At the intersection of autism and gender: Personal identities and professional ideas

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By

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Declaration

I confirm that this thesis (comprising of a literature review, research report and associated appendices) is my own work. It was written and submitted in part-fulfilment of the requirements of the degree of Doctorate in Clinical Psychology (DClinPsy). It has not been submitted for any other academic award. It has been checked prior to submission.

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Thesis Abstract

Systematic literature review and meta-synthesis
Influenced by theories of intersectionality, performativity and gender hegemony, the review explored the intersection of autism and gender in the negotiation of identity for individuals who identified as autistic. Purposefully not restricted to any one gender category so as to be able to interrogate gender as a construct, a systematic search for qualitative research found 12 studies. Meta-synthesis involved a constructionist approach to thematic synthesis. Findings related to the ways in which dominant autism discourses restricted gender identities; the positioning of gendered autistic identities as subordinate and 'other' within hierarchies of power; and the possibilities for finding spaces of belonging and resistance to normative expectations. Findings are considered in relation to critical autism scholarship, feminist and queer theory, and clinical implications. The review was original in its inclusive approach to gender and contribution to critical theory on autism and gender.

Research report
Most existing literature on the subject of 'female autism' has extended unproblematised dominant medical-model conceptualisations of autism. This study developed a critique of 'female autism' as a concept. Using a Foucauldian discourse analysis of reports and resources provided by UK-based clinicians, it examined how 'female autism' is constructed in professional practices. The analysis drew out a narrative of 'female autism' as progress in terms of medical-scientific knowledge, gender equality and the prospects for women and girls recognised as autistic, before problematising this narrative by focusing on power, institutional interests and ideology. I argue that 'female autism' extends the reach of the expert gaze through expanding the category of autism into previously un-pathologised territory, while reinforcing hegemonic, binary understandings of gender. The biopolitics of autism, Hacking's 'looping effect' and feminist theory are discussed.

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(Includes abstracts and references made within the text; excludes contents lists, tabulated data, diagrams, reference lists, and mandatory appendices.)

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(*indicates mandatory appendices)

The intersection of autism and gender in the negotiation of identity:
A systematic review and meta-synthesis of qualitative research

Prepared for submission to *Social Science & Medicine* (see Appendix A for link to journal guidelines).

Abstract

Background/objectives
Autism is a gendered concept. Drawing on critical perspectives on autism and gender theory, the aim of this review was to explore how autism and gender intersect in identity narratives of autistic people.

Method
Systematic searches of PsycInfo, Medline, PubMed, Scopus, Web of Science and the National Autistic Society catalogue (May 2020) identified 12 qualitative studies (published 2016-2020) which met the inclusion criteria. Quality was appraised according to qualitative research guidelines. Meta-synthesis involved a constructionist thematic synthesis.

Findings
Dominant autism discourses restricted gender identities, through the 'extreme male brain' and 'masking' narratives and the use of autism to explain non-normative gender. Gendered autistic identities were positioned as 'othered', subordinate and less acceptable ways of being within power hierarchies. However, intersectional autistic gender identities also offered possibilities for belonging and resistance.

Discussion
Findings are considered in relation to critical autism scholarship and feminist and queer theory. The literature reviewed was limited to English-speaking (predominantly UK/ USA) socio-cultural contexts. Masculinity in relation to autistic identity is under-researched, and people with intellectual disabilities under-represented.

Introduction

Autism and gender are concepts that shape constructions of identity, influencing the way individuals make sense of their own and others' behaviour and interactions, simultaneously reifying differences and obscuring similarities: between autistic/'neurodiverse' and non-autistic/'neurotypical'; between male and female; between cisgender and transgender; between binary and non-binary gender identities. Considering both 'gender' and 'autism' in social constructionist terms, in this review I am concerned with the intersectionality of autistic and gender identities from the perspectives of individuals who identify as autistic. The term 'autism' is used to denote the range of descriptors currently positioned as the 'autism spectrum'. 'Autistic', a preferred term of many who identify with autism (Kenny et al., 2016), is understood in this review as a category of identity. I begin by locating autism within its sociocultural and discursive context and sketch some of the possible meanings of autism for identity. I then outline the gendered landscape of autism as a construct before moving through the theories of intersectionality, performativity and gender hegemony that have been central to my thinking.

Autism: a powerful idea

Autism is a concept rich in history, grand theories and emotional investment. Theories of 'mindblindness' (Baron-Cohen, 1995) and 'the extreme male brain' (Baron-Cohen, 2002) have captured scientific and public imagination. Autism has become a sought-after commodity (Mallett & Runswick-Cole, 2016), with increasing demand for diagnosis likened to 'pathologization from below' (Brinkmann, 2016, p.2). A 'moving target' (Hacking, 2006), autism's parameters have expanded over time (O'Reilly et al., 2017), its boundaries with 'normality' blurred and shifting (Lester et al., 2014). Autism has a biopolitical function, in advancing truth claims about what is 'normal' versus 'abnormal', what it means to be human (Goodley, 2016). In Foucauldian terms, autism functions as a 'disciplinary discourse', policing the boundary of 'deviance' (Vakirtzi & Bayliss, 2013). Problematising dominant, non-autistic standards of 'normal', neurodiversity discourse has sought to celebrate autistic differences and promote pride in autistic identity (Kapp et al., 2013; Runswick-Cole, 2014).

While there are of course individual differences in the extent to which autism is integral to a person's sense of self, qualitative research has highlighted the foundational significance autism can assume in the construction of identity (e.g. Rosqvist, 2012; Webster & Garvis, 2017). Not always experienced as positive, an autism diagnosis may trigger shame and hopelessness, increased surveillance from others and decreased autonomy (Johnson & Joshi, 2016; Powell & Acker, 2016). However, for those who embrace an autistic identity, some of whom may self-diagnose (Lewis, 2016), autism offers the potential to explain and validate their difficulties (Powell & Acker, 2016). Some individuals have described feeling freed from social norms (Powell & Acker, 2016; Webster & Garvis, 2017), including from gendered expectations (Russell, 2021).

Autism: a gendered concept

Autism discourse is laden with gender baggage. From the foundational case studies of Kanner (1943), through the seminal epidemiological survey of Wing (1981), the 'extreme male brain' theory (Baron-Cohen, 2002), and continuing in the male-to-female ratio in diagnosis (Loomes et al., 2017), *autism has been coded male*. Critical voices have positioned autism as a fulcrum for the medicalisation of masculinity (Timimi, 2011). Yet twenty-first century autism has diversified into new gender markets (Mallett & Runswick-Cole, 2016), heralding a wave of interest in the 'missing girls' (girls that 'miss out' on diagnosis) of the 'female autism phenotype' (a specifically female autism presentation) (Happé, 2019; Hull et al., 2020). Concurrently, gender diversity in autism has fallen under the psychiatric gaze (e.g. Lemaire et al., 2014), with a relatively high co-occurrence of autism and transgender or non-binary identities observed (e.g. Stagg & Vincent, 2019).

Autistic identity and intersectionality

Identity construction is a complex social and discursive process, situated in the context of power relationships (Taylor, 2014). Bagatell (2007) drew on the Bahktinian concept of 'orchestrating voices' to present one individual's construction of autistic identity as involving negotiation of competing discourses: of 'disability' and 'deficit', inscribed through diagnosis; of the authoritative voices of the 'neurotypical' and ableist world, with their reminders to 'fit in'; and of those from the neurodiversity movement, celebrating autistic identities, challenging 'neurotypical' norms (and creating 'autistic'

norms). An intersectional lens is needed, however, to understand the negotiation of *gendered* autistic identities (Saxe, 2017).

First developed in Black feminist theory (e.g. Crenshaw, 1989), intersectionality offers an analytic framework for exploring 'dynamics of difference and sameness' (Cho et al., 2013) in the 'matrix of domination' (Collins, 1990) connecting different forms of power (interpersonal, patriarchal, hegemonic, disciplinary etc.). Intersectional analyses have highlighted the gendered coding of disability (Hirschmann, 2013), the intersection of learning difficulties, gender, class and religion 'in the production and reproduction of existing social hierarchies' (Björnsdóttir & Traustadóttir, 2010), and the weaponizing of disability categories to delegitimise non-cisgender, non-heterosexual identities, for example, in the casting of doubt on the capacity of disabled youth to be LGBT+ (Toft et al., 2020). Saxe (2017) has advocated for an intersectional approach to examining structural barriers faced by autistic women. There is, however, a danger in examining the intersection of autism and gender that these identity categories become reified and essentialised.

Troubling gender, troubling autism

In the seminal work *Gender Trouble,* Butler (2006) problematised the idea of gender pre-existing the enactment of gendered behaviour. Rather, gender is 'performatively constituted' through the 'stylized repetition of acts' (such as gesture, movement, clothing) which have come to be recognised as male or female (*ibid*). A 'heterosexual matrix' governs the discursive production of 'male' and 'female' in a hierarchical binary of masculine dominance (*ibid.*). While other, non-normative gender performances are possible, they may not be 'culturally intelligible', and doing gender 'wrong' risks punishment (*ibid.*). Schippers (2007) took inspiration from the idea of the heterosexual matrix to extend Connell's (1995) concept of 'hegemonic masculinity', developing concepts of 'hegemonic femininity' (when women embody characteristic such as being 'delicate' or passive, which complement and legitimate male dominance) and 'pariah femininity' (when women appropriate 'male' characteristics [e.g. physical prowess, authority], 'contaminating' the idealised relationship between masculinity and femininity).

Interesting overlaps have emerged between feminist theory and autism studies. Performativity has been deployed to 'trouble' autism and ableist understandings of 'normality' and 'abnormality' (Davies, 2015; Lester & Paulus, 2012). 'Pariah femininity' has informed analysis of the ways in which non-conformity with traditional feminine standards is constructed as signifying autism in women and girls, with diagnosis serving to police the boundaries of normative feminine behaviour (Russell, 2021). In parallel, some feminist scholars have drawn upon autistic perspectives to illustrate radical understandings of gender: gender as 'multiple rhetorical possibilities' which can be 'invented and crafted in different situations' (Jack, 2012); gender as something that is searched for but found to not really exist, a 'ghost' to be given up (Davidson & Tamas, 2016).

Background to the current review

A search of published and grey literature found that while previous reviews have explored research on autistic identity in the context of lived experience (e.g. DePape & Lindsay, 2016), few have focused on the intersection of autistic and gender identities. Exceptions have either focused on one gender category (e.g. Taylor, 2019) or subsumed gender identity within a broader LGBTQ+ focus, and autism within the broader disability category (e.g. Duke, 2011). Taylor's (2019) narrative synthesis of research on female identity and autism argued that stereotypical depictions of autism and normative femininity presented 'identity threats' to autistic women and girls, who experienced incongruence with such representations, resulting in identity confusion and negative self-esteem. These findings indicate how an intersectional understanding of autism and gender has clinical relevance in terms of formulating distress and supporting wellbeing. However, focusing too narrowly on one gender identity risks reproducing essentialist accounts of gender, foreclosing opportunities to trace the workings of gender as a construct, whereas focusing more broadly on sexuality and disability risks overlooking the specifics of the intersection of autism and gender. In aiming to address this, I used the following question to guide the current review:

How do autism and gender intersect in accounts of the negotiation of identity?

Method

Systematic literature search

The review was limited to qualitative research in order to explore in-depth the perspectives of individuals positioned at the intersection of gender and autism. The SPIDER tool (Cooke et al., 2012) was used to develop the review's focus and inclusion criteria (see Table 1).

Table 1: SPIDER operationalisation of inclusion/exclusion criteria.

Category	*Development of review focus*	INCLUSION	EXCLUSION
Sample	*For individuals who have been diagnosed or self-identity as autistic…*	Individuals of any age or gender identity who identified with or had been diagnosed with autism.	Focus on views of others (e.g. relatives, professionals).
Phenomena of interest	*… how do autism and gender intersect…*	Intersection of autistic AND gender identities.	Does not explore autistic AND gender identities.
Design	*… in their accounts…*	Original research. Focused on the perspectives of the sample.	Review articles. Opinion pieces. Clinical case reports.
Evaluation	*… of the negotiation of identity…*	Analysis relates to how individuals make sense of their intersecting identities.	Analysis does not include reflections on identity.
Research type	*… according to qualitative research findings?*	Published qualitative research.	Solely quantitative research methods.

Initial iterative scoping searches of the National Autistic Society Knowledge Centre catalogue, Prospero and Google Scholar, including forward and backward reference chaining (Dixon-Woods et al., 2006), were undertaken to identify relevant keywords and concepts. A pre-planned comprehensive search strategy was then devised. Six

databases were searched on 29th May 2020, using search terms detailed in Appendix B, with filters for English language and published qualitative research, where available. No date restrictions were imposed. The review was registered on Prospero in July 2020 (Registration CRD42020196928).

The database search returned 1546 results (958 after duplicates were removed). This number was quickly reduced through screening the titles, as a number of results were clearly not relevant to the phenomena of interest. It is well-documented that database searches for qualitative research commonly return a high number of false positives, due to the challenges in identifying relevant records with precision (e.g. Dixon-Woods et al., 2006; Shaw et al., 2004). Despite using filters or additional search terms for qualitative methodology (see Appendix B), these are imperfect tools, and a large number of results returned were not qualitative studies. When screening abstracts, as long as the research was qualitative and appeared potentially relevant to the implications of autism for identity, the study was retained. Upon reading the full texts of the remaining 50 articles, a number of studies either did not explore identity in depth (11) or were not sufficiently focused on the specific intersection of autism and gender (25). Figure 1 summarises the searching, screening and selection process. The reference lists and citations of the 12 selected studies were comprehensively checked for any further eligible studies; none meeting the review criteria were found.

Quality appraisal

Quality appraisal was informed by existing appraisal tools for qualitative research (Critical Appraisal Skills Programme, 2018; Willig, 2013) and was undertaken from a social constructionist position. Recognising many included studies were undertaken from differing standpoints, papers were assessed in relation to quality of data *for this particular review*. Different reviewers would have appraised the papers differently. Following Dixon-Wood et al. (2006) and Thomas and Harden (2008) it was decided that a study would only be excluded on quality grounds if it was deemed fatally flawed, which did not apply to the selected studies. Instead, quality appraisal was utilised to support a sensitivity analysis (Thomas & Harden, 2008) to ensure that papers assessed as higher quality for this review were utilised more frequently in theme development. See Appendix C for full details.

Method of synthesis

Thematic synthesis (Thomas & Harden, 2008), which involves a thematic analysis-style process, was utilised for the meta-synthesis, on the basis of its usefulness in drawing together commonalities across data and its theoretical flexibility. The analysis was oriented to latent-level interpretation from a constructionist standpoint (Braun & Clarke, 2006). See Appendix D for further details on epistemological position.

PRISMA Flow Diagram
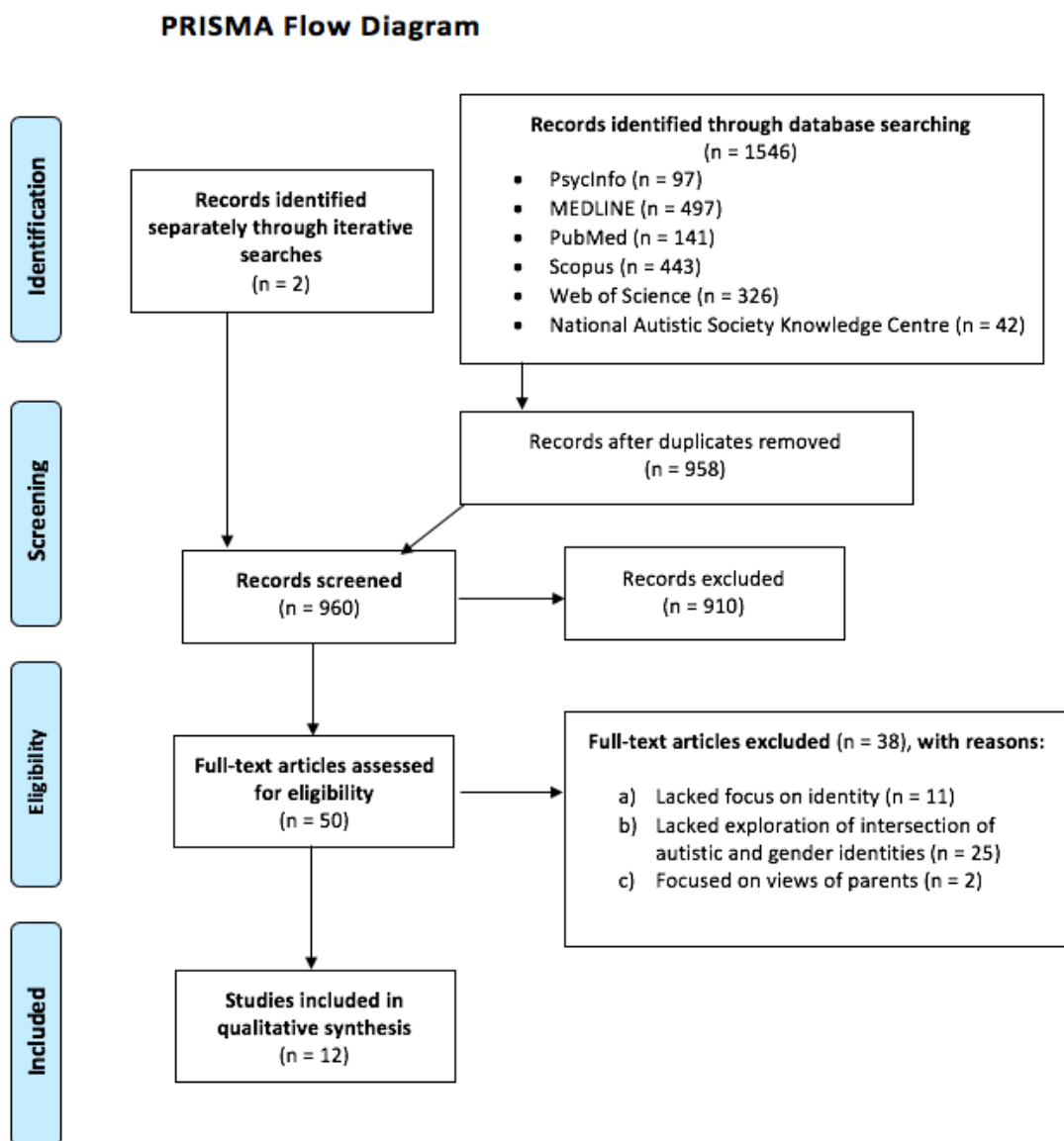
Figure 1: Adapted PRISMA flow diagram (Moher et al., 2009).

Following Thomas & Harden (2008), the data set was defined as the contents of the Findings/Results sections of the reviewed studies (including direct quotations from study participants and key concepts or themes, as interpreted by study authors). The findings of the included studies were read and re-read ahead of line-by-line coding, which was an inductive and iterative process orientated towards identifying relationships between codes across reviewed papers. Descriptive themes were developed and then translated into analytical categories, which were intended to go beyond the interpretations of the primary studies (Lipworth et al., 2010; Thomas & Harden, 2008). Provisional analytical themes were reviewed for coherence and fit. The data was recoded and the codes regrouped into themes until a satisfactory analytical structure was achieved (for illustrations of codes and themes for selected extracts, see Appendix E). The extent a theme captured something of interest to the review focus was prioritised over quantifying its prevalence across the data set (Braun & Clarke, 2006). Quotations from the primary studies were identified to enrich illustration of the themes.

Findings

Study characteristics

Tables comparing the included studies can be found in Appendix F. The 12 included studies were published between 2016 and 2020. Sample sizes ranged from one (Cain & Velsaco, 2020) to 24 participants. The majority of studies used adult samples; two were based on adolescent samples; one included adolescents and adults. Two studies (Bargiela et al., 2016; Strang et al., 2018) excluded individuals who met the criteria for intellectual disability; Kanfiszer et al. (2017) supported participants with intellectual disabilities to be included. In seven studies, all participants had received formal autism diagnoses (as opposed to self-identifying), with two studies specifying the diagnosis must have been given during adulthood (Bargiela et al., 2016; Kanfiszer et al., 2017).

Only four studies reported participants' ethnicity or racial identity: in three of these the vast majority (Barnett, 2017; Strang et al., 2018) or entirety (Hillier et al., 2020) of the sample were White; in the remaining study four out of seven participants were White (Miller et al., 2020). With one exception (Shapira & Granek, 2019: Israel/Canada), all

studies were based in the UK or USA, although studies using Internet-mediated research methods included individuals from multiple countries.

A range of terms were used to report the gender identity of participants (Appendix F, Table 13). Two studies recruited cisgender and gender-diverse participants. Five selected gender-diverse individuals only. One study defined their sample as 'adults raised as girls', recognising diversity in affirmed gender (Kourti & MacLeod, 2019); the four remaining studies defined their participants as 'female', 'girls' or 'women' and provided no details regarding gender diversity within the sample, although extracts from Kanfiszer et al. (2017) and Tierney et al. (2016) implied some participants may not have affirmed a cisgender identity.

Thematic synthesis

Three superordinate themes were constructed from the thematic synthesis, listed with sub-themes in Table 2.

Table 2: Meta-synthesis themes and sub-themes.

Superordinate theme	Sub-themes
1. The restrictive impact of autism discourses on gender identities	1.1. *The Extreme Male Brain* 1.2. *Masking and performativity* 1.3. *Non-normative gender performance: the power of autism to explain and constrain*
2. Autism, gender and power hierarchies	2.1. *Autism, neurotypicality and gender hegemony* 2.2. *Vulnerability* 2.3. *Deviance and distress*
3. Opening possibilities	3.1. *Belonging* 3.2. *Resistance*

1. The restrictive impact of autism discourses on gender identities

This theme is about how gendered autism discourses shaped how individuals made sense of gender identities. Autism served to reinforce dominant essentialist and binary understandings of gender through the gendered discourses of the extreme male brain (*Subtheme 1.1*) and the female autism 'masking' narrative (*Subtheme 1.2*). Understandings of autism also shaped explanations of gender diversity (*Subtheme 1.3*).

1.1. The Extreme Male Brain

This sub-theme is about how the shadow of the gendered discourse of 'the extreme male brain' (Baron-Cohen, 2002) seemed to influence individuals' constructions of gender identity and the reactions they encountered in others. Individuals negotiated assumptions that autism equated to masculinity, and masculinity to a lack of emotionality.

> *'There are a lot of times when you tell someone that you're autistic and they say you're not a white, cis male. No way – you're not autistic! But you show emotion , but you're not Leonard Nimoy.'* (Strang et al., 2018, p.4048).

For participants affirming a female gender identity, this equation could be a source of distress:

> *The 'gender-loaded stereotypes' surrounding autism, e.g. 'the extreme male brain' theory increased her dysphoria (implying she had a male brain).* (Coleman-Smith et al., 2020, p.2649).

One cisgender-female participant rejected the extreme male brain narrative as incompatible with her identity as a woman:

> *'I definitely don't have the extreme male brain ... lots of other women I know and myself are living proof that we're definitely not extreme males...'* (Kanfiszer et al., 2017, p.665).

There were signs among other participants, however, of the concept of autism as extreme male brain shaping their sense of self and how they related to the masculine-feminine binary:

> *'I think there's possibly some sort of gender identity thing going on associated with the autism because I always felt closer to my dad.'* (Kanfiszer et al., 2017, p.665).

1.2. Masking and performativity

This sub-theme is about how a second gendered theory of autism, that of the 'female autism' hypothesis and the associated concept of 'masking' (concealing differences or difficulties relating to autism while 'pretending to be normal' [Bargiela et al., 2016]) shaped accounts of cisgender female autistic identity in ways that reproduced essentialist understandings of both autism and gender.

In contrast to Butler's concept of performativity – that gender is a script everybody performs – accounts of 'masking' represented the performance of female gender as uniquely characteristic of autistic women and girls. The social learning of gender performance, as modelled by television, magazines or 'books on body language', was framed as 'actively learning how to mask' (Bargiela et al., 2016, p.3287) and thus, symptomatic of the social impairments characteristic of autism – implying gender performance should be intuitive. Participants considered 'masking' to differentiate the female autistic presentation:

> *'That's kind of the main difference that girls are just better at hiding their autism [...] with boys it's more obvious'.* (Milner et al., 2019, p.2395).

It is debatable how much this conceptualisation of 'masking' left space for understandings of gender beyond the binary: could non-binary or transgender individuals use the language of 'masking'? Interestingly, in studies which included gender-diverse participants, the practice of concealing autistic features was instead expressed in an alternative discourse around 'passing' as both 'neurotypical' and cisgender (Coleman-Smith et al., 2020; Miller et al., 2020).

The association of autism with masculinity in the 'extreme male brain' discourse was supported by cultural associations between being male and being unemotional. Similarly, the construction of (cisgender) female autistic 'masking' may be 'culturally intelligible' (Butler, 2006) because it connects with the gendered trope of female artifice (e.g. Hoskin, 2020; Serano, 2016). The 'masks' constructed by autistic women reproduced stereotypical constructions of femininity:

> *'I honed something of a persona which was kind of bubbly and vivacious, and maybe a bit dim [...] So I cultivated an image, I suppose, that I brought out to social situations as my partner's girlfriend , that was not 'me'.'* (Bargiela et al., 2016, p.3287).

While such studies located these efforts within a narrative of autistic symptomatology, it is notable that the need to 'mask' was expressed in terms which could also resonate with the gendered expectations encountered by women in general:

> *'I'm going to have to make sure that I'm always perfect for everyone.'* (Tierney et al., 2016, p.79).

Not all female participants identified with 'masking', however, saying it was 'something they resisted as adults' (Kourti & MacLeod, 2019, p.55).

> *'I don't think I could [mask] if I tried'.* (Milner et al., 2019, p.2395).

1.3. *Non-normative gender performance: the power of autism to explain and constrain*

This sub-theme is about the versatility of autism as a concept to take on an explanatory function in constructions of autistic gender performance. An essentialist and deficit-focused conceptualisation of autism limited the possibilities for acceptance from others (professionals, family members, acquaintances) and was inscribed in the identity narratives of individuals.

Some placed autism in a causal position in relation to gender non-conformity and gender diversity:

> *'Because I have Asperger's Syndrome and I don't pick up social norms as quickly as other children do, I didn't pick up that when you reach a certain age you are supposed to declare a sexual faction, so to speak. ... I identify ... in an undisclosed area between being gender neutral and being a male'.* (Miller et al., 2020, p.7).

> *'I feel like having ASD sort of separated me from a connection from my body in some way and I feel like I am stuck more in my mind, and so I think that affected my gender identity.'* (Hillier et al., 2020, p.103).

Numerous instances were reported of others citing 'autistic symptoms' to 'discredit' an individual's affirmed gender. One participant had been told:

> *'inability to understand social gender roles made it impossible for self to even know if was trans or not '.* (Barnett, 2017, p.1217).

Another recounted:

> *'[My parents] think that Asperger's caused me to jump to conclusions when I read about transgenderism and become [sic] obsessed like with other special interests'.* (Shapira & Granek, 2019, p.505).

The implication of reading autism symptomatology into gender non-conformity was to delegitimise and pathologise the expression of non-assigned gender.

> *'If I happen to mention being both non-binary [...] and being autistic, people take me less seriously because they are like 'oh if you are autistic, then you don't know as much'.'* (Hillier et al., 2020, p.104).

> *'The doc sees your ASD expression, and hears you say, 'I am Trans', and draws the conclusion you are a very confused gay person who got confused by your ASD.'* (Shapira & Granek, 2019, p.505).

Discrediting relied on deficit-based understandings of autism, whereby people were characterised as lacking in self-knowledge, or as childish:

> *'I've always enjoyed collecting toys; [my father] said 'if you're still playing with toys...you're not mature enough to make these decisions [...]' he thinks because of my interests I couldn't know about my gender...when your gender is wrong it's pretty clear!'* (Coleman-Smith et al. 2020, p2651).

In their analysis, Shapira and Granek (2019, p.506) concluded that:

> *the authenticity of their gender identity is likely to be questioned because others do not see Aspie [...] people as human agents with complex subjectivities [...] it is perhaps harder for autistic people to gain legitimacy and to live with a gender subjectivity different from the cultural default of cisgenderism.*

The filtering of gender non-conformity through what one participant described as 'the lens of 'probably some autistic thing'' (Strang et al., 2018, p.4049) also seemed to appear in some study authors' constructions of participants' perspectives. Autism was used to explain 'improper' gender performance, even with issues non-autistic people may have. For example, Kanfiszer et al. (2017, p.665) attributed participants' complaints about menstruation and bra-wearing to (autistic) 'practical reasoning'.

2. Autism, gender and power hierarchies

Whereas the first theme explored the inscribing of gendered autism discourses on individuals' identities, this second theme considers the positioning of gendered autistic identities within the 'matrix of domination'. It is about how gender and autism intersected with other operations of power to create hierarchies of more and less acceptable ways of being, of subordination and other-ness. Autistic gendered identities were situated in relation to hegemonic masculinity and hegemonic femininity (*Subtheme 2.1*). The narrative of female autistic 'vulnerability', which synthesised the trope of feminine passivity with discourses of autistic 'deficit' and disability, naturalised and obscured the operation of patriarchal power (*Subtheme 2.2*). Participants' intersectionality was shaped by the operation of disciplinary power and the construction of 'deviance' (*Subtheme 2.3*).

2.1. *Autism, neurotypicality and gender hegemony*

This sub-theme focuses on how participants viewed their position in relation to gender hegemony. It is about the dynamics of proximity and distance between constructions of autistic gendered identity and individuals' impressions of 'neurotypical' femininity and masculinity. Here the influence of the extreme male brain equation of autism with masculinity can be read into the positioning of 'autistic masculinity' as closer to 'neurotypical masculinity' than 'autistic femininity' to 'neurotypical femininity'. Here too, the trope of female artifice, presented as concentrated in 'neurotypical' femininity, offered as the reason for female participants' sense of greater affinity with males – characterised as 'more straightforward' (Bargiela et al., 2016, p.3289).

Differing interests were put forward as a barrier to friendship with female peers.

> *'[Female peers] were into makeup and ... pop-stars ... their interests didn't match mine...I was into toy trains.'* (Kanfiszer et al., 2017, p.664).

> *Girls are sort of bothered about what they're wearing and what their hair looks like [...] it's not actually possible for me to be less interested ... whereas the guys would be mucking about ... something I felt more inclined to be involved with.* (Kanfiszer et al., 2017, p.665).

Autistic women and girls frequently related more to interests and behaviour constructed as 'male' (Kourti & MacLeod, 2019), identifying with the 'tomboy' role (Kanfiszer et al., 2017). Tierney et al. (2016, p.77) claimed that one reason girls aligned more with male peers was that boys '*did not engage in emotion-based conversations'.* Comparisons between male and female peer groups intersected with implicit assumptions about autism as extreme masculinity, masculinity and autism as unemotional, and autistic femininity as somehow less than fully feminine. One girl reflected:

> *'It's probably harder for girls with Asperger's in a way [...] being a boy with Asperger's you're probably more similar to neurotypical boys whereas an Asperger's girl is different to neurotypical girls.'* (Tierney et al., 2016, p.77).

Female participants spoke of preferring 'Aspie' women (Bargiela et al., 2016) to 'neurotypical' female peer groups, which were characterised as 'impenetrable' (Tierney et al., 2016).

2.2.   *Vulnerability*

This sub-theme is concerned with the effects of a 'female autistic vulnerability' discourse, which constructs femininity as passive and autistic people as lacking awareness of social rules. Internalisation of these discourses seemed to result in narratives of self-blame in the storying of female participants' experiences of sexual abuse.

In these accounts female participants described themselves as 'passive', 'naïve', and needing to please others (Bargiela et al., 2016; Milner et al., 2019) – patriarchal feminine traits. Bargiela et al. (2016, p.3288) listed five reasons why the young women they interviewed had '*become entrapped in situations where their safety and rights were compromised*'. This phrasing is revealing in its omission of the relational: *who* had 'entrapped' the women? All five reasons, constructed from participants' accounts, located the problem within the individual, rather than the victimisers, or within a patriarchal structure within which victimisation operates, instead blaming issues related to autism. For instance:

> *Many women reported finding it difficult to 'read' other people's intentions, and so struggled to understand if a man was just being friendly or was sexually attracted to them.* (Bargiela et al., 2016, p.3288).

> *'We don't sense danger and can't. That's one reason, I think you not reading people to be able to tell if they're being creepy, you're that desperate for friends and relationships that if someone is showing an interest in you, you kind of go with it.'* (Bargiela et al., 2016, p.3288).

Kanfiszer et al. (2017, p.666) similarly attributed victimisation to autistic 'difficulties with social interaction' and 'difficulty judging subtle social cues' (subtleties which supposedly included 'aggression or coercion').

Scrutiny of the abuser, the abuser's actions and underlying power relations was impeded by the way in which these narratives rooted the reasons for experiencing abuse within the 'vulnerable' autistic self. This framing of female autistic vulnerability as intrinsic to the individual seemed to have been internalised in ways which allowed features of rape myths to surface in quotations from participants: for example, the notion that the woman may inadvertently have been 'flirtatious' (Bargiela et al., 2016, p.3288) or sent 'the wrong body signals' to men (Milner et al., 2019, p.2397). Again, autism narratives about lack of understanding of social boundaries were used to locate the problem as within the autistic person, the blame returned to the victim.

2.3. *Deviance and distress*

This sub-theme is about participants' experiences and fears of being 'othered' as 'deviant'. In the construction of 'deviance', hierarchies of hegemonic gender and ableism interacted. Departure from gender normative and 'neurotypical' ways of being was punished and 'deviance' internalised, leading to distress.

Participants described experiencing pressure to act into normative gender roles, 'so people don't hurt them or treat them differently' (Hillier et al., 2020, p.104). Being bullied was believed to be a consequence of autistic women 'deviating from the interests of female peers' (Kanfiszer et al., 2017, p.666). On reporting bullying, one participant was told by teachers to 'act more normal' (Bargiela et al., 2016, p.3286). Another linked 'lack of masculinity' and autism in recounting reasons other boys bullied him (Barnett, 2017, p.1217).

Participants' consciousness of their subordination in social hierarchies translated into 'self-blame for their difficulty conforming to cis-normative neurotypical standards' (Coleman-Smith et al., 2020, p.2649). There were signs that participants had internalised a sense of being 'weird' (Cain & Velasco, 2020), 'odd' (Kanfiszer et al., 2017) or 'other' (Hillier et al., 2020):

> *'You know there's something wrong with you.'* (Milner et al., 2019, p.2398).

> *'[I'm] going to be discriminated [against] my whole life for my identities.'*
> (Miller et al., 2020, p.9).

This internalised sense of 'deviance' seemed to serve a disciplinary function, instilling in participants 'shame and fear' (Barnett, 2017, p.1217), inhibiting them from expressing their identities in the ways they might wish (Miller et al., 2020).

> *'I just worry about being a total outcast.'* (Strang et al., 2018, p.4049).

> *'I was already being bullied at work, I was struggling due to my Asperger's...and to do anything that would make me more open to bullying...I couldn't afford that...I wouldn't have had the confidence to say 'right guys I'm not a woman'.'* (Coleman-Smith et al., 2020, p.2650).

The internalised sense of 'deviance' and the mechanisms of disciplinary power took a heavy toll:

> *'I just didn't feel I fitted in anywhere, not with my sisters, my brother, other people or EVEN with myself, it's like everyone was a stranger and I was the strangest of the lot...I'd think...am I just not supposed to exist?!'* (Coleman-Smith et al., 2020, p.2648).

3. Opening possibilities

This theme is about how individuals created space to challenge marginalisation and hegemonic gender and ableist expectations. It is about finding community, belonging and valued identities (*Subtheme 3.1*), problematising gender and resisting repressive and exclusionary power structures (*Subtheme 3.2*).

3.1. Belonging

This sub-theme is about how individuals wove positive narratives of inclusion, empowerment, self-acceptance and pride in their identities through connection with others. Online spaces such as blogs were especially important locations for discovering community, acceptance and understanding (Bargiela et al., 2016).

'It's a difference not a disorder...[visiting online forums] was really helpful
because it made me feel good about myself.' (Bargiela et al., 2016, p.3289).

'Aspie' and LGBTQ+ communities facilitated peer support, pride, and consciousness
raising. Miller et al (2020, p.7) depicted how:

Wrong Planet website [was] a platform for self-discovery, since it represented
the first place where [the participant] both came out and realized that many
autistic individuals also identify as LGBTQ.

Coleman-Smith et al. (2020, p.2651) noted that:

Self-blame and internalised transphobia was acknowledged and lessened as
they learned through these communities that transphobia is an artefact of
gender socialisation and a consequence of peoples' fear of difference.

Several participants valued the membership of diverse communities their intersectional
identities afforded (Hillier et al., 2020).

'It opens your eyes – it is half and half. You get the experience of both worlds
and you understand these type of people a lot more.' (Strang et al., 2018,
p.4048).

Some participants did, however, comment that multiple identities could make it
'difficult to find people who understand and accept you' (Hillier et al., 2020, p.103),
and noted the persistence of 'exclusionary behaviours' within minoritised communities
(Miller et al., 2020, p.10).

3.2. Resistance

This sub-theme is about the ways in which participants problematised gender, refused
its dictates and defied pressure to conform to normative ways of being. Participants
questioned gendered expectations:

> *'[I don't] really accept the validity of gender stereotypes.'* (Bargiela et al., 2016, p.3288).

Some rejected the gender binary for more 'fluid' conceptualisations of gender identity (Cain & Velasco, 2020; Kourti & MacLeod, 2019). Others who affirmed a binary gender identity, 'described comfort with […or] preference for, nonbinary gender expressions' (e.g. dressing 'androgynously') (Strang et al., 2018, p.4049). Gender diverse participants fashioned a range of descriptors for their identities, including the term 'odd' (Barnett, 2017, p.1217).

This is not to interpret more questioning or fluid relationships to gender as being due to autism, as of course they may also be shared by people who would not identify as autistic, but to consider how an intersectional gendered autistic identity might open up possibilities for alternative ways of understanding and being beyond ableism and gender hegemony. The symbolism of autism and the 'ghost of gender' (Davidson & Tamas, 2016) is evoked in descriptions of 'an absence of a sense of gender', 'feeling agender or not identifying with a gender' (Kourti &MacLeod, 2019, p.55), although in some accounts there seemed a risk that the problematising of gender rested on unproblematised essentialist notions of autistic otherness.

> *'We're not born with this 'Mundy'* [neurotypical] *encyclopaedia or this psychic network that Mundies seem to know naturally what to do, we don't have that.'* (Coleman-Smith et al., 2020, p.2648).

A number of participants saw their interests as 'central' to their identities (Kanfiszer et al., 2017, p.664), and, indeed, of more relevance to their identities than gender norms (Bargiela et al., 2016).

> *'The only constant identity that runs through my life as a thread is 'dancer.' This is more important to me than gender, name or any other identifying features…even more important than mother. I wouldn't admit that in the NT world as when I have, I have been corrected (after all Mother is supposed to be my primary identification, right?!) but I feel that I can admit that here.' [Autistic Facebook group].* (Kourti & MacLeod, 2019, p.56).

There were signs of participants resisting the prejudices of others and refusing to internalise the 'deviance' projected onto them, perhaps rejecting some restrictive ('neurotypical') norms for affiliation with 'neurodiverse' norms.

'It's just being different it's not being less.' (Milner et al, 2019, p.2398).

Some felt their unavoidable difference due to autism enabled them to express their authentic gender identity . They had come to accept social rejection and placed little worth on others' opinions [...] 'I'm quite happy with, my shield of 'this is who I am', if I don't actually do the 'right' social male thing tough...I'm used to not fitting in anyway.' (Coleman-Smith et al., 2020, p.2652).

In some cases, self-acceptance was forged through painful experiences of distress and conflict.

'I reached that point...everything went completely to hell, my mental and physical health fell to pieces... I'd nothing to lose anymore and...it gave me the courage to say to hell with trying to fit, I'm gonna decide who I am.' (Coleman-Smith et al., 2020, p.2650).

Discussion

This review arose from an interest in intersectionality and curiosity about autism as a gendered construct. It aimed to explore how autism and gender identities intersect in the accounts of individuals who identified as being autistic, with or without a formal diagnosis. To my knowledge, it is the first meta-synthesis in this area to adopt an inclusive approach to gender. Three superordinate themes were generated through the synthesis. These were concerned with the restrictive impact of autism discourses on gender identities, the intersection of autism and gender with power hierarchies, and the opening of possibilities for belonging and resistance. The themes will now be discussed in relation to theory, ahead of consideration of the limitations of the review. Discussion of clinical implications can be found in Appendix G.

The restrictive impact

The restrictive impact of dominant autism discourses on gender identities relates to their essentializing effects. The concepts of the 'extreme male brain' and 'masking' as a component of the 'female autism phenotype' synthesise medicalised understandings of autism with biologically-defined conceptualisations of male and female. Identities, orchestrated from available discourses, are constructed in relation to others (Bagatell, 2007; Taylor, 2014). The review found the essentializing work of the 'extreme male brain' discourse closed down possibilities that others would recognise non-stereotypically masculine individuals as autistic. This resonated with arguments that dominant masculinised representations of autism limit the accessibility of autism as a 'hermeneutic resource' to women (Pearse, 2020), contributing to autistic women's sense of alienation (Davidson, 2007). The review highlighted a further effect of the 'extreme male brain' discourse, which is that non-hegemonic femininity is construed as autistic – as women displaying such traits because of 'male' brains.

The review interrogated how the discourse of female autistic 'masking' offered a means of placing the performance of normative femininity (and the difficulties individuals encountered with this) within an essentializing cis-normative framework of autistic symptomatology and binary gender. Although 'masking' was not accepted by all female participants, it was striking how the 'masked' performance conformed to 'hegemonic femininity' (Schippers, 2007) and reflected societal pressures on women to meet standards of 'perfection'. Feminist scholarship has illustrated the ways in which patriarchy is reproduced with the active participation of women, who may feel pleasure and achievement in meeting patriarchal standards of femininity, which confer acceptance and security (Haug et al., 1987). To support autistic girls to manage pressures to minimise differences in order to gain acceptance, Myles (2017) suggested offering examples of role models who do not fit stereotypical gender expectations. However, within the accounts reviewed, there appeared some evidence of 'pride' in the idea of being more 'masculine' than average women/girls, combined with denigration of stereotypically feminine traits, reproducing hegemonic masculinist values.

Although the rejection of gendered expectations could theoretically be framed in feminist or queer theory terms, studies included in the present review tended to present

resisting the need to 'mask' within a framework of embracing 'neurodiversity'. Not only does this narrative fail to problematise the essentialising of 'female autism', this version of 'neurodiversity' struggled to escape what Goodley (2016, p. 152) termed 'the essentialism paradox': the danger that in positioning neurological difference in the constellation of human diversity, 'medicalising discourses become the all-encompassing narrative for explaining the difference of autism'.

This danger is apparent in the positioning of autism in relation to gender non-conformity. The review illustrated how issues attributed to autism, i.e. not understanding or following correct social norms, were commonly used to explain non-normative gender performance. This device was sometimes deployed by others to discredit the individual's gender identity, but also appeared within some individuals' own accounts, and within interpretations made by some study authors. As Jackson-Perry (2020) emphasised, this positioning of autism rests upon problem-saturated narratives of autistic 'deficit' and 'disorder' rather than a celebration of diversity. It matched a broader pattern in which non-autistic gender-diverse people have faced infantilising assumptions around their capacity to understand gender identity (Ashley, 2019). Placing disability in causal relation to gender diversity delegitimises these identities and continues a history of pathologizing LGBT+ people (Toft at el., 2020). Autism, conceived in essentialist neurodevelopmental terms, 'trumps' gender identity in the interpretation of what is 'authentic'. Questioning the 'authenticity' of trans identities on the grounds of autism arguably also reifies essentialist ideas about the trans-cis binary.

Power hierarchies

Discourses of gender and autism intersected with power hierarchies in ways which situated gendered autistic subjectivity in particular positions of subordination: the 'pariah feminine', the 'vulnerable', the 'deviant'. Female autistic identity was constructed as less feminine than 'neurotypical' femininity – more 'straightforward', 'unemotional' and 'male-like'. This enactment of masculine traits embodied characteristics of 'pariah femininity', provoking sanction in the form of social exclusion, and demarcating autistic femininity as 'deviant' (Schippers, 2007). From a feminist standpoint, this equation of 'pariah femininity' and autism is troubling in that it

risks pathologizing any women who do not meet stereotypical gendered expectations (Russell, 2021).

The female autistic 'vulnerability' narrative combined patriarchal constructions of femininity as passive and submissive with 'deficit' discourses of autism. This positioning of autistic women as 'vulnerable' resonated with broader associations in ableist discourses between disability, child-likeness, and vulnerability (Sandberg et al., 2020; Toft at el., 2020). Boyle (2003) argued 'vulnerability' confers a negative identity on the person positioned as 'vulnerable' and creates a power relationship in which their subordination is both reinforced and naturalised. The female autistic 'vulnerability' narrative obscured the operation of interpersonal and patriarchal power in sexual abuse, leaving individuals with a sense of personal fault and allowing rape myths to perpetuate. Similarly to the discourse around 'masking', here autism appeared to work to naturalise patriarchal oppression.

Ableist discourses commonly 'other' people with disabilities as either 'vulnerable' or 'deviant' (Sandberg et al., 2020). At the intersection of autism and gender, deviation from dominant norms of 'neurotypicality' and hegemonic gender risked experiences of bullying and intersectional harassment, consistent with Butler's (1988, p.522) argument that 'those who fail to do their gender right are regularly punished'. Disciplinary power further operated through an internalisation of 'deviance', shaming individuals to control and inhibit the expression of their identities.

Opening possibilities?

The review indicated connectedness to autistic, LGBT+ and other inclusive communities can serve important functions: enabling consciousness raising of oppressive societal narratives and internalised 'deviance'; providing opportunities for belonging and peer support. While dominant autism discourses located the 'problem' with gender within individuals (*people have trouble performing gender because of autism*), an alternative was to turn the gaze back on gender as a construct (*people, 'autistic' or not, have trouble performing gender because gender is 'troublesome'*). Feminist scholarship inspired by the disruptive potential of autistic perspectives on gender – including 'attempts to give up the ghost of gender' (Davidson & Tamas, 2016,

p.61) – found echoes in avowals of an absence of a sense of gender; while expressions of gender fluidity and idiosyncratic gender identifiers evoked the notion of gender as *copia*, multiple possible 'rhetorical acts of self-fashioning' (Jack, 2012, p.14). Queer theory on the creative possibilities opened up by failure to live up to normative standards (Halberstam, 2011) has been used to reframe autistic 'failure' to 'properly' perform gender as 'a particularly creative way of unknowing an imperfect system', holding a mirror up to the failings of gender categories (Jackson-Perry, 2020, p.224). Autism could also be considered an 'imperfect system' (Runswick-Cole et al., 2016), yet in the reviewed studies, where participants questioned gender norms, this did not appear to extend to critique of autism as a label. Indeed, sometimes destabilising the essential nature of gender came at the cost of reifying autism.

Limitations

The scope of the review to include the views of those who may reject an autism diagnosis (e.g. Lee, 2019) was limited due to the fact that recruitment for the primary research focused on individuals who identified as autistic, or who were recruited based on diagnosis – it is possible that individuals who resist diagnosis may also take critical orientations to socially constructed gender norms. Considering the historical and cultural contingency of the identity discourses, a shortcoming of the review was the flattening of difference relating to age: the negotiation of gendered identities may differ at different points in life-span development, related to factors such as different gendered expectations or different levels of exposure to ideas of gender fluidity between adolescents and adult cohorts, (Diamond, 2020).

Within the reviewed studies, the paucity of accounts of autistic masculinity was notable. Perhaps autistic masculine subjectivity has been under-researched because masculinity – like Whiteness – is implicitly constructed as the norm and thus becomes invisible (Ahsan, 2020). The focus on intellectually able individuals is a further limitation of the reviewed research: ableism, hegemonic gender and cis-normativity may intersect in particular ways with other negative operations of power for people with intellectual disabilities, with implications for their identity narratives (e.g. Charnock, 2013; O'Shea & Frawley, 2020).

Cultural specificity: positioned understandings

While both gender and autism are constructed differently across cultures (Aydt & Corsaro, 2003; O'Dell et al., 2016); the reviewed studies drew predominantly from WEIRD (Western, Educated, Industrialised, Rich, Democratic) samples (Rad et al., 2018), and were reviewed from the standpoint of a western, educated, feminist psychologist. The specific time period of publication and the geographic concentration of the selected papers (although likely, at least in part, to have been a result of searching only English-language publications) illustrates the time- and culture-bound nature of the understandings of autistic gendered identity explored in this review. It reflects the localisation of knowledge production about autism, concentrated heavily in the USA, as well as the UK and Canada (O'Dell et al., 2016). The idea of autistic identity has developed at a particular time in history, in a particular set of political, social and cultural conditions: the ascendency of neoliberal individualism (Timimi, 2021), its 'them' and 'us' politics of division (Runswick-Cole, 2014), its assault on state welfare provision (Evans, 2018); the expansion of diagnostic cultures (Brinkmann, 2016), 'neuro culture' (O'Dell et al., 2016) and contemporary biopolitics (Rabinow and Rose, 2006); the era of the internet and identity politics (Kapp et al., 2013; Ortega, 2009).

Likewise, in the particular temporal and cultural spaces in which the reviewed studies were situated, ideas of gender and gender identity are articulated in particular ways, in response to particular gender politics and the pressures of culturally constituted gender norms. What vocabulary or scripts for gender and gender identity are knowable and available changes over time and between different cultural context (Levitt, 2019; Morgenroth & Ryan, 2020). Within a particular cultural context, individuals' frameworks for conceptualising gender are further shaped by their particular life experiences (Mazzuca et al., 2020). Gender/sex is a changing landscape (Hyde et al., 2019). Its language ages quickly, and before too long the language of this review and the ideas expressed may well sound dated. Ideas around the intersection of gender and autistic identity may travel and transform in different ways between different cultures and epistemic communities: by tracing the 'intercontextual' (O'Dell et al., 2016), future studies may develop a richer picture of multiplicity in relation to this intersectionality.

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Constructions of 'female autism' in professional practices:
A Foucauldian discourse analysis

Prepared and formatted for submission to *BioSocieties* (see Appendix G for link to journal guidelines).

Abstract

Background/Objectives
The dominant neuro-essentialist paradigm has constrained most literature to date on the emergent concept of 'female autism'. Adopting a social constructionist position, I sought to examine how 'female autism' is constructed in professional practices, the implications for women and girls, and the broader institutional and ideological ramifications.

Method
A Foucauldian discourse analysis was undertaken of descriptions of 'female autism' in reports and resources provided by UK-based clinicians.

Findings
'Female autism' was framed in these texts as an advance in medical-scientific knowledge and gender equality. Its identification in women and girls was argued to be crucial to their personal flourishing. However, attending to the power dynamics at play, a more complicated story developed, whereby the construction of 'female autism' extends the reach of the expert gaze through expanding the category of autism into previously un-pathologised territory, while reproducing patriarchal norms and reinforcing hegemonic, binary understandings of gender.

Discussion
Findings are linked to the biopolitics of autism in neoliberal times and feminist critique. The interpretive nature of the analysis and its limits are noted. A more critical perspective on the coherence and utility of 'female autism' as a concept is advocated.

Introduction

In recent years the subject of autism in women and girls has received increasing attention in research and clinical practice. I am interested in how 'female autism' is constructed as a concept, how clinicians working in this area in the UK describe and communicate the idea of 'female autism'. I begin by positioning autism in historical and socio-cultural context. I outline existing research on 'female autism' before making the case for a Foucauldian discourse analysis.

Autism and the emergence of 'female autism'

Hacking (2007) has written about autistic people as "moving targets" whose subjectivity is shaped by, and in turn shapes, how autism is classified in a "looping effect". Dominant understandings of autism feed into the medical-scientific practices, experts and institutions regulating what counts as autism; these practices in turn influence how autism is understood and lived. Continually reinforced in a never-ending cycle, dominant understandings become taken for granted scientific 'truths' and naturalised, obscuring how the concept of autism has evolved over time (Timimi, 2021).

Classic accounts of autism, characterised as a 'neurodevelopmental disorder', emphasise difficulties in social communication and interaction, theorised in terms of impaired 'theory of mind' (Baron-Cohen, 1995), and rigidity in routines and 'special interests' (Attwood, 2003). Since the 1990s, the neurodiversity movement has challenged the deficit model of autism in medical discourses, instead seeking to celebrate autistic 'difference' (Jaarsma and Welin, 2012). Revisions over time to the diagnostic criteria have accompanied increased diagnosis (Timimi and McCabe, 2016). The controversial DSM-V changes, which removed Asperger Syndrome as a separate category and made autism a 'spectrum' condition, sparked warnings of "diagnostic inflation" (Batstra and Frances, 2012). Recent years have seen growing public interest in autism (Dillenburger *et al*, 2013). Diagnostic services have struggled with increased referrals (Jones *et al*, 2014), while some people self-identify without a formal diagnosis (Lewis, 2016). These developments are historically situated in particular sociocultural, economic and institutional contexts. Notable factors include increasing demand for social 'skills' in the shift to a service-based economy, changing child-rearing practices

involving greater professional and institutional oversight of child development, and the neoliberal politics of division in the post-Thatcher and austerity eras, within which diagnostic labels work to determine 'worthy' from 'unworthy' recipients of welfare benefits and services (Runswick-Cole, Mallett and Timimi, 2016; Timimi, 2021).

Autism has historically been gendered male: the 'extreme male brain' theory (Baron-Cohen, 2002) an obvious example. Men and boys continue to be more likely to be diagnosed (Halladay *et al,* 2015). However, the phenomenon of autism in women and girls and the possibility of a distinct 'female autism phenotype' (Allely, 2019) has attracted increasing attention. A narrative that women and girls 'camouflage' signs of autism (Dean *et al*, 2017), linked to concerns that their autism is being 'missed' or 'misdiagnosed' (Gould and Ashton-Smith, 2011), shows signs of diffusion into popular culture, inspiring a recent graphic novel, *Camouflage: The hidden lives of autistic women* (Bargiela and Standing, 2019). Overall, existing research presents a conceptually and empirically mixed picture of the existence and nature of sex or gender differences in autism (Strang *et al*, 2020). Research differs on whether 'camouflaging' is actually more characteristic of females (Hull, Petrides and Mandy, 2020; Pearson and Rose, 2021). However, searching the literature on the subject of 'female autism' reveals a marked increase on writing in the last decade. Calls for greater awareness of autism in women and girls (Gassner, 2009) and for earlier diagnosis (Attwood, 2012) have been followed by a proliferation of public research initiatives such as the questionably titled "Autism in Pink" project (autisminpink.net) and self-help books targeting a new audience of 'Aspie girls' (e.g. Bulhak-Paterson, 2015).

The case for a critical approach

'Female autism' is likely to continue to be a growing area of research, clinical and public interest. The logic of the looping effect would suggest that increased attention to the possibility of a different, female presentation of autism will mean more women and girls are referred for and receive autism diagnosis, and this new cohort of autistic subjects will then influence how autism is understood (Hacking, 2007). At a time when critical voices within psychology are challenging the conceptual framework of psychiatric diagnosis (Johnstone and Boyle, 2018), the neurodevelopmental status of autism has offered it some immunity from the critiques targeted at other psychiatric

diagnoses (e.g. Division of Clinical Psychology, 2013). However, similar themes arise in the issues raised about the category of autism within the field of critical autism studies: the continued absence of biological markers of what autism 'is'; the heterogeneity of presentations clustered under the autism umbrella; the lack of explanatory or predictive power offered by autism as a concept; the stigmatising impact on those inscribed with the diagnosis, its potential to marginalise and limit (Runswick-Cole, Mallett, and Timimi, 2016).

Most research on 'female autism' focuses at a biomedical level, seeking genetic (Skuse, 2000), hormonal (Ingudomnukul *et al*, 2007) or neuroanatomical (Beacher *et al*, 2012) differences. Qualitative research exploring the experiences and perspectives of women and girls diagnosed with autism (e.g. Bargiela, Steward and Mandy, 2016) has tended to accept *a priori* the dominant paradigm of autism as a neurodevelopmental condition explicable in biomedical terms. A thematic analysis of clinical psychologists' conceptualisations of autism and gender found the psychologists thought of "autism itself" as *affecting* boys and girls equally, yet *presenting* differently in girls, due to assumed gender differences in social and emotional domains, necessitating challenges at assessment in 'unmasking' girls' presentation (Muggleton, MacMahon and Johnston, 2019). While their analysis mentioned the influence of societal expectations of autism and gender roles, the extent to which the authors could deconstruct this was limited, perhaps attributable to the method of analysis precluding fuller consideration of more macro-level processes. From a more critical standpoint, Russell (2021) highlighted how some characteristics taken to reflect autism in women and girls mirror 'pariah femininity': traits associated with masculinity which when appropriated by women threaten the hegemonic binary between male dominance and female subservience (Schippers, 2007). Autism may serve to exempt women who deviate from gender expectations, yet this "diagnostic exemption" strengthens the stranglehold such norms have on a "shrinking normal" (Russell, 2021, p.88).

Analysing discourse

Discourse analysis methods can open up a more macro-level examination of social structures and discourses (O'Reilly and Lester, 2017). Foucauldian discourse analysis (FDA) is particularly suited to consideration of the historical contextuality of autism

and its links to power, institutions and governmentality (Vakirtzi and Bayliss, 2013). Foucault was interested in how disciplines such as psychology and psychiatry categorise people, and by doing so impose a "law of truth that they must recognize in themselves and that others must recognize in them" (*Ibid.*, p.373). Foucauldian critique attends to the costs of these 'regimes of truth': subjectified as 'different' or 'disordered', individuals are fixed into power relations within institutions, such as the educational, health and social care systems (Yates, 2015).

> *The effect of such critique, and even its conscious aim [is]…that the people who administer the lives of others, the people whose social position is associated with particular regulated ways of directing the conduct of disabled people find their actions problematic in new ways … and that those who are the subjects of power find new ways to articulate resistance and push against constraining limits.* (Yates, 2015, p.103).

While there may be a number of ways to speak of 'female autism', the 'stories' told by professionals are likely to be some of the most powerful (Harper, 1995). How 'female autism' is constructed in professional practices has implications for the boundary between 'normal'/ 'neurotypical' and 'abnormal'/'different'/'neurodiverse'. How professionals construct 'female autism' has implications for how many women and girls receive the diagnosis, and, consequently, access to services, benefits and support (Powell and Acker, 2016), but potentially also exposure to stigma, stereotyping and discrimination (Johnson and Joshi, 2015). At the 'clinician-client interface', professional practices influence the discourses available to make sense of 'female autism' for the women and girls diagnosed. An autism diagnosis can be experienced by individuals as highly significant for their identity and how they understand their lives (Hickey, Crabtree, and Stott, 2018): for some, bringing with it a positive sense of belonging (Bargiela, Steward and Mandy, 2016); for others, a depressing sense of fixity (Powell and Acker, 2016).

Critiquing a concept like 'female autism' is a thorny undertaking. I recognise that autism is a valued part of some people's identity. I believe that professionals who take up the idea of 'female autism' are motivated by a wish to help women and girls experiencing difficulties. Deconstructing 'female autism' is not about invalidating these

experiences. Nor is it about criticising individual professionals. FDA is interested in the effects of discourse rather than the intentions of authors (Parker, 1992). Professionals are constrained by the possibilities of the available discourses, as are we all (Edley, 2001). The point is rather to reflect on the value of 'female autism' as a category: to unpick some of the ramifications of this way of understanding people, to think critically about what is gained, what is lost, and for whom (Parker, 1992).

With these objectives in mind, the research questions were:

1. How is 'female autism' constructed in professional practices?
2. What possibilities do these constructions allow or disallow?
3. What implications do these constructions have for women and girls?

Method

A Foucauldian Discourse Analysis was undertaken of professional-generated texts on 'female autism'. Ethical approval was obtained from the University of Leicester Psychology Research Ethics Committee (see Appendix I for further details). Data was sought from professionals (not tightly defined, but in practice 'core' professions such as nursing, speech and language therapy, psychology) who worked clinically with people who have an autism diagnosis. Details on data collection can be found in Appendix J. Potential contributors who were not based in the UK were excluded – although there might be broad shared ways of thinking internationally, political and historical contexts will inevitably differ (O'Dell *et al*, 2016). Professionals were asked for written descriptions of 'female autism' they used in clinical reports (non-client specific sentences or paragraphs used to construct reports) or other resources on 'female autism' they recommended to patients or other professionals (e.g. information sheets, books, websites, YouTube videos, training material, journal articles).

Analysis

The analysis was informed by social constructionist epistemological assumptions: that categories such as 'female autism' do not simply describe an 'objective' reality to be

discovered (Georgaca, 2013); rather, the construction and application of such categories are situated within the knowledge politics of particular disciplines (e.g. the 'psy-disciplines' [Rose, 1996]) and shaped by broader social and power structures (O'Reilly and Lester, 2017).

Different frameworks for FDA exist. More detailed models such as Parker's (1992) extend to a fuller consideration of 'genealogy' (historical contingency of discourse) and power, less emphasised in Willig's (2013) method. The analysis undertaken followed processes drawn from both aforementioned models and other sources (Arribas-Ayllon and Walkerdine, 2008; Carabine, 2001).

1. Data collected was ranked in order of relevance so as to select the 'corpus of statements': see Appendix K for the criteria used.

2. Data was coded to identify discursive constructions of 'female autism' and patterns among these constructions, grouping them into themes to organise the data for analysis. Extracts were selected to illustrate key themes.

3. In analysing the extracts, constructions of 'female autism' were located in relation to wider discourses, attending to congruence and tensions between discourses, and considering the 'action orientation' or function of constructions of 'female autism' in specific discursive contexts.

4. The 'subject positions' made available by these constructions were examined – what opportunities for speech or action are made possible or legitimate, and with what implications for subjectivity: for how individuals seek to regulate themselves, how they see, feel and experience their worlds.

5. Contextualising the findings considered the historical backdrop to the development of 'female autism' as a concept; the institutional interests invested in its promotion; who may gain or lose from the ways it is constructed; and how hegemonic ideologies may be served.

See Appendix D for further discussion of epistemological orientation, Appendix L for illustration of the stages of analysis, Appendix M for quality and reflexivity considerations and Appendix N for a chronology of the research process.

Findings

Three interconnected themes were developed to reflect the effects of constructions of 'female autism' within the data:

1. The 'progress' story: 'female autism' as medical advance, gender equality issue and key to personal flourishing.
2. 'Female autism' as expansion of the category of autism and the reach of the expert gaze.
3. 'Female autism' as a means of reinforcing gender binaries and hegemony.

1. The 'progress' story

This theme is about the ways in which the identification and investigation of 'female autism' as a distinct diagnostic profile is framed as progress; as advancement of professional understanding, which will benefit a previously disadvantaged group. A number of discourses are at play in these constructions. The first is a discourse of medical-scientific advancement. 'Female autism' is constructed as signifying both continuity and change within the history of autism.

EXTRACT 1 (nasen, 2016, p.3.)

1.   *In 1944, Hans Asperger (trs. Frith 1991) wrote that the 'contact*
2.   *disturbances' experienced by the girls in his group were 'reminiscent of*
3.   *autism' without showing the 'fully formed' autism seen in the boys.*
4.   *Similarly, today an ASC explanation for autism-like difficulties in girls is*
5.   *often discounted because their behaviour conflicts with the stereotype of*
6.   *ASC core characteristics and associated features.*

EXTRACT 2 (Original author unknown: these paragraphs included in clinical reports were provided by two contributors from separate services, suggesting they are in circulation among clinicians.)

1. *Although autism has historically been considered a predominantly male*
2. *condition, there is now a growing awareness that the condition manifests*
3. *itself differently and more subtly in females.*

Connecting 'female autism' "today" [Extract 1, line 4] with the foundational case studies of Asperger [Extract 1, line 1] gives a history and heritage to 'female autism' and its under-recognition. Placing 'female autism' in the origin story of the autism spectrum adds legitimacy to the concept. That the ancestral figure is Asperger rather than Kanner may be significant, perhaps aligning 'female autism' with the area of the autism spectrum previously labelled Asperger Syndrome, intimating a subtler range of differences.

Labelling autism as a "historically…predominantly male condition" [Extract 2, lines 1-2], marks the male-centric understanding as out of date. "Growing awareness" [Extract 2, line 2] of 'female autism' invokes a positivist narrative of the history of science as the linear accumulation of knowledge (Niiniluoto, 2019). The distinction between past and present, out of date and up to date, establishes binary positions for professionals: at the forefront of developing knowledge, or stuck in the past. "More subtly" [Extract 2, line 3] reinforces this by suggesting that the 'aware' clinicians are more skilled, for they can identify subtle differences. Connecting the discounting of "an ASC explanation" with professionals having 'stereotypes' [Extract 1, line 5] draws on discourses about 'good' science being free from bias and prejudice, threatening those who do not label girls' difficulties as autism with the designation of bad/biased professional. Referring to autism 'stereotypes' rather than 'symptoms' also protects the category of autism itself from critique, locating the problem instead with its application by the bad/biased professional.

A second discourse around gender equality is drawn on to support the idea of 'female autism' as progress.

EXTRACT 3 (Larkey, 2016.)

1.   *Girls with an ASD are often undiagnosed, because original diagnostic*

2.   *criteria have a boy bias. The criteria were created by actually examining*

3.   *mainly boys, and the girls can be very different. I think we all know*

4.   *'neuro-typical' boys and girls are very different in their social,*

5.   *communication and behaviour.*

EXTRACT 4 (nasen, 2016, p.14.)

1.   *These are early days in identifying gender-related ASC differences for*

2.   *girls and women, and therefore while new pathways of inquiry have*

3.   *opened up, evidence is currently sparse, fragmented and inconclusive.*

4.   *As professionals and researchers working together with girls and young*

5.   *women with ASC, we need to work towards clarity and consensus.*

6.   *Girls and women with ASC need to be recognised, enabled and*

7.   *effectively equipped so they can make the life choices they choose and*

8.   *benefit from them. It is their human right.*

'Female autism' is constructed as under-diagnosed due to a "boy bias" in diagnostic practices [Extract 3, line 2]. This rests on a binary understanding of gender, articulated in 'common sense' terms: "we all know" boys and girls are "very different" [Extract 3, lines 3-4]. Evoking critiques of medicine as male-normed (Gergen, 2001; Sampson, 2008), an activist position is created for professionals advocating for the recognition of 'female autism'. In Extract 4, the moral argument for 'female autism' as a gender equality issue reaches its apotheosis as a matter of 'human rights' [line 8].

It is interesting that this morally-loaded 'human rights' discourse enters at a point where the promise of scientific advancement seems fragile, the evidence base "inconclusive" [Extract 4, line 3]. Yet describing the evidence as "currently sparse" [Extract 4, line 3] suggests more confirmatory evidence will complete the picture. Scepticism of the validity of the 'female autism' construct is discouraged by the morally-charged call for "consensus" [Extract 4, line 5] in the interests of the girls and women who "need to be recognised" [Extract 4, line 6]. The construction of 'female autism' as a label *needed*

for girls and women to make "life choices" and "benefit" [Extract 4, lines 7-8] draws on educational, health and social care discourses around identifying and supporting 'additional needs'. Implicit in these constructions is an argument for the involvement of educational, health or social care services, to ensure that women and girls with autism, positioned as potential service users, are "recognised" and "enabled" [Extract 4, line 6]. Hitherto missed by the expert gaze, they will only flourish once it is cast upon them.

EXTRACT 5 (Wild, 2016.)

1. *...understanding, regulating and managing their emotions is absolutely*
2. *crucial to autistic girls' happiness in adult life. It is key to feeling well,*
3. *happy and together and to accessing opportunities. It's the difference*
4. *between being contained, emotionally functioning adult, or being*
5. *stranded in their bedroom by their anxiety.*

Extract 5, written by the headteacher of a specialist school, draws on (individualistic) positive psychology discourses in constructing "happiness" as a matter of "understanding, regulating and managing" emotions [Extract 5, lines 1-2], of shaping the self in accordance with expert advice. Under this disciplinary gaze, the subject can understand herself [Extract 5, line 1], be "contained" and "emotionally functioning" [Extract 5, line 4]; yet unrecognised as autistic, anxious and bedroom-bound [Extract 5, line 5], she cannot be "happy and together", or access "opportunities" [Extract 5, line 3]. Positive psychology discourses around personal flourishing tie into a wider neoliberal economic context of competitively-accessed opportunities, in which an individual's worth is measured by their potential to contribute economically to society, and in which educational, health and social care services are oriented towards 'equipping' individuals to meet these expectations.

2. Expanding autism

Mallett and Runswick-Cole (2016), Timimi (2021) and others have written of the commodification of autism. The narrative of 'female autism' as progress may be cloaked in the veil of scientific neutrality and the mantle of human rights, yet 'female autism' also opens new markets: for researchers, expert diagnosticians, training

providers, and institutions such as schools and specialised services catering to the additional needs of this newly recognised cohort of hitherto overlooked girls and women. This second theme is about how this expansion into new markets is underpinned by the ways in which 'female autism' expands the category of autism. Through constructions of 'female autism', the expert gaze captures women and girls who, on the surface, may seem quite similar to female peers, and whose characteristics may seem the opposite of stereotypes of autism.

EXTRACT 6 (Olley Edwards, a "woman with Asperger syndrome", quoted by Gould [2016] in a presentation used by the contributor when writing clinical reports.)

1. *The autism spectrum is vast and beautifully complex, some individuals*
2. *are easily identified, but for others their autism is a prism, it is present,*
3. *but yet it remains transparent until the appropriately trained clinician*
4. *shines their knowledge and light onto it, it is only then that the colours*
5. *and complexities can be seen and understood.*

In this vivid imagery, autism is "present" [Extract 6, line 2] but unseen *until* the clinician "shines" the light of knowledge [Extract 6, lines 3-5]. Within a medical-scientific discourse the expertise of the clinician becomes legitimised as embodying science itself, a position of special power – only with the light of their knowledge can autism be seen. But this knowledge-power is the preserve of the "appropriately trained" [Extract 6, line 3]. The emphasis on appropriate training is an example of where 'female autism' serves agenda favourable to the professions and institutions invested in the research and diagnosis of 'female autism', guarding their knowledge-power and its marketability.

EXTRACT 7 (nasen, 2016, p.4.)

1. *Appropriate diagnosis, therefore, relies on very experienced clinicians*
2. *who are 'able to see and think beyond the lists of criteria in the various*
3. *classification systems currently available' (Gould and Ashton-Smith*
4. *2012).*

The identification of 'female autism' is presented as a highly skilled activity, requiring "very experienced clinicians" [Extract 7, line 1]. From the vantage point of the "very experienced" clinician, it is possible to see "beyond" the diagnostic criteria [Extract 7, line 2], to spot 'female autism' even where the presentation may look different from the existing autism criteria. Opposing positions are once again formed: the 'good' professional, experienced, able to 'see'; versus the inexperienced professional, constrained by the criteria. Framing this as a question of experience and skill de-legitimises the voice asking, *if we are going beyond the criteria for autism, are we still talking about autism?*

EXTRACT 8 (Wild, 2016.)

1. *Just because the girls aren't obsessed with Thomas the Tank Engine or*
2. *lining things up in neat rows doesn't mean they are not on the spectrum.*
3. *Just because they can make eye contact, have a reciprocal conversation*
4. *with someone for five minutes doesn't mean they are not autistic. It*
5. *means the girls have learned how to have a conversation. Society needs*
6. *to redefine what it thinks autism is.*

"Thomas the Tank Engine", "eye contact"…these clichés of classic autism are jettisoned as not applicable to girls with autism [Extract 8, lines 1-4]: the rules have changed. A distinction is created between what autism 'is' and what 'society' *thinks* autism is [Extract 8, lines 5-6], a parallel distinction between the expert's insight and others' stereotyped assumptions. To "redefine" autism to better capture women and girls [Extract 8, line 6] means redrawing the boundary, stretching the concept of autism into areas not previously seen as autistic. If a woman or girl does not appear autistic, they have "learned" [Extract 8, line 5] to act non-autistic.

EXTRACT 9 (Wild, 2016.):

1. *…we call it social formatting: copying and pasting someone else's*
2. *behaviour and trying to make it your own - without understanding where*
3. *that comes from.*

EXTRACT 10 (From paragraphs included in clinical reports.)

1.   *Girls may be more able to follow social rules through observation and*
2.   *girls may mask their difficulties by learning to copy behaviour i.e. using*
3.   *skills based on intellect rather than social intuition.*

According to social learning theory, *we all* learn behaviour through observing and imitating others (Bandura, 1977). Yet the computer metaphors of Extract 9 – "formatting", "copying and pasting" [line 1] – serve to construct the imitation of others as abnormal, the resultant behaviour as somehow fake, not genuine. 'Female autism' as a 'copied' way of being invokes gendered tropes of femininity as masque and artifice (King, 2004). The construction of 'masking' as characteristic of 'female autism' requires separating 'normal' social learning from the 'copying' perceived as symptomatic of 'female autism': the differentiation between "intellect" and "intuition" [Extract 10, line 3] creates distinct autistic and non-autistic processes underpinning behaviour which may look on the surface very similar. How does one distinguish between intellect-based and intuition-based behaviour? The tools of expertise.

One such tool is the CAT-Q (Hull *et al*, 2019), a measure of 'camouflaging'. Extract 11 is a sample of items from its 'masking' and 'assimilation' components.

EXTRACT 11 (Hull *et al*, 2019, Fig. 1)

1.   *Monitor face and body to appear relaxed*
[...]
2.   *Adjust face and body to appear interested in others*
[...]
3.   *Aware of impression made on others*
4.   *Feel the need to put on an act*
5.   *Performing, not being oneself in social situations*

The CAT-Q is interesting for a number of reasons. The very concept of 'camouflaging' suggests 'other-ness'; a disguise to blend into the environment; in military parlance, a

means of hiding from the 'other side'. This 'other-ness' is in tune with representations of autism as alien (Hacking, 2009), of autistic *Women from Another Planet* (Kearns Miller, 2003), and indeed, of woman as 'other' (King, 2004). There is a special power to an apparatus that can uncover autistic camouflage by asking 25 simple questions. In line with medical-scientific discourse, the administration of the questionnaire yields the 'truth', cutting through the autistic subjects' usual practices of disguise. The power of science is inscribed here as the autistic female cannot hide from the reach of the expert's tools and will be found out.

The CAT-Q is freely available under a creative commons license and can be reproduced and altered. In the article on its development and validation (Hull *et al*, 2019) the seven-point Likert scale is described as ranging from "Strongly Disagree" to "Strongly Agree". In the version of the CAT-Q provided by one of the contributing clinicians, the poles of the scale had been altered to "Never" and "Always", with a mid-point of "About half the time", implying 'camouflaging' can be quantified based on the proportion of time someone might 'mask' or 'assimilate'. This in itself expands the diagnostic reach: if autism is a lifelong neurodevelopmental condition, one might expect signs of autism to be ever-present, but if it is accepted that someone might be 'pretending to be normal' (Bargiela, Steward & Mandy, 2016) some (or all) of the time, then the threshold for diagnosis drops. Indeed, Hayes *et al* (2021) noted the explaining away of contradictory evidence by recourse to the concept of 'masking' in diagnostic decision-making in autism assessment teams – particularly when diagnosing women and girls. Numerical scoring allows expert measures to sustain an "illusion of objectivity", as has been highlighted in relation to the ADOS autism diagnostic tool (Timimi *et al*, 2019). Yet what the responses signify is highly subjective, necessitating a number of value judgements: whether a 'normal' way of being is to 'never' (or 'always') behave in a certain way, whether it is problematic or not if someone 'camouflages' only 'half the time', what consideration is given to context, or motivation.

Abilities such as monitoring and adjusting body language, and reflecting on the impression made on others, require self-awareness and theory of mind seemingly at odds with understandings of 'classic' autism. Items presented as signs of 'masking' [Extract 11, lines 1-3] might, in some contexts, be cultivated as interpersonal skills

(therapists, for example, are trained to be aware of and consciously adapt their non-verbal communication). Yet the language of monitoring and adjusting [Extract 11, Lines 1-2] evokes mechanistic discourses, tapping into tropes of autism as robotic (Lilley, 2011), implying that monitoring and adjusting *should* be intuitive, below the level of conscious awareness. "Being oneself" [Extract 11, line 5] is positioned as the optimal, 'natural' way to be, whereas "performing" – acting – falls short. This connects to the fetishisation of 'authenticity' and the expression of 'true self' in late capitalist individualistic society (Whitmer, 2019). The implication is that non-autistic people can be their authentic selves, do not "need to put on an act" [Extract 11, line 4].

Dramaturgical theory proposes that *we all* perform roles in social situations (Goffman, 1959). However, in constructions of 'female autism', theatrical metaphors about 'performing' or 'masking' serve to 'other' these behaviours as abnormal – despite the ability to understand what behaviour of others to 'copy', or to grasp the 'performance' needed in a social situation, seemingly requiring the very social understanding conceptualised as impaired in 'classic' autism. The camouflage hypothesis, integral to the narrative that women and girls with autism are 'missed' by professionals (Allely, 2019), creates a catch-all, whereby if a woman or girl acts in a way which does not appear autistic on the surface, this in itself may signify autism, if reframed as compensatory 'camouflaging', the result of the machinations of the systematising autistic mind.

3. Reinforcing gender hegemony

Within the 'progress' narrative, the development of 'female autism' as a concept is constructed as advancing gender equality. However, from a critical gender theory standpoint, implications of the 'female autism' construct are troubling. This third theme deconstructs the ways in which 'female autism' acts to reinforce hegemonic gender.

In some respects, 'female autism' is constructed as departing from stereotypical femininity.

EXTRACT 12 (Gould, 2016.)

1. *In society females are expected to be social in their communication but*
2. *they do not 'do social chit-chat or make meaningless comments to*
3. *facilitate social communication'.*

In Extract 12, autistic women buck the societal expectation that women should be socially amenable [line 1]. It is ambiguous whether they are failing to meet gendered expectations (perhaps due to autistic difficulties grasping social rules?) or rebelling against these expectations. If disliking "chit-chat" [Extract 12, line 2] or other stereotypical gendered expectations is a sign of 'female autism', women's resistance risks being pathologised (Russell, 2021). By pathologizing and thus punishing the pariah feminine, hegemonic femininity is reinforced (Russell, 2021; Schippers, 2007).

Yet in other respects, fundamental to the construction of 'female autism' is its characterisation as distinctly *female*, asserting a binary and essentialist conceptualisation of gender. Disguised beneath a veneer of neutral science, patriarchal and sexist discourses fuse with discourses of 'deficit' and 'abnormal' psychology, shaping the ways autistic women and girls are constructed. We have seen this in the way in which the camouflage hypothesis constructs autistic women and girls as 'copying' and 'performing' rather than behaving 'naturally' (the trope of female artifice meets the trope of autism as robotic). A similar fusing happens in relation to emotionality.

EXTRACT 13 (A point on female presentation included by a clinician in reports.)

1. *Relating very strongly to other people's emotions/taking on other*
2. *people's emotional states.*

Constructing 'female autism' as being highly sensitive, even emotionally porous, to others' mental states [Extract 13, lines 1-2] is in striking contrast to 'classic autism', where the expectation would be that impaired theory of mind would entail difficulties understanding, let alone adopting, others' emotions. This departure from traditionally

understood (male) autism is given credibility by the invocation of gendered discourses in which orientation to relationships (Mahalik *et al*, 2005) and emotionality (King, 2004) are coded female. It is implied [Extract 13, line 1] that women/girls with autism may be *over*-sensitive to emotion. This echoes the trope of female hysteria, which has a long lineage in medicine (Showalter, 1993) and connects to patriarchal constructions of women as impressionable and weak (Prentice and Carranza, 2002), constructions which also underly the 'female autistic vulnerability' narrative.

EXTRACT 14 (Gould, 2016.)

1. *Safety for women can be a major issue.*
2. *Many are vulnerable to both verbal and sexual abuse in their attempt to*
3. *fit into society.*
4. *Women and girls cannot imagine risk – so do it anyway.*

Positioning autistic women as 'vulnerable' normalises abusive behaviour towards them (Warner, 2009), naturalising it through a synthesis of patriarchal and ableist narratives: female as 'the weaker sex' combined with associations between disability and physical or psychological weakness – associations *which are gendered*, as Hirschmann (2013) detailed. Reproduced in different forms across accounts of 'female autism' – including a book titled *The Aspie Girl's Guide to Being Safe with Men* (Brown, 2012) – the 'vulnerability' discourse is problematic for the ways in which it locates causes of abuse or victimisation within the 'vulnerable' autistic girl/woman (their attempts to 'fit in' [Extract 14, lines 2-3], their lack of consideration of 'risk' [Extract 14, line 4]), shifting blame from perpetrators and the wider societal factors (patriarchal power structures, misogyny, rape culture) which endanger women's safety, and placing responsibility for averting victimisation with women. The operation of oppression and victim-blaming are simultaneously reinforced and shielded from scrutiny (Boyle, 2003).

Drawing upon hegemonic gender discourses, constructions of 'female autism' act to regulate gender by presenting 'female autism' as characteristically female while narrowly defining *what is characteristically female*, in ways which reproduce gendered stereotypes.

EXTRACT 15 (From paragraphs included in clinical reports.)

1. *Girls are often more socially aware and socially driven, and so more*
2. *likely to seek out play and interaction opportunities (whilst often being*
3. *'led' by peers rather than initiating activities themselves). They may*
4. *have one special friend with whom they share an intense, sometimes*
5. *dependent, relationship. As they grow in self-awareness and recognition*
6. *of their 'differences', girls may take greater pains to avoid drawing*
7. *attention to themselves, for example by being quiet, well behaved and*
8. *compliant at school.*

EXTRACT 16 (Gould, 2016: section on 'special interests and routines')

1. *Research has shown there are significant differences in this area*
2. *between males and females.*
3. *Males are more hyperactive and aggressive and have interests in*
4. *technical hobbies and facts.*
5. *Females are more passive and collect information on people rather than*
6. *things.*
7. *Females have fewer stereotyped mannerisms.*
8. *The interests of women and girls in the spectrum are similar to those of*
9. *other girls – animals, soaps, celebrities, fashion.*
    […]
10. *It is not the special interests that differentiate them from their peers but*
11. *it is the quality and intensity of these interests.*

The quietness of 'female autism' [Extract 15, line 7] contrasts with the 'disruptive', behaviours pathologised in autistic boys (Timimi, 2021), matching gendered constructions of femininity as milder, as passive rather than active. The 'quietness' and 'mildness' of 'female autism' functions as an explanation in the narrative as to why autism in women and girls is 'missed': an explanation set in their femininity. 'Female autism' is constructed as differing from typical male presentations in sociability and interest in other people [Extract 15, line 1; Extract 16, line 5]. The construction of the "special friend" [Extract 15, line 4] acts to resolve the tension between gendered

discourses of female sociability and the traditional understanding of autism, in which difficulties with sociability are a core characteristic, by pathologizing female autistic friendship as "intense" and "dependent" [Extract 15, lines 4-5], encouraging understanding such friendships as merely reflective of autistic 'special interests'. In addition, describing the girls as "dependent" constructs an unequal relationship in which the autistic girl is negatively positioned as needy.

Indeed, the positions available for autistic girls in Extracts 15 and 16 are defined by the subordinate *loci* of 'hegemonic femininity' (Schippers, 2007) – "dependent" [Extract 15, line 5], "led" by others [Extract 15, line 3], "compliant" [Extract 15, line 8], "passive" [Extract 16, line 5], with interests which reproduce gender stereotypes [Extract 16, line 9]. The male traits described [Extract 16, lines 3-4] are consistent with hegemonic masculinity and the theory of the 'male brain' as systematising, "technical" and rational (Baron-Cohen, 2002). The authoritative voice of scientific neutrality – "Research" – is enlisted to emphasise the differences between males and females as distinct, binary groups with opposing characteristics [Extract 16, line 1], reproducing essentialist understandings of gender as rooted in sex differences..

The surface-level similarity with the interests of (female) peers is acknowledged, before a difference is introduced in "quality and intensity" [Extract 16, lines 10-11], evoking a scientific discourse in which quality and intensity are measurable and quantifiable, again creating a need for the 'expert' to discern the hyper-normal in seemingly typical interests, to determine how intense is 'too intense'. When 'female autism' is flexible ('subtle') enough that 'symptoms' are present in both behaviours that fit gendered expectations and those that do not, there is no escape from the diagnostic gaze, as any form of gendered behaviour, normative or non-normative, potentially becomes a 'symptom'. If someone is not stereotypically feminine, perhaps she has an autistic 'male brain'. If someone appears similar to female peers, perhaps she is 'too similar', trying too hard, mimicking, perhaps she is 'masking' autism.

Discussion

This study critically examined the construction of 'female autism' in professional practices. Using Foucauldian discourse analysis, texts used by clinicians to describe and explain 'female autism' were deconstructed with reference to the discourses, subject positions and power implications at play. Despite the marketing of 'female autism' in terms of medical-scientific progress, the advancement of gender equality and the promise of personal flourishing, closer examination of the ideological and institutional agenda served sees the construct act in ways not necessarily benign or neutral. 'Female autism' serves to regulate hegemonic gender and reinforce gender binaries through the reproduction of patriarchal structures and stereotypes, to expand the concept of autism and the gaze and power of the expert, to the cost of a vanishing 'normal'.

Highlighting these ramifications of the ways 'female autism' is constructed in professional practices is not to accuse professionals of any malign intent – after all, we are all constrained by the available discourses, enmeshed in the same institutional and social power structures (Parker, 1994). Indeed, we have seen how discursively pressures are brought to bear on professionals to take up the cause of 'female autism'. Critiquing 'female autism' is not to deny the experiences and difficulties which may lead a girl or woman to attract the label of 'autism', but to question how these issues are understood, what assumptions and ideologies underpin these understandings, what is being pathologised and with what consequences. It is to denaturalise 'female autism', to unpick its "contingent and socially produced character" (Georgaca, 2013, p.56).

For the emergence of 'female autism' as a concept cannot be separated from its context: a context in which the reach of diagnosis creeps ever further into contemporary life, fuelled by both "medicalization from above" and "pathologization from below" (Brinkmann, 2016, p.2). Expanding diagnosis shores up the power of the disciplines doing the diagnosing – not merely a matter of knowledge politics but also of funding streams for health, social care and education services at the mercy of austerity cuts. Autism as a biopolitical commodity is capitalised as a target for health, social care and educational markets. As autism expands into the 'female' market, so too can the business of equipping professionals with specialised training and tools to identify 'it'. A range of social actors – service user and carer groups, neurodiversity advocates,

clinicians, educators, researchers, public figures – are enlisted in promoting awareness, "in the name of the maximization of quality of life", as Rabinow and Rose (2006, p.211) described. Under neoliberal conditions of endless competition between individuals, diagnostic 'brands' are consumed as a salve for feelings of uncertainty and alienation (Timimi, 2021). The 'helping professions' offer 'empowerment' and the techniques of positive psychology to aid the individual to self-actualise and self-marketise, to be 'fit for work' in an economy prizing 'emotional intelligence' and interpersonal skills (Timimi, 2021; Whitmer, 2019). For those who do not easily fit this mould, a diagnosis can help to unlock state benefits, 'reasonable adjustments' and other forms of support (Powell and Acker, 2016).

'Female autism', like the broader autism category, promises certain things to its consumers: understanding (albeit through an individualised and medicalised framework), exemption from certain expectations (albeit in ways which naturalise these expectations as 'normal'), a label that opens access to particular support (and solidifies the economic foundation of the institutions administering such support). Yet other things may be threatened and lost in the face of a "totalising discourse" (Goodley, 2016, p.156), which squeezes out the spaces where girls and women can be quiet and shy, can be emotional, can have intense friendships, can either ignore gendered expectations or share stereotypical feminine interests, can be conformists *or* non-conformists. Why not instead, as Russell (2021, p.88) has written, "widen the ways all women (indeed, all people) are allowed or expected to behave".

In some respects, 'female autism' can be viewed as exemplifying the contradictory pressures of contemporary femininity. The endlessly pathologising catch-all quality of 'female autism' replicates patriarchal double binds familiar to women (Jenkins, 2014) and might be expressed (after Knightley, 2018) as: *Be self-aware, but not too consciously. Be emotionally attuned, but not over-sensitive. Make friendships, but not too 'intense' friendships. Be well-behaved, but not too well-behaved. Be interested in 'girl things', but not too interested.* The potential of autism and associated concepts such as 'pathological demand avoidance' to pathologise non-compliance with gendered expectations has been noted (Moore, 2020; Russell, 2021). Yet the effect of the camouflage hypothesis is to pathologise both those who attempt to 'fit in', and those who do not. King (2004, p.33) has written of the paradox of femininity: "regarded as

the most 'natural' of the genders…it also requires the most artifice to be considered successful, whilst those that are unsuccessful or refuse to take part in it are regarded as 'unnatural'." Considering female autistic 'masking' in light of King's femininity paradox, perhaps the most successful 'mask' is that which conceals its artifice to appear 'natural': the social performance equivalent of a 'no make-up' make-up look. It begs the question, what arbitrary and unattainable standards do we expect women to meet – and allow 'female autism' to police.

The concept of 'female autism' inevitably 'others' women: 'male autism' does not have the same currency; the 'maleness' of autism is unstated, in line with the over-representation of man as the norm (King, 2004; Wynter, 2003). 'Female autism' is a fundamentally essentialist category: an ideological union of biologically-determined sex difference and autism as brain-based difference. Researchers and autistic advocates have raised concerns about the exclusionary potential of 'female autism' for individuals who fall outside cisgender categories (Pearson and Rose, 2021; Strang *et al*, 2020). At the same time, some have wondered about whether the new, expanded understanding of autism created by the emergence of 'female autism' may be applied to boys, men or gender-diverse people as well (Strang *et al*, 2020). Indeed, a professional contributing data to the current study commented that 'feminine' boys may also be overlooked for autism diagnosis. Here we have the makings of a new looping effect (Hacking, 2007), as autism as a category is set adrift from its 'extreme male' anchor and can cast its net more widely still into previously un-pathologised areas.

Concluding reflections

Focusing on texts provided by UK-based clinicians meant that the discursive map presented is necessarily culture-bound. This is worth emphasizing given the universalizing pretensions of the autism industry (Timimi *et al*, 2019). Certain analytic avenues are uncharted: class, for example – its imprint seemingly absent in professionals' constructions of 'female autism', but possibly implicit in underlying assumptions. The analysis was interpretive; others would read the texts in different, perhaps less suspicious ways, and may well arrive at different conclusions (Willig, 2013). Mine is one possible interpretation, arising from a critical standpoint, driven by particular theories and preoccupations. FDA is not immune to critique itself: the

discourses written about are as much produced through the analysis as 'discovered', the writing as susceptible to reification and mystification as any 'expert' practice (Parker, 1994). In drawing out texts' underlying meanings, there is a danger these appear static, ignoring the dynamics of how a text is received, how ideas may not only be taken up but resisted (Parker, 1994). How might girls or women identified or identifying as autistic utilise or problematise 'female autism' discourses? How might clinicians navigate more questioning positions in relation to 'female autism'?

While these questions may be usefully addressed in further research, my hope is that this study encourages a more critical look at 'female autism' as an idea. Does it really make sense to talk about 'female autism' given its tensions and contradictions? Is it actually helpful to women and girls? Services are not going to abandon autism diagnosis any time soon. Clinicians may not want to jettison the idea of 'female autism'. As discussed above, there are significant political, social and cultural drivers behind the emergence of 'female autism', fuelling the push to diagnose. The narratives around women and girls 'masking', being 'missed' or misdiagnosed have gained traction – in health, social care and educational contexts, and also in broader popular understandings. Clinicians may choose to "play the diagnostic game", because they believe in its validity, because they judge diagnosis to be useful for the individual, or for other pragmatic reasons, including considerations related to their professional standing and power (Randall & Coles, 2018). Yet they could still open space for critical reflection, examining, for example, whether gendered stereotypes are being invoked, whether gender non-conformity is being pathologised. Taking a more exploratory approach in relation to diagnostic ideas, perhaps informed by narrative practice (e.g. Simblett, 2013), could allow for alternative stories to emerge, and positions of 'safe uncertainty' (Mason, 1993) to be found. I would encourage clinicians to consider how conversations about autism and 'female autism' are framed: offered as immutable facts, or as ideas which may or may not have utility, ideas which may cost as well as benefit, ideas which can be questioned.

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Appendices

Appendix A: Link to guidelines to authors for the journal targeted for literature review

Social Science & Medicine author guidelines:

https://www.elsevier.com/journals/social-science-and-medicine/0277-9536/guide-for-authors

Appendix B: Literature review search strategy

The search terms illustrated in Table 3 were used to search the following databases: PsycInfo; Medline; PubMed; Scopus; Web of Science (core collection); and the National Autistic Society catalogue.

Table 3: Search terms.

Boolean operator	Field	Search terms
	Title	autis* OR asperger* OR neurodivers* OR ASD OR ASC OR aspie
AND	Abstract	Male OR female OR man OR woman OR men OR women OR boy* OR girl* OR *gender OR gender* OR feminin* OR masculin* OR transgender OR "trans sexual" OR transmasculine OR transfeminine OR "non binary" OR nonbinary OR *queer OR queer* OR intersect* OR feminist
AND	All	identit* OR meaning* OR experience* OR narrative* OR discourse* OR account* OR explor*

Depending on the database, Fields were termed differently e.g. Abstract became Title/Abstract for PubMed, and Topic (title/abstract/keywords) for Web of Science. Where possible filters were applied for qualitative research. Where qualitative research filters were not available, an additional line of search terms was used, adapted from the qualitative search terms listed on https://guides.lib.uw.edu/friendly.php?s=hsl/qualres (Table 4).

Table 4: Strategy to filter for qualitative research.

Database(s)	Strategy
PsycInfo MEDLINE	Used database qualitative research filter.
PubMed Scopus Web of Science	Used additional row of search terms: qualitative OR ethnograph* OR phenomenol* OR ethnonurs* OR "grounded theory" OR "action research" OR "observational method" OR "content analysis" OR "thematic analysis" OR "constant comparative method" OR "field stud*" OR "discourse analysis" OR "focus group*" OR "ethnological research" OR ethnomethodolog* OR interview* OR ipa
National Autistic Society Knowledge Centre	Filtering for qualitative research removed relevant results, so given small number of results filters were not used.

Given the issues identifying qualitative research through systematic searches (Dixon-Woods et al., 2006), it was appreciated that the use of qualitative filters and the additional line of search terms to narrow the results risked filtering out potentially relevant studies. To counter this risk, records were kept of relevant studies identified in the extensive iterative searching prior to the database searches and forward and backward reference chaining was used to maximise the chances of identifying relevant studies.

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Appendix C: Literature review quality appraisal

Quality appraisal criteria

Criteria were developed from existing guidelines on appraising quality in qualitative research (Critical Appraisal Skills Programme, 2018; Willig, 2013). Acknowledging the difficulty comparing quality across methodology and epistemology (Willig, 2013), the intention was to apply these criteria flexibly, with sensitivity to the epistemological and methodological frameworks of the primary research.

Strategy

1. Clear how the study addresses gaps/seeks to contribute to existing literature.
2. Clarity of aims, research question and scope (clear whether general or specific).
3. Appropriateness of design, sample, data collection and analysis.

Process

4. Clear documentation of decisions made and rationale.
5. Clarity of epistemological position and researcher values/perspective (consideration of reflexivity where methodologically relevant).
6. Consideration of credibility and reporting of steps taken to ensure quality.

Analysis

7. Provision of contextual details to allow consideration of transferability of the findings.
8. Evidencing of 'fit' of interpretations with examples from the data.
9. Clarity of analysis and coherence of interpretation.
10. Contribution to understanding.

Quality appraisal findings

All the included studies clearly explained their background and aims and used appropriate methods of data collection and analysis. Recruitment strategies were inclusive with regard to potential barriers associated with autism. The majority of studies referenced efforts to follow good practice guidelines for qualitative research. Several authors did not explicitly state their epistemological position (Bargiela et al, 2016; Milner et al, 2019; Strang et al., 2018); similarly, reflexivity was not explicitly

evident in certain studies (e.g. Hillier et al, 2019). However, the studies in question generally appeared to be oriented towards a more realist stance, where considerations of epistemology or reflexivity often are omitted. Interpretations were generally persuasive and appeared supported by the data. More contextual detail (e.g. ethnicity/racial identity) would have enhanced ability to judge transferability of certain studies.

Thomas & Harden (2008) recommend assessing quality in terms of relevance for the review purpose. Of particular relevance to the current review, Kanfiszer and colleagues (2017) explored several aspects of gender as a concept and gender identity; Bargiela and colleagues (2016) and Milner and colleagues (2019) investigated multiple facets of the female experience of autism; Kourti and MacLeod (2019) considered how participants perceived and related to gender. Coleman-Smith and colleagues (2020) and Strang and colleagues (2018) gave thorough accounts of gender diversity and autism.

Features of the design of other studies limited their contribution to the current review. Rich in depth but more limited in breadth, Cain and Velasco (2020) offered a detailed exploration of a single individual's experience of fluid and changing gender identity. Two studies explored interpersonal, social and discursive aspects of identity in specific areas at the intersection of autism and gender. Shapira and Granek (2019) examined individuals' relation to the medical autism discourse: they focused on the relation of identity to the social milieu and for this reason excluded texts which reflected solely on the intrapersonal dynamics of identity; part of their analysis was also devoted to medical case studies. Barnett (2017) focused on intersectionality in the specific context of harassment, exploring 'deviant embodiment'.

Given the critical orientation of the present review, the quality appraisal considered the orientation of the primary research towards the (contested) concepts of autism and gender. Some studies focused on female participants appeared to assume cisgenderism. Other studies were more orientated towards critical theory on gender and/or disability: these tended to be studies which included gender-diverse identities (e.g. Barnett, 2017; Cain & Velasco, 2020; Miller et al., 2020). With the exception of Shapira and Granek (2019), critical perspectives on autism were less evident and dominant medical model constructions of autism tended to be presented unproblematised (e.g. Bargiela et al., 2016; Milner et al., 2019).

Sensitivity analysis

A sensitivity analysis (Thomas & Harden, 2008) was used to assess the relative conceptual contribution of the included studies to the thematic synthesis. Table 5 summarises the contribution of the articles to each theme and sub-theme.

Table 5: Contribution per study to themes and sub-themes.

Theme	1.			2.			3	
Sub-theme	*1.1.*	*1.2.*	*1.3.*	*2.1.*	*2.2.*	*2.3.*	*3.1.*	*3.2.*
Bargiela et al., 2016		x		x	x	x	x	x
Barnett, 2017			x			x		
Cain & Velasco, 2020		x	x			x	x	
Coleman-Smith et al., 2020	x	x	x			x	x	x
Hillier et al., 2020			x			x		x
Kanfiszer et al., 2017	x		x	x	x	x	x	x
Kourti & MacLeod, 2019		x	x	x			x	x
Miller et al., 2020		x	x			x		x
Millner et al., 2019		x		x	x	x	x	x
Shapira & Granek, 2019			x					x
Strang et al., 2018	x		x			x	x	x
Tierney et al., 2016		x	x	x	x		x	

The sensitivity analysis confirmed that the studies which were assessed as of higher quality and greater relevance to the current review were utilised in theme development more than those which were of more circumscribed relevance and quality (in terms of the review criteria) (e.g. Barnett, 2017; Shapira & Granek, 2019).

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Appendix D: Epistemological position

For both the literature review and research report parts of the thesis, the epistemological position taken was influenced by critical theory on gender and constructionist and Foucauldian perspectives on autism. This meant viewing autism as 'materially and discursively produced within specific sociocultural contexts' (O'Dell et al., 2016, p.167), and through relationships of power (Vakirtzi & Bayliss, 2013). Similarly, gender was understood in social constructionist terms, and in terms of power relations. This perspective was informed by ideas of performativity (Butler, 2006), hegemonic gender (Connell, 1995; Schippers, 2007) and intersectionality (Collins 1990; Crenshaw, 1989). Influenced by Foucauldian thinking, my focus was to explore the operation of power/knowledge through discourse rather than establish 'truths' (Hall, 1997/2001).

For the literature review, some thought went into the most suitable meta-synthesis method to fit the critical and constructionist orientation of the review. Thematic synthesis (Thomas & Harden, 2008) involves a thematic analysis-style interpretation of the findings of the primary articles. Given that thematic analysis approaches can be taken from a range of epistemological positions (Braun & Clarke, 2006), thematic synthesis holds the potential to be similarly flexible to the reviewer's epistemological preference, even though it may often be used in a more critical realist way (Tong et al., 2012). I therefore chose to orient the thematic synthesis to latent-level interpretation from a constructionist epistemological standpoint (Braun & Clarke, 2006), with the role of the reviewer conceptualised as central in constructing the findings (Willig, 2013). Insights from other meta-synthesis approaches, especially critical interpretative synthesis (Dixon-Woods et al., 2006), also informed the planning, analysis and critical orientation, within the overarching framework of a constructionist thematic synthesis process.

However, the two parts of the thesis do differ slightly in emphasis in terms of how 'autism' was approached. The literature review considered autism primarily as an identity (socially and discursively constructed), whereas the Foucauldian discourse analysis on 'female autism' considered autism primarily as a diagnostic label (also socially and discursively constructed). In Foucauldian terms, the focus of the literature

review was weighted more towards consideration of 'subjectivity'; the focus of the research report, more concerned with 'governmentality' (Vakirtzi & Bayliss, 2013).

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Appendix E: Literature review meta-synthesis

Table 6: Example extracts, codes and sub-themes for papers included in meta-synthesis.

Example extract	Code(s)	Related subtheme
The other participant explained the "gender-loaded stereotypes" surrounding autism, e.g. 'the extreme male brain' theory increased her dysphoria (implying she had a male brain). (Coleman-Smith et al., 2020).	EMB = increased dysphoria	The Extreme Male Brain
' There are a lot of times when you tell someone that you're autistic and they say you're not a white, cis male. No way – you're not autistic! But you show emotion , but you're not Leonard Nimoy.' (Strang et al., 2018).	Autism = cis male Autism = emotionless	The Extreme Male Brain
It was consistently suggested that autistic males feel less pressure to mask or camouflage their symptoms, and that females were more successful at doing so. (Milner et al., 2019).	Female masking/ camouflaging	Masking and Performativity
'My autism makes it very hard for me to conceptualize gender as a concept that relates to me . It's a concept that applies to other people but I can't conceptualize it for myself. I think a lot of autistic people do have a propensity to be trans ... I don't know what causes it, it just happens. I'm not sure if it's social - related to interacting with other people because, as we all know, me being autistic makes it very hard to interact with people socially . I'm not sure if that and not necessarily interacting and feeling aligned with your assigned gender socially as a child and even as a young adult would impact autistic people and make them, not necessarily make them but force them to realize that they are trans.' (Cain & Velasco, 2020)	Autism = hard to relate to gender Autism = impaired social interaction = propensity to be trans	Non-normative gender performance: The power of autism to explain and constrain

Example extract	Code(s)	Related subtheme
'For a couple of people that I have gone back to that knew I was LGBTQ were like "oh you are autistic" so they just dismissed the previous statements of what I said; you just don't know or you just think that way because you have something going on with your brain. People assume when you are autistic you don't know yourself, but even people I know with intense symptoms, know themselves.' (Hillier et al., 2020).	Identity dismissed because of autism	Non-normative gender performance: The power of autism to explain and constrain
Their current therapist had recently diagnosed them with Gender Identity Disorder and 'insisted' they were transgender. Dragonfly did not endorse this identity, saying it was 'not possible', in part because they were Autistic. Dragonfly explained that they had previously been told their 'inability to understand social gender roles made it impossible for self to even know if was trans or not'. (Barnett, 2017).	Autism = not understand transgender	Non-normative gender performance: The power of autism to explain and constrain
He advised autistic forum members to refrain from highlighting their autism or AS diagnosis when trying to obtain an approval for a gender affirmation process (Forum Member 2, 2013). This recommendation resonated with Forum Member 3's experience as an Aspie assigned man who had trans experience, who wrote: ''[t]his is something that concerns me too, being diagnosed AS first, I worry that if I attempt to 'come out' as trans* it'll just be assumed to be 'one more obsession' and no one will take me seriously'' (2013). Finally, Forum Member 4, a trans Aspie woman with an intersex condition, warned another forum member that it is hard to find a mental health professional who will not assume that the trans identity derives from their autistic ''abnormal'' way of thinking, and therefore suspect its authenticity. (Shapira & Granek, 2019).	Perceived risk of disclosing autism Concern trans identity will be seen as an obsession Trans identity attributed to autistic thinking Trans authenticity doubted	Non-normative gender performance: The power of autism to explain and constrain

Example extract	Code(s)	Related subtheme
'Like socially women just kind of like, gather round and talk and or watch things and chat and gossip, and I, I just don't really get gossip, gossip doesn't, I don't know why it exists, why you do it kind of thing, but, so I always kind of I always got on with boys or men better.' (Milner et al., 2019).	Neurotypical femininity = gossip Relate to males more	Autism, neurotypicality and gender hegemony
Both Emma and Gemma also identified themselves as not adhering to gendered expectations when considering how their interests aligned more with their male peers : '... they [female peers] were into makeup and ... pop-stars ... their interests didn't match mine...I was into toy trains ...'. Emma's sense of self seemed affected by a difficulty fitting into her perception of what she should be like as a girl : '... it became apparent I wasn't really a girly girl '. (Kanfiszer at al., 2017).	Interests more male 'Female' interests not shared Not a 'girly girl'	Autism, neurotypicality and gender hegemony
Participants often aligned more with male peers, as they shared more interests and did not engage in emotion-based conversations. (Tierney et al., 2016).	Align with males Male interests Not emotional (gendered)	Autism, neurotypicality and gender hegemony
Young women's uncertainty regarding social rules was also mentioned as contributing to risk of abuse. For example, some had not known that they could say 'no ' when they had wanted to refuse sex or other people's advances. At times when they had known they could refuse, young women reported that they had not known how to say 'no' or how to leave a situation until it was too late. (Bargiela et al., 2016).	Located within person (autism = lack social knowledge) 'Should have said no' rape discourse	Vulnerability
Their failure to 'properly' embody femininity drew negative attention and was a source of contention. (Barnett, 2017).	Failure to perform gender punished	Deviance and distress

Example extract	Code(s)	Related subtheme
She poignantly described her experience of feeling different as an 'invisible glass barrier between me and them' and shared the serious implications of feeling so distanced from her peers: '... I remember that, 'cos of this...loneliness , actually having suicidal thoughts at 7 ...' (Kanfiszer at al., 2017).	Difference Isolation Suicidal	Deviance and distress
Wrong Planet website as a platform for self-discovery, since it represented the first place where he both came out and realized that many autistic individuals also identify as LGBTQ. Antonio explained how the LGBTQ community has embraced some of his characteristics, like being curious and odd. (Miller et al., 2020).	Online/ community acceptance	Belonging
Participants also mentioned positive aspects of dual identities, namely having additional groups to identify with. They discussed connecting to multiple communities , and there being a larger group of people with whom they shared identities. For some this led to additional connections and meeting others who understood them, sometimes forming quite close and supportive relationships. (Hillier et al., 2020).	Positive aspects of intersectional identities = additional groups	Belonging
'[I don't] really accept the validity of gender stereotypes.' (Bargiela et al., 2016).	Reject gender stereotypes	Resistance
Most participants reported having a fluid sense of gender, being gender-queer , or feeling male and female and seeing others in the same way. (Kourti & MacLeod, 2019).	See gender as fluid	Resistance
'I don't feel like a particular gender I'm not even sure what a gender should feel like.' (Kourti & MacLeod, 2019).	Not feel gender	Resistance

Appendix F: Characteristics of included studies

Table 7: Method of data collection.

Data collection	Studies
Semi-structured interviews (carried out in a variety of formats, e.g. face to face, telephone, video, email, internet chat)	Bargiela et al. (2016) Barnett (2017) Cain & Velasco (2020) Coleman-Smith et al. (2020) Kanfiszer et al. (2017) Miller et al. (2020) Millner et al. (2019) Strang et al. (2018): *mixed methods study, qualitative component only included in this review.* Tierney et al. (2016)
Focus groups	Hillier et al. (2020) Kourti & MacLeod (2019) Millner et al. (2019)
Online texts	Shapira & Granek (2019)

Table 8: Qualitative methodologies of included studies.

Methodology	Studies
Thematic analysis	Barnett (2017) Hillier et al. (2020) Kourti & MacLeod (2019) Millner et al. (2019)
Framework analysis	Bargiela et al. (2016) Strang et al. (2018): *mixed methods study, qualitative component only included in this review.*
Interpretative Phenomenological Analysis	Tierney et al. (2016)
Grounded theory	Coleman-Smith et al. (2020)
Narrative approaches	Cain & Velasco (2020) Kanfiszer et al. (2017) Miller et al. (2020)
Foucauldian/critical discourse analysis	Shapira & Granek (2019)

Table 9: Sample sizes.

Study	Sample size
Bargiela et al. (2016)	14
Barnett (2017)	24
Cain & Velasco (2020)	1
Coleman-Smith et al. (2020)	10
Hillier et al. (2020)	4
Kanfiszer et al. (2017)	7
Kourti & MacLeod (2019)	21
Miller et al. (2020)	8
Millner et al. (2019)	18 autistic individuals (plus 4 mothers).
Shapira & Granek (2019)	5 texts written by transgender 'Aspie' individuals (Psychiatric case studies also analysed in the study are not included in this literature review).
Strang et al. (2018)	22
Tierney et al. (2016)	10

Table 10: Ages of study participants.

Adult (18+)	Adolescent	Mixed ages	Unstated
Bargiela et al. (2016) Barnett (2017) Cain & Velasco (2020) Coleman-Smith et al. (2020) Hillier et al. (2020) Kanfiszer et al. (2017) Kourti & MacLeod (2019)	Tierney et al. (2016)	Millner et al. (2019): *11-55* Strang et al. (2018): *12.9-20.76 (mean 16.6)*	Miller et al. (2020): *described as 'college students' (US)* Shapira & Granek (2019)

Table 11: Autism status of participants recruited.

Formal diagnosis only	Self-identified (with or without diagnosis)
Bargiela et al. (2016) Cain & Velasco (2020) Coleman-Smith et al. (2020) Hillier et al. (2020) Kanfiszer et al. (2017) Strang et al. (2018) Tierney et al. (2016)	Barnett (2017) Kourti & MacLeod (2019) Miller et al. (2020) Millner et al. (2019) Shapira & Granek (2019)

Table 12: Ethnicity/racial identity of participants.

Study	Information on participant ethnicity
Bargiela et al. (2016)	Not stated.
Barnett (2017)	22/24 identified as White/Caucasian.
Cain & Velasco (2020)	Not stated.
Coleman-Smith et al. (2020)	Not stated.
Hillier et al. (2020)	All participants were White.
Kanfiszer et al. (2017)	Not stated.
Kourti & MacLeod (2019)	Not stated.
Miller et al. (2020)	4 identified as White. 1 identified as Latino. 1 identified as Person of colour, Mexican, Chinese. 1 identified as Mixed race, Chicana, Mexican, White, Native American. 1 identified as Irish, stating they did not identify with race.
Millner et al. (2019)	Not stated.
Shapira & Granek (2019)	Not stated.
Strang et al. (2018)	20/22 identified as White.
Tierney et al. (2016)	Not stated.

Table 13: Gender identity terms used in the included studies.

Study	Gender identities reported
Bargiela et al. (2016)	Female (all)
Barnett (2017)	- Ciswoman (13) - Cisman (5) - Transgender, gender queer or androgynous (6)
Cain & Velasco (2020)	Non-binary
Coleman-Smith et al. (2020)	All identified as transgender: - woman (3) - man (4) - man/agender (1) - genderqueer (1) - non-binary transfeminine androgynous (1)
Hillier et al. (2020)	Preferred terms of each participant reported as: - male/transgender - agender/non-binary - agender - queer
Kanfiszer et al. (2017)	Defined as 'women' in the study, although the findings suggest some participants may question or not identify with this gender identity.
Kourti & MacLeod (2019)	Defined as 'adults raised as girls', recognising diversity in affirmed gender identity.
Miller et al. (2020)	Five out of eight participants identified as trans/non-binary. Participants preferred pronouns were recorded as: - she/her (3) - he/him (4) - one participant listed both he/him and they/them

Study	Gender identities reported
Millner et al. (2019)	Female (all)
Shapira & Granek (2019)	Transgender (all)
Strang et al. (2018)	At the beginning of the study: • transgender female (14) - one identified as cisgender male by the end of the study • transgender male (6) • non-binary (2) - one identified as cisgender female by the end of the study
Tierney et al. (2016)	Defined as 'girls' in the study, although the findings suggest some participants may question or not identify with this gender identity.

Appendix G: Clinical implications of literature review findings

The findings of the meta-synthesis of individuals' accounts of the negotiation of intersectional autistic and gendered identities point to several factors for clinicians to consider.

Firstly, in formulating distress, clinicians may wish to explore with individuals the impact of ideological power in terms of the restrictive, alienating, pathologizing potential of gendered autism discourses and the intersection of gender and autism with structures of oppression (see the 'Power Threat Meaning Framework', Johnstone & Boyle, 2018). Threats faced by individuals may include intersectional experiences of discrimination and internalised stigma. Practices of concealing difference, which may be understood as 'masking' or as 'passing', could be constructed as 'symptoms'. However, an alternative would be to reframe these practices as 'threat responses' developed as coping strategies which may be more or less helpful in different contexts (Johnstone & Boyle, 2018). Indeed, Butler (2006, p.190) described gender as 'a performance with clearly punitive consequences', suggesting that it was a 'strategy of survival', *always* carried out under 'duress'.

In meeting the therapeutic needs of individuals, clinicians may wish to consider the usefulness – and ethics – of supporting individuals to strategically act into normativity; or, alternatively, supporting the development of critical consciousness about the impact of oppressive discourses (Conlin, 2017; Nelson & Prilleltensky, 2010). Finally, clinicians may wish to reflect on their own positioning in relation to dominant narratives around autism and gender and its clinical, ethical and political ramifications.

References

Butler, J. (2006). *Gender trouble : Feminism and the subversion of identity*. New York: Routledge.

Conlin, S. E. (2017). Feminist therapy: A brief integrative review of theory, empirical support, and call for new directions. *Women's Studies International Forum, 62*, 78-82.

Johnstone, L. & Boyle, M. (with Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E., Pilgrim, D. & Read, J). (2018). *The Power Threat Meaning Framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis*. Leicester: British Psychological Society.

Nelson, G. & Prilleltensky, I. (2010). *Community psychology: In pursuit of liberation and well-being.* Basingstoke: Palgrave Macmillan.

Appendix H: Link to guidelines to authors for the journal targeted for empirical study

BioSocieties author guidelines:

https://www.palgrave.com/gp/journal/41292/authors/aims-scope

Appendix I: Research ethics

Ethics Committees letter of approval (some identifying information redacted).

University Ethics Sub-Committee for Psychology

08/11/2019

Ethics Reference: XXXXXXX:neuroscience,psychology&behaviour

TO:
Name of Researcher Applicant: Isobel Moore
Department: Psychology
Research Project Title: Constructions of female autism in professional discourses: a Foucauldian discourse analysis.

Dear Isobel Moore,

RE: Ethics review of Research Study application

The University Ethics Sub-Committee for Psychology has reviewed and discussed the above application.

1.   Ethical opinion

The Sub-Committee grants ethical approval to the above research project on the basis described in the application form and supporting documentation, subject to the conditions specified below.

2.   Summary of ethics review discussion

The Committee noted the following issues:
No issues raised by either reviewer.

3.   General conditions of the ethical approval

The ethics approval is subject to the following general conditions being met prior to the start of the project:

As the Principal Investigator, you are expected to deliver the research project in accordance with the University's policies and procedures, which includes the University's Research Code of Conduct and the University's Research Ethics Policy.

If relevant, management permission or approval (gate keeper role) must be obtained from host organisation prior to the start of the study at the site concerned.

4. Reporting requirements after ethical approval

You are expected to notify the Sub-Committee about:
- Significant amendments to the project
- Serious breaches of the protocol
- Annual progress reports
- Notifying the end of the study

5. Use of application information

Details from your ethics application will be stored on the University Ethics Online System. With your permission, the Sub-Committee may wish to use parts of the application in an anonymised format for training or sharing best practice. Please let me know if you do not want the application details to be used in this manner.

Best wishes for the success of this research project.

Yours sincerely,

XXXXXXX
Chair

Clarification that sponsorship approval was not required

Hi Isobel,

Thanks for your email – it's always wise to check these things.

Research in the NHS is governed by the UK Policy Framework for Health and Social Care. This dictates what the NHS's position is on research that is undertaken within the service.

On checking for a relevant section I identified this paragraph:

'Where research participants are recruited independently of providers (e.g. patients identified through a disease charity or staff identified through a professional society), those providers have no decision to make about taking part in the research unless they are also research sites' – p28

The HRA also provide a decision tool online:

http://www.hra-decisiontools.org.uk/ethics/

On running your description though this, it came back with response saying that you do not need sponsorship or to go through the NHS REC/HRA system.

Putting these two together I think we can be fairly sure that you would just need Uni ethics approval as long as your research is as described in your email.

All the best

XXXXXX

College of Life Sciences | University of Leicester

Research Governance Office,
Academic Departments,
Leicester General Hospital,
Gwendolen Road,
Leicester, LE5 4PW, UK
http://www2.le.ac.uk/colleges/medbiopsych/research/researchgovernance

Information sheet

UNIVERSITY OF LEICESTER

Constructions of 'female autism' in professional discourses: a Foucauldian Discourse Analysis.

Aims and purpose of the research

The research is interested in the idea of female autism. In recent years the subject of autism in women and girls has received increasing attention in research and clinical practice. This may mean that more women and girls are referred for and receive an autism diagnosis.

The research is interested in how professionals talk about and 'construct' female autism from a Foucauldian discourse analysis perspective. Professionals involved in autism diagnosis are involved not only in discourses between professionals, but also discourses at the 'professional-patient interface' – and therefore in shaping and transmitting the constructions of female autism with which patients come into contact in services.

The research aims to explore the discourses that make it possible for professionals involved in autism diagnosis to talk about female autism in certain ways. It aims to explore the functions of these ways of thinking about female autism and what they mean for women and girls who might be referred for diagnosis. It aims to situate ways of thinking and speaking of female autism in social, cultural and historical context.

What is needed from you?

I am seeking professionals who are actively involved in working clinically with adults or children who have an autism diagnosis within the UK and who hold a relevant professional qualification (e.g. in nursing, applied psychology, medicine) to provide by email:

- Recommendations for resources you may signpost patients or other professionals towards on the topic of autism in women and girls (e.g. information sheets, books, websites, YouTube videos, training material).

And/or:

- Stock phrases or paragraphs you might routinely use in written reports on female autism. These should be **non-client specific** generic statements that may be used as templates in assessment reports or similar. (Please ensure any text provided is anonymised and contains no details that could identify individual patients/clients).

I will analyse these data using Foucauldian discourse analysis (FDA) methodology to explore how female autism is constructed in professional discourses.

Orientation of the research

Discourse analysis is orientated towards taking a critical perspective. This will entail this research taking a questioning and deconstructive stance towards discourses and constructions. However, the research will not be critical of individual professionals or authors of material used. It will explore and reflect on the range of ways it is possible to talk about female autism and how these link to social structures/power, as opposed to how individual practitioners or writers talk about the phenomenon. The epistemological position is that all individuals will be influenced to talk about 'things' like female autism in particular ways, and that the ways we speak about 'things' are not our own as such, but shaped and constrained by socially available scripts.

Confidentiality and data storage

No individual's texts would be identifiable as by provided by that individual in the process of writing up, and the research will obtain texts from various authors and sources which will support greater anonymity. Data collected will be kept securely for a period of five years after the submission of the DClinPsy doctoral thesis and the appearance of any associated publications. Data not subject to copyright will be supplied as an addendum to the submitted thesis.

Withdrawing data

Participation is completely voluntary. If you do take part you can withdraw at any time up to the 31st December 2020, when the data analysis and writing up stages will be underway.

What will happen to the findings?

The research will be written up and submitted to the University of Leicester as part of the requirements for the DClinPsy. The research will also be submitted for publication as a journal article.

Approvals

The research has been reviewed by the University of Leicester Psychology Research Ethics Committee (PREC). You may contact the Chair of PREC Professor Panos Vostanis at pv11@le.ac.uk if you have any questions or concerns regarding the ethics of this project.

Contacts:

Researcher: Izzy Moore XXXXX
Academic Supervisor: Gareth Morgan XXXXX

Doctorate in Clinical Psychology
University of Leicester
George Davis Centre
Lancaster Road
Leicester LE1 7HA

What next?

1. If you would like to contribute resources for this research, please email XXXXX to:

   o Confirm that you work clinically with adults or children who have an autism diagnosis within the UK and hold a relevant professional qualification; and

   o Provide either suggested resources on autism or non-client specific/anonymised written descriptions of autism that you may use in clinical reports.

2. I am also hoping to conduct a small number of follow-up interviews to explore perspectives on female autism in more detail. **Please state if you would be willing to be contacted to be invited to a follow-up interview.** If you are contacted, you will of course be free to decline to take part in the interview at that stage.

3. **Please also indicate if you would like to receive a summary of the results by email when the study is complete.**

Thank you for your interest in this research.

Consent and copyright

The emailing of data to the researcher was taken as evidence of consent to use the data for the purposes of the research. It was made clear that data could be withdrawn up to 31st December 2020.

If contributors provided data authored by someone else (and the author was known), efforts were made to gain permission from the copyright holder to use their text as data, unless sources were published journal articles or there was a clear copyright statement on reproducing the text. The template for the email contacting authors/copyright holders is below:

> *Dear XXX,*
>
> *I'm a final year clinical psychology trainee at the University of Leicester. I'm getting in touch about analysing extracts from XXX (attached) in my DClinPsy thesis research.*
>
> *My research is interested in how professionals talk about and 'construct' female autism. As part of this research, I have asked clinicians to provide recommendations for resources they may use or signpost service users or other professionals towards on the topic of autism in women and girls, and your XXX was one of the resources recommended.*
>
> *My research is using Foucauldian discourse analysis to explore the different ways female autism is constructed and represented and the implications for women and girls who might be diagnosed.*
>
> *If your material was included, this would likely involve short quotation or a brief summary (fully acknowledging your authorship), with comments about how the material relates to my research questions – similar to quoting and citing publications in a literature review. I think this would be covered by standard conventions on citing sources, but as a courtesy I just wanted to check whether you have any objections to the material being included.*
>
> *Please do not hesitate to contact me if you have any questions.*
>
> *I look forward to hearing from you.*
>
> *Yours sincerely,*
>
> *Isobel Moore*
> *Trainee Clinical Psychologist*
> *University of Leicester*

Table 14: Checklist assuring confidentiality/anonymity (from coursework handbook).

	Checked in Abstract	Checked in main text	Checked in appendices
Pseudonym or false initials used	N/A	N/A	N/A
Reference to pseudonym/false initials as a footnote	N/A	N/A	N/A
Removed any reference to names of Trusts/hospitals/clinics/services (including letterhead if including letters in appendices)	Yes	Yes	Yes
Removed any reference to names/specific dates of birth/specific date of clinical appointments/addresses/ location of client(s), participant(s), relatives, caregivers, and supervisor(s). [For research thesis – supervisors can be named in the research thesis "acknowledgements" section]	Yes	Yes	Yes
Removed/altered references to client(s) jobs/professions/nationality where this may potentially identify them. [For research thesis – removed potential for an individual research participant to be identifiable (e.g., by a colleague of the participant who might read the thesis on the internet and be able to identify a participant using a combination of the participants specific job title, role, age, and gender)]	Yes	Yes	Yes
Removed any information that may identify the trainee (consult with course staff if this will detract from the points the trainee is making)	N/A	N/A	N/A
No Tippex or other method has been used to obliterate the original text – unless the paper is subsequently photocopied and the trainee has ensured that the obliterated text cannot be read	Yes	Yes	Yes
The "find and replace" function in word processing has been used to check the assignment for use of client(s) names/other confidential information	Yes	Yes	Yes

Appendix J: Research data collection strategy

The research was advertised to potential contributors via:

- Facebook groups for professionals, including UK-based clinical psychology Facebook groups, such as groups for clinical psychologists working with people with learning disabilities and for clinical psychologists working with autism (November 2019 onwards);
- the British Psychological Society (BPS) Division of Clinical Psychology Faculty of Intellectual Disability mailing list (November 2019 onwards);
- the National Autistic Society's online community for professionals, Network Autism (February 2020); and
- snowball sampling (by asking respondents if they could circulate the research advertisement to anyone else who might have an interest in female autism).

Appendix K: Criteria to select corpus of statements for FDA

Contributors provided varying amounts and types of texts and resources relating to 'female autism'. Types of data contributed included:

- paragraphs from autism assessment reports;
- bullet points used to structure assessment reports;
- presentation slides;
- suggested books for professional (clinical/educational) audiences;
- suggested books for lay audiences (autistic women or girls, parents);
- newspapers and magazines articles;
- academic journal articles;
- a doctoral thesis on a related area of research;
- articles from publications for education or health and social care professionals;
- leaflets with information about autism or relevant services;
- links to websites featuring information or resources related to autism; and
- YouTube videos and TED talks by autistic people or autism 'experts'.

Texts which were judged to be 'closest' to those generated by professionals in clinical practice for sharing information about 'female autism' (i.e. text copied into clinical reports, or used to structure report writing) were prioritised for inclusion in the analysis.

Decisions on the inclusion of other data in the analysis were guided by consideration of the richness of the data and degree of relevance to the topic of 'female autism'; its potential to generate different insights into the construction of female autism; and the extent to which a text represented 'common currency' in professional discourses (judged by the number of recommendations by respondents, high profile of the text's author, or degree to which the content of the text reappeared in different sources, for example).

Sources of data ranged in length and detail from a few sentences or bullet points to lengthier articles and books. Each source was screened to identify extracts relevant to the research questions. For some sources, the entire text was analysed. For other sources particular sections of relevance to the focus of the study were selected for

analysis. To select a 'corpus of statements' that are 'samples of discourses', Arribas-Ayllon and Walkerdine (2008) suggest identifying statements that:

- 'constitute a "discursive object" relevant to one's research';
- 'form "conditions of possibility" for the discursive object'; or
- allow consideration of 'contemporary and historical variability of statements', in terms of changes or different ways of talking about the discursive object over time.

References

Arribas-Ayllon, M. & Walkerdine, V. (2008). Foucauldian discourse analysis. In C. Willig & W. Stainton-Rogers (Eds.) The Sage handbook of qualitative research in psychology (pp.91-109). London: Sage.

Appendix L: Illustration of coding and stages of FDA (based on sample text)

As detailed in the Method section, the FDA process followed the following stages:

1. Data collected was ranked in order of relevance so as to select the 'corpus of statements'.

2. Data was coded to identify discursive constructions of 'female autism' and patterns/themes among these constructions.

3. Constructions were located in relation to wider discourses, with consideration of the 'action orientation'/function in specific contexts.

4. 'Subject positions' and implications for subjectivity were explored.

5. Findings were connected to the wider context (e.g. history, institutional interests, ideology, who gains and who loses).

The stages of analysis are illustrated below with reference to a sample of one of the texts provided. The example text is the second paragraph of the template paragraphs included by clinicians in assessment reports.

> EXAMPLE TEXT
> *Girls may be more able to follow social rules through observation and girls may mask their difficulties by learning to copy behaviour i.e. using skills based on intellect rather than social intuition. They may be quicker to apologise and appease when they make a social error, increasing the likelihood of their unusual behaviour being overlooked or forgotten by others. It is also important to recognise that this can be an exhausting process and can contribute to distress and reduced coping, although this distress may be seen in the home setting rather than in school.*

The paragraphs were ranked as a particularly relevant source of data when selecting the 'corpus of statements' (**stage 1**).

The text was coded (**stage 2**) to identify discursive constructions of 'female autism'. This involved identifying the ways in which 'female autism' was described (e.g. 'more able to follow social rules'), and considering how 'female autism' is constructed through language (Willig, 2013). To support this process, associations made between descriptions of 'female autism' in the text and possible connotations were noted. Descriptions and connotations for the example paragraph are captured in Table 15.

Table 15: Coding of descriptions of 'female autism'.

Description	*Connotations/ free associations*
More able to follow social rules	Female autism as involving more ability/ less difficulty with social rules. Female autism conferring advantage with social element. Female autism less disadvantaged socially. Social rules as important to follow.
Observation	Female autism as involving observation of other ('normal') people. Outsider looking in. Learning through observation. Studying, scientifically, noting. Separateness of observer and observed. Rational, objective. Spying. Monitoring. Not involved/not participating. Observation in a Foucauldian sense – panopticon, self-observation, self-monitoring, self-discipline.
Mask their difficulties	Female autism as something that is masked, covered up, hidden. Put on an act: present better self. Inauthentic: hide true character. Screen/ façade. Conceal. Disguise – camouflage to fit in.

Description	Connotations/ free associations
Learning to copy behaviour	Female autism involving learning of non-autistic behaviour through copying, mimicking. Needing to learn how to behave. Not (intuitively) knowing how to behave. Process of learning, copying, modelling behaviour.
Skills based on intellect rather than social intuition	Female autism as something that is intellect rather than intuition-based. Value judgement – intellect somehow deficient/second-best? Or turn around – cleverness, working out, decoding. Head over heart. Female autism as lacking social intuition. As lacking certain skills. Or stronger in other skills?
Quicker to apologise and appease	Female autism as quicker (than standard/male autism?) to apologise and appease. Deferential to others. Pacifying, placating (gendered). Appease: connotations of weakness, relations of power/powerlessness. Quick to apologise – pleasant, socially appropriate, agreeable.
Make social errors	Female autism as involving the making of social errors, mistakes. Going wrong. Social errors – public, in relation to other people, consensus on what is/ is not a social error. Faux pas/offence/ tact(tactless). Embarrassment. Gauche/awkward.
Unusual behaviour	Female autism as something that causes unusual behaviour, odd, not typical, strange. (What is usual behaviour)? Out of the ordinary. Stand out. Female autism as shown/revealed/given away through behaviour.

Description	Connotations/ free associations
Overlooked or forgotten	Female autism (behaviour) as something that is overlooked or forgotten. Overlooked: missed, not noticed, not singled out. Not held in mind. Forgotten. Let go/ let off. Not distinctive/not marked behaviour/difference. Other things more interesting/noticeable/memorable? Not interesting/ noticeable/ memorable enough. Ignored?
Exhausting process	Female autism (masking/copying) as an exhausting process, entailing effort – not just any effort, exhausting effort, draining, needing much energy. An ongoing (constant) process. A process to what end? When finished? A process to follow, involving stages, steps, rules?
Distress and reduced coping	Female autism causing distress and affecting coping. Female autism as distressing, upsetting, emotional toll. Distress as an unwanted/ undesirable/ painful state. Female autism as impairing ability/ capacity to cope, as not coping, shrinking coping range. Coping as something that can be reduced. Coping as dealing effectively – female autism making less effective, faulty emotional coping.
Distress seen in the home setting rather than in school	Female autism as evident at home more than school. Home = domestic environment, familial, true self, natural self. School – public arena, institutional setting. Female autism more noticeable by family than teachers.

From the coding process, the discursive constructions identified in the template paragraphs were grouped into themes. The discursive constructions related to the example paragraph are listed below.

a) Female autism as more subtle, less obvious, more likely to be unnoticed or overlooked.

b) 'Female autism' as differing from male presentations especially in the social difficulties associated with autism; a more socially amenable or socially attuned version of autism, entailing more ability to follow social rules, more desire to be sociable.

c) 'Female autism' as involving acts of 'masking' difficulties in order to pass socially, by mimicking (non-autistic) others, observing and copying, relying on a thought-out, intelligence/logic-based process, rather than the natural 'social intuition' (non-autistic) others use.

d) 'Female autism' as meek and mild, involving apologies, appeasement, passivity.

e) 'Female autism' as a set of difficulties and attempts to overcome these which are effortful and take a toll emotionally, leading to distress, exhaustion and difficulty coping.

Considered in relation to the other texts included in the analysis, the discursive constructions identified in the example paragraph linked to the themes of expanding the category of autism (the 'female autism' presentation as more subtle, more sociable, more able to understand social rules and expectations) and reinforcing gender hegemony ('female autism' as stereotypically feminine).

Placing the constructions identified in relation to wider discourses (**stage 3**), one of the first things which struck me was how these constructions connect to various gendered tropes:

- women as meek (men as strong/bold);
- women as socially/relationally-oriented (caring/empathising);
- women as emotional (hysteria);
- femininity as artificial/contrived.

The gendering of these constructions evoke discourses of binary sex/gender differences, of opposing male and female characteristics, of women as 'other'. If we think about 'action orientation', this gendering both relies on and acts to reinforce 'common sense' and 'taken for granted' notions that male and female characteristics are distinct and opposite (the cliché that men are from Mars and women from Venus). It serves to police the female 'normal', and maintain the subordination of 'feminine' traits to hegemonic masculine dominance.

There is also a discourse around authenticity and being natural/intuitive: in individualistic neoliberal societies, authenticity and being one's 'true self' are fetishised. In problematising observing and copying as inauthentic/unnatural, a discourse about normal vs abnormal psychology is drawn upon, which acts to naturalise (and thus universalise) what are in fact culturally-contingent standards.

The 'subject positions' made available (**stage 4**) include stereotypically feminine gender roles for autistic women/girls, and 'expert' positions for professionals who are able to discern subtle and less obvious differences, who succeed in noticing that which may go unnoticed and overlooked. Arguably these positions legitimise patriarchal expectations of women and girls, while expanding the power of the expert and the expert gaze to pathologise characteristics and behaviour which would not have been 'noticed' as problematic previously.

If we think about implications for subjectivity, constructions of 'female autism' have consequences for how 'difference' is understood, whether it is accepted or

pathologised; for how individuals feel about themselves and for how think they 'should' be; for how professionals see their role and the purpose of their work.

Considerations of the wider context (**stage 5**) include connecting constructions of 'female autism' in the text to:

- the historically-specific sociocultural backdrop of late capitalist, neoliberal, hyper-individualistic society;
- to the economic incentivisation (for health/social care/education services and for individual consumers) of the identification of additional support needs;
- the interests advanced by experts and their institutions in promoting the idea that 'female autism' is subtler and harder to spot; and
- particular ideological agenda, such as patriarchal ideas of gender, and the medicalisation of difference and distress.

References

Willig, C. (2013). *Introducing qualitative research in psychology* (3rd edn.). Berkshire: Open University Press.

Appendix M: Quality and reflexivity

Evaluation according to quality criteria

Willig (2013) addressed the question of how to appraise the quality of qualitative research, drawing together a number of guidelines and commentaries on good practice for qualitative research (Elliott et al., 1999; Henwood & Pidgeon, 1992; Madill et al., 2000; Reicher, 2000), while recognising that evaluation needs to take account of the particular epistemological approach underpinning the research in questions. Below I reflect on how my research meets quality standards relevant to social constructionist and FDA methods.

Clarity of aims and rationale for the approach taken

My research focus was developed from a wide-ranging review of existing literature, which encompassed quantitative and qualitative research, theory-driven scholarship and critical perspectives in gender, disability and autism studies. This enabled me to identify a lack of critique of 'female autism' and to formulate a means of addressing this through discourse analysis methodology. The aims of the research are clearly stated and contextualised in the Introduction. The value of FDA in considering the historical contextuality and broader power ramifications of 'female autism' is also outlined in the Introduction. Collecting texts written by or used by professionals meant that the data closely approximated the types of texts generated by professionals in their everyday practice, and routinely provided to service users, carers and colleagues.

Reflexivity

Throughout the research process, from the early stages of reading around the literature on autism and familiarising myself with the theory of discourse analysis, I kept a reflective diary detailing ideas, decisions made and the rationale for choosing particular courses of action (see below for selected extracts from this diary). I gave particular consideration to questions of epistemology and the position I wished to take in relation to autism, choosing to adopt a critical and social constructionist perspective. Discourse analysts see research itself as a discursive practice and therefore do not seek or even view researcher neutrality as possible. Given that nobody can be 'outside discourse', the analyst's own subject positions will inevitably influence how data is interpreted – and the analyst will use discursive strategies in presenting the research

findings as a narrative for readers (Hall, 1997/2001). I aimed to be reflexive about the discursive strategies and resources I drew upon to construct the research findings (Wetherell, 2001). I was conscious of my position as a trainee clinical psychologist analysing discourses relating to my own profession. I was mindful that the critical perspective of the research may not have been shared by the professionals who contributed data, and may not be shared by all prospective readers.

Questions of credibility and 'fit'
Because the analysis was interpretive, coding was at a latent rather than descriptive level. In locating constructions in relation to wider discourses, I was inevitably influenced by the discourses most accessible to me. Credibility was checked by comparing my coding of selected extracts with coding independently undertaken by my main research supervisor. The discourses evoked were discussed and reflected upon with both supervisors to check the fit of the discursive themes developed with wider discursive contexts.

Grounding in examples and integration of theory
I took care to link the analysis to the extracts embedded in the Findings, and to illustrate the precise lines and words or phrases evidencing each point made. I have detailed the stages of the FDA process I followed within the Method section, and illustrated how these stages were followed with reference to a particular data source in Appendix K. The analysis connects close readings of the texts to the broader, macro-level considerations, integrating different levels of interpretation. It is worth noting that the particular extracts selected to include in the Findings were chosen as particularly illustrative or evocative of certain themes within the data. However, there seems to be a significant degree of 'intertextuality' between texts and resources relating to 'female autism', with similar (and sometimes verbatim) points and phrases recurring across texts, meaning that the extracts included were not isolated cases of particular constructions, but in some respects represented 'common currency' in professional's descriptions of 'female autism'.

Transferability, coherence and resonance
When presenting extracts of the data, contextual details were provided (by way of citation if the source was published, or brief description to help the reader to situate the

text), to inform the reader's considerations of the transferability of the findings and to make their own interpretations. Ultimately, the quality of FDA depends in large part on the quality of the account or 'story' produced, its clarity and internal coherence, whether it sparks fresh insights (Willig, 2013) – and ultimately this is for the reader to decide. My argument laid out the story 'sold' about 'female autism', before unpicking the ways in which 'female autism' might be seen to be problematic. I endeavoured to balance engagement with key theoretical concepts with writing which would be accessible to an interdisciplinary potential readership.

Sample extracts from research reflective diary

From April 2020

First attempt at analysing a redacted assessment report following FDA guidelines, focusing on Willig's (2013) first stage of identifying discursive constructions. I became aware, when taking a free-associating approach to coding, of the potential that I impose on the coding my existing knowledge of common discourses around autism. It seems like there could be the risk of over-reading or over-interpreting the text if the 'resonance' I connect with particular discourses is a product of my own preoccupations or biases. This brought home to me the importance of grounding interpretation in textual evidence.

From May 2020

Following a meeting with both supervisors to discuss FDA approach and the paragraphs from the assessment report which I have started coding, I've gathered some thoughts on possible themes and issues to keep in mind.

- The narrative around girls with autism 'copying' others: how does this connect with social psychology theories (e.g. Bandura) I'm wondering about what the value judgement here is – is this about valuing 'authenticity' over fakeness? – and how this connects with broader cultural values and hyper-individualism. Does labelling with 'autism' follow this culture of individualism in serving to locate problems within the individual? (For example, if bullying by peers is blamed on the autistic girl's 'difference').

- The FDA should draw out the power dimensions. [Supervisor] shared ideas about the psychiatric gaze moving from clinician to family to wider society, everyone on the look-out for 'symptoms'. I thought about this in terms of systemic therapy ideas about problem-saturation. It seems really important to attend to the power of professionals: experts as Foucault's Prophets of Truth. It might be interesting to think about where expertise is positioned – who is the authority, clinicians or 'experts by experience' – whose words carry weight.

- What is the significance of female voices/clinicians in the legitimisation of 'female autism' as a concept – what does this mean for me as a female researching/analysing these constructions? There seems to be a narrative about 'female autism' that it is 'good' for gender equality, that it can be 'empowering' to women, or, more paternalistically, protect 'vulnerable' women/girls from men/abuse. But there are some really troubling elements to the 'female autism' construct from a feminist perspective in terms of reinforcing stereotypes/regulating gender, the potential to limit/restrict women and girls labelled.

- [Supervisor] suggested thinking about how things like class or sexuality might enter the discourses. Maybe class might be traced in comments on typical leisure/employment, or in narratives about parenting styles?

From February 2021

Coding one of the texts I noticed a gender equality/injustice theme that seemed to draw on criticisms of medicine as male-normed. I reflected that if I encountered this argument in relation to other topics, I would be engaged and interested to read more, and how this gender-equality/ male-norming argument has potentially quite an appeal to someone interested in feminism/ equality issues. But actually, my sense is that in the context of 'female autism', the argument to 'even up' attention and focus more on women/girls does not feels so progressive, but rather an additional means of othering/pathologizing women. I also noticed what seemed to be a pattern of autistic girls being painted as 'blending in' and unobtrusive, on the outside looking in. This brought to mind the notion of a 'wallflower' and got me thinking about the gendering of

this, as well as how it fitted with the 'othering' of autism as an 'outsider perspective' – which fits with the other worldly/alien tropes: women from another planet, anthropologists on Mars (or Venus?). I wondered about thinking more about the idea of 'female autism' as a liminal position between 'male' and 'female' worlds, and what it does to solidify – or challenge – assumptions that these worlds are separate.

From March 2021

While constructing the argument for the write up of the analysis I had moments of worry about how it might be read by the professionals who have provided the data, or indeed by potential service users, and whether there were aspects of the argument I should 'soften'. While keen to critique the problematic aspects of 'female autism', I also wanted to be as sensitive as possible to the emotional investment different stakeholders (professionals, service users, authors of texts) may hold in the concept. Discussing this with [supervisor], he commented that the problematic gendering of 'female autism' constructions is perhaps unsurprising when we are all socialised to particular ways-of-being and ways-of-seeing – e.g. seeing 'male' and 'female' – we are all the products of the discourses around us. I decided to acknowledge this issue and explain my position in both the Introduction and Discussion, being clear to frame it as not about criticising the intentions of professionals (because professionals want to help, and the 'progress' story promises this helping position, while also pressuring professionals to be on side of 'progress'). But for me it's about thinking about what goes with 'female autism', are all the implications benign, are there issues with seeing 'female autism' in these terms, and with seeing the problem within the individual and divorced from social/cultural/discursive context. I want to be cleat that I am not arguing that the difficulties which might lead someone to be labelled with 'autism' do not 'exist'; that the issue is rather what is being pathologised and what are the wider consequences e.g. problematising the 'quiet and shy'.

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Appendix N: Chronology of the research process

Development of research proposal and submission for ethical approval

March-May 2019	Developing initial research proposal through discussions with main supervisor.
June 2019	Initial research proposal peer review panel.
July-August 2019	Revisions to research proposal, clarification of ethics and sponsorship requirements.
September 2019	Research proposal submitted for formal peer review and Service User Reference Group feedback.
November 2019	Ethics submission to University of Leicester PREC and ethics approval granted. Started advertising research.

Recruitment and data collection

November-May 2020	Text-based data collection. Selection of corpus of statements. Initial data analysis. Discussion of FDA method with second supervisor. Interview plans put on hold given quantity of text-based data collected.

Literature review

April-July 2020	Developing ideas for review question and search strategy. Database searches and screening. Registration on Prospero.
July-August 2020	Data extraction, quality appraisal, coding and analysis; first draft produced.
October-December 2020	Redrafting literature review.

Research analysis and write up

January-February 2021	Coding of remaining data from corpus of statements. Decided sufficient data had been collected for analysis and additional interviews not needed. Discussion and comparison of coding with main supervisor. FDA analysis of data set. Discussion with both supervisors of discursive constructions, discursive themes and links to power.
March-April 2021	Writing up of analysis. Drafting of research report chapter. Compilation of appendices.