

To understand the experiences of autistic counsellors: A United Kingdom phenomenological study

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Abstract

Aim: The study was designed to explore the experiences of autistic counsellors living and working in the United Kingdom (UK). The research question was split into four aims: exploring presenting differences, strategies and modalities preferences, challenges and barriers, and training and support needs.

Method: Seven autistic counsellors, either self-identified or diagnosed, completed semi-structured questionnaires. Patterns and themes were then extracted from the data using a thematic analysis procedure.

Findings: The data analysis identified four themes: the practical differences of working as an autistic counsellor, working with a similar neurotype, understanding and accommodation within the counselling profession, and representation.

Conclusion: Participants felt that being autistic brings unique strengths to the counselling process, and it was identified that while they have been trained to work with allistic (non-autistic) clients, they found strength in supporting and being supported by those of a similar neurotype. Participants challenged the deficit depiction of autism and, subsequently, the lack of recognition, understanding, accommodation and representation of autistic counsellors within the profession. The participants called for a change in training, within professional bodies, counselling organisations, workplaces and colleagues.

Recommendations: Counselling training needs to include autistic trainers, represent and accommodate autistic trainees, as well as support the needs of autistic clients. Counselling bodies need to create safe spaces for autistic counsellors, including the ability to advertise within directories and support the endorsement of neurological differences as strengths. These spaces need to challenge the archaic beliefs around autism through lived experience and the hiring of autistic professionals. Inclusivity should be encouraged within organisations and workplaces, consequently filtering to allistic colleagues.

KEYWORDS

Autism, counselling, psychotherapy, social justice, therapeutic change

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1 | INTRODUCTION

Autism has been described as a developmental disability that causes difficulty in socialisation and moderating behaviours and interests (National Institute of Mental Health, 2023; Treweek et al., 2019), and throughout the years, media presentations have depicted autistics as obsessive, aggressive and lacking empathy (Jones et al., 2023; Nordahl-Hansen et al., 2018; Orm et al., 2023). Constructively, there has been a recent development in the representation of autism (Jones et al., 2022), with autism being more progressively accepted and described as a communication and processing difference and not a deficit (Zeidan et al., 2022). However, the stigma surrounding autism is evidenced, and the need for more inclusive autism-friendly spaces continues to be insisted on (Mallipeddi & VanDaalen, 2022; Orm et al., 2023; Turnock et al., 2022).

Blogs and journals on the experience of autistic professionals have begun to be documented worldwide, all advocating for the inclusion and positive representation of autistic professionals (Hallett, 2022; Hathaway, 2019; Hawker et al., 2022; Sweetmore, 2021; Wiltshire, 2021). Recent studies and leading researchers have distinguished the differences in autistic communication and processing and asserted them as strengths (Fletcher-Watson & Bird, 2019; Gollwitzer et al., 2019). However, Milton (2018) stated that balancing the negative connotations around autism requires further research and phenomenological accounts with those who are autistic.

Counselling offers those with mental health struggles a safe space where they can explore and improve their emotional and psychological well-being. But with assumptions that autistic people are aggressive, obsessive and lacking empathy, it was reasoned that the narratives of those within this caring profession could either add to or challenge the existing literature on autism and these known presentations.

Due to the lack of comparable research with autistic counsellors, four aims were designed to capture a holistic phenomenological view. These aims were split into eight questions designed to explore counsellors' experiences within the profession (Table 1).

To obtain data on such phenomena, seven autistic counsellors provided their experiences through semi-structured questionnaires.

2 | LITERATURE REVIEW

2.1 | The most common presenting differences that autistic counsellors experience in the counselling room

The demonstration of empathy is taught as a core counselling competency. It is taught to be projected through practical skills, some of which are known to be uncomfortable for those who are autistic, such as direct eye contact and the interpretation of facial expressions (American Psychiatric Association, 2016; Roger, 1942). However, it has been reasoned that to achieve the experience of empathy, an individual's needs must be considered

Implications for practice and policy

- The findings from this study argue that counselling training needs to include autistic trainers, the representation and accommodation of autistic trainees, and education on how to support neurodivergent clients. This should be implemented through policy and mandated requirements. It was well argued that a lack of accommodation and awareness affects the mental health and confidence of trainees, as well as the continuation of incorrect beliefs around autism, which continue to be based on a deficit lens.
- Counselling organisations and professional bodies need to create safe spaces for counsellors who are also autistic. These spaces should champion the natural skills and processing differences and how the link-finding, pattern-recognising, and cognitive abilities suit specific counselling modalities and would suit specific clients. This difference could apply to not just autistic clients but also those who prefer that therapeutic approach.
- Counselling directories need to include the ability to advertise as an autistic counsellor and highlight the strengths naturally brought to the counselling modalities and process.
- Clients who are either diagnosed, self-identified, or questioning would be suitable to work with a counsellor of a similar neurotype.

and adapted to (Gasker, 2018; Hanns, 2023). This is true when considering the natural communication preferences of autistic people, such as cognitive analysis, recalling details, recognising patterns (Eisenstat et al., 2023; Grant & Kara, 2021; Uddin, 2022) and a direct and honest natural communication style (Lowinger & Al, 2019; McCann, 2023). Also, while the majority of the literature has stated that autistic individuals find difficulty in the interpretation and recognition of facial cues (Celani et al., 1999), now known as cognitive empathy (Moret-Tatay et al., 2022), the latest research argues that autistic people experience empathy differently and can internally recognise and amplify the feelings of another (emotional/affective empathy) (Fletcher-Watson & Bird, 2019; Griffiths, 2024; Shalev et al., 2022; Shirayama et al., 2022). Thus, it could be reasoned that the practical skills associated with traditional counselling practice do not come naturally to an autistic counsellor, but the exploration and projection of affective empathy do.

Many autistic people can be highly attuned to the world around them (Beaney, 2020; Scheuermann et al., 2018). This can lead to sensory overwhelm, requiring adaptations, such as self-soothing behaviours (stimming) and reducing stimuli (Kapp et al., 2019). However, many autistics learn adaptive behaviours to fit societal norms and implement them as an unconscious method of social

TABLE 1 Aims and questions.

Identify the most common presenting differences that autistic counsellors experience in the counselling room
1. What are the most common presenting challenges you experience in the counselling room being an autistic counsellor? Please give examples
2. What (if any) strengths do you feel you bring into the counselling room as an autistic counsellor? Please explain
Investigate what modalities and strategies autistic counsellors feel are most beneficial when working with clients
3. As an autistic counsellor, what counselling modalities do you prefer to use with clients? Please explain
4. What strategies and interventions (if any) do you utilise to aid your practice to be an autistic counsellor? Please explain
Identify the challenges and barriers that autistic counsellors face
5. As an autistic counsellor, what challenges and barriers (if any) have you experienced? Please explain
6. Within the counselling profession as a whole, what changes (if any) do you feel are required to support your inclusion as an autistic counsellor? Please explain
Examine the training and support needs of autistic counsellors
7. What changes (if any) would you have made in the counselling training to support you in being an autistic counsellor? Please explain
8. In what ways (if any) does supervision support you in your work as an autistic counsellor? Please explain

survival rather than an acknowledged behavioural choice (masking) (Pearson & Rose, 2021). The recent literature acknowledges that masking is known to cause emotional and physical overload, leading to extreme overwhelm, depression and other mental and physical health difficulties (burnout) (Chapman et al., 2022; Radulski, 2022; Sedgewick et al., 2022). As an autistic professional, being aware of and taking care of autistic specific needs is necessary to ensure safe practice.

2.2 | The modalities and strategies autistic counsellors feel are most beneficial when working with clients

Internalised ableism is explained as the internalisation of broader prejudiced beliefs (around autism), which then consequently change one's view of oneself as inferior (Ballou et al., 2021; Brown, 2021; Nerren, 2022). Along with the established perception of autistics being obsessive, aggressive and lacking empathy, other negative biases include social awkwardness, a lack of interest in others and rigidity (Alkhaldi et al., 2021; Petrolini et al., 2023; Späth & Jongasma, 2019). Progressively, these beliefs are being challenged through a more strength-based lens, promoting the acceptance of neurological and neurobehavioural differences (Han et al., 2021). However, it is evidenced that these biases persist, and autistic individuals continue to face stigma, prejudice and discrimination (Fennell & Johnson, 2021; Turnock et al., 2022) and are judged

unfavourably by allistics (Boucher et al., 2023; Jones et al., 2021). To challenge any internalised ableism that these prejudices can create, the person-centred model, designed to explore incongruence, could support the growth of the authentic self (Rogers, 1951). However, it is argued that to do this, counsellors would need to be aware of neurological differences to ensure internalised ableism is not reinforced (Williams, 2020).

Cognitive behavioural therapy (CBT) has traditionally been favoured as the psychological treatment for most difficulties (Blane et al., 2013; National Institute for Health and Care Excellence, 2011; Sigurvinsdóttir et al., 2019). However, conflicting research that explores the accounts of autistic individuals argues that CBT's behavioural component can continue the promotion of ableist behaviour modification (Kupferstein, 2018; Lynch, 2019; Shyman, 2016). Beck (2009) reasoned the cognitive shift creates change, not behavioural reform. Undeniably, research shows that CBT can help with the comorbid symptoms associated with being autistic, such as anxiety, low mood and obsessive compulsive disorder (Guzick et al., 2023; Kose et al., 2018; Wood et al., 2015).

Explained as a disconnect between two people due to a different communication style or worldview, double empathy is a phenomenon argued to be a difficulty between allistic and autistic individuals (Milton, 2012). Because those with similar bodily movements and expressions will better interpret and understand each other's intentions and mental states (Edey et al., 2016), it is argued that counsellors who are autistic would be suited to support autistic clients (Crompton, 2019; Crompton, Ropar, et al., 2020; Crompton, Sharp, et al., 2020) and themselves be supported by autistic supervisors.

2.3 | The challenges and barriers autistic counsellors face

There continues to be a lack of information showing the inclusion of autism within the counselling profession. Unless neurodiverse specific (Association of Neurodivergent Therapists, 2021; Thriving Autistic, 2021), counselling directories do not include the option of advertising as an autistic practitioner (Counselling Directory, 2019; Psychology Today, 2020), and only one account from an autistic counsellor was found in a counselling governing body journal (Marnau, 2021). It is known that a lack of inclusion allows the continuation of stereotypes and prejudices (Chaudhury & Colla, 2020; United Nations, 2018). While it is acknowledged that there is a recent movement of personal blogs and phenomenological accounts of autistic professionals and a more accurate representation of autistics in the media, there continues to be a lack of recognition and definition within the counselling profession.

Negative presentations and biases can influence broader social perception (Huws & Jones, 2011). This perception can affect the smaller organisational structures and leave marginalised groups vulnerable to exploitation and social rejection (Bruyère & Colella, 2022; Bury et al., 2020; Doyle et al., 2022). Research shows that exclusion can cause significant distress, affecting physical, emotional and

cognitive health (Brandt et al., 2022). To be openly autistic within the profession would require systematic inclusion and awareness of the effect of biases and social rejection. This is argued to come from organisational structures, through policies and procedures, colleague awareness and current knowledge of autistic neurological differences and needs.

2.4 | The training and support needs of autistic counsellors

The traditional counselling models are based on the needs of allistics and so continue to be taught as the core foundation of communication and skills (Beck, 1975; Rogers & Farson, 1957; Skinner, 1974). It is acknowledged that the teaching of traditional communication skills is argued to be far from neurodivergence-affirming (Roberts, 2021) and that the deficit language used to explain the communication differences continues the lack of inclusion (Crompton, Ropar, et al., 2020; Crompton, Sharp, et al., 2020; Davis & Crompton, 2021). Studies show how these judgements and lack of positive representation impact social inclusion, and evidence that autistic individuals or divergent thinkers are less likely to be interacted with (Sasson et al., 2017).

Due to the increased global social awareness of autism, more training is being offered to professionals as continued professional development (National Autistic Society, 2023), and the call for such training to be developed and delivered by autistic professionals is being championed (Freud, 2022; Gillespie-Lynch et al., 2021). However, most of the training is currently on how to support and include autistic individuals, and little representation remains regarding how to work as an autistic counsellor, meaning their skills, expertise and communication style are not promoted as attributes (Meer, 2023).

3 | METHOD

3.1 | Participants and setting

The study was designed to gain insight into the experiences of autistic counsellors working in the UK. To do this successfully, they were required to fulfil the following three criteria: (i) be qualified counsellors, (ii) practice in the UK and (iii) identify, or be diagnosed as autistic. Accepting self-diagnosis was carefully considered and accepted due to the recognition that self-identification is valid based on the privilege associated with getting a diagnosis in the UK (The National Autistic Society, 2024) and that the literature shows very little difference between self-identified and diagnosed individuals (Charlton et al., 2021; McDonald, 2020; Wiskerke et al., 2018). It was also recognised that counselling theory states that we are the experts ourselves (Yao & Kabir, 2024) and that participants were professionals working within the mental health field and so would arguably have greater knowledge of autistic traits than most.

All seven participants were volunteers from an international social media group dedicated exclusively to autistic counsellors. They all confirmed they were over 18 years old, qualified counsellors and working in the UK. Four were diagnosed as autistic, and three self-identified as autistic. They all had varying degrees of experience and were trained in different modalities. Since this is the first study in this area, with no comparable research, factors such as age, race, experience and assigned gender at birth were not included in the analysis and, therefore, were not collected. However, now that this study exists, sociological and biological factors could be explored in future research, and the results could be compared.

The semi-structured questionnaires were sent and returned within 2 weeks.

3.2 | Ethical considerations

Ethics approval was awarded following the guidelines from the British Association for Counselling and Psychotherapy (BACP, 2019), the National Counselling Society (National Counselling Society, 2021) and the British Educational Research Association (BERA, 2018). GDPR, confidentiality legislation and data processing guidelines were followed throughout the research process (Government of UK, 2018).

Once a participant's suitability had been established, they were sent the participant information sheet, which explained the study in detail. All participants were invited to ask any questions after receiving the information sheet and before the consent form was sent. During the interval between sending and receiving consent forms, the researcher refrained from initiating any contact to avoid giving the impression of applying pressure on the participants (Boyle & Schmierbach, 2015). The consent form was written in English and sent to English-speaking participants to ensure the comprehension of the information shared.

The intention to publish this study was made clear when asking for volunteers and again explained in the information sheet. Permission was gained within the consent form.

3.3 | Data collection

Semi-structured questionnaires were used to gather the data. Semi-structured questionnaires allow for additional processing time to formulate answers and give rich, detailed accounts of first-hand experiences, while also being specific to the overall aim of a study (Galletta, 2013; Mayan, 2023). For autistic individuals, interviews are known to induce anxiety and sensory or cognitive overwhelm, potentially leading to communication breakdowns, appeasement, misunderstandings or even triggering the fight-or-flight response (Booth & McDonnell, 2016; Heidel, 2020; Wilson & Bishop, 2020; Zolyomi et al., 2019). Although both the participants and the researchers were counsellors, it was acknowledged that they were still autistic individuals, vulnerable to these responses when unmasked

and participating outside their counsellor role. To accurately capture their experiences, additional processing time—afforded by questionnaires—was deemed necessary.

Once the consent forms were received, the questionnaires were sent out via secure email. Participants were informed that the completed questionnaire must be returned within 2 weeks and that once they had completed and returned them, they had 5 days to withdraw their contribution. All participants in this study used the full 2 weeks to complete their questionnaires, with some stating that the ability to define and clarify their answers reassured them that their experiences had been captured.

3.4 | Data analysis

The study aimed to analyse the data to identify patterns and themes, ultimately generating new theories and conclusions (Babbie, 1973; Guest et al., 2012). Thematical analysis (ThA) was used to support the data analysis steps of phenomenological methods, such as intuiting, analysing and describing (Sundler et al., 2019) (Table 2).

It is reasoned that the cohesion and consistency of a study can be somewhat obtained via the researcher immersing themselves in the data and reflecting on any emotional responses and shared experiences (Saldana, 2021). In support of evidencing truth, the researchers' biases were explored and described before conducting the research, and to ensure reflexivity of any research biases, a reflective journal was kept. Significant extracts of participants' responses, known as thick descriptions, were used when discussing the findings, so readers could judge whether the overall findings were accurate to the participants' accounts (Tenny et al., 2022).

Eight 'Big Tent Criteria for Excellent Qualitative Research' were used throughout the data analysis to support the study's validity to evidence rigour and legitimacy (Tracy, 2010) (Table 3).

TABLE 2 Thematical analysis procedure (Burnard et al., 2008).

1.	The researcher immersed himself in the data of each question. Read and reread and reread
2.	Made notes of original standout ideas. Coded these ideas
3.	Use of reflexive journal to note personal biases or reactions
4.	Initial notes were put into a spider graph and blocked together to see whether there were any similarities and patterns
5.	The data was reread, making separate summaries on the first identified codes and bracketing them together or separating them into overarching themes
6.	Colour coding was then used to identify patterns within the original data in response to the bracketing of ideas and patterns
7.	The identified patterns and colour coding were analysed together to identify themes
8.	Themes and subthemes were identified and tallied
9.	Themes and subthemes were checked for accuracy
10.	The data were analysed again
11.	Results from the separate analyses were compared
12.	The highest tallied themes were included in the findings

4 | FINDINGS

Participant codes were used (BS01–BS09), and the themes were analysed into main categories and sub-categories.

4.1 | In practice

4.1.1 | Strengths

The participant responses expressed the unique strengths that being autistic brings to counselling. Strengths were described as 'having a great memory for details' (BS07), the ability to 'hold multiple threads and spot patterns' (BS08) and the capability to 'make links between things clients say/have said in past sessions more readily than other counsellors' (BS03), 'making everything faster and more accurate' and having the ability to 'break things down in a way that helps my clients better understand' (BS05). Participants described how their 'autistic communication' style 'makes everything explicit' (BS05) and how 'an ability to "say the hard thing" with empathy' (BS08) supports clients' growth.

4.1.2 | Empathy

A strength regarding the 'depth of sensitivity/empathy' (BS09) and 'being incredibly sensitive to others' feelings' (BS08) was described, as well as the need to balance the consequential difficulty to 'be extra careful of parallel processes' as the level of 'sensitivity can deplete (my) energy far more than physical activity can' (BS09).

4.1.3 | Difficulties

Difficulties such as the natural inclination to 'drill down to the details to figure out what is going on in the moment' (*autistic trait) (BS05),

TABLE 3 Qualitative quality: Eight 'Big-Tent' criteria (Tracy, 2010).

Attribute	Description	Achieved via
Worthy Topic	A research topic should be feasible, engaging, relevant, timely and significant	The research is with a marginalised group of professionals whose experiences are yet to be explored in research. With the rise of late-diagnosed autistics, the timing of the study is relevant for the necessity of representation of this group of professionals
Rich Rigour	The established confidence and trust in the accuracy of the findings of a study, through consistency and well-defined methods and analysis	Considering the preferred communication methods of autistic individuals, using semi-structured questionnaires as a data collection method was appropriate and sufficient in collecting human phenomena relevant to the study's aim The data were thematically analysed using the procedure by Burnard et al. (2008), and the steps taken were documented and presented
Sincerity	How researcher biases and motivations were assessed upon their influence on findings to justify neutrality	The researcher's biases and positionality were assessed and explored within the study's introduction Chapter. A reflexive journal was kept throughout the data analysis, and a reflexivity statement was included in the Summary of Findings Chapter
Credibility	How far has the study achieved its aim	Thick descriptions were used within the Summary of Findings, and as evidence when contrasting against the known literature in the Discussions of Findings Chapter
Resonance	The authentic capture and representation of the lived experiences of the participants. An ability to engage and be expressive of the findings	The researcher compared the findings against the known literature, challenging any inaccurate information and identifying gaps in knowledge. The researcher also concluded the study by representing the themes and advocating what was being expressed by the participants and evidencing how the findings are transferable
Significant Contribution	How the findings are applicable within other contexts	The study is very culturally current and determined a call for change. It challenged the current representations of autism: influencing implications for practice and advancing academic knowledge, pushing for further research and social change
Ethical	Ethics in research are the set of moral guidelines that govern how a study is carried out to minimise harm and ensure the safety and dignity of human subjects. The guidelines also extend to organisations, universities and communities	Ethical procedures for working with people were adhered to. Information and considerations were given in the information sheet, consent forms and briefing form. Ethics, including, confidentiality and GDPR, were reviewed and justified throughout the methodology section, Chapter 3
Meaningful Coherence	The study: <ul style="list-style-type: none"> • Achieves what it purports to be about • Uses methods and procedures that fit its stated goals • Meaningfully interconnects literature, research questions/foci, findings, and interpretations with each other 	The research detailed and justified its methodology, methods and data analysis. It extracted themes from the data, contrasted them against the known literature and concluded those findings as new knowledge

to 'get caught up in language to the deficit of feeling' and 'the need to find answers' (BS08) were expressed. The natural inclination to 'approaching the world intellect-first' (BS03) can cause a disconnect in the counselling process when 'the other person tends not to want that because it is not based on logic, their reactions are irrational and based on emotions' (BS05).

4.2 | Neurotype compatibility

4.2.1 | Working with autistic clients

It was clearly explained that sharing 'lived experiences as a fellow ND person, as well as communication and awareness -re double empathy problem, is an undeniable strength, which cannot

be taught' (BS02). 'Being unmasked' and 'more comfortable with carefully considered disclosures about (my) neurodivergent (ND) experience' opens up 'much more direct and open dialogue with (my) clients about their own lived experience' (BS01). It was explained that when 'the client's autistic profile is explicit' in the counselling room, they will often feel understood or express that they feel '(I) get them' (BS03).

Person-centred therapy and CBT were identified as the two main models participants preferred to work within because 'CBT structure can be somewhat autistic', it 'breaks things down' (BS05), brings in 'difference between thoughts, feelings, and bodily sensations' and 'for exploring client experience & getting a sense of their experiences' (BS09). The 'person-centred working with its particular therapeutic relationship conditions is very helpful when working with all clients, but particularly with autistic ones' (BS07). However,

regardless of the counselling modality, participants implored the necessity of practising 'through a neurodiversity-affirming lens' (BS08), and all modalities were explored in correlation with either the natural working style of the counsellor who is autistic or supporting neurodivergent clients.

When working with a supervisor, it was explained that having a space which allows freedom to be authentic and 'openly process/learn/question/consider' what 'feels natural (to me) without trying to "fit" into a certain way of being' (BS09), allows for a 'shared lived experience of ND culture' where there is not a 'need to explain my perspective or context' (BS02).

4.2.2 | Working with allistic clients

The data showed that autistic counsellors were equipped and competent to work with allistic clients. (BS07) clearly explained, 'before I was diagnosed with autism, I learned ways in which I could assimilate into pretty much any group of people so that I would be accepted, and this adaptability is useful in counselling as clients can differ in terms of socio-economic background, etc'. In exploring training experiences, the data showed how the core counselling training was based on the needs of the allistic and 'taught (me) to behave in Neuro normative socially acceptable ways', making 'NT my second language' (BS02). However, it was recognised that masking and working with a dissimilar neurotype can drain an autistic counsellor's battery, 'whilst neurodivergent people charge it!' (BS01).

4.3 | Understanding and accommodation

Feeling 'oppressed and alienated' was described within agencies, as well as 'constantly feel(ing)' the need to 'defend' their 'position, and advocating for (their) clients' (BS05). As well as 'workplace relationships and hierarchies', the 'risk of stigma' around disclosing being autistic was described as a barrier, including when 'applying for a salaried job' (BS07). There was a clear expression of how a 'lack of knowledge, ableism and internalised ableism' (BS02) affects the ability to 'feel safe to unmask' within the workplace and 'when I do, they misunderstand me' (BS05).

The practical demands of organisations and workplaces were discussed as difficult to navigate, requiring significant 'executive function to manage fluently' (BS09). These demands included 'social expectations around administrations/being part of the team' which 'are not clearly explained' and the lack of understanding around communication differences and how demands, such as 'phone calls', 'unexpected conversations' and 'the knowing of protocols around communication within the formalised setting' (BS09) cause uncertainty and exhaustion.

It was expressed how there is a 'lack of understanding and awareness by fellow NT therapists of neurodivergence, and especially the existence of us - autistic therapists' (BS01). The need for a 'wider dispelling of the myths that suggest autism and counselling

cannot go together' and the challenging of the out-of-date idea around empathy, to develop a 'greater understanding about autistic people and their relationship with emotions, including the trait of being "a super-sponge" for others' emotions' (BS03), and confronting statements from lectures to the tune of 'autistic people cannot be empathetic' (BS03).

4.3.1 | Training

As well as the environmental adaptations requirements, such as 'lighting' (BS09), the main experiences of counselling training that were shared were personal and painful incidents. Most explained the impact on their 'training experience' due to a lack of awareness or understanding 'about different learning styles, processing speeds/styles' (BS09), the difficulty around the 'social aspects of training' (BS03), including forced socialisation such as 'coffee breaks and weekend workshops' (BS03), and the 'lack of clarity around timetables/deadlines, meant it was an unpredictable and hard to understand' (BS09). It was reasoned that there are 'different (Neurological) and equally valid communication styles' (BS02), arguing the need for 'better training for tutors and inbuilt accommodations within training courses for autistic trainees' (BS09) and that 'neurodiversity should be a core part of counselling training for the benefit of clients who may be diagnosed, undiagnosed or questioning' (BS07).

4.4 | Representation

Representation of 'autistic and wider ND culture' (BS02) was an overlapping theme throughout multiple questions. It was expressed as a significant barrier to participants feeling they could be open about being autistic.

It was expressed that representation needs to be championed by 'the accrediting organisations' and that the participants neither felt 'represented or understood' by their governing body, such as 'the BACP' (BS09). The 'need to raise awareness' of the existence of autistic counsellors was clearly raised, as was the need to provide the ability to be able 'to identify ourselves in their directories' (BS01), allowing for autism 'disclosure', or the 'offering of therapy' to autistic clients (BS01).

It was said that 'most publications have been with a view toward understanding or being able to work with' neurodivergence, and are 'written by neurotypicals' (BS09). One participant stated that they had not yet 'seen a space/event/publication', which has 'addressed the inaccessibility' of that organisational body, concluding that counsellors find it difficult to 'find affirming therapy and supervision' as well as 'further training in how to be neurodiversity affirming', which are 'lead by trainers with lived experience (autistic)' (BS08).

It was conveyed that 'more weight' needs to be 'given to the lived experience' of autistic counsellors, meaning organisations 'actively making space and addressing ableism, and barriers to therapy'

(BS02). It was reasoned that these spaces 'need more high profile neurotypical practitioners' (BS01), 'seasoned professionals in charge of hiring and uplifting others' (BS05) and 'HR departments, EAP programs' to be 'more curious about neurodiversity' (BS01) and 'see the merits of autistic therapists and centre on their strengths' (BS05). It is imperative 'to interact with autistic practitioners and to be more open to understanding and acceptance' (BS01) while also ensuring the necessity of 'autistic teachers/mentors/supervisors' being 'celebrated and hired' (BS05).

4.4.1 | Training

Some of the challenges of 'myth-busting about autism' were regarding 'emotions/empathy/rigidity' (BS03) and that 'there needs to be more awareness of what autism is, that is not based on outdated stereotypes and pathologies' (BS08), but instead is based on 'a strengths-based definition of autism rather than the DSM's pathologizing approach' (BS05). This would challenge the 'exclusion' of 'autistic/ND researchers' and the standard use of 'the medical model' and how 'the deficits-based lens is predominant, if not the only one represented on difference and diversity' (BS02).

To help promote a more inclusive training experience, it was said that autism 'needs to be explored/discussed' and 'better represented through autistic trainers' (BS08), as well as that 'there needs to be an entire revamping of education around neurodiversity in graduate school' (BS05). As BS05 stated, 'I wish the field would learn from the strengths of autistic therapists. We are pretty awesome!'.

5 | DISCUSSION

5.1 | The practical differences

The data strengthened the known literature on strength-based practical differences, specifically being naturally intellectually curious, with the ability to recognise patterns, hold multiple threads and recall facts and having an honest and direct communication style (Bryant-Jefferies, 2017; Eisenstat et al., 2023; Grant & Kara, 2021; Stockman, 2023; Uddin, 2022). Participants also explained how the ability to say difficult things allowed them the freedom to challenge and explore uncertainty and incongruence. However, the literature did evidence that such a direct communication style is not welcomed by those who prefer a more feeling-focussed approach (Stevenson, 2019), while the data revealed that whenever a strength, such as a direct communication style, was identified, it was often counterbalanced by being perceived as a difficulty that needed to be managed.

The data and the literature emphasised the incorrect belief that autistic individuals struggle to experience empathy (Jones et al., 2023; Nordahl-Hansen et al., 2018). The participants expressed the depth of their sensitivity to the feelings of another and how this impacts them practically, both as a positive and as a

difficulty (Fletcher-Watson & Bird, 2019; Griffiths, 2024; Shalev et al., 2022; Shirayama et al., 2022).

5.2 | Working with a similar neurotype

The data correlated with the existing literature in that there was a recognition of autistic counsellors feeling more suited to working with autistic clients (Crompton, 2019; Edey et al., 2016). The literature has evidenced that due to the double empathy problem (Milton, 2012), shared lived experience would support autistic clients in challenging internalised ableism and promote self-acceptance (Crompton, Ropar, et al., 2020; Crompton, Sharp, et al., 2020). This theory corresponds with the data showing that communicating a similar view of the world would positively support autistic clients to reflect on their own neurological differences.

The findings are in line with the known literature, asserting that core counselling training is aimed at supporting allistic clients but that autistic individuals can adapt to neuro-normative communication styles (Pearson & Rose, 2021; Rogers, 1951). However, the literature and the data established that masking can cause energy drain and accelerated burnout (Chapman et al., 2022; Radulski, 2022; Sedgewick et al., 2022).

When discussing which modalities and strategies the participants preferred, the responses were again about supporting autistic clients. While theories were identified that synced with the natural ability of autistic counsellors (Beaney, 2020; Eisenstat et al., 2023; Scheuermann et al., 2018), it was reasoned that to challenge and undo internalised ableism/shame (Ballou et al., 2021; Nerren, 2022), modalities and strategies need to be adapted and delivered through a neuro-affirmative lens (Gasker, 2018; Hanns, 2023; Williams, 2020; Wood et al., 2015).

5.3 | Awareness and accommodation

The data and literature showed a direct link between the stigma around autism (Alkhaldi et al., 2021; Huws & Jones, 2011; Jones et al., 2023; Nordahl-Hansen et al., 2018; Petrolini et al., 2023; Späth & Jongsma, 2019; Treweek et al., 2019) and a lack of accommodations (Doyle et al., 2022). It was evidenced in the data that counsellors face prejudice and insufficient support from organisations and colleagues, which as reasoned in the literature, makes them vulnerable to social rejection (Bruyère & Colella, 2022; Bury et al., 2020; Jones et al., 2023; Sasson et al., 2017).

The responses also highlighted a felt lack of accommodations for autistic learners, whether sensory, organisational or social. Such a lack of accommodations is proven to create barriers to learning and perpetuate biases (Coghill & Coghill, 2020; Crompton, Ropar, et al., 2020; Crompton, Sharp, et al., 2020). However, this study demonstrates the presence of autistic counsellors, strengthening the argument to develop and adapt core training to suit the needs of this fast-growing marginalised group (National Autistic Society, 2023).

5.4 | Representation

Participants highlighted the lack of representation of high-profile autistic professionals or voices within the counselling field. They advocated for changing the deficit depiction of autism, which, as evidenced in the literature, is often framed through a neurotypical lens (Alkhaldi et al., 2021; Jones et al., 2023; Orm et al., 2023; Petrolini et al., 2023; Späth & Jongsma, 2019; Treweek et al., 2019), and promoting the value of working as an autistic counsellor.

The data revealed that participants did not feel represented in advertising directories or have spaces where their differences and strengths could be explored or celebrated. This aligns with existing literature which shows that standard counselling directories have yet to support the inclusion of autistic counsellors in their advertising (Counselling Directory, 2019; Psychology Today, 2020). The literature evidenced that without representation, the perpetuation of incorrect stereotypes and prejudices is permitted to continue (Chaudhury & Colla, 2020; United Nations, 2018).

6 | LIMITATIONS

A limitation of phenomenological research is its credibility (Rolfe, 2006). While every attempt has been made to ensure reliability, it is argued that qualitative research is difficult to prove as accurate, but methods can be taken to improve its validity (Leavy, 2015). As a method of establishing rigour, the researchers used theoretical strategies to support the accountability and justification of validity (Dörfler & Stierand, 2020). These were achieved through thick descriptions, researcher reflexivity (Slevin & Sines, 2000) and the recognition of research positionality. The researchers also used a deductive method of data analysis and research methodology explanations to justify the study's integrity (Tracy, 2010).

7 | DIRECTIONS FOR FURTHER RESEARCH

- Exploration into whether age, race, gender, professional experience or social environment would change the data and findings.
- An exploration of the rates of increase of late-diagnosed autistic counsellors and their experiences of practice before their diagnosis. This would uncover whether there is a rise of late-diagnosed autism in counselling and whether being unrecognised changed the success of their practice.

8 | CONCLUSION

It was determined that how an autistic individual processes and communicates (Scheuermann et al., 2018) will correspond to how they work as a counsellor. It was clearly expressed that autistic counsellors harmonised working with those of a similar neurotype and,

through lived experience and role modelling, have a direct impact on those who are either autistic, questioning or yet unrecognised (Crompton, 2019; Edey et al., 2016). It was also deduced that due to adapted communication skills resulting from social conformity and core counselling training, autistic counsellors are competent to support allistics. However, it was established that to do so may result in energy drain and burnout.

What was heard, loudly and explicitly, was the lack of awareness, accommodation, and representation of autism within the profession. Participants' experiences of prejudice related to autism not only reinforce and add depth to the existing literature (Alkhaldi et al., 2021; Boucher et al., 2023; Jones et al., 2021; Petrolini et al., 2023; Späth & Jongsma, 2019; Treweek et al., 2019) but also highlight how negative biases impact their well-being and inclusion and keep them from being openly autistic (Doyle et al., 2022). Supported by the literature, the participants urge for change within the counselling profession, including promoting autistic counsellors, improving representation and championing autistic differences as strengths (Mallipeddi & VanDaalen, 2022; Orm et al., 2023; Turnock et al., 2022).

The findings extend beyond the counselling field, strengthening the argument that biases and assumptions perpetuate discrimination and inaccuracies surrounding autism. This underscores the need to challenge and redefine outdated knowledge and biases throughout society as a whole.

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CONFLICT OF INTEREST STATEMENT

The authors declare that there are no conflicts of interest.

PATIENT CONSENT STATEMENT

The authors obtained written consent to participate and consent to publish from all research participants.

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