

# Neurodiversity and psychotherapy—Connections and ways forward

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## Abstract

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

## KEYWORDS

autism, clinical treatment of autism, neurodiversity, phenomenological psychology, phenomenology, resistance

## 1 | THE NEURODIVERSITY PARADIGM

Neurodiversity is an iteration of the disability rights movement concerned chiefly with the rights of autistic people, while also encompassing social groups in neurocognitive conditions like attention deficit hyperactivity disorder and dyslexia. The neurodiversity movement is minimally defined by its opposition to the medical model of autism, wherein autism is framed as a spectrum disorder caused by individual neurobiological dysfunctions. In place of this conceptualisation, neurodiversity advocates proffer that autism is constitutive of natural, and, by some, even beneficial, variations of the human mind (Armstrong, 2010). In this view, autism is, instead of a disorder, a disability due to an illness of fit between individual and society, often understood in terms of societal barriers that marginalise autistic people (Chapman, 2016). Thus, autistic impairment and distress are not to be addressed by making autistic individuals<sup>1</sup> “less autistic” and reducing related symptomatology. Instead, the proper locus of autism interventions is the undoing of the social exclusion of autistic individuals and the facilitation of a healthy and fulfilling life in autistic terms.

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

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## 2 | THE AUTISTIC MENTAL HEALTH CRISIS AND CLINICAL APPROACHES

Clinical data demonstrates clearly that autistic people face a severe and multifaceted mental health crisis. A recent meta-analysis of 432 studies found that autistic people are more likely to suffer from anxiety (20%), depressive (11%), bipolar (5%), schizophrenia spectrum (4%) and other mental disorders (Lai et al., 2019). A large cohort study following over 2.5 million individuals between 1987 and 2009 estimated that autistic people were, in this timeframe, 2.56 times more likely to die than neurotypicals. Alarming, 31% of premature deaths of autistic people was due to suicide, compared with 4% in the general population (Hirvikoski et al., 2016).

There is evidence to suggest that autistic well-being is strongly correlated with social and parental acceptance and autistic-evaluated quality of support received (Cage et al., 2018; Renty & Roeyers, 2006). Moreover, evidence is inconclusive regarding whether autistic mental health relates to symptom severity, partly because cross-sectionally measuring mental health issues interferes with observations and self-reports of autistic characteristics (Hedley & Uljarević, 2018). In addition, some evidence points to the so-called “high functioning” autistic adults being more susceptible to depression and suicide than “low functioning” ones (Hirvikoski et al., 2016). Correspondingly, neurodiversity scholars have developed theoretical frameworks according to which autistic mental health, thriving and well-being are not self-contradictory terms, but descriptive of potential realities that may be materialised by the provision of neurodiversity-affirming social and clinical support (Chapman & Botha, 2022; Chapman & Carel, 2022).

Meta-analytic and large cohort US data demonstrate that, by far, the most dominant clinical approach to autism is applied behaviour analysis (ABA), followed distantly by pharmaceutical treatments (Shoaib et al., 2022; Xu et al., 2019). A recent overview of autism interventions points out that the efficacy of medication approaches is extremely understudied and that, in the United States, most of the drugs used are not approved by the Food and Drugs Administration (Kang et al., 2022). ABA has consistently found itself at the heart of heated abuse-related controversy within the autism community (Bowman & Baker, 2014). Though the many iterations of ABA have now largely distanced themselves from techniques such as slapping and delivering electric shocks, neurodiversity critics argue that ABA is still focussed on pushing autistic people into a neurotypical mould (Chapman & Bovell, 2022), forcing them to take on behaviours that do not resonate with them (e.g., eye contact) and to abandon behaviours that may be crucial to self-regulation (e.g., stimming or self-stimulatory behaviour; Rudy, 2018; Trevisan et al., 2017). In turn, this is thought to promote autistic camouflaging, which is well known to be associated with higher depression rates and suicidality, and reduced mental health and well-being (Cage et al., 2018; Cassidy et al., 2018; Hull et al., 2021). Notably, a recent scoping review of ABA interventions found zero studies measuring the effect of ABA on autistic subjective quality of life (Gitimoghaddam et al., 2022).

### Implications for Policy and Practice

This article demonstrates that autistic people face a mental health crisis, which neurodiversity-affirming clinical interventions, and particularly psychotherapy, are ideally posed to address. The following recommendations for policy and practice are put forward:

- Research into the needs of autistic people, and improving services for them across the lifespan, should be further funded and more widely conducted.
- Research into how clinical interventions for autism affect autistic mental health and subjective well-being in specific should be further funded and more widely conducted.
- Research into how mental health interventions can be successfully adapted for autistic clients should be further funded and more widely conducted.
- Neurodiversity-affirming clinical training programmes should be developed.
- More autistic therapists should be introduced in psychotherapy for the autistic population.

## 3 | THE ROLE OF PSYCHOTHERAPY

Overall, despite the neurodiversity paradigm's rapid establishment within autism studies, autism research and clinical work still appear to be misaligned with the needs of autistic people themselves. Most notably, the prevailing autistic mental health crisis is not systematically addressed by any of the dominant intervention schemes. Psychotherapy, as a cluster of client-tailored methods principally aimed at improving mental health and subjective well-being, is ideally placed to fill this lacuna. Specific psychotherapy variants are well evidenced to achieve these goals for the general population (Cipriani et al., 2018; Cuijpers et al., 2011; Hoffman et al., 2012; Leichsenring & Rabung, 2008). The potential utility of psychotherapy specifically for autism has been explicitly recognised in the literature, with *The Journal of Contemporary Psychotherapy* devoting a special issue to psychotherapy for autistic individuals in 2011 (Jensen & Spannagel, 2011).

Unfortunately, research into the effectiveness of psychotherapy for the autistic population remains very sparse. The most well-studied approach is cognitive behavioural therapy (CBT), with meta-analytic evidence suggesting that CBT is effective for treating autistic anxiety (Lang et al., 2010) and that, though the evidence is more limited, the same may be true for depression (Pezzimenti et al., 2019). Despite this, CBT practitioners often admit limited confidence in applying their skills with autistic clients, with the literature including ample calls to systematically tailor CBT to autism (Sze & Wood, 2008). In contrast, psychodynamic psychotherapy (PT) studies pertinent to autism are mostly conceptual (Drucker, 2009)

or single subject (Bromfield, 1989), and studies concerning interpersonal psychotherapy (IPT) for autism are virtually nonexistent. This last fact is remarkable seeing as IPT's central theme, the betterment of mental health through improving interpersonal relationships, is a natural fit for one of autism's defining characteristics, namely problems in connection with others.

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

#### 4 | CHALLENGES IN ADAPTING PSYCHOTHERAPY FOR AUTISM

One of the neurodiversity movement's central imperatives is that the autistic self should not be pathologised and treated as a set of maladaptive symptoms within the clinic. Instead, psychotherapy for autism should facilitate a mentally healthy and fulfilling life in autistic terms, respecting autistic ways of functioning. Agreeable as this may sound in theory, it raises important questions for the conceptualisation, assessment and goal-setting phases of virtually every psychotherapy. The mental health profession's approach to characterising a behaviour, cognition, personality characteristic or mental formation as pathological is based on the "four Ds": being deviant from the social norm; causing distress; causing dysfunction; and putting the client and/or other in their environment in danger (Wilmshurst, 2015). Evidently, following these criteria will lead to classifying autistic traits as pathological traits. The immediate rebuttal from the neurodiversity camp would be that autistic traits are not pathological traits, but irremovable parts of the self and thus not up for negotiation within psychotherapy. In turn, any impairment and distress associated with these traits is not due to an inherent pathology, but due to society being ill-equipped to accommodate harmless autistic deviations from the norm.

An obvious attempt at resolving this impasse, often championed within neurodiversity studies, would be to let autistic people hold the treatment reins. This would amount to the therapist following their client's testimony as to which of their behavioural, cognitive and emotional modes belong to their core autistic self and which are up for negotiation as potentially problem-causing. The task of therapy would then be to validate the former and address the latter towards mentally beneficial ends. While well-intentioned and understandable in a clinical context awash with abuse-related controversies such as autism's, this advice is markedly problematic for psychotherapy. First, it is likely the case that at least some autistic clients ask for therapeutic outcomes in the opposite direction, such

as learning how to socially engage in a neurotypical way. Second, more importantly and structurally, all empirically credible psychotherapeutic methods maintain a fundamental element of disbelief towards what the client asserts about themselves and/or of partly working against what comes naturally to them (Messer, 2002; Van Denburg & Kiesler, 2002). The very inability of clients to see which parts of themselves could be tweaked and explored to make their lives better is part of what makes psychotherapy sensible in the first place. Every human being, the neurodivergent included, follows an at least partly habitual and unexamined *modus operandi*. Psychotherapy's task is precisely to uncover and unsettle this default mode when it leads to an unfulfilling or mentally tormenting life. Thus, helping a client necessitates taking them seriously, not literally and obediently.

The other major challenge for adapting psychotherapy for autism is that frequent autistic characteristics appear to be at odds with (certain strands of) psychotherapy. In general, autistic individuals may find the therapeutic context sensorily overwhelming (e.g., when it involves bright lights or strong smells) and the social interaction with the therapist too overbearing (Cooper et al., 2018). Others may display limited cognitive flexibility and ability to manage abstract concepts (Leung & Zakzanis, 2014; Minshew et al., 2002), which may render techniques like CBT's cognitive restructuring and PT's explorations of the unconscious rather fruitless. Additionally, at least some autistic clients should be expected to display atypical interpretation of social cues, facial expressions and nonverbal communication, as well as a reduced capacity for perspective-taking and increased difficulties in building and maintaining relationships (Bader & Fuchs, 2022; Cooper et al., 2018; Koenig & Levine, 2011; Travis & Sigman, 1998). Obviously, a relationship-centred method like IPT, which often asks clients to, for example, "walk in the shoes" of a romantic partner or of a friend, will see some of its tools rendered impotent in the light of such characteristics.

Two relatively frequent autistic characteristics, namely alexithymia and intellectual disability, seem to raise particularly difficult challenges for psychotherapy. A 2020 meta-analysis estimated the prevalence rate of alexithymia at about 50% among autistic individuals (Kinnaird et al., 2019). Alexithymia is a little-understood psychological phenomenon that involves difficulties in identifying emotions experienced by oneself and others (Larsen et al., 2003) and is associated with physical and mental health impairment and poor outcomes in at least some forms of psychotherapy (Cameron et al., 2014). Here, one should notice two things. First, alexithymia may be overdiagnosed in autistic people, as they are often falsely taken to lack emotional understanding, when they in fact face a "double empathy problem" (Milton, 2012). That is, autistic individuals can emotionally comprehend and empathise with one another, but often fail to understand the neurotypicals, while the neurotypicals also fail to understand them. Considering this, it seems reasonable to speculate that autistic alexithymia may be addressed at least partly by matching autistic clients with autistic therapists. Second, alexithymia is not at all a problem specific to autistic people in psychotherapy, as about

25% of individuals who seek psychotherapeutic counselling are alexithymic (Grabe et al., 2008).

Last, one-third of autistic people are diagnosed with an intellectual disability, while about 25%–50% of autistic children never develop functional verbal communication (Centre for Disease Control and Prevention, 2023; Patten et al., 2013). These issues obviously constitute significant barriers for techniques that are fundamentally dependent on dialectical explorations of the client's life, problems and psychic structures. Nonetheless, evidence pertinent to psychotherapeutic efficacy for individuals diagnosed with intellectual disabilities does not point to a clear conclusion, with theoretical frameworks and empirical data pulling in opposite directions (Sturme, 2005; Taylor, 2005). Influential scholars have argued that well-trained and experienced psychotherapists can offer effective support to those with intellectual disabilities (Sinason, 1992). In agreement with the point that will be made herein about autism and psychotherapy, appropriate training has been highlighted as key for this endeavour.

Certainly, methods employed with nonverbal children and adults should fit their communication styles, centring less on talking techniques and more on activity-based approaches, such as art, play and music therapy. Regarding music therapy in particular, there is encouraging meta-analytic evidence for application with the autistic population (Geretsegger et al., 2014). Early research also demonstrates music therapy's capacity to be neurodiversity-affirming by utilising autistic characteristics, traditionally seen as pathological, to facilitate the connection between individuals and groups. For example, stimming in unison has been employed as a part of interactive musical improvisation, and echolalia (the repetition of previously heard words and sounds) has been conceptualised as musical expression and accompanied in a recitative style, both with positive results (Davies, 2022).

## 5 | ADDRESSING AUTISM PSYCHOTHERAPY CHALLENGES VIA PHENOMENOLOGY

Phenomenology is a philosophical tradition tasked, it is commonly proffered, with investigating the invariant structures of experience (Parnas & Zahavi, 2002). This refers not to the specific contents of one's encounters with the world, but rather to the general forms that these experiences take—for example, for many autistic individuals, sensory hypersensitivity and related distress. The importance of phenomenology for the mental health professions has been highlighted in connection with its capacity to convey the client's experience “from within,” in its qualitative unity and immediacy, detailing holistic mental experiential states instead of diffuse symptoms or localised organic functions (Carel, 2011; Toombs, 1987). This, it is argued, makes phenomenology an excellent guide in steering therapy towards results more appreciable from the client's point of view. Phenomenological approaches have been rapidly gaining ground even within the psychiatric canon, with a recent editorial in *The Lancet Psychiatry* calling for a phenomenological return to “the

things themselves,” meaning hearing and valuing patient perspectives as an invaluable part of mental health research and practice (Boyce, 2021).

As regards autism, its unique phenomenologies have been noted as of paramount importance in adapting psychotherapy for autistic individuals (Pantazakos, 2019). Koenig and Levine (2011, pp. 31–36) have highlighted both the positive prospects of psychotherapy for autism and the importance of phenomenology in realising such prospects, writing, “Given the unique phenomenology of individuals with ASDs, research-supported interventions will need modification and ongoing adjustments over time ... As psychotherapists, we may need to enlarge our conception of what ‘meaningful engagement’ means in order to include and best serve individuals with social disabilities, altering our previously established processes and rules for therapeutic engagement.”

Pantazakos and Vanaken have developed a proposal for neurodiversity-affirming clinical interventions for autism, which centres on phenomenological psychology and is especially focussed on psychotherapy. Within this approach, therapists are encouraged to pay due credit to the first-person experiences of autistic people and prioritise results meaningful in autistic terms. Importantly, this does not take the form of uncritically affirming the autistic client's cognitive, behavioural and emotional default modes. On the contrary, the therapist is free to pursue avenues that may push against what the client is used to, and to challenge them. Crucially, however, this process is continuously subject to a phenomenological evaluation, whereby procured results must be meaningful in the autistic client's own terms to justify unsettling the client. In this way, Pantazakos and Vanaken argue, space is made both for affirming the autistic self and for maintaining the sine qua non psychotherapeutic element of stimulating the client to transcend their comfort zone to their mental health's benefit.

This “phenomenological check” on therapy is materialised in two ways. First, psychotherapists are urged to familiarise themselves with typical autistic phenomenologies before working with autistic clients, becoming acquainted with frequent elements of the autistic self. Here, “elements of the autistic self” are not defined in terms of autistic behavioural, cognitive and emotional defaults. Rather, such elements are those that are associated with better mental health and/or subjective quality of life when affirmed and with worse mental health when individuals are pushed to act against them. For instance, stimming, avoiding eye contact and not pursuing socialising beyond a certain margin are all examples of frequent elements of the autistic self, not because they come naturally to many autistic people, but because ample phenomenological enquiries demonstrate that attempting to change these elements does not make for a more fulfilling autistic life (Pantazakos, 2019). Therefore, upon encountering elements that are known to be part of the autistic self within therapy, therapists are advised to take such elements as points of departure and the terms in which therapy must be articulated, rather than to steer therapy towards altering them.

Second, therapists are encouraged to employ phenomenological sessions nested within regular treatment sessions. Much as there is no unique neurotypical self, there is no unique autistic

self either, and thus, therapists will need to ascertain the meaningfulness of communication and intervention in individual terms. Pantazakos and Vanaken recommend interpretative phenomenological analysis (IPA) as the primary tool for conducting these phenomenological investigations. IPA, it is argued, is best suited to interrogating the meaningfulness of interventions for autism as it is based on a “double hermeneutic,” whereby it is the subject themselves who is making sense of their own lived experience, facilitated by the expert’s input. This will serve to both empower neurodivergent voices within the clinic and circumvent the aforementioned double empathy problem.

IPA has already been adapted for autistic participants regarding minimisation of distress (Huws & Jones, 2015) and accommodation of nonverbal autistic communication via, for example, drawings and photo elicitation (King et al., 2017). Moreover, IPA is seen as especially valuable when examining topics that are ambiguous, elusive and emotionally laden (Smith & Osborn, 2015), thus offering a way of navigating the autistic alexithymia problem within therapy. IPA enquiries, Pantazakos and Vanaken proffer, will be instrumental in discovering whether pursued therapeutic avenues are resonant with the client and, most importantly, whether they produce meaningful results from their own point of view. This suggests a way of circumnavigating the problems mentioned previously, by virtue of calibrating therapeutic stratagems to the capacities of the client. For example, as regards CBT, IPA enquiries are one of the best available alternatives for investigating whether cognitive restructuring is a sensible task for a given individual and whether it yields meaningful results for their mental life.

A couple of other recommendations can be advanced as part of this proposal, pertinent to the neurotype and training of psychotherapists. First, it seems natural to assume that bringing autistic phenomenology to bear on psychotherapy for autism will be aided immensely by the first-person experience of autistic psychotherapists. Such therapists are naturally posed to be acquainted with the autistic self and intuitively understanding of autistic clients. Therefore, expertise-sharing on behalf of autistic therapists will likely facilitate the successful neurodiversity familiarisation of neurotypical therapists. Second, there already exist several neurodivergent/neurodiversity-affirming therapist collectives (Neurodivergent Therapists, n.d.; Therapist Neurodiversity Collective, n.d.), though they remain far from integrated into the therapeutic canon. Funding such collectives and paying due attention to their research and insights will serve to bridge the current gap between the autism clinic and neurodiversity. Third, the training of psychotherapists to successfully work with autistic clients should not just be a matter of individual initiative and personal education, but a systematic and institutionally facilitated endeavour. Developing seminars, workshops and graduate programmes specifically focussed on attuning psychotherapists with the experience of neurodiversity and ways of navigating it within the clinic, as well as training psychotherapists in neurodiversity concepts such as the social model of disability, would be a substantial step in this direction.

**TABLE 1** Key recommendations for psychotherapists in practice and research.

Educate yourself in neurodiversity theory and the movement's positions on neurodiversity-affirming clinical interventions
Conceptualise your autistic client as a person whose mental health concern may be separable from their autism
Consider how your client may thrive <i>in autistic terms</i> rather than <i>despite</i> their autism.
Do not use a client as an ultimate source of information for directing therapy; instead, work with them phenomenologically, potentially using IPA, to find out what works best for them
Employ strategies that may challenge your client, unless there is robust phenomenological evidence that these strategies do not procure results experienced as meaningful from a first-person point of view.

## 6 | CONCLUSION

This critical review of the connections between autism and psychotherapy delivered four main conclusions. First and foremost, the autistic population faces a mental health crisis, which is yet not adequately and systematically addressed by the mental health system. Second, neurodiversity-affirming clinical interventions aimed specifically at the improvement of autistic mental health and subjective quality of life are of the essence in addressing this crisis. Third, psychotherapy seems ideally posed to address this issue, but its connection with autism is currently under-researched, and important challenges stand in the way of adapting psychotherapeutic schemes for autistic clients. Fourth, adjusting psychotherapy on a phenomenological basis and introducing systematic, neurodiversity-affirming clinical training of psychotherapists will be key in materialising psychotherapy’s adaptation for autism fruitfully (Table 1).

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### ENDNOTE

<sup>1</sup> This paper adopts the identity-first term “autistic individuals” to observe what seems to be the strongly preferred term by autistic adults themselves (Taboas et al., 2023).

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