Neurotypical therapists' epistemic biases in understanding neurodivergent relationality and subjectivity

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Abstract:

Autistic and neurodivergent clients frequently experience relational and epistemic harm in psychotherapy when neurotypical therapists' interpretations of emotional expression and communication rely on unexamined normative assumptions. While research increasingly documents autistic clients' experiences of invalidation and misattunement, few studies interrogate therapists' underlying assumptions that shape these encounters. Grounded in the neurodiversity paradigm, the Double Empathy Problem, and frameworks of epistemic injustice, this qualitative study uses semi-structured interviews with 8–12 UK-based neurotypical therapists. Reflexive Thematic Analysis is employed to explore both explicit and latent themes in therapists' interpretations of neurodivergent communication and emotion, including responses to vignettes depicting client behaviour. Findings aim to uncover the normative, ableist frameworks embedded in training and practice that perpetuate misunderstanding and relational harm. By centring therapists' perspectives alongside critical theory, this research illuminates structural and ethical dimensions of therapeutic work, offering insights to support more inclusive, responsive, and ethically grounded practice with neurodivergent clients.

Keywords: Autism; Neurodiversity; Psychotherapy; Relational Practice; Double Empathy Problem; Epistemic Injustice.

Introduction

When I was little, I used to hold leaves up to the sun so I could see more clearly all its intricate details. I was mesmerised by all the tiny veins, the way the light moved through different parts, the patterns and structures it revealed. I *felt* the symmetry and harmony I saw; the beauty of it spread through my entire being with an intense joy; as if my whole self shimmered. These are some of my earliest memories, the world was rich, textured, full of depth and beauty.

By the time I was seven, I had enough experience with my peers at school to realise that I was different. It felt like they shared a way of thinking, and that I tend see things from a different point of view. I also struggled with reading and writing and found it very hard to stay focused on a task. I also excelled at some things. I noticed that everyone had strengths and weaknesses. I saw how everyone sparkled in unique ways, so in my seven-year-old logic I concluded that everyone is different, and that you genuinely cannot compare people. This egalitarian insight became a core value for me; it motivated me to become a humanistic psychotherapist, to embrace difference in my life and work, and now to question prevailing norms and pursue research that explores difference.

Later, when I realised I was neurodivergent, I saw that my early sense of each person's unique wavelength of light, their distinctive perspective, was an intuitive glimpse of what Milton (2012) describes as the Double Empathy Problem, where communication breakdowns between autistic and non-autistic people are not due to a lack in one party, but arise from a mismatch in expectations, norms, and ways of making sense of the world. What is so often pathologized as a deficit, especially within diagnostic frameworks like the DSM-5 (APA, 2013), is in truth a mutual disconnection between two perspectives shaped by genuinely different experiences of reality.

This insight aligns with the neurodiversity paradigm, developed by autistic communities in the 1990s, reframing autism as human diversity rather than disorder (Botha et al., 2024). These concepts form the ontological foundation of this project. Consequently, my research stems from this chasm of mutual misrecognition and intends to make visible the unseen

assumptions that keep us apart, creating a place where we can begin to weave a bridge across our differences.

Research Aim

Whilst psychotherapy often presents itself as open, empathic, and responsive, it remains structured around ableist norms which harm neurodivergent people (Darazsdi and Bialka, 2023; Camm-Crosbie et al., 2019). These norms function as introjects (Perls et al., 1951) absorbed through training, institutional culture, and the wider dominance of neurotypical standards.

Campbell (2009) argues that ableism is not simply a set of prejudices but a deeply embedded epistemological and ontological regime, one that operates not as misjudgement, but as an enforced hierarchy. It is a structure of power that positions some ways of being as fully human, and others as fundamentally lacking. Within this regime, neurotypical ways of being are treated as universal, while neurodivergent forms of expression and selfhood are framed as unintelligible, less meaningful, and classed as disorder, deficit, or resistance.

This effectively negates the underlying equality and respect at the heart of all humanistic therapeutic disciplines and is a breach of UKCP (2019) and BACP (2018) Ethical codes, which both emphasise respect for subjective experience and a commitment to anti-discriminatory, anti-oppressive practice. I believe that if therapists were aware of this, they would change this harmful practice. This is the gap this research aims to address:

How do neurotypical therapists' introjected beliefs about emotional expression and communication contribute to epistemic and emotional harm by misrecognising neurodivergent forms of selfhood and relationality?

Literature review

I became aware of this bias both through my own experiences and through reading Steph Jones' (2024) deeply relatable book; *The Autistic Survival Guide to Therapy* which my supervisor recommended. Jones describes exhausting and distressing therapy experiences where her autistic ways of thinking, sensing, and being were repeatedly misinterpreted by therapists, leading to feelings of invalidation, confusion, and being trapped in a traumatic and gaslighting dynamic.

In my research, I prioritised the theme of neurodivergent clients' experiences in therapy and focused on research that identified bias. I found very little research that focused on this topic. Most autism therapy research, centres on child-focused behavioural and CBT adaptations, with very little research on adult psychotherapy or autistic perspectives.

This review focuses on the lived experiences of neurodivergent clients in therapy, highlighting how bias, misattunement, and unmet relational needs shape their encounters. I outline it using three themes: When Knowledge is Denied, The Ethics of Misattunement and When Therapy Cannot Hold Difference.

Speaking into Silence: When Knowledge is Denied

Darazsdi and Bialka (2023) conducted a phenomenological study with 14 autistic adults exploring experiences of anti-autistic bias in therapy. Key themes included implicit bias, explicit harm, and the impact of invalidating versus affirming alliances. Many participants described being told they were too verbal, too intelligent, or that they didn't seem autistic; responses that erased the reality of their lived experience. Some described having their suicidal ideation and executive dysfunction dismissed entirely. One was shamed for stimming; another was told he was faking his autism and was instead just lazy and inappropriate. Darazsdi and Bialka (2023, p.2130) explain that "Participants perceived these instances as active attacks on their personhood and autistic identity that badly impacted their self-esteem". While rich in first-person narratives, the self-selecting sample lacked

racial and gender diversity, limiting representativeness, but not its power to illuminate systemic harm in therapeutic contexts.

Camm-Crosbie et al. (2019) conducted a qualitative online survey with 200 autistic adults without intellectual disability, exploring their experiences of support for mental health, self-injury, and suicidality. Thematic analysis identified three central patterns: difficulties accessing support, lack of clinician understanding of autistic mental health, and the emotional fallout of misattuned or invalidating treatment. Participants consistently described being dismissed or disbelieved by professionals, many reported being told they were “too high functioning” to warrant concern and described how effective masking led clinicians to overlook the severity of their suicidality. From a humanistic perspective, this reveals a breakdown in Rogers’ (1957) core condition of empathic understanding, which is a prerequisite for any meaningful therapeutic work. Although co-designed with autistic collaborators, the survey’s one-off open-ended questions limit interpretive depth and reliability.

Camm-Crosbie et al. (2019) includes a predominantly female sample and use mostly female quotes to support findings, suggesting that there may be an additional gender bias at play in their findings; unfortunately, they do not examine this pattern. Hirvikoski et al. (2016) found that autistic people without intellectual disability are *nine times* more likely to die by suicide than non-autistic peers, with the highest rates among autistic women. This strongly suggests that there might be overlapping systems of oppression at play that produce distinct and compounded forms of harm; this process was defined by Kimberlé Crenshaw (1991) as Intersectionality.

I believe, as Buchanan, Rios and Case (2020) argue, that psychotherapy has appropriated intersectionality, stripping it of its radical force and repackaging it as a superficial gesture of cultural competence. To me it feels like a checklist of identities that can invite comparison and fuel snap judgements. Identity is reduced to performance; I could tell you I am a white, neurodivergent, Polish woman, but I think that tells the reader little about how I practice accountability in relation to power, difference and privilege. This performance of virtue may

prevent precisely the kind of discomfort needed to interrogate power and privilege. Audre Lorde (1984) wrote about how “the master’s tools will never dismantle the master’s house”. In my view, the current use of intersectionality is the master appropriating a vital tool created by the marginalised to dismantle the house and using it to reinforce the very walls it was meant to break down. This distortion comes at a real cost to all those who most need Crenshaw’s nuanced work to be known, like autistic women.

Misread and Misdirected: The Ethics of Misattunement

Pappagianopoulos et al. (2024) conducted semi-structured interviews with 19 autistic adults, using reflexive thematic analysis to explore their experiences of therapy. The study identified three core themes: the need for a safe, autism-informed space; the importance of flexibility and collaboration; and sensitivity to clients’ preferences around verbal expression. This study acknowledges and responds to the chronic invalidation autistic clients report, by amplifying their perspectives on what makes therapy safe and effective. Pappagianopoulos et al. (2024, p.4) found that 68% of participants emphasised the necessity for therapists to already have or build an understanding of autism and be aware of personal assumptions and biases. Pappagianopoulos et al. (2024, p.8) highlight that “it’s crucial for providers […] to understand the hallmark features of autism, as well as the heterogeneity within the autism spectrum”.

This study is essential as it recognises harm and seeks redress through the generation and transmission of neurodivergent therapeutic knowledge. However, without recognising autistic clients as subjects in their full relational and communicative difference, even well-intended adaptations risk becoming instrumental interventions; reducing the therapeutic encounter to an I–It relation rather than an I–Thou (Buber, 1937). Limitations include lack of neurodivergent co-researchers and a predominantly white, verbally fluent sample, which restrict generalisability. Most significantly, while the study highlights what clients need, it leaves unexamined the normative assumptions within therapy, risking a view of misattunement as technical error rather than relational or ethical failure. My research

addresses this by integrating Epistemic Justice and Critical Disability Studies to centre ethical and relational dimensions in psychotherapy.

Bowers and Widdowson (2023) present the first empirical TA study on neurodivergent clients' lived experiences in therapy. Using Interpretative Phenomenological Analysis (IPA), they examine how normative assumptions around communication and emotional regulation can distort therapists' readings of neurodivergent experience. Participants described how efforts to appear coherent often came at the cost of masking, suppression, and emotional exhaustion. What emerges is a painful cycle of misrecognition: attempts to conform are misread as engagement, while collapse or withdrawal is misread as resistance or dysfunction, as can be seen below in figure 1:

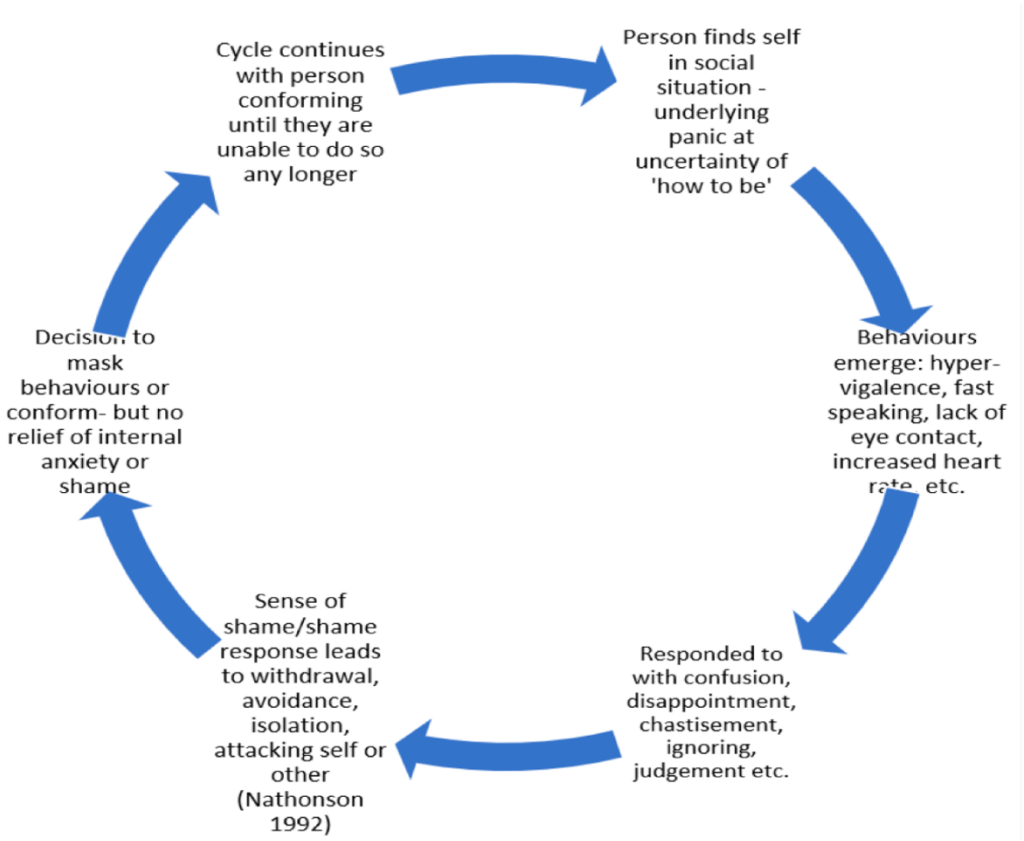

Figure 1: Vicious cycle of conforming and reacting. Source: Bowers and Widdowson (2023, p. 44). The source article is licensed under the Creative Commons Attribution 4.0 International (CC BY 4.0) licence.

These cycles are reinforced when therapists prioritise behavioural adaptation over relational safety (fig.2). The study suggests that when therapists interpret distress through a neurotypical lens, they risk reproducing the very conditions that have historically been unsafe for clients. The authors argue that what is needed is not compliance, but permission to relate in authentic ways.

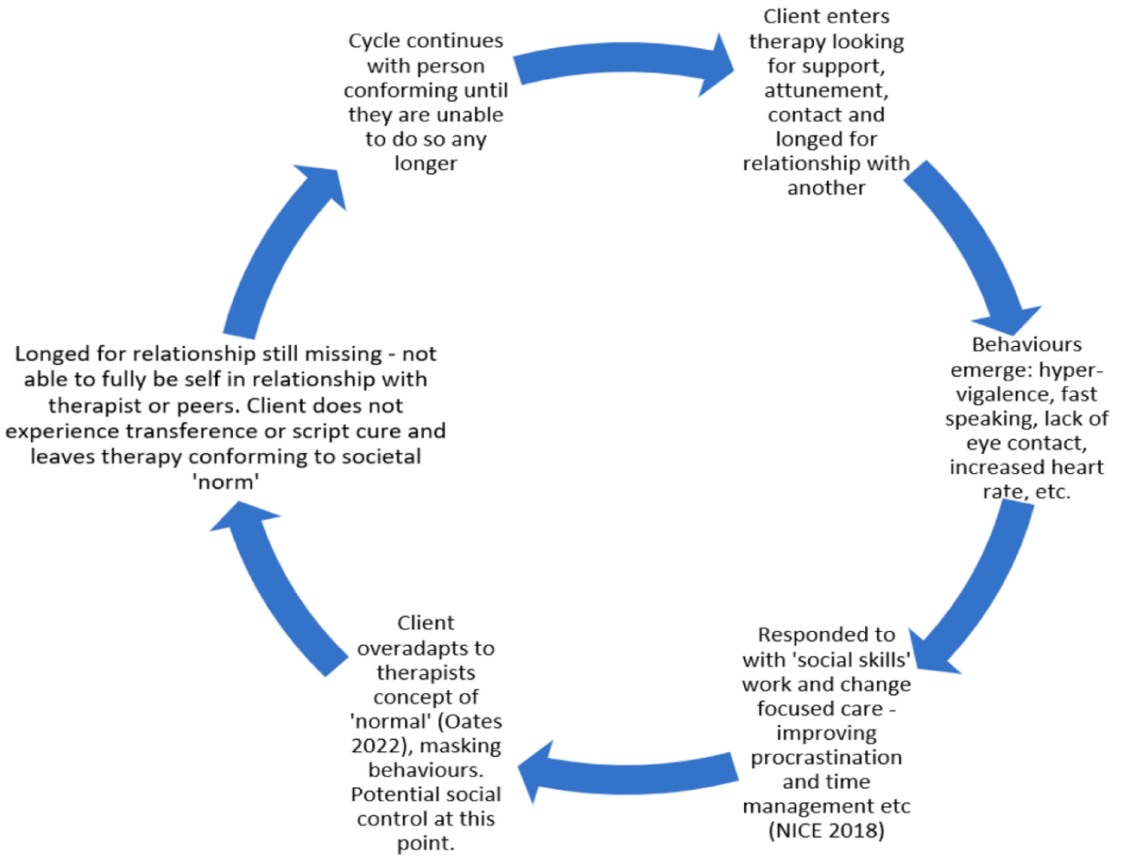

Figure 2: Vicious cycle of conforming and reacting re-enacted in therapeutic relationship. Source: Bowers and Widdowson (2023, p. 44). The source article is licensed under the Creative Commons Attribution 4.0 International (CC BY 4.0) licence.

Despite its reflexivity, the analysis would benefit from deeper engagement with neurodiversity scholarship beyond TA. I believe this cycle can and should also be contextualised as evidence of ableist normative assumptions in therapy, reflecting implied superiority of neurotypical presentation. Ableist introjects directly preclude the I'm OK,

You're OK life position (Ernst, 1971) in the therapist; instead, they create a Get-Rid-Of dynamic of devaluation (I'm OK, you're not OK), which serve to get-rid-of neurodivergent authenticity and selfhood and enforce masking to stay in relationship. Campbell (2012, p. 215) argues that ableist epistemology is inherently narcissistic, structured around two core components: first, the construction of the 'normal' as an idealised human standard; and second, the *active* maintenance of a boundary that casts disabled people as aberrant and not fully human, ensuring that this divide is not merely descriptive, but actively exclusionary and protective of normative supremacy. Figure 1 visually demonstrates this defensive enforcement of normativity. I will address this omission by not just by transparently acknowledging this bias, but by positioning my research directly into this gap.

A Chasm Between Worlds: When Therapy Cannot Hold Difference

Milton and Sims (2016) provide a rare autistic-led account of wellbeing, analysing *Asperger United* contributions. They outline how bullying was almost universally reported as an experience at school, in the family, Further and Higher education, and the workplace. Many contributors describe wellbeing as eroded by exclusion and harm. One contributor reflects: "Throughout my life I have developed an "act" to be "normal", which has allowed me to interact with people, but this negates the possibility of friendship due to the fact it's not the real me" (Milton and Sims, 2016, p.526), echoing the cycle described by Bowers and Widdowson (2023).

Milton and Sims (2016) share accounts of therapeutic experiences: "I formed a high regard for all the therapists; however, none had experience of treating a person with AS so that, in some respects, their efforts were ineffective or even counter-productive"(p.525). Another contributor reflects, "I was diagnosed with depression when what was wrong with me was misguided attempts to conform to the norm"(p.526). One bluntly states: "NTs find it impossible to empathise with us"(p.526).

Based on archival material rather than interviews, the study lacks dialogic depth typical of qualitative research. However, this very difference enables a different kind of insight: direct access to autistic meaning-making on its own terms, unfiltered by therapeutic or normative

interpretation. This makes it one of the few studies in which autistic selfhood is not interpreted but *expressed*. For research concerned with epistemic injustice, this is not a limitation but a necessary act of reparation. By centring autistic people as epistemic authorities, it models precisely the shift this research calls for.

The final study, by Vulcan (2021), used a phenomenological-hermeneutic approach to explore how therapists experience working with autistic children in relational and creative therapies. In her descriptions, she discussed disruptions in mutual recognition, somatic disorientation, and emotional overwhelm. Therapists described emotional states such as frustration, helplessness, and despair, often related to a perceived lack of connection or progress. Vulcan (2021) also highlights prized moments of magical, non-verbal connection experienced through somatic work. These affective reactions, while richly described, were not examined, either by the therapists themselves or the researcher, as subjective constructions or as shaped by therapists' own relational expectations.

As Hodge (2012) argues, therapists' emotional states can be projected outward, positioning the autistic client as the object of therapeutic disappointment when they fail to fulfil the redemptive arc the therapist expects. While Vulcan (2021) offers valuable insight into therapist experience, her analysis lacks critical reflection. As shown in Bowers & Widdowson (2023) and Darazsdi & Bialka (2023), unexamined expectations can manifest as subtle but cumulative harm. Therapist discomfort need not be denied, but when it becomes the measure of what counts, the client's subjectivity risks being distorted, diminished, or erased.

Reflection

Across these studies, neurodivergent individuals consistently report invalidation, misinterpretation, and relational harm when their authentic ways of relating are filtered through neurotypical frameworks. These findings converge to show a systemic failure of recognition, empathy, and attunement, demonstrating that harm is not incidental but structurally reproduced.

I believe Milton's (2012) "double empathy problem" (DEP) reveals the root cause. What's portrayed as an autistic deficit in is, in fact, a mutual breakdown in understanding, fuelled by neurotypical assumptions of normativity and superiority. In these findings we see the *neurotypical failure of empathy*: an insistence on reading autistic communication through a normative lens, which pathologizes difference while obscuring the inaccuracy of neurotypical interpretations. As Milton (2012, p.884) explains:

> "The 'theory of mind' and 'empathy' so lauded in normative psychological models of human interaction, refers to the ability a 'neuro-typical' (NT) individual has to assume understandings of the mental states and motives of other people. When such 'empathy' is applied toward an 'autistic person' however, it is often wildly inaccurate in its measure. Such attempts are often felt as invasive, imposing and threatening by an 'autistic person', especially when protestations to the contrary are ignored by the NT doing the 'empathising'.

Campbell (2012) echoes this sentiment; she observes how normativity forces disabled people to explain themselves *from the outside in*: their lives must be "deflated" into skeletal models, stripped of embodied depth, and constantly narrated in terms legible to the dominant group. This purification of experience narrows understanding, framing neurodivergent expression as deficient rather than simply different. Chapman and Carel (2022) describe this as epistemic injustice; autistic people are routinely disbelieved, their testimony stripped of credibility, and their very capacity to flourish cast into doubt, leaving their ways of knowing and living excluded from dominant accounts of the good life.

Several authors offered findings to address the "gap in knowledge" their neurodivergent participants identified. Camm-Crosbie et al. (2019) emphasise the importance of specialist training, flexible approaches, extra time to build rapport, and consistent long-term support that fosters autonomy and belonging. Bowers and Widdowson (2023) similarly stress the need to avoid pathologizing behaviours, balance nurture with structure, and ground relationships in curiosity and trust. Expanding this, Pappagianopoulos et al. (2024) recommend concrete adaptations, such as offering sensory supports, flexible settings, collaborative goal-setting, and regular check-ins. Additionally, Hume (2022) demonstrates that autistic clients respond most positively to authenticity, explicit positive regard, and

tangible relational gestures, rejecting artificial or performative behaviours. I believe this research is vital in supporting therapists to understand the needs of neurodivergent clients. However, what strikes me about it, is that the advice to avoid assumptions, be genuine, flexible and empathic, is precisely what therapists are already trained to do, and do achieve in the general population.

So what is the problem? To me this suggests that it's not just lack of knowledge about autism, but DEP in action; a relational shortfall of empathy and theory of mind that unconsciously fuels epistemic injustice. Here the task of a therapist is to stay grounded and regulated, and patiently work to understand a new world, someone different, instead of relying on empathising with their own projections. Benjamin (1988) offers an invaluable framework for understanding the DEP in her work around intersubjectivity. She states that the foundation of relational life is mutual recognition, a dynamic and fragile ongoing process based on the capacity to see the other as a distinct, yet equally real subject. She argues that in absence of recognition, relationships tend to default into domination, where one self imposes its subjectivity rather than sustaining reciprocity. Due to DEP, the relational gap is simply greater, so when neurodivergent clients, due to inherent differences, fail to fulfil their therapists' relational needs and expectations, a dynamic of domination ensues.

Girard (1986) describes how unresolved anxieties around difference in groups are stabilised through scapegoating, in which the *different* person is cast as the source of disruption, making that individual the target of blame and hostility, to restore group cohesion at their expense. The victim does not cause the aggression; it reflects the perpetrator's anxieties, rivalries and internal conflicts. This dynamic is familiar, socially validated, and instinctual, making it almost inevitable in therapeutic and social contexts. Yet for neurodivergent people, this is a retraumatising iteration of their social experiences. Research shows that autistic individuals experience elevated rates of victimization, including bullying, sexual victimization, and multiple forms of victimisation, with around 44% affected across the lifespan (Trundle, 2023).

My research is situated precisely into this relational gap of DEP in therapy practice. In my view, the issue is not merely a lack of understanding, but a disconnect *sustained* by ableist introjects. While some studies expose the impact of bias, what remains underexplored is the

content of that bias; the assumptions, beliefs, and ethical anchors that guide the neurotypical gaze. By bringing these assumptions to light, my research seeks to attend to what obscures our vision, so that we can actually see each other.

Methodology

This study responds to a notable absence in psychotherapy research: while the harm experienced by neurodivergent clients is increasingly documented, few studies examine the perspectives of therapists, particularly in relation to unconscious bias. This omission is ethically significant. By centring only the narratives of those harmed, the field avoids interrogating the professional norms that may contribute to that harm, risking a dynamic in which therapists' emotional comfort is prioritised over clients safety. This study aims to hold both ethical responsibilities in view: to approach therapists with care and respect, while refusing to collude with ableist frameworks by leaving them unexamined.

Consequently, this study is grounded in a critical realist ontology, which holds that psychological structures like introjects exist independently of perception, even when only partially visible through experience (Bhaskar, 1975). Epistemologically, it adopts a hermeneutic phenomenological stance, where meaning is contextually situated and shaped through interpretation. Reflexive Thematic Analysis (Braun and Clarke, 2006) supports this stance by recognising that language expresses culturally shaped ways of making sense of others. This approach enables the study not simply to document therapists' attitudes, but to surface the deeper normative structures transmitted through training, supervision, and therapeutic culture that shape how difference is perceived, positioned, and interpreted within practice.

Participants

Participants will be UK-based therapists who self-identify as neurotypical and have worked with at least one neurodivergent client in the past 12 months. Inclusion will prioritise

therapists trained in relational approaches, where subjectivity and meaning-making are central. All will be BACP or UKCP accredited, to reflect dominant norms of competent practice. Specialist neurodiversity training is not required, as the study focuses on how ableist assumptions persist in generalist therapeutic work rather than specialist areas.

Recruitment will reflect the study's ethical commitment to transparency, care, and depth. Therapists will be approached via networks, training providers, and professional forums, and invited with the following wording:

> *"This study invites therapists to reflect on how unconscious bias and cultural norms around emotion, communication, and connection may shape therapeutic work with neurodivergent clients. It is an opportunity to pause and consider how our profession makes sense of difference and how we might do better, not evaluate individual competence. I'm seeking thoughtful, reflective practitioners who are willing to engage in a deeper conversation about the assumptions we inherit, the frameworks we trust, and the moments that challenge us. If you're someone who cares about how inclusivity is lived, not just stated, in our profession, I would be honoured to speak with you."*

A sample of 8–12 therapists is anticipated, in line with Braun and Clarke's (2006) guidance that qualitative research prioritises depth and richness over generalisability. Diversity in modality, ethnicity, gender, and lived experience will be actively sought to support ethical integrity and ensure a broad range of interpretive perspectives.

Data collection

Data will be gathered via one-to-one semi-structured online interviews, supporting depth and nuance needed for ethically sensitive topics. Each interview will last 60-75 minutes, be audio-recorded with consent, and transcribed verbatim. The interview guide will begin with broad, open-ended questions to invite therapists into reflective dialogue, for example: *How do you find working with neurodivergent clients? What challenges have you encountered, and how do you mitigate them? How do you interpret their emotional expression or*

communication style? These prompts are designed to elicit therapists' underlying beliefs, clinical frameworks, and interpretive strategies.

In the second half of the interview, therapists will be invited to respond to brief, fictionalised vignettes involving neurodivergent clients e.g. a client who calmly recounts a traumatic event with minimal visible affect or responds to relational prompts with extensive factual information without making eye contact. Each scenario is designed to surface how therapists interpret emotional availability, connection, and meaning in a depersonalised format. Therapists will be asked: *What stands out to you in this interaction? What sense do you make of the client's behaviour? What responses; emotional, relational, or clinical does this evoke in you? What would progress look like here?* Vignettes help surface latent assumptions, as therapists can project their own values when responding to imagined others.

To support honest reflection, the interviews will be designed to mitigate social desirability bias, particularly relevant when speaking with therapists, who may unconsciously align responses with professional ideals. The interviewer will adopt a relational, non-judgemental stance that normalises the complexity and ambiguity of therapeutic work. Where responses seem idealised, follow-up prompts will gently invite deeper reflection, e.g., *Can you recall a time when your usual approach didn't land as expected?* or *Looking back, is there a way you've worked that, in hindsight, you might approach differently?* The aim is not to judge, but to invite candour and thoughtful reflection on how therapeutic instincts are shaped by deeper norms.

Data Analysis

Data will be analysed using reflexive thematic analysis (RTA) following Braun and Clarke's six-phase model (2006). The analysis will be primarily inductive, allowing themes to emerge from therapists' own words and meaning-making. However, given the study's critical-realist foundation and conceptual grounding, some deductive coding will also be applied, particularly when exploring concepts such as normative emotional scripts, epistemic injustice, and ableist assumptions about what constitutes a good life. The analysis will focus

on latent themes that go beyond surface meaning, to interpret the underlying ethical and cultural frameworks embedded in therapists' responses.

To support critical reflexivity and uphold epistemic humility during analysis, a reflexive journal will be kept to track interpretive decisions and emerging assumptions. A second researcher will review the developing coding structure and themes, while consultation with both a research supervisor and a clinical supervisor will provide distinct forms of oversight and challenge.

Reflexivity

My stake in this research is deeply personal. I did have experiences in therapy and supervision where disclosing my neurodivergence had zero impact on how I was related to and understood. My differences were insistently framed as deflection or defensiveness. In therapy, I explained how my communication tends to be very detail-oriented, and that I seem to need more time to get to my point, because all the details feel important. Despite my efforts to explain how I process and what works well for me, his frustration would spill over into aggression, making me feel unsafe and prompted to leave that therapist.

A similar misrecognition has marked my training. I was often asked "put more of myself" into essays, so I worked very hard to dig deeper, be even more authentic and forthcoming. I showed up by embedding my selfhood in work that I felt was intellectually complex, ethically alive, and rich in metaphor, only to be marked down for being *absent*. I realised that my ways of experiencing life and myself were not being recognised as valid and were reframed as an academic error. Reminiscent of Bowers and Widdowson (2023), I felt like I am earning an MSc. in Masking; being trained to disguise who I am and coerced to become some elusive other.

I can relate to this bias personally, and the pain and anger around these experiences fuel my quest for finding appropriate care, understanding, and solace for neurodivergent people. Because this research explores how neurotypical therapists' introjected beliefs can distort recognition, it is essential that I do not replicate that harm in my own interpretations. My

role is not to expose participants, but to remain in an ethical relationship with them, even when their perspectives challenge or unsettle me. Just as I ask for recognition of neurodivergent ways of knowing, I extend that recognition in return. This research is grounded in care.

Reflexive awareness of power dynamics and emotional impact will be maintained throughout. The researcher's personal stake in the topic and the potential for countertransference or interpretive projection will be tracked through a reflexive journal documenting positionality, emotional responses, and emerging patterns of understanding. Regular consultation with both a research supervisor and a clinical supervisor will offer challenge and containment from different vantage points, while ongoing personal therapy will support emotional processing and ethical reflection. This reflexive practice is not simply a safeguard, it reflects the epistemic responsibility of a researcher working within a hermeneutic and critical-realist framework, where meaning is always co-constructed, and power inflects every act of interpretation.

Ethical Considerations

This study engages with sensitive themes that may prompt discomfort or self-doubt in participants, such as the possibility that their therapeutic work has been shaped by normative or ableist assumptions. Ethical care for participants is therefore central. Informed consent will be obtained in writing, with accessible information sheets detailing the purpose of the study, the voluntary nature of participation, the right to withdraw at any point without consequence, and the measures in place to ensure anonymity and data protection in line with GDPR. Pseudonyms will be used, no identifying information will be published, and data will be securely stored and destroyed in line with university policy.

The study will adhere to the BACP Ethical Framework (2018) with particular care for autonomy, emotional safety, and transparency. Ethical approval will be sought from the university's Ethics Committee.

To mitigate emotional risk, participants will be reminded that the study does not assess individual competence but explores wider cultural patterns in therapeutic practice. Interviews will be guided by a relational, non-judgemental stance, and participants may skip any questions they wish. Should distress arise, the researcher will pause, offer a break, and signpost support resources. Post-interview debriefing will be offered.

Given the emotionally charged nature of the material, particular attention will be paid to researcher self-care: interviews will be spaced out to reduce sensory and cognitive load, and time for rest, recovery, and integration will be built into the research schedule.

Ethical sensitivity in this study is understood not only as a matter of procedural compliance, but as a relational practice. The intention is not to expose, but to support ethical self-recognition and insight in the therapeutic field. By carefully attending to emotional safety, reflexivity, and mutual respect, the study aims to model the kind of ethical depth it hopes to inspire.

Conclusion

This research made me reflect deeply on the inescapable vulnerability of neurodivergent people living in a world that painfully does not recognise them. As well as the vulnerability of therapists noticing how their actions may conflict with their goal of helping alleviate human suffering. I felt the many tensions that intersect our differences.

Today, instead of peering into leaves, I get to look at the infinitely more beautiful, rich tapestry of living human souls. Their beauty is precisely what gives me hope that this research is possible.

Acknowledgment

I have used Chat GPT-4 and 5 to help me improve the wording, clarity and structure of my writing because I sometimes struggle with organising my ideas due to my neurodivergence.

Disclosure statement

The author reports there are no competing interests to declare.

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