017; Sommerbeck, 2003) notwithstanding, what does it say about an approach which professes to de-pathologize when a significant portion of its literature on some of society’s most stigmatized individuals does the exact opposite?

Just as matters of identity and assumptions of ability have been centered around majority perspectives, NT individuals have centered their way-of-Being as “right,” “normal,” and “correct.” This punching-down and controlling of neurodiverse community members to maintain power structures is reflected not only in wider societal ostracism but also in the near-exclusive offering to them of authoritarian psychotherapies. There has been a troubling amount of internal collusion to maintain the field’s equilibrium and status quo around these issues (Turner, 2020).

(Neuro)normativity is a frame by which NT people consciously and unconsciously assert power over neurodivergent people, by virtue of the implicit statement that neurodivergence inherently manifests “socially-unacceptable” displays of personal expression. This attitude *manufactures* relationships—NT therapist and neurodivergent client, NT doctor and patient, NT educator and student, NT researcher and neurodivergent participant—in which one individual naturally has power over someone implicitly considered *the Other* (Turner, 2020; Walker, 2021). The implicit message in ND psychotherapy is thus often “you have this problem and we are (I am) going to fix it; you are in distress and this is what we are (I am) going to do to cure you.”

The techniques most modalities emphasize in the interest of brevity, and the therapist’s active intervention from a place that is pre-planned and not spontaneous to the moment, lend to a general disregarding of unique, lived experience in favor of supposed “evidence-based treatments” and medical model understandings of perceived “disorder” (Cutler, 2019; Fennel & Johnson, 2021; Sanders, 2007a; Schmid, 2017; Santos & Stillwell, 2023). Ignorance of lived experience in therapy is always an overt harm (Cutler, 2019; Lilienfeld, 2007; Morrow, 2000; Stevens, 2017). For neurodiverse adults, such interpersonal violence likely recapitulates childhood invalidations and conditions of worth. To stereotype a person—and that *is* what occurs when ignoring lived experience—is to lose the deep, unique essence of their humanity.



Most psychotherapies emphasize learning-about neurodiversity topics—typically through a psychopathologic lens—over learning how to *be in relation with* neurodivergent individuals (Irvine, 2019). Practitioners who are overly directive or working from medicalized positions may therefore implicitly misunderstand their motives for seeking therapy (Jellett & Flowers, 2023; Learmonth & Gibson, 2010) since not all do so to be “fixed.” Directive therapists may also find, when trying to intervene through exercises, the challenging of thoughts, or when focusing on “symptom” reduction, that the ND client is dissatisfied or reactive. The client wants to feel seen. Person-centered therapists can meet this need, especially for those who might be intersectionally-marginalized (e.g., Botha & Gillespie-Lynch, 2022; Udonsi, 2022). Person-centered ethics, such as the provision of sliding-scale and pro-bono services where able (Koocher & Soibatian, 2017), can go a long way in assisting ND clients of all social backgrounds.

Neurodiversity paradigms empowered by social-relational disability models (e.g., Garcia, 2021; Milton et al., 2020; Nerenberg, 2021; Rosqvist et al., 2020; Silberman, 2015; Walker, 2021; Yergeau, 2017) consider that “disability” and “impairment” lie not within the individual but, rather, are a function of their environment. These views should be readily agreeable to person-centered therapists, who can be active allies in learning directly from ND persons.

### **Towards Liberation: De-Centering Neuronormativity**

It is on therapists, and is an imperative for humanistic practitioners especially, given their existential stance and embedded politics of the person (Caspary, 1991; Schmid, 2012, 2015; O’Hara, 1989; Rogers, 1977; Zucconi, 2011), to acknowledge and address shortcomings of relational experience. This involves learning and deliberate reflection, as well as willingness to sometimes forego theory but also juxtapose letting-go with compassionate sensitivity to trauma (Garay, 2023; Gray-Hammond, 2022; Irvine, 2019; Kalisch et al., 2023; Treleaven, 2018).



are someone with, or that they have, such-and-such psychiatric condition. Others use identity-first language—they are disabled, autistic, schizophrenic, etc.—to indicate their condition is a core part of themselves. Most but not all neurodivergent persons prefer identity-first language (Chellappa, 2023; Dwyer et al., 2022; Keating et al., 2022; Kenny et al., 2016).

Carl Rogers himself used identity-first language for schizophrenia and psychosis (Oberreiter, 2021). What's more, not only does it reflect that the person is inseparable from their condition (Brown, 2011); not only is evidence (Beik, 2021) suggesting person-centered therapists use person-first language to be most supportive of “mentally ill” and ND persons confounded;<sup>2</sup> but, for me, it feels incongruent with person-centered therapy to not go where the client goes and reject their preferred language for themselves. Thus, I disagree with assertions that “one cannot be considered a humanistic mental health provider and refer to a human as a ‘schizophrenic’” and that “such language is not congruent with [sic] humanistic approach or any other approaches that sees the person as a whole person” (Beik, 2021, p. 102). There are many reasons a person might hold their preference; they gain comfort, find belonging, feel whole... What matters is that with whatever language the person uses, they can make sense of themselves. Receiving a diagnosis is often part of a long, painful journey (de Broize et al., 2022; Harmens et al., 2022). Humanistic psychotherapists should strive to sensitively understand client preferences.

There is a difference between calling oneself, for example, autistic as a point of identity and/or pride (as those who prefer identity-first language do), and saying that behaviors are autistic. The former is a name that can empower and the latter is today recognized as a stigmatizing label, or even as an insult or slur, which prejudices the behavior and thus the person

---

<sup>2</sup> By both a noted lack of demographic data indicating participants' underlying theoretical orientation (one cannot be sure how many actual person-centered or other therapists the sample contained) and a medicalized perspective.

as *different, Other, abnormal, less-than* (Benham, 2015; D’Anastasio, 2017; Dyck & Russell, 2020). The latter connotation likely emerged from historical usage: *Autism* was first used to denote that one’s symbolic inner life—in a Freudian, psychoanalytic context—was inaccessible to others. *Autistic* (typically in association with schizophrenia and those who were actually-autistic from an identity perspective; autism and schizophrenia were once viewed as highly similar; Silberman, 2015) referred to thinking characterized by “infantile wishes to avoid unsatisfying realities and replace them with fantasies and hallucinations” and described a sense of retreating into oneself, into one’s fantasies and “delusions” (Evans, 2013, p. 3; Bleuler, 1911; Silberman, 2015). Adding to the prior discussion on person-centered practitioners’ use of reference language, I noted Eugene Gendlin’s use of the terms in this sense in 11 papers archived within the International Focusing Institute’s Gendlin Library (<https://focusing.org/gendlin/>).

Consciously shifting to less stigmatizing language is another way humanistic therapists can be a force for ND liberation. The easiest path is deferring to individual preferences. Where “disorder” terms are unavoidable, *condition* can substitute. Particularly, but not only, when one’s experience would typically be considered “disordered” and/or is distressing and undesirable, it simultaneously serves as a diagnostic/medical term and references particular states-of-Being (e.g., borderline personality or autism spectrum condition; Baron-Cohen, 2000, 2017; Lai et al., 2020). Both contexts consider that the person is *in their moment-to-moment experiencing of themselves*, in their temporary, present state (Rogers, 1995a, 2013).

Note that using condition terminology sounds like person-first language while acknowledging various states-of-Being. Perhaps correspondingly, some autistic people hold it is still too medicalized or inadequately focused on individuality (e.g., Kenny et al., 2016). Condition, however, here—and moreover, the way I view identity-first language—is all about

*Being* at its core; each person's moment-to-moment experience is prioritized. Timeframes on which Being-in-the-world is considered always reflect our condition, our state-in-the-present that shifts and morphs seamlessly from one second, minute, hour, day to the next (Cooper, 2017).

The person who recognizes their present condition is able to begin realizing Rogers' (1995a, 1995b) vision of the fully-functioning person and become authentic, open, and non-defensive. For neurodivergent persons who so aspire, becoming "fully-functioning" is not about achieving neurotypicality or normative compliance, nor implying (dis)ability. Neither is it a "functioning label" of the kind often associated with autism (Penot, 2022). It is about increasing self-understanding and existentialism—being more in-the-moment, self-attuned, inwardly-free—and remaining fluid to life-as-process. This will look different for each person; even the most apparently-disabled person can be fully-functioning within their own means and capacities.

*"A person is a fluid process, not a fixed and static entity; a flowing river of change, not a block of solid material; a continually changing constellation of potentialities, not a fixed quantity of traits."* – Carl Rogers (1995b, p. 122)

An alternative is *process*-based language. Here, the identity state (e.g., psychotic, autistic, dissociated process) is recognized as part of the individual's innate cognitive-processing style (Prouty et al., 2002; Rutten, 2014; and particularly Warner, 2005, 2007, 2014). One may also—this is what I do—consider this in the more abstract, Rogerian sense: The person *is* the process, and is *in a process* (of Being). That is, a person is not stuck, but continually in a state of "changingness" (Rogers, 1958; also see *On Becoming a Person*), and however they are from one moment to the next should be respected and valued.

What of psychiatric labels including the word "disorder?" One option is to recognize the characteristic(s) of the condition as an expression of the individual in the present moment. For example, one does not "have" ADHD, one *is inattentive* or *hyperactive*. This empowers integration of the totality of perception and the reclaiming of everyday experiences from the

medical model. An option which may resonate with more integrative person-centered therapists is an ego state perspective through which individuals may recognize, for example, an *inattentive* or *hyperactive part*. This recognizes how we perceive the world within our phenomenological field; its elements, including our own characteristics, come *at us* and we perceptually interpret them as parts of ourselves (Clarkson, 1993; Glazier et al., 2014; Leutner & Piedfort-Marin, 2021; Weir, 1975). Language powerfully affects neurodivergent identity (Bury et al., 2022). Whatever terms we decide to use, it is necessarily examined, lest we use it harmfully.

### **Foregoing Knowledge in Being-With**

Although humanistic therapies are in part defined by their phenomenological, whole view of individuals, practitioners integrate conceptual knowledge as a cornerstone of ethical practice. Epistemic knowledge cannot be escaped, and, indeed, is necessary in neuroaffirmative therapy (Lipinski et al., 2022; Mitran, 2022; Toor, 2019). Still, pre-conceived knowledge applied too rigidly can be damaging. Experiential learning in *being-with* real, non-linear persons—not merely in the presence of the clean, clinical labels which attempt to describe them—is indispensable to psychological contact. In focusing too much on *knowing-about*, we dehumanize clients. This is wielding power to the client’s detriment, communicating that the “expert” therapist knows more about the client than they know themselves. Change-promoting relationship requires psychological contact, the therapist’s congruence, empathy, and unconditional positive regard for the client, and that these are perceived by the client (Rogers, 1957, 1959).



Can we challenge ourselves to more accurately empathize and stay with the client in all their "negative" experiencing, and trust that they will constructively move towards growth even amidst their seeming inner hurricanes? This is sometimes difficult. Even Rogers (1942, p. 128), early on, considered dissociative processes difficult for therapists to support and stay-with:

*"Counseling... cannot be the only method for dealing with that small group—the psychotic, the defective, and perhaps some others—who have not the capacity to solve their own difficulties, even with help."*

A testament to the extremity of the stigma directed at schizophrenia and psychosis throughout history, autism, by comparison, has been viewed negatively but also as mere eccentricity (Zegers, 2010; Silberman, 2015). Rogers' early views in this respect were colored by limited and then negative experiences with psychosis (Rogers, 1961; Oberreiter, 2021). There was nevertheless a clear evolution and working-through in his writings on what were then the most commonly-recognized forms of "mental illness" and neurodivergence: Oberreiter (2021, p. 158) notes that from the early 1950s, "Rogers no longer writes 'neurotic or psychotic characteristics' but 'characteristics which are usually termed neurotic or psychotic...' does not speak of 'psychotic behaviors' but of 'the behaviors customarily regarded as psychotic...' and of 'so-called neurotic and psychotic behaviors...' Rogers speaks of diagnostic label and of 'behaviors which would be labeled as 'psychotic' from a diagnostic frame of reference.'"

Rogers mentioned schizophrenia and psychosis over 2,300 times in his writings, arriving at a view reflecting a near-total moving-away from labeling (Oberreiter, 2021). It is therefore interesting to note that he and Gendlin had difficulty working with schizophrenic persons prior to his time in California (Rogers et al. 1967). What is little-mentioned about this difficulty is that the clients were not motivated; they were at an inpatient facility where their therapy was mandated (Sommerbeck, 2002). This is relevant to consider for our modern therapy. Still, even motivated clients, regardless of neurotype, may struggle acquiring psychological contact.



Garry Prouty’s *pre-therapy contact reflections*, based in person-centered theory, may particularly help foster meaningful connection with persons in various states-of-Being, and along with simple check-ins can help ground the client (Sanders, 2007b; Prouty et al., 2002; Van Werde, 2007). Gendlin (1972) and Cohen (1981) meanwhile, working within Gendlin’s focusing-oriented psychotherapy, chronicled success with schizophrenic and autistic persons, respectively. However, D’Ippolito (M. M. D’Ippolito, personal communication, June 9, 2023; and see D’Ippolito, 2020) suggests persons in schizophrenic or psychotic process may be harmed by focusing-oriented therapy. My own experiences suggest focusing, like meditation, can be helpful. However, autistic interoceptive processing (DuBois et al., 2016) can, as with meditation, complicate and even make focusing impossible to engage.

**A Model by Which to Consider Neurodivergent Needs in Therapy**

Needs frustration can lead to therapeutic harm, general distress, and mental ill-health.

Much as person-centered approaches consider Rogers’ propositions and Maslow’s hierarchy (inspired by Canadian Blackfoot Indigenous groups; Kaufman, 2020), transactional analysis hypothesizes that when basic needs are not met we “hunger” for certain psychological assurances and might actualize destructively, with

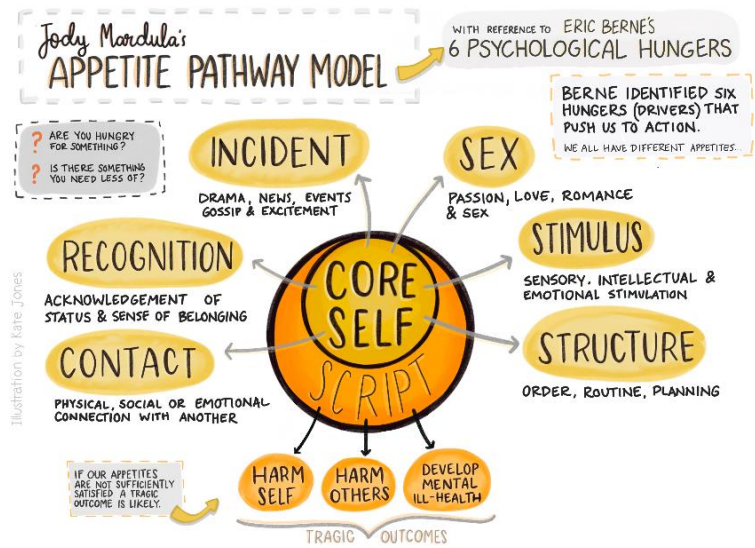


Figure 3. Mardula's appetite-hunger model.

positive or tragic outcomes depending on the configuration of our early developmental patterns (actualization of the core self via the life script; Clarkson, 1993; Mardula, 2013; Figure 3).

Some example tragic outcomes include therapist-initiated harms (e.g., Dimidjian & Hollon, 2010; Lilienfeld, 2007; Stevens, 2017), self/other-directed harm and suicidal ideation (Lewis & Hasking, 2021; McGarry, 2020; Moerman, 2011), inauthenticity and masking (Beck et al., 2020; Miller et al., 2021; Pearson & Rose, 2021), avoidance of one's moment-to-moment experiencing, depression (Murphy, 2019), and mental ill-health (Rogers, 1959). Figure 4 represents a new person-centered model encompassing what I see as some of the most universal neurodivergent needs. I recognize two outcomes within the individual's phenomenological field, or scope of experiencing: Based on interactions of their self-structure, inherent need for positive regard, and externally-imposed conditions of worth (which introjects affect, influencing constant, typically non-linear flowing in either direction), individuals actualize constructively or destructively from moment-to-moment with respect to the organismic valuing process. Consistent with Rogers' views of the actualizing tendency as growthful, although some outcomes are challenging or harmful the path is not permanent; individuals can usually shift from one or the other (Rogers, 1995a, 1995b; Mauer & Daukantaitė, 2020).

As part of this flowing, there are needs for contact, recognition, stimulus, and structure (Berne, 1970), as well as needs for authenticity (e.g., Rivera, 2021), sense-of-safety (e.g., Bettin, 2020; Chillemi, 2022; Lazarus, 2006), and self-consistency (Lecky, 1945/1994) which are part of the actualizing process. In this context, self-consistency is the idea that people have an innate need to form integrated, consistent, coherent understandings of reality and who they are (Allport, 1937; Church et al., 2012; Kelly, 1955; Morse & Gergen, 1970; Rogers, 1959). My other article in this volume (Bolton, in press) considers the model more fully in an autism-focused context. I hope it may be useful alongside other models of human flourishing, to facilitate further understanding of neurodivergent individuals.



Figure 4, based on drawing by the author. A person-centered, neurodivergent needs model.

In closing, I encourage readers to engage more deeply and reflexively in their being-with neurodivergent people. Doing so for *any* interaction, not just that which could be therapeutic, could leave them empowered and better equipped to deal with life's challenges. Psychotherapy cannot, on its own, fix the ills of wider society—but, as a power-wielding institution, it can be familiar with and acknowledge them, and even work from within to change the ways in which they are experienced by individuals. Indeed, failure to do so makes psychotherapists complicit in harming not just neurodivergent, but all, people who seek mental health support.

## References

- Allport, G. W. (1937). *Personality: A psychological interpretation*. Holt.
- Baron-Cohen, S. (1995). *Mindblindness: An essay on autism and theory of mind*. MIT Press.
- Baron-Cohen, S. (2000). Is Asperger syndrome/high-functioning autism necessarily a disability? *Development and Psychopathology*, *12*, 489–500.
- Baron-Cohen, S. (2017). Editorial perspective: Neurodiversity – a revolutionary concept for autism and psychiatry. *Journal of Child Psychology and Psychiatry*, *58*(6), 744–747.  
<https://doi.org/10.1111/jcpp.12703>
- Bazzano, M. (2016). The conservative turn in person-centered therapy. *Person-Centered & Experiential Psychotherapies*, *15*(4), 339–355.  
<https://doi.org/10.1080/14779757.2016.1228540>
- Beck, J., Lundwall, R. A., Gabrielson, T., Cox, J. C., & South, M. (2020). Looking good but feeling bad: “Camouflaging” behaviors and mental health in women with autistic traits. *Autism*, *24*(4), 809–821. <https://doi.org/10.1177/1362361320912147>
- Beik, F. (2021). *Incorporating first-person language into person-centered-therapy*. Unpublished doctoral dissertation, The Chicago School of Professional Psychology, Chicago, IL. Proquest.
- Benham, J. L. (2015). *Proud to be autistic: Metaphorical construction and salience of cultural and personal identity in #StopCombatingMe*. Unpublished doctoral dissertation, Minnesota State University, Mankato, MN. Proquest.
- Berne, E. (1970). *Sex in human loving*, Simon and Schuster.
- Bettin, J. (2020, March 12). *In search of psychological safety*. NeuroClastic.  
<https://neuroclastic.com/in-search-of-psychological-safety/>

- Bitsko, R. H., Claussen, A. H., Lichstein, J., Black, L. I., Jones, S. E., Danielson, M. L., Hoenig, J. M., Jack, S. P. D., Brody, D. J., Gyawali, S., Maenner, M. J., Warner, M., Holland, K. M., Perou, R., Crosby, A. E., Blumberg, S. J., Avenevoli, S., Kaminski, J. W., & Ghandour, R. M. (2022). Mental health surveillance among children – United States, 2013–2019. *U. S. Centers for Disease Control Morbidity and Mortality Weekly Report–Supplements*, 71(2), 1–42. <https://doi.org/10.15585/mmwr.su7102a1>
- Bleuler, E. (1911). *Dementia Praecox or the group of schizophrenias*. International Universities.
- Bohart, A. C. (2020). From Gendlin to Rogers to Brodley to Bohart: My evolution as an integrative person-centered therapist. *The Person Centered Journal*, 25(1–2), 16–31.
- Bolton, M. J. (in press). On the further de-centering of therapeutic neuro-normativity: Psychological contact to meet the therapeutic needs of persons on the autism spectrum. *The Person-Centered Journal*.
- Botha, M., & Gillespie-Lynch, K. (2022). Come as you are: Examining autistic identity development and the neurodiversity movement through an intersectional lens. *Human Development*, 66(2), 93–112. <https://doi.org/10.1159/000524123>
- Brodley, B. T. (2019). Client-centered therapy – What is it? What is it not? *The Person-Centered Journal*, 24(1–2), 37–59.
- Brown, L. (2011). *The significant of semantics: Person-first language: Why it matters / Identity-first language*. Autistic Self-Advocacy Network. <https://autisticadvocacy.org/about-asan/identity-first-language/>
- Bury, S. M., Jellett, R., Haschek, A., Wenzel, M., Hedley, D., & Spoor, J. R. (2022). Understanding language preferences: Autism knowledge, experience of stigma and

autism identity. *Autism*. Early online release.

<https://doi.org/10.1177/13623613221142383>

Butler, M. (2021, August 4). *As you are*. Fred Rogers Center.

<https://www.fredrogersinstitute.org/resources/as-you-are>

Casparly, W. R. (1991). Carl Rogers-Values, persons, and politics: The dialectic of individual and community. *Journal of Humanistic Psychology*, 31(4), 8–31.

<https://doi.org/10.1177/0022167891314002>

Campling, M. (2007). A person-centered response to eating disorders: A personal experience. In R. Worsley & S. Joseph (Eds.), *Person-centred practice: Case studies in positive psychology* (pp. 21–30). PCCS Books.

Chapman, R. & Botha, M. (2022). Neurodivergence-informed therapy. *Developmental Medicine & Child Neurology*. Early online release. <https://doi.org/10.1111/dmcn.15384>

Chapman, R., & Bovell, V. (2022). Neurodiversity, advocacy, anti-therapy. In J. L. Matson, & P. Sturmey (Eds.), *Handbook of autism and pervasive developmental disorder: Assessment, diagnosis, and treatment* (pp. 1519–1536). Springer Cham.

Chapman, R., & Carel, H. (2022). Neurodiversity, epistemic injustice, and the good human life. *Journal of Social Philosophy*. Early online release. <https://doi.org/10.1111/josp.12456>

Chapple, M., Davis, P., Billington, J., Myrick, J. A., Ruddock, C., & Corcoran, R. (2021). Overcoming the double empathy problem within pairs of autistic and non-autistic adults through the contemplation of serious literature. *Frontiers in Psychology*, 12.

<https://doi.org/10.3389/fpsyg.2021.708375>

Chellappa, S. L. (2023). Language matters for neuroinclusivity. *Nature Mental Health*, 1, 146.

<https://doi.org/10.1038/s44220-023-00028-w>

- Chillemi, K. (2022, March 5). *Promoting a neuroception of safety for autistic adults*. Psychology Today. <https://www.psychologytoday.com/us/blog/functional-legacy-mindset/202203/promoting-neuroception-safety-autistic-adults>
- Church, T.A., Alvarez, J.M., Katigbak, M.S., Mastor, K.A., Cabrera, H.F., Tanaka-Matsumi, J., Vargas-Flores, J.d.J., Ibáñez-Reyes, J., Zhang, H.S., Shen, J., Locke, K.D., Ortiz, F.A., Curtis, G.J., Simon, J.Y.R., Ching, C.M., & Buchanan, A.L. (2012). Self-concept consistency and short-term stability in eight cultures. *Journal of Research in Personality*, 46(5), 556-570. <https://doi.org/10.1016/j.jrp.2012.06.003>
- Clarkson, P. (1993). Transactional analysis as a humanistic therapy. *Transactional Analysis Journal*, 23(1), 36–41. <https://doi.org/10.1177/036215379302300104>
- Cohen, J. L. (1981). *A heuristic study of therapeutic interactions with autistic children*. Unpublished doctoral dissertation, Humanistic Psychology Institute. *Proquest*.
- Collier, R. (2012). Person-first language: Noble intent but to what affect? *Canadian Medical Association Journal*, 184(18), 1977–1978. <https://doi.org/10.1503/cmaj.109-4319>
- Cooper, M. (2013). Daseinsanalysis: Foundations for an existential therapy. In M. Cooper, *Existential therapies* (second ed.; pp. 43–62). SAGE Publications, Ltd.
- Cooper, M., & McLeod, J. (2011). *Pluralistic counselling and psychotherapy*. SAGE Publishing, Ltd.
- Cooper, M., O'Hara, M., Schmid, P. F., & Bohart, A. C. (2013). Person-centred therapy today and tomorrow: Vision, challenge and growth. In M. Cooper, M. O'Hara, P. F. Schmid, & A. C. Bohart (Eds.), *The handbook of person-centred psychotherapy and counselling* (second edition; pp. 1–23). Palgrave Macmillan.

- Cutler, E. S. (2019). Listening to those with lived experience. In S. Steingard (Ed.), *Critical psychiatry* (pp. 179–206). Springer, Cham. [https://doi.org/10.1007/9787-3-030-02732-2\\_8](https://doi.org/10.1007/9787-3-030-02732-2_8)
- D’Anastasio, C. (2017, April 20). *What people miss when they use ‘autistic’ as an insult*. Kotaku. <https://kotaku.com/what-people-miss-when-they-use-autistic-as-an-insult-1794491453>
- Danielson, M. L., Bitsko, R. H., Ghandour, R. M., Holbrook, J. R., Kogan, M. D., & Blumberg, S. J. (2018). Prevalence of parent-reported ADHD diagnosis and associated treatment among U.S. children and adolescents, 2016. *Journal of Clinical Child & Adolescent Psychology*, 47(2), 199–212. <https://doi.org/10.1080/15374416.2017.1417860>
- Davis, R., & Crompton, C. J. (2021). What do new findings about social interaction in autistic adults mean for neurodevelopmental research? *Perspectives on Psychological Science*, 16(3), 649–653. <https://doi.org/10.1177/1745691620958010>
- De Broize, M., Evans, K., Whitehouse, A. J. O., Wray, J., Eapen, V., & Urbanowicz. (2022). Exploring the experiences of seeking an autism diagnosis as an adult. *Autism in Adulthood*, 4(2), 130–140. <https://doi.org/10.1089/aut.2021.0028>
- Dimidjian, S., & Hollon, S. D. (2010). How would we know if psychotherapy were harmful? *American Psychologist*, 65(1), 21–33. <https://doi.org/10.1037/a0017299>
- D’Ippolito, M. M. (2020). Positive-symptom schizophrenic psychosis and/or unitary psychosis. *Revista Enfoque Humanistico*, 37, 136–168. [https://www.revistaenfoquehumanistico.com/files/ugd/b33ce8\\_94562b2674b14226af7cf1d49d3b63a3.pdf](https://www.revistaenfoquehumanistico.com/files/ugd/b33ce8_94562b2674b14226af7cf1d49d3b63a3.pdf)



- Dove, B., & Fisher, T. (2019, December 3). *The personal is the political: Relational activism and social justice*. Relational Activism. <https://www.relationalactivism.com/the-personal-is-the-political>
- Dubois, D., Ameis, S. H., Lai, M.-C., Casanova, M. F., Desarkar, P. (2016). Interoception in autism spectrum disorder: A review. *International Journal of Developmental Neuroscience*, 52, 104–111. <https://doi.org/10.1016/j.ijdevneu.2016.05.001>
- Dwyer, S., & Rogan, A. (2022). Seeing the unseen: Neurodiversity in the emergency department. *Emergency Medicine Australasia*, 34(4), 609–612. <https://doi.org/10.1111/1742-6723.14038>
- Dwyer, P., Ryan, J. G., Williams, Z. J., & Gassner, D. L. (2022). First do no harm: Suggestions regarding respectful autism language. *Pediatrics*, 149(4), e2020049437N. <https://doi.org/10.1542/peds.2020-049437N>
- Dyck, E., & Russell, G. (2020). Challenging psychiatric classification: Healthy autistic diversity and the neurodiversity movement. In S. J. Taylor, & A. Brumby (Eds.), *Healthy minds in the twentieth century. Mental health in historical perspective* (pp. 167–188). Palgrave Macmillan, Cham.
- Evans, B. (2013). How autism became autism: The radical transformation of a central concept of child development in Britain. *History of the Human Sciences*, 26(3), 3–31. <https://doi.org/10.1177/0952695113484320>
- Fariba, B. (2021). *Incorporating first-person language into person-centered-therapy*. Unpublished doctoral dissertation, The Chicago School of Professional Psychology, Chicago, IL. Proquest.

- Farreras, I. G. (2021). History of mental illness. In R. Biswas-Diener & E. Diener (Eds.), *Noba textbook series: Psychology*. DEF Publishers.
- Fennell, L. C. P., & Johnson, S. A. (2021). Examination of professional biases about autism: How can we do better? *The Clinical Neuropsychologist*, early online release.  
<https://doi.org/10.1080/13854046.2021.1958922>
- Fife, S. T., Whiting, J. B., Bradford, K., & Davis, S. (2014). The therapeutic pyramid: A common factors synthesis of techniques, alliance, and way of being. *Journal of Marital and Family Therapy*, 40(1), 20–33. <https://doi.org/10.1111/jmft.12041>
- Freeth, R. (2017). Towards a person-centred psychiatry. In S. Joseph (Ed.), *Person-centred therapy and mental health: Theory, research and practice* (pp. 355–375). PCCS Books.
- Garay, M. A. (2023). *Neurodiverse trauma-informed care: Supporting students identified with autism spectrum disorder and traumatic stress*. Unpublished doctoral dissertation, University of Colorado–Denver, Denver, CO. Proquest.
- Garcia, E. (2021). *We're not broken: Changing the autism conversation*. Mariner Books.
- Gendlin, E.T. (1972). Therapeutic procedures with schizophrenic patients. In M. Hammer (Ed.), *The theory and practice of psychotherapy with specific disorders* (pp. 333-375). Charles C. Thomas. [http://previous.focusing.org/gendlin/docs/gol\\_2061.html](http://previous.focusing.org/gendlin/docs/gol_2061.html)
- Gillespie-Lynch, K., Daou, N., Obeid, R., Reardon, S., Khan, S., & Goldknopf, E. J. (2021). What contributes to stigma towards autistic university students and students with other diagnoses? *Journal of Autism and Developmental Disorders*, 51, 459–475.  
<https://doi.org/10.1007/s10803-020-04556-7>

- Glazier, J. W., O’Ryan, L. W., & Lemberger, M. E. (2014). Unearthing the humanistic predilection of daseinsanalysis. *International Journal of Existential & Psychotherapy*, 5(1), 148–156.
- Gray-Hammond, D. (2022). *The new normal: Autistic musings on the threat of a broken society*. self-published.
- Guthrie, J. (2023). Swimming with the current but against the tide: Reflections of an autistic social worker. *The British Journal of Social Work*, 53(3), 1700–1710.  
<https://doi.org/10.1093/bjsw/bcad039>
- Harmens, M., Sedgewick, F., & Hobson, H. (2022). The quest for acceptance: A blog-based study of autistic women’s experiences and well-being during autism identification and diagnosis. *Autism in Adulthood*, 4(1), 42–51. <https://doi.org/10.1089/aut.2021.0016>
- Hawkins, J. (2007). Recovering from childhood sexual abuse: Dissociative processing. In R. Worsley & S. Joseph (Eds.), *Person-centred practice: Case studies in positive psychology* (pp. 85–97). PCCS Books.
- Hawkins, J. (2014). Person-centred therapy with people with learning disability: Happy people wear hats. In P. Pearce & L. Sommerbeck (Eds.), *Person-centred practice at the difficult edge* (pp. 27–40). PCCS Books.
- Heasman, B., & Gillespie, A. (2018). Perspective-taking is two-sided: Misunderstandings between people with Asperger’s syndrome and their family members. *Autism*, 22(6), 740–750. <https://doi.org/10.1177/1362361317708287>
- Heasman, B., & Gillespie, A. (2019). Neurodivergent intersubjectivity: Distinctive features of how autistic people create shared understanding. *Autism*, 23(4), 910–921.  
<https://doi.org/10.1177/1362361318785172>

- Höfer, F. X. E., Habermeyer, E., Mokros, A., Lau, S., & Gairing, S. K. (2015). The impact of legal coercion on the therapeutic relationship in adult schizophrenia patients. *PLoS ONE*, *10*(4), e0124043. <https://doi.org/10.1371/journal.pone.0124043>
- Howell, E. (2020). *Trauma and dissociation informed psychotherapy: Relational healing and the therapeutic connection*. W. W. Norton & Company.
- Irvine, K. (2019). *Facing neurotypical normativity: An ethical call for therapeutic sensitivity to neurodiversity*. Unpublished master's thesis. Lesley University, Cambridge, MA.
- Jellett, R., & Flower, R. L. (2023). How can psychologists meet the needs of autistic adults? *Autism*, early online release. <https://doi.org/10.1177/13623613221147346>
- Kalisch, L. A., Lawrence, K. A., Baud, J., Spencer-Smith, M., & Ure, A. (2023). Therapeutic supports for neurodiverse children who have experienced interpersonal trauma: A scoping review. *Review Journal of Autism and Developmental Disorders*, early online release. <https://doi.org/10.1007/s40489-023-00363-9>
- Kaufman, S. B. (2020). *Transcend: The new science of self-actualization*. TarcherPerigee.
- Kazda, L., Bell, K., Thomas, R., McGeechan, K., Sims, R., & Barratt, A. (2021). Overdiagnosis of Attention-Deficit/Hyperactivity Disorder in children and adolescents: A systematic scoping review. *JAMA Network Open*, *4*(4), e215335. <https://doi.org/10.1001/jamanetworkopen.2021.5335>
- Keating, C. T., Hickman, L., Leung, J., Monk, R., Montgomery, A., Heath, H., & Sowden, S. (2022). Autism-related language preferences of English-speaking individuals across the globe: A mixed methods investigation. *Autism Research*, *16*(2), 406–428. <https://doi.org/10.1002/aur.2864>
- Kelly, G. A. (1955). *The psychology of personal constructs*. Norton.

- Kenny, L., Hattersley, C., Molins, B., Buckley, C., Povey, C., & Pellicano, E. (2016). Which terms should be used to describe autism? Perspectives from the UK autism community. *Autism, 20*(4), 442–462. <https://doi.org/10.1177/1362361315588200>
- Kirschenbaum, H., & Henderson, V. L. (1989). *Carl Rogers: Dialogues: Conversations with Martin Buber, Paul Tillich, B.F. Skinner, Gregory Bateson, Michael Polanyi, Rollo May, and others*. Houghton Mifflin.
- Knibbs, K., & Rutten, A. (2017). Children and the autism spectrum: Person-centred approaches. In S. Joseph (Ed.), *The handbook of person-centred therapy and mental health: Theory, research and practice* (pp. 315–332). PCCS Books.
- Koocher, G. P., & Soibatian, C. (2017). Understanding fees in mental health practice. *Practice Innovations, 2*(3), 123–135. <https://doi.org/10.1037/pri0000048>
- Krietemeyer, B., & Prouty, B. (2007). The art of psychological contact: The psychotherapy of a mentally retarded psychotic client. In R. Worsley & S. Joseph (Eds.), *Person-centred practice: Case studies in positive psychology* (pp. 125–134). PCCS Books.
- Lai, M-C., Anagnostou, E., Wiznitzer, M., Allison, C., & Baron-Cohen, S. (2020). Evidence-based support for autistic people across the lifespan: Maximising potential, minimising barriers, and optimising the person–environment fit. *The Lancet Neurology, 19*(5), 434–451. [https://doi.org/10.1016/S1474-4422\(20\)30034-X](https://doi.org/10.1016/S1474-4422(20)30034-X)
- Lazarus, R. S. (2006). Emotions and interpersonal relationships: Toward a person-centered conceptualization of emotions and coping. *Journal of Personality, 74*(1), 9–46. <https://doi.org/10.1111/j.1467-6494.2005.00368.x>

- Learmonth, M., & Gibson, K. (2010). Art psychotherapy, disability issues, mental health, trauma and resilience: 'Things and people'. *International Journal of Art Therapy*, 15(2), 53-64.  
<https://doi.org/10.1080/17454832.2010.523880>
- Lecky, P. (1994). *Self-consistency: A theory of personality* (revised edition). Island Press. Work originally published 1945.
- Leutner, S., & Piedfort-Marin, O. (2021). The concept of ego state: From historical background to future perspectives. *European Journal of Trauma & Dissociation*, 5(4), 100184.  
<https://doi.org/10.1016/j.ejtd.2020.100184>
- Levitt, A. (2018, April 11). *The horrible truth about Bruno Bettelheim revealed in letters to the editor*. Chicago Reader. <https://chicagoreader.com/blogs/the-horrible-truth-about-bruno-bettelheim-revealed-in-letters-to-the-editor/>
- Lewis, S. P., & Hasking, P. A. (2021). Understanding self-injury: A person-centered approach. *Psychiatric Services*, 72(6), 721–723.
- Lilienfeld, S. O. (2007). Psychological treatments that cause harm. *Perspectives on Psychological Science*, 2(1), 53–70. <https://doi.org/10.1111/j.1745-6916.2007.00029.x>
- Lipinska, D. (2014). Person-centred therapy for people with dementia. In P. Pearce & L. Sommerbeck (Eds.), *Person-centred practice at the difficult edge* (pp. 88–101). PCCS Books.
- Lipinski, S., Boegl, K., Blanke, E. S., Suenkel, U., & Dziobek, I. (2022). A blind spot in mental healthcare? Psychotherapists lack education and experience for the support of adults on the autism spectrum. *Autism*, 26(6), 1509–1521.  
<https://doi.org/10.1177/13623613211057973>

- MacDougall, C. (2002). Rogers's person-centered approach: Consideration for use in multicultural counseling. *Journal of Humanistic Psychology*, 42(2), 48–65.  
<https://doi.org/10.11770022167802422005>
- Mackenzie, R., & Watts, J. (2011). Is our legal, health care and social support infrastructure neurodiverse enough? How far are the aims of the neurodiversity movement fulfilled for those diagnosed with cognitive disability and learning disability? *Tizard Learning Disability Review*, 16(1), 30–37. <https://doi.org/10.5042/tldr.2011.0005>
- Malik-Soni, N., Shaker, A., Luck, H., Mullin, A. E., Wiley, R. E., Lewis, M. E. S., Fuentes, J., & Frazier, T. W. (2022). Tackling healthcare access barriers for individuals with autism from diagnosis to adulthood. *Pediatric Research*, 91, 1028–1035.  
<https://doi.org/10.1038/s41390-021-01465-y>
- Mardula, J. (2013). Appetite Path Model – working with Escape Hatch resolution with clients who use drugs and alcohol. *The Transactional Analyst*, Winter, 6–13.  
<https://tatraining.org/wp-content/uploads/2021/02/appetite-Path-Model-Mardula-J.pdf>
- Mauer, M. M., & Daukantaitė, D. (2020). Revisiting the organismic valuing process theory of personal growth: A theoretical review of Rogers and its connection to positive psychology. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.01706>
- McGarry, A. (2020). The development of additional propositions of the actualising tendency: Person-centred theory and practice. *The Person-Centered Journal*, 25(1–2), 68–82.
- Mearns, D. J. & Schmid, P. (2006) Being-with and being-counter: Relational depth - the challenge of fully meeting the client. *Person-Centred and Experiential Psychotherapies*, 5(4), 255–265. <https://doi.org/10.1080/14779757.2006.9688417>

- Mearns, D., & Cooper, M. (2018). *Working at relational depth in counselling & psychotherapy* (second ed.). SAGE Publications, Ltd.
- Michael, C. (2021). Is being othered a co-occurring condition of autism? *Autism in Adulthood*, 3(2), 118–119. <https://doi.org/10.1089/aut.2021.0019>
- Miller, D., Rees, J., & Pearson, A. (2021). “Masking is life”: Experiences of masking in autistic and nonautistic adults. *Autism in Adulthood*, 3(4), 330–338. <https://doi.org/10.1089/aut.2020.0083>
- Milton, D., Ridout, S., Murray, D., Martin, N., & Mills, R. (Eds.). (2020). *The neurodiversity reader: Exploring concepts, lived experience and implications for practice*. Pavilion Publishing and Media, Ltd.
- Milton, D. E. M. (2017). *A mismatch of salience: Explorations of the nature of autism from theory to practice*. Pavilion Publishing and Media, Ltd.
- Mitran, C. L. (2022). Experiences of licensed counselors and other licensed mental health providers working with neurodiverse adults: An instrumental case study. *The Family Journal*. Early online release. <https://doi.org/10.1177/10664807221104138>
- Moerman, M. T. (2011). *Working with suicide: The impact on the person-centred counsellor*. Unpublished doctoral dissertation. University of Manchester.
- Morrow, S. L. (2000). First do no harm: Therapist issues in psychotherapy with lesbian, gay, and bisexual clients. In R. M. Perez, K. A. DeBord, & K. J. Bieschke (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, and bisexual clients* (pp. 137–156). American Psychological Association.
- Morse, S., & Gergen, K. J. (1970). Social comparison, self-consistency, and the concept of self. *Journal of Personality and Social Psychology*, 16(1), 148–156.



- Murphy, D. (2019). *Person-centred experiential counselling for depression* (second edition). SAGE Publications, Ltd.
- Nerenberg, J. (2021). *Divergent mind: Thriving in a world that wasn't designed for you* (reprint). HarperOne.
- Oberreiter, D. (2021). Carl Rogers and schizophrenia: The evolution of Carl Rogers' thinking on psychosis and schizophrenia: A literature survey. *Person-Centered & Experiential Psychotherapies*, 20(2), 152–173. <https://doi.org/10.1080/14779757.2021.1898456>
- O'Hara, M. (1989). Person-centered approach as conscientizacao: The works of Carl Rogers and Paulo Freire. *Journal of Humanistic Psychology*, 29(1), 11–35. <https://doi.org/10.1177/0022167889291002>
- Parens, E., & Johnston, J. (2009). Facts, values, and Attention-Deficit Hyperactivity Disorder (ADHD): An update on the controversies. *Child and Adolescent Psychiatry and Mental Health*, 3, 1. <https://doi.org/10.1186/1753-2000-3-1>
- Paris, J., Bhat, V., & Thombs, B. (2015). Is adult Attention-Deficit Hyperactivity Disorder being overdiagnosed? *Canadian Journal of Psychiatry*, 60(7), 324–328. <https://doi.org/10.1177/070674371506000705>
- Pearson, A., & Rose, K. (2021). A conceptual analysis of autistic masking: Understanding the narrative of stigma and the illusion of choice. *Autism in Adulthood*, 3(1), 52–60. <https://doi.org/10.1089/aut.2020.0043>
- Penot, J. (2022, August 23). *Why many people with autism dislike functioning labels*. Psychology Today. <https://www.psychologytoday.com/us/blog/the-forgotten-women/202208/why-many-people-autism-dislike-functioning-labels>

- Pörtner, M. (2017). Nine conditions concerning psychotherapy and the care for people ‘with special needs.’ In S. Joseph (Ed.), *Person-centred therapy and mental health: Theory, research and practice* (pp. 296–314). PCCS Books.
- Prouty, G. (2007). The hallucination as the unconscious self. In R. Worsley & S. Joseph (Eds.), *Person-centred practice: Case studies in positive psychology* (pp. 169–183). PCCS Books.
- Prouty, G., Van Werde, D., & Pörtner, M. (2002). *Pre-therapy: Reaching contact-impaired clients*. PCCS Books.
- Quinn, R. H. (1993). Confronting Carl Rogers: A developmental-interactional approach to person-centered therapy. *Journal of Humanistic Psychology*, 33(1), 6–23.  
<https://doi.org/10.1177/0022167893331002>
- Rivera, L. (2021, May 12). *The need for autistic and neurodivergent authenticity*. Neurodivergent Rebel. <https://neurodivergentrebel.com/2021/05/12/the-need-for-autistic-and-neurodivergent-authenticity/>
- Rogers, C. R. (Ed.). (1942). *Counseling and psychotherapy*. Houghton Mifflin.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95–103. <https://doi.org/10.1037/h0045357>
- Rogers, C. R. (1958). A process conception of psychotherapy. *American Psychologist*, 13(4), 142–149. <https://doi.org/10.1037/h0042129>
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.), *Psychology, a study of a science. Vol. III: Formulations of the person and the social context*. McGraw-Hill.

- Rogers, C. R. (1961). A theory of psychotherapy with schizophrenics and a proposal for its empirical investigation. In J. G. Dawson, H. K. Stone, & N. Dellis (Eds.), *Psychotherapy with schizophrenics* (pp. 3–19). Louisiana State University Press.
- Rogers, C. R. (1977). *Carl Rogers on personal power: Inner strength and its revolutionary impact*. Delacorte Press.
- Rogers, C. R. (1995a). *A way of being*. Mariner Books. Work originally published 1980.
- Rogers, C. R. (1995b). *On becoming a person: A therapist's view of psychotherapy*. Mariner Books. Work originally published 1961.
- Rogers, C. R. (2013). The basic conditions of the facilitative therapeutic relationship. In M. Cooper, M. O'Hara, P. F. Schmid, & A. C. Bohart (Eds.), *The handbook of person-centred psychotherapy and counselling* (second ed.; pp. 24–28). Palgrave Macmillan. Previously unpublished, on a 1981 talk in Vienna, Austria.
- Rogers, C. R., Gendlin, E. T., Kiesler, D. J., & Truax, C. B. (Eds.). (1967). *The therapeutic relationship and its impact: A study of psychotherapy with schizophrenics*. The University of Wisconsin Press.
- Rosqvist, H. B., Chown, N., & Stenning, A. (2020). *Neurodiversity studies: A new critical paradigm*. Routledge.
- Rutten, A. (2014). A person-centred approach to counselling clients with autistic process. In P. Pearce & L. Sommerbeck (Eds.), *Person-centered practice at the difficult edge*. PCCS Books, 74–87.
- Sanders, P. (2007a). In place of the medical model: Person-centred alternatives to the medicalisation of distress. In R. Worsley & S. Joseph (Eds.), *Person-centred practice: Case studies in positive psychology* (pp. 184–199). PCCS Books.

- Sanders, P. (2007b). *The contact work primer*. PCCS Books.
- Santos, A., & Stillwell, W. (2023, March 24-26). *Exploring the depths of relationship between psychotherapists and clients*. Person-Centered Psychotherapy Academy Module II. <https://www.pcp-academy.org/>
- Schmid, P. (2012). Psychotherapy is political or it is not psychotherapy: The person-centered approach as an essentially political venture. *Person-Centered and Experiential Psychotherapies*, 11(2), 95–108. <https://doi.org/10.1080/14779757.2012.682441>
- Schmid, P. F. (2015). Person and society: Towards a person-centered sociotherapy. *Person-Centered & Experiential Psychotherapies*, 14(3), 217–235. <https://doi.org/10.1080/14779757.2015.1062795>
- Schmid, P. (2017). Authenticity and alienation: Towards an understanding of the person beyond the categories of order and disorder. In S. Joseph (Ed.), *The handbook of person-centred therapy and mental health* (pp. 73–91). PCCS Books.
- Schoeneman, T. J. (1977). The role of mental illness in the European witch hunts of the sixteenth and seventeenth centuries: An assessment. *Journal of the History of the Behavioral Sciences*, 13(4), 337–351. [https://doi.org/10.1002/1520-6696\(197710\)13:4<337::AID-JHBS2300130406>3.0.CO;2-G](https://doi.org/10.1002/1520-6696(197710)13:4<337::AID-JHBS2300130406>3.0.CO;2-G)
- Shaw, S. C. K., Doherty, M., McCowan, S., & Eccles, J. A. (2022). Towards a neurodiversity-affirming approach for an over-represented and under-represented population: Autistic adults in outpatient psychiatry. *Journal of Autism and Developmental Disorders*, 52, 4200–4201. <https://doi.org/10.1007/s10803-022-05670-4>
- Shorter, E. (1998). *A history of psychiatry: From the era of the asylum to the age of Prozac*. Wiley.

- Silberman, S. (2015). *Neurotribes: The legacy of autism and the future of neurodiversity*. Avery.
- Simpson, B. (2020). An open letter to the psychotherapy and counselling profession: It is time to recognise the politics of training and practising with Tourette's syndrome. *Psychotherapy and Politics International*, 18(3), e1549. <https://doi.org/10.1002/ppi.1549>
- Sommerbeck, L. (2002). The Wisconsin watershed – or the universality of CCT. *The Person-Centered Journal*, 9(2), 140–157.
- Sommerbeck, L. (2003). *The client-centred therapist in psychiatric contexts: A therapists' guide to the psychiatric landscape and its inhabitants*. PCCS Books.
- Stevens, E. (2017, December 1). *Some thoughts about working with clients who have experienced harm in therapy*. A Client First. <https://aclientfirst.com/2017/12/01/some-thoughts-about-working-with-clients-who-have-been-harmed-in-therapy/>
- Swan, A. M., & Ceballos, P. (2020). Person-centered conceptualization of multiculturalism and social justice in counseling. *Person-Centered & Experiential Psychotherapies*, 19(2), 154–167. <https://doi.org/10.1080/14779757.2020.1717981>
- Swan, K. L. (2018). Pre-therapy in child-centered play therapy: A model for treating children with autism. In *Autism spectrum disorders: Breakthroughs in research and practice* (pp. 109-120). IGI Global.
- Totton, N. (2019). Different bodies: The problem of normativity in body psychotherapy. *Psychotherapy and Politics International*, 17(3), e1513. <https://doi.org/10.1002/ppi.1513>
- Toor, N. (2019). *An exploration into autistic students' experiences of counselling in university settings*. Unpublished doctoral dissertation, University of Manchester. Proquest.
- Treleaven, D. A. (2018). *Trauma-sensitive mindfulness: Practices for safe and transformative healing*. W. W. Norton & Company.

- Turner, D. (2020). *Intersections of privilege and otherness in counselling and psychotherapy: Mockingbird*. Routledge.
- Turner, D. D. L. (2018). ‘You shall not replace us!’ White supremacy, psychotherapy, and decolonisation. *Journal of Critical Psychology, Counselling and Psychotherapy*, 18(1), 1–12.
- Udonisi, P. (2022). Young, gifted and black: The intersectionality of race, intellectual disability and neurodivergence. *Critical and Radical Social Work*, 10(2), 226–241.  
<https://doi.org/10.1332/204986021X16530492120870>
- Van Werde, D. (2007). The falling man: Pre-therapy applied to somatic hallucinating. In R. Worsley & S. Joseph (Eds.), *Person-centred practice: Case studies in positive psychology* (pp. 135–141). PCCS Books.
- Walker, N. (2021). *Neuroqueer heresies: Notes on the neurodiversity paradigm, autistic empowerment, and postnormal possibilities*. Autonomous Press.
- Warner, M. (2014). Client processes at the difficult edge. In P. Pearce & L. Sommerbeck (Eds.), *Person-centered practice at the difficult edge* (pp. 121–137). PCCS Books.
- Warner, M. S. (2005). A person-centred view of human nature, wellness, and psychopathology. In S. Joseph and R. Worsley (Eds.), *Person-centred psychopathology* (pp. 91–109). PCCS Books.
- Warner, M. S. (2007). Client incongruence and psychopathology. In M. Cooper, M. O’Hara, P. F. Schmid, & G. Wyatt (Eds.), *The handbook of person-centred psychotherapy and counselling* (pp. 154–167). Palgrave Macmillan.
- Waterman, A. S. (2013). The humanistic psychology–positive psychology divide. *American Psychologist*, 68(3), 124–133. <https://doi.org/10.1037/a0032168>

Weir, J. (1975). The personal growth laboratory. In K. Benne, L. P. Bradford, J. R. Gibb, & R.

D. Lippit (Eds.), *The laboratory method of changing and learning: Theory and application*. Science and Behavior Books.

Westwell, G. (2019). *The courageous heart of the person-centred experiential approach*.

<https://www.grahamwestwell.com/resources>

Whittaker, D. (1947). The 700<sup>th</sup> anniversary of Bethlem. *Journal of Mental Science*, 93(393),

740–747. <https://doi.org/10.1192/bjp.93.393.740>

Whitehead, P. M., & Purvis, K. (2023). Humanizing autism research and treatment: Facilitating

individuation through person-centered therapy. *The Humanistic Psychologist*, 51(1), 71–

86. <https://doi.org/10.1037/hum0000249>

Yergeau, M. (2017). *Authoring autism: On rhetoric and neurological queerness*. Duke

University Press.

Zegers, O. D. (2010). Schizophrenia, language and evolution (or the schizophrenias as

logopathies). *Actas Españolas de Psiquiatría*, 38(1), 1–7.

Zucconi, A. (2011). The politics of the helping relationship: Carl Rogers' contributions. *Person-*

*Centered & Experiential Psychotherapies*, 10(1), 2–10.

<https://doi.org/10.1080/14779757.2011.564759>