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Come as You Are: Examining Autistic Identity Development and the Neurodiversity Movement through an Intersectional Lens

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Abstract
Singer intended for neurodiversity to be a new category of intersectionality. However, intersectionality has been neglected in autism research and practice. This paper aims to inform an intersectional approach to autism by exploring autistic identity development in relation to other marginalized identities. We reviewed literature about neurodiversity, intersectionality, discrimination, and the identity development of autistic people, racial/ethnic minorities, and gender and sexual minorities. We discuss minority stress and evidence that cultural traditions alleviate it. Autistic culture can reframe personal difficulties as a politicized struggle. While the stereotype of autism is one of withdrawal, the history of autistic people coming together for justice defies this notion. Intersectionality teaches us that we must understand differences *within* the autistic community if we wish to help all autistic people experience the dignity they deserve. Using an intersectional lens, we can become more flexible in our understanding of positive autistic identity development and strategies to promote it.

"We must, then, assume that these children have come into the world with innate inability to form the usual, biologically provided affective contact with people" (Kanner, 1943, p. 250). Thus concluded the paper that was erroneously lionized as the origin of the diagnostic category "autism" for over 50 years. Although increasingly critiqued (e.g., Jaswal & Akhtar, 2019), Kanner's assumption animated stereotypes about autism that were once so widespread that the first autistic people to share their experiences being autistic initially introduced themselves as "recovered" from autism (Pripas-Kapit, 2020). Over the last decade, we have learned that Kanner potentially plagiarized aspects of his "new" diagnostic category from Asperger and that Asperger sent autistic children to be "euthanized" on the basis of perceived burdensomeness in Nazi-governed Austria (Sheffer, 2018; Silberman, 2015). Asperger may also have plagiarized aspects of his account of "autistic psychopathy" from a paper written by a Russian female psychologist, Sukhareva, in 1925 (Zeldovich, 2018). Contemporarily, the diagnostic category "autism" is still reified within the DSM-5 as a social-communication disorder which *must* involve some degree of suffering, and which, according to some, should be prevented, cured, and eradicated (Chapman & Carel, in press; Jellett & Muggleton, 2021; Orsini & Smith, 2010).

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As we learn more about the twisted origins of the diagnostic category “autism,” it becomes increasingly unsurprising that many autistic people have called for a fundamental shift in how autism research and practice are conducted. A central premise of our paper is that autistic people have reframed the diagnostic category “autism,” once conceptualized as an innate inability to connect socially, into a *social identity* which they use as a rallying call for collective action, often under the banner of the neurodiversity movement (Kapp, 2020).

In the late 1990s, Singer (2017) and Blume (1998) coined the term *neurodiversity*, or the uniqueness of *all* brains, in an autistic-run online group, InLv (Dekker, 2020). “Just as biodiversity is essential to ecosystem stability, so neurodiversity may be essential for cultural stability” (Singer, 2017, loc. 1079). Singer intended for neurodiversity to be used as a new category of intersectionality, a term coined by Crenshaw (1989) to show that people with more than one marginalized identity (e.g., Black women) experience and lack legal protection from compounded forms of discrimination. By providing a framework to critique discrimination based on “neurological differences,” the term neurodiversity called forth a new rights-based movement, the neurodiversity movement.

The neurodiversity movement challenges the notion that autistic people experience innate social impairments, highlighting the relational nature of social difficulties and reframing autism as a valuable minority identity that needs no cure (Kapp et al., 2013; Kapp, 2020). Unlike the social model of disability, which attributes disability-related challenges *solely* to oppressive societal attitudes and structures, the neurodiversity movement frames neurological diversity as invaluable for societal progress and yet inherently challenging at times, meaning that autism can both be an identity, and an embodied disability with aspects of impairment (Bailin, 2019; Baker, 2011; Ballou, 2018).

The neurodiversity movement calls for recognition of the fundamental humanness of autistic people and the ways in which autistic people’s perspectives and rights continue to be disregarded and transgressed (Botha, 2021; Chapman & Carel, in press; Davidson & Orsini, 2013; Milton, 2012). It decries efforts toward autism eradication, calling instead for societal transformation to increase accessibility for all in a “Nothing About Us Without Us” tradition (Fletcher-Watson et al., 2019; Kapp, 2020; Nicolaidis, 2012). However, autistic people who are diverse in multiple ways, such as people with co-occurring disabilities and/or racial, ethnic, sexual, and/or gender minorities, may face unique barriers to full societal inclusion (Aylward et al., 2021; Iacono et al., 2022; Jones et al., 2020; Mallipeddi & VanDaalen, 2021; Peña, 2019; Singh & Bunyhak, 2019). Therefore, the often-limited degree to which autistic people with additional marginalized identities are represented by existing autistic and non-autistic advocacy efforts, research, and practice is a major concern.

Aims: Integrating Intersectionality, Neurodiversity, Minority Stress, and Identity Development

Our aim with this paper is to inform an intersectional approach to autism research and advocacy by exploring autistic identity development in relation to the development of other marginalized identities. We do this by integrating literature on intersectionality, neurodiversity, minority stress, and social identity development. Minority stress refers to the additional stress burden which minoritized individuals have to cope with, in addition to the general life stress everyone must process (Meyer, 2003). People with marginalized identities often experience socio-cultural disadvantages which both shape and are shaped by their identities. We aim to explore how oppressions, structural advantage and disadvantage intersect, diverge, and otherwise interact to produce commonalities and differences in the factors that shape identity development for autistic people and people who are marginalized in other ways in order to draw forth strategies for addressing structural inequalities that we can use to improve autism research, practice, and advocacy going forward. By doing this, we hope to highlight that we cannot understand autistic people without recognizing their multifaceted identities and the contexts that shape people and communities.

We believe that the sustainability and utility of the neurodiversity movement is reliant upon engaging deeply with other rights-based movements and communities to ensure that the complexity of human development at the intersections of multiple identities is both acknowledged and celebrated. It is vital to ensure that the neurodiversity movement does not become another analytical tool for disability and identity that is wrapped up in and reproduces white supremacy, cis-heteronormativity, classism, cisgenderism, or sexism. Emancipation from any system of oppression means working to undo all systems of oppression, because although they are in some ways distinct, they are inseparable, and work to maintain each other (Lorde, 2003).

To accomplish our aims, we reviewed and theoretically integrated literature about intersectionality, discrimination, and the identity development of autistic people, racial/ethnic minorities, and gender and sexual minorities. We used keyword searches on Google Scholar, PsychInfo, APAPsych (e.g., aut, race, ethnic, sexual, gender + identity, stigma, discrimination, intersectionality) and then expanded our web of inquiry through forward and backward searches from texts that provided potentially generalizable insights. Our literature review was far from exhaustive as some of the research traditions we hoped to understand were quite vast; we do not intend this to be a complete, systematic, or all-encompassing body of work, but instead hope for it to be a contribution (however minor), which begins to address the lack of intersectional action and thinking in autism research.

In the upcoming sections of this paper, we first explore intersectionality, as a core principle underlying this work, followed by neurodiversity and how it can be a lens for further consideration within intersectionality. Then, we explore the minority stress model as a way of understanding the cumulative effects of marginalization. Next, we draw key insights from literature about racial/ethnic socialization, sexual and gender identity development, and their intersections with one another. Lastly, we focus on autistic identity development, autistic culture, and autistic community using the previously introduced literature addressing marginalized groups to contextualize our insights about the development of autistic identity and the neurodiversity movement in particular.

Psychology has tended to both generalize and universalize experiences, overlooking systemic forms of oppression in general and intersectionality in particular (Coll et al., 1996). It has also been responsible for the perpetuation and maintenance of systems of oppression such as racism (Teo, 2011), homophobia (Mohr, 2009), genderism (Ansara & Hegarty, 2012), and ableism (Scully & Shakespeare, 2019); this responsibility necessitates radical change and adjustment. Therefore, in opening this paper, we first want to acknowledge that where we make comparisons, it is not in any way meant to generate false equivalences by overlooking how each identity is shaped by unique social, historical, and cultural factors (i.e., oppressions are not directly comparable, and it is both redundant and unethical to equate the experience of racism and ableism). It is redundant because oppressions, while intertwined in each other, have evolved with unique contexts and historical traumas, meaning that while the surface level outcome from oppression may appear similar (e.g., health disparities), the root of them is not the same because of unique social and cultural contexts. Direct comparisons are unethical because they ignore how one can experience multiple forms of marginalization (Hooks, 1981; Whitfield et al., 2014; Young-Bruehl, 1998), the unique way marginalized identities compound to create experiences, and lastly, because they can be used to erase the complicity of one minority group subjugating another (racism in the LGBTQI+ community or transphobia in the Disability community), whereby people equate experiencing one form of oppression with another, to silence other minorities. Instead, we aim to highlight the (often-ignored) complexities faced by autistic people who are also additionally disabled, Black, people of color, gender and/or sexual minorities, or from low-income backgrounds. The literature for autistic people from these communities is sparse (as highlighted in recent reviews by Mallipeddi & VanDaalen, 2021; Moore et al., 2022), so it is important to draw from the vast literature that exists elsewhere.

Introducing Intersectionality

Intersectionality "is a lens through which you can see where power comes and collides, where it interlocks and intersects" (Crenshaw, 2018, para. 5). It is the stories we tell about who we are individually and collectively (Yuval-Davis, 2006). An understanding of intersectionality is always rooted in specific social, historical, and cultural contexts (Strand, 2017). Indeed, the very idea of intersectionality drew from a history of advocacy by people who experienced intersectional marginalization. For example, Sojourner Truth's "Ain't I A Woman" speech in 1851 called for recognition and respect for the experiences of Black women. Intersectionality also served as a foundation for subsequent advocacy, including ongoing work to ameliorate the pronounced under-representation of Black autistic people and other autistic people of color in leadership roles (ASAN, 2021; Brah & Phoenix, 2004; Strand, 2017). Similarly, the term neurodiversity grew from a history of advocacy, such as the birth of the first autistic-led advocacy organization in 1992, Autism Network International (ANI; Sinclair, 2010), and sparked subsequent collective action, including the formation of the Autistic Self Advocacy Network (ASAN) in 2006.

We are not the first to point out that exploring intersectionality and neurodiversity in relation to one another can strengthen both while also supporting coalition building (e.g., Mallipeddi & VanDaalen, 2021; Strand, 2017). Although Crenshaw's early work did not explore disability as a dimension of intersectionality, it highlighted a key point that is increasingly recognized in work about autistic identity development (Botha et al., 2020): that marginalized identities are shaped by both domination and collective action to empower those who have been disempowered. For example, Crenshaw (1991) wrote:

> Race, gender, and other identity categories are most often treated in mainstream liberal discourse as vestiges of bias or domination––that is, as intrinsically negative frameworks in which social power works to exclude or marginalize those who are different. According to this understanding, our liberatory objective should be to empty such categories of any social significance. Yet implicit in certain strands of feminist and racial liberation movements, for example is the view that the social power in delineating difference need not be the power of domination; it can instead be the source of social empowerment and reconstruction. The problem with identity politics is not that it fails to transcend difference, as some critics charge, but rather the opposite—that it frequently conflates or ignores intragroup differences. (p. 1242)

According to Crenshaw, we must understand differences *within* marginalized communities if we wish to effectively engage in the type of collective identity making and advocacy that transforms an identity from a mark of stigma to a banner for collective action. A very common critique of the neurodiversity movement is that it fails to represent the full diversity of the spectrum (or within category variation). According to Baron-Cohen (2019), neurodiversity-aligned perspectives frame autism as a difference rather than a deficit and are applicable only to autistic people who face less severe challenges. In contrast, autistic people who are intellectually disabled, who have limited speech, and/or who experience pronounced comorbidities may require a medical model orientation where their form of autism is recognized as a "disease" rather than a "difference." In response, Bailin (2019), an autistic self-advocate, reminded Baron-Cohen that the neurodiversity movement recognizes intrinsic challenges associated with autism, as many neurodiversity advocates experience such challenges, and that co-occurring conditions should not challenge the applicability of the neurodiversity movement, but instead are embraced by it. At its core, neurodiversity is about the deserving dignity which should be afforded to all people despite neuronormative ideas of functioning and traditional constructions of independence and productivity.

Neurodiversity as a Lens for Intersectionality

As noted earlier, when Singer coined the term *neurodiversity*, she intended for it to be used as a new category of intersectionality. While there have been pockets of intersectional thinking in both the autism and autistic community[1] (Baggs, 2016; Barnett, 2017; de Hooge, 2019; Giwa Onaiwu, 2020; Hannon, 2017; Mallipeddi & VanDaalen, 2021; Mandell et al., 2007; Moore et al., 2022; O'Dell et al., 2016) with particular attention given to issues of representation of autistic people with co-occurring disabilities (e.g., Baggs, 2010; Chapman & Veit, 2020), the majority of the work in both communities has suffered from a lack of engagement with intersectional issues. Collectively, we are only beginning to grapple with the degree to which intersectionality has been neglected in autism practice, research, and activism (e.g., ASAN, 2021; Cascio et al., 2021; Jones et al., 2020). To date, the narratives and rhetoric surrounding autism and autistic people have been intertwined with a pervasive and persisting whiteness, cis-gender, middle-class, straight, maleness (de Hooge, 2019; Giwa Onaiwu, 2020; Wright, 2021). These are stereotypes that autistic people acknowledge and often feel trapped by (Botha et al., 2020).

Although the idea of neurodiversity has been adopted to varying degrees by other disability communities, for example, stuttering, dyslexia, mood disorders, anxiety, ADHD, intellectual and learning disabilities, and schizophrenia, who should be included within the neurodiversity movement remains highly contested (e.g., Chapman & Veit, 2020; Gillespie-Lynch et al., 2020). Ongoing debates about who the neurodiversity movement represents demonstrate the immense assumptions that go into attempting to make identity categories more homogenous. Attempts at homogeneity are often carried out by naturalizing differences or describing them as expressions of biological destiny (Yuval-Davis, 2006). Baron-Cohen is not alone in attempting to naturalize autism. Autistic self-advocates often embrace essentialist conceptions of autism, describing autism as arising from biological causes and reflecting shared brain differences (Kapp et al., 2013; Ortega & Choudhury, 2011). While the idea that autistic people share a "different type of brain" from others is intuitively appealing, attempts to find brain differences that are consistently associated with autism have been far from successful (Gernsbacher, 2015; King et al., 2019). Inconsistencies in the brain imaging literature are unsurprising given the vast diversity of autistic people and the limited number of people represented in early brain im-

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[1] Here, we define the autistic community as being only autistic people, while the wider autism community includes parents of autistic people, researchers, clinicians, and practitioners who work with autistic people and their families. This distinction is important because the autistic versus wider autism community can have different histories, goals and/or motivations.

aging studies. Recent large-scale collaborations suggest that small and individualized differences in the ways that the brains of autistic people are structured may only become apparent when the fact that autistic people are very diverse is accounted for in analyses (e.g., Floris et al., 2021).

The lack of a clear or singular biological basis for autism has led an increasing number of researchers to assert that the diagnostic category autism is, at least partially, socially constructed (Chapman, 2020; Grinker, 2015; Lord et al., 2020); that is, autistic people are grouped together by very real characteristics which have been assigned meanings that change across time and cultures. Thus, even if the focus on genetic etiology provides a specific set of genes that are predictive of autism (which it has not yet), one still could not understand autism without understanding how it is socially constructed.

This emerging recognition that autism is, at least partially, socially constructed moves our understanding of autism closer to intersectionality theory. As Crenshaw (1991) and others have noted, just because categories are socially constructed does not mean that they do not have a powerful impact on people's lives (e.g., money is a social construct that has a very powerful influence on people's lives). As many Black scholars have pointed out, the fact that race does not exist as a natural category in no way weakens the pernicious effects of racialization. In *Racecraft: The Soul of Inequality in American Life,* sisters Barbara J. and Karen E. Fields and Fields (2014) write:

> The more dutifully scholars acknowledge that the concept of race belongs in the same category as geocentrism or witchcraft, the more blithely they invoke it as though it were both a coherent analytical category and a valid empirical datum … Race belongs to the same family as the evil eye. Racism belongs to the same family as murder and genocide. Which is to say that racism, unlike race, is not a fiction, an illusion, a superstition, or a hoax. It is a crime against humanity. (pp. 100–101)

Through claims of biological determinism of intelligence, morality, and other characteristics, scientific racism has a long history of twisting data to categorize people who are not white as "separate" and "inferior" races (Gould & Gold, 1996)—a tradition which is rooted in eugenics and academically sanctioned (Teo, 2011). Not only is the research supporting these distinctions deeply flawed, the idea that race is hereditary is far from universal. For example, diverging strategies for maintaining white power over the large population of formerly enslaved people of African heritage in the United States and Latin America led to very different ways of thinking about race (Telles & Paschel, 2014). White people in the United States created laws to ban intermarriage and the "one drop rule" whereby people were considered Black if they had any African ancestry. In contrast, whites in Brazil encouraged intermarriage as a strategy to "dilute" the power of the large Black population. In Brazil, race was considered a relatively permeable category and people could rise in status by whitening themselves (e.g., individual mobility). Consequently, Brazilian people have been more likely to evaluate race based on the color of a person's skin, while people from the United States have been more likely to classify race based on information they receive about purported ancestry (Chen et al., 2018). Although these patterns are changing through contact and as Black consciousness movements rise in Brazil, they clearly illustrate the social construction of race (Davenport, 2020).

Intersectionality, Neurodiversity, and Resisting "Normality"

The idea that there is such a thing as a "normal" person or a "normal" path through development is also a socially defined construct (Fenton & Krahn, 2007). The idea of "normal," modern statistics, and eugenics share a common root. Sir Francis Galton, who coined the term eugenics, was the first to use statistics to study differences in human intelligence (Stephens & Cryle, 2017). He transformed the idea of "normal" from a state of dynamic functional health to a fixed statistical relationship. Early proponents of eugenics used vague and poorly defined conceptions of "normal" to advocate against immigration and for the forcible sterilization of people with disabilities, poor, and "immoral" people—a eugenic tradition which persisted with Herrnstein and Murray's 1994 text *The Bell Curve: Intelligence and Class Structure in American Life*. Its authors used a statistical distribution to determine who was "worthy" of full consideration within American society, and while not advocating for forced sterilization, argued for mandates and policy which indirectly controlled populations.

Similar generalizations about intelligence have been applied to autistic people. For years, autism researchers claimed that the majority of autistic people were "retarded" (Goldberg Edelson, 2006). Research led by an autistic scholar (who does not identify as a member of the neurodiversity movement) revealed that intelligence tests often vastly underestimate the intelligence of autistic people (Dawson et al., 2007). More recently, after substantial changes were made to the Wechsler Intelligence Scale for Children (a test often used to measure IQ in autistic children), the degree to which the revised measure also underestimated autistic intelligence was tested and the researchers found that it continues to underestimate autistic children's intelligence (Nader et al., 2014). Beyond this, attempts to hierarchize the intelligence of groups of people are fundamentally at odds with Binet's intention in developing his IQ test anyway. His original intention was to identify children who would benefit from special education. Binet cautioned that his IQ scale does not measure intelligence itself "because intellectual qualities are not superposable, and therefore cannot be measured as linear …" (as cited in Gould & Gold, 1996, p. 181). He was justifiably worried that people would use his measure to assign people to supposedly natural categories rather than for his intended purpose of helping educators effectively teach their diverse students. Further, recent mixed-method research investigating autism researchers' attitudes towards autistic people found that, for some researchers, perceived IQ and/or dependence on support for activities in daily living was a key indicator of the value of a person (Botha & Cage, in preparation), meaning that important moral judgements are drawn from this problematic and erroneously used concept.

Rather than oversimplifying complicated constructs like autism, race, or intelligence into binary natural categories, intersectionality attempts to understand how different identity dimensions, each of which has its own unique and culturally specific history, enmesh and co-construct one another and the stories we tell about who we are as individuals and collectively (Yuval-Davis, 2006). In *Anatomy of Prejudice*, Young-Bruehl (1998) argues that psychology's search for one root cause for all forms of prejudice was doomed from the start because each form of prejudice arises from different motivations and has different consequences. She asserts that the idea that there is a generalized underbelly to all forms of prejudice (e.g., Allport's work) is rooted in a research tradition driven by men which has overlooked the unique history of each form of prejudice, as well as people who are affected by multiple prejudices and victims of prejudice who discriminate against others. Similar critiques of the applicability of theories of development derived from primarily male samples have emerged across many communities, including the LGBTQI+ community and the autism community (Bilodeau & Renn, 2005; Strang et al., 2020).

Autistic People, Intersectionality, and the Many Axes of Marginalization

Intersectionality takes into account how the complex and multifaceted nature of people's identities, including other disabilities, race, ethnicity, gender, sexuality, and class, impact experiences and development across the lifespan. Diagnoses and support can hinge upon these intersecting identities to produce unique, intersecting, interactional, and additive spaces of marginalization. Autistic people of color, women, trans and/or non-binary people, and people with fewer resources are underdiagnosed, under-served, and underrepresented (Durkin et al., 2017; Strang et al., 2020). Biases contribute to these inequalities. For example, autistic females may be under-identified partially because they express autism differently than males; females may exhibit greater social motivation and/or less obvious "restricted and repetitive" behaviors and interests than autistic males (Whitlock et al., 2020); yet this is not suggestive of a "female autism phenotype" necessarily, and instead a failure of research to truly appreciate the vastness of the autistic community across intersections of gender, meaning that when we think of "autism," we tend to only think of cisgender boys and men.

In the United States, where Black children are more likely to be labeled with stigmatized and racially charged diagnoses than white children (Fadus et al., 2020), Black children are much more likely to receive a stigmatizing diagnosis like conduct disorder prior to receiving an autism diagnosis than white children (Mandell et al., 2007). Some, but definitely not all, racial/ethnic differences in access to an autism diagnosis in the United States are attributable to differences in socioeconomic status (Durkin et al., 2017). Similarly, in the United Kingdom, children of ethnic minorities and/or children from less educated families were less likely to receive an autism diagnosis than others (Kelly et al., 2019).

Intersectionality should not only be considered in terms of access to diagnosis, but across the entire lifespan, and in light of the co-occurring conditions and identities autistic people are more likely to experience. Medical racism can pervade clinical practice and determine the quality and type of care received (Dovidio & Fiske, 2012). Partially due to difficulties accessing responsive health care (Nicolaidis et al., 2015), autistic people face heightened likelihood of early mortality (Hirvikoski et al., 2016), chronic physical health conditions (Weir et al., 2021), and poor mental health (Lai et al., 2019). In a population-based cohort study, autistic people were more likely than their non-autistic peers to experience early mortality at a mean age of between 53 and 58 years compared to a mean age of 70 years from causes ranging from suicide to endocrine, circulatory, nervous system, and digestive disorders (Hirvikoski et al., 2016). This aligns with findings from a study of 2,368 people (of which 1,156 were autistic) which found that autistic people were more likely to have non-communicable disease including, but not limited to, cardiovascular disease, type 2 diabetes, and arrhythmia (Weir et al., 2021). Furthermore, autistic people are more likely to have depression, anxiety, and post-traumatic stress disorder (Lai et al., 2019).

Autistic people are also more likely to be a sexual minority (meaning that they do not, or at least do not exclusively, desire sexual partners of a different gender), for example, lesbian, gay, bisexual, trans, queer, pansexual, or asexual, and/or a gender minority (meaning that their gender identification does not align with the typically binary sex they were classified into at birth), for example, trans and/or non-binary. Ableism can be a unique barrier for disabled people looking for gender-affirming care; autistic people may have their gender identity dismissed specifically because of being autistic. For example, some researchers argue that gender presentation may simply be a manifestation of "restrictive and repetitive thinking" and advocate not necessarily affirming the autistic person's gender (Parkinson, 2014). Indeed, trans autistic people face greater barriers accessing gender-affirming care and are more likely to have engaged in self-harming or suicidal behavior than non-autistic trans people (Strauss et al., 2021). These elevated mental health difficulties are particularly concerning given that trans people are already at much higher risk for mental health issues than the general population (Scandurra et al., 2021), as will be discussed in more detail in the next section.

The Minority Stress Model

"Minority stress" refers to the cumulative effect of many types of social stressors relating to the social marginalization experienced by minority groups, in addition to the everyday stress of life experienced by the general population (Meyer, 2003). This excess stress burden can result in health inequalities due to chronic stress strain. The term sexual minority stress was first coined by Virginia R. Brooks (1981) who conceived of minority stress as a "culturally sanctioned, categorically ascribed inferior status, resultant prejudice and discrimination, the impact of these forces on the cognitive structure of the individual, and consequent readjustment or adaptational failure" (p. 84). Brooks focused on the systemic disadvantage afforded to lesbian women who were in "chronic jeopardy of reaching the upper limits of their adaptive range owing to excessive and persistent stress and to the absence of substantial mediating resources, which would sufficiently reduce the condition of chronic stress" relative to heterosexual women (p. 84). In doing so, Brooks challenged heteronormative biases which assumed that negative health outcomes for sexual minorities arose from sexuality-based pathology (Rich et al., 2020).

Sexual minorities (for example) are exposed to a panoply of forms of discrimination, including heteronormativity, homophobia, biphobia, and queerphobia, which are associated with worse mental and physical health, including higher suicidality (Kiekens et al., 2020; Lick et al., 2013). Trans and/or non-binary people (as well as Intersex people, also known as people with variable sex characteristics) experience pervasive gender normativity, transphobia, and exorsexism (the assumption that gender and sex only exist in a male/female binary). Greater exposure to these minority stressors is related to worse well-being, higher psychological distress, and suicidality (e.g., Bockting et al., 2013).

The minority stress model distinguishes between distal and proximal minority stressors (Meyer, 2003). Distal stressors are events such as discrimination, victimization, or stigmatization, while proximal stressors are internalizing processes involved in processing and responding to these stressful events, including concealment of a minority identity, the expectation of rejection which minorities can become embroiled in, and internalization of stigma. According to Rich et al. (2020), Brooks (1981) also included systemic economic marginalization as a contributor to well-being.

Minority stress literature was advanced by Meyer, who built upon it with a far-reaching body of work, first examining its applicability to gay men (Meyer, 1995), and then to the wider group of sexual minorities (e.g., Frost et al., 2020). The minority stress model has been used across a wide array of studies as a critical lens to understand the health inequalities experienced by sexual, gender, and racial/ethnic minorities (e.g., Bränström & Pachankis, 2021; Erving et al., 2019).

Importantly, the minority stress model also focuses on coping strategies that minorities and their communities utilize to cope with the additional stress burden (Meyer, 2003). Meyer notes that a focus on individual and collective coping strategies is rooted in social identity theory (Tajfel et al., 1979). Social identity theory starts from an obvious supposition that people want to feel good about who they are, and describes the strategies people use to accomplish this. These include individual strategies aimed at social mobility, which involve separating oneself from the marginalized group so as to realign themselves (like the whitening Black people in Brazil were encouraged to demonstrate) and collective strategies aimed at social change in which one associates more with the marginalized identity, forming a collective or group which reframes an identity to be positive (like the neurodiversity movement). Strategies marginalized groups can use to enhance their collective self-esteem include redefining what is desirable, being selective in which out-groups they compare themselves to, and/or directly advocating for justice.

Perhaps the reader has noticed some commonalities between this description of the strategies and consequences of collective identification and the neurodiversity movement. Indeed, the minority stress model has also been applied to autistic people; in a sample of 111 autistic people from around the world, exposure to both distal and proximal minority stressors predicted worse social, emotional, and psychological well-being, as well as higher psychological distress, and explained a high proportion of well-being and distress scores (Botha & Frost, 2020). Interestingly, both higher outness (disclosure to family, peers, colleagues, and healthcare workers) *and* higher concealment (masking autistic behaviors) were associated with significantly worse well-being in this cross-sectional analysis––a finding aptly clarified in a qualitative study where an autistic participant said that when you are autistic, you are "damned if you do, or damned if you don't" (Botha et al., 2020). This "double-bind" highlights that autistic people cannot escape minority stress by simply attempting masking, hiding, or withholding disclosure, because that has its own unique cost.

It is important to understand that this is not unique, and that a "double-bind" has also been documented in sexual minority and trans and/or non-binary communities. By understanding how minority stress manifests for people who are sexual and gender minorities, we can begin to build a strong theoretical base for understanding how autistic sexual and/or gender minorities might experience the intersections of these identities. An online study of 373 LGB people revealed that both outness and concealing one's LGB identity were associated with heightened symptoms of depression (Riggle et al., 2017). In contrast, LGB-specific authenticity (e.g., inner peace about and feeling able to be honest with others about one's LGB identity) was associated with higher well-being, fewer depression symptoms, and lower stress. In a study of 7,816 LGBT secondary students in the United States, outness was associated with higher victimization but greater self-esteem and lower depression symptoms (Kosciw et al., 2015). Lastly, an innovative study examined associations between structural stigma (or lack of protections for trans people under the law) and life satisfaction among 6,771 trans people from 28 EU countries showing that higher country-level structural stigma was associated with lower life satisfaction, largely through concealment (Bränström & Pachankis, 2021). The authors noted their lack of attention to intersectionality in analyses as a limitation.

Minority Stress: Intersectional, Interactional, and Additive

Like autism research, early research about sexual and gender minorities did not examine intersectionality (e.g., Fassinger & Miller, 1997). More recent work has revealed some evidence that LGBTQ+ people of color may face compounded discrimination relative to white LGBTQ+ people and that this is both intersectional and additive (Kisler, 2013). This means that there can be unique interactions between minority stress from different identities, but also overall that increasingly minoritized status confers increasingly higher stress burdens (Kisler, 2013; Szymanski & Gupta 2009). For example, a qualitative study with 19 Black lesbians showed that they rarely discussed sexism without also addressing racism (Bowleg et al., 2003). A study with 1,093 transgender people in the United States revealed that trans people of color, younger trans people, and people of lower socioeconomic status reported heightened discrimination based on their gender identity relative to white trans people (Bockting et al., 2013). Family and peer support and pride in one's trans identity were all associated with better mental health.

Furthermore, a study conducted with 3,854 participants in the United States revealed that LGBTQ+ people of color reported heightened LGBTQ+ discrimination relative to white LGBTQ+ people (Whitfield et al., 2014). Mallory and Russell (2021), in a study of 476 LGB youth, found that youth who reported high LGB victimization experienced stronger associations between racial discrimination and depression than young people who faced less LGB victimization. In contrast, racial discrimination and LGB victimization contributed to suicidal ideation in an additive rather than a multiplicative manner. Furthermore, a longitudinal study of 170 Black, Latino, and multiracial gay and bisexual men found that the interaction between racial discrimination and gay rejection sensitivity explained higher levels of emotional regulation difficulties, which in turn predicted higher symptoms of anxiety and depression at 6 months (English et al., 2018).

These findings support additive, interactional, and intersectional effects of multiple marginalized identities. Collectively, these findings point to the need for autism research to not only address the (many) identities which autistic people may have individually but also to consider unique intersections that these identities combine to form, including the additive and interactional impacts thereof.

Potential Conflicts with the Minority Stress Model

Despite a great deal of evidence for the minority stress model, there are conflicts with the model. Both attitudes towards LGBTQ+ identities and laws to protect them have improved over time in the United States, and sexual and gender minorities are "coming-out" earlier now than they did in the past (Meyer et al., 2021). Yet, a cohort study with 1,518 participants in the United States revealed that these progresses are associated with *increasing* rather than decreasing psychological distress and suicidal ideations among younger LGBTQ+ people (Bishop et al., 2020). Older cohorts reported more violent forms of discrimination, yet the younger cohort reported more everyday discrimination, but also greater connectedness to the LGBTQ+ community. More participants in the younger cohort identified with non-monosexual identities (e.g., pansexual or queer) which may confer different minority stress burdens due to a less clear collective identity and/or discrimination from both straight and gay communities (anti-bisexual prejudice as well as homophobia; Dyar & London, 2018). Russell and Fish (2019) suggested a "developmental collision" wherein historical improvements in acceptance have encouraged LGBTQ+ youth to come out earlier, which means that young people are now coming out during a developmental stage when the pressure to fit in is particularly intense and coping mechanisms are weak.

In his early work, Meyer (2003) pointed to another surprising set of findings which did not align well with his model, known as the Black-white mental health paradox. Despite growing up in a very racist society (Anderson, 2016) and being subject to high levels of minority stress, Black people in the United States experience similar or lower rates of mental health difficulties than white people. For example, a study with 6,688 non-Hispanic white and 4,584 Black participants revealed that Black participants were less likely to be diagnosed with a range of mental health conditions than white participants (e.g., depression, anxiety, and social phobia; Erving et al., 2019). However, Black participants, particularly women, were more likely to experience PTSD. Unexpectedly, evidence of fewer mental health diagnoses was apparent among both Black men and women and, adjusting for socioeconomic status, *increased* the Black mental health advantage. Possible explanations for the advantage include habituation to heightened stress (Tobin, 2021) and increased community support (Meyer, 2010). Perrin et al. (2020) developed a minority strengths model to explore the varied strengths that minority communities may use to withstand stigma, including social support from family and peers, pride in one's personal identity, and collective identity. Although none of the potential mechanisms put forth to explain the Black-white mental health paradox have adequate evidence to be conclusive, evidence suggests that racial/ethnic socialization may prepare Black youth to cope with anticipated stressors (Pamplin & Bates, 2021). This process itself, while protective, is disturbing because white supremacy should not be something families should *need* to prepare future generations for; in essence, this should not be the world Black people are born into.

Identity Development

Racial/Ethnic Identity Socialization

Perhaps due to a lack of intersectional consideration, the stereotypes associated with autism (as a white, male, cisgender phenomenon), and because of white supremacy, little literature has addressed identity development in Black autistic people or other autistic people of color. Intersectionality demands understanding that autistic people also have racial/ethnic identities which they are racialized into through social and cultural processes. Racial/ethnic identity is a multidimensional construct that includes one's attitudes and thoughts about racial/ethnic group memberships and the processes by which one arrives at them (Umaña-Taylor et al., 2014). Typically, racial/ethnic minorities are born into a community of others like them, whereas for sexual and/or gender minorities and autistic people, other people in the family might not share their identities. This may have important implications for material outcomes, including for Black and/or other people of color who are autistic. The communities and networks racial/ethnic minorities are born into may protect youth from some of the effects of oppression, as a collective way of resisting white supremacy (Coll et al., 1996). Warm and close relationships with family have been associated with more well-developed racial/ethnic identity.

A number of theories have been proposed for racial identity development, including Cross' 1971 stage theory of nigrescence (Cross Jr., 1971) wherein racial minority young adults experienced a consciousness-raising encounter which sparks a conflict between their old and new self, and then commit themselves to their Black identity, with its culture and challenges, thus achieving self-actualization despite oppressive circumstances (discussed by DeCuir-Gunby, 2009). Racial/ethnic socialization is a set of mechanisms through which family members transmit knowledge, values, and perspectives about minority identities to their children (Hughes et al., 2006). In response to structural inequality which can profoundly impact the development of ethnic-minority youth, families may develop goals, values, attitudes, and behavior that distinguish them from the dominant culture (Coll et al., 1996). Racial/ethnic socialization can include teaching young people about their culture and history to impart traditions and promote pride.

Family members often prepare racial/ethnic minority children to function in multiple realms, including those where the child's cultural heritage will *not* be respected (Coll et al., 1996). Parents for whom race and/or ethnicity is a central part of their own identity and those who have experienced increased discrimination are more likely to engage in racial/ethnic socialization. Racial/ethnic socialization has been associated with identity exploration, more positive attitudes toward one's racial/ethnic identity, group-oriented behaviors, and active rather than passive responses to discrimination. Although evidence remains insufficient, racial/ethnic socialization may be a key factor contributing to the Black-white mental health paradox––the collective agency and resistance of communities who have been combating white supremacy and imperialism for centuries.

Research with First Nations people in Canada similarly shows that while they experience high rates of youth suicide, socialization into a shared culture is a key factor promoting positive outcomes for racial/ethnic minorities (Chandler & Lalonde, 2009). The First Nations communities of Canada are diverse, with radically different languages and belief systems and histories of interactions with neighbors and colonizers. Chandler and Lalonde (2009) hypothesized that a pattern was hidden under apparently random differences in suicide rates across communities, or that suicide rates were lower among First Nations communities that had developed strategies to promote cultural continuity in the face of change (e.g., cultural centers and self-governance). This was based on the insight that identity development involves both a series of ruptures with the past and a desire to believe in a continuous sense of self. To be able to envision a future after these ruptures, he believed that young people need something stable to return to, or community traditions. Data from 29 tribal councils revealed that First Nations communities that had lost touch with their cultural traditions had much higher rates of youth suicide than communities that had maintained an empowered collective identity, and that differences were not attributable to variations in poverty.

Wexler et al. (2009) used Chandler's work and research about the experiences of young people in two war-torn regions, Bosnia and Palestine, to assert that group affiliation can provide a narrative that allows people to reframe personal difficulties as a collective and politicized struggle. Although the war in Bosnia was more deadly than the first Intifada in Palestine, Bosnian youth were blindsided by the conflict (Barber, 2008). Suddenly, their Serbian neighbors started trying to kill them, even though many had not even been aware of ethnic and religious differences between themselves and their neighbors. In contrast, Palestinian youth gained a historical perspective for the conflict with Israel from those around them which gave them a framework with which to interpret the violence. Palestinian youth were more politically involved and expressed more self-efficacy and belief that their contributions to the conflict were meaningful than Bosnian youth. Wexler interpreted this pattern, in conjunction with Chandler's finding that the loss of cultural traditions led to increased suicide, as evidence that research about responses to discrimination must recognize that the impacts of trauma are very context specific, and a key context to consider is the availability of cultural traditions to support collective meaning making. He asserted that a politicized identity can give young people ways to understand their own experiences of trauma as part of a collective struggle for justice. According to Wexler, resilience is far from a one-size fits all classification. Instead, it is a context-dependent process of interpreting experiences and drawing from collective wisdom in order to develop a sense of shared purpose. But the development of identity and resilience may be very different for people who share a minority identity with their families and other people in their communities, as racial/ethnic minority youth usually do, than it is for sexual and gender minorities and autistic people who may be the only person like them in their family or community.

Sexual and Gender Minority Identity Development

As noted earlier, autistic people are more likely to be sexual and/or gender minorities, which has implications for understanding outcomes for autistic people. In this section, we first discuss the background of sexual and gender identity development and then also make reference to the intersection between racial/ethnic minorities, gender, and sexuality. Like autism, homosexuality and transsexuality were once considered diagnostic categories. Homosexuality was removed from the DSM in 1973, seven years before autism and gender identity disorder (or incongruence between one's assigned sex at birth and one's gender) joined the DSM as their own diagnostic categories (Bilodeau & Renn, 2005). Also, like autism (and unlike race-ethnicity), identities as sexual and gender minorities are not necessarily visible (further they are made invisible by societal structures); this puts them on a spectrum of concealability (which as discussed earlier has implications for health and well-being). Goffman (1963) asserted that people with visible stigmas manage *situations*, while people with invisible stigmas manage *information* about themselves.

Original research on sexual identity development proposed a linear development of homosexuality, which began with denial and suppression, moved through gradual acceptance and exploration, until the grand finale of coming out as gay. But, early research about the development of sexual minority identities was based on small samples of mostly white men (Bilodeau & Renn, 2005). Research increasingly revealed this process to be much more variable and context dependent; for example, many LGB women did not experience a final commitment to one sexual identity, while identities continued to evolve even among those who had come out (Diamond, 2006). The broader the literature has become, the more we have come to conceptualize sexual identity processes as fluid and complex (Jamil et al., 2009). The associated idea that development is a linear path toward an ideal endpoint (e.g., coming out) was increasingly critiqued as an oversimplification rooted in failure to distinguish between personal and collective identities and lack of attention to intersectionality (Parks et al., 2004). This is especially the case given that not everyone has a social context in which they can "out" themselves as a gender or sexual minority, or might exist within some contexts as out, while preserving a contrary image elsewhere for protection.

Research with LGBTQ+ youth of color revealed that their LGBTQ+ and racial/ethnic identities developed concurrently but largely independently of one another (Jamil et al., 2009). Racial/ethnic identity development typically involved becoming aware of one's cultural heritage from others, while sexual identity development was initially a more private affair, involving learning from one's fantasies, discovering one's sexual orientation, and connecting to the associated community (not necessarily in that order). While family members helped LGBTQ+ youth of color understand and feel pride in their racial/ethnic identity, community-based organizations, peers, and the Internet often served as the primary sources of information about their LGBTQ+ identities (Moore et al., 2020). However, LGBTQ+ youth of color may face challenges connecting to LGBTQ+ communities due to heterosexism in their racial/ethnic communities and racism in white-led LGBTQ+ communities, showing the complex interplay of having multiple identities.

While early-stage models viewed sexual exploration as the foundation for LGB identities, more recent research has revealed that the relative order of sexual identity milestones, such as awareness of same sex attractions, sexual experimentation, and coming out, is highly variable (Bishop et al., 2020). Younger generations (and women) may be more likely to self-identify as LGB *before* exploring sexual activities with others. Race/ethnicity is not consistently related to the timing of most sexual identity milestones. Rosario et al. (2004) found that Black LGB youth did not differ from white youth in the timing of sexual milestones but disclosed their LGB identity to fewer people. Grov et al. (2006) also observed no racial/ethnic differences in the timing of milestones, though people of color were less likely to be out to their parents. Younger cohorts (and males) tended to come out earlier than older cohorts. More recent work indicates that LGB youth of color remain less likely to be out to their families than white youth (Balsam et al., 2015; Moskowitz et al., 2021). Perhaps because they already have experience with one minority identity (Parks et al., 2004), Black and Latinx LGB youth may recognize their same sex attractions earlier than white youth (Bishop et al., 2020; Haltom & Ratcliff, 2021).

Autistic Identity Development

Research about autistic identity development is relatively new; for so long autism was categorized as antithetical to having rich social worlds. Thus far, it has generally ignored intersectionality. Samples are usually predominantly white (e.g., Frost et al., 2019; Hickey et al., 2018). Particularly in earlier work, race/ethnicity was often not even reported (e.g., Humphrey & Lewis, 2008; Jones et al., 2013). Autistic people face challenges making meaning of their diagnosis or neurology within a neurotypically-oriented world; this often involves balancing how one sees themselves versus how they believe society as a whole sees them, which are often at odds with one another (Botha et al., 2020). For example, 10 autistic young people described trying to reduce stigma while also reporting a sense of pride in their autism-related abilities and/or communities (Jones et al., 2015; Mogensen & Mason, 2015). In contrast, autistic students with primarily negative views express a strong desire to be "normal" (Humphrey & Lewis, 2008), while adults who might be categorized as displaying internalized ableism try to dissociate from other autistic people by focusing on the ways in which they are not "like" other autistic people (Botha et al., 2022). Support from others is often associated with more positive perspectives about being autistic (e.g., Crane et al., 2020; Hickey et al., 2018; Humphrey & Lewis, 2008; Jones et al., 2013; Tan, 2018).

The primary benefit of learning one is autistic is the potential to connect: to the self, to people, to support, and to the world. Learning one is autistic provides the chance to understand the self as autistic and not as a broken neurotypical, which can empower people to explore and nourish their own self-identities. Knowing one is autistic can open opportunities for connections with other autistic people (Hickey et al., 2018) who might share similar norms and values with regard to sociality. This knowledge can help people understand the different needs they might have. Self-understanding is often the first step toward seeking the support needed to fully experience society and life. By recognizing oneself as autistic and as having autistic needs, one can connect with communities that can help guide one towards ways of fulfilling these needs. Realizing one is autistic can provide connection to autistic communities, or invisible autistic infrastructures full of knowledge about navigating neurotypical society and systems to achieve desired outcomes (Ryan Idriss, 2021). Autistic people often feel more comfortable expressing themselves around other autistic people (Crompton et al., 2020). Autistic people find community by sharing experiences with other autistics (Jones et al., 2013).

However, autistic people do not always feel connected to an autistic community and may avoid participating in groups that require disclosing a diagnosis (Frost et al., 2019). Eight LGBTQ autistic university students expressed fluid and context-dependent variations in their pride/shame and willingness to express their identities (Miller et al., 2020). Some students sought out online communities where they felt that they could more fully explore the complexity of their identities. Others reported a need to "pass" as "normal." Autistic people often attempt to camouflage autistic traits, with detrimental effects on mental health (e.g., Cage & Troxell-Whitman, 2019; Hull et al., 2017).

Autistic identity development is also often made difficult in that it may already be happening prior to autistic people having words for it; parents might withhold the information, the person might not have a diagnosis or enough information to know that they are autistic, and yet they may still internalize societal messages about their behavior. Indeed, autistic people have described an enduring sensation of being bad, wrong, or out of place before having the words to be able to describe their autisticness (Lewis, 2016). Many autistic people do not receive their autism diagnosis until adulthood (Fusar-Poli et al., 2020). The experience of receiving an autism diagnosis as an adult often has a strong and complex emotional impact, which can include both relief and shock (Huang et al., 2020). By providing a new interpretive lens, an autism diagnosis can confer self-understanding, self-compassion, and coping strategies, yet also involves a complete overhaul of the more silent processes of identity building, which have been happening in the background through the imposition of prevalent social and cultural norms. Many people diagnosed as adults interpret autism as a positive difference. However, people also describe difficulty adjusting to their new identity, increased susceptibility to discrimination, feelings of low self-worth, and grief for their pre-diagnosis self (Leedham et al., 2020).

Parents may wait to tell a child that they are autistic until they feel the child is "ready" (Smith et al., 2018). This delay can lead to shock, disappointment, and disbelief (Huws & Jones, 2011). Parents indicate that talking openly with children about autism promotes self-understanding and coping strategies (Smith et al., 2018). However, parents also express difficulty processing their child's diagnosis and concerns that their child will not understand, that the diagnosis could confer stigma, and/or harm their child's self-image and mental health. Unlike non-autistic parents, 34 autistic parents in an online study did *not* focus on potential negative impacts of disclosure (Crane et al., 2021). They indicated that their lived expertise about autism gave them heightened empathy for their autistic children, contrasting their everyday discussions with their children about autism with the more deficit-oriented approaches used by professionals. Autistic parents recommended telling a child they are autistic as soon as possible, emphasizing that honesty promotes better mental health and self-understanding. Autistic college students have also reported that learning they were autistic helped them understand themselves (Huws & Jones, 2011). Autistic adolescents whose parents talked to them openly about being autistic tended to describe themselves and autism more positively than teens whose parents did not tell them or did so involuntarily (Riccio et al., 2021). Learning one is autistic earlier in development may be associated with better psychological outcomes in adulthood (Oredipe et al., in press). Strongly identifying with autism as an identity has been associated with both collective and personal self-esteem (Cooper et al., 2017).

Autism as a Collective Identity and Culture

A community can be defined as a collective identity which reflects ideological and affective solidarity (Frost & Meyer, 2012). Communities fulfill the potentially innate human need to belong, providing meaning and well-being (Lambert et al., 2013). It is important to differentiate between the "culture of autism" and "autistic culture" as well as the "autism community" and the "autistic community" as they often denote competing conceptualizations (Farahar, in press). The culture of autism often represents the pathologized paradigm of autism as a disease or disorder which aims to combat and defeat "autism." It often talks about "autism" as a disembodied entity that can be removed from the individual or understood in a social vacuum (McGuire, 2016) and describes autistic behaviors as "symptoms." This culture often leaves autistic people vulnerable to social isolation, including from other autistic people, because it fosters a sense of internalized stigma (Botha & Frost, 2020; Farahar, in press). The autism community in this context includes everyone, autistic people, autism researchers, practitioners, families of autistic people––anyone concerned with the concept of "autism." The goals of the autism community defined like this tend more often (but not always) to align with the earlier described "autism movement" which often seeks to remediate autism (Orsini, 2009).

According to Farahar, autistic culture defines autistic people not by their "symptoms" but by their shared experience as a minority group (Botha & Frost, 2020; Straus, 2013). Through autistic culture, one can develop a positive identity based on an understanding that autistic people are deserving of acceptance, accommodation, and support––distinct from the interventions and attempted cures often thrust upon autistic people in wider autism culture (Farahar, in press). The autistic community, in this sense, is made up *only* of autistic people, rather than the researchers, non-autistic parents, caregivers, or practitioners who have often traditionally had a lot more control of the narrative than autistic people themselves. Autistic culture often aligns with the "autistic movement" which focuses on the place of autistic people within a disabling society (Orsini, 2009). Importantly, while the autistic community is made up only of autistic people (regardless of their perspective), the autistic movement is grouped together by a shared ideological stance towards autistic people, meaning that non-autistic researchers, parents, or others can be included (Orsini, 2009).

While the stereotype of autism is one of social withdrawal, the vibrant history of autistic people coming together to support one another defies this notion (Kapp, 2020). While there is a dearth of literature focusing on autistic community or autistic culture, what does exist points to a network of like-minded people who are determined to secure a better future for autistic people (Botha et al., 2022; Kapp, 2020). Ryan Idriss (2021) describes what they observed in an ethnographic project investigating an autistic community group as an enduring "autistic sociality" of people coming together to build an "invisible autistic infrastructure" of support. This is something that confounds deficit-based, reduced Theory of Mind understandings of autism which construct autistic people as inherently socially disordered or withdrawn. Like any other minority community, regardless of how little it is acknowledged in formal systems, the autistic community has created cultures and "invisible" infrastructure which works constantly to meet the needs of this minority group.

The roots of the autistic community are said to have started in the 1980s with autistic adults coming together to seek the advancement of autistic rights, equal educational opportunities, and fair access to work (Ward & Meyer, 1999). This coming together was a precursor to the establishment of the ANI in 1992 which was founded by and for autistic people and operated mainly over the Internet (Bagatell, 2010; Sinclair, 2010). ANI began first as a newsletter and pen pal list, followed by a shared forum. People would often travel vast distances to meet as a group in someone's home for a few days at a time. Sinclair (2010) has described the power of this:

> Some autistic people have written moving, dramatic accounts of immediately feeling "at home" among other autistics, having a natural sense of "belonging," and recognizing other autistics as "their own kind" of people (French, 1993; Williams, 1994; Cohen, 2006). My own words to describe the 1992 visit … during which ANI was founded were "feeling that, after a life spent among aliens, I had met someone who came from the same planet as me." This "same planet" metaphor, along with metaphors about "speaking the same language" ... are very common descriptions used by autistic people who have had this experience of autistic space. One participant ... summed it up saying, "I feel as if I'm home, among my own people, for the first time. I never knew what this was until now." (Challenges and Opportunities, para. 1)

Indeed, in a qualitative study investigating the experience of autistic community connectedness with 20 autistic adults, participants described an immense feeling of belonging with other autistic people, which they did not tend to experience with non-autistic people, as well as a social and political connectedness to the autistic community (Botha et al., 2022). While participants experienced a belongingness to autistic people generally, they differentiated between that feeling of belongingness and the social connectedness they developed with specific autistic people, which needed to be facilitated by shared interests *beyond* simply being autistic. This reflects what Sinclair (2010) referred to as the overwhelming heterogeneity of autistic people even in autistic spaces; friendship is about more than simply a collective identity, but collective identity can build a bridge towards it. One participant described how, while specific autistic people are his friends, all autistic people are his comrades because autistic people share a collective struggle to advance the rights of all autistic people to ensure they have access to basic human rights (Botha et al., 2022). Furthermore, autistic individuals specifically mentioned the intersectionality of this struggle, including the constant fight to have non-cisgender people, women, Black autistic people, indigenous people, and other minorities recognized as autistic, as well as the solidarity that the neurodiversity movement can provide by uniting with other minority movements (Botha et al., 2020).

This intersectional focus reflects that people do not have a single identity, or a single community, and instead embody, juggle, and experience multiple ones, often at the same time. Autistic spaces, identities, and communities often intersect with LGBTQ+ spaces, identities, and communities. While clinical literature seeks to problematize autistic expression of gender as manifestations of "restrictive and repetitive behavior," going as far as to seek to restrict autistic people's access to gender affirmation-based care, autistic people often have a much more "radical" stance to gender, which is inseparable from their autistic identity (Moore et al., 2022). Some autistic people who are non-cisgender, specifically understand their gender through their autistic identity, which is how the term "AutGender" was conceived; it is not that autism is necessarily their gender, but rather that being autistic relates heavily to their conceptualization of their own gender and wider constructs of gender. This is the case even for some cisgender autistic women who do not consider themselves to be women in neurotypical ways, but identify heavily with autistic expressions of womanhood. This is highlighted in the work of Pyne (2021) who asserts that, in contrast to the clinical literature which constantly tries to separate (and dismiss or deny) inter-relations of autism and gender, autistic people often understand them as inseparable and co-constitutive. Autistic identities provide an opportunity for radicalizing traditional notions of gender and sexuality, and while neurotypical clinicians may put this down to "social confusion" or a failure to "get" social norms, instead it may point to the arbitrary nature of such dichotomizing norms. Autistic communities and cultures thus become a way of disrupting the culture of "normality."

Emancipation for autistic people cannot happen without emancipation for trans and/or non-binary people. The political and collective will of the autistic community towards emancipation can be seen from the very beginning of the ANI, right up to the present day; autistic people unite to resist deficit notions, deep inequality, stigmatization, and marginalization (Botha et al., 2022; Farahar, in press; Kapp, 2020). Autistic people unite to reclaim stigmatizing language and narratives (Botha et al., 2020), to challenge studies which uphold the eugenic traditions of wider autism culture and through collective action against stigmatizing media campaigns.

This is not to say that the autistic community is immune from perpetrating and upholding structural and systemic oppressions. Much like other minority communities, the autistic community can perpetuate the same oppressions; white supremacy (Giwa Onaiwu, 2020), discrimination against Black autistic people or autistic people of color, including by tokenizing them or asking them to ignore their other identities to prioritize autism-focused advocacy priorities (Smith, 2021; Wright, 2021), ableism, cis-heteronormativity (Miller et al., 2020), sexism (Creece, 2019), jockeying for status, infighting and "purity policing" (Brown, 2022; Dekker, 2020) are all still apparent. Worse, the idea of autism has, in some cases, become a shield to hide behind in perpetration of such white supremacy and wider bigotries, from defense of micro-aggressions against minorities, including other Black, gender minority, or sexual minority autistic people (Creece, 2019), to full blown legal defenses in cases of extreme violence such as the Charleston shooting, that white autistic people do not know better *by virtue* of their autism (Tucker, 2021). Furthermore, the idea that autistic people lack empathy facilitates the conflation of autistic people with violence or aggression (a stereotype which generates great danger for autistic people of color, especially for Black autistic boys and men when in interaction with police). Autistic people have pointed out that this sort of violence is blamed on autism to prevent society having to deal with white supremacy and toxic masculinity (Di Natale, 2018). While social, cultural, and historical structures both in policy and research have facilitated and created an environment where autistic people are regularly (in)fighting for a single seat at the table of the Establishment in order to be listened to, instead, we should act jointly to abolish the status quo and Establishment in its entirety. You cannot challenge neuronormativity without working to undo cisheteronormativity or white supremacy, and ignoring the many identities of autistic people will result in neurodiversity being a tool for upholding other systems of oppressions. This means acknowledging, accounting for, celebrating, and appreciating the vastness of autistic people and their identities when creating research or policy.

Conclusion

"Autism," once pathologized as an innate inability to connect socially, has become a social identity and a culture. Autistic culture provides accepting spaces for autistic people to grow, role models, social support, ways to interpret a stigmatized identity positively, and opportunities to develop an empowered collective identity. These opportunities can promote a sense of purpose and well-being and help make society more just. Autistic culture is relatively new and arose largely on the Internet (Kapp, 2020). The Internet provides opportunities to connect across space and time which are invaluable for minorities who might not have access to people like them in their physical communities. However, the Internet is also a space where people are quick to publicly shame people who express viewpoints different from theirs (Ronson, 2016).

Intersectionality teaches us that we must understand differences *within* the autistic community if we wish to help all autistic people experience the dignity they deserve. Dekker (2020), who founded InLv, where the idea of neurodiversity emerged, wrote that the neurodiversity movement was never intended to exclude or shame autistic people who view autism negatively and/or wish they are not autistic. As Chapman (2021) suggested, the neurodiversity movement should embrace autistic diversity while seeking empirical support for its central premise that diversity improves functioning (e.g., stronger evidence that more diverse groups are more creative but also experience more conflict; Torchia et al., 2015).

To understand autistic identity development, including potential impacts of the neurodiversity movement, we must study individual and group successes and struggles in relation to shifting social contexts. Research should examine socialization and cultural factors that could explain unexpected relationships between minority stress and outcomes, ideally with longitudinal mixed-methods design. Such work should assess structural and everyday stigma, family socialization practices and autistic cultural traditions in relation to mental health outcomes, but also positive characteristics we know to be important for development, like authenticity, pride, belonging, and collective advocacy. To honor the cultural traditions of the neurodiversity movement, we must use an intersectional lens to become more flexible in our understanding of positive autistic identity development and strategies to promote it.

Statement of Ethics

The literature review conducted for this paper complies with internationally accepted practices for research ethics.

Conflict of Interest Statement

The authors have no conflicts of interest to report.

Author Contributions

Both authors contributed equally to this manuscript. K.G.-L. conducted a broad literature review and wrote the first draft of many of the manuscript sections. M.B. wrote the first draft of the Minority Stress and Autistic Culture sections and played the primary role in addressing reviewer feedback. Both co-authors revised and added substance to sections the other led.

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