# We are more than others can say

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**Abstract**

In this paper I argue that we must resist succumbing to language, concepts and meanings that seek to "shrink" or colonise us. This resistance must, in my opinion, extend to health services and therapeutic practices well as to the concepts of autism and intersectionality. I hope to show how my understanding of resistance is playful rather than hostile, moving from "either/or" to "both/and".

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My job is definitely to be myself. What bit of myself can I give you, and how can I give you a bit without seeming to lack wholeness?

Donald Winnicott, 1986, p. 55

When we look at this photo what do we see? A child asleep in bed – me! I am sleeping with a row of dolls sucking my thumb. What assessments or diagnoses might be made? Am I behaving as a boy or as a girl? Am I neurotypical or neurodivergent?

My relationship with the sea has been tricky to say the least. Born in Brighton, Sussex, my joyful experiences of the seaside was the background to my decision aged 15 years to join the Royal Navy. It was my way of escaping home where I had the sense of being "F***ed Up" (cf. James, 2002/2003). On arriving at HMS Ganges in 1966 I can still recall the chaplain asking us all "Why have you run away to sea?" This question directly triggered thoughts of alienation from my family and realising my aloneness, my lack of peer friendships. The sense of being an outsider persisted and increased Not throughout my five plus years of naval service. Peer friendships seemed superficial and I often found myself exploring foreign ports on my own. When I got into trouble with my immediate superior, I felt like my life was coming to an end and this culminated in my standing in Hong Kong dockyard wondering if I could throw myself into the sea without trying to keep myself afloat. When a kind army psychiatrist recommended my discharge on the grounds of "unsuitability" I felt both relieved and ashamed. Relief that I was leaving a social environment so hostile to difference but shame that I had felt suicidal and thinking that my life was over.



Brighton but Whitley Bay, 2010

When I think, that is when I talk to myself, I often wonder who is doing the talking and who is doing the listening?  Am I one or many?  Do I like Walt Whitman suggests "contain multitudes" (Song of Myself 1892)?  Similarly, when I am doing my current voluntary work, I often wonder who is doing the supporting and who is being supported?  When I am with an autistic person, I often wonder who is autistic and who is not?  These last two questions may not be usual in an NHS context but when I am working voluntarily the structural constraints of "clinician" and "patient" seem absent leaving me adrift in an ocean of ambiguities. Reassured by Harlene Anderson (2007, p. 17) that we "*are continually forming and performing 'I'" and that "we are always as many potential selves and identities as are embedded within and created by our conversations*", my voluntary engagement with others allows fluidity of identity between us: I do not have to maintain a role of clinician and the other does not have to maintain a role of autistic/patient/parent etc. Our conversations do not have to conform to organisational and/or policy/procedural norms. Whilst we as systemic practitioners appreciate that social narratives and self-defined identities can restrict action choices perhaps a therapeutic stance of narrative non-directiveness isn't enough.

**We are more than others can define us as being**

> People can only demand change in ways that reflect the logic of the institutions they are challenging. Demands for change that do not reflect . . . dominant ideology . . . will probably be ineffective.

> Kimberlé Crenshaw, 1991, p. 1243


When in 1989 Kimberlé Crenshaw published her ground-breaking article on intersectionality, her starting point was a 1964 legal suit brought against General Motors. Five Black women alleged "that the employer's seniority system perpetuated the effects of past discrimination against Black women" (Crenshaw, 1989, p. 139). Unfortunately, the court rejected "the plaintiff's attempt to bring a suit not on behalf of Blacks or women, but specifically on behalf of Black Women."  Their reasoning? "…this lawsuit must be examined to see if it states a cause of action for race discrimination, sex discrimination, or alternatively either, but not a combination of both." So Black people or women could bring suit but not Black women!

Intersectionality is the idea that multiple types of discrimination overlap and combine to create additional forms of discrimination. Intersectionality theory recognises that it is the interaction of multiple identities that will create very different lived experiences, for example, a black autistic mother being treated for depression living in social housing and claiming state benefits compared to say, a black woman, an introverted or an autistic woman, or a woman being treated for depression, or a single woman living in social housing or a single mother claiming state benefits. The intersectionality perspective can also include wider factors as the following diagram about life barriers suggests:



https://www.gatesfoundation.org/goalkeepers/report/2019-report/#ExaminingInequality
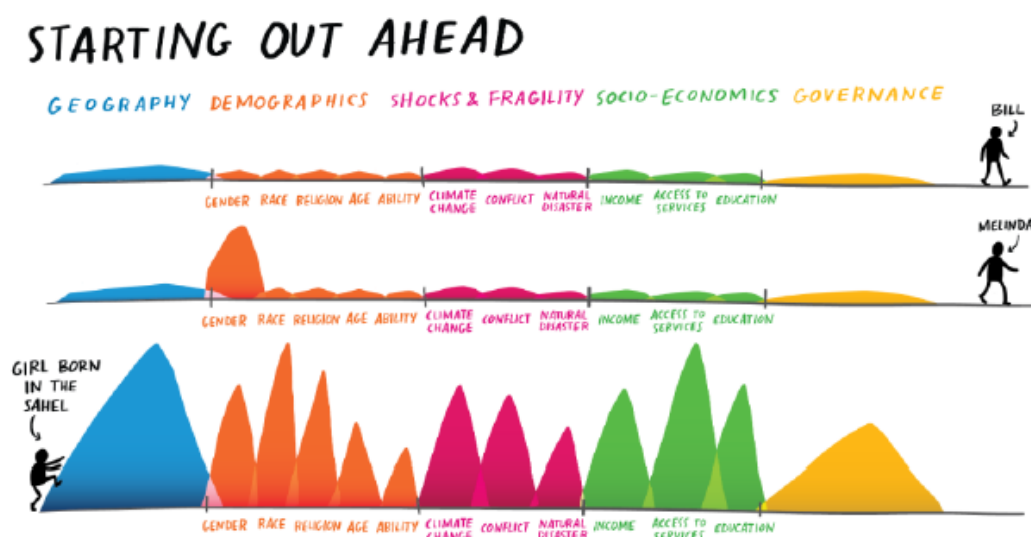
## We are more than professional judgements and diagnoses


he carries specks of starlight
in a little silver pot
and they tell him that he's strange
because he has something they've not

they never think to ask him
what it is he keeps within
for they'd rather speak in whispers
that he doesn't quite fit in

see they think that being different
is a lonely, scary shame
they don't realise that our magic
lies in how we're not the same

from "starlight" in Becky Hemsley (2021) "Talking To The Wild"


I will never forget the Army psychiatrist in Hong Kong telling me that in recommending my discharge from the Royal Navy he would not be providing any psychiatric diagnosis on the forms as he didn't wish to compromise any future employment I might seek in the future. At the time this seemed like a blessing, and in retrospect I often wonder what I would have done as a job if I hadn't become a psychiatric nurse and later a social worker. However, for many people seeking a diagnosis seems both a necessary and validating process, especially when considering the intersectionality of autism and transgender.

The concept of autism seems fraught with many difficulties especially in terms of who qualifies for the diagnosis and who can be excluded. In my voluntary work with families a refusal of assessment and diagnosis can cause considerable distress. Just consider that the DISCO assessment tool (Wing et al., 2002) is used in interviews lasting several hours at a time. The Coventry Grid (Moran, 2010) that seeks to differentiate between autism and attachment problems runs to 13 pages. These tools may appear "scientific" but they are actually based on the "clinical work" experience of one or two professionals. In my own experience clinical tools can be useful and they can also be harmful.

The question of seeking recognition and diagnosis seemed essential to the story presented to us in 3rd Systemic Practice and Autism Conference by Felix Moore, "Trans and Autistic: Speaking from Experience" (2021). He spoke of how his assertions that he was autistic "were dismissed by medical professionals". When reading from a psychologist's letter Felix said this kind of dismissal "felt like a punch to the stomach."  As I listened to Felix's presentation his insight into (the social construction of) autistic masking was particularly thought provoking: "In my experience the worth of autistic people is often judged by how closely we are able to mimic the behaviour and thinking of neurotypical people."

When I listen to parents and adults talk about their experiences of autism diagnosis pathways, it often sounds like a milder form of Felix's struggle for recognition as "trans". Even when I was a professional

myself I was often dismayed by other professionals including some who believed that there was no such thing as ADHD or autism. It doesn't seem as if the general public understand that the process of autism assessment and diagnosis can be contested within the medical profession – Sami Timimi, in his presentation, asked "What does the social construction of autism tell us about identity politics and our culture more broadly?" He offered testimony to the controversy that such medical procedures can provoke. From an academic perspective, even the well-known and used screening tool for autism, the AQ or Autism Questionnaire, can be criticised and disputed (e.g. McGrath, 2017).

Whilst supporting a single parent family with a home-schooled child, the NHS screened a referral for an autism assessment by way of the Vanderbilt ADHD questionnaire!  This clinical tool has no scale or sub-scale for autism (cf. Vanderbilt Assessment Scales (VAS) - PsychTools). After mother challenged this with various National Health Service (NHS) agencies and following her ex-husband continuing his abuse of her by contacting Social Care, she was confronted by social workers tasked with assessing her for Fabricated or Induced Illness. Despite my writing two advocacy letters to the local authority about the family appearing neurodivergent and about the history of domestic violence from the ex-husband (that the local authority ignored), all three children's names were placed on the safeguarding register. Months later the child was finally assessed for autism and a diagnosis was made. In this situation the autism diagnosis should have validated the mother's perspective. Unfortunately, the child protection system remains in the shadow of this family despite the child's autism diagnosis vindicating mother's perspective and despite de-registration. Mother is now seeking a neurological assessment for her younger son despite the local authority warning her that seeking further diagnostic assessment could lead to a psychological assessment of mother and care proceedings.

Whilst it seems unclear how this statutory intervention will affect the single mother and her three children, it seems unlikely that there will be any benefit to them. Indeed, it is likely that mother at least will be caused unnecessary stress by professionals who should instead be providing resources to help the children to develop and thrive. It is likely that there will be many families in similar or more difficult circumstances needing support whose needs are not understood and/or recognised.

## We are more than what practitioners can say about us

Gustafson and Cooper (1990) are two family therapists who believe that we are all engaged in a life-long contest, whereby we become winners and/or losers in the modern world. This contest can be perceived via three coping strategies:  Family virtue/loyalty "where help is likely to be reliable" (Ibid p. 4); Appearance of co-operation whereby "you only have to *seem* to be what is wanted and then to proceed to do *whatever* you want" (Ibid p. 7); and Outright contest which results in a "Win-Lose" outcome.

## Families of professionals and bureaucrats

It's only water
In a stranger's tear
Looks are deceptive

But distinctions are clear
A foreign body
And a foreign mind
Never welcome
In the land of the blind
You may look like we do
Talk like we do
But you know how it is

You're not one of us

Peter Gabriel, from "Not one of us", Peter Gabriel [3] album, 1980

The state education system seems designed to equip us with the academic qualifications needed for professional qualifications or for organisational employment. Once professionally qualified we gain access to status and income not available to others. These others then accept what we tell them, except for when they don't.

When I finished employment, I thought about the various Facebook groups I had started several years earlier including "Advocates for ADHD and Autism Derby". This was a particular interest of mine following my family's experience of fostering an autistic youngster who could not speak English. I described this more fully in an article, "Are we not autistic?" (Steare, 2016). I realised there was more time available to provide the support to families that I couldn't before. Within a few weeks a young man in his early 20s contacted me via the Facebook page asking for my help as he felt so frustrated in his attempts to access NHS recognition and support. We met regularly over the next few weeks at a local pub. Whilst I was happy to support him in this way, I realised that it seemed miles away from systemic practice within the mental health services that had employed me. During the summer we would sit outside, drink our beer and chat about work, families and friends. This seemed to be useful to him and by the autumn he had found himself a new job that caused less stress and he started taking prescribed medication that he had finally managed to access with my support.

Unfortunately, a family or group of professionals necessarily creates everyone else as outsiders. This intersectional dynamic can then become doubled when working for an organisation that pays your salary. The desire to fit in, the sense of loyalty that is due and/or paid to clinical supervisors and line managers, and the need to follow the policies and procedures, seems to leave little room for personal freedom at work. I assume that almost everyone who becomes a doctor, psychologist, therapist, social worker, nurse, teacher, etc. will enter their profession with a desire to do good work, to help, and to become a person valued by others (cf. Canon's "Kyosei"). However, joining a profession and working for a bureaucratic organisation can mean working in a dehumanized workplace and a dulling of the human spirit (Baker, 2019, p. 10). Managers, sadly including those who work for local government and the NHS can "*switch off their humanity at work*" (Roger Steare et al., 2014). When trying to understand the working of professionals and managers at a conference, the following authors noted that "It was if the personhood of both the practitioners and the users had become equated with the organizational system and the policy discourse that shape it" (Cooper and Lousada, 2005, p. 39). Jeff Schmitt (2000) calls out "Disciplined Minds" and "the Soul Battering System" that shapes our lives.

I wonder if clinicians recognise these alienating and dehumanising effects? It can be quite costly both to do and to ignore, the first can lead to financial difficulties whilst the second can lead to emotional suffering. When reflecting on my most recent experiences in the voluntary sector and comparing these with my experiences working within the NHS, I realised that I had become more disillusioned with my previous clinical and social work roles. They seemed to be overtaken by bureaucracy: form filling, data entry etc. Appearance was taking over from proper relationships. During the last few years of employment I had been "flexible" with the rules and meta-rules of the NHS and doing some very different interventions that had met with considerable success e.g. all of the youngsters I had been working with had ceased their self-harmful behaviour. This work had also led me into disciplinary processes. However, a previous Child & Adolescent Mental Health Service (CAMHS) manager had said in supervision "I like hearing your ideas in team meetings because they are different from everyone else". At the time I thought in terms of "Differences R Us" after the now defunct toy store in Derby. Later, I discovered the term "neurodiversity". Almost immediately, I had the sense that neurodiversity wasn't just something "out there", it felt something like me.

## Appearances of Co-operation

> One speaks of being put in a false position, or in an untenable position. Persons put themselves and others, and are in turn put by others, into false or untenable positions.

> Laing, 1969, p. 225

Professionals command a respectable status together with a salary that can be 25-33% higher than national average full-time earnings. This is achieved primarily by restricting access to those who can obtain the necessary entry qualifications and/or demonstrate their organizational loyalty and compliance. Once in post and earning a good salary, it is likely that the professional will be paying off a large mortgage if not other debts. In this situation it is unlikely that there will be much scope for advocating on behalf of clients in challenging your employing organization. It can at times feel like having a Janus head, simultaneously agreeing with both client and manager when neither agree.

"All people who believe they harbor a desire to help mankind must also be aware that the preoccupation with misfortune, social maladjustment, ignorance, illness, etc., constellates very grave problems in themselves" (Guggenbuhl-Craig, 1971/78, p. 153). Leaving aside the professional as individual, the appearance of co-operation in mental health assessment, diagnosis and treatment cannot be understated. Assessment has become essential to professional mental health practice, but is it really necessary, must it rely on co-operation with patients, and if so, is it a good or a harm?

> The word 'assessment' has a final ring; there is something absolute about the statement or series of statements which may alter the entire life of an individual human being. Those people who make assessments are in an omnipotent position: how they move and countermove will depend on many factors-and ultimately the arrangements of their words written on paper will tend to lead to instant action, since in the circumstances, if such action were not needed there would not be in the first place a request of an assessment.

> Docker-Drysdale, 1973, pp. 88-89

What about diagnosis?  On January 12th  2021, a twitter blog noted, "I masked my whole life until, when I was 44 years old, I was finally accurately diagnosed by an astute therapist who asked the right questions without assuming I 'looked' anxious, depressed, borderline, traumatized or any other way that fit with their view of the perfect diagnosis for me." (https://www.linkedin.com/pulse/wearing-my-brave-cape-doctors-office-musings-autistic-christiansen/)

The problems of treatment are seldom recognised. Most authors of therapeutic approaches assume that undertaking or undergoing therapy is likely to be a positive experience. I believe that to be as true of systemic practice and family therapy as any other approach. However, when it comes to recording gains or losses in psychotherapy many practitioners and therapists are reluctant to ask their client for feedback. From an intersectionality perspective the "target of intervention" may be the wrong one. For example, when working in CAMHS I advocated the use of the "Partners for Change Outcome Management System" (PCOMS) but my suggestion was ignored by my colleagues. Incidentally, PCOMS in the UK was pioneered by Sami Timimi in his development of "OO-CAMHS" at Sleaford and Spalding CAMHS in 2011. I suspect that PCOMS work has not been widely taken up, as professionals do not want to see any evidence of their patients and clients deteriorating during treatment.

**Outright contest – Win or Lose**

What do you get for pretending the danger's not real
Meek and obedient, you follow the leader
Down well trodden corridors into the valley of steel
What a surprise!
A look of terminal shock in your eyes
Now things are really what they seem
No, this is no bad dream.

Pink Floyd, from "Sheep", "Animals" album, 1977

Most of the referrals to my "Advocates for ADHD and Autism" voluntary service are about the difficulties people experience in obtaining support from statutory agencies like Social Services and the Health Service. This experience is well documented in the professional literature (e.g. Crane et al., 2018). As previously mentioned, my local social services and health service screen for autism by way of an ADHD screening and assessment tool. Eleven days ago at the time of writing a parent asked the National Autistic Society for advice because her child's school has refused a referral pending the school completing a questionnaire and documenting the behaviour for a school term (CAMHS refusing an assessment until school document term - Parents and carers - Home - National Autistic Society - our Community (autism.org.uk)  This website contains many other stories from parents frustrated with getting the recognition and support for their child from professionals who are in a position to do something different. For example, when I worked in CAMHS I did a presentation to my colleagues and managers about how we could reduce waiting times. In this presentation I suggested that all referred children were seen immediately and then either prioritised for assessment/interventions, redirected to other services and/or reviewed later. This bold idea was not taken up, yet the underpinning theory and practice was within the knowledge domain of most present. Although I do not know why this idea

failed to find support I suspect it was because of a fear of being overwhelmed by referrals, something that happened anyway!

If neurotypical people in authority were paragons of virtue then perhaps Felix might be wrong about the NHS clinicians that he was unfortunate to meet. However, the image of the NHS and of the Government whose agency it is has never been lower. At the time of writing the UK public is being subjected to a string of scandals about government ministers that are resulting in several resignations. All too often those in authority abuse us both directly (e.g. Priti Patel) and indirectly (e.g. Matt Hancock). There have been at least 55 UK political scandals since the millennium and the NHS continues to be the subject of continuing inquiries into health care failings (e.g. from Ely Hospital Cardiff 1967, through Bristol 2001, Shipman 2005, Mid-Staffordshire Hospital 2010/2013, to Ockenden 2020). In 2021 the BBC reported on "Autism: Number of people stuck in hospital 'national scandal'" (www.bbc.co.uk/news/uk-england-57722356) and the NHS is still (March 2022) struggling to cope with the latest mild variant of Covid-19, requiring us to continue to social distance and wear face masks.

## We are more than our identities

I can't think, I can't feel
I can't even see what is fake and what is real
A bully pushes me because we stand side by side
He turns to me and asks, why don't you commit suicide?

Matthew J Fowler, from "Assembly"
"A Different Kind of School" (2020) Independently Published via Amazon

My friend Matt's experiences in school, as excerpted above, shows almost a nihilistic attitude to difference and disability. Casually asking an autistic teenager with albinism why they don't commit suicide is almost unbelievable. No wonder then that autistic children are twenty-eight times more likely to think about or attempt suicide and autistic adults who do not have a learning disability are nine times more likely to die from suicide. In this kind of situation it seems so difficult to live differently "as we are" rather than as who others need us to be.

In becoming distant from our own lived experience, we can silence our authentic voice, our self-identity (cf. Dana Jack: The Silencing the Self Scale, wwu.edu) to retain a sense of connectedness and remain in relationship to those who would make us what we are not. For Alice Miller, society betrays us as children and our children and their children, by forcing us through violence and sexual abuse to meet the needs of others, perverted or otherwise. Like the Who's "Tommy", we must become "deaf, dumb and blind" kids following the prime social commandment "Thou Shalt Not Be Aware" (Miller, 1981/84).

Unfortunately, our sense of who we are, who we were, and who we may be, can be drowned out by other voices, both external and internal, who can "other" us, who can alienate us from ourselves: Rebekah O'Brien's presentation at 3rd Systemic Practice and Autism Conference, "The Self-Diagnosed

Bisexual: Why We Need Self-Diagnosed Autistics in Autism Research" provided me with much food for thought. I was particularly struck by her experiences of being challenged as a bisexual not just in terms of not being "straight" but also in terms of what percent "gay" and what percent "straight" she was and why she was not coming out as "gay".

From a research point of view there are different views as to whether or not bisexuality can be considered to be a fluid process or a stable identity. So can people move up and down the scale? From my own experience I can perceive bisexuality as a fluid process whereas for others their sexuality as a stable identity makes better sense. Whilst struggles about sexual identity may not be as infrequent as some may assume, what about other intersectional identity and role struggles, especially those that involve work?

When training as a social worker I found myself defenceless against the feelings that arose in me whilst visiting clients on placement. I gradually realised that getting close to people was like getting to know a boy/girlfriend with all of the anxieties, affections and frustrations involved. Whilst Freud may have overstated the links between sex and attachment, I suspect that many professionals may understate their own erotic connection to or erotic disconnection from their work (cf. dual relationships). When I returned to college, I spoke to my tutor about this, and after thinking for several days, he came back to me and said "David, what I think you are describing can best be described as 'professional intimacy'." This seemed so accurate that it has stayed with me ever since.

As I became a more experienced social worker, I began to question lots of aspects of the work that seemed bureaucratic, stupid or unjust. In connecting with clients at a professional intimacy level I started taking seriously client positions and when advocating on their behalf I soon found myself in conflict with my employers. One employer had to change a policy costing tens of thousands of pounds when I campaigned against its unfairness to parents – but this change saved each of them hundreds in return. When working for another I was called as a hostile witness by a parent's lawyer in an adoption case and disclosed evidence that apparently had the Director of Social Services in a rage. I remember being accused of trying to include parental factors like disability and poverty in care and adoption proceedings when according to lawyers these were "irrelevant" to the court case. I gradually became unhappy working within a "welfare industry" / "child abuse industry" that seemed so narrow minded when overlooking the many aspects/intersectionalities of peoples' lives,

Unfortunately, it was only until I had left social casework and had trained in systemic practice training that I was able to find the next step in my understanding of "professional intimacy". In 2000, Maryhelen Snyder published a paper that provided me with the key that I had been looking for: "Mutual Love in Therapeutic Process". I was so happy that the "L" word in a professional context had made the press, even if the paper did not go so far as to suggest that love included an emotional engagement and potential attachment.

## We are more than ourselves and our relationships

here is the deepest secret nobody knows
(here is the root of the root and the bud of the bud
and the sky of the sky of a tree called life; which grows
higher than soul can hope or mind can hide)

and this is the wonder that's keeping the stars apart

i carry your heart (i carry it in my heart)

from e.e. cummings (1952) i carry your heart with me (i carry it in my heart)
Complete Poems: 1904-1962. Liveright Publishing Corporation

Martin Buber was a philosopher who developed his "Life of Dialogue" (see Martin Buber: The Life of Dialogue) from the Hasidic idea of God's creation of the world out of love. Whereas in stranger/non-loving relating we are involved in "I-It" social exchanges this love becomes actualised as "I-Thou" intimate relationships.

At the second "Autism and Systemic Practice" conference in 2019, I was fortunate to attend the workshop given by Jonny Drury on "Autism Dialogue". He later invited me to the 2nd Autism Dialogue national conference in Sheffield where I was able to participate in the approach. I found this experience of being on the "receiving end" with Jonny leading the group particularly enlightening. Autism Dialogue is based on a psychological approach developed by the quantum physicist David Bohm, a later contemporary of Martin Buber. Thinking is considered to be systemic, and so problematic thinking belongs to a system rather than to an individual. To address this, the Bohm dialogue, on which Autism dialogue is based, proposes that equal status and free space be accessible as the most important components of interpersonal communication together with an appreciation for difference and intersectional needs. These aspects of Autism Dialogue appeared well demonstrated by Jonny and the other small group participants and the conversation seemed to evolve and diversify organically. More generally within the systemic practice field perhaps equal status could be highly problematic for clinicians but maybe providing free space via for example mindfulness practice need not be.

The Bohm dialogue / Autism dialogue appeal became substantiated within my voluntary work when I started supporting a young man in trouble with a statutory agency. I was initially asked by his parents for advocacy support in trying to get him an autism diagnosis. Fortunately, they were financially able to fund an assessment and diagnosis with a private sector consultant psychiatrist that other parents had recommended to me. The parents also asked for social support and initially I agreed to go for weekly dog walks with him. During our walks together I let go of any attempt to engage therapeutically, we just chatted generally. I was keen to build a relationship with him, and he appeared to engage slowly but without any reluctance or resistance. Walking as a metaphor can be useful in exploring intersectionality (cf. the Intersectionality Walk Pack Letter starts here (sciencegenderequity.org.au) and in our walking together I was able to get to know him as a person rather than as a client or patient. I realised that I was not just benefitting him but I was also able to gain physical and psychological benefit for myself. After a few months of our walking weekly together I was able to write a report for his solicitor that helped end his trouble with the agency. A year later and we were still walking our dogs together and chatting generally and for me this is a useful continuation of the systemic practice I started seventeen years ago whilst attending college for my degree qualification in Systemic Practice & Family Therapy.

**We are more than our neurodiversities and intersectionalities**


I wanna be a big shot
And have ninety cars
I wanna have a boyfriend
And a girl for laughs

But only on Saturdays
Six days to be alone
With just me myself I


Joan Armatrading from "Me, Myself, I", "Me, Myself, I" album 1980


Earlier in this paper I mentioned Rebekah O'Brien's presentation, "The Self Diagnosed Bisexual". Rebekah eloquently described her struggle to affirm her own identities, and in identifying with her I researched the literature. I came across Kinsey's "Heterosexual/Homosexual Rating Scale" with its ratings from 0 to 6 including ratings of 1 to 5 seemingly allowing for bisexuality, but the term bisexual doesn't appear, indeed it could be considered erased (cf. Elia, Eliason & Beemyn, 2018):


0       **Exclusively heterosexual.** Individuals making no physical contacts which result in erotic arousal or orgasm, and make no psychic responses to individual of their own sex.

1       **Predominantly heterosexual, only incidentally homosexual.** Individuals which have only incidental homosexual contacts which have involved physical or psychic response or incidental psychic response without physical contact.

2       **Predominantly heterosexual, but more than incidentally homosexual.** Individuals who have more than incidental homosexual experience, and/or if they respond rather definitely to homosexual stimuli.

3       **Equally heterosexual and homosexual.** Individuals who are about equally homosexual and heterosexual in their overt experience and/or their psychic reactions.

4       **Predominantly homosexual but more than incidentally heterosexual.** Individuals who have more overt activity and/or psychic reactions in the homosexual, while still maintaining a fair amount of heterosexual activity and/or responding rather definitely to heterosexual contact.

5       **Predominantly homosexual, only incidentally heterosexual.** Individuals who are almost entirely homosexual in their overt activities or reactions.

6       **Exclusively homosexual.** Individuals who are exclusively homosexual, both in regards to their overt experience and in regard to their psychic reactions.

I believe that intersectionality requires us to expand our understanding of the GRRRAAACCEEESSS (Burnham, 2012) so that for example sexuality and neurodiversity become more inclusive and aid our identifying more with others. Hopefully then we will not have to suffer alone, and wait weeks, months and years for autism assessment and diagnosis.

In terms of thinking about neurodiversity on its own could a scale for neurotypical and neurodivergent behaviour be useful in the way that Kinsey developed his scale?  I don't know of any neurodiversity version of the Kinsey scale above so how about this one?

0       **Neurotypical.** Individuals behave and think in ways that can always be considered neurotypical.

1       **Predominantly neurotypical, only incidentally neurodivergent.** Individuals behave and think in ways that can mostly be considered neurotypical.

2       **Predominantly neurotypical, but more than incidentally neurodivergent.** Individuals behave and think in ways that can mostly be considered neurotypical but can show occasional neurodivergent behaviours.

3       **Equally neurotypical and neurodivergent.** Individuals who show equal neurotypical and neurodivergent behaviours.

4       **Predominantly neurodivergent but more than incidentally neurotypical.**  Individuals behave and think in ways than can mostly be considered neurodivergent but can show occasional neurotypical behaviours.

5       **Predominantly neurodivergent, can be considered to be on the autistic spectrum.** Individuals behave and think in ways that can mostly be considered neurodivergent.

6       **Autistic.** Individuals who behave and think in ways than can always be considered autistic.

This scale is not suggested as a scientific exercise rather it is offered as a playful way to think about autism and intersectionality in a more fluid way. I suspect that people may either recognise themselves as fitting into just one of these categories whilst others, like me, may consider themselves more fluid in terms of their neurodivergence.

I support Rebekah O'Brien's call for more self-diagnosis not just in research but also in professional practice. I can imagine systemic practitioners and other health and social care professionals freeing up assessment and diagnosis time to provide the more practical support that so many autistic children and adults, parents and carers need, not just or for their autism but for their other intersectional needs as well. I don't feel optimistic that our health and social services will do this: as two writers have pointed "We've had a hundred years of psychotherapy and the world is getting worse" (Hillman & Ventura, 1992). It seems so tragic that the term "intersectionality" was coined because of institutional prejudice or stupidity. It seems even more tragic that the popularity of the term "autism" is rooted in Nazi genetics. What then can be done?

As I pondered this question the lyric "Rehumanise yourself" from the Police's album "Ghost in the Machine" album came to mind. If managers tend to leave their humanity at home then they need to bring the whole of themselves to work. If supervisors can effect institutional change they need to be Janus headed and pass concerns to their managers as much as they pass comments on to their supervisees. If we as therapists and practitioners perceive our patients and clients through theoretical lenses then we need to take them off when we meet them and allow "I-Thou" relationships to develop. But perhaps the most important thing we can do is to actualise what the term "compassion" can mean: holistic perception rather than (diagnostic) judgement and (social/political) action rather than words.

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## Citation