From Autism Spectrum to Multi-Spectra Living

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Abstract

This paper troubles the concept of single autism spectrum. We discuss how the ideology from early medical theory has influenced the conceptualisation of autistic people, professional diagnostic practice and an aspiration to "cure" people of their autistic selves. We critique the idea of a single spectrum and propose alternative appreciations of autistic people as having diverse identities and community memberships, as people who are living fluid, intersectional lives over many axes and different contexts. *Multi-Spectra Living* problematises the story of autistic people as primarily or only autistic and proposes autistic people are fluid, contextually influenced and contextually responsive.

We offer an elaboration on intersectionality by explaining how the practice of *splintersectionality* foregrounds one characteristic over another to reinforce existing professional and everyday prejudice resulting in social and statutory failures to autistic people. We extend the work of Pillow (2019) to discuss how lenticularity, decolonial attitude and epistemic witnessing can support the development of decolonial practice of Multi-Spectra Living.

Introduction

> The story of autism and Asperger's syndrome attests to the truth of three wise sayings. There is nothing under the sun. Nothing exists until it has a name. Nature never draws a line without smudging it.
>
> Lorna Wing, 2005

This paper troubles the concept of single autism spectrum. We discuss how the ideology from early medical theory has influenced the conceptualisation of autistic people, professional diagnostic practice and the aspiration to "cure" people of their autistic selves. We critique the idea of a single spectrum and propose alternative appreciations of autistic people as having diverse identities and community memberships, as people who are living their fluid, intersectional lives over many axes and different contexts.

The language of diagnosis and its terminology organises our thinking about ourselves and others. Humans like to have names for things, and we like to show we know the names for things. It's part of a relational exchange which promotes a sense of belonging, acceptance in a group, and personal status. But language fixes things. Reflexive professionals take care with their language to stay aware of which ideological alliances they are making and what the consequences may be. While diagnosis has some benefits, the terminology of diagnosis often emphasises deficits and impairment and locates "problematic" behaviours in the individual as opposed to critically analysing the cultural and professional norms, policies and possibilities in which people live and work. *Multi-Spectra Living* (MSL) problematises the story of autistic people as primarily or only autistic and proposes autistic people are fluid, contextually influenced and contextually responsive.

Getting beyond the single spectrum description to a multispectral person

Professional theories about autism often reflect some features seen as a characteristic of autism: a predisposition to de-contextualised thinking, a fixation on spotting and naming and locating the problem in another person. The "autistic spectrum" is one such example. It has resonance for professionals and sounds about right for members of the public who like to reflect on whether someone is "a little bit autistic". This labelling practice intends to say something about where people are on the "autistic spectrum" but it says something about the professional culture of describer and flawed ideological assumptions that inform their way of configuring people in the world.

The National Autistic Society (2022) explains that autism is a "Spectrum condition and affects people in different ways" and offers a list of difficulties autistic people may share, including the two key difficulties required for a diagnosis: social communication and social interaction challenges, which can include repetitive and restrictive behaviour, over-or- under-sensitivity to light, sound, taste or touch, highly focused interests or hobbies, extreme anxiety, and meltdowns and shutdowns.

The Royal College of Psychiatrists (2022) describes autism as "the central condition in a group of difficulties known as Autism Spectrum Disorders (ASD) or Autism Spectrum Conditions (ASC). They are

neurodevelopmental disorders - which means they are caused by abnormalities in the way the brain develops and works." So, Autism Spectrum Disorder refers to a spectrum of difficulties or impairments. Lorna Wing describes how "the borderlines of the autistic spectrum merge, at the lower end of the scale of ability, with profound mental retardation. At the upper end of this scale merge into mildly eccentric variations of typical development" (Wing, 2005, p. 188).

Spectrum

What is a spectrum? The word comes from the Latin for image or apparition (Oxford Dictionary, 2022). It was used scientifically to demonstrate through light experiments with a prism that a continuum of colours existed even if they were not all visible to the human eye. As scientific knowledge developed, spectrum was used for other wavelengths including sound. Over time, spectrum has come to be used in non-scientific ways to denote a mass made up of a broad range of conditions that are difficult to be precise about, for example, a range of political opinion or a cluster of symptoms.

A spectrum suggests a graduated order indicating more or less of something with changes from one end of the spectrum to the other. In the case of light, the graduating colours of the rainbow would end and meet in the same place. In politics, there is not a similar suggestion, and its use suggests polarities. It can be used to classify something in terms of its position on a scale between two extreme points. In the case of Autistic Spectrum Disorder and Autistic Spectrum Condition, there is an implicit suggestion of a sliding scale on which people are deemed to be more or less autistic, low functioning or high functioning. This spectrum is often conceived of as a single axis, a slider along which people are expected to sit like at a fixed centile or within a diagnostic range.

Figure 1. Transposing a light spectrum onto autism

"Low functioning"   "High functioning"

Spectrum, in the world of autism, is simply a term to account for variation. However, we can easily find how, in language, the variation can take over the description of a whole person when someone says, "She is high functioning". In a world that values productivity and "levels of functioning" in society, autistic people risk being described in the binary low-high functioning.

Another spectrum is from autism to neurotypicality (AQ), for example, the Autism Spectrum Quotient AQ (Baron Cohen et. al, 2001). The AQ is a self-administered questionnaire used to measure autistic traits in adults with IQ in the "normal range" (IQ >=80). It is a screening tool with 50 statements that takes about 10 minutes to self-administer. There are 4 possible answers: Definitely agree, Slightly agree, Slightly disagree, Definitely disagree. The AQ is described as an "instrument for rapidly quantifying where any given individual is situated on the continuum from autism to normality" (Baron

Cohen et. al, 2001, pg. 5). As a way of illustrating, the first three statements of the AQ are:

- I prefer to do things with others rather than on my own.
- I prefer to do things the same way over and over again.
- If I try to imagine something, I find it very easy to create a picture in my mind.

Lundqvist and Lindner (2017) question some aspects of the AQ and propose that those 50-item could be reduced to 12-item to "efficiently measure the degree to which adults with and without ASD show autistic traits". Lundqvist and Lindner (2017) suggest that the AQ has adequate sensitivity and specificity to "distinguish people with ASD from those without ASD".

The professional practice of pronouncing that people are on a spectrum according to how much and in what ways they meet the criteria of autism, is deceptive. There is no autistic spectrum. There are no measuring tools to place people on a spectrum. The autism "spectrum" cannot be a graduated way of sequencing symptoms or severity because there are not clear criteria for it. The word spectrum is actually a way of professionals speaking about clusters of noticeable characteristics, features or responses which may be more or less striking to the observer.

Mairi Evans critiques the spectrum as a limited metaphor which restrict stories of autistic people in context. She talks about time as a context and shows an image intended to show movement.

> "Somebody might have a day when they are functioning okay. They might be able to go to work, meet with friends. But the next day, they might crash. They may have used up all of their reserves. They may be experiencing sensory overload. They may have been out and gone to place where their sensory stimulation has gone into overdrive. It is moving all the time. So you have met one autistic child. But you have met one autistic child on one day."

<div align="right">(Evans, 2019)</div>
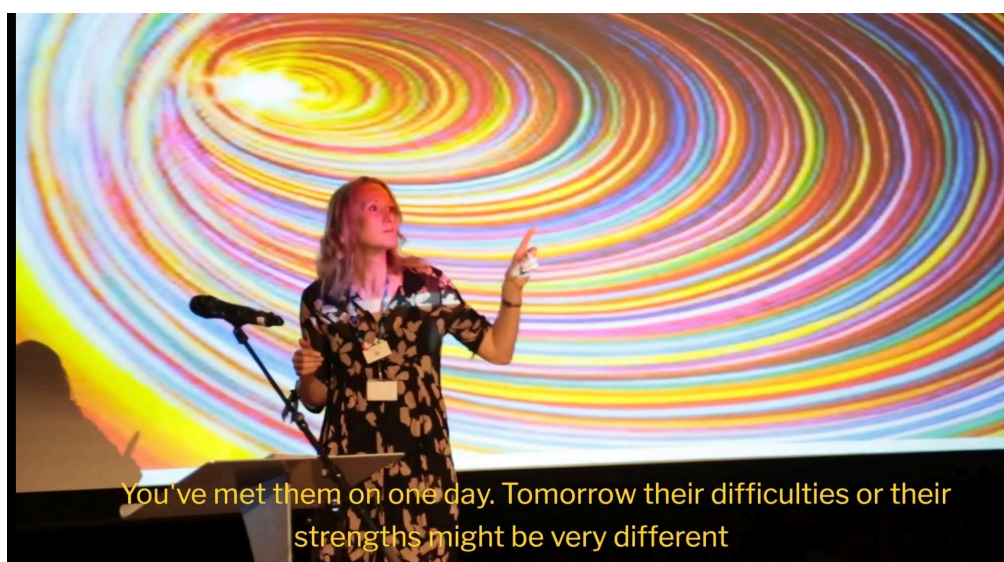
Mairi Evans speaking at the All About Autism Conference, 2019
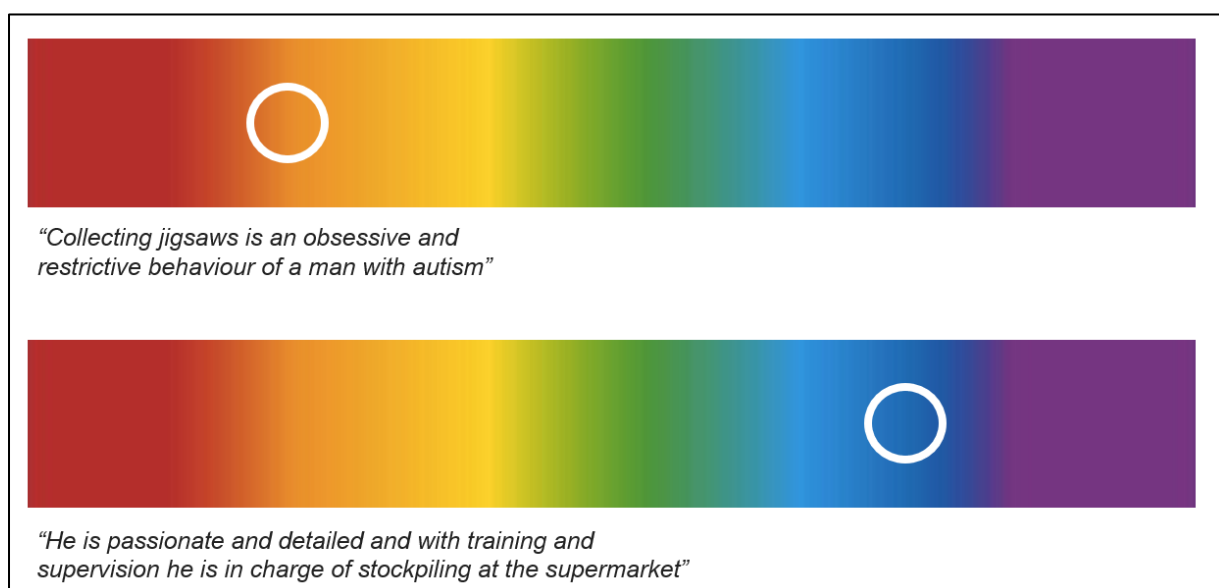(https://youtu.be/Oc6BAWh1px8)

It is in keeping with systemic social constructionist analysis of social life to think of people as moving along and between many spectra, many contexts. *Multi-spectra living* (Simon, Evans, Urbistondo

Cano, Helps and Vlam, 2019) acknowledges that people are different in different contexts. To say autistic people are the same across contexts may have some grains of truth but it is not a global or particularly useful truth. Autistic people, like non-autistic people are affected by context: by who is present, by light and noise, by the demands of a situation, by the familiar and unfamiliar, by pressure, by history, by not least by different forms of prejudice such as sexism, racism, homophobia, transphobia, ageism etc. Depending on what is in play, and who we are in terms of our broader identities, we slide with more or less ease around many different spectra: agency, eating, mobility, socialising, cultural rituals, technological living, creativity, communication, nature, shopping, rigour, for example. We are more "at home" in some contexts than we are in others. Our sense of possibility, choice, entitlement and comfort will be affected by the reflexive relationship between how others read us, what they foreground of our identities, and by how we read situations and approach them.

The social context constructs the narrative around a person
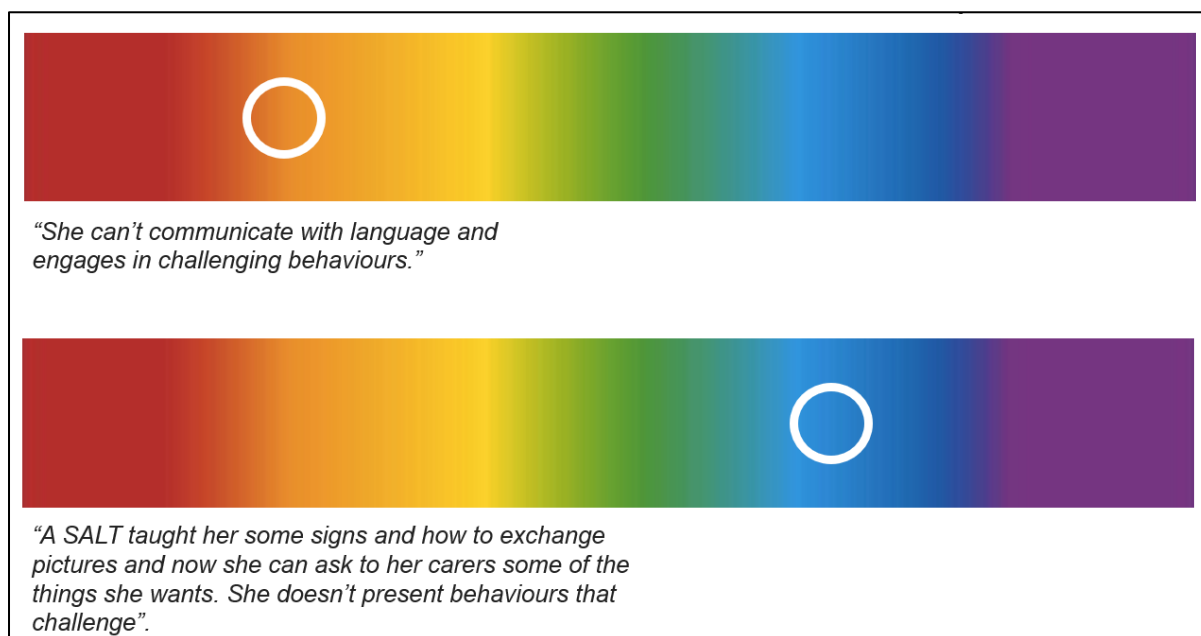
Often, autistic people's lives are narrated by others, for example, by health and social care professionals who write reports about them in the first language of the professional culture. These descriptions take on a life of their own. When autistic people with learning disabilities start to be supported by the social care system, they become "service users" and their lives, attitudes, behaviours, and emotional and relational worlds become a commodity of reports, assessments, interviews, and case studies. Care workers are expected to approach the autistic person with learning disabilities through the filter of this professional diagnostic language which predicts areas of difficulty. The care worker is also inducted into a fixed description of the person. These narratives also constitute a spectrum that can foreground or background symptoms or contexts (Figure 2). In this sense, a punctuation that describes someone as "fixated" or "obsessive" will have a different impact on the person and their support network than a punctuation that describes a person as "passionate" about something.

Figure 2. Symptomatic versus Contextual

"Collecting jigsaws is an obsessive and restrictive behaviour of a man with autism"

"He is passionate and detailed and with training and supervision he is in charge of stockpiling at the supermarket"

Following the same line of thought, descriptions of personal inability can be enhanced by a focus on relational abilities (Figure 3) that foregrounds support from the care system. Care workers who are less organised by stories of innate inability can be experienced and described differently.

Figure 3.   Personal Inability versus Relational Ability

"She can't communicate with language and engages in challenging behaviours."

"A SALT taught her some signs and how to exchange pictures and now she can ask to her carers some of the things she wants. She doesn't present behaviours that challenge".

Stories 1: How context can change the story of ability

Stories from autistic people

"I was seen as stupid in school because I didn't understand how things worked and was completely overwhelmed by the noise and business in the classroom. When I was diagnosed with autism, my teachers didn't know what to do with me. So I was left to get on with it. I had the same problems at university. I learned to go unnoticed. I have had to do a lot of work myself to get an education and to believe in myself and my dreams. Now I am a CEO in a small successful company."

"People misunderstood my silence as not knowing something until I explained I that I need to be asked what I think. Now I have been promoted and people know I'm smart."

Stories 2: How context can change the story of ability

**Stories from social care support workers
for autistic people with serious learning disabilities**

"Donald just wants to collect all kind of jigsaws and pilled them up in his room. He watches some TV and listens to music at times, but he doesn't have many interests, he is just not bothered. But if you even touch the boxes he gets really annoyed. Maybe this is because in the past, carers threw away some of his stuff without him knowing it as they tried to declutter his room."

"Oscar is passionate about tidying things up, he pays so much attention to detail and he can be doing it all day long. Because he is 21 and he's been talking about getting a job for a while, we decided to approach the supermarket and were really lucky. They accepted him for 2 hours early in the morning and he loves it!"

"Sarah has come such a long way. When we've started to work with her, she was a child and was very dependent on others to do things, now she is a very independent woman. It's also amazing how she has changed since she moved to the new house. Now, she looks after herself, she has friends, loves dancing and singing. We are working with her so that she can have a job. She thrives with people, she is so sociable. She doesn't tell us a lot, but we can guess that she is in a better place at the moment."

"I know a lot about autism, and I've done many trainings. I've been working in the network of houses since the beginning, and I can tell you that in Kate's case is not only autism. There is something else. We want to have a proper diagnosis; she needs a treatment, and we need a direction in what to do with her."

Clusters and features

The language then of clusters of features is somewhat vague but still infers that autistic people exhibit a fixity in their characteristics - rather than, or as well as, fluidity affected by different contexts. But the professional focus is also fixated on unearthing special features that *fit* with a list of autistic behaviours. This is a messier business than might be conveyed by the diagnostic manuals. The more people are diagnosed with autism, the more behaviours are observed that either extend or refine the

category of autism or create new diagnostic categories. The clusters then spill beyond the territorial boundaries of an autism diagnosis into co-morbidities which are usually not considered spectral in nature. Diagnostic language introduces then more categories: Autism AND attachment difficulties or issues, autism and trauma history, autism and EUPD (Emotional Unstable Personality Disorder), autism and complex needs, for example.

The combinations of diagnoses are growing exponentially. The science of classification and diagnosis is struggling to keep up with the productivity of research revealing new behaviours and challenges. "Features" is a term commonly used to tentatively group people despite insufficient and robust evidence for categorising people. But we then have different metaphors in play: the spectrum, the cluster, features, and there needs to be more research into how they work together and what practical or ideological resonances or dissonances they create.

Narrative, causality, ideology and diagnosis

Diagnosis is not an innocent project. In the United Kingdom, autism research has been really biomedical research, mainly focused on genetics and biological aspects of autism (Pellicano et. al, 2014). However, people in the autism community have increasingly become more reluctant to participate in research and this is worrying the scientific community. Baron-Cohen (2018) has warned that "people equate autism genetics with a eugenics agenda". This means that once the genes are found it would be possible to identify potentially autistic babies in pregnancy and terminate those pregnancies. This is what has already happened in the case of Down's Syndrome as in England and Wales around 90% of pregnancies with prenatally diagnosed Down Syndrome are terminated (Barry, 2018) whilst in the United States is almost 70% (Kaposy, 2018).

Baron-Cohen (2018) has clarified that an early detection of autism "would target only symptoms that cause disability or distress, not autism itself", for example language delay or learning difficulties. Although Baron-Cohen does not specifically mention "learning disabilities", we are assuming that there is a potential connection between "symptoms that cause disability" and the diagnosis of autism and learning disability. Therefore, could potential interventions be aiming at "targeting" foetuses with prenatally diagnosed learning disability? Baron-Cohen (2018) also stated that he would be "horrified" at the application of science to genetic engineering in order to "normalise" autistic people. He also argued that people with autism are neurologically different and that as "with any other kinds of diversity, such as hair, skin, eye colour, or sexual orientation, should be accepted for who they are".

However, the fact that most research funding in the last few decades has had an agenda of understanding why people are autistic still has the potential of a view to eradicating that section of the population through future preventative measures. This is the same goal that Hans Asperger apparently subscribed to when he handed over his professional notes to the Nazi project of eugenics (Sheffer, 2018) to create a superior human race without autistic people, people with disabilities, Jews, black and brown skinned people, lesbian, gay and trans people and Romany people.

The history of theorising and "treating" autistic people has been developing since Kanner's article in 1943 in which he promoted the idea that toxic parenting was a cause of autism and Bruno Bettelheim's "psychogenic" theory called "refrigerator mother theory" that led to "parentectomy", with parents and particularly mothers, being discouraged from visiting their child in residential school (Bettelheim,

1967; Silberman, 2016). Scientists continue to explore both biological and social causes of personal difficulties, such as trauma (Rowland, 2020), poor parenting (Rees, 2017), family traits (Smith and Elder, 2010) and genetic disorders (Freitag et al., 2010). Many scientists to this day are involved in trying to find a genetic cause for autism so parents can make a choice as to whether to bring an autistic person into the world or not.

The professional practice of diagnosis of autism originated in countries practising western medicine. Autism specialists look for evidence of autism in the same ways cancer specialists look for evidence of cancer, or ADHD specialists look for ADHD. However, cancer has medically observable differences in cells whilst autism diagnosis is based on observation and is more value and judgement based. What research has overlooked is the influence of context on people's sense of ease or dis-ease in navigating the world, in feeling comfortable in the world and how they have managed these things – unless they are interested in causality. The Social Model of disability (Oliver et al., 1983; Oliver, 1990) appreciates disability as a long-term social state and not a medical condition. As a result, intervention, and control over disability is inappropriate and oppressive. The social model is an attempt to shift the focus away from the functional limitations of individuals with an impairment on to the problems caused by disabling environments, barriers, and cultures (Oliver, 2004).

Contemporary professional practice of diagnosis implies a promise: "If you receive a diagnosis of autism, it will be deemed that you – or those in your life – will benefit from additional guidance or help to negotiate some situations". In focusing on the individual as the site of difficulty, the practice of diagnosis ignores the impact of social context and offers no parallel implicit promise to address the causes of pressure on individuals at a societal level.

Resisting splintersectionality

We have coined the term *splintersectionality* to describe the practice of seeing a single characteristic of a person or community and fix it as the primary guide to how they should or can respond. When Kimberlé Crenshaw wrote about intersectionality (1989, 1991), she described how gender and race legislation resulted in the exclusion of some groups of people with a cluster of two or more protected characteristics. She showed how Black women were not protected by either gender or racial employment laws because a company could demonstrate they employed both Black people (even if only men) and women (even if only white). Intersectionality addresses the relationship between characteristics and fairness of practice. In this paper, we appreciate autism as more than a characteristic or even a cluster of characteristics. Characteristics suggest something fixed, fixed in a person, unchanging across context. In matters of gender and race employment law, using fixed characteristics intersectionally to identify whose rights are being overlooked provides the data to challenge legislative limitations. In the field of autism, people face a similar problem: the psychological and medical departments are set up to diagnose the body/mind, to treat a part of a person, to look at some things and not others. Brain scans show that there are differences between the activities in autistic and non-autistic people (Lee et al., 2021; Supekar et al., 2022) but research also shows how activity across different regions of the brain changes across context and over time depending on the stimuli (Baez & Ibanez, 2018; Willems and Peelen, 2021). So brains can also be thought of as having some degree of fluid responsivity to context. The autistic person's brain is not a fixed, static entity unimpacted by context.

Stories of Resisting Splintersectionality

Trans and autistic

"In meetings, I am sometimes quiet because the talking culture in the group is very loose and everyone joins in when they want. I find it hard to read the cues and know I should not interrupt. But there is no space and it's not polite to interrupt. My boss says, "jump in" (which is a bit odd!) but on the occasions I do share my ideas about something, I can see people find my formality cuts across they more casual ways of speaking. And then, for some reason, they think whatever I am saying is connected to the gender or autism. They cannot hear me as another colleague talking about work matters and I am good at what I do. It's really strange and discourages me from participating."

Gender-queer and autistic

"I have to be courageous when I go out because I attract attention for being autistic and for being gender-queer. For being me! My parents have told me to play safe and not show who I am in public. My dad told me "You can't be autistic and trans! It's not safe!" They worry for me. But I cannot choose one or the other. But I love dressing the way I do and try to walk with confidence, ignoring people staring or commenting on how I look. But it takes strength and sometimes I have a meltdown as the stress of just being out in public is very taxing. It's easiest amongst friends who know me."

Black and male and autistic

"I only like going out late at night when it's quiet and there are fewer people around. Walking makes me calm. But there have been times when I get stopped by police. They ask me what I am doing. When I tell them I am going for a walk, they think I am being funny or something, but I am just telling them the truth. They say no-one just goes out for a walk at night and ask me what I am really doing. On three occasions they have searched my body and I have freaked out each time. They put me in handcuffs and take me to the police cells. I had bruises on my wrists and banged my head on the walls. I don't remember much but I'm scared of the police when I see them. My mum says I mustn't run when I see them but I don't want that to happen again. So I don't go out as much now and I can't de-stress. My friend John who is white gets stopped but they listen when he tells them he is autistic. They don't believe me when I tell them that."

Different contexts colour the lenses people use to read themselves and others. These lenses are influenced by responsibilities they are carrying, the expectations of others to act in a particular way, by cultural stories, professional stories, by social media and so on. Sometimes a single story, a single lens dominates the reading of a situation. That's often as much or more to do with what contexts are influencing the observer than the person being observed. There will be many contexts in play, but they are unlikely to be simultaneously obvious to any one person or team. Especially, if the situation is expecting a single truth in response to the simple ontological "what" questions: "What is happening here?" "Are they shoplifting?" "Are they forgetful?" "Are they using their own bag in the store as they struggle with carrying a basket?" Calling the security guards or police, a confrontation, a quiet chat, a friendly offer to help with the check-out are all options for people working in stores. But being autistic and Black is more likely to result in more confrontative measures because the characteristic of Black is seen in white Anglo-American societies before autism is seen.

This is part of white colonial history in which Black peoples have been subject to extreme everyday racism which puts lives at risk. Blackness, through the eyes of the representatives of white authorities, is a blanket characteristic that obscures the person, the truth of a situation and their other characteristics, such as autism. For example, a Black autistic man not responding to a police command could be read as a threat or defiance and reacted to with force. Were representatives of white authorities able to see more than a Black person, they may be as able to see autism as they can when they meet a white autistic person and instead act with care and concern for the autistic person. It is possible to see then how many autistic people can be multiply oppressed and, through individualising medical ideology and practice, separated from their rich community history of experience and knowledge. This is an example of *Splintersectionality*.

Multi-spectra living

How do we then move away from the question of where someone may be on the "autism spectrum" to an appreciation of contextual and multi-spectra living? And think less about conditions or disorders and more in terms of contextual living?

The "autism spectrum", as a single way of looking at someone, is restricting. By uncoupling autism from a single spectrum, we all have an opportunity to see people as rich, diverse, fluid multispectral where autism may be present but in a reflexive relationship with the context. People live on or skip between many spectra. Our movements on a spectrum are sometimes slippery with much range or speed of movement up and down and around a spectrum. At other times, on some spectra, movement is slower, has stronger grip, perhaps a shorter range. This is unlikely to do with genetic make-up or neurological structure. Responding to context is something people learn and develop a relationship with from early on in their lives and it continues over the course of our lives. People are often more fluid and open to learn than the contexts they encounter which might be more fixed. Buildings designed with lighting which causes discomfort to people in them, means that often the people have to adapt by moving away, ignoring or acknowledging their difficulties with the light unless the building changes. Societies which reinforce dominant and narrow ways of performing gender will produce people who conform with those gender expectations and those who don't. Or perhaps people perform gender according to dominant values in some contexts and not in others depending on safety, critical thinking, finding community with people interested in other ways of embodying themselves.

Feeling autistic and/or Black and/or female and/or Jewish and/or non-binary may vary depending on who you're with, whether others identify with any of those parts of you or you with them. Sometimes people attribute a characteristic to you more than another and you wonder why, or guess that is how they see the world. You want to say that there is more to you than that characteristic or perhaps you ask why are they mentioning that aspect of you over others? And sometimes you might ask, and other times not, if you don't want to disturb the relationship or be heard as difficult. Sometimes, people foregrounding something they know about us makes us something we aren't. If a person is not behaving in any way that could be associated with autism or Black or gay but is described as such in that moment, it can be jarring and leave any of us wondering whether we are who we feel ourselves to be in the eyes of others**.**

Visual artist **Olafur Eliasson (2010)** offers people who attend his exhibition the chance to **play with lights of different colours** as their bodies are reflected in walls whilst moving in space and time. Perhaps this metaphor contrasts with a fixed idea of a spectrum. Their interactions are changed by mood, interactions with others, with lights, with possibilities.

Figure 4: Shifting spectra of people in relationship from Olafur Eliasson exhibition

To appreciate the complexity in our daily lives of our different selves and community memberships, across different contexts - some known, some unpredictable, some evolving - needs a different kind of *map* than a spectrum or quadrant. Static maps which claim to indicate finalised conclusions are out of kilter with the fluidity in human living. And, yes, this relates to autistic people too. Autistic people are not a fixed list of symptoms irrespective of context. We are all constantly moving in and between contexts. The speed and ease of movement, our abilities and struggles are all affected by the underlays of context - people, policy, materiality, discourse and our bodies, the cultural expectations of a family or community. To go to a celebratory meal, to travel on public transport, to live between cultural values and practices, to participate or otherwise in the type of communication expected, to have the money to buy goods, for example, all impact on our story of ourselves and our confidence, our sense of mobility to move around the world.

Figure 5: Multi-spectra living.

In this image showing Multi-Spectra Living, you could imagine how the lines and the dots are in constant motion; the lines change shape in different time frames to each other; the dots move up, down, around the lines. Lines and dots can represent different characteristics, feelings, contexts and are all affected by each other. Such a picture of a person across many contexts can never be the same as there is always movement and different factors impacting against visible and invisible backdrops. The nature of their relations is what is of interest to the systemic therapist.
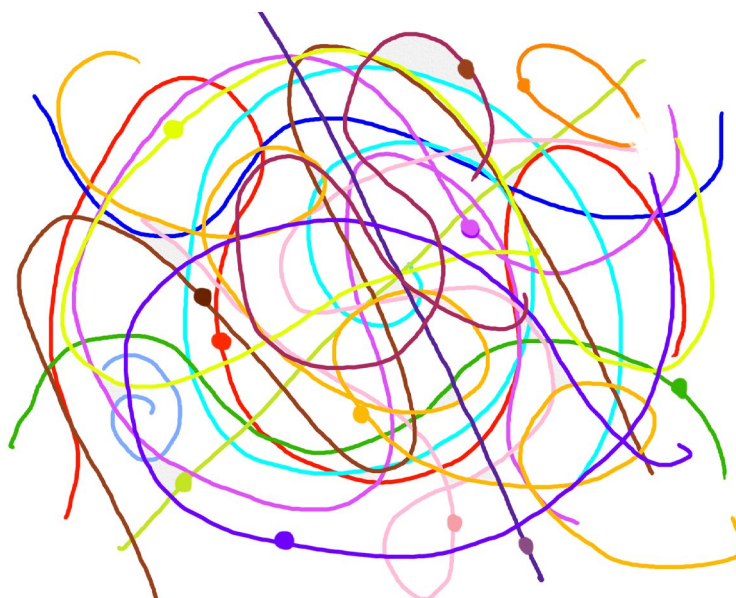
For example, an autistic person with a visible disability might behave one way in contexts where their mobility is not compromised by their environment. The autism can be represented by one coloured line, the practicality of having more or less access by another coloured line, stress caused by lift not working or microphone in broken life not working is represented by another line, the political matter of human rights by another, the opportunities available or not to ask for help by another, the expectancy of gratitude or dealing with apologies by others as an impactful demand, being late for a meeting, being called "dear", fear of the return journey etc. You could imagine that several dots could be moving fast or vibrating with tension in this situation, perhaps reaching the end of the line with what feels or is practically manageable.

A contrasting example, the same autistic person with a visible disability might behave another way of their mobility is not compromised by their environment, machinery is maintained, people do not use patronising or ageist language, and the practical opportunities to communicate work, and there is no need to be more stress about whether one will get a meeting on time that other passengers who are able to run for a train or use stairs.

Lenticularity

We are not just talking about who a person *is*, what communities they belong to or different facets of their personality, interests or responses. We are talking about the ways in which professionals ~~understand~~ see and appreciate autistic people. When people meet an autistic person - well, when encountering anyone from medically or politically colonised communities actually - it is important to practice and develop lenticular openness. Our lenses through which we view people from colonised communities (including ourselves as members of different, overlayered communities) will be infused by pathologising and discrediting narratives. It is impossible to see people for who they feel themselves to be and who/what they carry with them as friends, ancestors, spirit guides and voices, useful or otherwise. But we can be available to reorganise ourselves for *epistemic witnessing* (Pillow 2019), a questioning of what we think we are hearing or seeing, through what kinds of ideological filters and everyday or professional narratives and what are we missing because we cannot see or cannot be shown, for a complex reasons.

Lenticularity is a practice of challenging colonised professional and personal practice. Lenticularity requires that we hold in simultaneous or swiftly alternating views multiple levels of context or layers of things that matter (Pillow, 2019). It requires an ability to see many complex characteristics and contexts, some of which are obvious to the viewer and many requiring the viewer to work out what else may be present that they are not yet equipped or entitled to see. It is an impossible and necessary challenge to move away from single colonising stories which "other" people, and instead immerse oneself in a tangle of moving threads of strata or criss-crossing spectra to complex entangled threads which appreciate entire community histories woven invisibly into everyday noticings and interactions (Pillow, 2019).

As part of developing a *decolonial attitude* (Pillow, 2019), our accounting shifts from aboutness to alongside and from within a community or relationship; to amplify the voices of community members; to situate the critique of contemporary practice within a colonising history which used pathology to demote and discredit the knowledge and experience of those colonised peoples. Autistic and LGBTQI+ people have been colonised by normative developmental theory and othered in the process of scientific rituals of naming, categorising, and disordering. Lenticularity is a way of holding in mind many aspects of a person, their community history and recognising the likelihood that many aspects of their selves, lives and histories will have been deliberately eradicated or kept out of sight for a range of reasons. Some of the erasures are kept erased by the practice of mono-dimensional storying of people by professionals. Some invisibilising practices by autistic people and other identities are careful attempts to protect themselves against further disabilities imposed by professional routines (Moore, 2022).

Autism as fluid and contextual

From a multi-spectra perspective, autism can also be thought as a fluid label which is also responsive to a multiplicity of contexts, relationships, and narratives and not only an intrinsic characteristic within a person.

The words *spectrum* and *diagnosis* are mechanical concepts. They answer the ontological questions of "Do they have autism?" or "Are they autistic?" The preoccupations of recent professionals and the

massive investment of research is to ask questions about efficacy of diagnosis and about causality. These are epistemological questions such as "How do we know if someone has autism?" and "Why is someone autistic?" Within this limited framework of first order ontology and first order epistemology, there are only yes or no answers, and implicit binaries which look then to a notion of a spectrum to open up space for diversity.

Barad (2007) points out that our responding in the world is always in the context of doing, learning, becoming (with) – as we go – and always ethics led. This ethico-onto-epistemology (Barad,, 2007) approach decolonising

From a systemic practice point of view, there are two areas of structural prejudice which need challenging (Simon, 2021): the insidious activities of colonising and pathologising.

> Colonisation is a system of controlling communities of people perceived as different, and therefore inferior, from those doing the colonising, and pathologisation is a method of controlling and punishing individuals whose difference is a threat to the stasis of the culture a dominant group.

> Simon, 2021, p. 96

Depathologising is an important commitment of the decolonising turn. Psychology, psychotherapy and medicine have a lot of work to do to atone for the positioning of professional superiority and the misconceptions generated from such a stance. This "aboutness" theorising has resulted in persecutory practice of autistic, Global Majority and LGBTQI peoples, often under the guise of research or offering "help" but has caused serious and unnecessary mental health problems, loss of life and the demotion of some groups of humans into sub-human categories with few or no human rights.

In order to depathologise theory and how we see others, perhaps first we need to depathologise ourselves in our workplaces, theories and ideologies we subscribe to (Simon, 2021). We also need to recognise our own intersectionalities - which aspects of our many selves, we feel safe to bring to work, and which not (Thibert, 2022).

We offer multi-spectra living as another stepping-stone theory to disrupt the fixity of the story of a single spectrum and the idea it is a real thing. Multi-spectra living extends and re-frames intersectionality. Autism is always part of a broader intersectional presence because people are *always* more than autistic and autistic people are different across different contexts.

Some Pointers and Questions for Multi-Spectra Living

1) Good talking practices

- Ask people how they describe themselves and use their language.
- Avoid generalising language and professional ways of talking about people.
- Create personalised descriptions for every individual and their circumstances.
- Be specific and drop words like "diverse" because it can mean little.
- Drop the language of distant professionalism such as describing additional behaviours or experiences as "co-morbid features".

- When we use the word "complex", use it to describe how contexts affect why people feel or act, to acknowledge richness in people's experience in the world.
- Don't use "complex" to describe symptoms or presentation because it makes the person into a case file and then both the client and the worker lose a lot of their human ability to make connections.
- Don't use descriptions like "challenging behaviours" when describing an individual's response or communications about situations which are actually challenging them.

2) Transcontextual living

- Which contexts are in play for this person?
- Which contexts, or combination of contexts, affect the person's freedom of movement and sense of ease?
- Visualise how these contexts connect, how they interact to make a uniquely new context with its own influences. Contexts are living things. They overlap, merge and break up. Sometimes they go back to what they were and nothing appears to have changed. Sometimes there is no going back because something has changed.
- How do these contexts intersect and with what consequences for a person's sense of ease and choice?
- Where is the movement along and between the spectra?
- How does the context affect the description?
- What changes influence how the context changes my views of them or them of me?

3) Epistemic relating

- What happens when I use the word *appreciating* instead of *understanding* a person and their context?
- What happens to my appreciation of the person and their context when I use the word *response* instead of *behaviour?*
- What or who influences which movements, when, where and how?
- When do some characteristics become more noticeable?
- Who is doing the noticing and the naming?
- How is that helpful or unhelpful and to whom? And how do I think I know?
- How and which of my many selves and community memberships are authorised to be present in this relationship and with what lenticular consequences?
- What happens when I ask why someone is challenged, or what is challenging a person, rather than why they are challenging?
- How might "reparative reading" or viewing help me as a practitioner? (Pillow, 2019b)

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