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An Interpretative Phenomenological Analysis of the Lived Experiences of Women with Autism Spectrum Disorder

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ABSTRACT

This qualitative study used Interpretative Phenomenological Analysis (IPA) to explore the lived experiences of seven autistic women, without intellectual disabilities. The findings identified four key themes: 1). Experience of Being 2). Being Alongside Others 3). Coping and Resilience, and 4). Receiving and Giving Support. Participants shared difficulties in understanding themselves and being understood by others, as well as frustrations with conventional psychotherapies. Recommendations focus on significantly enhancing clinical and psychotherapeutic training and support tailored to autistic women's needs.

1: Introduction

This section introduces the research, providing the background, rationale, objectives, and methodological framework. It situates the study within the broader context of autism research, emphasizing the unique challenges faced by autistic women. Key concepts such as diagnostic disparities, the medicalized view of autism, and the emergence of the neurodiversity paradigm are discussed.

1.1 Background

Autism, first described in the early 20th century, is a complex neurodevelopmental condition characterized by differences in social communication, sensory processing, and restricted, repetitive behaviours (American Psychiatric Association [APA], 2013). Historically, autism research has focused on young males, leading to male-centric diagnostic criteria that overlook the unique presentation of autism in females (Lai et al., 2015; Hull et al., 2020).

Autistic women present differently from men, masking their autistic traits to conform to societal expectations (Dean et al., 2017). This camouflaging behaviour, while enabling social acceptance/inclusion, often results in delayed diagnosis, misdiagnosis, and significant mental health challenges (Bargiela et al., 2016; Cassidy et al., 2018).

1.2 Autism Prevalence

Autism diagnoses are increasing globally. For instance, the U.S. Centres for Disease Control and Prevention (CDC) reported a prevalence of 1 in 54 children, with autism being 4.3 times more common in boys (CDC, 2020). However, these figures may underestimate the prevalence in females due to diagnostic biases and differences in symptom presentation (Loomes et al., 2017).

In Ireland, the absence of comprehensive prevalence data further limits understanding, especially regarding autistic women. Many girls and women remain undiagnosed because public diagnostic systems prioritize cases with intellectual disabilities or developmental delays, excluding those with subtler presentations (Hull et al., 2020).

1.3 Medicalized View of Autism

The medical model defines autism as a disorder characterized by deficits and impairments (APA, 2013). This perspective has dominated diagnostic systems, research, and therapeutic interventions, reinforcing the notion of autism as an undesirable departure from the neurotypical norm.

However, the neurodiversity paradigm offers a contrasting view, celebrating autism as a natural variation of human functioning (Bagatell, 2010). Neurodiversity advocates argue that autism should be seen as a difference rather than a disorder, emphasizing the value of autistic traits such as creativity, attention to detail, and unique problem-solving abilities (Den Houting, 2019).

1.4 Diagnostic Challenges

Several factors contribute to significant under diagnosis of autistic girls and women

1. **Masking and Camouflaging**: Autistic girls and women often learn to mimic neurotypical behaviours, making their autism traits less visible (Hull et al., 2017).
2. **Male-Centric Criteria**: Diagnostic tools such as the DSM-5 were developed primarily with Caucasian male participants, failing to capture the nuanced presentation of autistic females and autistic people of other races. (Lai et al., 2015).
3. **Systemic Barriers**: Evidence of developmental delays or intellectual disabilities are usually required by services thus excluding autistic individuals who do not have intellectual disabilities, and thus also autistic women (Leedham et al., 2020).

This underdiagnosis leads to unmet support needs, increased mental health challenges, and feelings of isolation among autistic women (Bargiela et al., 2016).

1.5 Aim and Objectives of the Study

The primary aim of this study was to explore the lived experiences of autistic women without intellectual disabilities. It sought to give voice to their experiences, particularly in relation to:

- **Being Autistic**: Understanding the internal and external challenges faced by autistic women.
- **Social Functioning**: Examining the impact of autism on relationships and social interactions.
- **Coping, Resilience and Mental Health**: Investigating the link between autism and mental health challenges, including anxiety and depression.
- **Support Needs**: Highlighting the formal and informal supports that autistic women find helpful or lacking.

1.6 Methodology

The study employed Interpretative Phenomenological Analysis (IPA) as its methodological framework. IPA focuses on understanding how individuals make sense of their lived experiences (Smith et al., 2009). This approach is particularly suited to exploring the nuanced, subjective experiences of autistic women, allowing their voices to guide the research process. Semi-structured interviews were conducted with seven autistic women, generating rich narratives of these women’s lived experiences

1.7 Reflexive Notes

The researcher’s positionality is integral to the study. As an autistic woman and a clinical psychologist, the researcher brings both personal insight and professional expertise to the research. Reflexive journaling was used throughout the process to ensure critical reflection on biases and assumptions.

1.8 Article Outline

The remainder of the thesis is structured as follows:

- **Section 2: Literature Review**: Explores existing research on autism, focusing on gender differences, social functioning, and mental health challenges.
- **Section 3: Methodology**: Describes the philosophical underpinnings of IPA, participant recruitment, data collection, and analysis.
- **Section 4: Findings**: Presents the themes that emerged from the data, using participants’ voices to highlight their lived experiences.
- **Section 5: Discussion**: Interprets the findings in relation to existing literature and discusses implications for practice, research, and policy.

1.9 Conclusion

This section introduced this research, situating it within the context of other autism studies and highlighting the unique challenges faced by autistic women. It has outlined the rationale, objectives, and methodological framework, setting the stage for the exploration of their lived experiences.The study emphasized the necessity of recognizing the unique experiences and challenges of autistic women. It advocates for greater understanding, tailored supports, and professional training to enhance psychotherapist’s competence and positively influencing societal perceptions. Recommendations include specific changes in psychotherapist training and support systems to better accommodate autistic women's needs.

Four superordinate themes emerged:

1. **Experience of Being**: Participants described heightened sensory experiences, self-doubt, and emotional overwhelm, often leading to shutdowns or meltdowns.
2. **Being Alongside Others**: Challenges included miscommunication with neurotypical people, feelings of exclusion, and difficulties forming intimate relationships. Participants found it easier to connect with neurodiverse others who shared their lived experiences.
3. **Coping and Resilience**: Many participants engaged in "masking" to blend in socially but highlighted the emotional toll. Others emphasized the importance of self-acceptance, resilience, and recognizing personal strengths.
4. **Receiving and Giving Support**: Participants expressed dissatisfaction with traditional psychotherapies, which they found poorly suited to their needs. They advocated for support systems that reflect their unique experiences and encouraged sharing stories to challenge stereotypes.

2: Literature Review

This chapter provides an in-depth review of existing literature relevant to autism in women, with a focus on their lived experiences, social and interpersonal functioning, mental health, and the support systems available to them. The review is organized thematically in line with the objectives of the study, highlighting gaps in research and areas of importance for the current investigation.

2.1 Overview

Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by differences in social communication, sensory processing, and restricted or repetitive behaviours (American Psychiatric Association [APA], 2013). However, much of the research and diagnostic criteria have been developed with male participants, leading to a pervasive underdiagnosis and misdiagnosis of women (Lai et al., 2015; Loomes et al., 2017). This section examines the clinical presentation of autism, gender differences, social functioning, mental health challenges, and the support needs of autistic women.

2.2 Clinical Presentation of Autism

Autism is formally defined by the DSM-5 criteria as involving persistent deficits in social- communication and -interaction and restricted, repetitive patterns of behaviour (APA, 2013). While these diagnostic citeria are widely used, they reflect a male-centric perspective of autism, which may obscure the presentation of autism in women. Autistic women often experience subtler social difficulties and are more likely to camouflage their traits, a phenomenon described as "masking" (Hull et al., 2017).

Research by Bargiela et al. (2016) suggests that autistic women may present with more adaptive social behaviours in childhood, such as heightened verbal abilities and a desire for social connectedness. However, camouflaging often come at a significant emotional cost, such as exhaustion and mental health challenges, including anxiety and depression (Cage & Troxell-Whitman, 2019).

In addition to social challenges, sensory sensitivities are a key feature of autism, with many autistic people reporting heightened or hypo-reactivity to sensory stimuli (Moseley et al., 2020). These sensory differences can lead to overwhelm, loss of control/meltdowns, and difficulty navigating everyday environment, particularly since neurotypical individual often interpret meltdown as aggression. Sensory overload is often described as an overwhelming, disorienting experience that can lead to physical and emotional shutdowns (Attwood, 2015).

2.3 Gender Differences in Autism

The gender disparity in autism diagnosis is a recurring theme in the literature. Epidemiological studies estimate a male-to-female diagnostic ratio of approximately 3:1, but this ratio is likely skewed by biases in diagnostic criteria and referral processes (Loomes et al., 2017). Autistic females are often missed because they do not exhibit the external stereotypical behaviours commonly associated with autism in males, such as overtly repetitive behaviours or pronounced social withdrawal (Hull et al., 2020).

Research on the "female autism phenotype" highlights unique challenges faced by autistic women, including a greater propensity to mask autistic traits to fit societal norms (Dean et al., 2017). Masking involves mimicking neurotypical behaviours, such as maintaining eye contact or engaging in small talk, often to avoid social rejection or bullying (Bargiela et al., 2016). While masking may facilitate social acceptance, it often results in identity confusion, and emotional exhaustion. One study found that masking behaviours in women are strongly correlated with increased rates of suicidality and mental health issues (Cassidy et al., 2018).

2.4 Social and Interpersonal Functioning

Social relationships pose significant challenges for autistic women, particularly due to difficulties in interpreting non-verbal cues and understanding social norms (Milton, 2012). The "double empathy problem" proposed by Milton (2012) emphasizes that communication breakdowns between autistic and neurotypical people are bidirectional, in other words the onus falls on both parties to adjust their communication. This view contrasts with the deficit-based model of autism, which often attributes social difficulties solely to autistic people and, furthermore, places the responsibility to communicate ‘neurotypically’, to make communication ‘work’ squarely on autistic people.

Autistic women report a strong desire for social connections, but struggle to understand and maintain friendships and navigate complex social hierarchies (Sedgewick et al., 2016). For example, studies show that autistic girls are more likely than boys to experience social exclusion, often being overlooked or ostracized by their peers (Cridland et al., 2014). This pattern intensifies in adolescence, when social expectations and social communication become more complex and less forgiving of atypical behaviours.

The experience of intimate relationships is another area where autistic women face unique challenges. Byers et al. (2013) found that autistic women often experience anxiety around dating and sexual relationships, stemming from difficulties with social cues and communication. Social naivity, furthermore, render autistic women vulnerable to sexual exploitation, as reported by some participants in this study. Despite these challenges, many participants reported high levels of satisfaction in their relationships when open and direct communication with likeminded peers was established.

2.5 Mental Health Challenges

Mental health comorbidities are prevalent among autistic women, with anxiety and depression being the most commonly reported issues (Lai & Szatmari, 2020). Autistic women are also at greater risk of internalizing disorders, such as eating disorders and self-harm, compared to their male counterparts (Hull et al., 2017). These challenges are often exacerbated by societal pressures to conform to neurotypical norms and the emotional burden of masking behaviours.

Suicidality is an area of concern: Cassidy et al. (2018) found that autistic people, particularly women, are at significantly higher risk of suicide compared to the general population. This risk is compounded by a lack of understanding from mental health professionals, who may overlook or misinterpret the unique needs of autistic clients (Milton, 2017).

2.6 Support Needs

The support needs of autistic women are often unmet due to systemic barriers and a lack of tailored interventions. Traditional psychotherapies, such as Cognitive Behavioural Therapy (CBT), have shown some efficacy in treating anxiety and depression in autistic people, but only once adapted to autism specific needs (Storch et al., 2015). For instance, using visual aids, role-playing, and sensory-friendly environments can enhance the effectiveness of CBT for autistic clients.

Peer support is another critical area of need. Studies show that autistic people benefit greatly from connecting with others who are also neurodiverse, as these relationships provide validation and a sense of belonging (Bolis et al., 2021). Community-based programs and online forums can play a vital role in fostering these vital connections.

2.7 Rationale for the Current Study

While there is growing recognition of the unique experiences of autistic women, much of the existing research remains limited in scope and depth. Quantitative studies often fail to capture the nuanced, lived experiences of this population, while qualitative studies are relatively scarce. This study aims to address these gaps by exploring the lived experiences of autistic women, focusing on their social functioning, mental health, and support needs.

2.8 Conclusion

This literature review has highlighted the distinct challenges faced by autistic women, including the impact of masking, social exclusion, and unmet mental health needs. It has also emphasized the importance of tailored interventions and the potential of peer support networks. The findings from this review underscore the need for qualitative research to amplify the voices of autistic women and inform practices that promote inclusion and well-being.

3: Methodology and Methods

This section details the methodology and methods employed in the study. Interpretative Phenomenological Analysis (IPA) was chosen as the research methodology due to its focus on understanding the lived experiences of individuals. The section briefly describes the philosophical underpinnings of IPA, research design, participant recruitment, data collection, data analysis, and ethical considerations.

3.1 Research Design

The study adopted a qualitative research design, rooted in phenomenology, to explore the lived experiences of autistic women. This approach was deemed appropriate as it allowed for in-depth examination of participants' unique perspectives and the meaning they ascribe to their experiences. IPA was selected as the guiding framework due to its focus on understanding how individuals make sense of their lived experiences (Smith et al., 2009)

3.2 Philosophical Underpinnings of IPA

Phenomenology

IPA is grounded in phenomenology, which focuses on exploring how individuals experience phenomena in their lifeworld. Drawing on Heidegger's concept of *being-in-the-world* (*Dasein*), IPA emphasizes that human experience is influenced by context, relationships, and culture (Smith et al., 2009).

Hermeneutics

Hermeneutics, or the theory of interpretation, is another cornerstone of IPA. The researcher actively interprets participants' narratives, engaging in a double hermeneutic process: the researcher interprets participants' attempts to make sense of their own experiences (Smith & Osborn, 2015).

Idiography

IPA prioritizes the detailed and nuanced analysis of individual cases before identifying patterns across participants. This idiographic commitment ensures that each participant's unique experience is respected and fully explored.

3.3 Participants

Sampling Strategy

Purposive sampling was employed to recruit participants who met specific inclusion criteria:

- Diagnosed with autism spectrum disorder without intellectual disabilities.
- Self-identify as women.
- Aged 18 years or older.
- Willing to share their lived experiences.

This approach ensured that participants were well-positioned to provide rich, relevant data on the phenomenon under study (Smith et al., 2009).

Sample Size

Seven participants were recruited for the study. While this is a relatively small sample size, it is consistent with IPA guidelines, which prioritize depth over breadth (Smith et al., 2009). The small sample allowed for detailed exploration of each participant's experiences.

Participant Demographics

The participants ranged in age from 25 to 50 and were diverse in terms of socio-economic background, relationship status, and professional experiences. All participants were based in Ireland.

3.4 Recruitment

Participants were recruited through Facebook autism groups and snowballing. Information about the study was initially disseminated via Facebook autism groups. Snowballing was further employed to ensure adequate participant numbers. Interested individuals contacted the researcher directly and were provided with detailed information sheets and consent forms. Recruitment concluded when data saturation was achieved.

3.5 Data Collection

Semi-Structured Interviews

Data was collected through semi-structured interviews, which allow participants to share their stories while providing flexibility for the researcher to probe deeper into significant areas (Smith et al., 2009). An interview guide was developed to ensure consistency while allowing for open-ended prompts/questions.

Interview Process

- **Format**: One interview was conducted face-to-face, and six were conducted online to accommodate participants' preferences and accessibility needs.
- **Duration**: Interviews lasted between 60 and 90 minutes.
- **Environment**: Efforts were made to create a comfortable and non-judgmental environment, reducing sensory distractions for participants where possible.

Recording and Transcription

All interviews were audio-recorded with participants' consent and transcribed verbatim. Identifiable information was anonymized during transcription.

3.6 Data Analysis

The data were analysed following the six-step IPA framework outlined by Smith et al. (2009):

1. **Reading and Re-Reading**: Transcripts were read multiple times to familiarize the researcher with participants' narratives.
2. **Initial Noting**: Exploratory notes were made to identify descriptive, linguistic, and conceptual features of the data.
3. **Developing Emergent Themes**: Themes were identified by clustering related notes and summarizing key insights.
4. **Connecting Themes**: Themes were organized into superordinate and subordinate categories, reflecting patterns across the data.
5. **Producing a Narrative Account**: A narrative was constructed, integrating participants' quotes with interpretative commentary.
6. **Across Case Analysis**: Commonalities and divergences across participants were explored while preserving individual nuances.

3.7 Ethical Considerations

Ethical approval was obtained from the institutional ethics committee prior to commencing the study. The following measures were implemented to ensure ethical rigor:

Informed Consent

Participants were provided with detailed information sheets outlining the study's purpose, procedures, and potential risks. Written consent was obtained prior to participation.

Confidentiality

Participants' identities were protected through anonymization, and data were stored securely on password-protected devices.

Voluntary Participation

Participation was entirely voluntary, and participants were informed of their right to withdraw at any time without consequence.

Sensitivity to Participants' Needs

Special attention was given to creating an inclusive and supportive environment, considering the sensory and emotional needs of autistic participants. A list of potential support services, should participants have experienced distress after the interview, was given to each women. Breaks were offered to two participants who presented upset. Neither of the participants availed of breaks, insisting on continuing.

3.8 Validity and Rigour

The following were taken to ensure the validity and rigour of the study:

1. **Reflexivity**: The researcher maintained a reflexive journal to critically examine their biases and assumptions throughout the research process. Regular supervision was essential in ensuring research bias did not impact analyses.
2. **Triangulation**: Data were reviewed alongside existing literature to enhance credibility.
3. **Audit Trail**: A clear and transparent record of decisions made during data collection and analysis was maintained.

3.9 Conclusion

This section outlined the methodology and methods used to explore the lived experiences of autistic women. IPA provided a robust framework for examining participants' narratives in depth while ensuring their voices remained central to the research. The next chapter presents the findings, illustrating the themes derived from the data.

4: Findings

The findings of this study are organized into four superordinate themes derived from the lived experiences of the participants: (1) **Experience of Being**, (2) **Being Alongside Others**, (3) **Coping and Resilience**, and (4) **Receiving and Giving Support**.

4.1 Experience of Being

Participants expressed profound struggles with self-perception, heightened sensory experiences, and emotional challenges. For many, the experience of autism was marked by a sense of alienation and self-doubt. One participant reflected, *"I always felt like there was something wrong with me, but I couldn't explain what it was"* (Participant 3). This internalized sense of difference was compounded by sensory sensitivities. Another participant described, *"Every* *sound feels amplified, like the world is too loud for my head"* (Participant 1), underscoring the sensory overload that frequently led to meltdowns or shutdowns.

Meltdowns were described as an uncontrollable response to overwhelming stimuli. As one participant explained, *"It's like being hit by a tidal wave. You can't fight it—you just have to let it take you"* (Participant 5). Shutdowns, on the other hand, were characterized as a withdrawal into oneself: *"I just stop. My brain freezes, and I can't move or think"* (Participant 4).

4.2 Being Alongside Others

Social interactions with non-autistic individuals were a significant source of distress for participants, often marked by a lack of understanding and reciprocal connection. Many participants reported difficulties interpreting nonverbal cues and social expectations, which led to frequent misunderstandings. One participant noted, *"I never understand why people don't just say what they mean. It feels like there's a secret language I wasn't taught"* (Participant 2).

The sense of exclusion was a recurring theme. One participant shared, *"I've always felt like I'm on the outside looking in. People have their circles, and I'm just watching from the sidelines"* (Participant 6). However, participants expressed that connecting with neurodiverse others who shared similar experiences provided relief. *"It's easier to talk to someone who knows what it's like to be me. You don't have to explain everything"* (Participant 7).

4.3 Coping and Resilience

To navigate a world not designed for them, participants developed coping mechanisms, including masking their autistic traits to conform to societal norms. Masking was described as both a survival strategy and a source of exhaustion. *"I learned to mimic others, to hide my real self, but it's draining. You lose a part of who you are"* (Participant 3).

Despite the challenges, participants highlighted their resilience and strengths. One participant noted, *"I've discovered strengths I never knew I had—my attention to detail, my focus. These are things that make me proud to be who I am"* (Participant 1). For some, self-advocacy was a turning point: *"Finding my voice changed everything. I stopped apologizing for who I am"* (Participant 4).

4.4 Receiving and Giving Support

Traditional psychotherapies were widely criticized and deemed ineffective by participants, with some describing their experiences as invalidating. *"I tried therapy, but it felt like a waste of time. They didn't understand what it's like to be autistic"* (Participant 5). Participants emphasized the need for tailored approaches that consider sensory sensitivities and autistic nonverbal communication.

Sharing their stories and advocating for greater awareness was seen as a way to challenge stereotypes and improve societal understanding. One participant reflected, *"The more we share our experiences, the more people will see that autism is just another way of being"* (Participant 7).

This section highlighted the complexities of living as an autistic woman, including the challenges of self-perception, social interaction, and navigating support systems. These findings inform the need for tailored interventions and increased societal awareness.

5: Discussion

This section interprets the findings presented in section 4, situating them within existing literature and emphasizing their implications for autistic women, mental health professionals, and broader societal understanding. The discussion is organized around three key areas: the experience of being autistic, social and interpersonal functioning, and the implications of these findings for psychotherapy and support systems.

5.1 The Experience of Being Autistic

Participants' descriptions of heightened sensory experiences, self-doubt, and shutdowns align with existing literature on autism. Sensory sensitivities were a dominant theme, with participants frequently referencing the overwhelming nature of their environments. As described by Moseley et al. (2020), sensory sensitivities are a core feature of autism and significantly impact daily functioning. One participant noted, *"The lights, sounds, and smells of the world are too much—it feels like everything is turned up to maximum volume"* (Participant 1). This highlights the urgent need for sensory-friendly spaces and accommodations in both public and private settings.

Negative self-evaluation was another key finding, with participants expressing feelings of being "different" or "broken." These experiences reflect broader societal narratives that frame autism as a deficit rather than a difference (Bagatell, 2010). The internalized stigma reported by participants underscores the need for advocacy efforts to promote the neurodiversity paradigm, which celebrates autism as a form of human diversity (Den Houting, 2019).

5.2 Autism and Social/Interpersonal Functioning

The findings emphasize the unique social challenges faced by autistic women. Participants frequently described difficulties in understanding social norms and interpreting nonverbal communication, leading to feelings of exclusion. These findings are consistent with Milton's (2012) "double empathy problem," which posits that communication breakdowns occur between autistic and non-autistic individuals due to mutual misunderstandings rather than deficits in the autistic group alone.

The concept of masking emerged as a coping mechanism, where participants described imitating non-autistic behaviours to fit in. While masking allowed for social acceptance, it often came at a high emotional cost. One participant shared, *"It's exhausting trying to be someone I'm not just to make others comfortable"* (Participant 3). Research by Hull et al. (2017) corroborates this, linking masking to mental health challenges, including anxiety, depression, and burnout. Mental health professionals must recognize the hidden toll of masking and validate clients' authentic selves during therapy.

Participants also highlighted the importance of connecting with others who share their experiences, as these interactions provided a sense of understanding and belonging. This finding aligns with Bolis et al. (2021), who found that social interactions among individuals with similar autistic traits were perceived as more meaningful and less stressful. Facilitating peer support groups and community networks for autistic women could significantly enhance their well-being.

5.3 Experiences of Supports and Psychotherapy

The findings reveal a deep dissatisfaction with traditional psychotherapies. Participants described feeling misunderstood and invalidated by therapists who lacked autism-specific knowledge. One participant reflected, *"Therapy felt like a waste of time. They didn't understand autism or how to help me"* (Participant 5). This echoes the findings of Milton (2017), who criticized mainstream psychological practices for failing to adapt to the needs of autistic individuals.

Participants advocated for tailored approaches that consider sensory sensitivities and emphasize nonverbal communication. These findings suggest that psychotherapists must develop expertise in autism-specific interventions. Cognitive Behavioural Therapy (CBT), for instance, has shown promise when adapted for autistic clients, incorporating visual tools and emotion regulation techniques (Storch et al., 2015). However, there is a clear need for training programs that emphasize sensory-friendly practices spaces and the unique experiences of autistic women.

5.4 Implications of the Study

Implications for Mental Health Professionals

1. **Training and Education**: There is a pressing need for training programs to include in-depth education for psychotherapists on autism-specific interventions. These programs should include modules on sensory sensitivities, masking, and the double empathy problem.
2. **Supervised clinical placement experience** with the autistic females population across the lifespan and all Levels of functioning should form part of any psychology/psychotherapy programme
3. **Client-Centred Practices**: Therapists must adopt a strengths-based approach, recognizing the resilience and unique abilities of autistic women. Validating their experiences and fostering self-advocacy should be central to therapy.

Implications for future Autism Research

This study highlights the gendered experience of autism, emphasizing the need for more research on autistic women. Future studies should explore:

- The long-term adverse impact of masking on mental health.
- Effective interventions for enhancing social and emotional well-being in autistic women.
- The intersectionality of autism with other identities, such as race, sexual orientation, and socioeconomic status.

Implications for Society

1. **Advocacy and Awareness**: Public awareness campaigns should challenge stereotypes about autism and promote the neurodiversity paradigm. Greater understanding of autistic women's experiences could reduce stigma and foster inclusion.
2. **Policy and Accessibility**: Policymakers should prioritize the creation of sensory-friendly environments and accessible support services. Funding should be allocated to peer support groups and community networks for autistic individuals.

Implications for Autistic Women

1. **Self-Advocacy**: Autistic women should be supported and encouraged to embrace their authentic selves and advocate for their needs. Sharing personal stories can challenge stereotypes and empower others.

2. **Peer Support**: Building connections with other autistic women can foster a sense of belonging and provide valuable insights into coping strategies.

5.5 Limitations and Strengths of the Study

The study's qualitative design allowed for rich, detailed insights into participants' lived experiences. However, its small sample size limits the generalizability of the findings. Future research should include larger, more diverse samples to validate these results.

5.6 Conclusion

This study sheds light on the unique experiences of autistic women, highlighting their resilience and the challenges they face in a neurotypical world. The findings underscore the importance of tailored interventions, enhanced professional training, and societal shifts toward more than understanding but to acceptance and inclusion. By amplifying the voices of autistic women, this research contributes to a growing body of work that seeks to understand and celebrate neurodiversity.

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