Experiences of autism:

Perspectives from adolescents

on the autism spectrum

By

Francoise Ford

B A., B Ed., MEDL, MEd

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CONTENTS

DEDICATION

This thesis is dedicated to my amazing son Jack, without whose support, friendship, and love, this thesis would not have been possible.

My additional appreciation is extended to Mika and Dakota.

ABSTRACT

Despite the increased prevalence of autism, there are limited data about how adolescents on the autism spectrum experience autism and, in particular, how they respond to receiving an autism diagnosis from an insider perspective. Adolescence can be a very challenging time for people on the autism spectrum as they enter adulthood where increased socialisation and flexible processing styles are required (Bedard & Hecker, 2020; Sharma & Seshadri, 2020; Westhoff et al., 2020). During adolescence, a person is required to construe increasingly unfamiliar social settings and undergo a range of physiological, emotional, and cognitive changes as they attempt to create a personal and social group identity. Ten adolescents with a formal diagnosis of autism, but no intellectual disability (ID), participated in a semi-structured interview and a modified repertory grid technique (RGT) assessment (Kelly, 1955). The RGT was designed to develop insight into their experiences of receiving and having a diagnosis of autism and their perceptions about its influence on the development of their self. A personal construct theory (PCT) approach was adopted to interpret participants' experiences using Kelly's 11 corollaries, which describe the various construct types that people use to construe their own realities.

This research also examined the utility of the PCT approach in understanding the participants' lived experiences. A model is proposed of both vulnerability and protective mechanisms, together with external and internal influences, on the development of the adolescents' self-identity. Outcomes of the research indicated that whilst the adolescents in this research had high school experiences of bullying, which resulted in isolation, exclusion, and rejection, they also acknowledged that their diagnoses contributed to greater self-awareness and self-acceptance. These findings are significant because the literature revealed that adolescents on the autism spectrum can experience low levels of self-acceptance, a loss of identity, poor mental health outcomes, high rates of suicidality, suicide attempts and death by suicide when compared with their non-ASD same-aged peers

(Hirvikoski et al., 2020; Jager-Hyman et al., 2020; Kirby et al., 2019; Kõlves et al., 2021; White et al., 2017). Most participants recommended increased autism awareness by their peers and teachers, and a need for greater inclusion in the school setting, which suggests that the schools in this research perpetuated a Medical Model of Disability that intensified feelings of difference for these research participants. Despite their self-reported negative experiences of having a diagnosis of autism, participants in this research shared a strong sense of self and perceived their autism to be intrinsically interwoven with their self-identity.

Key words: adolescence, autism, inclusion, personal construct theory (PCT), qualitative research, repertory *grid technique (RGT), schools, self-identity, vulnerability and protective mechanisms*

DECLARATION

I certify that this thesis:

1. does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university

2. and the research within will not be submitted for any other future degree or diploma without the permission of Flinders University; and

3. to the best of my knowledge and belief, does not contain any material previously published or written by another person except where due reference is made in the text.

Date: 11 November 2022

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ACRONYMS AND ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACARA	Australian Curriculum Assessment and Reporting Authority
ADHD	Attention Deficit Hyperactivity Disorder
APA	American Psychiatric Association
ASD	Autism Spectrum Disorder
ASPECT	Autism Spectrum Australia
CSPC	Classification System for Personal Constructs
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
EF	Executive Functioning
ER	Emotional Regulation
GAD	Generalised Anxiety Disorders
GT	Grounded Theory
ID	Intellectual Disability
IEP	Individual Education Plan
IS	Insistence on Sameness
MAD	Mild Anxiety Disorder
MDD	Major Depressive Disorder
OCD	Obsessive-compulsive Disorder
ODD	Oppositional Defiance Disorder
PCT	Personal Construct Theory
RGT	Repertory Grid Technique
RRB	Restricted, Repetitive Patterns of Behaviour, Interests, Or Activities
RSM	Repetitive Sensory Motor
SAD	Social Anxiety Disorder
SBREC	Social and Behavioural Research Ethics Committee
ToM	Theory of Mind
WCC	Weak Central Coherence

CHAPTER ONE: INTRODUCTION

Despite the increased prevalence of autism, there is a paucity of data about how adolescents experience an autism spectrum disorder (ASD) from a first-hand perspective (Fletcher-Watson et al., 2019; Happé & Frith, 2020; Kapp et al., 2019; Pellicano & den Houting, 2022; Scott-Barrett et al., 2019). Increased understanding about the experiences of adolescents on the autism spectrum is essential because research indicates that they can struggle to develop a sense of self-acceptance due to their atypical developmental trajectory (Hughes, 2021; Rodgers & Ofield, 2018). This thesis focuses on the experiences of adolescents on the autism spectrum and how they construe the world. My experiences, as a teacher, have offered me opportunities to observe the achievements and challenges of adolescent students on the autism spectrum. Whilst each person experiences adolescence differently, I observed adolescents on the autism spectrum experience additional barriers such as poor mental health, low self-esteem, and deep feelings of difference as they struggled to connect with their peers and make sense of the world. Upon seeking information to support their journey, I discovered limited data about the journey of people on the autism spectrum during the adolescent years. This gap in the literature prompted my research into how adolescents on the autism spectrum construe the world with a focus on their experiences of receiving and having a diagnosis of autism, and their perceptions about its influence on the development of their self-identity.

Autism Prevalence

Accessing exact data about the prevalence of autism is difficult due to the heterogeneous nature of autistic traits and evolving criteria for diagnosis (Baio et al., 2018; Fombonne, 2018; Rice et al., 2007). A meta-study by Salari et al (2022) reported that the prevalence of autism in Australia was 1.7%, and 0.6% globally. Their meta-study of 74 studies included a total of 30,212,757 participants. The same year, vastly different results were reported by Zeidan et al. (2022), who claimed that that approximately 1% of children, globally, had a diagnosis of autism. Their research suggested that variations amongst studies occurred due to methodological and contextual differences. Variations in the reported statistics related to autism prevalence can also occur due to a range of socio-cultural factors and can be dependent upon how data are categorised (Baio et al., 2018: Jones et al., 2021; Shochet et al., 2022; Zeidan et al., 2022). For example, data can be categorised according to factors such a person's sex at birth, geographic location, intellectual ability, and/or ethnicity. Further, the rate of prevalence can vary significantly across sociodemographic groups and increase over time due to delayed diagnoses. Other variations in the reported statistics may have occurred due to changes made to the criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association [APA], 2013). During the last decade, there has been an increased number of people diagnosed on the autism spectrum due to a range of factors including the increased prevalence of autism, and broadened diagnostic categories (Happé & Frith, 2020). Participants in this research received their diagnoses of autism between the ages of 6 and 17 years old. The age of diagnosis is relevant because it impacted the ability of some participants to recall the time when they received their diagnosis, a question which was asked in the semi-structured interview. Interestingly, most of the female participants received their diagnosis when they were 12 years or older. In addition, some of the female participants received an incorrect diagnosis prior to receiving their diagnosis of autism. The literature review indicated that females on the autism spectrum are often underdiagnosed or misdiagnosed, which parallels the experiences of the female participants in this research (Hebron & Bond, 2019; Hull et al.,2020; Song et al., 2021; Tomlinson et al., 2021).

Autism Spectrum Disorder (ASD) – A Brief Overview

ASD describes a range of heterogeneous neurodevelopmental conditions, which portrays increasingly varied representations of human thought and experience (APA, 2013; Fein & Rios, 2018; Grinker, 2020). ASD is characterised by clinically significant impairment in social and communicative areas, as well as restricted, repetitive behaviours and interests (APA, 2013). The DSM-5 (APA, 2013) describes the symptoms of autism using diagnostic domains, with include levels 1 to 3, whereby a diagnosis of level 3 indicates the need for very substantial support whilst a diagnosis of level 1 indicates the need for less substantial support. Until recently, medical professionals and researchers focused on autism as a deficit-based disorder (Cooper et al., 2021). During recent years, there has been a shift towards the use of a strength-based approach, which considers the many strengths of people on the autism spectrum. This current research focused on the first-hand experiences of adolescents on the autism spectrum, using a strength-based approach, to consider the factors which they perceived to have impacted their understanding and acceptance of self (Cooper et al, 2017; Happé & Frith, 2020).

The DSM-5 states that a diagnosis of autism requires a person to have persistent deficits in three areas of social communication and interaction, and a minimum of two types of restricted, repetitive behaviours and/or sensory sensitivities (APA, 2013). A person on the autism spectrum may display differences in social-emotional reciprocity, such as an inability to engage in appropriate turn-taking during conversation, a failure to share emotion or interest, and/or an inability to initiate or respond to social interaction (APA, 2013). The person may have reduced levels of eye-contact, a facial expression with a flat effect, a monotone voice and/or poorly connected verbal and/or non-verbal communication (APA, 2013). The person may demonstrate a desire for sameness, engage in restricted, repetitive interests and/or patterns of behaviours, and engage in self-stimulation behaviour or stimming (American Psychiatric Association [APA], 2020). Others have behavioural responses aligned with autism which can be quite varied in nature. Some people on the autism spectrum also experience hyper- or hypo- reactive responses to sensory input such as textures, sounds, temperatures, smells and/or light, which can impact their everyday life experiences (APA, 2013). Whilst there is often great diversity in the autistic traits of people on the autism spectrum, a deficit in the area of social communication and interactions that is aligned with the person’s development during the adolescent years, can lead to a negative impact on the development of their self-identity (Crompton et al., 2020; Wehmeyer et al., 2010). Self-identity involves the person’s understandings about their own uniqueness and being, related to their understanding of self and perceived capabilities. In contrast, the person’s autistic identity involves their perceptions about their unique autistic experience including the attitudinal and social challenges which can prevent their societal inclusion (Anderson-Chavarria, 2022; Mesa et al., 2022; Waite-Jones et al., 2022).

Autism and Adolescence

During adolescence, a person on the autism spectrum can experience a range of challenges, which impact how their sense of self and group identity develop (Cooper et al., 2017; Cridland, 2014; Petrina et al., 2014). From the literature reviewed for this thesis, it was evident that there was limited extant discussion about adolescents’ perceptions of receiving a diagnosis of autism and/or their ability to navigate the ‘labelling’ created from having a diagnosis of autism (Cooper et al., 2017; Huws & Jones, 2008; Mogensen & Mason, 2015; Punshon et al., 2009). The literature review also identified that many adolescents on the autism spectrum experienced peer victimisation at very high rates (46-94%) due to their diagnosis of autism (Greenlee et al., 2020; Sasson et al., 2017; Troop-Gordon, 2017). Research indicated that bullying and/or victimisation negatively impacted their mental health and contributed to the likelihood of them masking some parts of their identity (Botha & Frost, 2020; Cage & Troxell-Whitman, 2019; Cassidy et al., 2018; Cooper et al., 2017; Hull et al., 2020; Pearson & Rose, 2021).

Whilst adolescents on the autism spectrum may desire social connections, their social awkwardness can become increasingly apparent during adolescence as they struggle to access the social skills needed to develop peer relationships (Bedard & Hecker, 2020;

Carter et al., 2014). Developing friendships becomes important as they spend less time with their family and more time with peers (Calder et al., 2013; Troop-Gordon, 2017). Social learning is an essential part of the pubertal journey because it can support adolescents to develop their own social networks for adulthood. During adolescence, people on the autism spectrum can face additional challenges as they navigate the development of their own personal identity. As they simultaneously negotiate their social identity within a neurotypical cultural context, they can experience feelings of difference, anxiety, social incompetence, and an absence of belonginess (Creswell & Cage, 2019; Westhoff et al., 2020). In my role as teacher, some adolescents on the autism spectrum shared their stories of feeling different and isolated from their peers. Due to the gap in the literature, few narratives included the voices of adolescents on the autism spectrum from an insider perspective.

This current research invited 10 adolescents on the autism spectrum to share their perceptions of receiving and having a diagnosis of autism to develop understandings about how their diagnosis impacted on their lived experiences and development of self during the adolescent stage of development. To support a more in-depth understanding of participants' lived experiences and their personal construal systems, the research adopted Kelly's (1955) personal construct theory (PCT) as part of the research design. Chapter 2 provides a detailed summary of Kelly's PCT, which was chosen as the approach for this research. PCT acknowledges the heterogenous nature of humankind and the importance of perceiving each person's unique construal systems because a person's core constructs are the source of their self-identity. PCT also aligns with a neurodiversity perspective because the theory acknowledges that autistic traits are inherently a part of the person. Those traits can be interpreted through the unique lens that each person construes their life's events (Kelly, 1955). The PCT approach recommends the use of a repertory grid technique (RGT) assessment tool to support participants to elicit personal constructs. It was anticipated this structured approach may allow the research participants to provide more detailed insights into influences on their development of self. This approach has been used in limited ways for research with people on the autism spectrum previously (Hess et al., 2018, 2021; Kelly, 1955; Moran et al., 2014; Murphy et al., 2017).

Research questions were generated by noting gaps in the research literature and recognising the importance of providing a voice for adolescents on the spectrum to share their lived experiences and perceived influences on their development of self.

Research Questions

The following four research questions guided the research:

- What are adolescents' experiences and perceptions of receiving an autism diagnosis?
- In what ways do adolescents on the spectrum feel different from others and how do these feelings impact their development of self?
- What factors do adolescents on the autism spectrum perceive to have contributed to the development of their self-identity?
- How can Kelly's (1955) PCT assist in developing understandings about the lived experiences of adolescents on the autism spectrum?

Purpose and Significance of the Research

Connecting with the Autism Community

The literature revealed several gaps related to research about people on the autism spectrum. The literature reported that there was a need for increased engagement between researchers and the autism community (Clark & Adams, 2020; Fayette & Bond, 2018; Happé & Frith, 2020; Kapp et al., 2019; Keith et al., 2019; Pellicano et al., 2014; Pellicano & den Houting, 2022; Roche et al., 2021; Scott-Barrett et al., 2019). This current research aimed to understand autism from the perspective of adolescents on the autism spectrum to ensure that the research topic(s) remained both relevant and meaningful to the autism community

(Happé & Frith, 2020; Kapp et al., 2019; Kelly et al., 2018; McLeod, 2019; Scott-Barrett et al., 2019; United Nations [UN], 2006). Gaining the perspectives of adolescents on the autism spectrum was essential because all people have the right to be autonomous, independent, and involved in the decision-making processes that impact their own lives (UN, 2006). This current research included male and female adolescents on the autism spectrum with no intellectual disability (ID) who resided in three different Australian states and ranged in age from 13 to 18 years.

Providing Adolescents on The Autism Spectrum with a Voice

A review of the literature revealed that there were limited data related to the first-hand perspectives of adolescents on the autism spectrum (Clark & Adams, 2020; Courchesne et al., 2022; Fletcher-Watson et al., 2018; Hearst, 2015; Lawson, 2017; Pellicano & den Houting, 2022). Past research often excluded the voice of young people on the autism spectrum due to misconceptions about their abilities to self-perceive, and instead relied upon the third-party reports of parents, carers, siblings, teachers, and clinicians (Courchesne et al., 2022; Nicholas et al., 2019; Richards & Crane, 2020; Tesfaye et al., 2019). This current research aimed to provide opportunities for adolescents on the autism spectrum to share their strengths and express themselves using their own words to increase understanding about how they make sense of the world (Clark & Adams, 2020; Jaswal & Akhtar, 2018; Keith et al., 2019; Teti et al., 2016). Their participation in the research process can promote feelings of self-determination which have been connected to positive outcomes, including increased levels of social inclusion and an improved quality of life (Hodgetts et al., 2018). A first-hand perspective also ensures that the research topics remain meaningful and relevant to participants' lives (Courchesne et al., 2022; Kapp et al., 2019; Keith et al., 2019; Roche et al., 2021).

Research about Adolescence on the Autism Spectrum

The literature review revealed that the onset of most mental health disorders across the adult population occur during the adolescent years (Jurewicz, 2015; Solmi et al., 2022). This finding is significant because adolescents on the autism spectrum have additional vulnerabilities that result in an increased risk of poor mental health and suicide when compared with the non-ASD population (Hirvikoski et al., 2020; Jager-Hyman et al., 2020; Kirby et al., 2019; Kõlves et al., 2021; White et al., 2017). The most notable area of concern was autism stigma, that resulted in bullying and victimisation and became a risk mechanism that prevented the person's inclusion. The literature review revealed that some people on the autism spectrum experienced low levels of self-acceptance, poor mental health, and an increased vulnerability to high rates of bullying when they attempted to make social connections (Cage et al., 2019; Chou et al., 2019; Dijkhuis et al., 2020; Liu et al., 2021; Picci & Scherf, 2015; Suri et al., 2021). There were gaps, however, in the literature related to the perceived self-identity in adolescents on the autism spectrum (Blakemore, 2019; Depape & Lindsay, 2016; Hull et al., 2017).

This current research explored how participants perceived themselves now and how they perceived themselves in relation to their ideal self. This research is significant for understanding how adolescents on the autism spectrum reflect on their lived experiences to develop a positive sense of selfhood in response to data that indicates their very poor mental health outcomes during this developmental period (Kirby et al., 2019). The notion of selfhood is important because it may be intertwined with each person's perception of their own autistic attributes (Cooper et al., 2021). The literature review also revealed limited data about how adolescents on the autism spectrum perceived their own autistic traits (Cooper et al., 2021). This current research recognised that their knowledge of self often resulted in their use of masking to conceal their autistic attributes and behaviours. Liu et al. (2021) reported that masking can increase the likelihood of a person on the autism spectrum experiencing heightened levels of anxiety, which can increase the likelihood of the person experiencing victimisation and bullying. Exploring participants' first-hand experiences of friendship and bullying in the school setting was important for understanding their development of self.

Research about the Content of Participants' Personal Constructs

The present research aimed to examine the experiences of adolescents on the autism spectrum to gain insight into their personal construal systems using Kelly's (1955) PCT. The PCT approach has been used in limited but successful ways to research the topics of autism and adolescents on the autism spectrum in past research (Hess et al., 2018, 2021; Kelly, 1955; Moran et al., 2014; Murphy et al., 2017). According to Kelly (1955), a person's core constructs are the source of their self-identity. Limited research has been conducted about the content of personal constructs related to the experiences of people on the autism spectrum (Dada et al., 2017; Feixas et al., 2014; Montesano et al., 2017). Kelly's (1955) RGT provided an organised and systematic approach to analyse participants' personal constructs to gain insight into the development of their self-identity (Garcia-Mieres et al., 2019). This data is significant because a review of the literature revealed a need for research methods and tools that encourage participants' active engagement, and are user-friendly, person-centred, and accessible by people with a range of disabilities (Courchesne et al., 2021; Cridland et al., 2014; Hess et al., 2021).

Language Use in the Thesis

The autistic community supports autism research which is inclusive of the perspectives and participation of people on the autism spectrum (Botha et al., 2021; Bottema-Beutel et al., 2021; Bury et al., 2020; Kenny et al., 2016; Pellicano et al., 2014). This research acknowledges that formal studies have emerged which illustrate the specific language that is preferred by people on the autism spectrum (Bottema-Beutel et al.,2021; Bradshaw et al., 2021; Shakes & Cashin, 2019). For instance, the literature indicated that the term 'on the autism spectrum' was a non-polarising way to reference autism. In this thesis I used the term 'autism' to describe 'autism spectrum disorder' (ASD) and the term ‘person on the autism spectrum’ to describe a person who has a diagnosis of autism (Bottema-Beutel et al., 2021, p. 24; Bury et al., 2020). Similarly, I referred to participants as ‘people on the autism spectrum without intellectual disabilities (ID)’ rather than ‘high-functioning’ autistic people because the term ‘high-functioning’ was described in the literature as stigmatising terminology. I also preferred to use the term ‘difference’ rather than ‘disability’, ‘disorder’ and/or ‘deficit’ wherever possible to eschew ableist language that perpetuates the discrimination of people with disabilities by portraying them as inferior to others (Bottema-Beutel et al., 2021).

When communicating with people on the autism spectrum, it is important to ask each person how they would prefer to be addressed or referenced because all people on the autism spectrum are unique and have different language preferences (Chown et al., 2017; Fletcher-Watson et al., 2019). In this research, I embraced the preferred language of each participant to promote relatedness and encourage their feelings of acceptance. For instance, some participants referred to themselves as ‘being on the spectrum’, whilst other participants referred to themselves as ‘autistic’. The importance of self-report and participant feedback was addressed in this current research to gain insight into the quality and utility of the research experience (Fletcher-Watson et al., 2019; Keith et al., 2019). Participants’ feedback about the research process is addressed in Chapter 6. Participants’ perspectives about the process were included because their feedback can contribute positively to current models of practice in autism research (Fletcher-Watson et al., 2019). Their engagement in the research process can also ensure that future research focuses on the issues and interests of people on the autism spectrum and their families (Fletcher-Watson et al., 2019; Keith et al., 2019).

Meet the Research Participants

This research focused on sharing the lived experiences of a group of adolescents on the autism spectrum to gain insight into their understanding of themselves with consideration to their diagnosis of autism (Fayette & Bond, 2018; Scott-Barrett et al., 2019). The research aimed to share participants’ narratives in a humanising way to ensure that their unique perspectives were captured (Keith et al., 2019). Opportunities for self-report in research are essential for providing participants with occasions to describe their thoughts and experiences using their own words. As the author of their narratives, I felt a huge responsibility to ensure that their stories were shared in ways that were humanising, ethical, authentic, and person-centred (Cage et al., 2018; Kapp et al. 2019). Decades of literature about the experiences of people on the autism spectrum have impacted societal views in both positive and negative ways. Despite a shift towards research which aims to include the voice of people from the autism community, it is still apparent that more work in this area is required (Pellicano & den Houting, 2022).

There is a history of dehumanisation inherent in the literature whereby people on the autism spectrum have been described as egocentric, lacking in integrity, and lacking in the ability to have a moral self (Barnbaum, 2008; Cage et al., 2018; Happé & Frith, 2020; Kapp et al., 2019; Russell et al., 2012). The notion of the ‘autistic person’ originated as a term used in psychiatric diagnosis, which was adopted by medical practitioners and non-ASD researchers to categorise people who shared similar characteristics (Evans, 2013). Whilst it is beyond the scope of this thesis to unpack the different models of disability, no individual model can reflect the needs of all people with disabilities (Goering, 2015). Similarly, it is essential that researchers do not polarise people on the autism spectrum in ways that reduce or remove their unique qualities and humanhood. Whilst conducting the literature review, I found limited literature about adolescents’ experiences of being on the autism spectrum and no literature which offered people on the spectrum a space to describe themselves beyond their autistic traits and habits. After offering participants a safe and respectful space to elaborate on aspects of their self-description beyond the scope of their autistic traits, I compiled 'snapshots' of each participant, which are presented in the following section.

In Their Own Words

Theo, 18 years old, described himself as having ‘a good memory for useless stuff, like song lyrics and books.’ He lives near the beach where he enjoys letting the family dog off the lead to play. Theo enjoys learning about different types of coffee and shared, ‘I like it how I don't find myself following what other people are doing in everyday society.’ Ella, aged 18 years, described her love of alternative music. Describing herself as ‘introverted, curious, and caring’, she expressed a keen interest in chemistry and psychology. Alice, 18 years of age, explained how she enjoys spending time with friends participating in online games. She shared her passion for art and described herself as ‘creative, detail-oriented, and reserved’. Archie, aged 18 years, explained how he likes to play football and is learning to play the drums. He described himself as ‘cool, crazy, and funny’, and would like to own a scooter shop in the future. Zoe, 16 years old, described her ability to channel her strong views and values into her writing. Zoe enjoys horse-riding lessons and loves to surf on the weekends. She also enjoys being with her dog, a Cavalier, who is 3 years old.

Oliver, aged 15 years, shared his love for relaxing at home and playing video games, which he described as calming and peaceful. Oliver played the flute when he was younger but now prefers to attend drama lessons. Joe, 15 years old, described himself as ‘polite, honest, and forthright’. He enjoys time at home where he can play with his baby brother and talk with his family. Joe enjoys a range of indoor interests such as reading and playing video games. His outdoor pursuits include rock climbing and roller-skating with friends. Harry, 15 years of age, described himself as ‘athletic, happy and intelligent’. In his free time, he enjoys bike riding and playing rugby. Emily, 14 years old, likes cooking, playing the piano, and making things in her woodwork class. She appreciates online gaming with friends and wants to be a structural engineer one day. Emily described herself as ‘loud’ and ‘funny’. She enjoys having game nights and camping trips with her family and friends. Her brother, Rob is 13 years old. He enjoys spending time with his friends pursuing activities such as bike riding, snorkelling, fishing, surfing, and swimming. At home, Rob immerses himself in online gaming. In the future, he hopes to become a zookeeper.

The adolescents in this current research provided a wide range of perspectives about their lived experiences of autism. The research adopted a strength-based approach, and the interview process encouraged them to share their positive aspects of self to gain insight into how they supported the development of a positive self-identity. Despite their unique challenges during adolescence, participants described themselves in positive ways.

Due to COVID-19 social restrictions, participants were recruited using social media. This increased my opportunity to access adolescents from hard-to-reach locations and participants who might prefer otherwise to not engage in a face-to-face interview. Whilst future research should include the voices of participants from diverse cultural, intellectual, and/ or socio-economic backgrounds, it is important to appreciate that every person's experience of autism is unique. This research did not include the perspectives of adolescents with ID and/or significant cognitive impairments in order to limit potential comprehension issues that could exist during the sentence completion activity and interview (Aubé et al., 2021; Black et al., 2022; Liu et al., 2021).

Structure of the Thesis

The thesis consists of seven chapters including this introductory chapter, which introduced the thesis' aims, research questions, and significance. This chapter also highlighted the gaps in the literature, which related to the autism experiences of adolescents on the autism spectrum (Happé & Frith, 2020; Kapp et al., 2019; Kelly et al., 2018). Further, the chapter briefly introduced Kelly's (1955) PCT and highlighted the value of a first-hand perspective, before following with a brief discussion about the language of autism and an introduction to the research participants (Cooper et al., 2021; Dada et al., 2017).

Chapter 2 explores the literature related to topics about adolescence, autism stigma, socialisation, self-identity, and the mental health risks associated with a diagnosis of autism. The literature highlights key topics related to the autism experiences of adolescents on the autism spectrum, including the additional vulnerabilities which they may encounter as they struggle to engage socially with their non-ASD peers in a world of increasingly more complex social expectations (Blakemore, 2019; Cridland et al., 2015; Murphy et al., 2017; Proctor, 2020).

Chapter 3 introduces the research design and methodological approach. This chapter describes the use of Charmaz's (2014) constructivist grounded theory (GT) approach, and Glaser and Strauss's (1967) inductive and constant comparative analysis method. The chapter also explains Kelly's (1955) PCT and RGT, which were used to elicit, analyse, and describe participants' construal systems. The chapter concludes with a description of Alvesson and Sköldberg's (2018) model of reflexivity, which was used to promote increased reflexivity during the research process.

Chapter 4 reports on the findings from the semi-structured interviews and the sentence completion activities which were completed by participants. The findings include their perspectives about receiving their diagnosis of autism and their feelings about sharing their diagnosis. Chapter 4 also reports the findings related to participants' experiences of friendship, bullying, poor mental health, school support, masking, and their feelings of being different from their peers.

Chapter 5 focuses specifically on the findings from the RGT to reveal the construal systems of participants. The chapter is presented as nine short case studies, which highlight participants' personal systems of meaning and the content of their construal systems, using a PCT approach. Finally, the chapter includes Feixas et. al.'s (2002) Classification System for Personal Constructs (CSPC) to categorise and interpret the content of participants' personal constructs.

Chapter 6 presents the overall outcomes of the research generated from the use of grounded theory methods. A model is proposed of both vulnerability and protective mechanisms, together with external and internal influences on the development of the adolescents' self-identity. The chapter then discusses the elements of the proposed model and the outcomes and utility of using the PCT approach.

Chapter 7 concludes the thesis with a summarised version of the findings as they relate to each of the research questions. The chapter also identifies and discusses potential implications for policy and practice, and the implications for future research. The chapter concludes by highlighting aspects of significance including the utility of PCT as a lens through which to explore and support adolescents on the autism spectrum.

CHAPTER TWO: LITERATURE REVIEW

The literature review that frames this research revealed a paucity of data about the lived experiences of adolescents on the autism spectrum from a first-hand perspective (Happé & Frith, 2020; Kapp et al., 2019; Pellicano & den Houting, 2022; Scott-Barrett et al., 2019; Van de Cruijsen & Boyer, 2020). Self-report was found to provide people with opportunities to share their unique perspectives whilst also promoting their self-determination (Courchesne, 2022; Fayette & Bond, 2018; Keith et al., 2019). The literature review suggested increased data was required about the development of self-identity in adolescents on the autism spectrum as they enter the complex adult world where increased socialisation and flexible processing styles are required (Blakemore, 2019; Cridland et al., 2014, 2015; Hare et al.,1999; Murphy et al., 2017; Proctor & Winter, 2020; Sharma et al., 2013; Thomas et al., 2011). Some adolescents on the autism spectrum faced additional vulnerabilities including autism stigma, which was often associated with their autistic characteristics and their struggles to foster social relatedness with others (Botha et al., 2020; Cage et al., 2019; Cooper et al., 2017; Dijkhuis et al., 2020; Greenlee et al., 2020; Suri et al., 2021). These research findings support the importance of the following review, which commences with discussion of autism spectrum disorder (ASD) to situate the history and development of autism from a medical, social and research perspective.

Autism Spectrum Disorder (ASD)

The current Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (APA, 2013) describes ASD as a range of etiologically neurodevelopmental disorders, which are characterised by criteria including social, communicative, and cognitive impairments, and repetitive and restrictive behaviours or interests (RRBs). RRBs include repetitive sensory motor behaviours (RSM) such as self-injurious, stereotyped, or restrictive behaviour (e.g. hand flapping, jumping, or head banging) and an insistence on sameness (IS) (e.g. rigidity in thinking patterns, a need to eat the same food daily, or difficulties transitioning between tasks) (Richler et al., 2010; Tian et al., 2022). The literature describes these behaviours as deficits in social cognition, emotion recognition, Theory of Mind (ToM), and social perception (Baron-Cohen et al., 1985; Black et al., 2017; Chevallier et al., 2015; Elias & White, 2021; West et al., 2020).

The DSM-5 states that a person on the autism spectrum must experience persistent deficits in each of the following areas of social communication: (1) social-emotional reciprocity, (2) non-verbal communicative behaviours, and (3) the ability to develop, maintain, and understand relationships (APA, 2013). The person may struggle to initiate and respond to social interaction, share interests, display emotions, or affect, and/or engage in conversation turn-taking (APA, 2013; Backer van Ommeren et al., 2017; Dijkhuis et al., 2020; Schwartz et al., 2021; Wolstencroft et al., 2021). In addition, the person may have difficulties with face memory and the maintenance of eye-contact (Howard & Sedgewick, 2021; Madipakkam et al., 2017; Suri et al., 2021). Further, he/she may struggle to engage in imaginative play and/or demonstrate behaviours that suit the social context (Chen et al., 2019; Mattys et al., 2018; Sasson et al., 2017). Communicating about the self can also be challenging because it requires a level of abstraction which may be cognitively demanding (Huang et al., 2017).

The DSM-5 also stipulates that a person must have at least two of four types of RRBs (APA, 2013). The first type of RRB involves RSM, use of objects, and/or speech. Behaviours can include vocal, motor, intellective and sensorial components, echolalia, and variation in play such as lining up toys (Cohn et al., 2022; Grossi et al., 2021; Sterponi & Shankey, 2014; Thiemann-Bourque et al., 2019). The second type of RRB involves IS, which addresses routine and ritualised patterns of verbal or non-verbal behaviours. The person may struggle to transition between activities and/or display rigidity in their behaviours and/or eating patterns (Barrionuevo et al., 2020; Gal & Yirmiya, 2021). The third type of RRB is highly restricted and obsessive interests. Such interests can involve a circumscribed interest or topic of passion (Grove et al., 2018). The fourth area involves hyper- or hypo-reactivity to sensory input or an extraordinary interest in some sensory characteristics. Cognitive theories of autism describe the connection between these behavioural traits and the biological heterogeneity of the person (APA, 2013; Fletcher-Watson & Happé, 2019; Mottron & Bzdok, 2020).

Cognitive Theories of ASD

An understanding of the key cognitive theories underpinning autism and its presentation is essential because adolescents on the autism spectrum can struggle across a range of areas due to the difficulties they experience with their adaptive behaviours, executive functioning (EF), and cognitive processing skills (Bedard & Hecker, 2020; Picci & Scherf, 2015). Key cognitive theories of autism include ToM, EF, and central coherence (Baron-Cohen et al., 1985; Frith & Happé, 1994; Happé & Frith, 2006). All three theories highlight how the cognitive processing style of a person on the autism spectrum differs when compared with a non-ASD person. There is a consensus amongst theorists that each theory contributes significantly to the understanding of autistic behaviour (Happé & Frith, 2006; Jones et al., 2018; Torres & Whyatt, 2017). Weak central coherence (WCC) attempts to explain how a person on the autism spectrum tends to focus on the micro versus macro detail, whilst EF describes how a person on the autism spectrum may prefer routine. Theory of Mind considers the person’s cognitive flexibility and their ability to adopt the perspective of others and/or grasp the larger picture.

Theory of Mind. Theory of Mind describes a person's ability to understand the human mind from another’s viewpoint and how it relates to human interactions and actions (Baron-Cohen et al., 1985; Lecheler et al., 2021; Pavarini et al., 2013; Westra, 2019). Frith (1989) proposed a hypothesis to explain the difficulties that people on the autism spectrum experience in social interaction and reciprocal communication. The theory proposed that a person with poor ToM will struggle to infer how others feel or think, and/or how their own actions can impact others’ feelings and thinking. ToM describes a person’s social understanding, which explains their ability to make sense of the world (Lecheler et al., 2021; Pavarini et al., 2013; Westra, 2019). The theory considers how a person interprets and uses social language, shares attention, applies social judgment, interprets others' behaviours, and regulates their own emotion. A knowledge of ToM is useful for developing understandings about how people on the autism spectrum engage socially. ToM posits that a person on the autism spectrum experiences difficulties forming social relationships (Baron-Cohen et al., 1985; Happé et al., 2016; Yergeau & Huebner, 2017). The claim that people on the autism spectrum lack ToM has been debated with some empirical evidence failing to support the theory, or account for the autistic traits and behaviours of people on the autism spectrum (Gernsbacher & Yergeau, 2019). Some research suggests that the theory contributes to autism stigma (Brewer et al., 2022; Gernsbacher & Yergeau, 2019). For example, stigma includes the notion that people on the autism spectrum are more likely to become involved in criminal activity due to a reduced ability to empathise with others and read their minds. ToM difficulties, however, are not unique to people on the autism spectrum nor representative of all people on the autism spectrum (Baron-Cohen, 2009; Brewer et al., 2022; Gernsbacher & Yergeau, 2019). Despite their potential difficulties with social receptive skills during false belief tests, both children and adults on the autism spectrum have successfully passed ToM tests (Gernsbacher & Pripas-Kapit, 2012).

Executive Functioning. EF describes a person's ability to engage in self-regulatory processes such as organising, planning, and setting goals (Ameis et al., 2022; Fernandez-Prieto et al., 2021). EF involves social cognition, cognitive elasticity, working memory, and the person's organisational abilities (Ameis et al., 2022*;* Fernandez-Prieto et al., 2021; Jahromi et al., 2013). Cissne et al. (2022) hypothesised that differences in EF account for autistic traits including rigidity, focused interests, and the desire for routine. Low levels of EF and behavioural EF are reported in people on the autism spectrum and may link to an increase in psychiatric symptoms in adolescents on the autism spectrum (Dijkhuis et al., 2020; Isaksson et al., 2019). Behavioural EF considers the person’s cognitive flexibility, working memory, and ability to plan and process emotional information for social engagement. People on the autism spectrum with impairments in EF may also experience heightened levels of anxiety and a tendency to have negative processing styles, which can result in their propensity to focus on negative stimuli (Dieckhaus et al., 2021).

Weak Central Coherence. Frith and Happé's (1994) WWC theory describes how some people on the autism spectrum prefer to process information in chunks, with a focus on localised processing skills. WCC describes a person’s inclination to focus on the micro versus macro detail (Frith & Happé, 2006). The theory suggests that a person on the spectrum may experience difficulties making sense of the broader information required to assimilate information. The person may struggle to maintain the gist of a conversation because he/she cannot comprehend the ‘bigger picture’ (Frith, 1989, p. 124). Since Frith's (1989) original hypothesis, there has been increased research focusing on how people with a diagnosis of autism process information. Whilst some may experience superior attention to detail and an ability to retain intact global integration, others may have superior systemising processing skills and an ability to process both local and global information (Booth & Happe, 2018; Hadad & Ziv, 2015). This knowledge is useful for understanding why some adolescents on the autism spectrum process information differently from one another, and from their non-ASD peers.

A Neurodiversity-Framed View of Autism

Some researchers have criticised a cognitive approach to autism as it describes autistic traits as deficit-based (Atherton et al., 2019; Kapp et al., 2013). In her seminal thesis, Judy Singer (1998) conceptualised neurodiversity and reframed the focus from a deficit-based medical model which addressed what needed to be fixed in a person, to a social disability model which described how social and environmental challenges can cause a person’s difference to become a disability. Advocates of a neurodiverse approach describe autistic traits as differences associated with autistic neurology, rather than deficits which require change. According to Silberman (2017), discussion about neurodiversity interrogates the notion that all cognitive processing is expected to follow the same pattern. The concept of neurodiversity recognises that normality is a broad term, which can describe the multiple pathways by which the brain might journey. Researchers suggest that essential efforts must be made to understand the unique nature of the autistic mind to correct autism misconceptions and manage autism stigma (Atherton et al., 2019). A key focus of the neurodiversity advocacy movement involves the advancement of civil rights for people with disabilities by people with disabilities, and a strengthening of the autistic voice (Atherton et al., 2019; Leadbitter et al., 2021). Many advocates of neurodiversity embrace the importance of celebrating human diversity and respecting cultural equity for people with disabilities (Robertson & Ne'eman, 2008; United Nations International Children's Emergency Fund [UNICEF], 1989).

The literature review revealed that many people on the autism spectrum take pride in being neurodivergent (Baron-Cohen, 2017; Cage et al., 2016; Cage et al., 2018; Cascio, 2021; Humphrey & Lewis, 2008; Jaarsma & Welin, 2012; Orsini, 2009). Advocates have suggested that a neurodiversity-framed view of autism can shift societal perception, empower people on the autism spectrum, and encourage a greater incidence of participatory research within the autism community. The literature review indicated that people on the autism spectrum tended to view autism more positively, and benefit from improved mental health and wellbeing, if they also identified with the concept of neurodiversity (Creswell & Cage, 2019; Kapp et al., 2013). Some participants in this present research viewed autism positively and identified with the concept of neurodiversity. Proponents of the neurodiversity approach perceive that ASDs involve biological variations, which are not something that the person needs to avoid or change (Bottema-Beutel et al., 2021). In contrast, an ableist perspective positions people on the autism spectrum as impaired and can result in the creation of societal barriers for people with disabilities (Bottema-Beutel et al., 2021).

Generally, advocates of the neurodiversity movement are supportive of a Social Model of Disability because 'this model describes well the experiences of many autistic people' (Den Houting, 2019, p. 271). The Social Model of Disability proposes that environmental changes can be made to ensure that the environment fits the person and not the other way around. For example, the Social Model of Disability aims to reduce disability for people on the autism spectrum by making accommodations, modifications, and adjustments to promote an inclusive, welcoming, and supportive environment. However, despite the desirous outcomes of this model, a review of the literature revealed that the Social Model of Disability is not modelled successfully across many contexts including the school setting, where students on the autism spectrum experience bullying, victimisation, and/or feelings of being different from their peers (Carter et al., 2014; Greenlee et al., 2020; Hebron & Bond, 2019; Jedrzejewska & Dewey, 2022; Kelly et al., 2018; Kucharczyk et al., 2015; Sasson et al., 2017; Tomlinson et al., 2021).

Opposers to the neurodiverse approach claim that neurodiversity does not cater for those people on the autism spectrum whose quality of life is impacted by severe dysfunction (Baker, 2011; Baron-Cohen, 2017). Some people on the autism spectrum, and their families, claim that the neurodiversity movement diverts attention and resources from those who are more severely impacted by autism (Hughes, 2021). These views are driven by the belief that the notion of neurodiversity does not address the extent to which ASD can impact the functional aspects of the lives of some people on the autism spectrum. Some parents of children on the autism spectrum oppose a neurodiversity-framed view of autism, instead preferring a medical model, which emphasises intervention and the importance of adaptive skills. These parents aim to increase their child's quality of life by teaching them ways to adapt to societal needs. In contrast, proponents of neurodiversity advocate interventions that positively influence a person's strengths (Hughes, 2021). Whilst it is beyond the scope of this thesis to explore in depth the neurodiversity-framed views of autism, it is relevant to this current research because some participants described themselves in neurodiverse ways.

An Insider Perspective

Research suggests that there is a need for increased engagement between researchers and the autism community to prioritise the perspectives of autistic people because they have first-hand expertise about autism (Clark & Adams, 2020; Gillespie-Lynch et al., 2017; Keith et al., 2019; Pellicano et al., 2014; Roche et al., 2021). Pellicano et al. (2014) reported that stakeholders and community decision-makers often misconstrue the needs and experiences of people on the autism spectrum. A lack of understanding about their social and personal circumstances can create significant barriers to research. Key findings from Pellicano et al.'s (2014) study indicated that researchers and participants held different views about participants' engagement levels and the meaningfulness of the research topics. Data revealed that people on the autism spectrum, as well as their practitioners and families, felt that current research objectives did not align with their priorities. Recommendations included the need for researchers to listen to the views of the autism community to gain an appreciation of their different lived experiences (Pellicano et al., 2014). This current research adopted a semi-structured interview approach and ensured that participants had multiple opportunities to share the research topics they considered of importance to them.

Keith et al. (2019) suggested that past researchers have been hesitant to include the personal accounts of adolescents on the autism spectrum due to perceived challenges concerning their ability to identify and express their internal emotions and states. The literature revealed that self-report is essential because reliance upon observed behaviours and shared experiences cannot equate to research gained from participants' lived experiences (Courchesne et al., 2022; Keith et al., 2019; Nicholas et al., 2019; Richards & Crane, 2020; Tesfaye et al., 2019). Keith et al.'s (2019) study suggested that inclusion of the first-hand experiences of adolescents on the autism spectrum provided a more comprehensive perspective of their internal experiences than parent reports alone. Data also indicated that children and adolescents are only occasionally included in research which considers their research priorities (Clark & Adams, 2020; Keith et al., 2019; Roche et al., 2021). This present research responded to recommendations in the literature for future research to explore the positive lived experiences of adolescents on the autism spectrum (Depape & Lindsay, 2016; Fleischmann, 2012; Hearst, 2015; Higashida, 2013; Lawson, 2017; Wylie 2014).

The notion of self-report has received increased support within the field of autism research during the last decade (Clark & Adams, 2021; Depape & Lindsay, 2016; Gernsbacher et al., 2017; Roche et al., 2021). Clark and Adams (2020) reported that the perspective of parents was often the only way to access information about the strengths of children on the autism spectrum. Similar findings were reported by Carter et al.'s (2015) study which researched the perspectives of 427 youths on the autism spectrum, aged from 13 to 21 years, with a diagnosis of intellectual disability (ID). Carter et al. (2015) recognised that parents' perspectives about their children's positive characteristics and strengths could be influenced by discussion with stakeholders, such as the child's mentors, friends, and program leaders. The researchers recognised the potential for bias because some parents, teachers and peers held different views about each youth's strengths and needs. Whilst Carter et al.'s (2015) study did not offer participants the opportunity to discuss their self-perception of their strengths, it highlighted the importance of recognising a person's strengths from their own perspective. This present research also ensured that participants had opportunities to share their strengths and positive experiences of adolescence on the autism spectrum.

Adolescence

Adolescence is the time between puberty and adulthood; a developmental phase, that spans the ages of 10 to 24 years old (Blakemore, 2019; Sawyer et al., 2018). Adolescence is a critical time of development because it involves significant psychological, biological, and social development (Blakemore, 2019). The adolescent years involve changes in a person’s body, mind, and social context. The literature suggested that the changes experienced by the adolescent brain may play a role in increasing stress-related psychological dysfunction for some adolescents (Romeo, 2013). For instance, some people experience increased levels of anxiety, depression, and/or poor sleep patterns during adolescence. During adolescence, a person also undergoes stages of cognitive growth and personality development (Sharma & Seshadri, 2020). Some adolescents may struggle with peer relationships, identity formation, individuation, and egocentricity as they are exposed to more complex social learning via a social system in which peer relationships become increasingly important (Westhoff et al., 2020). Peer relationships offer the person opportunities to learn from, and about, other people, through their experiences. However, some people on the autism spectrum find the increased social demands and biological changes of adolescence to be a source of stress (Blakemore, 2019).

Adolescence may be an especially susceptible developmental period for people on the autism spectrum who can struggle with the social networking expectations of adulthood and experience difficulties with their levels of adaptive functioning (Anderson et al., 2011; Picci & Scherf, 2015). Adaptive functioning involves the acquisition of knowledge and skills required for everyday functioning including daily living, self-care, communication, and socialisation (Howlin et al., 2013; McQuaid et al., 2021). During this time, adolescents learn to recognise and express their emotions, communicate ideas, engage in group-based conversation, and care for themselves. Following the onset of puberty, around 30% of adolescents on the autism spectrum experience deteriorated adaptive functioning which can last several years (Bradshaw et al., 2019; Chatham et al., 2018; Eisenberg, 1956; Rutter, 1970). Consequently, this can be a very difficult period of pubertal development for some adolescents on the autism spectrum. Incidences of social withdrawal are also linked to pubertal deterioration in adaptive functioning (Anderson et al., 2011; Kanne et al., 2011; McQuaid et al., 2021). Wolstencroft (2018) stated that impaired or differently attributed social communication skills can play a significantly negative role in both the person’s adaptive and psychological functioning.

Some adolescents on the autism spectrum struggle to manage the stress associated with the various developmental milestones of adolescence (Frydenberg, 2018). They can encounter unique challenges, which result in dramatic emotional, social, behavioural, physical, and cognitive change (Bedard & Hecker, 2020; Picci & Scherf, 2015). Other difficulties involve their social, emotional, and adaptive behaviours, EF, and different cognitive processing skills. The period of adolescence is complex because it involves both pubertal maturation and the introduction of new developmental responsibilities (Dahl, 2004). These responsibilities can be challenging for some adolescents on the autism spectrum as they are required to create their own social networks to gain access to the adult world. The literature reported that adolescent identity development was impacted by a person’s peers and other adults in their lives (Ragelienė, 2016; Riccio et al., 2021). The review revealed that the parents of some adolescents on the autism spectrum played a pivotal role in supporting them to organise social activities during their younger years due to the difficulties that they experienced in making social connections (Bedard & Hecker, 2020; Creswell et al., 2019).

During this critical growth period, however, some adolescents on the autism spectrum experience limited opportunities to engage in social activities and/or develop peer relationships, which can limit their access to social learning (Bedard & Hecker, 2020). Whilst adolescents on the autism spectrum may desire social connection, they may not have the social skills to engage with their peers (Bedard & Hecker, 2020). Contributing factors can include difficulties in initiating and responding to social interaction, making and maintaining friendships, and demonstrating appropriate behaviours to suit the social context (APA, 2013). Research indicated that some adolescents on the autism spectrum experienced peer victimisation at very high rates due to their diagnosis of autism (Greenlee et al., 2020; Troop-Gordon, 2017). Their inability to access the perspective and support of others made adolescence an increasingly isolating and confusing time. The social dynamics of the school context also changes during the early adolescent years with a shift from dyadic friendships to friendship groups (Crockett et al., 1984). Because some adolescents on the autism spectrum struggle to socialise, they can experience incidents of bullying and victimisation (Greenlee et al., 2020; Sasson et al., 2017).

Bullying and Victimisation

From the literature it was evident that adolescents on the autism spectrum experienced peer victimisation at very high rates (46-94%) due to their diagnosis of autism and their autistic behaviours (diagnosed or undiagnosed) that were stigmatised as different (Greenlee et al., 2020; Sasson et al., 2017; Troop-Gordon, 2017). Whilst some people on the autism spectrum reported positive experiences of adolescence, others experienced an increased risk of poor mental health and wellbeing (Frydenberg, 2018). For instance, they experienced varying degrees of peer victimisation and social non-acceptance which negatively impacted their self-identity development. The literature review also revealed a global concern about the increased likelihood of people on the autism spectrum experiencing suicidal ideation, suicide attempts and death by suicide in comparison with non-ASD people (Cassidy et al., 2022; Kirby et al., 2019). It reported in the literature that adolescents on the autism spectrum experienced lower self-concept, and higher levels of social anxiety when compared with their non-ASD same-aged peers (Crane et al., 2019; Ferenc et al., 2021; Hirvikoski et al., 2020; Jager-Hyman et al., 2020; Kõlves et al., 2021; Rybczynski et al., 2022).

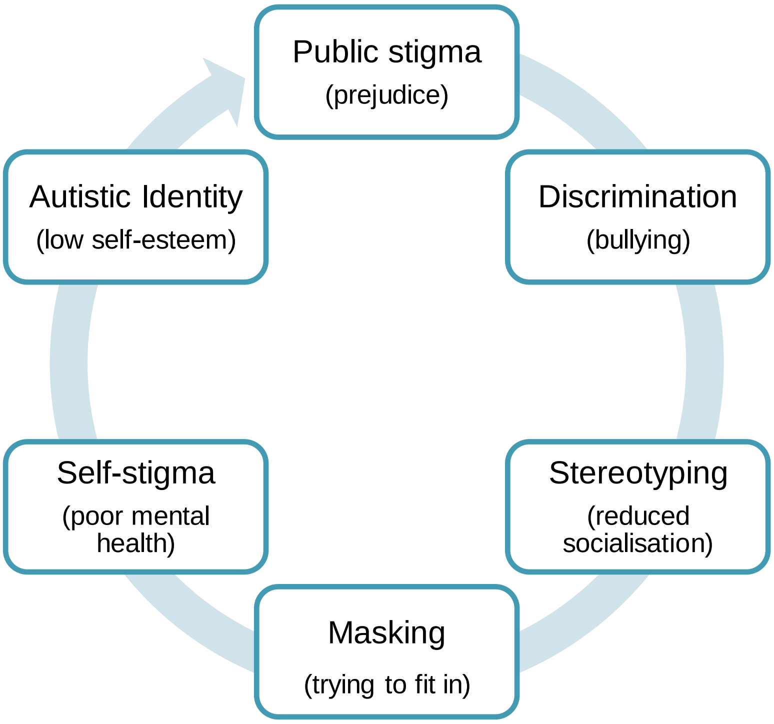
Liu et al.'s (2021) study investigated how social anxiety impacted victimisation and bullying outcomes in adolescents on the autism spectrum and adolescents with a diagnosis of attention deficit hyperactivity disorder (ADHD) in Taiwan. The study included the perspectives of 219 adolescents on the autism spectrum and 287 adolescents diagnosed with ADHD, aged 11 to 18 years. The findings showed that the participants on the autism spectrum were more likely to experience victimisation and/or bullying, in the form of cyberbullying and traditional bullying, and/or be a perpetrator of bullying if they had experiences of social anxiety. Liu et al. (2021) recommended that adolescents on the autism spectrum be provided with access to intervention programs (e.g. skills-based interventions), cognitive behavioural therapy and/or behavioural intervention to reduce the severities of social anxiety, bullying and victimisation. Skills-based interventions have been successfully used to support adolescents on the autism spectrum to develop friendships, express their emotions, promote self-regulative behaviours, and increase their levels of assertiveness in social situations in order to reduce the risk of them becoming victims of traditional bullying (Da Silva et al., 2016; Liu et al., 2021).

Whilst peer victimisation can occur across a person's lifespan, there is an increased likelihood of a person experiencing victimisation and bullying during their adolescent years due to the many changes which occur both developmentally and socially during this period (Troop-Gordon, 2017). Troop-Gordon (2017) reported that the changes which occur during this life stage negatively impacted the nature, frequency, and social structures underpinning peer victimisation and the responses of those being bullied. During the primary school years, bullying tended to occur in the classroom and playground, but once students reached the early adolescent years, was more likely to occur outside of the classroom and/or in spaces where adult presence was low. Incidences of bullying also increased and peaked during early adolescence before reducing during the later adolescent years (Troop-Gordon, 2017). The researcher recommended increased research in this area because limited data was available about peer victimisation in middle and late adolescence. Troop-Gordon (2017) also reported that limited research existed about the specific age-based factors which contribute to peer bullying and links between peer victimisation and internalisation problems during adolescence from a first-hand perspective.

A person's feelings of otherness can also lead to social anxiety and poor mental health outcomes (e.g. depression), along with a need to 'fit in' with others via masking (Cage & Troxell-Whitman, 2019; Cook et al., 2021; Troop-Gordon, 2017). Peer victimisation can cause a person on the autism spectrum to feel different and result in their increased isolation, reduced opportunities for socialisation, and their increased use of masking. Masking and concealment of the autistic identity can cause self-stigma and can negatively impact the formation of the person's self-identity, a part of which includes their autistic traits (Botha et al., 2020; Pearson & Rose, 2021). Self-stigma describes internalised feelings of shame and negative perceptions of self. It was evident from the literature that stereotypes perpetuated through the media, legislation, and research have contributed to the co-existence of public stigma and autism (Cage et al., 2019; Turnock et al., 2022; Yu & Farrell, 2020). Figure 1 depicts the cyclic connection between the external factors (e.g. stigma and bullying), and the internal factors (e.g. social anxiety, masking, self-stigma, and social awkwardness), which contribute to the creation of a cycle of stigma.

Figure 1

The stigma cycle (adapted from the literature of Botha et al., 2020; Cage et al., 2019; Pearson & Rose, 2021; Turnock et al., 2022).



Cage et al. (2016) conducted research in which they explored the reputation concerns of 33 adolescents on the autism spectrum and their school staff. The findings indicated that adolescents on the autism spectrum were negatively impacted by concerns about reputation and being perceived as different by others (Cage et al., 2016). Key themes in the study included friendship, self-concept, and the notion of being ‘cool’ (p. 13). The research reported that participants’ main concerns involved their ability to understand attitudes about the notion of being cool and how to alter their behaviour to improve likeability (Cage et al., 2016). Similar to my research, participants were invited to provide descriptions of themselves and descriptions of how they thought their non-ASD peers would describe them. Like this present research, participants in Cage et al.’s (2016) study reported that their non-ASD peers would describe them using terms such as ‘different’, ‘quirky’, and ‘not normal’ (p. 7). Although some participants reported their concerns about reputation, many claimed that they did not understand the social rules about being cool and had no desire to be cool, preferring instead to be ‘true to themselves’ and/or be accepted ‘for having a reputation for being different’ (Cage et al., 2016, p. 12)

Research indicated that the social awkwardness of an adolescent on the autism spectrum can result in negative attitudes from their non-ASD peers (White & Roberson-Nay, 2009). Social awkwardness can become increasingly obvious during early adolescence, a time when there is a focus on peer groups (Carter et al., 2014). During the adolescent years, the focus on developing relationships increases, as young people acquire the social, functional and self-determination skills required for adulthood. However, people on the autism spectrum can experience distress and anxiety stemming from an awareness of their own social differences and autistic traits (Creswell et al., 2019; Mazurek & Kanne, 2010; Sumiya et al., 2018). For instance, they can experience anxiety from the difficulties associated with their socialisation differences. Kelly et al.’s (2018) study reported that adolescents on the autism spectrum experienced reduced opportunities for engagement in meaningful and relevant social experiences. The outcomes revealed that some participants were isolated by their peers and/or withdrew from their peers because they feared losing face should they engage inappropriately in social interactions with others (Kelly et al., 2018).

Chen et al.'s (2016) study investigated the social participation experiences of adolescents on the autism spectrum and the factors that influenced their socialisation in everyday situations. The research reported that limited social engagement by adolescents on the autism spectrum was not a result of their dislike of socialisation (Chen et al., 2016). They found that some participants did not report feeling lonely when they were alone. Overall, the research highlighted the heterogeneity of participants' social experiences and the importance of context when trying to understand the nature of their experiences (Chen et al.'s, 2016). Interestingly, the research reported that participants did not prefer being alone when they were engaging socially with others even if they were experiencing anxiety at the time (Chen et al., 2016). The researchers recognised that many participants experienced anxiety disorders and depression, which resulted in high anxiety levels (Chen et al., 2016). High anxiety levels were found to be a contributing factor to the reduced likelihood of participants' social engagement. Like the present research, Chen et al.'s (2016) study acknowledged the importance of the situational context when exploring a person's 'in the moment' subjective experience (p. 1408).

For decades, social anhedonia was identified as a primary attribute of autism (Kanner, 1943; Ssucharewa & Wolff, 1996). Social anhedonia describes a person's preference for being alone and their reduced desire to develop friendships and/or engage in social experiences (Gadow & Garman, 2020). Social anhedonia can also describe how some people experience a reduced level of pleasure from social interactions. Gadow et al. (2012) reported that social anhedonia is linked to high rates of depression and schizophrenia spectrum disorder symptoms. These combined disorders, plus a diagnosis of ASD, are frequently associated with impairments in a person's social skills. The researchers reported that adolescents on the autism spectrum who struggled with socialisation and had high levels of anxiety were at an increased likelihood of experiencing harassment and bullying, which could result in their reduced desire to socialise (Gadow & Garman, 2020). Participants also experienced social withdrawal due to a range of other factors including low social motivation and high social anxiety, which could also result in social consequences such as bullying and social rejection (Gadow & Garman, 2020; Maïano et al., 2016).

Mental Health and Wellbeing

Research identified the negative impacts of peer victimisation and/or isolation on a person’s mental health and wellbeing (Cooper et al., 2017; Crane et al, 2019; Greenlee et al., 2020). Approximately 75% of adult mental health problems begin during the adolescent years, along with a range of social-emotional problems (Jurewicz, 2015; Solmi et al., 2022). For instance, adolescents can be prone to substance abuse, risk-taking behaviours, socialisation problems, aggression, and violence. When compared with their non-ASD peers, adolescents on the autism spectrum are subject to a range of additional vulnerabilities (Picci & Scherf, 2015). They may experience increased social non-acceptance and/or loneliness and/or difficulties fitting into peer groups. Adolescents on the autism spectrum can struggle to develop intimate friendships and romantic relationships, which can result in peer rejection and/or isolation, and the increased likelihood of poor mental health outcomes (Troop-Gordon, 2017). The literature reviewed suggested that people on the autism spectrum are at an increased risk of an array of conditions including anxiety, depression, conduct problems, psychotic disorders, sleep disorders, and obsessive-compulsive disorder (OCD) (Lai et al., 2019; Mandy, 2022; Shochet et al., 2022).

Adolescents on the autism spectrum experience greater levels of co-occurring anxiety, depression, anger, and lower self-concept than their non-ASD same-aged peers (Crane et al., 2019; Ferenc et al., 2021; Jager-Hyman et al., 2020; Kelly et al., 2018; Kõlves et al., 2021; Maddox et al., 2021; O’Hagan & Hebron, 2017; Rybczynski et al., 2022). Around 40% of adolescents on the autism spectrum experience clinically significant levels of anxiety, whilst approximately 16% to 54% experience depression, which is up to 38% higher than the general non-ASD population (Bitsika & Sharpley, 2015; Shochet et al., 2022; Uljarević et al., 2016). A range of factors can negatively influence their mental health. Reported factors include social communication and other core differences, the process of developing and maintaining friendships, peer bullying, and autism stigma (Cooper et al., 2017; Creswell et al., 2019; Deckers et al., 2017; Greenlee et al., 2020; Kelly et al., 2018; Liu et al., 2021; Sumiya et al., 2018; Troop-Gordon, 2017). These findings from the literature relate to the research question about factors which cause adolescents on the autism spectrum to feel different from others, and how those feelings impact their development of self.

Hirvikoski et al.'s (2020) study revealed that suicidal behaviours increased during adolescence, with people on the autism spectrum being at increased risk. Their research reported that people on the autism spectrum (without ID or ADHD) were four times more likely to be at risk of attempted suicide, whilst people on the autism spectrum (without ID but with ADHD) were seven times more likely to be at risk of attempted suicide with compared with the non-ASD population. The findings suggested that people on the autism spectrum could perceive their social contexts and social experiences differently from non-ASD people. Consequently, people on the autism spectrum could have different risk and/or protective factors for suicide, and different suicidal behaviours than their non-ASD peers (Hirvikoski et al., 2020). The researchers indicated that the first-hand perspectives of girls on the autism spectrum were essential for gaining knowledge about their suicidal tendencies because teachers reported that the girls in their care often had no diagnosis to alert others to their needs (Hirvikoski et al., 2020).

Girls on the autism spectrum can go unnoticed due to the increased likelihood of them masking or internalising their struggles when compared to boys, and the presentation of normative surface-level social behaviours which mask their difficulties (Hebron & Bond, 2019). Tomlinson et al.'s (2021) study explored the educational experiences of three girls (aged 14 to 16 years) on the autism spectrum to identify the factors which they perceived to have contributed to their positive school experiences. The findings addressed the environmental, social, and personal challenges experienced by the girls, and the significant role that the support of others, and their own planning, played in the outcomes. Similar to my research, the participants in Tomlinson et al.'s (2021) study identified the importance of peer and staff autism awareness. Whilst the girls reported positive staff relationships, they identified issues concerning a lack of staff awareness, which resulted in inconsistencies to their personal accommodations and sensory requirements. Tomlinson et al. (2021) recommended ongoing staff professional development, with a focus on increasing autism awareness about how girls experience autism. Due to the heterogeneity of autism, it was also suggested that the staff tailor their autism-friendly strategies to meet each girl's unique needs.

Like participants in this present research, the girls in Tomlinson et al.'s (2021) study highlighted factors that impacted their experiences of school including the difficulties they experienced when trying to understand peer relationships and/or their perceptions of being different from their peers. The girls also expressed their frustration with the inconsistency of support provided by some teaching staff, despite having positive relationships with those staff members (Tomlinson et al., 2021). Problems included the inconsistency of personal accommodations and inconsistencies related to staff awareness about each girl's unique needs. Whilst two of the girls experienced poor mental health and self-identity issues, they reported increased self-awareness and reduced social anxiety after receiving their diagnoses of autism (Gould & Ashton-Smith, 2011; Tomlinson et al., 2021). Interestingly, the girls' mental health concerns, including depression, anxiety, and suicidal ideation, were underestimated by the adults who participated in the study. This factor highlighted the importance of increased awareness of how autism and mental health are experienced by girls. Key recommendations included a whole school approach to inclusivity and the importance of personalising support for students on autism spectrum, with their input (Tomlinson et al., 2021).

Despite mounting concerns about suicidal ideation and suicide attempts amongst people on the autism spectrum, limited data have examined the lived experiences of adolescents on the autism spectrum (Kirby et al., 2019). Following a comparison of data about people who died by suicide with a diagnosis of autism and those without, research revealed that people on the autism spectrum died by suicide at a much younger age than their same-aged non-ASD peers (Kirby et al., 2019). Possible contributing factors included social difficulties and identity formation challenges experienced during the adolescent years. Like Hirvikoski et al. (2020), Kirby et al., (2019) recognised that females may be at increased risk of attempting suicide. The researchers recommended increased study in this area to identify the unique needs of females on the autism spectrum. A recent population study by Cassidy et al. (2022) was conducted in the United Kingdom where they analysed 372 inquest records. Coronial data revealed that autistic traits were over-represented in people who died by suicide (Cassidy et al., 2022). The results were so significant that the researchers reported their recommendation to include a diagnosis of ASD in contemporary suicide theories (Cassidy et al., 2022).

The timely intervention and treatment of anxiety and depression symptoms in people on the autism spectrum is essential due to their increased risk of suicide and suicide attempts (Cassidy et al., 2014; Chen et al., 2017; Hedley & Uljarević, 2018; Hirvikoski et al., 2020; Kirby et al., 2019; O'Halloran et al., 2022; Shochet et al., 2022; Stanley et al., 2021). Cassidy et al.'s (2014) study revealed that 66% of the 374 adult participants reported suicidal ideation. The data revealed that people on the autism spectrum were up to six times more likely to attempt suicide and nine times more likely to experience suicidal ideation than non-ASD people. Cassidy et al.'s (2014) study is relevant to the current research because most participants experienced anxiety disorders and other co-occurring disorders. Chen et al.'s (2016) study also reported that adolescents and young adults (12-29 years) on the autism spectrum were five to six times more likely to commit suicide than their same-aged non-ASD peers. The data is of significant concern and suggests that more research is required about the mental health of adolescents on the autism spectrum in order to promote earlier identification and intervention to manage the symptoms of poor mental health (O'Halloran et al., 2022; Uljarević et al., 2019).

Masking

The reviewed literature suggested that people on the autism spectrum experienced autism stigma due to having a label of autism, and/or due to their autistic traits and behaviours (Botha et al., 2020; Cage et al., 2018; Cooper et al., 2017; Sasson et al., 2017). In the literature, the term 'stigma' was defined as an attribute which diminished a person (Goffman, 1963). For instance, stigma resulted in a person's non-acceptance by others. Hoover and Kaufman (2018) reported that the bullying and/or victimisation of youths on the autism spectrum occurred at a rate of around three to four times that of their non-ASD peers. This theme relates to the current research question about the factors which adolescents on the autism spectrum perceived to have contributed to their development of self. The literature review also indicated that bullying resulted in adolescents on the autism spectrum experiencing anxiety, social anxiety, and depression, and the likelihood of them masking or camouflaging some parts of their identity (Botha et al., 2020; Cage et al., 2018; Cage & Troxell-Whitman, 2019; Cooper et al., 2017; Hoover & Kaufman, 2018; Hull et al., 2020; Pearson & Rose, 2021).

Masking describes the behaviour adopted by people on the autism spectrum to conceal their autistic traits from others (Hull et al., 2017). Masking strategies can include mimicking others' behaviours, altering interpersonal behaviour, and the use of active self-presentation (Cook et al., 2021). Masking entails a person's concealment of their social difficulties and/or autistic behaviours so that they appear not autistic. Active self-presentation is a process that involves using planned scripts to improve social outcomes. Cage and Troxell-Whitman (2019) found that masking was associated with poor mental health (e.g. anxiety and depression) with varying degrees of intensity. The degree of intensity depended upon whether participants masked across settings and/or switched between masking and not masking across settings. These data are interesting and related to the present research because they consider the importance of the situational context. Cage and Troxell-Whitman (2019) also suggested that masking occurred for ‘conventional’ reasons (to support formal settings like work) and ‘relational’ reasons (to support informal settings and relationships). Further, their study reported that participants experienced exhaustion when they used masking to hide their autism and avoid bullying (Cage & Troxell-Whitman, 2019).

According to Botha et al. (2020), concealment can lead to the internalisation of stigma and an attachment of stigma to the self. Botha et al.’s (2020) study of 20 adolescents on the autism spectrum explored how participants made sense of autism and their experiences of autism stigma. The research reported that participants experienced autism stigma regardless of whether or not they chose to disclose their diagnosis. Each participant engaged in an interview which addressed topics including identity, diagnosis, and the community (Botha et al., 2020). Like this present research, Botha et al. (2020) adopted a grounded theory approach, which resulted in the emergence of key themes including autism and stigma. Participants described autism as a lens through which they viewed the world (Botha et al., 2020). They described their feelings about experiencing autism stigma as stigmatising, dehumanising, and discriminating. Participants also explained that society’s negative views of autism negatively impacted their personal identity. Consequently, they were conflicted about whether to share their diagnosis with others because both concealment and disclosure resulted in negative outcomes (Botha et al., 2020).

Non-acceptance was a common theme in Jedrzejewska and Dewey’s (2022) study, which reported that people on the autism spectrum may engage in masking behaviours as a response to feelings of not being accepted by and/or belonging to the non-ASD community. The study revealed that poor mental health resulted from their feelings of non-acceptance rather than from the act of masking. Like Cage and Troxell-Whitman’s (2019) study, the researchers recommended that future research should focus on strategies to promote attitudes that are more inclusive of people on the autism spectrum. The study involved a survey about social media usage with 40 adolescents on the autism spectrum and 158 non-ASD adolescents, and a semi-structured interview with six adolescents on the autism spectrum (Jedrzejewska & Dewey, 2022). The data revealed that the participants on the autism spectrum masked more frequently than the non-ASD participants in an offline context, whilst the female participants on the autism spectrum masked more than their male counterparts in an online context. The study reported that previous research had focused on adults on the autism spectrum with limited data available about masking behaviours in the adolescent age range (Jedrzejewska & Dewey, 2022).

Friendship

During adolescence, people on the autism spectrum spend more time with their peers engaging in social scenarios that demand increasingly more complex levels of social communication (Burgess & Turkstra, 2010; Troop-Gordon, 2017). The review of the literature found that difficulties with socialisation and confidence were exacerbated when the person became aware of their social communication difficulties as they tried to create relatedness with others (Donaldson et al., 2018; Happé & Frith, 2014; Jamison & Schuttler, 2015). Some adolescents on the autism spectrum experienced difficulties in relation to interpreting context, unpacking conversations, and engaging in a timely or appropriate manner with others. As they became increasingly aware of the differences between them and their peers, adolescents on the autism spectrum became subject to increased levels of isolation, depression, withdrawal, and social anxiety (Joshi et al., 2010; Whitehouse et al., 2009). Engaging socially with others provided them with opportunities to practice turn-taking, contextualise non-literal language, and appreciate the variances of discourse relative to context. Developing friendships during this period becomes an important goal for adolescents on the autism spectrum as their peers develop friendship groups (Mattys et al., 2018).

From the literature review it was evident that adolescents on the autism spectrum had fewer friendships than their non-ASD peers, and that friendships with non-ASD adolescents often created more challenges for them due to a tendency for others to seek sameness in friends (Daughrity, 2019; Kasari et al., 2011; Mazurek & Kanne, 2010; Petrina et al., 2014). Daniel and Billingsley's (2010) study explored the difficulties experienced by seven boys on the autism spectrum (aged 10-14 years) in establishing friendships. The researchers conducted interviews to gain insight into the boys' experiences of friendship (Daniel & Billingsley, 2010). Whilst all participants had stable friendship groups, they agreed that making friends was the most difficult part of the friendship process (Daniel & Billingsley, 2010). Participants shared concerns about initiating contact, being exploited, disrupting the social order, and being perceived as a nuisance. Despite their difficulties with socialisation, participants expressed their desire to have friends. Most participants shared concerns about others' perspectives of them and were protective of their reputation to avoid others from perceiving them as incapable of fitting in or making friends (Daniel & Billingsley, 2010).

Despite reporting social challenges, some adolescents on the autism spectrum developed positive school-based friendships (Daniel & Billingsley, 2010; O'Hagan & Hebron, 2017; Vine Foggo & Webster, 2017). Vine Foggio and Webster's (2017) study found that girls on the autism spectrum had strong understandings about the characteristics of friendship and were capable of having positive peer relationships. From the seven girls (aged 13 to 17 years) in the study, most recognised the importance of having friends and described the key benefits as emotional support, social reciprocity, and happiness. Although they recognised the benefits that a sense of belonging and acceptance provided them, they explained that friendship was difficult at times (Vine Foggio & Webster, 2017). For instance, the participants revealed that they required time alone to "destress" (p. 81). O'Hagen and Hebron's (2017) study also revealed that friendship was both "desirable and possible" for young people on the autism spectrum (p. 19). Similar to this current research, the researchers recognised that technology and online gaming could offer participants a means for socially interacting with their friends and maintaining friendships.

A search of the literature revealed that young people on the autism spectrum described friendship in terms of support and trust, and the opportunity to share common interests (Calder et al., 2013; Kuo et al., 2013; O'Hagan & Hebron, 2017; Petrina et al., 2014; Vine Foggo & Webster, 2017). Kuo et al.'s (2013) study found that most of the female participants spent time talking with friends, whilst most of the male participants spent time playing video games with friends. The study revealed that adolescents on the autism spectrum frequently played video games and read online material about video gaming during their leisure time. Video games serve a dual purpose by offering them opportunities to engage in RRBs and socialise with others (Kuo et al, 2013). The researchers also reported that people on the autism spectrum experienced fewer opportunities to socialise with their childhood friends and siblings during their adolescent years (Kuo et al, 2013). It is suggested that making connections with peers is also difficult during the adolescent years because social activities are organised with reduced frequency by parents and/or teachers.

A study by Sumiya et al. (2018) reported that Japanese adolescents on the autism spectrum experienced a wide range of reasons for socialisation, and that they felt anxious and lonely during the process of developing and maintaining peer friendships. The researchers interviewed 11 adolescents on the autism spectrum (Sumiya et al., 2018). The research aimed to identify each participant's motivations for socialisation. The researchers found that some participants aimed to strengthen their friendships and develop increased levels of self-awareness (Sumiya et al., 2018). Four key themes emerged from the data: loneliness, distress, anxiety, and social motivation. Sumiya et al. (2018) reported that the participants shared a strong self-awareness of their social difficulties and made efforts to manage them. Participants reported that their anxiety often interfered negatively with their attempts to socially interact with their peers (Sumiya et al., 2018). For example, participants' anxiety sometimes resulted in them needing to mask their negative feelings. Some participants also reported feelings of loneliness whilst they were engaging in group activities at school (Sumiya et al., 2018). Although around half of the participants had at least one friend, they demonstrated low levels of motivation towards social interaction (Sumiya et al., 2018).

The importance of creating group friendships increases during adolescence (Calder et al., 2013; Devine & Apperly, 2022; Tomfohrde et al., 2022; Troop-Gordon, 2017). Early adolescence (12-18 years) is associated with developing a sense of group identity, whilst late adolescence (19-22 years) involves gaining independence (Mattys et al., 2018; Newman & Newman, 1976). During adolescence, a person on the autism spectrum may experience difficulties attaining continued social relationships due to the increased social functioning required. Understanding the relationship between 'others', and 'self', is integral because adolescents on the autism spectrum often experience social disconnection as they struggle to create connectedness with others (Sundberg, 2018; Suzuki et al., 2021). Research suggested that a person's levels of anxiety and depression over time were impacted by the quality of their relationships, self-esteem, levels of self-satisfaction, and sense of belongingness (Murphy et al., 2017; Shochet et al., 2022; Sumiya et al., 2018). Developing a positive sense of self was difficult due to autism stigma and the obstacles it posed to gaining a sense of self-worth from group membership (Cooper et al., 2021).

Self-identity Development

Young people on the autism spectrum experienced a range of additional challenges during adolescence, a period in which they developed both a sense of self and a sense of group identity (Cridland et al., 2014; Cooper et al., 2021; Erikson, 1968; Petrina et al., 2014). Self-identity encompasses the understandings which a person develops about their own individuality and existence via an evaluative process in which the person attributes value to their capabilities and self-understandings (Lewis, 1990; Mesa et al., 2022; Waite-Jones et al., 2022). For instance, they may use the idea of "normality" as a baseline to describe themselves (Mesa et al., 2022, p. 10). During adolescence, each person develops an understanding about self and increased knowledge of their own feelings relative to both internal and external stimuli (Brizio et al., 2015). According to Harter and Mansour (1992), the journey towards adulthood exposes the adolescent to ever-increasing categories of self-description. The development of a person's identity is required to support a range of relationships and roles across various domains to create their personal identity (Erikson, 1950).

A person's knowledge of self can be impacted by their ability to use social and behavioural skills and other competencies to create relationships, engage in the community, and achieve a desired quality of life (Crompton et al., 2020; Wehmeyer et al., 2010). For some people on the autism spectrum, variants in social and emotional understanding can impact their ability to adopt the perspective of others (Cooper et al., 2017). For others, their differences in social attribution can result in them negatively misinterpreting the intentions of others and/or failing to create connectedness. Research suggested that some people on the autism spectrum experienced a lack of distinction between the self and others, which involves the need to see themselves as autonomous or separate (Costa & Grinker, 2018; Huang et al., 2017). Such distinctions can result in behavioural differences, displays of ineffective social skills and/or the increased use of masking through mimicking. This present research also explored how masking was used by most participants to support their increased feelings of rapport with others. Participants in this current research also used mimicking to appear less autistic and more normal.

King et al.'s (2019) study used the medium of photography to explore how five adolescent males on the autism spectrum (aged 13-15 years) perceived their notion of self. Some participants photographed people whilst others photographed other dimensions of their social world (King et al., 2019). Photo elicitation was identified as an engaging tool which offered participants ways to discuss what was important to them for supporting their understandings of self. The data revealed that some participants were motivated by their thoughts about their future self (King et al., 2019). For example, one participant’s dream to become a music teacher helped reinforce his current commitment to achieve growth in the field of music. A key theme, ‘self in relation to others’, was spoken about with candour by all participants (King et al., 2019). For instance, they described their understandings about self from their interactions with others. Whilst not all participants photographed people, their photos captured how they made sense of themselves in relation to the world. Overall, King et al.’s (2019) study revealed that all participants had positive memories which were embedded in their social relationships.

The literature reviewed also suggested that self-image developed from a person’s interactions with others, and the opportunity to measure the difference between how the person sees themself and how others respond to them (Black et al., 2022; Rosenberg, 1979; Tarrant et al., 2001). Adolescents on the autism spectrum experienced difficulties synthesising the different versions of self which were brought to different contexts and relationships (Fischer, 1980; Rodgers & Ofield, 2018). Difficulties may have occurred due to them experiencing fewer opportunities to socialise due to exclusion and/or self-isolation from others. Fewer social learning opportunities resulted in fewer opportunities to negotiate their different identities of self (Rodgers & Ofield, 2018). This is a key finding which relates to the current research and research question about the development of self in adolescents on the autism spectrum. Rodgers and Ofield (2018) also suggested that people on the autism spectrum experience differences in their ToM and autobiographical memory, which impacted their ability to resolve arising and competing attributes of self and caused them to struggle when comparing abstractions and/or using previous experience to develop their self-knowledge.

Because interactions with others can contribute to the fluctuation of self-esteem, each person’s self-esteem wavers in response to a range of external factors, including their experiences and feedback from others (Coombs, 1981). Whilst the term ‘self-esteem’ describes the positive or negative attitude that a person has of himself/herself, the term ‘identity’ describes the roles that the person occupies and the social categories to which the person belongs (Rosenberg, 1979; Stets & Burke, 2014). Adolescence requires the person to navigate the development of their own personal identity whilst simultaneously negotiating their identity within a non-ASD context. Creswell and Cage’s (2019) study invited 24 adolescents on the autism spectrum to complete measures which explored their identity, mental health, and acculturation. Whilst the findings did not demonstrate a relationship between participants’ personal identity and mental health, they did indicate that participants produced more positive statements about the self when they aligned themselves with a non-autistic culture versus no culture at all (Creswell & Cage, 2019). This literature relates to the research question about how adolescents on the autism spectrum feel different from others and how those feelings impact their development of self.

Ratner and Berman’s (2015) study explored the associations between autistic traits and the development of identity in youths on the autism spectrum, identifying a struggle to navigate processes about identity development. Participants’ autistic traits negatively impacted the development of their identity. Their restricted interests and differences in social communication styles directly related to the difficulties which they experienced whilst exploring and trying to commit to the formation of their self-identity (Ratner & Berman, 2015). The data indicated that social anxiety created identity stress and feelings of a fragmented self. Similar themes emerged in Cooper et al.’s (2021) study which found connections between social anxiety and the personal identity of adolescents on the autism spectrum. The study revealed that participants experienced difficulties due to their autistic traits and the ways in which others perceived them. Nevertheless, some participants reported feeling a sense of pride in their difference and described a positive sense of identity, which stemmed from their decision not to ‘follow the crowd’ (p. 710). Others also recognised the positive aspects of receiving their diagnosis of autism, claiming that their diagnosis provided them with a source of increased support and understanding (Cooper et al., 2021).

A study by MacLeod et al. (2013) investigated the perspectives of tertiary students on the autism spectrum in terms of autism identity. The data indicated that some students preferred not to identify with an autism identity due to the negative views which they held about being on the autism spectrum (MacLeod et al., 2013). For example, some students described the ‘Asperger’ identity using terms such as ‘fragile’ and ‘inconsistent’ (p. 41). Despite their reluctance to adopt an autism identity, some participants demonstrated strengths regarding the development of their personal identities (MacLeod et al., 2013). These strengths were attributed to their level of success in the field of higher education, which had offered them ways to celebrate their strengths and discover their self-identity. Following the completion of the study, MacLeod et al. (2013) recommended that people on the autism spectrum should become directly involved in nurturing an autism identity. It was suggested that this approach might provide future generations with ways to share their experiences of being on the autism spectrum.

Cooper et al.’s (2017) study explored the benefits that a positive autism social identity can have against the negative effects of poor mental health. The study found that a positive autism social identity positively related to a person’s self-esteem (Cooper et al., 2017). A person with a positive autism social identity was more protected against the negative effects of poor mental health. Consequently, it was suggested that a positive autism identity should be nurtured in people on the autism spectrum (Cooper et al., 2017). The researchers suggested that having a label of autism produced societal stigma which contributed to people on the autism spectrum experiencing poor psychological outcomes. Whilst the researchers reported that being grouped with others on the autism spectrum promoted psychological wellbeing, they also recognised the difficulties associated with autism stigma (Cooper et al., 2017). Recommendations to improve collective self-esteem included increases in post-diagnostic education, improved employment opportunities and greater autism awareness. Increased awareness of autism language was also suggested because data revealed that people on the autism spectrum preferred ‘disability-first’ terminology (e.g. an autistic person), rather than person first terminology (e.g. a person on the autism spectrum) (Cooper et al., 2017).

In contrast, Bradshaw et al.’s (2021) study highlighted the importance of using identity-first language to celebrate the autism community’s feelings of pride about its neurology. The researchers recognised that the language used to refer to people on the autism spectrum, their disabilities, and their experiences must be respectful of the neurodiverse community (Bradshaw et al., 2021). For instance, the language must not be pathologising in relation to autism because autistic people should be treated with dignity and respect. Due to stereotypes and poor autism awareness, some people on the autism spectrum reported being hesitant to disclose their diagnosis to others (Bradshaw et al., 2021). The researchers explained how the neurodiverse community viewed autism through a Social Model of Disability, which recognises that people on the autism spectrum are disabled by the barriers that exist in society and the external environment. Bradshaw et al.’s (2021) study highlighted how the neurodiverse community uses the same approach to view autism, stating that autism is not a disorder that needs to be treated. The researchers recommended that language about autism should nurture autism acceptance (Bradshaw et al., 2021).

Making Sense of a Diagnosis of Autism

A search of the literature revealed that young adults on the autism spectrum described their experiences of autism in vastly different ways (Depape & Lindsay, 2016; Huws & Jones, 2015; Jones et al., 2015; Mattys et al., 2018; Mogensen & Mason, 2015). Mattys et al.’s (2018) research focused on the diagnostic experiences of young adults on the autism spectrum (aged 17-25 years). Similar to my research, the researchers used a semi-structured interview format and provided participants with the choice of a face-to-face or online interview. They found that some young adults rejected their autism diagnosis entirely and reported a desire to be ‘normal’, whilst others abandoned the notion of being normal and embraced their diagnosis (Mattys et al., 2018). Participants found societal demands difficult to meet and reported that they sometimes felt ‘stuck’ in their autism because they struggled to make friends. They experienced social anxiety due to their fear that others might notice that they were ‘not normal’ (Mattys et al., 2018, p. 326). Further, participants expressed feelings of discouragement and repulsion, which they felt upon reading criticism about people on the autism spectrum while they were searching online for information about autism (Mattys et al., 2018).

In terms of age at diagnosis, a study by de Broize et al. (2022) explored the experiences of 13 adults seeking a diagnosis of autism. A range of themes emerged including adult participants’ experiences of feeling different from others (de Broize et al., 2022). For instance, participants reported that they experienced feelings of isolation, and felt like they did not ‘fit in’ with others. Some participants described being ‘heavily bullied’ and having socialisation difficulties which made it difficult for them to make friends (de Broize et al., 2022, p. 134). For most participants, their diagnosis of autism brought them relief and an increased sense of self-awareness. The data from de Broize et al.’s (2022) study demonstrated that there were positive psychological benefits associated with participants gaining a formal diagnosis or self-diagnosis of autism. This current research also revealed that participants had positive experiences from gaining a formal diagnosis of autism. The participants who were diagnosed during late adolescence described their diagnosis of autism as providing them with relief, increased self-awareness, and increased understandings about their past experiences.

Hesitancy Related to Sharing the Diagnosis

There was limited literature about the effects of having a diagnosis of autism, and the associated ‘labelling’ it generated for adolescents on the autism spectrum (Huws & Jones, 2008; Mogensen & Mason, 2015; Punshon et al., 2009). Mogensen and Mason’s (2015) study explored the understandings of five adolescents (aged 13-19 years) and their feelings about being on the autism spectrum. Some participants described their diagnosis of autism negatively, using terms such as ‘oppressive’ and ‘potentially stigmatising’, whilst others described it positively using terms such as ‘liberating’ (p. 266). Most participants described societal perceptions about autism as mostly negative (Mogensen & Mason, 2015). Participants expressed a reluctance towards sharing their diagnosis for fear of being labelled as ‘different’ (p. 263). They also shared varied experiences and views about having a diagnosis of autism in relation to their personal identity and social relationships. The findings demonstrated that their experiences in the social world impacted their perceptions of self and how they related to their diagnosis of autism (Mogensen & Mason, 2015). Mogensen and Mason’s (2015) study is related to the current research which also explored participants’ perceptions of sharing their diagnosis. Mogensen and Mason’s (2015) study also recruited participants via Autism Spectrum Australia [ASPECT] (2022) and conducted their interviews online.

Mogensen and Mason’s (2015) study further highlighted the importance of using flexible methods of research to facilitate a person’s direct participation. The researchers offered participants a range of communication choices including face-to-face interview, emails, photos, drawing and communication cards. The research revealed that whilst participants accepted that they were different from others, they were reluctant to share their diagnosis because they believed that autism stigma would negatively impact their attempts to develop relationships (Mogensen & Mason, 2015). Nevertheless, participants recognised that their autism diagnosis increased their knowledge of self. One adolescent reported that she gained greater insight into her limitations due to experiencing the diagnostic process (Mogensen & Mason, 2015). Other adolescents stated that they experienced increased understanding of self with feelings of associated liberation (Mogensen & Mason, 2015). Again, aligned to the outcomes of this current research, the data revealed that the nature of a person’s feelings about their diagnosis was impacted by the extent to which the diagnosis increased their knowledge of self and feelings of control. Mogensen and Mason’s (2015) study highlighted that participants' experiences of receiving a diagnosis related to their understandings of identity.

Craig et al.'s (2015) study reported that adolescents on the autism spectrum struggled to describe their diagnostic experiences and sense of self. The research revealed that some participants had difficulties differentiating which aspects were attributed to them versus their autism (Craig et al., 2015). These experiences resulted in some participants internalising their difficulties and developing a negative self-image. Whilst all participants described reaching a point of acceptance regarding their diagnosis, they had varied experiences of the process (Craig et al., 2015). Notably, all participants experienced difficulties describing who they were and how they understood autism in relation to their sense of self (p. 106). All participants had experienced social challenges, which some described as 'heartbreaking' and similar in nature to grief or loss (Craig et al., 2015, p. 59). Some participants discussed a sense of awkwardness associated with being on the autism spectrum. Whilst some participants accepted their diagnosis, others found acceptance difficult (Craig et al., 2015). This same theme of acceptance and avoidance was also highlighted in a study by Huws and Jones (2008).

Huws and Jones' (2008) study explored the lived experiences of adolescents and young adults on the autism spectrum (aged 16-21 years). Like this current study, the researchers used semi-structured interviews and open-ended questions to encourage participants to discuss autism and their perception of autism in relation to themselves (Huws & Jones, 2008). Regardless of the positive or negative nature of receiving a diagnosis, all participants acknowledged that they had 'reworked their sense of identity' following their diagnosis (p. 105). The researchers described the process of 'reworking' one's identity with reference to Bury's (1982) notion of 'biographical disruption' (Huws & Jones, 2008, p. 169). Biographical disruption describes the need for a person to rework old assumptions to reconceptualise their sense of self. Their research revealed that some participants were able to accommodate their diagnosis, whilst others not only disliked it, but they also refused to acknowledge it (Huws & Jones, 2008). Recommendations included the need for people on the autism spectrum to be engaged in the diagnosis process to ensure their active participation in decision-making processes associated with the care, treatment, and establishment of autism-specific services (Huws & Jones, 2008).

A similar recommendation was made by Lee et al. (2019) who adopted a grounded theory approach to explore the first-hand experiences of adolescents on the autism spectrum in the workplace. The study sought the perspectives of parents and employers to create programs that would improve the education and employment outcomes of adolescents on the autism spectrum (Lee et al., 2019). The research responded to data which reported poor postsecondary outcomes for adolescents on the autism spectrum. According to data from the Australian Bureau of Statistics [ABS] (2018), people on the autism spectrum were less likely than non-ASD people to complete tertiary qualifications, and 4.4 times less likely to achieve a bachelor’s degree or higher. Only 40.8% of people on the autism spectrum were in paid employment (ABS, 2018). Lee et al.’s (2019) study reported that the key requirements for transitional intervention included the use of a strength-based approach to harness a person’s strengths and interests. The approach promoted confidence, reduced anxiety, and reinforced participants’ interests and career goals by engaging them in tasks that matched their interests and abilities (Lee et al., 2019).

A Strength-Based Approach

Ongoing research into the adoption of a strength-based approach in autism research is a work in progress. Strengths can be described as attributes and capacities, which are revealed through the person’s feelings, thoughts, and actions (Quinlan et al., 2015). In a recent article (Urbanowicz, 2019), panellists with expertise on strength-based approaches in autism discussed how the approach is used in research and its impact on the lives of people on the autism spectrum. Panellists described the ‘widely varying skill set’ (pp. 83-84) possessed by people on the autism spectrum which can result in some people requiring minimal support in some areas yet substantial support in others. The panellists also addressed the stereotypes which exist about autistic people and the need for increased understanding about what autistic people can achieve (Urbanowicz, 2019). To ensure authentic understandings about the barriers and strengths of people on the autism spectrum, the discussion focused on the importance of engaging the autism community to provide an insider perspective into their own experiences so that they not only have a voice about the issues that matter most to them, but that they also have control of autism research. Their engagement in research about autism effectively grounds the research in a strengths-based approach (Urbanowicz, 2019).

A strength-based approach can empower people on the autism spectrum because it offers them the opportunity to develop stronger understandings about what they can achieve, rather than what they cannot achieve (Wehmeyer et al., 2010). Without precise understandings about their strengths and unique abilities, a person’s self-perception can become skewed and negatively impact their psychological wellbeing (Wehmeyer et al., 2010). For instance, skewed perceptions of self can negatively influence how people on the autism spectrum interact with others. According to Clark and Adams (2021), a more balanced perspective of self can be achieved when a person has strong understandings about both their strengths and areas of need. A strength-based approach was found to promote positive self-esteem and encourage the person to engage with others and develop their social skills (Clark & Adams, 2021). Strength-based research can also provide people on the autism spectrum with opportunities to identify and discuss their own strengths using their own words (Clark & Adams, 2021; Teti et al., 2016). This current research provided participants with the opportunity to identify their strengths and areas of need using a range of methods, which are described in Chapter 3.

Perry et al. (2022) suggested that first-hand reports could provide a more detailed overview of a person’s functioning when it focused on both the person’s strengths and interests, as well as their areas of need. Due to a disproportionate number of deficit-focused research findings about the experiences of people on the autism spectrum, it is important for research to report equally about a person's strengths (Burnham et al., 2017). This current research provided participants with multiple ways of sharing their feelings, thoughts, and experiences. The research included a sentence completion activity, semi-structured interview, and Kelly's (1955) Repertory grid technique (RGT) assessment tool. Participants were asked to describe their positive aspects of self and the positive aspects of self that others would recognise about them. Recognition of a person's strengths is essential because a strengths-based approach has been related to a range of positive wellbeing factors including the development of positive self-esteem and life satisfaction in adolescents on the autism spectrum (Proctor et al., 2011).

Strength-based information and knowledge about a person's characteristics are also necessary for informing the development of a range of supports and interventions for people on the autism spectrum (Carter et al., 2015; Clark & Adams, 2020). Clark and Adams' (2020) study investigated the views of 83 children (aged 7-14 years) on the autism spectrum. The study explored those attributes which the children identified as their best qualities and the activities which they thought they performed most competently. Themes included characteristics such as the person's physical traits, and their thoughts about being a good friend, being intelligent, and their experiences of feeling unique (Clark & Adams, 2020). Participants' responses included discussion about enjoyment and skills, which they self-perceived within areas such as sport, maths, science, technology-based activities, and creative pursuits. The research revealed that people on the autism spectrum need to be provided with opportunities to share their strengths to ensure that parts of their self-concept are not absent from their narrative (Teti et al., 2016).

Personal Construct Theory (PCT)

Kelly's personal construct theory (PCT) has been used in limited but successful ways to research the topics of autism and adolescence (Cridland et al., 2014; Hess et al., 2018, 2021; Kelly, 1955; Moran et al., 2014; Murphy et al., 2017). PCT was described by Kelly (1955) as the ‘psychology of personal constructs’, a theory in which each person is described as a ‘personal scientist’ in the interpretation and collection of their own knowledge (Kelly, 1955, p. 11; Winter & Reed, 2021). According to Kelly (1955), each person is involved in a process of constantly assessing and updating their personal construct systems to anticipate a range of different life events. Kelly’s (1955) theory of ‘constructive alternativism’ explains the multiple different ways in which a person can construe their world (Kelly, 1991, p. 3). Consequently, a person’s construal system is constantly open to change and revision, beginning with how their own unique interpretations are applied to a life event (Kelly, 1955). The current research adopted a PCT approach to develop understandings about how adolescents on the autism spectrum perceived the world through their personal construct systems (Kelly, 1955).

Constructs are described as the ‘basic units of description and analysis’ because they categorise the people, places, and situations which a person experiences (Kelly, 1955; Jankowicz, 2004, p. 10). They can be defined as bipolar concepts which have two ends, or poles. For example, where there is ‘happy’, there must be ‘sad’, and where there is ‘tall’, there must be ‘short’, and so forth. Using their self-identified constructs, Kelly (1955) theorised that a person creates their own reality and builds a theory which involves moving from anticipation (hypothesis) to experiment (experience) to observation (behaviour). The PCT helped to explain how adolescents on the autism spectrum construed their social knowledge and perceived their experiences of being on the autism spectrum. PCT was useful for developing understandings about participants’ lived experiences of adolescence on the autism spectrum because it described how they construed their world and the factors which they perceived to have contributed to the development of their self-identity.

According to Procter and Winter (2020), a person’s construal system is created to oversee their judgments, behaviours, and actions. A construal system refers to a person’s distinctive way of making sense of the world. For instance, each person’s construal system consists of constructs, which create a network of pathways that map the person's future experiences. Kelly (1955) described each person's constructs as their self-identity. Kelly's key hypothesis claimed that each person's processes related to the way in which their life events were processed. According to Hinkle (1965), the construal process aimed to decide whether a construct or group of constructs would increase the meaning and significance of the person's life. Because the period of adolescence can be a very challenging time, it requires a person to navigate multiple new pathways. The adolescent is required to construe unfamiliar social settings, and undergo a range of physiological, emotional and cognitive changes. Kelly (1955) explained that people give meaning and significance to events by identifying the similarities and differences that describe them in comparison with previous experiences. A person's constructs are the mental organisations which are used to interpret and predict their everyday experiences (Kelly, 1955).

The literature review revealed that some adolescents on the autism spectrum struggled with the social demands of adolescence (Dijkhuis et al., 2020; Picci & Scherf, 2015; Suri et al., 2021). They had difficulties interpreting and engaging in a range of social scenarios which made it difficult for them to predict events. Some adolescents on the autism spectrum struggled with receptive communication, failed to create connectedness with others, and/or failed to interpret the social cues inherent in a social interaction. Some adolescents also experienced rejection or victimisation due to their autistic behaviours and/or diagnosis of autism (Barzeva et al., 2018; Liu et a., 2021). From a PCT perspective, some adolescents on the autism spectrum experienced more failures than successes as they tried to create friendships and socially adapt to high school. A series of failed personal constructions could result in anxiety and cause confusion as they attempted to unpack the reasons underpinning their lack of social success. PCT is a useful theory for explaining the difficulties which some adolescents on the autism spectrum experienced when they construed their self-identity (Kelly, 1955).

Kelly (1955) made a distinction between core and peripheral constructs. Each person’s core constructs are the building blocks which are positioned at the top of a hierarchical structure of personal characteristics and personal ways of perceiving the world. Whilst values and attitudes are considered core constructs, Kelly (1955) described beliefs as peripheral constructs, or constructs which do not involve the self (Kelly, 1955). According to Kelly (1955), a person’s core constructs are the source of their self-identity. Adolescence is a period of change and growth, which involves the development of a person’s identity and a sense of self (Butler, 2009). Kelly’s (1955) PCT describes how some adolescents on the autism spectrum struggle to understand how others’ experiences differ from their own. They may have trouble identifying and ordering their core constructs and experience unfamiliar emotions if they feel that their construal system is under threat (Cridland et al., 2014; Kelly, 1955). According to Butler (2009, p. 121) self-image could be described in relation to the self (e.g. ‘how I think about myself’), and a person’s self-esteem could be described as ‘how I feel about myself’ relative to ‘where I would ideally wish to be’.

The RGT is a tool which evolved from Kelly’s (1955) PCT as a method to assist with the exploration of how people make sense of themselves (Butler, 2009). The RGT involves the creation of a grid whereby bipolar constructs represent the similarities or differences identified in an experience. The RGT process has assisted with the elicitation of participants’ constructs and invited them to assign information to one pole of the construct or the other (Cascón-Pereira, 2018). In this research, the process involved the creation of a grid which compared (and contrasted) two pre-chosen elements – ‘self now’ and ‘future self’ – to elicit constructs. The constructs were rated against the elements to create a grid. The RGT supported participants to identify the ideas or words which were central to their experience(s). The RGT also offered participants a freedom of response which is not often available with standardised instruments (Fransella et al., 2004; Hess et al., 2018).

Kelly’s (1955) psychology of personal constructs was founded upon a fundamental postulate, which describes how a person’s constructs are selected. The fundamental postulate states that ‘a person’s processes are psychologically channelised by the ways in which he [*sic*] anticipates events’ (Kelly, 1955, p. 46). Each person’s mind is continually selecting, assimilating, and/or replacing and rejecting constructs which operate along channels to achieve their set objectives. PCT includes eleven corollaries, which expand upon Kelly’s (1955) original postulate. Table 1 outlines Kelly’s (1955) eleven corollaries and provides a brief description of their functions in a person’s construal system. The construction corollary describes how each person makes predictions based upon the similarities and differences which they observe across a range of life events. In this current research, participants construed constructs related to the topics of friendship, bullying and autism stigma by comparing their experiences across primary and high school, and/or across high school and university, using the experience corollary. Participants construed constructs related to their experiences of receiving a diagnosis of autism. Whilst some participants had similar experiences, PCT explained how they interpreted their experiences in unique ways, with reference to the individuality corollary.

Table 1

Kelly’s Corollaries (adapted from Kelly, 1955)

Corollary	**Description**
Construction Corollary	A person predicts events by looking for patterns based upon past experiences.
Individuality Corollary	Each person constructs their events differently to create a unique perception of their experiences.
Organisation Corollary	Constructs are organised into a hierarchy, with the most suitable at the top.
Dichotomy Corollary	Constructs are bipolar (dichotomous). A person needs an understanding of hot, to grasp the meaning of cold.
Choice Corollary	A person chooses the construct that is the best fit for their system.
Range Corollary	Constructs are limited by range and not all constructs fit all situations.
Experience Corollary	A person's system varies when he uses past experience during the construal process.
Modulation Corollary	A person's system is malleable for some people and their constructs are more open to change than others.

Fragmentation Corollary	A person experiences new events and modifies their constructs in ways that can reverse their behaviour.
Commonality Corollary	People can share common systems (e.g. cultural similarities).
Sociality Corollary	A person construes another person's system by observing them and interpreting their behaviour.

The Construal System

Kelly's PCT describes each human being as a scientist who actively interprets their life's events in an ongoing cycle of hypothesis and appraisal. Each person hypothesises and anticipates life's events, before testing out their expectations, and either accepting or constructively revising their construal systems. Through hypothesis, each person develops a range of personal constructs which encompass their expectations, perceptions, and behaviours. During adolescence, young people are faced with a range of unfamiliar and unexpected events, resultant to the complex social demands of adolescent interactions. For example, Kelly (1955) described a 'threat' as a person's response to a pending disruption to their construct system. Kelly (1955) explained that a 'threat' occurred when a person perceived that a change to their core structures was imminent. In response to the appearance of a new unrecognised construct, Kelly (1955) described how a person might experience 'fear'. A person could also experience 'anxiety', which Kelly (1955) described as a pending event which could be predicted with ease using the person's current construct system.

Kelly (1955) described how some people experienced feelings of aggression and hostility, which indicated that they were experiencing difficulties during the construal process. Kelly (1955) described 'anger' as a response which indicated that a person was aware of the invalidation or failure of a construct (p. 508). For example, a person's 'anger' reflected their inability to predict and understand an event. 'Hostility', in contrast, described the person's continued effort to gain validation about a social prediction, which had already proven itself to be a 'failure' (p. 510). A person's hostile reaction could be perceived as their desperate attempt to gain external approval of their current, and possibly useless, construal system. The various parts of the construal process were perceived as social in nature. Social experience was considered essential because it allowed a person to test out their own constructs in a real-world context and learn from others by observing how others construed their world. Some adolescents on the autism spectrum struggled to access the required experience or proof needed to verify their constructs due to insufficient opportunities for social learning.

Some people on the autism spectrum struggled to interpret how others construed their worlds because they had difficulties perceiving the human mind from another's perspective (Baron-Cohen et al., 1985; Lecheler et al., 2021; Pavarini et al., 2013; Westra, 2019). ToM and social perception are essential for understanding the human mind and how it relates to human interactions (Baron-Cohen et al., 1985; Black et al., 2017; Chevallier et al., 2015; Elias & White, 2019; West et al., 2020; Williams, 2010). Consequently, there may be an increased likelihood of a person on the autism spectrum experiencing a dilemma or conflict during their construal process. From a PCT perspective, people experienced difficulties when they were required to bridge these transitions in construing (Kelly, 1955). Hinkle (1965) described constructs as unstable assumptions, for which each person required proof of their validity. PCT explained that people are social beings who use social learning opportunities to experiment with different social outcomes (Fransella, 1995; Horley, 2012; Kelly, 1955; Walker & Winter, 2007).

Kelly (1955) recognised that the continued efforts made by a person to construe their world was reliant upon their ability to predict social outcomes from social exchanges. Kelly's (1955) PCT can be used to describe the struggles which adolescents on the autism spectrum experienced when they were trying to understand how others' experiences differed from their own (Cridland et al., 2014). The cognitive theories of autism describe how ToM and autobiographical memory can affect the ability of people on the autism spectrum to compare abstractions and explain themselves through social categories (Baron-Cohen, 1985). From a PCT perspective, adolescents on the autism spectrum may have difficulty in both perceiving the world from another person's perspective and engaging in abstract and flexible thinking processes. During the adolescent years, each person is expected to assume a range of relationships and develop a 'construct system' to navigate a range of adult roles (Kelly, 1955; White & Roberson-Nay, 2009). A construct system assists the person to interpret experiences as either positive or negative, safe, or unsafe, and useful or not useful. It is suggested that this process may cause conflict for adolescents on the autism spectrum whose cognitive processing functions may differ from their non-ASD peers. My research sought to determine if this was the case.

PCT has been used with people on the autism spectrum and other disabilities (Cridland, 2014; Hare et al., 2010; Hess et al., 2018, 2021; Moran, 2006; Williams & Hanke, 2007). Like this current research, Murphy et al. (2017) used semi-structured interviews with PCT techniques to explore the interpersonal relationship constructs of eight adolescents (aged 13-18 years) on the autism spectrum with no identified ID. Participants provided the elements for the RGT, which involved them identifying the 10 most important people in their lives. They were invited to nominate a characteristic (construct) with which they associated each person and an opposite characteristic (bipolar construct), using the 'opposite method' of construct elicitation. Thematic analysis of Murphy et al.'s (2017) study revealed various themes, which centred around relationships as a source of support, similarity, and difference, developing and maintaining relationships, and the person's most valued qualities. The researchers claimed that the RGT's structured style suited the cognitive thinking styles of adolescents on the autism spectrum (Murphy et al., 2017).

Murphy et al.'s (2017) study focused on exploring how adolescents on the autism spectrum developed positive interpersonal relationships, with a focus on the values (e.g. humour, intelligence) which they appreciated in others. In contrast, this current research addressed how participants perceived their experiences of autism, and how those factors impacted the development of their self-identity. Like Murphy et al.'s (2017) study, this current research successfully supported PCT methodologies for research about adolescents on the autism spectrum to elicit rich qualitative data. Both Murphy et al.’s (2017) study and this current research considered how adolescents on the autism spectrum perceive difference and the aspects of self which they value. However, the current research also used the self-ideal discrepancy to develop understandings about participants’ perceptions of where they are now versus where they would like to be regarding aspects of themselves, such as their ability to socialise in groups settings, the quality of the relationships with peers, and their feelings of general satisfaction/happiness related to specific settings such as the school and home. Both Murphy et al.’s (2017) study and this current research drew conclusions about participants’ relationships with their peers and the likelihood of participants benefiting from social intervention and support programs to improve their socialisation skills (Murphy et al., 2017).

Hess et al.’s (2018) study recruited five adolescents on the autism spectrum (aged 16–17 years) from local schools to engage in Kelly’s RGT to assess their social cognition. On the first day, participants completed a range of qualifying assessments to evaluate their language skills and intelligence. On the following day, participants engaged in the creation of an RGT whereby they were asked to elect and describe seven people from the following, ‘himself, his ideal self, a disliked person, an annoying person, a family member, a liked person, and a person with whom he would like to be friend’ (Hess et al., 2018, p. 5). The researcher elicited participants’ constructs by asking each participant to compare each element (person) against the other by nominating their similarities and differences. Next, the participants were asked to rate all the elements on all constructs, using a 5-point Likert scale. Participants used their prior social experiences to create their social construct systems (Hess et al., 2018, p. 488). It was found that participants knew the social behaviours which they would like to improve to move closer to their ideal version of self.

Hess et al.’s (2021) study used semi-structured interviews with PCT techniques to investigate participants’ social communication competencies. Constructs were elicited to develop knowledge of participants' understandings about the social roles and assumptions which comprised their personal construct systems. Like Murphy et al.'s (2017) study, participants created constructs (personality traits) and rated how they would describe people in their lives in relation to these traits. The process engaged participants in evaluating, describing, and ranking processes to explore their personal constructs (Hess et al., 2021). The study actively engaged participants in discussion about the types of supports and interventions which they believed would meet their needs. Their active participation in the research cycle promoted an increased ownership of the research outcomes for those participants who shared their views. Participants' construct systems indicated that they had a strong knowledge of social roles and an interest in social interactions (Hess et al., 2021). Like the current research, Hess et al. (2021) created their own semi-structured format and used the RGT to enhance their understandings about the experiences and relationships of people on the autism spectrum from a first-hand perspective using a strength-based approach.

Cridland et al.'s (2015) study used a semi-structured interview format and PCT techniques to gain insight into the lived experiences of male adolescents on the autism spectrum and their families. Key themes included identity development, pubescent changes (physical and emotional), and the development of flexible processing styles (Cridland et al., 2015). Like this present research, data revealed that adolescence exposed participants to a range of social difficulties which involved them developing friendships, interacting with females, experiencing victimisation, and having limited opportunities for peer socialisation. They struggled to engage in conversation and had difficulties with perspective taking (Cridland et al., 2015). The study highlighted the importance of them acquiring these skills during adolescence, a period which involves increasingly more complex relationships and group dynamics. Interestingly, when participants' parents were interviewed, they shared different perceptions about their children's experiences of having friends and the depth of those friendships (Cridland et al., 2015). It is suggested that parents have a greater range of life experiences which can positively contribute to their understandings of friendship and increase their perceptions of their own child's experiences of having friends. The researchers recommended that future research address the discrepancy between the perspectives of adolescents on the autism spectrum and their parents regarding adolescents' understandings of friendship (Cridland et al., 2015).

The research approach used by Cridland et al. (2015) has many differences when compared with the methodological approach adopted by the current research. A key difference relates to the selection criteria and the assessment tools. Cridland et al.'s (2015) study included seven adolescent males who were on the autism spectrum, eight mothers, seven fathers and four non-ASD adolescent siblings. In contrast, this current research focused on adolescent participants who are on the autism spectrum and aged from 13 to 18 years. Cridland et al.'s (2015) study viewed participants' experiences through a PCT lens but omitted to elicit constructs to understand how they construed their world. To adopt a PCT approach, it is suggested that researchers also use a PCT assessment tool, such as the RGT, to elicit and interpret participants' constructs. Cridland et al.'s (2015) study invited participants on the autism spectrum to engage in a semi-structured interview in which they relied upon self-description when interviewing. In contrast, the current research also used Kelly' (1955) RGT assessment tool to elicit participants' constructs.

In this current research, after eliciting participants' constructs, I explored the content of these constructs using Feixas et al.'s (2002) Classification System for Personal Constructs (CSPC). The CSPC is a system which was created to categorise and interpret the content of personal constructs (Feixas et al., 2002). Following this process of analysis, this current research used a PCT approach to interpret participants' construal systems with reference to data from each participant's RGT and data from a sentence completion activity and semi-structured interview. Although Cridland et al. (2015) stated that a PCT perspective was used in their study, there was no evidence that participants' constructs were elicited, or that their content was interpreted to develop knowledge of the person's construal system.

For instance, Cridland et al.'s (2015) discussion stated that, 'Individuals with well-developed constructs about pubertal changes may be more likely to have a mature response to adolescent development as opposed to those with poorly developed constructs about puberty' (p. 362). This hypothesis could be strengthened with data related to participants' constructs and construal systems. Nevertheless, Cridland et al.'s (2015) research provided useful discussion about Kelly's PCT and the 11 corollaries which were used to describe the various types of constructs.

Summary

This review provided an exploration of the literature related to the lived experiences of adolescents on the autism spectrum. It considered how adolescents on the autism spectrum perceive the factors that influence the development of their self-identity and what it means for them to have a diagnosis of autism. Adolescence requires a person to engage within various social domains to develop the roles and responsibilities required for adulthood. The literature review revealed that adolescents on the autism spectrum described their experiences of autism in different ways, with some adolescents experiencing autism stigma due to having a diagnosis of autism (Botha et al., 2020; Brosnan & Mills, 2016; Cooper et al., 2017; Kapp et al., 2019; MacLeod et al., 2013; Sasson et al., 2017). The literature reported that a positive autistic identity can protect a person from negative mental health outcomes (e.g. depression and anxiety) and provide people with opportunities to share their uniqueness whilst also promoting their self-determination (Courchesne, 2022; Fayette & Bond, 2018; Keith et al., 2019). The literature also reported that adolescents on the autism spectrum experienced higher levels of co-occurring mental health issues in comparison with their non-ASD peers, and were at increased risk of anxiety, depression, suicidal ideation, suicide attempts and death by suicide (Cassidy et al., 2022; Chen et al., 2016; Hedley & Uljarević 2018; Hirvikoski et al., 2020; Kirby et al., 2019; Stanley et al., 2021). Finally, the review acknowledged the usefulness of PCT as a respectful lens, which could be used to develop understandings about how adolescents on the autism spectrum perceive the world and self.

CHAPTER THREE: RESEARCH DESIGN

This research uses an exploratory qualitative design to investigate the experiences of autism acceptance and factors of influence on the development of self in 10 adolescents on the autism spectrum, aged 13 to 18 years, with no intellectual disability (ID) (Charmaz, 2014; Kelly, 1955). Participants were invited to engage in an interview, which consisted of a sentence completion activity, a semi-structured interview, and Kelly's (1955) repertory grid technique (RGT) – a grid-based assessment tool used to elicit participants' personal constructs to develop increased understandings about their unique world views and lived experiences of autism. A personal construct theory (PCT) approach was adopted as a lens through which to view participants' construal systems because it is a person-centred and respectful approach which has been used successfully in the past with people on the autism spectrum (Hess et al., 2021; Kelly, 1955; Moran, 2014). A constructivist grounded theory (GT) approach was adopted, and data were gathered, organised, and analysed using Glaser and Strauss' (1967) constant comparative analysis method (Charmaz, 2014; Punch & Oancea, 2014).

Data were gathered directly from participants' interviews, which had been audio recorded and transcribed verbatim (Charmaz, 2014). The constant comparative analysis method was useful because it actively engaged me in interpretative processes, which kept me close to the data (Charmaz, 2014). The method assisted me to identify common patterns and themes within the data. These processes were continuously refined and redirected as increasingly abstract categories were developed (Charmaz, 2014). I adopted an inductive approach and focused on the development of a substantive theory rather than relying upon the use of previously generated theoretical frameworks. GT and PCT are highly compatible because both approaches are theoretically reflexive (Charmaz, 2014; Kelly, 1955). Use of a PCT approach influenced my own reflexive practices, which were related directly to the application of GT (Charmaz, 2014). To increase the authenticity of the research process, I adopted Alvesson and Sköldberg's (2009) model of reflexivity, which offered me ways to reflect on several levels at one time using a combination of careful interpretation and reflection (Guba & Lincoln 2005).

Research Paradigm

The research paradigm is shaped by the researcher's belief system or world perspective which ultimately guides the research process (Guba & Lincoln, 1994). According to Crotty (2020), research paradigms include a description of the researcher's ontological and epistemological stance, which constitutes their theoretical perspective and methodological approach, and method (e.g. tools and/or instruments used during the research process to acquire the knowledge needed) (Crotty, 2020; Hay, 2002; Lincoln & Guba, 1985).

Epistemology

Epistemology considers the nature of knowledge, how it is experienced, and – in the case of this research – the bi-directional relationships which existed between me, as researcher and inquirer, and the participants, who shared their experiences through their own worldview (Crotty, 2020). For this research, I adopted an interpretive epistemology whereby I invited participants to share their experiences of autism, each from their unique point of view (Bourina & Dunaeva, 2017). I adopted a constructivist approach, which recognises that people actively construct knowledge, and that reality exists as their interpreted and lived experiences. Their knowledge is constructed, and their reality is interpreted, in this case by me, to discover the underpinning meanings. The approach complemented Kelly's (1955) PCT which describes how people use their prior knowledge to anticipate future events and construct knowledge about their experiences. Participants provided descriptive data via their semi-structured interviews, which provided me with insight into how they constructed their knowledge of the world. Burrell and Morgan (1979, p. 2) described this type of knowledge as soft and subjective, and based upon experience and insight of a very ‘personal nature’.

Ontology

Ontology encompasses the assumptions which a person makes whilst trying to make sense of the reality of a phenomenon (Scotland, 2012). My ontological position considers my views about reality and the study of ‘being’ and how things exist (Bourina & Dunaeva, 2017; Cohen et al., 2017; Guba & Lincoln, 1994). For example, I recognise that people interact socially and construct their own meaning about reality in different ways through their interactions with the external world. My ontological stance is well aligned with Kelly’s (1955) corollaries which describe how each person makes predictions based upon the similarities and differences that they observe across a range of life events. PCT proposes that people can witness the same events but construe them differently. Similarly, people can perceive parts of their realties in ways that derive cultural commonality (Crotty, 2020). This process aligns well with Kelly’s (1955) commonality corollary which describes how people share common construal systems. My ontological stance is shaped through my practice and pedagogical beliefs as a teacher, whereby I support students’ development and assist them to construe and interpret their experiences in ways that make sense to them.

Methodology

Methodology choices align to epistemological and ontological stances and shape how knowledge and data can be acquired to answer my research questions (Crotty, 2020). My choice of methodology was constructivist grounded theory (GT), an inductive approach whereby interpretive theory or propositions are generated from the research data (Guba & Lincoln, 1994). The constructivist GT approach, developed by Charmaz (2014), emphasises how participants construct their systems of meaning relative to the area of inquiry. In this research, I engaged in a process of systematic analysis whereby categories, sub-categories, themes and finally propositions emerged directly from the data, which were collected and analysed methodically and simultaneously (Chapman et al., 2015; Glaser, 1992; Glaser & Strauss, 1967). The approach is designed to generate theory and propositions about a substantive topic which is grounded in the data. The methods involved are shaped by a set of guidelines rather than methodological rules (Charmaz, 2014). A constructivist GT approach aligns well with Kelly's (1955) PCT, which describes each person as a scientist who actively constructs knowledge in an iterative process by which some assumptions are accepted whilst others are revised. These data constitute the basis of the theory and propositions, and the analysis positions the data within the environmental and social context at the time of their collection and analysis (Charmaz, 2014).

A constructivist GT approach provided me with guidelines which supported the collection and analysis of the qualitative data in the current research (Charmaz, 2014). A constructivist GT approach shares commonalities with Kelly's (1955) PCT (Chiari & Nuzzo, 1996; Stern & Porr, 2011). PCT advocates an ontology which is realist, but an epistemology that is constructivist, stating that reality exists, whilst only being accessible via our constructions of it. PCT relies upon the supposition of a reality which is construed through a process involving the identification of patterns, similarities, and differences across our experiences (Kelly, 1955). In its epistemological framework, PCT acknowledges that each person construes the world differently and experiments with different social outcomes before accepting or revising their interpretations. Each person tests their assumptions on an ongoing basis and makes deductions that inform their actions. In his construction corollary, Kelly (1955) stated, 'a person anticipates events by construing their replications' (p. 50). PCT provides a backdrop for reviewing the contextual dimensions of meaning-making, whilst still respecting the unique aspects of each person's role as a construer and interpreter of their own world (Domenici, 2008).

A constructivist approach works well with GT because both approaches rely upon knowledge construction and the notion that each person determines their own reality. I adopted an interpretative approach, which acknowledges that multiple realities are socially constructed and not objectively definable (Neumann, 2015). Interpretative theory acknowledges the subjectivity of both the participant and researcher, and interprets social reality as something which is continually shaped by a person's experiences in the social world (Charmaz, 2014). The approach considers how participants' interpretations fit with their socio-historic context. An interpretative approach involves both the participant and researcher in a process whereby both interpret one another's behaviours and meanings to fit the world (Charmaz, 2014; Neumann, 2015). Interpretative research aims to construe and nurture understanding about human behaviour, rather than generalise and/or formulate universal laws. Due to the heterogeneity of autism, it is essential that generalisations are avoided because generalised data detracts from the unique nature of each person's autistic experience. This research focuses on making sense of the data, instead of concentrating on processes which involve the testing of a hypothesis (Charmaz, 2014; Neumann, 2015).

Theoretical Perspective

My theoretical perspective is interpretivist because I believe that each person's unique reality requires interpretation. My theoretical perspective is underpinned by my epistemological stance which informs how the data are collected and analysed (Charmaz, 2014). I adopted constructivism as my epistemological stance because it aligns well with Kelly's (1955) PCT and the constructivist pedagogy which underpins the teaching strategies which I use in the classroom. Both constructivism and PCT describe the person as a constructor of knowledge and a witness to multiple everchanging realities. A constructivist stance also promotes critical reflection by increasing awareness about the potential for researcher bias (Charmaz, 2014). For instance, I thought deeply about the pre-assumptions which I brought to the process and how they related to the research topic, research process and participants. Throughout the research process, I assessed my underlying presuppositions using Alvesson and Sköldberg's (2009) model of reflexivity, which will be described in detail later in the chapter. This model of reflexivity was useful because its structured framework guided me to address my beliefs and experiences and consider their potential impact on the data analysis process (Alvesson & Sköldberg, 2018).

For this research, I adopted a constructivist/interpretive paradigm, which aimed to gather data about participants' construal systems. The research aimed to gain increased understandings about the world of human experience through the lenses of adolescents on the autism spectrum (Guba & Lincoln, 1989). Data were gathered directly from participants' interviews using the GT approach (Charmaz, 2014). The approach aimed to identity, interpret, and understand participants' thoughts and lived experiences to interpret how they viewed their world and how this influences their development of self. The focus of data was on participants' descriptions and narratives, which were interpreted directly from the transcriptions to ensure that the true social context of their meaning was not lost (Bogdan & Biklen, 2016). The constructivist/interpretive paradigm describes how the experiences and interactions of the researcher and the participant contribute to the research process. The paradigm requires the researcher to question their own implicit beliefs, values and ideologies which are brought to the research process (Charmaz, 2014). The researcher is also required to reconstruct the data for the reader whilst ensuring that the integrity of the meaning is retained (Munhall, 2012).

Method

Method includes the tools and instruments which were used during the research process to acquire the knowledge needed to answer the research questions. For this research, I used a sentence completion activity, semi-structured interview, and Kelly's RGT to investigate data related to each person's unique experiences of autism (Charmaz, 2014). Using these data sources, I focused on finding ways to identify meaning from participants' multiple viewpoints with the aim of creating an authentic reconstruction of the data. I collected participants' data using multiple methods because that approach offered me a more comprehensive knowledge of the phenomena than if I had used one method alone

(Carter et al., 2014). This approach was also useful to participants because it offered them the opportunity to engage flexibly with a range of ways to share their ideas. Some participants provided rich in-depth data via the semi-structured interviews, whilst others were less comfortable responding to the interview's open-ended questions. Other participants preferred engaging with the RGT, which provided them with a very structured format and a numerical ranking system.

A qualitative exploratory approach is useful for gathering rich, in-depth data with the aim of exploring the human experience in an everyday context (Seamon, 2000). Smith and Osborn (2015) describe the qualitative interpretive process as the first step required to understanding a person's lived experiences. The interpretive process focuses primarily on meaning and the processes by which that meaning is conveyed within a specific context. This perspective is interpreted through the lens of the participant whereby the researcher aims to interpret the constructed dialogue and clarify the meaning inherent in the participant's language (Schwandt, 2015). The benefit of adopting a qualitative approach included the ability to address complex issues involving people's feelings, values, beliefs, attitudes, and their perceptions of their lived experiences. A qualitative approach also offered participants from the autism community opportunities to voice their thoughts and share the aspects of their lived experiences to ensure that the research topics were meaningful and relevant to them (Fayette & Bond, 2018). In this current research, qualitative data were used to study phenomena and were extracted via several data collection methods including grid and non-grid techniques.

Participants

This research involved the collection and analysis of qualitative data using both a non-probability sampling method (a voluntary sample) and a purposive sampling method. Participants were recruited via a paid advertisement with Aspect Research Centre for Autism Practice (ASPECT, 2022). An invitation to participate in the research (Appendix A) was published on ASPECT's website and Facebook page for one month, and ASPECT's social pages for six months. In my advertisement, I invited participation from male and female adolescents (aged 13 to 18 years) who had a formal diagnosis of autism spectrum disorder without an ID. Table 2 highlights participants' demographic data. A total of 10 young people responded to the advertisement; four female and six male participants who resided in various metropolitan and regional areas across New South Wales (NSW), South Australia (SA) and Victoria (VIC). Most participants attended, or had attended recently, public co-educational high schools. Participants were invited to participate in a 60-minute interview via Zoom, a platform for video and audio conferencing (Zoom Video Communications Inc., 2016). Each participant was provided with a $50 gift card to thank them for their time.

Table 2

Participants' demographic data

Pseudonym	Gender	Age (years)	Location
Ella	Female	18	Metro VIC
Emily	Female	14	Regional NSW
Harry	Male	15	Regional SA
Alice	Female	18	Metro SA
Oliver	Male	15	Metro NSW
Theo	Male	18	Regional VIC
Rob	Male	13	Regional NSW
Joe	Male	15	Metro SA
Archie	Male	18	Metro VIC
Zoe	Female	16	Regional VIC

Data Collection

Participants and their parent(s) responded to the ASPECT advertisement by email, with participants' mothers being the first point of contact on most occasions. In response to their interest in participating, participants and their parent(s) were emailed an information pack (Appendix B). Each information pack included a letter of introduction from the doctoral supervisor, information about the research, and consent/assent forms for the participant and their parent(s). All participants were sent a copy of the sentence completion activity, semi-structured interview questions and RGT prior to the interview to promote preparedness and ensure their comfort with both the process and content. Participants were provided with the option to complete the sentence completion activity on their own, prior to the interview. One participant opted to pre-fill their sentence completion responses. Following receipt of the consent/assent forms, a phone call was arranged with the mother and/or participant to provide time for introductions and questions. During this phone call, I discussed the nature and purpose of the research, and the participant's rights, so that the participant and their parent(s) understood issues including informed consent, potential risks and benefits, and privacy and confidentiality.

Pre-Interview

During the pre-interview phone call, I observed the language which the participant and/or their parent used to describe the topic of autism and the autism community. It is important to respect the language used by participants and model similar terminology to promote relatedness and trust during the interview process (Greig et al., 2013). For example, some participants described a person on the autism spectrum as an 'autistic person', whilst others described the person as being 'on the spectrum'. During our pre-interview discussion, I also requested that participants share any other diagnostic data to support my understanding of their unique needs and preferences as well as any preferences with regard to pronouns (Mukherjee, 2017). Participants and their parents provided me with the participant's formal diagnosis of autism, which they had attained from their psychologist or psychiatrist. Some participants provided other reports and assessments, which they had received from their schools. It was useful to have information about the participant's reading skills given that I provided participants with the opportunity to complete the sentence completion activity remotely by email (Whitehouse et al., 2009). Participants' data alerted me to areas of sensitivity which could be avoided to promote increased feelings of safety.

Most of the pre-interview phone calls were around 10-20 minutes in length, which allowed time for an explanation of the research and discussion about issues such as consent, privacy, and confidentiality. The topic of informed consent involved me presenting information about the research to participants and/or their parents in appropriate and accessible ways to allow them to make a meaningful choice about their participation (Moore et al., 2018). Consent was sought from parents and their children, both verbally and in writing after informing them about the purpose, risks, and potential benefits of the research. Participants and their parents were provided with two different versions of the information. One version provided the adolescent with information in easy-to-read text. The easy-to-read version used less complex language and highlighted the key points in bullet point form to ensure that each participant received information which made sense to them (UN, 1989, 2006). The information outlined some of the personal benefits of participation, which included early access to the research findings and the possibility of the research supporting positive change for the adolescent autism community.

During the pre-interview phone call, I explained that the interview would be audio-recorded. First, I explained that the participant could request that I cease recording at any time, including prior to, and during the interview. Second, I explained their right to withdraw from the research at any time without penalty (Punch & Oancea, 2014). I clarified that the participant could stop the interview at any time, including prior to and during the interview. Third, I described the participants' rights regarding the protection of their privacy and confidentiality (Barnard & Wang, 2020). I explained that their identity would remain anonymous to others and that I would use a pseudonym within the research. I explained that the data would be retained for 5 years by the university and would not be used for other research without their consent. Fourth, I described the notion of informed consent which involved their voluntary decision to participate in the research. I provided participants with a list of counselling services to support them in case the research negatively impacted their health and/or wellbeing (Alderson & Morrow, 2020; Mitchell & Irvine, 2008).

During the pre-interview phone call, participants and their parent(s) were invited to ask questions, clarify any aspects of the research process, and confirm their interest verbally (Rogers et al., 2021). Participants were invited to choose a time that suited them to participate in the online interview, to which participants' parents were also invited. Three of the older participants initiated contact themselves and spoke directly to me on the phone after reading about the research via ASPECT's online advertisement (ASPECT, 2022). Although some participants were 18 years old, parental consent was formally requested because all participants were still living at home. All interviews were conducted online because many participants resided interstate or lived in locations which were difficult for me to reach. At that time, most Australian states were experiencing waves of COVID-19 which had resulted in a combination of lockdowns and border restrictions. Consequently, online interviews were the only option available at the time. In total, 10 participants were interviewed; 9 participants engaged in the online interview and one participant completed his interview autonomously and returned his written responses via email.

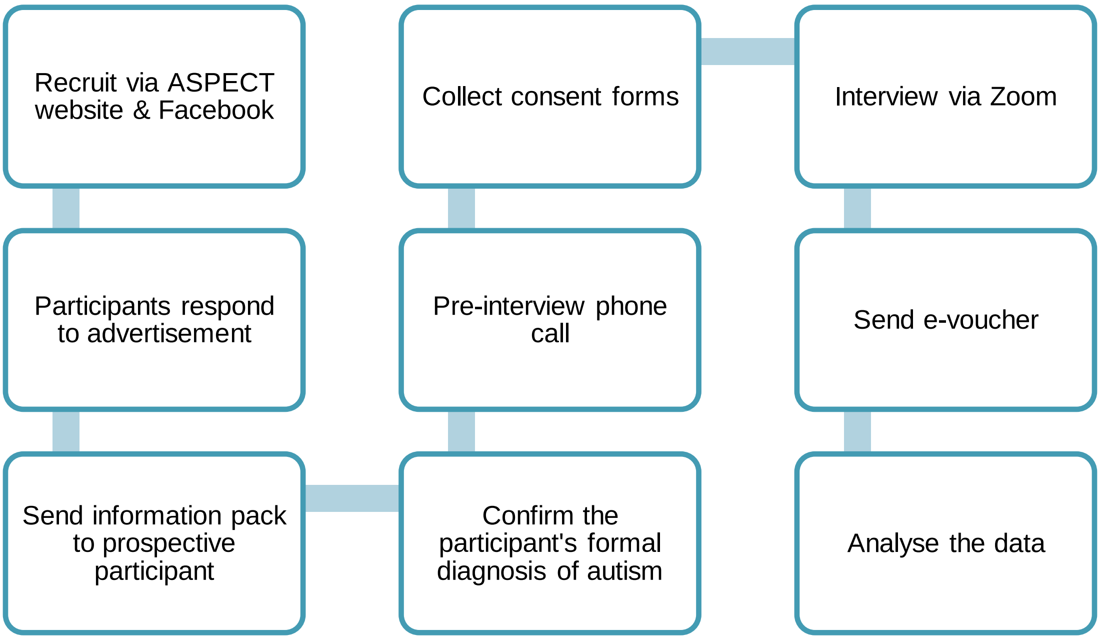
Interestingly, a much greater depth of content was elicited from participants who shared their autism experiences verbally in the online interview. In contrast, the participant who shared his autism experiences by email provided very brief responses. It may be that the context of a discussion generated a richer narrative because it provided opportunities for questioning and clarification. The semi-structured interview may have prompted participants to think more deeply about their experiences thus bringing to light additional perspectives and/or thoughts in response to my questions, pauses and/or prompts (Green et al., 2019).

Interview Format

According to Walker and Winter (2007) a vast array of PCT methods has been developed, which include both grid and non-grid techniques (p. 461). Non-grid techniques include semi-structured interviews and sentence completion activities (Grice et al., 2004; Moran, 2006; Ravenette, 1999; Truneckova & Viney, 2006; Williams & Hanke, 2007). Grid techniques include Kelly's (1955) RGT. According to Sewell (2020), Kelly (1955) played a pivotal role in the development of assessment techniques, designing the RGT as a grid-based framework to assess and understand the nature of a person's personality within a clinical setting. Kelly's RGT method provides a set of tools for evaluating a person's constructs or systems of personal meaning (Kelly, 1955). Figure 2 highlights the key components of the recruitment and interview process.

Figure 2

The initial phases of the recruitment and interview process



Semi-Structured Interviews

A semi-structured interview is an informally constructed discussion, which aims to elicit knowledge of a participant's experiences, thoughts, beliefs, and/or values. It is important to conduct a semi-structured interview in a space which provides the participant opportunities to preserve their privacy and confidentiality (Mascha & Boucher, 2006). The interview should be conducted at a time that suits the needs of the participant to promote a comfortable setting. Minichiello et al. (2008) suggest that participants should be provided with an interview guide to promote predictability during the interview process. Preparedness promotes a culture of certainty, where participants can share their personal and intimate lived experiences. Cultivating an atmosphere of safety is supportive and respectful of participants on the autism spectrum who may experience difficulties due to restricted, repetitive patterns of behaviour and/or an insistence on sameness (APA, 2013; Gal & Yirmiya, 2021; Sevin et al., 2015). These considerations help to foster a trusting relationship in which the participant is able to relate to and connect with the researcher (Milton & Bracher, 2013; Minichiello et al., 2008).

In preparation for conducting a semi-structured interview, research suggested that the researcher should be very familiar with the subject matter to ensure that the chosen method is suited to collecting data about the research questions (Rabionet 2011; Turner, 2010). For example, the researcher should conduct a literature review before interviewing participants to ensure that there is an understanding about the types of questions and issues which could be raised during the interview (Kallio et al., 2016). Additionally, it is recommended that topics be permitted to emerge organically during the interview. A loose semi-structured interview guide can support the flow of the dialogue whilst allowing new perspectives to emerge (Krauss et al., 2009; Turner, 2010). Additional content can include discussion about the participant's background and their interests. Whilst the semi-structured interview does not represent the heterogeneity of an entire group or community of people, it can provide a wealth of rich data, and support reciprocity between the researcher and participant to access first-hand data that develop deep understandings about a person's lived experiences (Fayette & Bond, 2018; Galletta 2013).

The semi-structured interview can cater for flexibility of the content and delivery methods because it allows the researcher to seek clarification or ask additional questions to access deeper meaning (Husband, 2020). The semi-structured interview technique is inclusive which helps to reduce researcher bias and increase the clarity, reliability, and validity of the research (DeJonckheere & Vaughn, 2019). This current research invited participants to engage in a semi-structured interview in conjunction with, or upon completion of, the sentence completion activity. The semi-structured design allowed participants to determine the direction of the interview so that it was not limited to expected outcomes (Petalas et al., 2009). The approach also provided the participant and I with an opportunity to discuss in greater detail the content that was shared during the sentence completion activity. According to Barbour (2000), the semi-structured interview encourages participants to share the issues that are most important to them. The approach aims to produce meaningful interpretations by allowing participants to take greater control over the interview process whilst expressing their thoughts, and describing their experiences, in ways that make sense to them.

During the interview, a range of techniques were used to ensure that participants did not feel pressured or constrained by time, especially on occasions when they were responding to a topic that was sensitive in nature. First, I established relatedness and rapport by talking about the person's family and a topic of interest to them. This provided me with useful information for prompts and references to use during the interview. Second, I used prompts to facilitate their responses because prompts or making references to a participant's previously connected data provides a springboard for discussion (Teachman & Gibson, 2013). Third, I provided flexibility throughout the interview process and reassured participants that they could share information not related to a question at any time. Questions were reordered or reworded to promote increased understanding or relatedness.

At times, questions were missed if already answered to avoid creating unnecessary agitation for the participant and to create a conversational flow to the discussion (Courchesne et al., 2021). Some questions about mental health and bullying were avoided or tailored to the participant if I believed that a topic could cause distress.

Flexibility during the interview process involved alternate actions such as adding questions to enrich participants' responses and encouraging them to discuss their response in greater depth if a topic required additional exploration (Courchesne et al., 2021). The process involved asking the participant to provide an example or clarify their response. This approach encouraged reciprocation so that participants felt safe in the interview space. If a conversation did not feel comfortable, the participant's topic of interest was reintroduced to build relatedness. Sharing my own experiences also cultivated feelings of trust and facilitated the flow of the conversation. It also increased the likelihood of the participants discussing topics which would ordinarily make them feel uncomfortable (e.g. their mental health). When participants indicated that they could not think of a response and/or remained silent after being asked a question, I referred to the previous topic of discussion and/or moved forward to the next interview question or topic. Participants found the more specifically worded questions (e.g. Please provide three things that you like about yourself) easier to answer because the question contained an explicit request.

Questioning Styles

The semi-structured interview questions included a range of questioning styles such as multiple-choice, short answer, and open-ended questions. The different questioning styles provided both idiographic and descriptive data about participants' experiences of autism. Questions were designed to promote understanding and ensure that participants could easily access the question's meaning. Information was provided in small chunks to support the person's cognitive processing requirements and reduce the likelihood of the person experiencing cognitive overload. Some people on the autism spectrum prefer to process information in chunks, with a focus on localised processing skills (Frith & Happé, 1994). They also tend to break down a sentence's meaning at the word level rather than the sentence level, which meant that every word needed to be carefully contextualised to ensure its correct interpretation. Questions addressed one topic at a time to reduce cognitive confusion and facilitate the participant's short-term memory processing. These techniques can support both non-ASD people and people on the autism spectrum during interviews.

Multiple-Choice Questions

Providing a range of pre-designed multiple-choice responses supported participants' receptive communication processes because it reduced the likelihood of misinterpretation. These questions aimed to elicit a best response about how participants felt in specific social settings and scenarios. For instance, one question asked, 'If you had a choice, would you rather spend time with one person, a group of 1 to 5 people, a group of 5 to 10 people, or other?'. Participants found these questions the easiest to answer because questions were explicit, and their responses were limited by the range of options. This style of questioning assisted me to increase the pace of the interview and ensure that I received responses from participants who may have struggled with the open-ended style of questioning. When designing the questions, I was careful to choose language that was not figurative and words which did not have multiple meanings because people on the autism spectrum tend to interpret language literally (Falkum, 2022; Kasirer & Mashal, 2016; Van Tiel & Kissine, 2018).

Short Response Questions

The short response questions elicited specific information about each participant's descriptions of self. These questions related to the participant's perceived and ideal description of self. A sample of such a question is, 'If you could choose three adjectives to describe how other people might describe you, what words might you include?' This type of questioning targeted specific information which related to the focus of the research questions and was less time consuming than the open-ended question style. The scope of each question was limited to ensure that participants stayed on topic whilst they were answering the question. Following the response to each question, time was allowed for the participant to add further information, redirect the topic, or ask questions. Short response questions encouraged feelings of task completion because most participants were following the interview's progression using the pre-supplied interview guide. Feedback was collected at the end of each interview to assess whether participants found the interview questions easy to understand. Most participants rated the questions very easy to understand. The interview feedback is discussed at the end of this chapter.

Open-Ended Questions

Open-ended questions invited participants to share their experiences of having a diagnosis of autism and describe their feelings of self. Examples of the questions include 'What are some good things about having a diagnosis of autism?' and 'Are there any things that you would like to change about yourself?' During the interview process, I asked participants to clarify and elaborate on their responses (Baker, 2002; Butler, 2007). My questions invited participants to dig deeper and provide additional information or explanations about their responses (Tong et al., 2007). For instance, I asked questions such as, 'What do you mean by that term?' or 'Can you express that idea differently?' Participants were encouraged to view the research question from different perspectives (e.g. a first-hand perspective, a third-person perspective, and through a positive or negative lens). One question invited participants to imagine how someone else might feel about receiving a diagnosis of autism. Most participants provided detailed responses with ease.

Sentence-Completion Activity

A sentence completion activity was used to offer participants the opportunity to share their perspectives, feelings and attitudes using a structured format (Kujalaa et al., 2014). This activity has been used successfully in the past by clinicians including psychologists and psychiatrists to manage and explore adolescents' inner conflicts and experiences (Kohli et al., 2018). Benefits of the approach include the opportunity to avoid face-to-face direct questioning, which can result in the person feeling self-conscious or confronted (p. 231). Whilst a semi-structured interview may result in a person providing some uncensored material, the structured nature of a sentence-completion activity can result in participants providing a more thoughtful and succinct response (Kohli et al., 2018). The sentence-completion activity also provided detailed data in a timely manner and served as a warm-up activity because it provided participants with structured questions (Appendix C). An example of a question from the sentence completion activity follows:

1. This question invites you to complete the following sentences:
    a. When I am at school I often feel
       I feel like this because
    b. When I am at school I sometimes feel
       I feel like this because
    c. When I am at school I never feel
       I feel like this because

The sentence completion activity produced idiographic information related to participants' views of self to explore their self-image (what they think) and self-esteem (how they feel) across a range of contexts. Participants were provided with opportunities to share information about their socialisation preferences, their personality/character, and their experiences of receiving a diagnosis of autism. Whilst the sentence completion activity provided participants with opportunities to provide unrestricted open-ended responses that were not guided or influenced by the researcher, the activity also prompted participants to provide brief responses that required more depth (Lichtenstein et al., 2003). Because most participants completed this activity during the semi-structured interview, additional questioning allowed me to prompt participants to expand upon their initial responses. Most participants completed this activity during the semi-structured interview, but one opted to complete the sentence completion activity and semi-structured interview alone, returning his responses by email. The questions in the sentence completion activity offered participants opportunities to describe how they feel when they are alone, with their family, and with varying numbers of people in both the school and home context. The questions also probed participants' social preferences including whether they preferred to be with others, in groups, or alone, and whether they preferred to be at school, or at home. The participants' responses to each of the 10 questions in the sentence completion activity provided the constructs for the third data collection technique, the RGT.

The RGT

Kelly's (1955) RGT is a domain-specific technique which can be adapted to explore any area of choice (Hess et al., 2021). In this research, the RGT was adapted to explore the core constructs of adolescents on the autism spectrum to provide information about their values, beliefs, thoughts, and experiences of autism. The grid provided participants with scope for self-exploration whereby they used their own words to construct a sense of their own identity. According to Kelly (1955), a person's core constructs are the source for their self-identity. Core constructs can be visualised as a unique set of building blocks through which a person perceives their worldview. The most important constructs are positioned at the top and the process of block construction and re-arrangement exists as an ongoing cycle of self-appraisal (Kelly, 1955, Hess et al., 2018). Adolescence is a period of developmental change in which a person's sense of self and identity may be susceptible to constant flux due to the increased likelihood of them engaging in a range of new and unfamiliar social contexts with increased independence (Butler, 2009).

The modified RGT in this current research was used to elicit personal constructs and provide participants with an alternative means of exploring their thinking processes in ways that were not restricted by standardised tools and questionnaires (Fransella et al., 2004). Within the participant's system of constructs, I positioned two elements which related to how the person perceived themselves now, and how the person perceived their ideal self (Hess et al., 2018). The RGT invited the participant to add more constructs and then provide the bipolar construct (bipolar opposite) to create a construct pair. I elicited superordinate constructs by questioning the participant about which construct pole they preferred and why. The process of questioning continued until the person was unable to provide any more constructs (Fransella, 2003). This approach was useful for eliciting constructs at the deeper level to explore participants' feelings about their lived experiences. Superordinate constructs included those higher-level abstractions which the participant uses to construct their world. During the interview process, I invited participants to provide additional explanations about how they construed their world so that I had more data to support my interpretation of the participant's construal system (Baker, 2002; Feixas et al., 2002, p. 2; Thomas et al., 2011; Tong et al., 2007).

The Interview

The day prior to the interview I emailed each participant to confirm that the planned time was suitable for them (Cridland et al., 2015). Each interview commenced with a conversation to brief the participant about the interview structure, length of the interview and their rights. Parents were invited to attend their child's interview, based upon the participant's and parents' needs and personal preferences. During each interview, I again discussed the topic of consent with each participant because gaining consent is an ongoing process (Husband, 2020; Lahman et al., 2011; Moore et al., 2018). The consent process was strengthened by providing participants with multiple opportunities to confirm their consent with me verbally throughout the interview. The discussion aimed to remind participants about their rights, promote a culture of safety, clarify any questions, and provide clarity regarding the interview format (Solomon et al., 2012). Once the audio recording commenced, I allowed 5-10 minutes to acquaint myself with the participant and engage in authentic social conversation about their family, hobbies, and topic(s) of passion and/or interest (Robinson et al. 2011).

Although the interview was conducted online, it was essential that all participants had access to a private space in which they felt comfortable voicing their thoughts and experiences. At the start of the interview, I confirmed with participants that they were speaking from a place where they felt safe and secure to share their ideas. In preparation for the interview, I thought deeply about the strategies and approaches which I could use to facilitate understanding and promote a context which felt safe, comfortable, and secure. I thought about the importance of active listening and the need to consider cues from the participant that might indicate that the person felt uneasy, tired, or disinterested. Because some people on the autism spectrum may take longer periods of time to process and respond to a question, I ensured that I offered them sufficient time and support to respond to questions and share their views (Bengtsson, 2017; UNICEF, 1989).

Research suggests that people on the autism spectrum can experience a range of social-communication, cognitive and behavioural differences which should be considered during the design and delivery of the interview (Cridland et al., 2015). Although participants were provided with the option to complete the interview in multiple sessions, all participants chose to complete the interview in one session. Each interview progressed at a personalised rate which supported Kelly’s (1955) goal for the PCT process to be valued as a unique and highly individualised process. During the interview, I asked participants to advise me if they required a break. I also continued to ask participants to share information about their topics of interest. Although the interview was originally divided into three parts, I found it easier to move back and forth between the parts of the interview questionnaire because it allowed me to create conversational fluidity and reduced the chances of repetition. The semi-structured interview questions are provided with the sentence completion activity in Appendix C. After completing the sentence completion activity and semi-structured interview questions, participants were invited to complete the RGT.

Completing the RGT

Table 3 represents a blank RGT template. To each grid, I added two pre-selected elements: ‘self now’ and ‘ideal self’. By selecting the two elements, I ensured that the participants’ constructs were discussed and ranked in relation to their unique understanding of self.

Table 3

A blank RGT template

Construct	Situational context	Self now	Ideal self	Bipolar construct
A score closer to 1 indicates that the response aligns more closely with the construct, whilst a score closer to 10 indicates that the response aligns more closely with the bipolar construct.				

Before the interview started, I reviewed the participant’s responses to the 10 questions in the sentence completion activity, looking particularly for 'emotion' and 'feeling' terms that reoccurred in their responses. I then inserted these frequently used terms into the 'Construct' column of the grid. By starting this part of the grid in advance of the interview, I ensured that the participant did not need to wait while I added the constructs - derived from their own responses to the sentence completion activity - to the grid. Because all participants completed the same sentence completion activity, their options under 'situational context' were identical and derived from the context related to a specific question in their sentence completion activity.

During the elicitation process, I aimed to elicit more constructs beyond those extracted from the person’s sentence completion activity. For each construct, I asked the participant for an alternative word, which held the same meaning for the person. This aimed to expand the participants' list of core constructs to develop a rich view of the person's construal system (Procter & Winter, 2020). As I asked the participant for additional constructs, I added them to the list of constructs within the template. Once I was satisfied that no further constructs could be elicited, I asked the participant to provide a bipolar construct for each of their constructs. To assist with the task, I asked the participant to provide a word which they would use that was the opposite in meaning to the construct. For example, if the construct was anxious, I asked the participant to provide the opposite meaning. When the participant provided the antonym (e.g. 'calm'), I added this word as the bipolar construct in the grid. When all possible constructs and bi-polar constructs were exhausted, the elements were rated by the participant using a ranking scale from 1 to 10 (Aranda & Finch, 2003). I scaffolded the process and explained that a rating of one indicated that they rated themselves closer to the construct (left end of the construct pole). In contrast, a rating of 10 meant that they rated themselves closest to the bipolar construct (right end of the construct pole). The numbers between one and 10 provided the participant with the opportunity to scale their response. The RGT questions are provided in Appendix D.

The RGT ranking process offered the participant a logical framework to expand upon their reasons for selection (Hess et al., 2021). During this process of elicitation, I used questioning to elaborate each construct and develop deeper understandings about the participants' core beliefs (Fransella, 2003; Hinkle, 1965). For instance, I asked questions such as:

> Why did you choose that end of the bipolar construct pole? What other words come to mind when you think of [insert construct]?
>
> Why do you believe that people perceive you as [insert construct]?
>
> Can you provide one example of when you would describe yourself as [insert construct]?

Because I completed the grid template for participants using their responses, there was minimal confusion about the process and participants could focus on their responses rather than the way that the grid needed to be completed.

Table 4 is an excerpt of a completed RGT grid. The sample grid indicates that the participant felt very anxious (a rating of 2) in the school setting at the time of the interview, and that she hoped to feel much calmer (a rating of 8) in the future. Thus, the participant was not satisfied with how she currently felt when she was in the school setting. Her ratings indicate that she is some distance from achieving the level of calmness which she envisaged for her 'ideal self'. The ranking system was useful because research has suggested that some people on the autism spectrum may not elaborate about the extent or depth of their feelings without prompting or scaffolding (Keith et al., 2019). The ranking system also provided participants with opportunities to increase their self-understanding.

Table 4

An excerpt of a completed RGT

Construct	Situational context	Self now	Ideal self	Bipolar construct
anxious	when I am at school, I often feel	2	8	calm

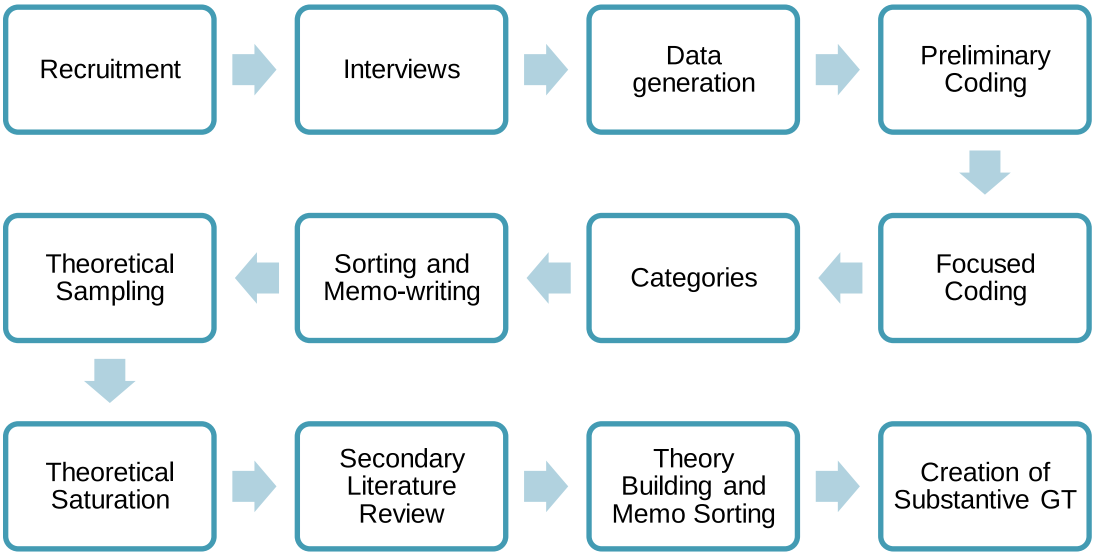
Data Analysis

Data were collected to develop understandings about each participant's system of meaning and their experiences of having a diagnosis of autism (Feixas et al., 2002). I audio-recorded the interviews via the Zoom platform and uploaded the anonymised transcripts to the qualitative software tool NVivo Version (20.6.2) to commence the analysis processes (Mattys et al., 2018; Punch & Oancea, 2014; QSR, 2020; Zoom Video Communications Inc., 2016). NVivo was used to store, organise, and analyse the data to uncover connections and patterns that may not have been accessed using manual processes alone. Glaser and

Strauss' (1967) constant comparative method assisted me to make thematic connections within the data and analyse the data for meaning and trends. The technique involved the use of constant comparison, an iterative process by which I identified common patterns and themes grounded in the data that allowed for generating theoretical perspectives to explain the outcomes (Charmaz, 2014; Glaser & Strauss, 1967; Punch & Oancea, 2014). Figure 3 depicts Charmaz's (2014) GT processes and methods which guided the research.

Figure 3

GT processes and methods used in this research (Charmaz, 2014, p. 18)



Preliminary Coding

The research involved multiple stages of data analysis beginning with preliminary analysis during the data collection stage (Charmaz & Thornberg, 2021). Following each interview, I listened to the recording and created memos to detail significant codes (Charmaz, 2014). During this process, I posed analytic questions and engaged in a meaning-making process to make sense of the fragments of data. GT coding aims to condense and account for categories using brief labels (Charmaz, 2014). The coding provided me with a means to group descriptions of participants' experiences, thoughts, feelings, and beliefs. I used the language chosen by the participant across the various stages of the coding process to ground the theory in participant's first-hand experiences and increase the credibility of the data (Strauss & Corbin, 1990). For example, the label 'sensory issues' was applied to one participant's statement, 'the constant noise they produce is annoying', whilst the label 'sensory response' was used to categorise the participant's feelings when he said, 'I feel like I want to explode.' To further increase reliability, I clarified the participant's meaning, and demarcated repeated words according to context.

During the preliminary coding phase, I compared participants' meanings with the evolving theoretical construction (Charmaz, 2014). Glaser (1978, p. 57) suggests asking the question, 'What is this data a study of?'. When using this question, I was encouraged to make ongoing connections between the participants' lived experiences and their feelings, beliefs and/or thoughts (Charmaz, 2014). I adopted a line-by-line analysis approach, which kept me close to the data, and at less at risk of overlaying my own ideas or beliefs onto the participant's words (Glaser, 1978). For instance, when one participant said, 'I find myself feeling a lot of things often', I created the code, 'feeling a lot of things often'. Had I reconceptualised this notion prematurely and created a code such as 'deep feelings', the concept of frequency would have been lost. Similarly, when I coded the words, 'I often feel content or happy', I used the words 'feeling content or happy'. By coding with gerunds, I was able to capture the true meaning in its rawest form before beginning the phase of data conceptualisation (Charmaz, 2014).

Focused Coding

Charmaz (2014) emphasises the importance of ensuring that the codes 'fit the data' rather than making the data 'fit the codes' (p. 120). In line with a GT approach, there was a focus on emerging data wherein the codes evolved from listening to the data, rather than from any previously framed notions (Charmaz, 2014). I used participants' language to create short and precise codes which captured the essence of their experiences, beliefs, thoughts, and actions. I used constant comparative methods to make comparisons at various stages during the analytic process (Glaser & Strauss, 1967). For instance, incidents, events, and actions were compared to identify patterns and processes within the data. Focused coding provided me with a range of codes which were more conceptual in nature and covered larger sections of data (Charmaz, 2014). Each code reflected the participant's experiences and/or thoughts with the aim of contributing to the analytical process, rather than simply summarising the data. At times, the transition between these two coding stages was indiscernible as I engaged in a cycle of code refinement (Charmaz, 2014).

Constant Comparative Analysis Method

I used Glaser and Strauss' (1967) constant comparative analysis method because it allowed me to generate more concepts. The constant comparative analysis method involved me in a process of cross analysis wherein data were compared with data, category with category, and concept with concept (Charmaz, 2014). During this stage of the analysis, I adopted an inductive approach with the aim of generating increasingly conceptually driven categories. Glaser (1965) described the constant comparative method as an approach which focuses on generating and suggesting many hypotheses about a general phenomenon. The method was used to compare the participant's own experiences and the different experiences shared by other participants in an inductive manner. Whilst making comparisons across the codes and categories, I also engaged in memo-taking to record how I was interpreting the data and progressing theoretical propositions, and to describe the content underpinning the categories, which constituted the major themes of the research (Glaser, 1965).

Analysing through Memo-writing

According to Charmaz (2014) qualitative researchers bring their own ideas, experiences, values, and beliefs to the research process. Researchers have their own biases and assumptions which can influence their interpretation of the data (Charmaz, 2014). Each researcher views the data through a world lens which is also coloured by their own sociocultural influences such as gender, culture, ethnicity, generation, and class. During the analysis phase, I actively engaged in the process of memo writing as a form of internal conversation (Charmaz, 2014). I made anecdotal notes which allowed me to reflect upon my choice of codes and categories. The memo writing process offered me opportunities to refine the codes and categories to move toward more abstract and conceptual interplay with the data (Charmaz, 2014). I listened to each participant's interview recordings and manually annotated the transcribed data using the 'comments' feature in Microsoft Word (Microsoft, 2022). I used memos to highlight my motivations, beliefs and assumptions about the research topics and processes, which engaged me in a process of bidirectional self-awareness (Alvesson & Sköldberg, 2018; Finlay, 2002; Lincoln & Guba, 1985).

Theoretical Sampling

Theoretical sampling was driven by the emerging propositions because it required me to question which groups or subgroups of data should be used next to move me closer to the generation of theory (Strauss, 1987). Theoretical sampling assisted me to clarify the different relationships and variations between the categories and codes to generate a credible theory (Ligita et al., 2020). Within the sampling process, all categories were treated as equally important, so no categories were excluded despite their differences. The process of theoretical sampling involved minimising and maximising the differences between data groups to ensure that all theoretical categories were robust (Charmaz, 2014; Glaser & Strauss, 1967). The process of minimising the data differences involved the extrapolation of the essential categories. In contrast, the process of maximising the data differences involved in my exploration of the properties of categories at the farthest ends of the range in order to develop substantive theory (Alvesson & Sköldberg, 2018). This backward and forward movement between the data and theoretical explanations is central to the notion of constructivist GT (Charmaz, 2014).

The journey from category to theory involved me in processes such as mind-mapping, which involved the use of diagrams to demonstrate the relationships across categories (Alvesson & Sköldberg, 2018). Whilst working toward the creation of theoretical propositions, I continued to remind myself about the issues related to interpretation, the role of language, and my need for ongoing reflexivity (Alvesson & Sköldberg, 2018). This ongoing reflexive process inspired me to reflect upon my own implicit ideas and beliefs. Reflexivity is an essential process of critical reflection, which establishes the authenticity of the qualitative research process and the researcher's integrity (Guba & Lincoln 2005). The process of reflexivity encouraged me to explore how my experiences and attitudes influenced my engagement in the research process. This process also encouraged me to explore how potential bias could influence the interpretive process and how I could minimise potential bias by adopting Alvesson & Sköldberg (2018) framework.

Alvesson and Sköldberg's (2018) Framework

I used Alvesson and Sköldberg's (2018) framework to address reflexivity across the research process. Alvesson and Skoldberg (2018) created a framework with four levels of reflexivity, which foster 'reflexive interpretation' to analyse the data from a GT perspective (p. 328). Table 5 summarises these four levels of reflexivity.

Table 5

The four levels of reflexivity (Alvesson & Sköldberg, 2018, p. 273)

Level	Focus
Empirical material and data construction	Accounts in interviews and other empirical materials
Interpretation	Addresses the underpinning meanings
Critical interpretation	Ideology, social reproduction, and power
Self-critical and linguistic reflection	A reflection on the text production, language, and voice

During the process of reflexive interpretation, I examined my worldview and the meanings which I attach to phenomena that could unexpectedly become assumptions and slip into the research process without my conscious awareness. Whilst working within the first level of the framework, I contemplated the data collection phase and thought deeply about the types of influences that I might have on the research design, research tools and data collection process. For example, I recruited participants by placing an advertisement with Autism Spectrum Australia (ASPECT), a service provider with which I had previously shared a brief but positive relationship. Without being reflexive, my prior involvement as a delegate at an ASPECT conference could have influenced my decision to recruit participants via ASPECT. To avoid bias, I conducted extensive research prior to placing my advertisement and was confident that ASPECT's widespread exposure would result in me accessing adolescents on the autism spectrum to participate in my research.

Level 1

The first level of Alvesson and Sköldberg's (2018) framework encouraged me to examine my influences on, and engagement with, the data collection phase of the research process. When I was interviewing participants, I was cautious not to lead them into their responses to ensure that the interview did not become a platform for social control (Engward & Davis, 2015). I was mindful not to allow my voice to dominate the interview space so that participants would not measure my own experiences of being on the autism spectrum with their experience(s). During the process of reflexive interpretation, I thought deeply about how the data collection processes provided me with a great responsibility to do justice to the participants' meaning. As previously acknowledged, I recognised the importance of providing participants with additional processing time because people on the autism spectrum can have significant deficits in processing speed (Haigh et al., 2018). To ensure that their meanings were clear, I clarified their responses and asked them to explain their ideas in different ways using examples.

Level 2

When I considered the second level of Alvesson and Sköldberg's (2018) framework, I reflected upon my belief systems and investigated how I approached the task of data analysis (Lincoln & Guba, 1985). During this level of the framework, I examined how my belief system and prior outlooks influenced the analysis of the data (Alvesson & Sköldberg, 2018). Whilst the audio transcripts were transcribed verbatim, I was responsible for coding, and comparing categories; a responsibility which meant that I needed to consider the impact of my prior experiences. Possible influences at this level included my social and professional experiences teaching students on the autism spectrum. After reflecting deeply about this issue, I concluded that I had increased my methodological self-consciousness due to my heightened awareness of reflexive processes and awareness of the heterogeneity of people on the autism spectrum. The use of a constructivist GT approach kept me actively involved in the research process by encouraging me to "raise critical questions from the beginning of data collection through the analysis and the writing" (Charmaz, 2017, p. 41). I used participants' direct words wherever possible to support my interpretation and my development of the narrative.

Level 3

The third level of Alvesson and Skoldberg's (2018) framework invited me to consider the political-ideological context and to ask questions about potential issues including power relationships. In qualitative research, the relationships and concepts, and the nature of the relationship between the researcher and participants, are ill-defined (Karnieli-Miller et al., 2009). The researcher-participant relationship can be impacted by the researcher's perspective of the world, and/or their disciplinary approach, background, and research methodology. Whilst ethical compliance aims to minimise risks to participants and protect their rights, I was responsible for adhering to the ethical standards (Punch & Oancea, 2014). Such considerations included the balance of harm and benefits, the assurance of each participant's privacy and confidentiality, and the need to gain their informed consent. I was also entrusted to move the data from a verbatim report to a narrative (Engward & Davis, 2015). The use of a GT approach invited me to explain what was happening, what patterns existed in the data, and how the phenomena could be explained conceptually. The findings involved me in a process whereby I configured and re-configured the data to explore its authentic meaning.

During the reflexive process, I thought deeply about the assumptions which I brought to the process, including pre-assumptions related to the research topic, the research process, and the people who were being researched (Engward & Davis, 2015; McDermott et al., 2006). The research findings involve a combination of both the data, and my interpretations of the participants' experiences (Engward & Davis, 2015). During the data collection process, I actively listened to participants share their lived experiences to ensure that I could provide an authentic interpretation of the data during the analysis phase. I quoted participants' words frequently because the participants' language provided the reader with opportunities to perceive the world through their eyes (Eldh et al., 2022). Quotations explicated the findings and strengthened the research by illustrating the analysis process. Throughout the research process I remained as authentic and truthful as I could by using the participants' data to explore the research questions. The use of journal writing also helped me to explore my own interests, perspectives, and positions so that I could assess areas of potential bias (Finlay, 2002).

Level 4

The fourth level of reflexivity investigated the research documents, which involved the words and language used to communicate the research (Alvesson & Skolberg, 2018). Everything which was communicated by me becomes subject to interpretation, which means that I needed to be thoughtful about my position/interpretation and perceive the research process from a 'phenomenon-first' perspective (Holloway & Biley 2011). During the writing process, I focused on creating a conceptual explanation of the phenomena to bring to life what was occurring in the data. I used participants' words to demonstrate what was important to them, and I attempted to create a narrative based directly upon their lived experiences (Engward & Davis, 2015). I attempted to explain the patterns, with the knowledge that the sense of messiness of the social context might be overshadowed. Glaser and Strauss' (1967) constant comparative analysis method involved me in a process of cross analysis, with the aim of clarifying the different relationships to generate a credible theory.

Ethics

Australian regulations stipulate that all forms of research involving human participants must conform to the ethical practice and standards of academic integrity as described in the National Statement on Ethical Conduct in Research Involving Humans (National statement on ethical conduct in research involving humans [NHMRC], 1999). The current research complies with the National statement on ethical conduct in research involving humans [NHMRC] (2007) and was approved by Flinders University SBREC (Appendix E). Key aspects of ethical compliance included managing potential burdens on participants, minimising harm, and obviating the risks associated with the research. Informed consent was gained from participants and their parents, and the research data was managed to safeguard privacy and ensure the safe storage of data. All data were stored securely in my personal Cloud storage, after which they were stored on password-protected files in the Flinders University Cloud storage (NHMRC, 2007; Stringer, 2013).

All identifying information was removed or excluded prior to submitting the data to any databases and/or developing published material (Barnard & Wang, 2020). It is also suggested that researchers consider whether participants could be affected by the reporting and dissemination of data in order to safeguard participants' rights and interests in terms of data sharing (Merson et al., 2015). I adhered strictly to the ethical regulations which protected the participants’ identities in my research. I adopted a people-centred approach to ensure that the research was done ‘with participants, rather than on them’ (Iphofen & Tolich, 2018, p. 9). If a participant had chosen to withdraw their consent during the research, he or she would have been advised that any information obtained from them would be withdrawn (Iphofen & Tolich, 2018). All non-anonymised data (e.g. voice recordings) were permanently deleted from all systems before hard copies of the data were delivered to Flinders University.

This current research respected participants’ contributions and addressed the unique preferences, priorities, and requirements of each participant. During the various stages of the research process, I included strategies to maximise the decision-making abilities of participants. I encouraged participants to choose a day and a time for their interview which suited them. This included checking the suitability of the interview time on the interview day. I also sent reminders to support participants on the day, and again confirmed that it was a suitable time for them to engage. I adopted flexible processes and sent each participant a copy of the interview questions so that they would feel prepared, could complete the questions autonomously, and/or could follow along with the text whilst we were conducting the interview (Robinson et al. 2011). Additional flexibility was introduced to the data collection method whereby one questionnaire was modified for a participant who returned his responses by email. Although his responses were brief, this modification enabled the inclusion of a participant, whose voice would otherwise not have been included in the research.

Participant Feedback

Participants were invited to provide feedback and to rate specific parts of the research process by answering a few questions. Participants provided a rating out of 10 with 10 representing the most positive score and zero representing the least positive score. The mean average, of participants’ total responses, is represented in parentheses after each question.

> How comfortable did you feel participating in the interview process? (9)
>
> Were the questions easy to understand? How would you rate that? (7)
>
> How engaged or interested did you feel during the interview process? (8)
>
> Did you feel safe answering the questions? (9)

The scores above indicate that most participants were highly satisfied with the interview process. Regarding feedback, one participant provided the following useful suggestion:

> It might be better if it would be like an online thing that you fill out because some people might not want to say exactly what they're thinking.

Participants' feedback about their experiences of the research participation process will be a valued contribution to my future research studies (Kost et al., 2013).

Summary

This chapter described the research paradigm which I used to investigate participants' lived experiences of being on the autism spectrum. It provided an overview of my ontological stance, which describes reality as something which is uniquely created by each person. It also addressed my epistemological stance, which explains how each person's construed reality requires interpretation to reveal its underpinning meaning. Participants for the current research were sourced from ASPECT's website, social pages, and Facebook (ASPECT, 2022). The research included 10 adolescents on the autism spectrum who were without ID and aged from 13 to 18 years. Participants shared their lived experiences of autism via an online Zoom video conferencing session (Zoom Video Communications Inc., 2016). Kelly's (1955) grid and non-grid techniques were described in detail to outline the methods which I used to collect the data. These methods involved a sentence completion activity, a semi-structured interview, and a modified version of the RGT. By using different methods, participants experienced a variety of ways of sharing their experiences. I used an exploratory qualitative design and adopted an interpretive theoretical perspective using a constructivist GT approach.

Using an inductive approach, I gathered data directly from participants' interviews to develop a substantive theory (Charmaz, 2014). The data were analysed using a GT approach, which involved the use of constant comparison; an iterative process that assisted me to identify common themes and patterns within the data. I explained the processes involved in applying a GT approach and the approaches which I used to collect, code, and analyse the data. Similarities were highlighted between a constructivist GT approach and Kelly's (1955) PCT. PCT offered participants a systematic framework to discuss their ideas, whilst the RGT provided them with ways to describe their experiences using a numerical rating scale. GT and PCT both have a theoretically reflexive approach with a focus on reflexive processes (Charmaz, 2014; Kelly, 1955). PCT encouraged me to adopt personal reflexive practices whilst using a GT approach (Charmaz, 2014). Alvesson and Sköldberg's (2018, p. 328) framework assisted me to engage in reflexive processes whilst I analysed the data from a GT perspective (Charmaz, 2014; Guba & Lincoln 2005; Kelly, 1955). The following two chapters report the findings from the research process.

CHAPTER FOUR: FINDINGS

Ten adolescents on the autism spectrum, aged from 13 to 18 years old and with no intellectual disability (ID), were invited to participate in the research. The data collection consisted of an online interview comprised of a sentence completion activity, a semi-structured interview and Kelly's (1955) repertory grid technique (RGT) assessment tool, to share their experiences of autism. This chapter focuses on the findings from the semi-structured interview and sentence completion activity, whilst the data collected from the RGT assessment tool are the focus of Chapter 5.

Co-occurring Conditions

Awareness of a participant's co-occurring disorders is pivotal to understanding how each person interprets their unique range of everyday life experiences. Alongside a diagnosis of autism, most participants experienced a range of co-occurring conditions, which they reported had a negative impact on their everyday life experiences. These participants reported that they saw a psychiatrist or psychologist, with sessions occurring in frequency from weekly, to once every six months. The most prevalent co-occurring conditions included sleep disorders, and generalised anxiety disorders (GAD). They also reported co-occurring diagnoses including social anxiety disorder (SAD), attention deficit hyperactivity disorder (ADHD), sensory processing disorder (SPD), oppositional defiance disorder (ODD), mild anxiety disorder (MAD), and major depressive disorder (MDD). Table 6 summarises the co-occurring conditions reported by the participants. Nine of ten participants reported that they were prescribed medication to treat elevated levels of anxiety and/or depression. These data are relevant to this research because participants referred to their anxiety and medication when sharing their lived experiences of autism. Participants claimed that their mental health negatively impacted their everyday lives and was a part of their experience of being on the autism spectrum. Participants' mental health and well-being was frequently mentioned in their narratives and formed a large part of their reported experiences.

Table 6

Participants' co-occurring conditions

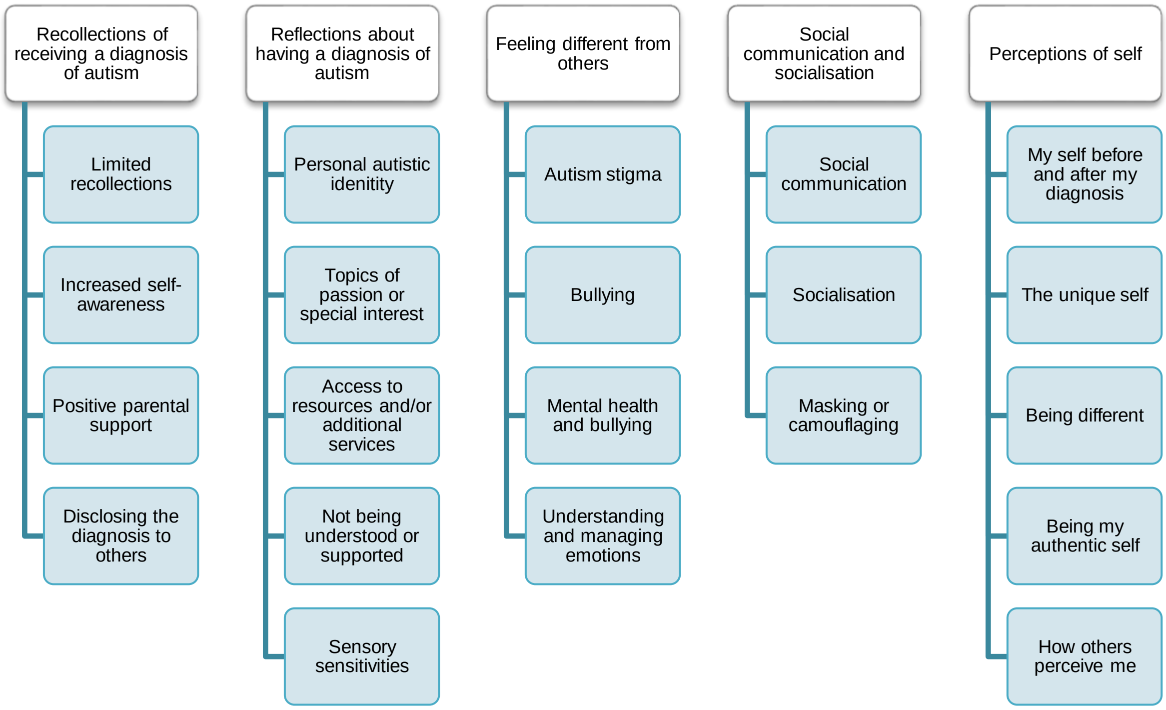
Condition	Theo	Ella	Oliver	Joe	Rob	Harry	Zoe	Emily	Alice	Archie
Sleep disorder	x						x			
GAD		x	x				x		x	x
SAD		x					x			
Depression		x	x							
ADHD								x		x
SPD					x					
ODD							x			
MAD						x				
MDD							x			

The Outcomes

The following section includes detailed analyses of the data from participants' interviews. From the data, five key categories emerged. Each of these five categories featured sub-categories which are detailed in Figure 4. The following chapter presents the outcomes from participants' interviews under these key categories and their subcategories.

Figure 4

Categories and subcategories



Recollections of Receiving a Diagnosis of Autism

Limited Recollections

There are limited data reported in the literature about how adolescents on the autism spectrum perceive the event of receiving their diagnosis of autism (Legg & Tickle, 2019; Mogensen & Mason, 2015; Smith-Young et al., 2020). Participants in this present research were invited to share their memories about the event of receiving a diagnosis of autism. Some participants were diagnosed during their younger years whilst others were diagnosed in high school. Table 7 highlights participants' age of diagnosis.

Table 7

Participants' age of diagnosis

Participant	Age	Age of diagnosis
Ella	18	17
Emily	14	7
Harry	15	9
Alice	18	6
Oliver	15	9
Theo	18	16
Rob	13	6
Joe	15	9
Archie	18	12
Zoe	16	12

Participants diagnosed between 6 and 9 years could not remember receiving their diagnosis, and/or reported that the event meant little to them at the time. Harry shared, ‘I didn’t care about my diagnosis when I was in Year 3 because I didn’t know what it meant’, whilst Joe recalled, ‘I must've been like I don't know what age even. I don't recall the time.’ Emily, diagnosed at 7 years, explained how she felt about her diagnosis when she was told at the age of 13 years. ‘I got diagnosed when I was seven but she [mum] did not really tell me until just before high school. I didn't really care. I felt the same. I was still the same person.’ Diagnosed at 6 years, Alice recalled how she felt around the time of her diagnosis.

> Honestly, I barely remember the exact time when I was diagnosed, but I remember when I was younger, and I couldn't control my emotions very well. I didn't feel good about having autism, mostly just negative feelings.

Increased Self-Awareness

The four participants who were diagnosed during adolescence shared their strong recollections of the event, which were mostly positive. Theo, aged 18 years, diagnosed at 16 years, spoke about his diagnosis of autism stating, ‘My parents always had a sneaking suspicion, but I never gave textbook or exact signs, so they weren't sure. I ended up getting a diagnosis and yes, I'm on the spectrum.’ He reported, ‘I was relieved, to be honest, because it explained a lot of stuff which had occurred which I felt, which I thought.’ Theo explained that his diagnosis of autism provided him with increased understanding about why he had felt different from others.

> It explains experiences which I had, which no one around me seemed to share. The diagnosis made it make sense. I feel more comfortable because now I can understand why something is happening.

Theo’s diagnosis of autism provided him with a new way of perceiving his experiences and integrating them towards a more unified sense of self. His diagnosis clarified his past experiences and assisted him to identity with other people on the autism spectrum who shared similar experiences. Theo also described how his diagnosis of autism supported a growth in his self-confidence and increased feelings of self-understanding. He explained how his diagnosis provided him with perspective and deeper understanding about his own journey of self-development.

> Sometimes I think it's because I am taking on all the responsibilities, the unknowns. The inevitability of time moving forward itself, becoming an adult, of having to live on my own, and having to provide for myself.

Increased self-awareness offered Theo a new way of perceiving himself as both an adult and an individual who was self-reliant.

Ella, 18-year-old and diagnosed at 17 years, shared positive recollections of the event of receiving her diagnosis of autism. She reflected, ‘It [my diagnosis of autism] made me feel relieved.’ Ella described her feelings of relief in the context of self-forgiveness. She explained ‘it helps you forgive yourself for things that you've done.’ The notion of self-forgiveness appears in the literature and focuses on the psychological benefits of diagnosis, which can offer a person ‘a new lens through which to view the self’ (Stagg & Belcher, 2019, p. 354). Like Theo, Ella’s diagnosis of autism provided her with an opportunity to self-reflect and develop understandings about where she is now on her self-development journey, in comparison to where she was in the past.

Like Theo and Ella, Zoe’s diagnosis of autism provided her with increased self-awareness and self-understanding. She reported, ‘I think it's definitely made me understand myself better.’ Like Theo, Zoe spoke about her anticipation of receiving a diagnosis of autism. She shared, ‘We [my family and I] thought that's what was coming.’ Because her diagnosis did not come as a surprise to her, it is possible that Zoe and, similarly, Theo, benefited from having additional time to process the idea of receiving a diagnosis of autism. Overall, participants in this research demonstrated a deep aptitude for reflexive thinking. Participants’ increased acceptance of self and understanding of their diagnosis of autism may have resulted from the positive support and active involvement of their parents.

Positive Parental Support

Five participants revealed that their mothers were actively engaged in developing their knowledge about autism through work and/or study opportunities. Other participants described how their mothers and fathers demonstrated positive attitudes towards autism and towards people who were on the autism spectrum. It is suggested that participants’ positive acceptance of their diagnoses of autism may have been influenced by the support which they received from their parents. In the following example, Theo clearly connects his mother’s positivity with his own perceptions about being on the autism spectrum when asked what he would say to someone who had just received a diagnosis of autism.

> I would probably tell them, don't take it as an insult, or don't let other people insult you about it. It makes you more unique. It makes you better. I'll probably quote my mum because my mum says that she thinks neurologically atypical people are an evolution over typical neurological people.

About the ongoing support by her parents, Alice shared,

> They try their best. Now that I'm at least trying to grow up I suppose you could say that they try to let me handle things myself if I can, but they definitely try to offer support when they can.

Zoe also received support from her mother. Like Theo and Alice, Zoe’s mother was educated about autism because she worked in a medical/educational field. Zoe reported, ‘My mum's good. I see an educational psychologist who also is quite good for that. My mum's more relaxed and understanding of our difficulties [than my dad].’ Emily’s mother also worked in the field and was involved in ensuring that both Emily and her brother Rob, who is also a participant in this research, had many opportunities to engage in social activities with both family and friends. Joe reported that his parents also had a strong influence on his personal values. Joe explained, ‘I got my values probably partly from my parents and probably partly from books because I read a lot.’ It would be interesting for future research to include the perspectives of participants’ parents on this topic, in order to gain insight into their perceptions about the positive influences that their knowledge of autism and active involvement in their children’s lives had on their children’s experiences of receiving a diagnosis of autism.

Disclosing the Diagnosis to Others

Despite many participants reporting their positive experiences of receiving a diagnosis of autism, most participants chose not to share their diagnosis with others. Participants reported that others’ knowledge of their diagnosis would result in them being treated differently and would increase the likelihood of them experiencing autism stigma. For example, most participants referred to experiences of bullying in their primary years and their desire to avoid a repeat of those circumstances in high school. Six of the 10 participants in this current research reported experiences of being bullied during their primary school years and reported that their experiences impacted how they shared their diagnoses of autism in high school. For example, Zoe shared the negative impact that bullying had on her socialisation in high school. She explained, ‘I got bullied really badly in primary school and the first few years of high school. I think that influences it [my ability to socialise in high school].’ She also explained that she felt ‘judged’ and ‘watched’ in high school. About sharing her diagnosis, Zoe said, ‘It's not something I necessarily hide, but it's also not something that I announce.’

Emily chose to limit the number of people who knew about her diagnosis because she did not believe that disclosure would result in her receiving the support or guidance which she sought. Emily and her mother chose not to formally tell her school about Emily’s diagnosis following the poor experiences of sharing her brother’s diagnosis of autism with the same school. Emily commented, ‘My teachers know, but the principal and that don't really know. I don't really think I would get more help even if we did tell them.’ Whilst Emily chose to share her diagnosis with close friends who she trusted, she still experienced subtle discrimination from them due to having a diagnosis of autism. Emily explained her discomfort when her friends at high school described her as ‘just like a normal person’, whilst Alice described how she felt uncomfortable when one of her peers said to her that ‘people with disabilities think differently.’ It is possible that some participants chose not to tell a wider group of people about their diagnosis resultant to their experiences of disclosure with close friends. Societal responses to autism were described in Chapter 2 and can impact a person’s development of self (Turnock et al., 2022).

Joe reported his hesitancy regarding the disclosure of his diagnosis of autism. He believed that disclosure would result in him being perceived as different and/or being treated differently by others. Joe shared, ‘I wouldn’t tell people. I wouldn’t want people to treat me differently in any way. It would be in the back of their mind, and it might subconsciously affect their decisions.’ Both Joe and Alice attributed some of their hesitancy related to sharing their diagnoses with others to their experiences of bullying during the primary years of school. Research indicated that bullying in the primary years can result in adolescents on the autism spectrum being more socially withdrawn than their non-ASD peers and/or more reluctant to share their diagnoses with others due to their fear of autism stigma (Ochi et al., 2020; Paul et al., 2018; Thompson-Hodgetts et al., 2020; White et al., 2020). This current research indicated that the social experiences of some adolescents on the autism spectrum impacted their perceptions of self and how they related to their diagnoses.

Ella, Archie, and Theo chose to share their diagnoses of autism with a few close friends. Theo shared his diagnosis with his teachers and close friends. He reflected,

> I believe my friends are aware of my diagnosis, yes, because I've told them on my own terms. They don't really speak about it much, if not at all. They're understanding, they've just gone, ‘Yes, okay.’ We've moved on and we're still good friends and all that.

Ella shared her diagnosis with friends but was deterred from sharing her diagnosis with others due to their possibly negative reactions. She explained, ‘I have to convince people that I'm autistic. They don't really believe me because they've known me for a while.’

Both Oliver and Harry reported that they had no need to announce their diagnoses of autism to anyone because people already knew due to the visibility of their autistic traits and/or behaviours. Harry reported that he was rejected by his peers due to his autistic social traits, which he reported were different from the traits of his non-ASD peers. Oliver described situations wherein he was repeatedly called ‘autistic’ by his non-ASD peers at school. For both of these young people, these experiences negatively impacted their sense of self by making them feel both ‘excluded’ and ‘rejected’. Like Oliver and Harry, Alice claimed that her peers probably knew about her diagnosis of autism due to the autistic behaviours and/or the emotional dysregulation which she displayed at school. She explained,

> I suppose at that time it was just a lot of not understanding certain jokes or just not being good at reading people's facial expressions, also a lot of just emotional regulation. Even in PE, whenever I had PE class, if I lost a PE game, it seems ridiculous thinking back, but if I lost in dodge ball or something and had to sit out, I would just cry about something like that.

Alice also explained that her experiences of being bullied during her primary years impacted how and when she shared her diagnosis of autism now that she was older. She reported, 'I accepted that it would bring me, I guess, benefits, and challenges a long time ago. People who I'm close with know that I have it or that I'm autistic.' Most participants chose not to share their diagnosis of autism with people other than teachers and close friends, which reflected the findings of the literature review. Avoidance of disclosing a diagnosis of autism was a recurrent theme in the literature because some adolescents on the autism spectrum perceived that their disclosure to the school or their peers would contribute to them being treated differently despite possibly being accepted (Bottema-Beutel et al., 2016; Mogensen & Mason, 2015).

Reflections about Having a Diagnosis of Autism

Personal Autistic Identity

In this research, participants were invited to share their perceptions of the positive and negative impacts of having a diagnosis of autism in order to develop insight into their personal autistic identity. Personal autistic identity describes the specific interests and values which a person on the autism spectrum possesses in relation to their own self-belief about their uniqueness and individuality (Corden et al., 2021). Upon receiving their diagnosis of autism, some participants reported feeling an increased sense of self-awareness, whilst others reported that their diagnosis supported feelings of uniqueness. Theo shared, ‘I view my autism, or my diagnosis at least, as something which makes me unique. It gives me a little more a feeling of individuality if that makes sense; partially also a bit of purpose as well.’ Alice reported that having a diagnosis of autism provided her with increased uniqueness: ‘People on the spectrum have some characteristics that other people wouldn't have that are more just a unique thing.’ This notion of uniqueness extended to conversations in which some participants described their topics of passion.

Topics of Passion or Special Interest

Participants used both the terms ‘topic of passion’ and ‘special interest’ to describe their passion about specific things or areas of interest. Having a topic of passion or special interest is commonly experienced by 75% to 95% of people on the autism spectrum (Turner-Brown et al., 2011). Some participants in this current research considered their topic of passion to be synonymous with their identity and/or recognised their ability to hyperfocus on their topic of passion as a positive trait. Alice identified her topic of passion as her love of drawing. She also described her ability to ‘fixate on things for a long period of time’ as a unique ability. Ella acknowledged her interest in psychology and described with positivity her ability to talk about her topic of passion for lengthy periods of time. Theo recognised the role of his special interests as a positive part of his identity formation. He shared, ‘I love how my interests define who I am.’ His interests included building computers, robotics, and a love of exploring the world of coffee. Emily described her special interest as ‘making things’, with a focus on woodwork, cooking and sewing. Zoe and Ella enjoyed learning about psychology and persuasive writing respectively, whilst Rob reported that he was passionate about fishing and online gaming. Participants’ topics of passion and special interest are explored further in Chapter 6.

Access to Resources and/or Additional Services

Some participants reported that the positive aspects associated with having a diagnosis of autism included their access to resources and/or additional services, such as the resources and support which they received from the government and school. Joe stated, ‘A good thing is that I get money from the government’, whilst Emily addressed the accommodations which she received at theme parks and airports. She reported, ‘In the airport, it's kind of good that you have the advantage not to wait in the crowds. You can go into a different line. I don't like waiting in lines; sometimes the crowds get too overwhelming.’ Some participants welcomed the positive supports that they received from their schools. These participants described their schools as ‘inclusive’ and their teachers as ‘flexible’, ‘reasonable’, ‘supportive’, and ‘understanding’ in nature. Zoe explained how having a diagnosis of autism helped her to ‘get the right help at school and services that [she needed].’ Theo reflected how his school supported him with sensory accommodations:

> I had a phobia, I guess you could say. The school did accommodations for that. They put a towel over one of the hand dryers in the disabled toilets [to reduce the noise] so I could just use it without worry. Now of course I'm getting better. I still occasionally find myself scared of hand dryers … even the Dyson ones at the airports, which are quite loud.

Ella, who had commenced her university studies, described her positive experiences of accessing support at university. She explained,

> They have a lot of support. There's the Educational Access Plan, and then I am in contact with an autism expert who helps me navigate uni.

Not Being Understood or Supported

When they were asked to describe the negative factors that they associated with having a diagnosis of autism, some participants spoke about their school as unsupportive of their needs. They described how their teachers demonstrated a lack of autism awareness, which resulted in them not receiving the appropriate levels of support required to learn on the same basis as their non-ASD peers. These participants described feelings of not being understood and feelings of being over- or under-supported in their learning journey. Alice stated, ‘I don't think I ever felt as if all the teachers understood my autism diagnosis. It just really depends, but I would say I never felt fully accepted [by my teachers].’ Interestingly, the participants who recognised the positive benefits that a diagnosis of autism could bring to their self-identity (e.g. uniqueness and increased self-awareness) reported that having a diagnosis also negatively impacted their everyday life when the required supports were not made available to them. Emily described the confusion which she experienced at school when her teachers could not support her unique needs, explaining,

> The amount of different people who would try and explain my schoolwork to me different ways; I still just don't understand it. I can do it all but give me a test or an assignment and it just all goes out of my head. It's like I'm a newborn baby and I don't know how to walk or talk.

Emily’s response demonstrated the impact of the experience on her self-esteem and sense of self. She expressed helplessness due to not being properly understood and/or supported by her teachers. It is suggested that her reduced sense of personal accomplishment could impact her self-esteem and result in her feeling a sense of reduced adequacy (Maslach, 2003).

Harry and Zoe also shared experiences of receiving inappropriate levels of support from their teachers. Harry commented, ‘Having a diagnosis can be good because you can get help when you need it at school. A negative, however, is that sometimes I get offered too much help when I do not need it.’ Zoe reported that her teachers failed to follow her Individual Education Plan (IEP) with consistency on an ongoing basis.

> I have an IEP, but I think because I can present so well in class, I can do all the work and I know the answers, they are not as willing to give me the things that are in my IEP for things that are going towards our report, tests, assessments, and stuff.

Zoe explained how her teachers also failed to apply the required adjustments, which negatively impacted how she performed in test environments at school. She reported,

> Even if I'm supposed to get extra time or do it [my test] in a different room, they'll feel as if that's not necessary even though when I do a test, I struggle to block things out if someone walks past. That'll take me out of what I'm doing and then I'll need to get back into what I'm doing [my test].

Zoe described how she felt 'othered' and 'judged' by her teachers. She explained, 'I think they [teachers] felt that I was getting an unfair advantage [due to accommodations] rather than evening out the playing field. I suppose people can be a bit judgy, regarding stereotypes.' It is suggested that these feelings could impact Zoe's sense of personal accomplishment, which could also impact her self-esteem (Maslach, 2003).

Theo recognised areas of insufficient support in the workplace. He described the difficulties that he experienced at his first part-time job, where he found it difficult to do things without guidance. Not comfortable enough to share his diagnosis with his employer, Theo was dismissed after just three months for 'not learning quickly enough'. He reported,

> It's hard to explain to an employer that I'm on the spectrum. This is going to be an example with my last part-time job where I found myself staring off into space sometimes not really knowing what to do. I found it hard to do things without guidance or without asking, 'Hey, is there anything you want done?' For example, I find it quite hard to do certain things on my own.

Since that time Theo has not sought employment elsewhere, instead opting to promote his own computer repair business. Interestingly, no participants in the above scenarios sought to challenge or draw awareness to their concerns with others. This may be due to the imbalance of power in the relationships that participants have with their teachers and employers.

Sensory Sensitivities

Some participants also reported that they received insufficient support at school to cater for their sensory sensitivities. Sensory hyper- and hypo-sensitivities can be influenced by environmental factors which can result in a person on the autism spectrum experiencing pain, discomfort, and/or distress (Cascio et al., 2016; Ismael et al., 2018; Miller et al., 2007; Robertson & Simmons, 2015; Simmons, 2019). In this current research, Alice explained how noise sometimes negatively impacted her ability to remain in the classroom sometimes. She shared, ‘Normally, I'll mask my feelings of being overwhelmed by all the background noise. Sometimes, however, I'll have to say that I'm going to the bathroom. Usually, I just go there because it's quieter.’ Rob also struggled with the noise at school, which he likened to someone consistently ‘yelling in [his] ears’, whilst Ella reported, ‘I can't really deal with loud noises and bright lights.’ Describing her school, she reported, ‘It’s just really busy and not very sensory-friendly.’ Archie reported his inability to manage bright lights and Theo described his sensory sensitivity to noise as ‘something which may not worry or annoy someone else but may make me anxious.’

Feeling Different from Others

Some participants described feeling different from their non-ASD peers at school. They recognised that they were perceived negatively but reported that they did not know how to shift their feelings of being unlike others. For example, Ella recalled, ‘I just felt different, but I didn’t really have an explanation, or I didn’t know what I could do to change that.’ Harry explained how he felt different from others and how those feelings impacted his development of self. He shared, ‘I never feel complete or whole. I feel like something is missing. I feel like this because I am different.’ Harry reported that there were frequent occasions in which he was bullied, rejected, and excluded by his peers at school. Oliver also experienced bullying and described feeling stressed and saddened when his peers rejected him and called him names. Like Oliver, Rob reported experiences of verbal bullying, which made him feel rejected and angry. Alice recognised a link between her experiences of stigma and her diagnosis of autism. She reflected, ‘A negative aspect of having a diagnosis of autism is the stigma.’

Autism Stigma

Autism stigma is experienced by people on the autism spectrum due to various factors including their label of autism and their autistic traits and behaviours (Botha et al., 2020; Cage et al., 2018; Gillespie-Lynch et al., 2021). Stigma occurs when a person’s characteristics are socially discredited such that they feel unaccepted and different from the members of a social group (Corrigan & Watson, 2002; Goffman, 1990; Treweek et al., 2019). Stigma is comprised of three parts –stereotype, prejudice, and discrimination –which are described in detail in Chapter 6. Participants in this research identified a need for others to have increased autism awareness due to the negative societal stereotypes of people on the autism spectrum and the associated autism stigma. Joe reported, ‘I feel like there might be a stereotype for the most extreme cases of people who are just unpleasant to be around; really aggressive, full-blown autistic.’ Zoe also acknowledged the presence of stereotypes and the negative impact that they had on a person’s self-identity. She explained about being on the autism spectrum, ‘You're more than just what the stereotypes say.’

Stigma was a key focus of all participants’ responses when they were asked, ‘If you had a friend who had just received a diagnosis what would you tell them?’ The question offered participants a different lens through which to view the diagnostic experience. All participants were aware of autism stereotypes and the negative influences of labelling. Emily advised, ‘Don't listen to what other people say about you. You may have this label over your head but you're still the same person that you were.’ Harry suggested, ‘I would tell them that it is just a label’, whilst Theo recommended that the person should not perceive their diagnosis of autism as an ‘insult’. In contrast, Joe suggested that the person should ‘pretend it doesn't exist and not let it affect anything.’ Alice and Ella referenced their experiences of university life. Alice suggested that the person should access additional support and get an IEP. Both Ella and Alice explained that the person could look forward to experiencing a greater sense of safety and freedom at university when compared with their experiences at school. Alice explained that university provided her with a safe space to share her autistic identity.

Bullying

Some participants reported that their experiences of autism stigma resulted in discriminative acts and bullying by their peers at school. Bullying is defined as a negative or aggressive behaviour where an aggressive act of intentional harm occurs repeatedly over time due to a systematic and deliberate abuse of power (Olweus, 2010; Saggers et. al., 2017; Sharp & Smith, 2002, p. 2). Bullying behaviours can involve physical (e.g. hitting), verbal (e.g. name calling, threats), relational (e.g. exclusion, humiliation) and electronic (cyber-bullying) victimisation. Participants in this current research reported their experiences of verbal and relational bullying due to having a diagnosis of autism and/or their autistic traits and behaviours. Oliver explained, ‘People just call me autistic a lot’, whilst Harry reported, ‘I often feel excluded by students in my year group. I sometimes feel sad because they make fun of me because of my height [tall] and because I am anti-social.’ Rob experienced verbal bullying and reported that his peers called him ‘the idiot one’.

Rob described his experience of verbal and physical bullying by explaining that ‘The bullying is both doing and saying.’ Other participants described their experiences of relational bullying whereby they felt unseen and/or invisible. Joe reflected, ‘I cannot imagine people really thinking about me. I think they would probably just see someone about whom they wouldn't really take any notice.’ Oliver also reported feeling invisible or unseen. He explained, ‘Most people wouldn't see a personality. They just see my being.’ Some participants described feeling isolated and socially ignored. Ella shared, ‘I think there’s just a lot of exclusion; an absence of saying things.’ Alice also reported feelings of social isolation:

> I never felt, I suppose, fully calm about my situation, no matter what situation I was in. I never really felt completely accepted by people … Just generally I felt socially isolated and really nobody wanted to talk to me, also very low self-confidence. I just became a lot more awkward than I used to be about a year ago.

Some participants reported that they spent some lunchtimes playing on their phone alone or reading a book in either the library or the bathroom because they felt socially isolated and/or rejected.

Some participants described how their feelings of being socially ignored and/or rejected resulted in them making a reduced effort to socialise with others at school. Zoe described how bullying reduced her desire to engage with others. She reported, ‘Sometimes I don't engage because I feel a bit left out, on the sidelines.’ On these occasions, Zoe preferred to go to the library or spend time in the bathroom because the social ‘stuff’ was simply ‘too much’. Whilst Theo was not bullied directly, he described his strategy for avoiding being bullied at school. He reported,

> I don't really do anything at school to make myself stand out. I don't try to incite anything, I'm an observer, really. I do occasionally report people to the head of the year level if they're obviously breaching school rules, but that's all anonymous.

Although he reported no experiences of bullying, Theo commented that some people might perceive him as ‘strange’ at times due to his autistic behaviours. He shared, ‘I would like them not to think of me as strange or different but just as someone with a peculiar interest or someone who acts a certain way.’

Autism stigma was not limited to people outside participants’ intimate friendship groups. Some participants shared their experiences of subtle discrimination, unintentionally and without negative intent, by their friends. Emily shared her school-based experience in which some of her friends held negative assumptions about people on the autism spectrum. She reported, ‘My friends said to me that they didn't even realise that I was on the autism spectrum and that I had anything wrong with me. They thought I was just like a normal person, but not normal because no-one's really normal.’ Emily’s use of deficit-based language demonstrated how societal attitudes can become normative and have the potential to negatively impact the identity development of people on the autism spectrum. Emily’s response shows that she possibly internalised her experience of autism stigma. Whilst she explained in her interview that ‘no-one is really normal’, she did not report sharing her concerns with her peers. The findings highlight that people on the spectrum can experience autism stigma from close friends. This topic is discussed in greater depth in Chapter 6.

Mental Health and Bullying

Research indicated that bullying behaviours can negatively impact a person’s development of self and their mental health, which can result in the person experiencing anxiety, depression, and internalisation issues (Baier et al., 2018; Barzeva et al., 2019; Botha et al., 2020; Kaltiala-Heino et al., 2010; Liu et al., 2021; Nenniger & Müller, 2021;

Takizawa et al., 2014). Most participants in this current research frequented a psychologist or psychiatrist and were prescribed medication for high levels of anxiety. Most participants had a diagnosis of anxiety whilst others had depression and a range of other co-occurring conditions (see Table 6, p 114). Alice explained how bullying by her peers negatively impacted her self-confidence and resulted in her associating her autism with her bouts of anxiety. She explained that her autism and anxiety ‘go hand in hand’. About his anxiety, Oliver reported, ‘I guess I often feel stressed, and a mixture of sadness, because it's just too much. The people there [at school] aren't that great, to be honest.’ Participants’ self-reports indicated that their experiences of bullying caused them to feel anxious.

Participants also discussed their mental health more generally whilst describing the benefits that they experienced from their medication(s). Theo shared, ‘I find my confidence is growing, not only due to my recent diagnosis [of autism] but also because I'm on anxiety medication.’ Similarly, Alice recognised the value of her medication for improving her mental health. She reported, ‘My antidepressants have helped, which is probably why I haven't been having panic attacks at uni.’ Some participants referred to the support that they received from their psychologists. Theo reported,

> If I'm anxious, I'm less able to think. I think less logically and rationally. I begin to lean into more of what my anxiety tells me. However, that's begun to change because I've been in therapy since I was six years old for my anxiety.

Knowledge about a person’s mental health history is essential for understanding their lived experiences and developing understandings about how they construe their world. Alice highlighted the negative impact which poor mental health had on her during her high school years.

> There was a time where I stopped walking and people noticed and asked if I was okay, but then they just realised that if there's a lab or a test or a stressful situation, that's how I will be processing it. I would just look a bit awkward one day and maybe I'll look really stressed out.

Understanding and Managing Emotions

Most participants referred to situations at school and home in which they felt a loss of control due to incidences involving emotional dysregulation and autism-related anger. Emotion regulation (ER) involves the processes by which a person effects the nature, timing, and expression of their emotions (Gross, 1998). For instance, some participants in this research described their experience(s) of ‘meltdowns’, which resulted from autism-related anger. The literature described a hyperactive meltdown as a state in which there are ‘episodes of conflict and distress’ in which the person struggles with extreme behaviours (Khullar et al., 2021, p. 1708). About his behaviour at school Theo reported, ‘I have, several times in class, either straight up walked out or completely lost it and started yelling at the people who are annoying me.’ He explained, ‘It's like a slow build-up and then a sudden point where I'm like, “Yes, this is enough, I'm done here”, and I feel like I want to explode.’ On another occasion, Theo likened the frustration he felt during an outburst of anger at school to someone ‘scratching nails on a chalkboard.’

Previous research revealed that there are strong associations between the struggles experienced by people on the autism spectrum with restricted and repetitive behavioural patterns and social communication, and their inability to regulate their emotions (Berkovits et al. 2019; Nagese, 2022; Samson et al. 2014). In this research, both Alice and Theo experienced outbursts of anger when triggered by the behaviours of others, or the noise that resulted from others’ behaviours. Theo shared, ‘I only become kind of aggressive when it's other people around me being annoying’, whilst Alice reported, ‘Honestly, I definitely still get aggressive when I get really upset.’ She recalled a situation when she was in Year 12 at school; ‘I was just sitting on the floor snapping pens or pencils because I didn't know how to control my anger. I just sat there for a while and snapped the pencils until I calmed down.’ Although she reported that her ability to regulate her emotions had improved since she was younger, Alice explained that she experienced increased sensitivity to noise and anxiety due to autism stigma, negative social experiences, and her own thoughts and behaviours.

Participants also described multiple occasions when their negative experiences at school resulted in emotional dysregulation at home. Joe shared, ‘If I had a bad day at school, I know that I might not be as nice to hang around as I would usually be, so I try not to annoy other people [at home].’ Alice reported her experience, stating, ‘I'll just get really stressed out and just start crying about little things. If I'm having a bad day and I'm at home, I'll just cry about, I don't know, the silliest things. I'm just more sensitive to things.’ Both Archie and Rob reported having difficulties regulating their emotions at home. Rob’s sister Emily explained, ‘The only times I don't feel safe is when my brother is not in the right state of mind, when he's all aggressive and intimidating, and when he's getting in that zone where he's going to go punch a hole in something or hurt someone.’ Rob’s father regularly provided support by using deep pressure therapy to calm Rob. Rob suggested to others in such a situation, ‘Listen to your heart not your brain. If you're wanting to have a fight with someone and your brain says that, do what your heart decides, and you'll not do it.’

An Infinite Spectrum of Emotions. The research revealed that participants experienced a range and depth of positive and negative emotions due to their experiences of having a diagnosis of autism. This is an important finding because people on the autism spectrum have long experienced a reputation of being unemotional (Chang et al., 2021; Craig & Baron-Cohen, 1999; Harnum et al., 2007). For example, past studies have reported that adolescents on the autism spectrum were more likely to present with callous, unemotional traits than non-ASD adolescents. In contrast to previous data, this current research reported that participants felt an infinite spectrum of emotions. Oliver noted, ‘I can't think of any emotions I don't feel.’ Similarly, Theo explained the range of his emotions:

> I find myself feeling a lot of things often. There's nothing that I don't feel. I feel a little bit of everything if that makes sense but there are some feelings which prevail more than others. That's why I feel them often, but I don't find myself not feeling something.

Participants also described the depth of their emotions. Theo shared,

> These things I'm telling you, I feel them very deep in me. I feel they're rooted into how I think, how my brain has been wired per se. I feel a little bit of everything if that makes sense. I find myself feeling a lot of things often; there's nothing that I don't feel.

Alice reflected,

> I would say I feel deeply depending on what it is but sometimes I feel as though I get upset by things that should be, say a two on the disaster scale and then things that should be a 10, I just almost struggle to process it. I'll use my friend’s suicide as an example. I did cry at some point, but my immediate reaction wasn't just to continuously cry. It was just more of an incredibly depressed reaction.

Participants reported that they thought deeply about their own life experiences and place in the world. Ella shared, ‘I love psychology. I like to think about the purpose of life, and why we exist.’ Similarly, Theo reflected upon his place in the universe. He reported,

> I have thought about what it means to die and possible events which can happen afterwards ... the possibility of there being a second life or whether we just fade into nothing. I try to think about it, but then it just gets to a point where I can't process it anymore, so I just stop thinking.

According to Smith (2009), empathetic overarousal can result in a person experiencing personal distress. The data from this current research revealed that some participants were vulnerable to experiencing emotions in surplus. Some participants recognised that their emotional responses to situations were excessive and resulted in their inability to process their feelings. Theo explained how he felt the weight of the world on his shoulders at times:

> Because I educate myself on a lot of different topics that are happening around the world, I just feel a lot of responsibility, even though I know that I can't do anything and haven't caused any of this. I still feel partially responsible. I feel a lot of pressure, a lot of weight. I find that I can't stop thinking about that kind of thing. I can't take that weight off. I always feel that it's there.

Emotional Empathy. Participants also described their levels of empathy and their ability to feel and see from the perspective of another person. Some participants described their ability to share the feelings of another person. This is also a significant finding because people on the autism spectrum are described as having difficulties with theory of mind (ToM) and consequently an inability to feel empathy (Chang et al., 2021; Craig & Baron-Cohen, 1999; Harnum et al., 2007; Smith, 2009). Some participants in this current research described situations in which they were in an affective state and isomorphic to the other person's affective state. They explained that they could imagine the other person's affective state and were acutely aware that the other person was the source of their own affective state. Theo described his experience of empathy concerning his mum:

> I occasionally have empathy through other family members for what they're feeling or going through, say if my mum comes home and feels stressed or worried, I'll feel the same. I will reflect that in myself, but not with my brothers, well, my brothers a little bit. I feel a little empathy towards whatever they have going on, but not as much as I have for, say, my mum.

The following quotation describes how Theo felt an ‘empathetic connection’ to people in his community and fictitious characters in games (Smith, 2009, p. 498):

> For some reason, I feel a lot of empathy towards people that I read about in the news or fictional characters in games. For example, I played one online game and I felt empathy towards those characters just because I tried to imagine myself in what they were going through, and I felt quite strong emotions.

Harry described how he felt empathy for others, stating, ‘if they see me as sad or curious, it makes me sad. If I am sad, I worry that people will also feel sad or curious.’ Joe also reported, ‘I like to think I'm rather empathetic.’ It was interesting that participants described themselves as empathetic and that they were able to describe their emotions so articulately. It would be interesting to gain the perspective of participants’ family or friends to understand whether they viewed the participant’s external responses as empathetic.

Social Communication and Socialisation

Social Communication

Differences in social communication, as well as other core differences, can make it challenging for some people on the autism spectrum to engage in social-emotional reciprocity, establish social communicative behaviours, and develop and maintain relationships with others (APA, 2013). They can struggle to initiate and respond to social interaction, share interests, and/or engage in conversation turn-taking (APA, 2013). In this current research, some participants shared their social communication experiences and described their use of masking across different settings.

Expressive Communication. Key challenges faced by participants in this research involved aspects of their expressive communication, including their ability to engage in the more complex levels of social communication required for everyday conversations and the development of peer friendships during adolescence. Alice and Ella expressed their difficulties with turn-taking and the likelihood that they would engage in a monologue, when offered the opportunity by friends to talk about their topic of passion or area of special interest. For instance, Alice explained, ‘If somebody happens to mention one of my special interests, I could probably talk for hours about that, but I won't do that to them.’ Similarly, Ella shared, ‘If they bring up something I know about, or I'm interested in, I'll just talk about it excessively.’ Theo shared his difficulties with unstructured everyday conversations and explained that he benefited from the use of social scripts both at home, and with friends. He reported, ‘I just have a set routine that I say when I meet someone or when my parents come home because I'm not sure what else to say.’ Some participants also struggled with their receptive communication skills.

Receptive Communication. Some participants reported having difficulties understanding group discussions, interpreting meaning and/or making assumptions that were not literal in nature. Interpreting non-literal communication is an aspect of communication in which people on the autism spectrum have difficulties because they tend to make literal interpretations (Falkum, 2022; Van Tiel & Kissine, 2018). Zoe explained how she sometimes misinterpreted the meaning of others during verbal conversations due to her tendencies towards literal interpretation. Ella reported, ‘I struggle with similes, metaphors and weird phrasing.’ She explained how she needed to first think of the literal meaning, and then ‘un-think that meaning to anticipate the figurative meaning.’ Alice explained the communication difficulties which resulted from her ‘not understanding certain jokes or just not being good at reading people's facial expressions.’ She revealed the difficulties she had due to ‘misinterpreting what somebody means in a situation’ which resulted in her tendency to ‘overshare’ or be too clingy in relationships. Emily struggled with her ability to understand her teachers. She shared, ‘It's pretty easy at school. It's only in class when I don't understand and the teachers, they just don't know how to explain it properly to me.’

Socialisation

Whilst some participants had large friendship groups, others experienced difficulties making and maintaining friends at school, and initiating and responding to peer social interactions. Discussion with Oliver revealed that he desired friends but preferred to be alone due to his difficulties with socialisation and peer rejection. Peer rejection was a contributing factor to the development of Oliver’s self-identity and his feelings of being different from others. When I asked Oliver how he would imagine his ideal self, he shared, ‘Most people would want to be liked by other people. In an ideal world, I would like to be a god figure with the power of mind control.’ He described how his superpowers could provide him with the ability to alter the perceptions of others to increase his popularity. When asked how to describe his feelings about his year group, Oliver shared, ‘I hate all of them.’

Harry also shared a preference for being alone because he was rejected by his peers at school. He explained how he felt at school with others:

> I often feel excluded by students in my year group. I sometimes feel sad. I feel like this because people make fun of me. I never feel complete or whole. I feel like something is missing. I feel like this because I am different.

In the quotation above, Harry made a direct reference to his selfhood and his feelings of emptiness. Although he felt sad when he was in some social contexts, Harry described feeling happy when he was alone. He reported, ‘When alone, I often feel happy because I don’t have to constantly engage.’ He added, ‘I often feel happy at home because I am alone and cannot get things wrong.’ When asked to describe his ideal self he shared, ‘In the future, I think my outlook may change as I get older and have had a greater number of experiences.' Harry's reflection demonstrated that he had a deep sense of self-awareness and an understanding of his place in time and space.

Zoe revealed that she enjoyed having one or two friends but preferred to be alone. She described feeling 'lonely' sometimes when she was around people. She explained, 'I can be around people, but then it still feels lonely, if that makes sense.' Zoe explained that she tried to be social with her peers at lunchtime but reported that 'sometimes it's just too much.' She explained how her autistic behaviours resulted in her sometimes saying 'inappropriate things' or behaving in 'inappropriate ways'. Zoe shared, 'I had a really good friend, but we went different ways last year. I'm getting along well with a girl who was in my class this year. She's really nice.' When asked if she would like to be 'mainstream' like her peers, Zoe responded, 'No, because then I would feel like I was being fake to try and get their approval which I've done in the past and, yes, that didn't work out well.' Zoe described how she was sometimes 'set off' and experienced emotional dysregulation if she became irritated by the content of her friends' conversation:

> The social stuff is overwhelming, but also if I'm not having such a good day, then I can quite easily be almost set off. I find if I was to be out there [at lunch time] and they [my peers] were talking about something really petty or -- I'm trying to think of an example, or they were just being nasty about other people and not being nice, that would quite easily set me off. I try to avoid going out when I'm feeling like that.

Like Zoe, Alice reported that she preferred to be alone or with one or two close friends. She shared, 'I would say I prefer to be alone unless I know the people well; probably with one to two people. I prefer being closer with a few people rather than knowing a bunch of people, and not being very close with them.' Some participants wanted to be social but had limited opportunities to socialise with their peers and/or limited occasions to develop their social skills though different social experiences with others.

Despite feeling isolated from her peers in Year 12, Alice felt like there were some people who included her socially. She shared, ‘I felt like there were some people who really tried to include me or didn't discriminate against me.’ Alice’s use of the word, ‘discriminate’ demonstrated the impact that autism stigma had on her understandings of self in a world which she did not perceive to be friendly towards people on the autism spectrum. Now in her first year of university, Alice explained her desire to increase her agency and strengthen her social skills. She explained, ‘I plan to take the initiative to make plans with people that I do know well or even not that well. Just trying to get to know people more and showing some initiative in those social situations.’ Asked if she would like to be more social, Alice replied, ‘100% honestly, I'm not ashamed of who I am by any means, but it would just make my life a lot easier.’ About her social experiences at university Alice reflected, ‘In terms of a safe space, I believe people are less judgmental overall because it is an adult environment.’ Like Alice, Theo attributed some of the success of his friendships to others’ agency. He explained, ‘My peers have also done a really good job at maintaining being my friend.’ Both Alice and Theo described their friendships in terms of others’ acceptance of them.

Some participants expressed the need for increased autism awareness in others. Zoe recognised that she would benefit from people being ‘more accepting’ of people on the autism spectrum. Similarly, Ella suggested the need for ‘increased autism awareness’. When asked what people could have done to make life easier for her at school, Ella suggested, ‘I think if people would just have more knowledge about how autism presents in females, that would have been really beneficial.’ Other participants used their past social experiences, whether they were positive or negative, to increase their popularity in high school. Joe shared, ‘I think when I went to a new high school, I saw a chance for me to be better. I felt like at my old school, everyone already had opinions of me. At my new school I could be whatever I wanted. I tried to be better.’ Alice and Emily also described their entry to high school as an opportunity for them to start afresh socially and develop friendships with people who had no knowledge of their past experiences of bullying.

Some participants shared positive friendship experiences and enjoyed being a part of a social group at school. Emily reported that she had a circle of friends with whom she spent most of her free time. About her experience of friendship in high school she shared, ‘I quite prefer school because I get to be around my friends. It's basically my home away from home. It's like a big family there.’ Emily spoke about her best friend who was aware of her diagnosis of autism and supported her when Emily became anxious. She reported, ‘My best friend is there for me, and she knows -- she doesn't go through it, but she can see when I'm about to lose my cool. She knows I am autistic, but she doesn't really care.’ About other students in her year group, Emily said, ‘People in my year group, some of them, are very mean. Because they're the sporty popular kids, if you don't fit in the clique, then you're an outsider.’ Emily demonstrated clear understandings about her social strengths and desire to be with her preferred friendship group over others.

Outside of school, Emily and Rob experienced positive social experiences with their family. They engaged frequently in family activities, including games nights and camping trips with friends. These experiences provided Emily and Rob with multiple opportunities to enjoy inclusive environments and practice their social skills with peers and adults. Emily reported, ‘I love playing board games. I love playing games with everyone. Last night, my best friend was over, and then Rob and mum; we played Cluedo and that was really fun.’ She continued,

> Friday night is movie night. Mum's making Saturday night game night. I love playing games with groups of people, which is what we do when camping. My dad and his friend, they're all nerds, which isn't a bad thing, and they all love their games, so they all bring different board games and card games.

Emily explained that her dad planned camping trips with her and Rob. She reported that her dad bought Rob a swag and they went on fishing trips. She also reported that she enjoyed spending time after school hours engaging in online gaming with her school friends. She shared, ‘When I'm alone, I normally FaceTime my friends, so I'm never really alone. I'm on the phone to them and we play our games together … whilst watching the same thing at the same time on Disney.’

Joe shared his experiences of friendship and bullying in primary and high school. He reported positive experiences about feeling accepted by his current group of friends. Joe described how he was socially involved with his friends who shared similar outdoor interests. He reported,

> I'd say I know a decent amount of my friends pretty well. A few of them are new this year, so I probably don't know them that well, but I’ll get to know them. Maybe we will have sleepovers, maybe go roller-skating or something or rock climbing.

Like Joe, Archie and Theo enjoyed their friendship groups at school. Theo described himself as somewhat quiet, but nevertheless socially engaged.

> I'm more on the quiet side. Usually, we all hang out in a group at snack and lunch, and I do occasionally talk, but yes, I'm a little quiet. I think I'm middle of the road between quiet and overly chatty.

When provided with the choice of being at school or at home, most participants preferred to be at home, explaining that it provided them with a space where they did not feel different or forced to constantly engage with others. Participants preferred the familiarity of their home setting because they knew where things were located and could maintain their set routines. They also reported that they enjoyed engaging with their hobbies and interests. For example, they enjoyed watching YouTube, engaging in online gaming and/or listening to music. Most participants shared a preference for routine and described their home as a place where they felt ‘unjudged’ and ‘safe’. Ella explained, ‘At home, I feel content. I know where things are and what happens.’ Most participants also enjoyed spending time with their siblings and parents, who they described as ‘relaxed and understanding’, ‘involved’, ‘fun’, and ‘supportive’. Most participants revealed that both their mother and father were actively engaged in their everyday lives and very supportive of their autistic needs and preferences.

Masking or Camouflaging

Most participants did not feel the need to engage in masking or camouflaging whilst at home. Alice shared, ‘I don't really mask my behaviours as much because I suppose I don't really feel the need to per se.’ She also explained how she would ‘bottle things up’ and then let out the day’s stress once she was at home. Joe reported that he also needed to process the day’s experiences and was able to do that at home without the need to engage in masking behaviours. Joe explained that he simply stayed out of the way of his family on such occasions, so that he did not annoy them. Techniques used to mask autistic traits can include the use of pre-planned scripts. As previously stated, Theo had a set routine which he shared with his parents. He explained, ‘When my parents come home, because I'm not sure what else to say, I'll just say “hi, how was your day?” Then maybe talk about something if I remember that they were talking about something earlier that day.’

Outside the home some participants described their use masking or camouflaging to minimise their autistic traits so that they could ‘fit in’, access a greater number of social opportunities and appear more ‘normal’ to their non-ASD peers (Pearson & Rose, 2021).

Ella explained how she adopted a process of ‘trial and error’ to determine the suitability of her behaviours when she was with others. She reflected,

> I think it happened pretty organically. I just learnt from situations that happened and then knew not to do those things. If I say something inappropriate or I’m not fitting in, and people react badly, then I know I shouldn't say that thing.

Ella relied upon her ability to interpret others’ reactions towards her social behaviours to assess how successfully she was socialising. The process involved mimicking their behaviours and hiding her own autistic traits. Ella reported, ‘I learnt not to say things so bluntly or just keep some things to myself because it was not socially acceptable to say it. I was able to mask it better because I was older.’ Her masking had improved due to her increased engagement in a range of social contexts.

During high school, Alice masked a lot of her autistic traits due to the bullying she experienced in primary school when she did not mask those traits. She confided that she found the *idea* of masking more stressful than the *act* of masking itself. She reported, ‘Usually, if I'm in a class I'll be more stressed out, or with people that I'm not very close or familiar with because I'm constantly worried about masking, so that would be stressful.’ She also stated that there was a constant need for her to mask her feelings of being overwhelmed and irritated by all the background noise at school. At times, Alice found it impossible to hide her autism from others. She explained, ‘People have told me that my emotions really show on my face and I'm not very good at hiding it.’ She also described the process of masking as ‘exhausting’. The literature revealed that some people find masking exhausting and need time alone to reboot and process the event (Cook et al. 2021).

As a person engages in different social contexts, different parts of their identity emerge and withdraw to meet the needs of the context (Cook et al., 2021; Pearson & Rose, 2021). A person’s identity is formed in response to a range of factors including their social environment (Schneid & Raz, 2020). In this current research, Theo described how he altered his masking style in different social contexts according to the number of people with whom he was engaged. He explained, ‘When I’m in a social situation, I try to mimic what the other person is doing if it’s one-on-one.’ Theo recognised that he used masking to gain access to social groups. He explained how his camouflaging became more organic and less contrived as time passed, and he assimilated into a group by adopting the social behaviours which were accepted by the group as normal. He explained, ‘If it’s in a group, then I try to pick up what people are doing and try to mask or camouflage, ease in with that, and then slowly it would just become more and more natural to me to the point where I no longer noticed it.’

Research indicates that some people on the autism spectrum exert huge amounts of energy when masking and experience increased levels of anxiety when they are required to switch identity across contexts (Cage & Troxell-Whitman, 2019; Hull et al., 2020). Theo described his need to escape some social situations when he felt unable to mask any longer. ‘If I want to get away, I usually go to the nearest bathroom. I don't really care if it's public or private, and then try to calm myself down.’ He reported, ‘I actually have permission to listen to music [at school] … If I still am distracted by them [my classmates’ behaviours], I take a walk because it can get on my nerves incredibly quickly.’ Alice reported that she became anxious when she masked and sometimes needed to leave the scene when she could mask no longer. She recounted, ‘Sometimes I'll have to just go to the bathroom or say that I'm going to the bathroom.’ Zoe described how she would simply ‘say something or just get up and leave’ when she was socialising with her peers at school and was unable to mask her irritation.

Perceptions of Self

Participants in this current research shared the experiences that they perceived to have contributed to their increased understandings of self and the formation of their personal identity. They described the barriers that negatively impacted their ability to form a positive self-concept, and the factors which contributed to increased self-understanding and self-acceptance. For example, they described how their diagnosis had impacted their understandings of self and provided them with increased self-compassion and/or self-awareness. Some participants also described feeling different from their non-ASD peers but explained the positive and negative aspects of those points of difference. For instance, being different made them feel unique and individual, but also resulted in their experiences of feeling excluded and isolated. Participants highlighted how they attempted to hide their autistic self to appear more like their non-ASD peers, and this provided some with increased opportunities to practice their social skills. Finally, participants reported how they perceived themselves now, through their own eyes, and others' eyes, and their perception of their ideal self, including those parts of themselves they would change, if any.

My Self Before and After My Diagnosis

Some participants recognised a sense of self which existed prior to them receiving their diagnosis of autism. They viewed their diagnosis as a catalyst for reinventing themselves following their experiences of bullying during the primary years. Both Joe and Emily considered high school as an opportunity 'to be better'. They described their desire to make friends and become a part of social groups. Joe and Emily explained that they now enjoyed rich friendships and group activities in high school. Similarly, Ella described how her recent diagnosis of autism provided her with the opportunity to enter university with additional supports that she could not access previously. Some participants reported feeling increased compassion for themselves following their diagnosis because it helped them to understand their past. Ella described the notion of self-forgiveness, whilst Theo and Alice explained that it helped them to make sense of their experiences and understand their past behaviours. Similarly, their diagnoses of autism supported most participants to understand why they had experienced bouts of anger or a surplus of emotions in the past.

The Unique Self

Participants described different experiences and perceptions of self. Whilst some acknowledged that they were different from others, they shared a positive outlook towards themselves. They described positive aspects of self, including their kindness, uniqueness, and topics of passion. Both Theo and Alice recognised that being on the spectrum provided them with qualities which made them ‘unique’ and ‘individual’. Alice appreciated her creativity, whilst Theo liked that his interests helped to define him from others. This section describes participants’ unique perspectives and beliefs about their autistic identity, including the interests, values, and characteristics that they identified as unique to them. Participants described themselves using words such as ‘introverted’, ‘caring’, ‘intelligent’, ‘curious’, ‘empathetic’, ‘cool’, ‘fun’, ‘eloquent’, ‘resilient’, ‘weird’, ‘forthright’, ‘smart’, ‘opinionated’, ‘dishonest’, ‘kind’ and ‘funny’. When they were invited to describe their ‘ideal self’, most participants referred to abstract qualities of self and reported that they did not want to change anything substantial about their personhood. Instead, participants reported a need for others to be more ‘aware’ of autism and ‘more accepting’ of people on the autism spectrum.

Being Alone: The Good and the Bad

Participants enjoyed spending time alone engaging with their hobbies and interests. They liked gaming, watching YouTube, making things, and sleeping. On these occasions, they described themselves as ‘calm’, ‘content’, ‘amazing’, ‘relaxed’, and ‘happy’. Oliver shared, ‘I'm just calm and stuff. I'm just relaxed, and everything is just so nice and soothing. I usually use electronics, and it's very calming and peaceful.’ Ella reported feeling ‘calm’ when she was alone, whilst Theo and Harry described feelings of being ‘content’ and ‘happy’. Alice reported that she found drawing ‘quite relaxing’, and Harry enjoyed watching football. Although they loved ‘being alone’, participants recognised that their time alone was also a source of inner unrest. Theo shared, ‘When I'm alone, I sometimes feel a bit anxious and also at the same time a bit empty.’ Harry reported, ‘I sometimes feel sad because I reflect when I am alone.’ Zoe explained ‘I just tend to overthink a bit. Sometimes, if I'm not in a good place, then I don't feel that great.’ Finally, Alice reflected, ‘I feel usually positive. At times [however] if I don't make an effort to interact with people often enough, I do get really depressed.’

Being Different

Some participants reported feelings of being ‘excluded’, ‘outcast’ and ‘rejected’ due to being different. They perceived themselves as ‘different’ from their non-ASD peers and explained how they did not ‘fit in’ with their peers at school. Harry reported, ‘I don’t fit in because I am different.’ Ella shared, ‘I was excluded. I just felt different.’ Alice recollected her past experiences, stating, ‘I definitely was perceived by others differently because of my autism’, whilst Theo reported that his peers might describe him as ‘strange.’ Zoe described how she felt ‘a bit left out’, and Oliver described feelings of being unseen. Some participants chose not to disclose their diagnoses due to their fear of autism stigma and being treated differently. Interestingly, the data revealed that no participants described being actively involved in any groups created for people from the autism community. Furthermore, no participants had friends who were on the autism spectrum. Whilst participants in this research were a small cohort and attended mainstream schools, this is an interesting finding because people on the autism spectrum can benefit from spending time with others on the autism spectrum (Crompton et al., 2020). In their study, Crompton et al. (2020, p. 1438) reported that adult participants on the autism spectrum found it ‘easier and more comfortable’ when they spent time with another person who was also on the autism spectrum in contrast to spending time with a non-ASD person. Participants in Crompton et al.’s (2020) study said that they felt ‘better understood’ and that they could ‘be themselves’ with others on the autism spectrum, which resulted in feelings of belongness.

Being My Authentic Self

At times, participants described situations where they did not feel that they were being true to their authentic self. Ella explained how her teachers tried to force her to engage in groups in the classroom despite her desire to work alone. She reported, ‘I like being by myself, but the teachers were the ones who brought the issue. They forced people to be around me, which wasn't good.’ Most participants described occasions when they masked their autistic identity to appear more neurotypical. Alice shared, ‘I just mask it [my autism] better than some people.’ Ella and Theo also engaged in masking to hide their autism, whilst Zoe had tried to engage in masking without success. Other participants, including Emily, Joe and Theo, described how they felt comfortable being themselves in front of their friends without the need for masking. These participants reported feelings of being accepted by their friends at school.

Self-acceptance. When asked what they would like to change about themselves, most participants indicated that they had feelings of self-acceptance and self-understanding. Emily shared a positive perspective of herself and reported, ‘I like me for who I am at the moment and don't really like change.’ Zoe also reported that she did not want to change. She reported that she was happy to be the ‘same as now’, but that she would like others to be ‘more accepting’. Rob suggested that ‘other people have to change’ to create a happier environment for him at school. Some participants chose to strengthen parts of themselves impacted by their autistic traits and/or mental health. Alice reported a desire to improve her social skills, whilst Ella and Theo stated that they would like to reduce their anxiety and improve their mental health outcomes. Joe reported a desire to increase his intellect by learning new languages, whilst Oliver and Harry reflected on their physical attributes and highlighted parts of themselves which they would like to change. Only one participant, Archie, said that he would not want to be on the autism spectrum if he had the choice.

My Ideal Self. During their semi-structured interviews, participants were invited to describe how 'they perceived their ideal self' and 'whether they would like to change any aspects of themselves'. The wording of these two separate questions offered participants different ways of perceiving and expressing their understandings of self. When asked to describe how they perceived their ideal self, most participants made references to abstract qualities of self, such as traits of 'kindness' and 'trustworthiness'. Theo reported that he would like to be perceived as 'confident' and 'cool', whilst Harry, Oliver and Joe wanted to be perceived as 'athletic' and 'intelligent'. Rob wanted not to be known as 'the idiot one', whilst Zoe and Emily reported that they wanted their ideal selves to be 'the same as now.'

How Others Perceive Me

When participants were invited to share their views about how others perceived them, they described themselves as 'honest', 'different', 'apologetic', 'kind', 'smart', 'caring', 'weird', 'manipulative', 'cool' and crazy'. Participants took longer to respond to this question, than the previous questions, which required their own descriptions of self. One participant was unable to provide a response about how others perceived him. Interestingly, some participants responses did not align with their previous descriptions of self. For example, Harry reported that others would describe him as 'happy'. During his interview, however, Harry described himself as mostly 'sad'. Rob's response was also at odds with his interview content. Rob stated that people would perceive him as 'funny, interesting and kind', yet his interview indicated that his peers perceived him as 'the idiot one'. It is suggested that some participants may have provided alternate and more positive responses because they may have been concerned about saving face during their interview. 'Having a face' in society implies that a person 'belongs', whilst a loss of face implies exclusion (Paterson et al., 2013, p. 54).

Overall, most participants' perceptions about how others perceived them were positive, which was interesting because most participants described themselves as feeling socially isolated, excluded, and/or rejected in the school setting. Some participants' descriptions of how others saw them were consistent across their interviews. Emily reported that others would describe her as being 'bouncy, happy, and fun'. She also provided examples of occasions in which she was having fun with her friends at school, who she described as a 'big family'. Theo perceived that others would see him as 'kind, caring and apologetic', which was consistent with the content of his interview in which he provided examples of his acts of kindness towards others. Participants' diverse range of responses reflected the heterogeneity of autism and participants' different personalities and impressions about how others perceived them. According to Verhoeven et al. (2019), people integrate their social identities with their self-understandings to form their personal identity.

Summary

The research findings presented in this section contribute to increased understandings of the factors that the participants perceive to have contributed to the development of their self-identity and their understanding of self. Participants painted a rich narrative which described how they responded to the knowledge that they had received a diagnosis of autism. Some participants received their diagnosis from their clinician, at the time of diagnosis, whilst others were advised about their diagnosis of autism years later by their parents. Participants had mixed perceptions about receiving a diagnosis of autism. For instance, some reported that their diagnosis made them feel 'unique' and 'individual', whilst others recognised that a diagnosis of autism made them feel 'different' and subjected them to being treated and perceived as different by others. Most participants chose not to disclose their diagnosis of autism except to a few close friends. Participants shared their experiences of autism stigma and bullying at school, reporting that their experiences of rejection and isolation resulted in them preferring to spend time alone. They also explained the anxiety which socialisation and masking caused them, and their desire for non-ASD people to become more accepting of people on the autism spectrum. Participants shared their experiences of self and described how their diagnoses of autism provided them with an opportunity to understand their past and present experiences. They described occasions when they did not feel as though they presented their authentic selves to others. They also described many occasions when they could be themselves including when they were alone and with close friends or family.

CHAPTER FIVE: RGT FINDINGS

This chapter presents the findings from the repertory grid technique (RGT), which was used with Kelly's (1955) personal construct theory (PCT) to develop understandings about participants' systems of construal. Kelly's (1955) RGT assessment tool is designed to elicit constructs and provide insight into each person's construal system. Each construal system is unique because each person brings different knowledge and experience to both the context and the interpretative process. Procter and Winter (2020) explain that constructs encompass a broad range of the human experience including 'attitudes, choice, sensation, discrimination, belief, opinion, motivation, values, emotion, action, and perception' (p. 32). A person's construal system can provide insight into how the person experiences the world on their own terms. This chapter includes nine case studies which highlight the RGT findings and respond to the research questions related to the PCT and participants' experiences of autism and development of self.

The RGT

The RGT provided a systematic way to study personal meanings and explore the notion of self by eliciting each participant's constructs and recording them using the self-ideal discrepancy (Garcia-Mieres et al., 2019; Hare et al., 1999). The RGT included two elements, 'self now' and 'ideal self'. The 'self now' represented the traits which the participant believed that he or she possessed at the time of the interview, whilst the 'ideal self' represented the characteristics which the participant would like to possess ideally. Most participants responded well to the formal structure of the RGT and shared their experiences of self. The RGT provided me with a flexible format to ask participants additional questions about their grid responses. The RGT assisted me to determine how participants saw themselves and whether they were satisfied with their current version of self, dependent upon their willingness and ability to share deeper understandings about their construal systems using the self-rating scale. The discrepancy analysis in this research provided two very powerful observations of participants perceptions of ‘self now’, as well as how far they perceived themselves to be from their ‘ideal self’.

Constructs

According to Kelly (1955, p. 482), a person’s core constructs govern the processes by which the person ‘maintains his identity and existence’. Kelly (1955) described how a person construes their world in terms of bipolar constructs (e.g. happy vs sad). A person’s choice of construct describes their unique reality, which is further explored by addressing how the person applies their constructs to the selected elements. Since a person’s constructs are based on difference, there is also the possibility that a conflict or dilemma can occur (Feixas et al., 2009). For example, in this research some participants’ construal systems contained significant self-ideal discrepancies. Whilst Kelly (1955) believed that a person could tolerate some incongruity and inconsistency amongst constructs, too many contradictions can be challenging. In this research, each construct type is determined by the difference or similarity between the ratings of the two elements ‘self now’, and ‘ideal self’ (Feixas & Saul, 2004). Table 8 is an excerpt from Rob’s RGT, which demonstrates examples of three different types of constructs: congruent, discrepant, and dilemmatic constructs (Kelly, 1955).

Table 8

An excerpt from Rob’s RGT

Construct	Situational context	Self now	Ideal self	Bipolar construct
happy	When I am alone, I often feel	3	3	unhappy
happy	When I am with people in my year, at school, I often feel	6	3	annoyed
Funny	People who do not know me well might describe my character as	4	5	Not funny

It is important to remember that the participant is rating where they would position themselves in terms of a construct and its bipolar opposite, on a scale of 1-10. A score closer to 1 indicates that the response aligns more closely with the construct, whilst a score closer to 10 indicates that the response is more closely aligned with the bipolar construct.

Congruent constructs occur when the ‘self’ and ‘ideal self’ are placed on the same pole. If congruent constructs refer to elements that are construed with similar ratings, then the construct pair happy vs unhappy is congruent when Rob is alone. Table 8 indicates that Rob is comfortable or satisfied with this feeling, as evidenced by the fact that the ratings are the same for 'self now' and 'ideal self'. Hence, Rob does not perceive any need for change in this construct.

Discrepant constructs occur when the ‘self’ and ‘ideal self’ are placed on opposite poles and construed with different ratings. A construct is categorised as discrepant when the ratings for the two elements, ‘self now’ and the ‘ideal self’, diverge with a difference equal to or greater than a few points. Consequently, the construct pair happy vs annoyed is a discrepant construct. Rob’s ratings indicate that he is desirous of change and not comfortable or satisfied with how he feels with people in his year group in the school setting.

Dilemmatic constructs occur when the rating for the ‘ideal self’ is at the midpoint of the Likert scale. For the construct pair funny vs not funny, Rob viewed each pole as offering both advantages and disadvantages, without either offering him with a ‘clear-cut choice' (Feixas et al., 2009, p. 151). He rated the construct pair against the element, ‘ideal self’, with a score of 5 (the midpoint). Dilemmatic constructs are important because they signify cognitive conflict. In this situation, Rob does not know whether or not he wants to change.

According to Feixas and Saúl (2004), a person with many dilemmatic constructs may experience feelings of insecurity or hesitancy because he/she does not know which pole to choose. Understanding the nature of a person’s dilemma is useful for this current research because it can provide insight into participants' experiences and/or behaviours (Feixas et al., 2009).

Construct Domains

Feixas et al.'s (2002) Classification System for Personal Constructs (CSPC) was used to categorise participants' constructs into several domains: moral, emotional, relational, personal, intellectual, and values/ interests. The CSPC highlights mainly value constructs, which address the meanings that each person applies to their own psychological characteristics (Feixas et al., 2002). Research by Feixas et al. (2002) reported that the CSPC offered a reliable and comprehensive system for exploring personal meaning systems. The categorisation of constructs into domains enabled me to concentrate my interview questions on the domain(s) which related to each participant's construal system. Grouping constructs into domains assisted me to identity the types of constructs which were most important to participants. For example, Alice's constructs were derived mostly from the relational domain, which was consistent with her desire to improve her social skills and relationships. Like Feixas et al.'s (2002) research, the most frequently represented categories in this research were the relational, personal, and emotional domains. The largest domain involved the emotional domain, which included construct pairs such as anxious vs not anxious, calm vs normal, stressed vs not stressed out, and happy vs depressed. The emotional domain considers the degree of a person's emotionality such as their emotional attitude towards life (Feixas et al., 2002, p. 12).

The second largest domain in this research was the relational domain, which considers social factors such as participants' relationships. Participants provided construct pairs such as judged vs accepted, excluded vs included and anti-social vs social. The third largest domain was the personal domain, which includes a person's unique traits and mental health. Participants identified constructs such as strange vs different, confident vs. unconfident, weird vs normal, and different vs not different. This was an interesting domain to study because participants interpreted their constructs in unique ways. For instance, Harry construed the notion of being different as a negative trait, whilst Oliver interpreted the same notion as a positive trait because he preferred not to be like his peers. Other participants also perceived the notion of difference positively. Zoe described the constructs ‘weird’ and ‘quirky’ as positive traits. Like the participants in Cooper et al.’s (2021) study, described in Chapter 2, some participants in this research reported having a sense of ‘pride in difference’ (p. 710).

Case Studies

The following section comprises nine short case studies that highlight the usefulness of the RGT in elucidating participants’ personal construal systems. One participant submitted his responses to the sentence-completion activity and semi-structured interview questions by email. He could not participate in the RGT as his requested accommodation involved no verbal contact. This request precluded his participation in the RGT, which required the scaffolding and support of the researcher. Each case study considers the content of the participant’s constructs and the various types of constructs used within their RGT. Each construct type provides information, either positive or negative, about how the person construed their ‘self now’ and their ‘ideal self’. Knowledge of the person’s domain of focus provided additional insight into the areas of self which mattered most to that person. The findings are useful because discrepancies between a person’s self and external feedback from others is often a result of their perception of others and/or others’ perceptions of them (Higgins, 1987). Outcomes in this area can impact whether or not the person’s construal system is validated, and whether or not their current attributes match their vision of their ideal self. Some participants construed themselves in terms of high self-ideal discrepancies, which indicated discontent with their current self. The RGT offered a means to identify the difference between where a person is now – their ‘self now’, versus where they want to be –

their ‘ideal self’. The following case studies focus on congruent and discrepant constructs; dilemmatic constructs will be discussed later in the chapter.

Ella

Ella, 18 years old, received her diagnosis of autism at the age of 17. She described herself as an introverted, curious, and caring person who enjoyed listening to alternative music and reading about psychology. Her co-occurring issues included social anxiety disorder (SAD), generalised anxiety disorder (GAD) and depression. During the RGT process Ella rated 12 constructs. In Table 9, Ella provided a rating of 3 for the construct ‘overwhelmed’ in relation to ‘self now’ indicating that she felt ‘overwhelmed’ when she was at school at the time of the interview. She provided a rating of 7 in relation to ‘ideal self’, which indicated that she wanted to feel much more ‘peaceful’ and less overwhelmed in the future when she was at school. The Likert-scale component of the RGT was useful because it assisted me to understand the extent to which Ella felt overwhelmed.

Table 9

Ella’s RGT

Construct	Situational context	Self now	Ideal self	Bipolar construct
Overwhelmed	When I am at school, I often feel	3	7	Peaceful
Content	When I am at home, I often feel	2	2	Unhappy
Excluded	When I am with people in my year, at school, I often feel	3	7	Included
Safe	When I am with family, at home, I often feel	3	1	Unsafe
Calm	When I am alone, at home, I often feel	3	1	Distressed
Overwhelmed	When I am in a group of 5 to 10 people, at school, I often feel	2	6	Confident
Caring	I believe that people often see my character as	3	3	Disinterested
Curious	If I were describing my character to someone I have not met, I would say that I am often	4	2	Not curious
Untrustworthy	People who do not know me well might describe my character as	2	8	Trustworthy
Dishonest	People who do not know me well might describe my character as	2	8	Honest

Nice	People who know me well might describe my character as	3	2	Mean
Introverted	People who know me well might describe my character as	5	5	Extroverted

Ella’s RGT revealed a high frequency of constructs from the emotional and relational domains, and the presence of some constructs from the values and morals domains (Feixas et al., 2002). Moral values, also known as interpersonal behaviours, are core constructs which are used to evaluate human behaviour (Horley, 2012; Kelly, 1955). Ella’s RGT included the core construct pairs dishonest vs honest and trustworthy vs untrustworthy. When invited to rate the likelihood of her being described by others as ‘untrustworthy’ or ‘dishonest’, Ella provided a rating of 2, reflecting her belief that others would describe her as extremely ‘dishonest’ and ‘untrustworthy’. Ella rated the construct pair honest vs trustworthy against the element ‘ideal self’ with an 8, indicating that she would like to be perceived as more ‘honest’ and ‘trustworthy’ in the future. Ella explained, ‘She [my school counsellor] said that my peers were avoiding me because I was manipulative.’ From the information that she provided it is likely that Ella relied on her counsellor’s interpretation of events because a counsellor is generally perceived as a person of authority who is an expert in their field.

The RGT provided useful information about Ella’s notion of self. Discrepant constructs occur when the ‘self now’ and ‘ideal self’ are construed with different ratings that result in a disparity between the scores. Ella’s rating of her ‘self now’ in comparison with her ‘ideal self’ generally differed by 6 points, which indicated that she was dissatisfied with how her current construct system portrayed her image. From the 12 constructs she provided, Ella provided a total of nine discrepant constructs, which were mostly focused on the relational domain. When describing her experiences at school, she provided construct pairs such as overwhelmed vs peaceful, excluded vs included, and overwhelmed vs confident. Ella’s construal system indicated that she wanted to change how she felt at school and how she felt when she interacted with her peers and engaged in small groups of 5 to 10 people. The data gathered from her high self-ideal discrepancies were consistent with Ella’s diagnosis of SAD. The data were also consistent with the content provided in her semi-structured interview in which she reported that she relied upon a process of ‘trial and error’ to improve her social skills.

The RGT data revealed that Ella had applied ‘non-standard’ meanings to some constructs depending upon the situation and context. In this research, a ‘non-standard meaning’ is described as a meaning which has been applied to a word in a unique, non-typical and unexpected manner. For instance, Ella provided the construct pairs peaceful vs overwhelmed, and confident vs ‘overwhelmed. The meaning of the words ‘confident’ and ‘overwhelmed’ are not usually associated with one another or considered bipolar opposites. To understand Ella’s construal system, it was necessary to refer to data in Ella’s semi-structured interview, which revealed that she associated the feeling of being ‘overwhelmed’ with low levels of social confidence. When asked what she could change to feel less overwhelmed in a small group situation, she suggested, ‘I think I just need to practice it [socialisation] more and get more used to how it works.’ Ella planned to practice her social skills to increase her ‘confidence’ (bipolar construct) and decrease her feelings of being ‘overwhelmed’ (construct) when she engaged in groups. When I asked her to expand upon her goals, Ella explained that she wanted to understand ‘how people communicate’.

Oliver

Oliver, aged 15 years, received a diagnosis of autism at 9 years and 9 months. He reported that he was bullied at school and preferred to be at home where he felt relaxed playing online games. Oliver’s co-occurring conditions included GAD and depression. During the RGT process Oliver rated 13 pairs of constructs, with a high frequency of constructs from the emotional domain. His RGT included a long list of construct pairs such as stressed vs not stressed, sad vs happy, calm vs angry, bored vs excited, and happy-go-lucky vs sad. Oliver provided a range of congruent constructs in which the ‘self now’ and ‘ideal self’ were construed with the same ratings when he described how he felt at home. When describing his experiences in the school setting, however, Oliver provided many discrepant constructs, which indicated that he was stressed and sad in the school setting, and desirous of change (Table 10).

Table 10

Oliver's RGT

Construct	Situational context	Self now	Ideal self	Bipolar construct
Stressed	When I am at school, I often feel	2	8	Not stressed
Sad	When I am at school, I often feel	2	8	Happy
Calm	When I am at home, I often feel	2	2	Angry
Energetic	When I am with people in my year, at school, I often feel	2	8	Calm
Angry	When I am with family, at home, I often feel	7	7	Happy
Soothed	When I am alone, at home, I often feel	1	1	Stressed
Calm	When I am alone, at home, I often feel	1	1	Energetic
Happy	When I am in a group of 5 to 10 people, at school, I often feel	5	5	Angry
Happy	I believe that people often see my character as	2	2	Sad
Calm	If I were describing my character to someone I have not met, I would say	1	1	Energetic
Smart	People who know me well might describe my character as	2	2	Not smart
Dishonest	People who know me well might describe my character as	2	8	Honest
Happy-go-lucky	People who know me well might describe my character as	2	2	Sad

When interpreting the grid content, it is important to discern between whether a word is a construct or a bipolar construct. A score closer to 1 indicates that the response aligns more closely with the construct, whilst a score closer to 10 indicates that the response aligns more closely with the bipolar construct. For example, the word 'energetic' is sometimes positioned as a construct to the far left of the grid and sometimes positioned as a bipolar construct to the far right of the grid. It is also important to ask participants to define any words that are not obvious in meaning. For instance, during the RGT, Oliver explained that the word 'energetic' was, for him, synonymous with the words 'stressed' and 'agitated'. In the

RGT, it was clear that Oliver perceived the word ‘calm’ to be opposite in meaning to the word ‘energetic’, which was a further indicator of how he defined the word ‘energetic’.

Oliver’s RGT ratings indicated that he felt ‘stressed’ when he was in the school setting. His rating/score of 2 indicated that he currently felt very stressed when he was at school, whilst his score of 8 for his ‘ideal self’ indicated that he desired to be much less stressed at school in the future. Similarly, a score of 2 indicated that he felt very ‘sad’ when he was at school, whilst his rating of 8 indicated that he desired to be happier (or less sad) at school in the future. In these situations, Oliver’s scores for his ‘self now’ and ‘ideal self’ differed. His ratings were consistent with findings from the semi-structured interview in which he reported, ‘I guess I often feel stressed, usually, and a mixture of sadness, because it's just too much. The people [at school] aren't that great, to be honest.’

Table 10 reveals that Oliver, like Ella, referred to the value of honesty. The RGT was useful for understanding Oliver’s experience(s) of honesty vs dishonesty. When asked how others might describe him, Oliver replied, ‘smart, dishonest and happy-go-lucky’. In his RGT, Oliver provided a rating of 2 to describe the extent to which others might perceive him as ‘dishonest’, indicating that he perceived others to view him as very ‘dishonest’. On a scale of 1 to 10 with dishonesty being 1 and honesty being 10, Oliver rated his ‘ideal self’ at 8, demonstrating that he was desirous of change so that others perceived him to be a very honest person. In his semi-structured interview, Oliver explained why others might describe him as dishonest. He shared, ‘I sometimes trick people into believing things that aren't true and are ridiculous.’

Interestingly, Oliver reported in the semi-structured interview that he did not want to change any aspects of himself. The RGT supported Oliver to provide a more explicit representation of self, using the self-rating scale. Oliver’s RGT provided essential data about his desire to change himself so that others might perceive him as a more honest person. It is possible that the semi-structured interview was more abstract in nature whereas the RGT was quite unambiguous and more likely to invite an explicit response. The RGT was also useful because the Likert scale offered Oliver an objective way to discuss the extent of the sadness which he felt in the school setting. Whilst an interview could provide Oliver with an opportunity to state that he felt sad, or very sad at school, the RGT provided him with a Likert scale, a rating system, to describe how sad, stressed, and possibly confused he felt when he was at school. Thus, the Likert scale provided Oliver with both a detailed and a non-emotional way of sharing his feelings about sensitive topics.

Zoe

Zoe, 16 years, received a diagnosis of autism at 12 years and 7 months. Zoe shared that she enjoyed horse-riding, surfing and craft. She reported that her co-occurring issues included attention-deficit/hyperactivity disorder (ADHD), GAD, oppositional defiance disorder (ODD), SAD, and major depressive disorder. Zoe rated 10 pairs of constructs, which are summarised in Table 11.

Table 11

Zoe's RGT

Construct	Situational context	Self now	Ideal self	Bipolar construct
Anxious	When I am at school, I often feel	2	5	Not anxious
Anxious	When I am at home, I often feel	4	5	Calm
Anxious	When I am with people in my year, at school, I often feel	2	5	Normal
Anxious	When I am with family, at home, I often feel	4	5	Not anxious
Lonely	When I am alone, at home, I often feel	8	8	Supported
Lonely	When I am in a group of 5 to 10 people, at school, I often feel	2	5	Supported
Weird	I believe that people often see my character as	2	2	Normal
Crafty	If I were describing my character to someone I have not met, I would say	5	3	Not crafty
Weird	People who do not know me well might describe my character as	2	2	Normal
Quirky	People who know me well might describe my character as…	2	2	Not quirky

Her constructs represent a mixture of domains including the emotional, relational, and personal domains (Feixas et al., 2014). For instance, Zoe’s constructs included pairs such as anxious vs calm, lonely vs supported, and anxious vs normal. These constructs reflect the issues that Zoe experienced with anxiety. Her RGT demonstrated that mental health and wellbeing were important to her construct system due to the quantity of constructs from the emotional and personal domains. Zoe’s RGT also revealed that she had some areas of self where change was desirous. The construct content indicated that she was more anxious at school than at home, and that she felt lonely at times when she was in a group of 5 to 10 people at school. Her ratings were consistent with the data from her semi-structured interview, in which she reported, ‘I can be around people, but still feel lonely, if that makes sense.’

Zoe’s RGT also reported her belief that others would describe her often as ‘weird’. When asked to provide a bipolar construct, she provided the construct ‘normal’. Subsequently, Zoe rated the construct with a score of 2 against both elements ‘self now’ and ‘ideal self’. Zoe’s congruent scores indicated that she was happy with being perceived as ‘weird’. During her semi-structured interview, I asked Zoe to define the term ‘normal’. Zoe used the term ‘mainstream’ to describe her version of ‘normal’ people and reported that she had tried to be normal by mimicking her peers in the past but was unsuccessful. She also reported that she did not want to be ‘mainstream’. According to Botha et al. (2020), people on the autism spectrum sometimes manage stigma by reclaiming language. It is possible that Zoe felt empowered reclaiming the typically pejorative terms ‘weird’ and ‘quirky’ which she rated positively in her RGT (Galinsky et al., 2013, Wang et al., 2017). This topic is also referenced in Harry’s case study and discussed in Chapter 6.

Alice

Alice, aged 18 years, received a diagnosis of autism at 6 years of age. She described herself as a creative, detail-oriented, and reserved person. Alice reported that she enjoyed drawing and playing online games with friends. Her co-occurring issue was GAD. In her RGT, summarised in Table 12, Alice rated 13 pairs of constructs, with a high frequency of constructs from the emotional and relational domains. For example, she provided the constructs stressed vs depressed to describe how she felt at school. The difference of 4 and 5 points between Alice's score ratings of the two elements 'self now' and 'ideal self' indicated that she was desirous of change regarding her feelings of being stressed and depressed in the school context.

Table 12

Alice's RGT

Construct	**Situational context**	**Self now**	**Ideal self**	**Bipolar construct**
Stressed-out	When I am at school, I often feel	2	7	Not stressed-out
Ecstatic	When I am at school, I often feel	6	2	Depressed
Relaxed	When I am at home, I often feel	4	2	Tense
Happy	When I am at home, I often feel	3	2	Depressed
Excluded	When I am with people in my year, at school, I often feel	3	7	Included
Accepted	When I am with family, at home, I often feel	2	2	Judged
Happy	When I am alone, at home, I often feel	3	2	Depressed
Accepted	When I am in a group of 5 to 10 people, at school, I often feel	8	2	Judged
Tactful	I believe that people often see my character as	7	5	Not tactful
Creative	If I were describing my character to someone I have not met, I would say	3	2	Unimaginative
Antisocial	People who do not know me well might describe my character as	4	6	Social
Antisocial	People who do not know me well might describe my character as	4	6	Creative
Social	People who know me well might describe my character as	6	4	Withdrawn

Her RGT data supported the data gathered from her semi-structured interview. During Alice’s semi-structured interview, I asked her how she could improve her feelings of self in the school context, to reduce her feelings of being stressed and depressed. Alice reflected,

> That's the most difficult question. Even just making more of an effort, just taking the initiative to make plans with people that I do know well or even not that well. Just trying to get to know people more and showing some initiative in those social situations, I think, would help me a lot.

Data from the semi-structured interview provided invaluable information about her experiences, which could otherwise not be obtained from the RGT alone. Additional questioning was used at times to clarify Alice’s responses in her RGT. For example, I asked Alice, ‘Is there a difference between the two constructs, ‘withdrawn’ and ‘anti-social’? She explained,

> Yes and no. It totally depends on the context. Withdrawn can also just mean not wanting to be involved in a situation, I suppose, and in this case, I'm relating that to sociability and not being around people.

Alice also provided the construct pair anti-social vs creative to explain how others would describe her character. Because she provided the bipolar construct ‘creative’, Alice possibly associated ‘social’ people with ‘creative’ traits, and ‘antisocial’ people with ‘uncreative’ traits. In the semi-structured interview, I asked Alice, ‘What word would you say is the opposite of the word social?’ to which she replied, ‘antisocial, not very creative, loner, withdrawn’. It is suggested that Alice may have formed a positive association between the notion of being ‘creative’ and ‘social’ when she was younger because she loved drawing. This construct forms a part of Alice’s unique construal system and provides insight into her individual worldview.

Alice’s RGT included discrepant constructs associated with the relational domain. For instance, she rated her ‘self now’ as a 6 for the construct pair antisocial vs withdrawn. Her rating of 4 for the element ‘ideal self’ indicated that Alice wanted to be perceived by others as more ‘social’ in the future. Alice’s RGT included other discrepant constructs such as ecstatic vs depressed, relaxed vs tense, and stressed-out vs not stressed. When Alice rated the construct ‘stressed-out’ against the element ‘ideal self’, it was clear that she wanted to make changes to her construal system to increase the likelihood of her being less ‘stressed-out’ in the future. The data from Alice’s RGT supported the data collected from her semi-structured interview during which she described an occasion in which she felt very ‘stressed out’ at school when she sat on the floor ‘snapping pens or pencils’ because she didn't know how to control her anger. She described how her confusion increased and resulted in her experiencing a ‘meltdown’. Viewed through a PCT lens, Alice was unable to process her construal system, which was unsuccessfully resolved (Kelly, 1955). Through a PCT lens, a ‘meltdown’ might be described as a period in which the channels of construal ‘go into lockdown’ due to a perceived ‘threat’. Kelly (1955) described the emotion of ‘anger’ as a person’s awareness of a social prediction which had already proven itself to be a failure.

The data from Alice’s RGT provided insight into her feelings of exclusion. Alice’s RGT revealed that she often felt ‘excluded’ when she was with people in her year at school. Her ratings indicated that she wanted to change these feelings of exclusion in the future. When describing how she felt at home, Alice provided the construct pair accepted vs judged. She rated these as congruent constructs, which indicated that she was highly satisfied with the level of acceptance which she received from her family. About her parents’ support, Alice shared, ‘They do what they can to help me.’ Nevertheless, the data from Alice’s RGT also revealed that she felt ‘depressed’ and ‘tense’ at home on some occasions. The RGT provided insight into the difficulties and strain that Alice experienced due to the masking behaviours which she used during the day when she was at school. Alice’s absence of masking in the home context may have contributed to her feelings of acceptance and authenticity at home. The scoring of Alice’s constructs in the RGT indicated that she hoped to achieve a level of acceptance from people in her year group which was like the level of acceptance which she received from her family at home. Further discussion with Alice about this topic could provide insight into her social expectations and whether it is realistic that she can achieve a level of acceptance from her peers at school which compares with the close relationships that she shares with her family at home, on the basis that she relies upon masking in one context but not the other.

Theo

Theo, 18 years of age, received a diagnosis of autism at 16 years and 10 months. Theo enjoyed learning Aikido, building computers, spending time with his girlfriend, and playing with his dog on the beach. Theo had a co-occurring diagnosis of GAD. In his RGT, represented in Table 13, Theo rated 13 pairs of constructs, with a high frequency of constructs from the emotional and personal domains. He provided construct pairs from the emotional domain such as content vs sad, empty vs not anxious and overwhelmed vs not overwhelmed. Interestingly, he rated those constructs, which were related to the emotional domain, as congruent constructs, meaning that the ‘self now’ and ‘ideal self’ were rated with the same scores. The data revealed that Theo was satisfied with how he felt at home when he was alone and with his family, and at school with people in his year group. Whilst his RGT is reflective of his experiences, it does not reveal the challenges or serious levels of anxiety which Theo described in his semi-structured interview. The interview provided important data about the barriers which he experienced when socialising with others and managing both cognitive and sensory overload at school. When used in combination with the RGT, the findings provided detailed information related to Theo’s perception of himself now, and his perception of his ideal self.

Table 13

Theo's RGT

Construct	**Situational context**	**Self now**	**Ideal self**	**Bipolar construct**
Content	When I am at school, I often feel	4	4	Sad
Not anxious	When I am at home, I often feel	3	3	Anxious
Scared	When I am with people in my year, at school, I often feel	9	9	Safe
Content	When I am with family, at home, I often feel	2	2	Unhappy
Neutral	When I am with family, at home, I often feel	2	2	Unhappy
Anxious	When I am alone, at home, I often feel	7	7	Not anxious
Empty	When I am alone, at home, I often feel	7	7	Not anxious
Overwhelmed	When I am in a group of 5 to 10 people, at school, I often feel	3	7	Not overwhelmed
Confident	I believe that people often see my character as	3	3	Unconfident
Impulsive	If I were describing my character to someone I have not met, I would say that I am often	4	4	Not impulsive
Strange	People who do not know me well might describe my character as	3	7	Not strange
Kind	People who know me well might describe my character as	2	2	Unkind
Confident	People who know me well might describe my character as	2	2	Unconfident

From the personal domain, Theo provided the construct pairs confident vs unconfident, and kind vs unkind to describe how he perceived others to view his character. According to Theo, people often saw him as a 'confident' and 'kind' person. Theo also reported that he was satisfied with how he felt when he was alone at home. He did not want to make any changes in this area. Further, Theo provided congruent constructs when describing how he felt at school. For instance, he described himself as feeling 'safe', 'not anxious' and 'content'. Theo provided an isolated discrepant construct when rating the construct pair, strange vs not strange. Against the element 'self now', he provided a rating of 3 indicating that he believed others currently perceived him as 'strange' His rating of 7 against the element ‘my ideal self’ indicated that he wanted to be perceived as less strange in the future by people who do not know him well.

Additional rich data about the source of feeling ‘strange’ was ascertained from Theo’s semi-structured interview, in which he revealed that his autistic behaviours may contribute to his peers’ perceptions of him as ‘strange’. Theo reported that his reactions to his peers’ annoying behaviours had resulted in him ‘yelling’ at his peers or leaving the classroom on several occasions. From a PCT perspective, the frustration or anger felt by Theo was resultant to his recognition that this event was outside the range of accessibility of his construct system (Kelly, 1955). His RGT also indicated that Theo was dissatisfied with how he felt when he engaged in groups of 5 to 10 people. His RGT scores indicated that he felt very ‘overwhelmed’ in group contexts and that he would like to change this feeling in the future so that he felt ‘less overwhelmed’ in groups of 5 to 10 people. This is consistent with data from the semi-structured interview, which revealed how he used masking in some small group scenarios to mimic what his peers were doing. Through a PCT lens, the act of ‘mimicking’ might be perceived as an event in which Theo has ‘borrowed’ or ‘adopted’ the construal systems of other people (Kelly, 1955).

In his semi-structured interview, Theo reported that ‘mimicking’ helped him to ‘ease’ into a more natural style of discourse. According to Kelly’s (1955) ‘sociality corollary’ (see Chapter 2), a person construes another person's construct system by observing them and then interpreting their behaviour. The person anticipates what the other person is thinking and feeling, so that he/she can respond appropriately, ask questions, and engage in conversation turn-taking. When one person takes on the other person’s construct system, he/she adopts their perspectives. PCT offers a unique perspective into the difficulties associated with ‘mimicking’ and why some people on the autism spectrum may have difficulties participating in social situations at times. It is suggested that when a person mimics or adopts the behaviour of another person, the two-way nature of a conversation is likely to be disrupted. It was interesting that Theo described mimicking and masking as two different processes. It would be useful to understand what he interpreted as the differences between mimicking and masking, and why ‘mimicking’ was used in a one-on-one situation, and ‘masking’ used in a group context.

Harry

Harry, 15 years old, received a diagnosis of autism at 9 years. He reported that he enjoyed playing rugby and relaxing at home by playing video games. Harry had a co-occurring diagnosis of GAD. In his RGT, summarised in Table 14, Harry rated 13 pairs of constructs, with a high frequency of constructs from the emotional domain and some constructs from the relational domain. His RGT indicated that he felt extremely sad when he was at school.

Table 14

Harry’s RGT

Construct	Situational context	Self now	Ideal self	Bipolar construct
Left out	When I am at school, I often feel	2	9	Included
Sad	When I am at school, I often feel	2	8	Happy
Incomplete	When I am at school, I often feel	3	7	Complete
Happy	When I am at home, I often feel	2	2	Sad
Bored	When I am at home, I often feel	2	7	Not bored
Excluded	When I am with people in my year, at school, I often feel	2	7	Included
Excited	When I am with family, at home, I often feel	2	2	Not excited
Calm	When I am alone, at home, I often feel	2	2	Not calm
Cast out	When I am in a group of 5 to 10 people, at school, I often feel	3	7	Included
Happy	I believe that people often see my character as	2	2	Unhappy
Happy	If I were describing my character to someone I have not met, I would say that I am often	2	2	Sad
Happy	People who do not know me well might describe my character as	2	2	Sad
Happy	People who know me well might describe my character as	2	2	Unhappy

His ratings of 2 and 3 indicated that he felt very ‘sad’ and very ‘incomplete’ in the school context, whilst his ratings of 7 and 8 indicated that he wanted to become much ‘happier’ and feel more ‘complete’ at school in the future. Harry’s RGT revealed three discrepant constructs which indicated that he felt very ‘left out’ and very ‘excluded’ at school and that this was far from his ‘ideal self’. Harry’s ratings indicated that he wanted to be more included by his peers at school in the future. He also wanted to be more included when he was with people in his year group and when he was engaging in groups of 5 to 10 people at school.

Harry’s RGT revealed seven congruent constructs, which indicated that he experienced self-satisfaction across some contexts. Harry reported that he felt very ‘happy’ and ‘calm’ whilst he was at home. He enjoyed being with family but found it boring to be alone. Interestingly, Harry reported that others saw him as a very ‘happy’ person regardless of whether or not they knew him well. Finally, Harry claimed that he would describe his own character as very ‘happy’ to someone whom he had not yet met. However, Harry’s RGT ratings were inconsistent with how he described himself during his semi-structured interview where he reported that he suffered from severe bullying at school, which made him feel very ‘sad’ and ‘incomplete’. It is possible that Harry masked his responses during the RGT, or that he was describing how others perceived him when he was masking in the school context. It is also possible that Harry was unsure about how others perceived him, or how he appeared to others. Harry’s responses seemed inconsistent, which prompted me to ask him more questions. Consequently, Harry shared more stories about being bullied. He seemed more comfortable sharing his experiences using the semi-structured interview format rather than the RGT. This was a reminder that all people on the autism spectrum are unique, and that people have different preferences for how they like to share their stories.

Emily

Emily, 14 years, received a diagnosis of autism at 7 years of age. She also had a diagnosis of ADHD. Emily reported that she had a group of supportive school friends and supportive parents who encouraged her to socialise with family and friends. Emily’s constructs addressed a mixture of domains including the emotional, moral, and relational domains as presented in Table 15. Most of her constructs were congruent, which meant that she rated her constructs against the elements ‘self now’ and ‘ideal self’ using similar ratings. Her scores indicated that she was satisfied with multiple areas of self.

Table 15

Emily’s RGT

Construct	Situational context	Self now	Ideal self	Bipolar construct
Happy	When I am at school, I often feel	2	1	Upset
Anxious	When I am at home, I often feel	9	9	Not anxious
Happy	When I am with people in my year, at school, I often feel	2	2	Unhappy
Safe	When I am with family, at home, I often feel	6	1	Unsafe
Happy	When I am alone, at home, I often feel	3	2	Unhappy
Relaxed	When I am in a group of 5 to 10 people, at school, I often feel	2	2	Not relaxed
Bubbly	I believe that people often see my character as	3	3	Not bubbly
Kind	If I were describing my character to someone I have not met, I would say that I am often	3	3	Unkind
Friendly	People who do not know me well might describe my character as	3	3	Unfriendly
Kind	People who know me well might describe my character as	3	3	Unkind

Within Emily’s RGT there was a discrepant construct which revealed that she was not happy with how she felt at home with her family. Emily’s rating of 6 indicated that she felt ‘unsafe’ when she was at home with her family and her rating of 1 indicated that she wanted to feel much safer at home with her family in the future. During her semi-structured interview, Emily explained that her brother Rob experienced extreme difficulty when regulating his anger and emotions at home. Rob also had a diagnosis of autism and his outbursts of aggression resulted in Emily feeling unsafe on some occasions. Both Emily’s parents were very supportive of their children's needs, and her father was always available to provide support for her brother when he had a meltdown or became aggressive.

Rob

Rob, aged 13 years, received a diagnosis of autism at 6 years and 4 months. Rob enjoyed being with friends and participating in outdoor activities such as snorkelling, fishing, surfing, and swimming. He also had a diagnosis of sensory processing disorder and revealed that he felt especially relaxed when playing games on his Xbox. Rob rated 10 pairs of constructs and provided a high frequency of constructs from the emotional and personal domains. His RGT, summarised in Table 16, included some discrepant constructs, which revealed that he struggled to control his anger at home and at school.

Table 16

Rob's RGT

Construct	Situational context	Self now	Ideal self	Bipolar construct
Happy	When I am at school, I often feel	3	3	Annoyed
Happy	When I am at home, I often feel	5	5	Upset
Happy	When I am with people in my year, at school, I often feel	6	3	Annoyed
Happy	When I am with family, at home, I often feel	5	3	Upset
Happy	When I am alone, at home, I often feel	3	3	Unhappy
Happy	When I am in a group of 5 to 10 people, at school, I often feel	6	3	Annoyed
Funny	I believe that people often see my character as	3	3	Not funny
Interesting	If I were describing my character to someone I have not met, I would say	3	3	Uninteresting
Funny	People who do not know me well might describe my character as	4	5	Not funny
Interesting	People who know me well might describe my character as	3	3	Uninteresting

Rob reported that he felt 'annoyed' sometimes when he was at school with people in his year group. He provided a rating of 6 to describe his 'self now' and 3 to describe 'his ideal self', indicating that he desired change in this area. Rob provided similar ratings when he described how he felt in small groups of 5 to 10 people. His high self-ideal discrepancies indicated that Rob was dissatisfied with some dimensions of his current self. Whilst Rob struggled to describe his feelings in words during the semi-structured interview, he appeared very comfortable when using the Likert scale to complete the RGT.

Joe

Joe, 15 years old, received a diagnosis of autism at 9 years and 4 months. He had no co-occurring conditions. Joe described himself as ‘polite’, ‘honest’, and ‘forthright’. He reported that he enjoyed rock climbing and going roller-skating with friends. In his RGT, depicted in Table 17, Joe rated eight pairs of constructs from a mixture of domains including the relational, emotional, moral, and intellectual. Joe’s constructs were congruent, which indicated that he rated all his constructs against the elements ‘self now’ and ‘ideal self’ using the same scores. His scores indicated that he was satisfied with all areas of self. The RGT data reported that he felt very involved with people in his year at school and that he had no desire to increase this level of involvement. Similarly, he rated himself as very happy when he was alone at home, with no desire to make any change in this area. Further, his ratings indicated that Joe was satisfied with how he perceived himself, and how others perceived him.

Table 17

Joe’s RGT

Construct	Situational context	Self now	Ideal self	Bipolar construct
Engaged	When I am at home, I often feel	2	2	Unrelaxed
Involved	When I am with people in my year, at school, I often feel	3	3	not involved
Not scared	When I am with family, at home, I often feel	1	1	Scared
Happy	When I am alone, at home, I often feel	2	2	Unhappy
Polite	I believe that people often see my character as	2	2	Inconsiderate

Forthright	If I were describing my character to someone I have not met, I would say	2	2	not forthright
Intelligent	People who know me well might describe my character as	3	3	Unintelligent
Honest	People who know me well might describe my character as	3	3	Dishonest

Group Analysis

Data from participants' RGTs revealed that participants frequently provided congruent constructs when they described how they felt at home. Construct pairs associated with participants' feelings of being at home, either alone or with family, included calm vs distressed, safe vs unsafe, calm vs angry, soothed vs stressed, calm vs energetic, not anxious vs anxious, and content vs unhappy. When compared with data from their semi-structured interviews, there was a consistency in participants' perceptions of home as a place where routine behaviours were observed. Most participants stated that their routines made them feel 'safe' and 'comfortable'. From a PCT perspective, routine can be described as a sequence of events which is predictive in nature (Kelly, 1955). Routine involves a minimal threat of constriction and the reduced likelihood of adverse outcomes such as 'anger' or 'anxiety'. A person on the autism spectrum may prefer routine because engaging in routine behaviours minimises the risk of them needing to predict events and/or risk experiences that involve failed or useless constructs (Kelly, 1955).

Participants' RGTs also revealed that they frequently provided discrepant constructs when they described how they felt at school. Construct pairs associated with participants' feelings of being at school, either alone or with peers, included annoyed vs happy, overwhelmed vs peaceful, stressed vs not stressed, anxious vs not anxious, sad vs happy, lonely vs supported, cast out vs included, excluded vs included, and incomplete vs complete. When compared with data from the semi-structured interviews, there was a consistency in some participants' perceptions of school as a place where they felt excluded, isolated, rejected and/or overwhelmed. Some participants described the difficulties which they experienced when socialising with others. Kelly (1955) described a range of responses including 'anger', 'anxiety', 'hostility', and 'guilt', which are indicative of a person having a construct that has not been validated by others. Participants described the feelings of 'anger' and 'anxiety' which they experienced when events failed to occur as they had planned in the school context. From a PCT perspective, people on the autism spectrum may experience 'anger' and 'anxiety' when required to resolve a construct conflict if they cannot determine which construct to use in which situation (Kelly, 1955).

Utility of the RGT

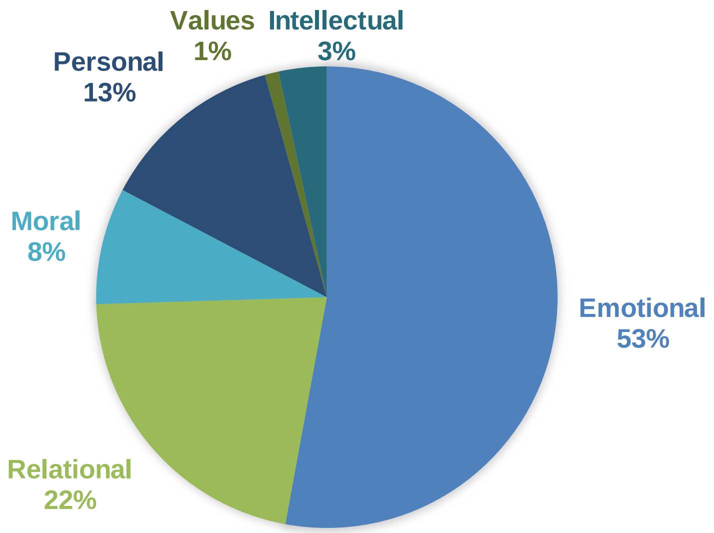
The RGT provided insight into participants' construal systems using their own words (Hess et al., 2021). The RGT also provided a highly structured format which assisted participants to circumvent potential communication difficulties (Murphy et al., 2017). For instance, Rob struggled to provide extended responses during the semi-structured interview but actively engaged in the RGT with its focus on numbers rather than words. The RGT also provided participants with an alternative way of sharing their experiences when compared with the open-ended interview, which research suggests many people on the autism spectrum find anxiety-inducing (Hess et al., 2021; Murphy et al., 2017). The RGT provided participants with a more structured way to share their experiences using a Likert scale. The Likert scale provided participants with the opportunity to measure the depth of their feelings because it allowed them to rate each construct against each element using a number ranging from 1 to 10. The RGT also helped participants to identify which constructs mattered most to them. As a researcher, I found the RGT useful because it assisted me to identify the frequency and type of constructs used by participants.

The current research used Feixas et al.'s (2002) CSPC to categorise participants' constructs into domains. These domains were useful because they provided me with understandings about the construct type that mattered most to each participant. For example, Ella’s and Alice’s constructs had a strong focus on the relational domain, which reflected their interest in improving their relationships with others. In contrast, Oliver’s constructs focused on the emotional domain. Kelly (1955) suggested that emotions may rise due to the presence of invalidated constructs. Reportedly, these emotions remain until the person has modified or accepted their newly revised construal system. Kelly (1955) also proposed that a person regulated their actions and emotional and motivational processes based on the discrepancy or congruence between the construction of their ‘self now’ and the ‘ideal self’. Limited research has been conducted about the content of personal constructs (Dada et al., 2017; Feixas et al., 2014; Montesano et al., 2017). This research explored the content of participants’ personal construal systems to develop understandings about how they perceived the world in ways that made sense to them.

Figure 5 reports data from this research about the different domains into which participants’ constructs were grouped using the CSPC (Feixas et al., 2002). The largest domain was the emotional domain, which indicated that most participants had constructs that related to the area of emotions. The second largest domain was the relational domain, which revealed that participants were aware of the importance of relating to others. Feixas et al.’s (2002) CSPC was useful for exploring each participant’s construal system(s) to identify the areas of self which were most meaningful and/or relevant to them.

Figure 5

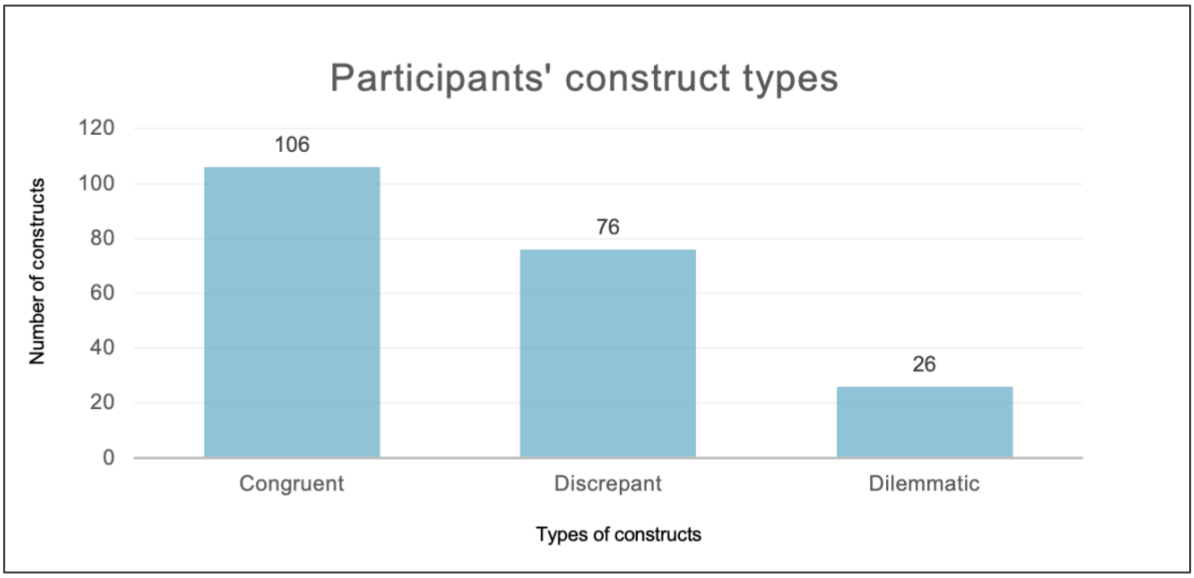
The different domains into which participants' constructs were grouped using the CSPC (Feixas et al., 2002)



The RGT was also a valuable tool for identifying different construct types (e.g. congruent and discrepant) as they related to each person's construal system(s). Interestingly, all participants with high self-ideal discrepancies had a diagnosis of anxiety. Only one participant, Joe, had no discrepant constructs and no co-occurring diagnoses. Regardless of similarities between participants' RGT data, it is critical to remember that each person's construal system is idiosyncratic, and that all people on the autism spectrum have a unique representation of traits. Because each person's perceptions of self are in constant flux and open to change, Kelly (1955) highlighted the importance of human freedom and choice. It is also important to remember that the RGT was designed to identify each person's unique aspects of self, rather than to be used as a tool to generalise peoples' experiences of self. Table 18 highlights the types and quantity of constructs used by participants in this research. Consistent with their semi-structured interviews, the RGT data revealed that most participants liked some aspects of themselves, which was reflected through their choice of congruent constructs.

Table 18

Participants' constructs



Congruent constructs indicated participants' satisfaction and perception of self at the time of the interview. Discrepant constructs, in contrast, indicated participants' dissatisfaction with how they perceived themselves across various dimensions. According to Feixas et al. (2014), discrepant constructs represent objectives or goals rather than conflicts. The RGT data revealed that participants provided discrepant constructs across a range of situational contexts. Interestingly, the range of most discrepant constructs indicated that participants perceived their goal of achieving their 'ideal self' to be distant. In contrast, dilemmatic constructs occurred when participants rated their ideal self at the mid-point. Dilemmatic constructs were representative of the construal systems of three participants (Alice, Rob, and Zoe). The data indicated that these participants experienced difficulties choosing which construct pole was preferable. For instance, Alice rated her ability to be tactful and social at the midpoint, which indicated that she was unsure about how she perceived her ideal self, related to this area. From a PCT perspective, a lack of predictability in a person's construal system can result in 'anxiety' or 'anger', which Kelly (1955) described as transitional states that occur when a person's constructs are being reorganised.

The RGT was also used to identify dilemmatic constructs and cognitive conflict amongst participants with depression and anxiety. The identification of dilemmatic constructs can pave the way for a deeper exploration of each person's unique construal system (Feixas et al., 2014). For example, Rob provided dilemmatic constructs when describing how others perceived him, and when he described how he felt when he was alone at home. Rob rated his ideal self at the midpoint related to his feelings of being happy vs upset when he was at home. This data is consistent with information provided in the semi-structured interviews of both Rob and his sister, Emily, which indicated that Rob sometimes struggled with emotional regulation in the home context. Zoe's RGT also revealed multiple dilemmatic constructs. She described her ideal self at the midpoint related to the construct pairs: anxious vs not anxious, lonely vs supported, and anxious vs normal. Her ratings indicated that Zoe experienced difficulties choosing which construct pole was most desirable. PCT recognises that dilemmas occur when a person is required to resolve their personal values with their current self (Kelly, 1955).

Summary

This chapter presented the findings from participants' RGTs. The RGT was effective for deepening understandings about participants' systems of construal. According to Kelly (1955), participants' core constructs are the basis for their self-identity. The RGT revealed factors that participants perceived to have contributed to the development of their self-identity. Each participant's choice of constructs highlighted their foci on specific domains including the emotional, relational, personal, moral, intellectual and values domains. The construct content and ratings revealed that some participants' construal systems contained high self-ideal discrepancies, which resulted in them experiencing incongruity and inconsistencies amongst some of their constructs, creating challenges for them. Kelly (1955) described a range of responses which were indicative of invalidated or unsuitable constructs. High self-ideal discrepancies were identified in the RGTs provided by participants who had anxiety, which was indicative of their invalidated constructs and/or their dissatisfaction with their current self. The RGT proved to be a useful tool because it provided participants with multiple ways of sharing their feelings, thoughts, and experiences of autism when compared with other ways of sharing their experiences, including the semi-structured interview.

CHAPTER SIX: DISCUSSION

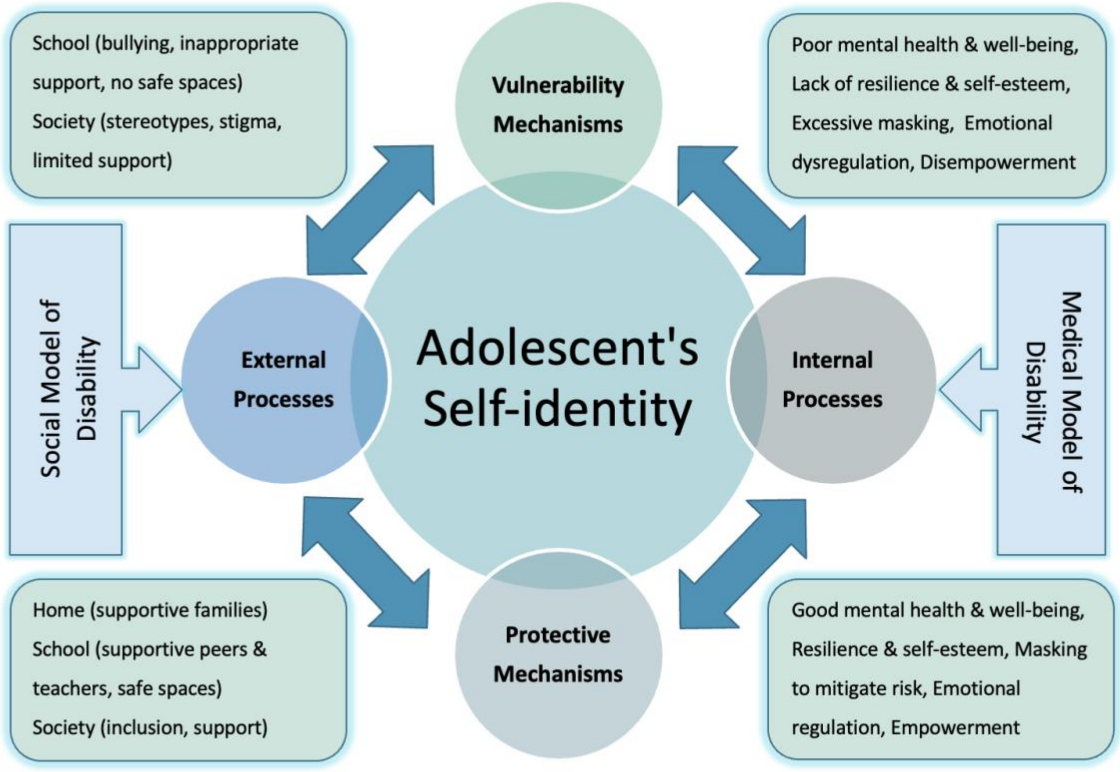
This chapter reflects on the findings shared in the previous chapters and introduces theoretical propositions about mechanisms of influence on participants' development of self, generated through grounded theory methods (Bernard & Ryan,1998; Charmaz, 2014). Chapter 4 introduced a series of sub-categories aligned to five major categories emerging from the data (see Figure 4), and these were considered along with the outcomes of the repertory grid technique (RGT) presented in Chapter 5. An ongoing constant comparative process between the sub-categories and RGT findings formed the foundation for a further stage of analysis with the aim of generating themes to explain the complex influences on the participants' development of self and how they construe their world (Kelly,1955). Adolescence is a significant developmental stage with a particular focus on the development of self-identity. As Woolfolk and Margetts (2019) state, '… adolescence marks the first time that a conscious effort is made to answer the now pressing question, "Who am I?"' (p. 112). Woolfolk and Margetts (2019) highlight that adolescence is a time where identity formation benefits from the creation of a consistent image of self. However, as noted in the previous chapters of this thesis, there are multiple influences that impact how the participants in this research construe their world and subsequently develop an image of self.

The influences during adolescence for a person on the autism spectrum are derived from both internal and external sources. The adolescent's parents, peers, school, and health professionals form the immediate group of explicit influences, whilst both the media and governmental policies contribute as both explicit and/or implicit influences. Other influences derive from the self and are intrinsic to the person. Intrinsic influences can include physical and cognitive characteristics, perceptual and processing capacities along with personal characteristics that have developed over time, including resilience and coping mechanisms, risk mitigation strategies such as masking and the adolescent's motivation for social engagement. Whilst these intrinsic mechanisms contribute to the adolescent's sense of self and how their world is construed, the adolescent is also subject to the ongoing influences of a range of explicit influences or mechanisms which are derived from external sources. This interplay between external and intrinsic mechanisms highlights how the adolescent’s environment is of fundamental influence on their development of self. Figure 6 represents a model of the interplay between factors of influence on the development of self-identity in adolescents on the autism spectrum.

The model highlights a range of vulnerability mechanisms (e.g. stigma, bullying and inappropriate support), which can negatively impact the formation of an adolescent’s identity, as well as protective mechanisms (e.g. supportive families, peers, teachers, and practitioners) who can promote positive identity development. The figure also highlights the processes that can protect the adolescent including the Social Model of Disability and the Medical Model of Disability. The Social Model of Disability proposes close attention to ensuring environmental conditions and factors that support the needs and preferences of the adolescent on the autism spectrum, whilst the Medical Model of Disability aligns with internal reformation by focusing specifically on the adolescent’s physical and emotional health including their use of medication in combination with psychological supports as relevant to improving an individual’s mental health and wellbeing.

Figure 6

A model of influences on the development of self-identity in adolescents on the autism spectrum



Whilst some protective mechanisms can build resilience and insight (e.g. masking to promote risk mitigation), a protective mechanism can easily turn into a vulnerability mechanism if used excessively or in ways that do not benefit the person. For example, excessive masking can lead to exhaustion and a reduction in the presentation of a person's authentic self. Similarly, social non-engagement can lead to reduced opportunities for social learning, poor friendship outcomes and reduced self-esteem or social motivation (Greenlee et al., 2020; Hebron & Bond, 2019; Nugent et al., 2017; Troop-Gordon, 2017). Both scenarios can negatively impact the adolescent's understanding of their authentic self and identity development. Further, a vulnerability mechanism has the potential to negatively impact other mechanisms (e.g. mental health) and increase negative effects. The use of the term ‘mechanism’ rather than ‘factor’, and ‘process’ rather than ‘variable’ aims to highlight the dynamic nature of an adolescent’s development of self (Rutter, 1987).

The RGT was used in this research as a protective mechanism because it supported each participant to understand where they were positioned regarding their perceptions of their current and ideal self. The RGT may also promote increased discussion between stakeholders and adolescents on the autism spectrum to amplify the voice of the adolescent. The RGT provides the adolescent on the autism spectrum with a voice to engage in the planning of their own strength-based support. The RGT may assist stakeholders (e.g. teachers, clinicians, etc.) to tailor their approaches in ways that ensure each adolescent on the autism spectrum has opportunities to maximise their strengths in environments which support their unique needs and preferences (Carter et al., 2015; Clark & Adams, 2020; Quinlan et al., 2015). Whilst the RGT does not feature in the model proposed in Figure 6, it is certainly a process that has proved of value in assisting the participants in this research to reflect on their intrinsic characteristics and how they are of influence on the choices they make when engaging in different contexts.

This thesis proposes that adolescents on the autism spectrum must be involved and invested in analysing and choosing the protective mechanisms that they believe can improve the everyday quality of life. An underlying personal construct theory (PCT) approach can support the search for protective processes because it describes how each person’s construal system is constantly open to change and revision such that mobility between processes (e.g. the Social Model of Disability and the Medical Model of Disability) is possible. The following sections present a more detailed discussion of the elements in the model depicted in Figure 6, which are compared and contrasted with other research studies. This is an important phase of the grounded theory process as it allows for connecting with more recent research and for reflecting on the soundness of the proposed model.

External Vulnerability Mechanisms

The Social Model of Disability posits that people are disabled by societal barriers, which present in both physical and attitudinal ways (Mitchell et al., 2015). Relative to this model, disability occurs when there is a poor fit between the physical, cognitive, or emotional characteristics of a person and the characteristics of their social environment (den Houting, 2022). For instance, accommodations and modifications to a social context can help to minimise a person's disability. This current research revealed that, whilst the Social Model of Disability operated successfully across some contexts, it failed to support the adolescents in this research in the school setting. The most notable areas of weakness included attitudinal factors, which became risk mechanisms that prevented inclusion for most participants. An initial concern for participants, at the time of diagnosis, involved the need for them to decide whether they would disclose their diagnosis to others beyond the family. Participants were not alone in their concerns as a review of the literature revealed that people on the autism spectrum hesitated to disclose their diagnosis because disclosure can increase the likelihood of autism stigma and discrimination (Bottema-Beutel et al., 2016; Hebron & Humphrey, 2014a; Jones et al., 2015; Mogensen & Mason, 2015; Thompson-Hodgetts et al., 2020; White et al., 2020).

Stigma

Stigma can be defined as the social discreditation of a person's attributes, such that the person feels different, othered and unacceptable to other members of the social group (Goffman, 1990). The concept of public stigma includes discrimination, prejudice, and stereotypes (Corrigan & Watson 2002; Treweek et al., 2019). Discrimination is described as a person's behavioural response to prejudice, whilst a stereotype involves a socially constructed negative belief about a group, derived from inadequate or inaccurate knowledge (Corrigan & Watson 2002). Prejudice describes a person's agreement with that belief, and/or their negative response to that belief. Stereotypes result from stigmatised views in which people's beliefs and attitudes are abstracted according to deeply embedded thoughts that result in labelling and discriminating against others (Sasson et al., 2017; Turnock et al., 2022). Understanding how adolescents on the autism spectrum experience stereotyping is critical because stereotyping can negatively impact the development of their self-identity (Botha et al., 2020). An awareness of where stigmatising experiences can occur (e.g. school) is essential because this allows stakeholders to address the inadequacies of the environment to ensure it is a safe, welcoming, and inclusive space for all people.

During adolescence, people on the autism spectrum have an increased likelihood of experiencing autism stigma and bullying (DeNigris et al., 2018; Humphrey & Hebron 2014). Matty's et al. (2018) reported that young adults on the autism spectrum did not want to be aligned with the stereotypes associated with a person on the autism spectrum. The notion of a stereotype is complicated by its dynamic nature, as a constantly evolving societal, identity-based interpretation. Due to the label and diagnosis of autism, there is a division between non-ASD people and those on the autism spectrum (Botha et al., 2020; Cage et al., 2018; Sasson et al., 2017; Turnock et al, 2022). Participants in this current research recognised the need for increased autism awareness as a protective mechanism due to negative societal stereotypes which they encountered at school. An example of an autism-related stereotypes can involve the discrediting of a person due to their autistic traits (e.g. different social skills), and/or their diagnosis of autism. Because there are some visible traits of autism, people on the autism spectrum can experience stigma whether they choose to disclose their diagnosis or not (Botha et al., 2020).

The notion of stigma was an inherent part of most participants' narratives, and frequently intertwined with their autistic identity via descriptions of self. When asked how they would describe others on the autism spectrum, they referred to stereotypes such as 'different', 'unpleasant', 'weird', 'aggressive', and 'strange'. During their RGTs, some participants described themselves using these exact same words. Most participants recognised that others also perceived them as 'different' due to their autism. Both Theo and

Ella recognised the need for a shift in the perceptions of others. Ella recognised the need for greater awareness about how autism presents in females at the school level, whilst Theo and Rob recognised the need for others to change their negative views about people on the autism spectrum. When asked what they would say to a hypothetical friend who had just been diagnosed with autism, most participants forewarned the person about autism stigma. Participants' experiences again highlight the failure of the Social Model of Disability to promote inclusive attitudes and behaviours in the school context.

When participants shared the advice that they would offer their hypothetical friend, they had an opportunity to share the risk mechanisms and/or processes that they felt were of the highest priority to them. Zoe chose to remind the friend that he/she was 'more than just what the stereotypes say.' Theo shared, 'I would probably tell them, don't take it as an insult, and don't let other people insult you about it, as it makes you more unique; it makes you better.' Similarly, Emily shared, 'Don't listen to what other people say about you. Just don't let them get into your head ... you're still the same person that you were.' Harry also referred to labelling when he stated, 'I would say not to worry. I would tell them that it is just a label.' Clearly, these participants had already started to form their self-identity, so they did not view the label of autism as defining them. Instead, they simply described it as a 'label'. Their comments, however, demonstrated that they were acutely aware that the wider population had generalised perspectives of autism, which also explains why most participants were wary of sharing their own diagnosis for fear of being stereotyped.

Participants described a range of experiences which involved bullying behaviours, including overt discrimination (e.g. rejection) and subtle discrimination (e.g. exclusion, being ignored, and isolation). From the literature review it was evident that there was limited data about research on subtle discrimination, especially in the school context and in relation to adolescents on the autism spectrum (Aubé et al., 2021; Dovidio et al., 2017). Subtle discrimination refers to nuanced behaviours which can negatively impact feelings for people on the autism spectrum. Subtle discrimination can include acts such as ignoring a person, pulling faces at someone, or not choosing them to be a part of a group. The participants in this research reported such incidences and their ensuing feelings of emptiness, exclusion, and invisibility. Ella reported, ‘I think there’s just a lot of exclusion; an absence of saying things’, whilst Joe said, ‘I cannot imagine people really thinking about me. I think they would probably just see someone about whom they wouldn't really take any notice.’ Oliver also felt unseen. He stated, ‘Most people wouldn't see a personality. They just see my being, things I was born with.’

About her experience, Alice shared, ‘Just generally I felt socially isolated.’ She described feelings of being ostracised, stating that others believed that she did not exist due to her poor school attendance. Aubé et al. (2021) reported that such feelings of ostracism can negatively impact a person’s sense of belonging and inclusion. Alice explained how bullying negatively impacted her self-confidence, whilst subtle discrimination increased her social awkwardness and resulted in increased levels of anxiety and self-harm. Subtle discrimination can impact the development of a person’s self-identity because it can contribute to feelings of non-acceptance and poor self-worth (Aubé et al., 2021). Den Houting’s (2019) research highlighted the importance of recognising the risk mechanisms faced by people on the autism spectrum. Understanding the risk mechanism of stigma is important because some people on the autism spectrum experience self-stigma and redirect their experience of prejudice onto themselves (Corrigan & Watson, 2002). These findings emphasised how an improved focus on developmental processes to improve the self-confidence and self-esteem of these participants could provide them with additional protective mechanisms to manage their responses to being bullied.

Autism stigma was associated with higher risks of social anxiety, generalised anxiety, depression, and suicide in people on the autism spectrum (Cassidy et al., 2022; DeNigris et al., 2018; Gadow & Garman, 2020; Liu et al., 2021). Adolescents on the autism spectrum also experienced lower self-concept than their non-ASD peers (Botha et al., 2020; Crane et al., 2019; Ferenc et al., 2021; Jager-Hyman et al., 2020; Kelly et al., 2018; O’Hagan &

Hebron, 2017; Rybczynski et al., 2021). The literature supported the findings in this research which reported that participants experienced rejection, isolation, and/or repeated name-calling during their school years. The issue of concern, in this case, involves the social environment, and a range of external risk mechanisms such as autism stigma and bullying, which shape the development of the person's self-identity (Achterhof et al., 2022). Participants' experiences also highlighted the need to address significant flaws in the ways that some schools report their implementation of the principles of the Social Model of Disability but are clearly failing to create supportive and inclusive environments given the ongoing and frequent accounts of people on the autism spectrum being bullied. Additional protective mechanisms should also be provided by engaging non-ASD students who perpetuate autism stigma and bullying with educational experiences and opportunities to develop more inclusive attitudes and behaviours. The evidence presented in this thesis would suggest there is still a strong need for reforming the culture of schools as learning and community organisations which need to be more inclusive.

The Risk of Disclosure Versus Stigmatisation

Participants expressed similar concerns about being stigmatised. Joe shared, 'I wouldn't tell people. I wouldn't want people to treat me differently in any way.' Joe's response demonstrated that he had an awareness of autism stereotypes. He explained, 'there might be a stereotype for the most extreme cases of people', who are 'unpleasant' or 'really aggressive'. Identity management and fear of stigmatisation appeared to be the key factors involved in Joe's decision not to disclose his diagnosis. Theo also chose not to share his diagnosis of autism when he accepted his first part-time job in a retail store. Although he required additional guidance about how to do his job, he was not comfortable sharing his diagnosis of autism for fear of being treated differently. He was subsequently dismissed after 'for not learning quickly enough'. In this type of scenario, the person on the autism spectrum is required to weigh up the risk of disclosure versus stigmatisation, and the benefits of receiving support or professional guidance (Eaton et al., 2017; Johnson & Joshi, 2016).

This research found that participants were also faced with decisions about the risk of disclosure versus stigmatisation in the classroom setting. Despite disclosing their diagnosis of autism to some teachers, some participants felt academically unsupported in the classroom, whilst others chose not to disclose their diagnosis because they believed it would have little or no positive effect (White et al., 2020). Emily's mother delayed the disclosure of Emily's diagnosis to the school due to the absence of support when she previously disclosed her son's diagnosis of autism to the same school. Whilst Emily's school teachers were aware of her diagnosis, she explained that her mother chose not to disclose her diagnosis to the principal, 'for fear of making things worse.' Emily reported that her teachers could not help her to understand the curriculum because they did not know 'how to explain it properly to [her].' When Emily was asked what factor(s) would increase her level of happiness at school, she suggested 'understanding the work and being able to do it without getting the teacher's help.' Some participants highlighted that their support in the classroom was a risk mechanism, whilst others were desirous of improved levels of support that promoted increased independence.

Some participants explained that their teachers did not uphold their Individual Education Plan (IEP) responsibilities. Although Zoe had an IEP, she reported that her teachers failed to adhere to its directions due to the invisibility of her needs. For instance, they did not provide her with time adjustments for assessments, breaks or even a quiet place to work. She was also disconcerted by the attitude of some teachers who believed that she was 'getting an unfair advantage' when compared with her peers. Similarly, Alice reported that she never felt that her teachers fully accepted her or that they understood her autism diagnosis. Alice's teachers failed to implement the requirements of her IEP. Even after the disclosure of their diagnoses of autism, these participants struggled to have their needs met by their schools and classroom teachers. It may be that Alice's and Zoe's teachers felt they were providing appropriate support, but from the participants' perspectives this was not the case. These findings suggest the need for a more proactive level of support to be provided for these participants to enable them to make sense of their academic studies.

In undertaking this research limited literature emerged about the consistency with which IEPs were applied in an everyday context in the Australian classroom (Dempsey, 2012; Timothy & Agbenyega, 2022). This is an important area for future research because there is little utility in having an IEP if it is not addressed with consistency to support students' everyday learning experiences. Other participants also suggested that their learning experiences at school could be improved based upon adjustments being made to the levels of their educational support. Harry shared, 'Having a diagnosis can be good because you can get help when you need it at school. A negative, however, is that sometimes I get offered too much help when I do not need it.' Harry also explained his positive experiences regarding the implementation of educational adjustments. For instance, he received modifications to the learning content, and accommodations to the assessment processes. He also reported that he received additional resources and one-on-one support. Whilst there is an aspiration to achieve inclusion in the classroom through a Social Model of Disability, this research revealed that some school-based environments and teachers worked as a barrier that restricted participants from accessing various learning pathways.

A review of the literature revealed that the avoidance of disclosing a diagnosis of autism to others at school was recurrent due to a range of factors including autism stigma (Perry et al., 2022). In this current research, some participants chose not to share their diagnosis of autism for fear of discrimination due to incidences of autism stigma and victimisation associated with a previous disclosure of their diagnosis. For example, Alice chose not to disclose her diagnosis of autism to people in her high school year group following her experiences of being bullied in primary school, where she was 'perceived by others differently' due to her autism. Six of the ten participants in this current research experienced bullying during their primary school years. Participants' experiences of verbal and relational victimisation were supported by the literature which revealed that these types of bullying tactics were commonly experienced by children on the autism spectrum during their primary years at school (Hwang et al. 2018; Park et al., 2020). Interestingly, children on the autism spectrum were also at an increased likelihood of being perceived negatively by their teachers when compared with their non-ASD peers (Hebron & Humphrey, 2014a; Hebron et al., 2015; Park et al., 2020).

Data suggested that bullying in the primary years also predicted the likelihood of adolescents on the autism spectrum being more socially withdrawn than their non-ASD peers (Ochi et al., 2020; Paul et al., 2018). This is an important outcome because most participants from this current research experienced social withdrawal during their high school years due to experiences of bullying in primary school. Zoe reflected about how she was bullied 'really badly' in primary school' and how she attributed those experiences to her current feelings of 'being judged and watched', and the reason that she did not 'know how to be around the others.' Alice also attributed her experiences of bullying in primary school to her current behaviours. She explained that her experiences of bullying had increased her use of masking and resulted in her becoming 'anti-social'. Both Emily and Joe experienced bullying and isolation in primary school, which resulted in their hesitancy to share their diagnosis in high school. Both viewed their entry to high school as an opportunity to re-create their social images. Joe viewed his entry to high school as an opportunity for him to be perceived as a more social person.

Most participants in this research shared their experiences of feeling different from others. Although participants may not have fully understood their diagnosis, if they had received one in primary school, they made connections between being bullied and being different. Essentially, they understood the notion of stigma. Emily shared of her new friends in high school, 'they didn't even realise that I was on the autism spectrum and that I had anything wrong with me'. Emily's comment indicated that her friends perceived people on the autism spectrum to have something 'wrong' with them. Their collective view of autism provides some evidence of the stigma and stereotypes which exist at the societal level to create risk mechanisms that can negatively impact a person’s development of self and perpetuate a cycle of stigma.

Peer Socialisation

Some participants felt uncomfortable socialising with their peers due to the bullying they experienced in the school environment. Harry acknowledged that he felt ostracised by his peers because they rejected and laughed at him due to him being ‘different’. Zoe explained that she did not engage, at times, because she felt ‘a bit left out, on the sidelines.’ Whilst she had developed a strong friendship with one girl, Zoe struggled to engage in groups due to her previous experiences of bullying in primary school, which had negatively impacted her self-confidence. Oliver described the difficulties he had engaging with his peer group at school. He described how he often tricked people by telling them a lie, then revealing the truth. It is possible that Oliver had difficulties building rapport and relatedness with his peers and used this strategy to get their attention and perhaps realign a perceived power imbalance between his peers and him. Like Harry, Ella and Alice, Oliver often felt invisible or rejected by his peers. Whilst many participants had poor social experiences at school, others celebrated positive social experiences, a topic which is addressed later in this chapter.

No Safe Space

Autism stigma was culturally entrenched at multiple levels in the participants’ social contexts. Participants reported that they engaged in limited social situations due to reasons including their rejection by others and/or their choice to self-segregate. Whilst some participants had learnt how to self-regulate by removing themselves from overwhelming contexts in which they felt threatened due to bullying, sensory sensitivities and/or cognitive overload, they described having no safe space to self-isolate. Participants reported that they would go to the bathroom to escape a noisy classroom or spend time in the bathroom during recess or lunchtime because they needed to spend time alone. These participants attempted to negotiate risk mechanisms but were denied a supportive environment to meet their needs. Whilst there is an aspiration to achieve inclusive environments through a Social Model of Disability, it is clear from this research that there was a mismatch between the 'built environment' and their specific needs (Imrie et al., 2016). Participants' school-based environments worked as a barrier to their feelings of inclusion. The built environment of the school can have a positive impact on students on the autism spectrum if designed with their input to support their needs and preferences (Imrie et al., 2016; McAllister & Sloan, 2016; Tola et al, 2021).

How We Talk About Autism

In this research, some participants used deficit-based language to describe their experiences of autism. For example, some participants made the following references: 'people would never see me as normal'; 'people who have disabilities think in a different way'; 'it wouldn't be the reaction of somebody who's neuro-typical'; 'they didn't even realise that I was on the autism spectrum and that I had anything wrong with me', and 'they thought I was just like a normal person.' These findings illustrate that societal perceptions can negatively impact the identity development of people on the autism spectrum. The findings are significant because the literature indicated that a person's identity is shaped by others' perceptions (Cox et al., 2017). The use of deficit-based language indicated that these participants were making sense of their experiences from a Medical Model of Disability perspective (Cox et al., 2017). Whilst the Medical Model of Disability frames autism as something which needs to be 'fixed', it also locates resilience, self-esteem, and self-confidence within the person. It is vital that adolescents on the autism spectrum develop their own repertoire of protective mechanisms so that they can self-regulate and contribute to improving their own mental health and well-being. This is discussed further in the next section.

External Protective Mechanisms

The literature reviewed for this thesis highlighted that a person’s experience of receiving their diagnosis of autism can contribute to their positive mental health and well-being outcomes (de Broize et al., 2022). Botha et al. (2020) reported that a diagnosis of autism can provide a ‘positive avenue for identity’ (p. 10). In this current research, participants’ experiences of receiving their diagnosis of autism varied. Most participants who received their diagnosis of autism during the adolescent years described how their diagnosis supported increased feelings of self-awareness and relief. Theo (diagnosed at 16 years) recollected, ‘I was relieved to be honest because it explained a lot of stuff which had occurred, which I felt, which I thought.’ For Theo, his diagnosis provided him with connections to others on the autism spectrum who shared similar experiences. Like Theo, Ella’s diagnosis of autism provided her with explanations for past experiences. Ella (diagnosed at 17 years) reported that her diagnosis of autism assisted her to ‘forgive’ herself for past life events, which she could now link to her autism. Increased self-awareness and feelings of relief were shared by Zoe (diagnosed at 12 years).

Receiving a diagnosis of autism, for these participants, was a protective mechanism. Some participants may have valued their diagnosis because it occurred during a developmental stage, which has a focus on personal identity growth (Erikson, 1950). For example, they described how their diagnosis of autism provided them with feelings of ‘increased purpose’, ‘uniqueness’ and ‘individuality’. An emerging theme here is that a diagnosis during the adolescent years often confirmed participants’ perceptions that autism was most likely the cause of their behavioural differences. Their diagnosis also supported them to tackle previously unanswered questions about their behavioural differences, which may have generated a sense of relief or a pathway forward for them and their families. Whilst the delay of a diagnosis is not necessarily helpful, and may in fact obstruct opportunities for early intervention, it can nevertheless lead to a less traumatic view of the diagnosis by the adolescent and their families. Because some participants had expectations about the likelihood of them receiving a diagnosis of autism, the additional lead-up time provided by a delayed diagnosis may have allowed them to become acquainted with the idea of being on the autism spectrum.

Participants, who were diagnosed between the ages of 6 and 9 years, reported having limited memories of receiving their diagnosis of autism. Some participants reported experiences in which they received their diagnosis by a health professional, whilst others were informed about their diagnosis by their parents at a later stage. Whilst Joe could not recall the event, Harry reflected, ‘I didn’t care about my diagnosis when I was in Year 3 because I didn’t know what it meant.’ Some participants were informed about their diagnosis by their mothers. For instance, Alice had no idea of the age that she was diagnosed because her mother told her about her diagnosis after the event. These findings revealed that the age of diagnosis had an impact on participants’ abilities to recall the event, with the actual diagnosis having limited meaning for those diagnosed at a younger age. Emily shared, ‘I didn't really care. I felt the same. I was still the same person’, whilst Harry commented, ‘I didn’t care about my diagnosis when I was in Year 3 because I did not know what it meant to have one.’ Because all participants in this research were diagnosed during their school years, it could suggest a need for increased autism awareness amongst general practitioners and health clinicians. When children are diagnosed on the autism spectrum in their younger years, they can participate in early intervention programs.

Family Support

From the literature review it was evident that increasing numbers of children and adolescents are being diagnosed during their school years (Brett et al., 2016; Oswald et al., 2017; Rutherford et al., 2018; Sheldrick et al., 2017; Zucherman et al., 2015). In addition, it was reported that parents played a pivotal role in supporting the identity development of their children on the autism spectrum (Bedard & Hecker, 2020; Ragelienė, 2016; Riccio et al., 2021). Participants in this research reported that they received ongoing positive support from their families regarding their diagnosis of autism and their autistic traits or behaviours. Tincani and Bondy (2014) reported that the supportive role of a parent is vital for the well-being of a person on the autism spectrum as they transition from adolescence to adulthood. In this research, Alice reported that her parents were very understanding and respectful of her autonomy. She explained that they provided unconditional support and encouraged her to ‘handle things’ by herself wherever possible. Emily, Theo, and Zoe explained how their mothers actively engaged in learning about autism by attending relevant courses.

Zoe described her mother as ‘understanding’ of the ‘difficulties’ experienced by her, and by her brother who had mental health issues. Most participants enjoyed the time which they spent at home because it provided them with feelings of safety and belongingness. Emily explained how her father was committed to supporting her brother, Rob, to regulate his emotions at home. About their father, Emily said, ‘Dad sits there and calms us down’ when Rob ‘gets very intimidating’ due to a meltdown. Additionally, the parents of Emily and Rob co-ordinated frequent family activities and camping trips. Instorative environments can foster positive health and well-being outcomes when activities or experiences connect a person with their interests and the natural environment. The parents of other participants engaged their children in an abundance of indoor and outdoor experiences (e.g. bike riding, fishing, football, scootering, surfing, snorkelling, surfing, and swimming at the beach). In this research, parents provided their children with access to a range of instorative environments, which helped to promote a positive sense of identity, increase their self-esteem, and encourage greater self-confidence in these participants on the autism spectrum (Gaines et al., 2016).

The Home as a Structure

Most participants spoke positively about their home, and the time that they spent alone at home. The research revealed that most participants preferred to be at home due to their preferences for routine, predictable environments, and a space where their sensory sensitivities were met. Avoidance of stress and anxiety-inducing events was commonly discussed in participants' narratives as was the range of anxiety disorders resultant to the stressors of their everyday experiences in unpredictable environments outside the home. A review of the literature suggested that young people on the autism spectrum experienced increased anxiety, depression, loneliness, anger, and frustration when they were positioned in unpredictable environments with an absence of routine (Hebron & Humphrey, 2014b; Horgan et al., 2022; Olde Dubbelink & Geurts, 2017). The data from participants' RGTs captured two quite distinct personal identities, which resulted from the person being in the home environment and the school environment. In the home environment, participants described how they felt using restorative language such as 'calm', 'safe', 'content', 'soothed', 'happy', and 'relaxed'. In the school environment, they described feeling 'stressed', 'overwhelmed', 'excluded', 'judged', and 'annoyed'. This research found that most participants perceived the home space and their interactions with others in the home space as integral to their positive identity formation.

A review of the research indicated that feeling different or being treated differently by others complicated the adolescent's journey of self-discovery (Cordern et al., 2021; Milton & Sims, 2016; Richards, 2016). Positive self-identity development occurred when the person experienced an appreciation of the whole self and feelings of self-acceptance and self-understanding (Gill, 1997). Harry explained how being at home meant that he did not have to 'constantly engage' with others, whilst Archie and Rob enjoyed spending time on their interests. Theo enjoyed being in 'comfortable clothing' whilst Ella enjoyed the predictability of the home environment. A key finding was that all participants were provided with unlimited time alone in their bedrooms, which provided them with a safe place to retreat. This was an interesting finding which suggested the different applications of the Social Model of Disability in schools versus in the home environment resulting in participants feeling less disabled in their home environment where they did not feel the need to mask or hide from others. At home they felt safe and accepted. They also felt that others knew, and understood, their range of behaviours without judging them.

Psychological Support and Medication

Llewellyn and Hogan (2000) recommended against the primacy of either the Medical Model of Disability, or the Social Model of Disability, because both models can serve as aids to support research that aims to facilitate a person's lived experiences. The model presented in Figure 6 highlights that positive mental health and well-being outcomes can support the adolescent to develop a positive self-identity and sense of well-being (Botha et al., 2020; Cage et al., 2019; Cooper et al., 2017; Kirby et al., 2019; Mandy, 2022). Some participants in this current research explained the benefits of seeing a psychologist and taking prescribed anti-anxiety medication because it helped them to decrease their stress-related psychological dysfunctions. Zoe described how her medication supported her mood regulation and diagnoses including anxiety. Theo shared his positive experiences of seeing a psychologist. He described how his 12 years of therapy had assisted him to reduce his anxiety and promote more logical thinking. Alice and Ella reported that their medications had been highly effective for reducing the frequency and nature of their anxiety and/or panic attacks.

The Government and the School System

Participants reported that their autism diagnosis provided them with access to additional support, resources and/or services. They described the assistance which they received from the government, schools, and teachers as protective factors, which supported their everyday experiences of autism. Joe reported the benefits of receiving money from the government, whilst Emily commented that she was relieved to receive accommodations that allowed her to avoid crowds in some public places. Participants had mixed experiences related to receiving additional academic support, with some experiencing positive support from their teachers, and others not. Some participants, like Theo, described the high level of inclusivity in their school environment, whilst others reflected on the absence of inclusivity. Participants also had mixed experiences regarding their school's support of their sensory sensitivities. Additional research is needed about the external vulnerability mechanisms which can impact the school experiences of the adolescent on the autism spectrum. For instance, some adolescents on the autism spectrum are impacted by a range of environmental influences such as bright lights and/or noise. These findings relate to research, which reports that there is a need to make environmental accommodations to support the sensory sensitivities of adolescents on the autism spectrum (Cascio et al., 2016; Ismael et al., 2018; Robertson & Simmons, 2015; Simmons, 2019).

This current research reported that some participants did not receive instructional adjustment(s) to support successful learning outcomes and understanding relative to their needs and preferences in the classroom. The adolescents in this research reported that their IEPs were sometimes ignored, and accommodations not provided. More research about the learning needs of adolescents on the autism spectrum is needed to ensure that their teachers have the required knowledge to identify neurodivergent traits, make environmental accommodations, and modify their curriculum. Participants in this research also reported that these classroom experiences negatively impacted their academic outcomes, sense of self, and feelings of pride and personal achievement. First-hand research is required to identify how adolescents on the autism spectrum can be supported so that teachers' professional development programs can focus on aspects of school experiences which matter most to this group of adolescents. Although the Australian Curriculum includes directions about supporting the diverse learning needs of students across all learning areas, additional research is necessary to discover why some teachers choose not to provide their students with the accommodations, adjustments, or curriculum modifications in their IEPs.

Peer Acceptance

The notion of acceptance featured largely in participants' narratives when they spoke about peer friendship and their decision to disclose their diagnosis to a few close friends. The findings revealed the importance of positive relationships as a protective factor for participants who were hesitant to share their diagnosis of autism. Whilst most participants were hesitant to share their diagnosis of autism for fear of being stigmatised, they felt supported when they disclosed their diagnosis to close friends. Most participants focused on the positive and protective mechanisms when discussing their experiences of friendship. Emily described her friends as 'a big family', whilst Joe and Rob described the fun activities which they enjoyed with friends, such as sleepovers, rock climbing and scootering. About the disclosure of her diagnosis to her friends, Emily stated that they thought she was 'just like a normal person'. Her reference to the term 'normal' was a reminder of the societal impact of autism stereotypes and the potential for people on the autism spectrum to perceive themselves negatively (Morrison et al., 2019). Like Emily, Theo shared his diagnosis with a few friends on his 'own terms'.

Theo had enjoyed the same friendship group for four years and explained that his friends had done 'a really good job at maintaining' their friendship with him. Similarly, Alice said, 'I felt like there were some people who really tried to include me or didn't discriminate against me.' Both Theo and Alice referred to the agency of others and described their experiences of friendship using deficit-based language. This indicated that they were aware of autism stigma, and that it may have contributed to their identity formation. To further highlight this notion, Alice used the term 'discriminate' and explained that she masked her autistic traits to fit in with her peers (Cage & Troxell-Whitman, 2019; Cook et al., 2021; Hull et al., 2017). Whilst the literature revealed that an absence of authentic social acceptance by a person's peers can negatively impact the development their self-identity (Attwood, 2021; Black et al., 2022), it is suggested that the existence of any positive social connections was beneficial to participants because it made them feel more connected to others. Whilst the school-based environments of most participants worked as a barrier to their feelings of inclusion, some friendships served as protective factors to create feelings of belongingness.

Internal Vulnerability Mechanisms

Feeling Different due to Differences in Social Functioning

Whilst having a diagnosis of autism can be an endorsing process for some adolescents on the autism spectrum, others can experience autism stigma that contributes negatively to their development self (Milton & Sims, 2016; Pearson & Rose, 2021; Turnock et al., 2022). A review of the literature revealed that the bullying of adolescents on the autism spectrum by their peers resulted in their increased likelihood of masking their identity and experiencing anxiety and/or depression (Cage et al., 2018; Cage & Troxell-Whitman, 2019; Cooper et al., 2017; Hull et al., 2020; Pearson & Rose, 2021). Most participants in this research adopted some masking strategies to conceal their autistic traits and improve their relationship with others. Masking strategies included mimicking other's behaviours, altering interpersonal behaviour, and the use of active self-presentation (Cook et al., 2021). Theo explained how he used scripts to support socialisation with his parents, whilst Ella described the trial-and-error approach which she adopted when engaging with her peers. Alice explained that she struggled to hide her emotions when she was in social settings with others and that she found the process of masking to be exhausting.

Most participants preferred to socialise in groups of less than five people to reduce the negative impacts of exhaustion caused by their need to mask. When a Social Model of Disability fails to be effective, a mismatch between the person and the environment can result in the person on the autism spectrum concealing their autistic identity to improve their chances of social success (Cook et al., 2021). In this research, some participants described their experiences of socialising with friends as 'anxiety-inducing' and 'exhausting'. A search of the literature revealed similar findings whereby some adolescents on the autism spectrum experienced heightened levels of anxiety and exhaustion resultant to their difficulties with socialisation and self-assuredness (Cook et al., 2021; Donaldson et al., 2018; Happé & Frith, 2014; Hebron & Humphrey, 2014b). The participants in this research reported that they struggled with social communication when they tried to socialise with others. Whilst they shared their insights into the mechanisms that caused their exclusion, most participants were unable to change their environment so that they could fit in with others and achieve social success (Pearson & Rose, 2021).

Joshi et al. (2010) suggested that a person's awareness of such differences can cause them to feel increased levels of social anxiety and depression. Mitchell et al. (2021) also acknowledged the communication and social barriers of people on the autism spectrum. Ella described how she was concerned that she might say something inappropriate socially, whilst Rob described a misunderstanding which occurred between him and his teacher, which negatively impacted his feelings of self because he received a detention for annoying the teacher when he was offering her additional classroom support. Alice reported that she sometimes spoke in a manner that was too blunt, whilst Theo reported that he sometimes remained too quiet in a group discussion. Some participants also reported their difficulties with social emotional reciprocity. Ella claimed that she was 'really bad at communication timing in general' and found that her timing became worse when she engaged in a group conversation. Both Ella and Alice reported that they aspired to improve their social skills.

When the broader community is unable to respond in useful and timely ways to young people on the autism spectrum, damage to the development of the adolescent's self becomes apparent. The interplay between their outward expression (e.g. masking) and inward sense of self (e.g. self-esteem) caused participants in this research to experience a divide between their true selves and the selves which they presented to others. The RGT was a useful tool because it supported the elicitation of participants' constructs to highlight those areas of self that they wanted others to perceive differently. Alice's RGT reported that she wanted others to see her as a 'caring person', but she feared that they did not perceive her that way due to her reactions which she described as ‘not neurotypical’. Similarly, Ella was concerned that others perceived her to be ‘manipulative’, ‘dishonest’ and ‘untrustworthy’ when she wanted them to perceive her as a ‘caring and honest person’. Some participants preferred to remain more isolated. Oliver shared, ‘I have to hang out with people, because I need to have a social life, but usually, I just like to be on my own.’

Adolescence can be a very challenging time for young people on the autism spectrum due to the developmental changes which occur in their social worlds (Achterhof et al., 2022). Participants in this research shared the impact of their exclusion on their self-development. Harry explained that he never felt ‘whole’ or ‘complete’. Instead, he felt like ‘something [was] missing’. Harry and Oliver opted to be alone or with only one of two people because they felt excluded from entering most social groups at school. Other participants also shared their feelings of exclusion and invisibility. Ella explained, ‘I just felt different, but I didn't have an explanation.’ This is an example of a failure of the Social Model of Disability whereby adolescents become trapped in a cycle of stigma which they cannot break without the support of a more accommodating environment. Participants explained that they also felt different due to their autistic traits which included their social, behavioural, and cognitive functioning. These are all areas of the self and consequently mechanisms which were inherently a part of their personal identity.

Alice also had difficulties engaging in conversations due to her propensity to engage in monologues about her topics of passion, about which she reported she could ‘talk for hours’. Ella also referred to her ability to talk ‘excessively’ at times about her topic of interest. Whilst both participants tried to avoid delivering monologues, they reported that it made them feel different from others and negatively impacted the level of engagement they shared with their peers. The literature described how poor public awareness about autism and/or public stigma can negatively impact the development of a person’s identity (Botha et al., 2020; Pearson & Rose, 2021; Turnock et al., 2022). Ella reported the need for increased autism awareness about how girls on the autism spectrum present. She struggled to convince others of her diagnosis of autism, which negatively impacted her sense of self. Ella suggested that there was a need for schools to have an increased focus on knowledge about autism in females. This is a salient point because females on the autism spectrum are frequently underdiagnosed due to various reasons including their ability to mask those traits (Morgan-Trimmer, 2022; Ratto et al., 2018; Song et al, 2021; Tomlinson et al., 2021).

Feeling Different due to Cognitive Functioning

Berkovits et al. (2020) reported that the positive and negative perceptions held by adolescents on the autism spectrum about their diagnosis can strongly impact their positive well-being and self-conceptualisation. The participants in Berkovits et al.'s (2020) study reported having a 'different perspective on things' (p. 838). Participants in this current research recognised difficulties associated with their different cognitive functioning and thinking styles. Emily explained how she struggled, at times, to comprehend and interpret her learning in the classroom regardless of how many people tried to explain the content to her. She described herself as 'a newborn baby', a powerful image of dependency, which demonstrated that Emily was aware of her reliance upon others for her academic success. Zoe also described her dependency upon her teachers regarding the implementation of her IEP goals. Her teachers failed to support her IEP due to the invisibility of Zoe's disability. Zoe and Alice struggled with sensory sensitivities to noise in the classroom which negatively impacted their ability to concentrate. Alice reported that her different thinking style could be 'quite challenging' in the classroom and was exacerbated by the noise of the environment. On these occasions, the principles of the Model of Social Disability did not address participants' needs by providing them with a supportive academic or physical environment.

Feeling Different due to Behavioural Functioning

The literature reviewed for this thesis highlighted that adolescents on the autism spectrum can struggle with the development of a positive self-concept because they feel different from others and/or are treated differently by others (Milton & Sims, 2016; Richards, 2016). People on the autism spectrum can feel different due to behaviours which may be interpreted as inappropriate by non-ASD people (APA, 2013; Dijkhuis et al., 2020; Kelly et al., 2018; Schwartz et al., 2021). According to Kelly (1955), a person’s response of frustration or anger can escalate to hostility as the they attempt to forcefully gain validational evidence for a social construct which has already demonstrated itself to be a failure. In this current research, Theo explained that he felt different from others, and believed that others saw him differently, due to the emotional responses which he demonstrated in the classroom. He believed that people would sometimes perceive him as ‘strange or different’ when he reacted with anger to their behaviours or chose to leave the classroom to avoid having a meltdown. Through a PCT lens, this action allowed Theo to reduce his field to a more manageable size. Described by Kelly (1955) as a constricted movement, these actions reduced Theo’ potential range of annoyance and minimised the chance of him experiencing the threat of a dilemma. This action also provided him with a smaller number of potential causes of anxiety because his environment, outside the classroom, contained none of the classmates who had caused him irritation. The internalising vulnerability mechanisms include anxiety and depression, which can be externalised by the person as irritability, aggression, self-injury, and insomnia (Cai et al., 2018; Cooper et al., 2017; Foley & Trollor, 2015; Richdale et al., 2014). Archie and Rob referenced the difficulties that they experienced when managing their anger and aggression both at school and home. Rob explained that he felt different, at times, due to his meltdowns and autism-related outbursts of anger. Dysregulated emotions in people on the autism spectrum are associated with a range of internalising and externalising factors. The literature revealed that people on the autism spectrum experienced more emotion regulation difficulties than their same-aged non-ASD peers (Cai et al., 2018; Patel et al., 2017; Samson et al., 2015).

Emotion regulation (ER) was defined by Gross (1998) as the processes that influence a person’s emotions related to when, how and which emotion is being addressed. A PCT approach can describe how an absence of cohesion amongst a person’s constructs can result in a person experiencing internal conflict, which can be expressed by displays of external behaviours associated with ER which seem erratic or ill-tempered as described earlier. Such responses can occur due to a range of social, physiological, environmental, emotional, cognitive, sensorial, and/or other factors which have resulted in negative impacts to the person’s emotional responses. A PCT approach can describe a person’s response of anger as self-preservation, and its presence, as an erroneously selected construct (Kelly, 1955). Most participants in this current research described occasions when they displayed a surfeit of emotion which they struggled to control, such as the time Alice reported crying when she lost a game of dodge ball. Without supports in the external environment, a person on the autism spectrum can experience difficulties regulating their emotions (Mitchell et al., 2021).

Viewed through a PCT lens, displays of anger or aggression describe a person’s awareness that they have predicted an event incorrectly (Kelly, 1955, p. 305). According to Procter and Winter (2020), some people have ‘very tightly organised’ construct systems whereby the invalidation of one construct can negatively impact all constructs (p. 164). This is important because the development of a person’s self-identity can be negatively impacted if their core constructs are not validated (Ravanette, 2003). Alice described a time when she experienced excessive anger during her final year at school when she found herself sitting on the floor snapping pencils because she didn't know how to control her anger or calm herself. It is suggested that Alice struggled to process her construal system, resulting in her increased confusion, followed by a meltdown, which Khullar et al. (2021) suggests can result in feelings of personal distress and conflict. If this were to happen frequently, it could increase the likelihood of Alice experiencing challenges in the development of her self-identity. While the focus here is on intrinsic characteristics that potentially act as vulnerability mechanisms, it is interesting to note that Alice did not report such significant meltdowns in the home environment. This highlights the continuous interplay between external and internal factors or processes on the development of self-identity. Having a meltdown in a home environment may generate different responses and subsequently different construal responses from different adolescents.

Poor Mental Health

There was a consensus in the literature that a range of external mechanisms, including the increased likelihood of poor socialisation outcomes and incidences of bullying, cause poor mental health in people on the autism spectrum (Cooper et al. 2017; Greenlee et al., 2020; Hebron & Humphrey, 2014b; Liu et al., 2021; Sumiya et al., 2018). Poor mental health can also exist due to a range of internal mechanisms resulting from the person's internal state of being and whether they perceive their anxiety or poor mental health to be intrinsically interwoven into their sense of self. Theo described how his anxiety and identity were intertwined:

> I can't think of what it would be like to not have things that can paralyse me with fear because I've never experienced it, so I guess I'm just afraid of it. I feel sometimes that my anxiety makes me who I am even though I know that's not true; it just turns me into a mess.

Nine of the 10 participants experienced poor mental health which impacted the everyday quality of their lives. Most participants frequented a psychologist to support the management of their mental health and wellbeing, and some participants described the interdependent relationship between their anxiety and their sense of self. Alice described how her anxiety and autism went 'hand in hand' and described her experiences of negative rumination at night.

Research showed that negative rumination was linked to an increased vulnerability to co-occurring conditions such as anxiety and depression, and emotions such as anger, hostility, and aggression (Bushman et al., 2005; Patel et al., 2017). Rumination involves an excessive focus on a negative emotion and perseverative thinking patterns (Patel et al., 2017). Kelly's (1955) PCT explains how adolescents on the spectrum can struggle to identify and organise their core constructs and experience unfamiliar emotions when they feel that their construal system is under threat. Once a person feels that their constructs are ineffective or disorderly, he or she can experience cognitive confusion and struggle to reorder or reprocess the relationships amongst their constructs. A failure to reorder their construal system can cause responses such as 'anger', 'hostility', 'fear', and 'anxiety' (Kelly, 1955). To process their constructs, a person on the autism spectrum may ruminate excessively. Their rumination might involve them trying to process what went wrong, so that their constructs can be reorganised to improve the functionality of their construal system. Key mechanisms which caused participants to ruminate resulted from their experiences of being bullied by their peers at school.

Ella and Zoe experienced severe anxiety when required to socialise with their peers., whilst Harry and Joe experienced feelings of sadness due to being bullied or rejected by their peers at school. According to recent literature, there is a direct relationship between the mental health of adolescents on the autism spectrum, and the quality of their relationships, which can negatively impact their self-esteem and levels of self-satisfaction (Lai et al., 2019; Murphy et al., 2017; Sumiya et al., 2018; Suzuki et al., 2021). Improved understanding in this area is essential because it has implications for the mental health and wellbeing of adolescents on the autism spectrum. Public awareness about autism spectrum disorders can support pathways that aim to bridge current risk mechanisms and provide adolescents on the autism spectrum with an environment that is a better fit for them (Botha et al., 2020; Cooper et al, 2021). Most participants in this current research reported having experienced poor mental health with outcomes that included anxiety, and depression.

Internal Protective Mechanisms

Autism Identity

Data suggested that neurodiversity and autism identification can promote positive health, improved self-esteem, and positive mental wellbeing outcomes in people on the autism spectrum (Botha et al., 2020; Gernsbacher, 2017; Kapp et al., 2013). People on the autism spectrum can also develop a positive sense of self by perceiving the multidimensionality of their lived experiences of autism, along with their strengths and challenges (Anderson-Chavarria, 2022). In this current research, most participants accepted their diagnosis of autism and/or recognised that their diagnosis was an inextricable part of their self-identity. For example, Theo described his autism as something that was central to his being, explaining that his thoughts and experiences were ‘rooted’ into how he thinks and how his brain was ‘wired’. Oliver also reported that his autism was a part of his personal self-identity. He stated, ‘I don’t know what it would do to me if I did [remove my autistic traits].’ According to Corden et al. (2021), personal autistic identity also describes the specific interests and values of a person on the autism spectrum, in relation to the person’s own self-belief about their uniqueness and individuality.

Pride in Difference

According to Rasmussen and Pagsberg (2019), there is a need for more data from a first-hand perspective about the experiences of adolescents on the autism spectrum in relation to their identity development. This current research explored participants’ perceptions of self by adopting a strength-based approach which supported them to identify and celebrate their strengths (den Houting, 2019). During their semi-structured interviews, participants identified positive aspects associated with having a diagnosis of autism, which made them feel different from others but proud to be themselves. Theo demonstrated pride in difference, reporting about his autism, ‘It makes you more unique, it makes you better.’

Like Theo, Alice felt that being on the autism spectrum provided her with ‘benefits’, which provided her with ‘some characteristics that other people wouldn't have.’ In her self-description, Zoe used the words ‘weird’ and ‘quirky’ to describe herself positively, stating that she liked the way that she presented to others and felt about herself. The literature suggested that linguistic reclamation of pejorative words (e.g. weird and quirky) can be empowering because it can weaken the negative impacts of stigmatising language and result in others perceiving a self-labeller, and their group, as more powerful (Botha et al., 2020; Galinsky et al. 2013).

The literature revealed that an acceptance of, and/or appreciation for, the self is a requirement for identity development (Gill, 1997). Without the correct supports in place, the participants in this research would struggle to grasp how autism fit with their sense of self. Participants were expansive in sharing their lived experiences and it was encouraging to note their depth of self-awareness and the clarity of mechanisms that were of influence in their development of self-identity. They presented as reflective and capable of understanding the processes of their own development which resulted in them coming to a sense of positive self-acceptance despite their negative experiences of bullying at school. The RGT data was significant because it highlighted the areas in which participants hoped to undergo change. When asked if they wanted to change themselves, participants were generally happy with themselves. Participants described themselves using a range of abstract qualities of self, using constructs such as ‘trustworthy’, ‘honest’, ‘friendly’, ‘intelligent’, ‘happy’, and ‘kind’. Most participants explained that they were desirous of people accepting them for ‘who they are’.

Emily, who shared mostly positive social experiences, reported positive feelings about her sense of self stating, ‘I like me for who I am now.’ Ella reflected that she hoped for people to be satisfied with her simply ‘being [herself]’. Zoe also reported that she did not want to change. She stated that she was happy to be the ‘same as now’, and that she would like others to be ‘more accepting’. Some participants emphasised the need for others to change their perceptions of people on the autism. Oliver, Rob and Theo reported that they did not want to change, instead preferring to change the perceptions of others, so that their peers perceived them as ‘cool’. The RGT data also provided substantive information relative to participants’ self-perceived areas of strength. For instance, Zoe and Alice perceived themselves as creative and enjoyed creative pursuits such as craft and drawing. Both Zoe and Ella described an appreciation of their intellect and explained how it manifested in their love of writing and reading about topics related to psychology. It is suggested that participants’ awareness of their strengths supported their increased resilience and positive feelings of self.

Resilience

Rutter (2013) described resilience as a dynamic process whereby a person experiences positive life outcomes despite their exposure to adversity and their vulnerability to external risk mechanisms. Resilience can support people on the autism spectrum to manage the risk mechanisms associated with a mismatch between them and the external environment (Lai & Szatmari, 2019; Masten, 2015; Rutter, 2013; Ungar, 2015). Resilience can promote increased reflection in response to adverse experiential outcomes to increase the person’s agency in ways that foster their increased self-confidence during pivotal turning points in life. In this research, participants' experiences suggested that they had developed resilience in the face of living in, at times, high-stress environments. Most adolescents in this research developed a range of protective approaches to managing their lives in ways that worked for them, even though they also acknowledged this was often different from the experiences of their peers. Most participants recognised that they had unique aspects of self and identified these tangible or intangible qualities. The RGT was an indispensable tool for identifying and celebrating participants’ positive aspects of self to clarify those experiences or traits that made them feel ‘unique’ and/or ‘individual’.

Deep Thinking

This current research revealed that some participants shared very deep insight into their experiences of autism, and the experiences which involved them construing and processing their experiences of the world. Participants experienced a depth and a range of positive and negative emotions across a range of situations, which they shared in their sentence completion activity and semi-structured interviews. For example, Oliver shared, ‘I find myself feeling a lot of things often. There's nothing that I don't feel’, whilst Theo reflected, ‘I have thought about what it means to die and the possible events which can happen afterwards ... the possibility of there being a second life or whether we just fade into nothing’. This certainly contests the often-held belief that people on the spectrum are ‘black and white’ thinkers. Some participants explained how those moments of deep reflection provided them with increased understandings of self and the world to support their responses to specific situations and make positive change in their own lives.

Kelly’s Personal Construct Theory and Corollaries

Kelly’s (1955) PCT approach provided a useful lens through which to explore the content and context of participants’ constructs (Burr & King, 2006, 2022; Cridland, 2014; Hare et al., 2010; Hess et al., 2018, 2021). This section involves an exploration of PCT through Kelly’s 11 corollaries, which describe the fundamental characteristics of constructs (Jones, 2022). PCT assisted me to interpret participants’ construal systems and analyse the content of their constructs, which Kelly (1955) described as the parts of a person’s self-identity. According to Kelly (1955), each person creates their own unique construal system with the aim of making it increasingly more refined so that it can accurately predict future events (Lester, 2021). They engage in an ongoing cycle of construal, appraisal, and modification. PCT describes a philosophical postulation, known as constructive alternativism, which describes how people construct their own realities (Kelly, 2003). Constructive alternativism is based upon the notion that there are many alternative ways for a person to construe their world. The approach aligned well with my own ontological and epistemological perspectives and recognises that people construct their world based upon their prior experiences and their interactions with the world.

Exploring Socialisation

Kelly's 'individuality corollary' explores how each person constructs events differently based upon their perceived needs to make an accurate prediction of future events. This corollary supports understandings about the heterogeneous nature of autism and the uniqueness of the construal systems of all people, whether they are on the autism spectrum on not. This corollary also highlights the difficulties that a person on the autism spectrum may experience when they try to interpret how another person perceives the world. Whilst many constructs are verbal, some constructs are non-verbal and may be difficult to interpret by people on the autism spectrum who sometimes struggle to interpret non-verbal language (Burr & King, 2022). Zoe and Alice described the difficulties which they experienced when trying to understand the non-verbal (e.g. gestural) and non-literal (e.g. figurative and metaphorical) language used by non-ASD people, whilst Ella's use of social 'trial and error' did not always allow her to predict future events with reliability. Although recent literature indicates that many people on the autism spectrum can understand implicature and figurative language, this research reported that some participants found it difficult to understand the use of non-literal language (Falkum, 2022; Kasirer & Mashal, 2016; Livingston et al., 2019; Van Tiel & Kissine, 2018; Vicente & Falkum, 2021).

The 'individuality corollary' is both interactional and social in nature because it highlights the role of both language and the socio-cultural context in a person's meaning-making processes (Proctor, 2009). Kelly's (1955) 'sociality corollary' describes how a person construes another person's construal system by observing them and interpreting their behaviour and construal processes. This corollary explores the difference between construing a person's 'behaviour' and construing their 'construal processes'. By imagining what another person is thinking, a person can anticipate another person's future actions, their behaviour, and their intent (e.g. construal processes). It suggested that people on the autism spectrum may struggle to interpret another person's intent. Some people may have difficulties interpreting and understanding the thinking processes of others due to differences in their theory of mind (ToM) whilst others may struggle with social communication and context (Baron-Cohen et al., 1985; Cullen, 2018). Whilst some participants, including Emily, Theo, and Joe, had peer groups, other participants experienced rejection, isolation, or exclusion. Harry and Oliver experienced ongoing rejection and name-calling, whilst Zoe described feeling isolated.

A failure of the Social Model of Disability to provide people on the autism spectrum with an environment that fits their needs and preferences can result in communication, physical, attitudinal, and social barriers which cause the person to experience predictive failures. Predictive failures occur when the person fails in their attempt to read another person's thinking processes/intent. This current research reported that participants used masking to engage socially. PCT describes how a person can play a 'role' that allows them to experiment with different social outcomes (Kelly, 2003, p.21). This makes sense when considering how participants copied others' behaviours to mask their autistic traits. Theo frequently used masking at school and adopted mimicking behaviours to experiment with different social outcomes. According to Kelly (2003), the act of playing a role encourages a person to put themselves in another person's shoes, a process which may be difficult for a person on the autism spectrum due to differences in their ToM. A search of the literature indicated that a person on the autism spectrum can have difficulties interpreting others' construal systems due to their limited social learning.

Kelly's (1955) 'commonality corollary' explains how people can share common systems due to cultural similarities and the sharing of events. This corollary addresses the differences between the 'construction of experience' and the 'construction of events' (Kelly, 2003). For example, sharing common processes or behaviours with others helps a person to anticipate an event via an experiential process. The participants in this current research reported that they managed familiar scenarios but often struggled to engage in unplanned social situations (e.g. social scenarios which generated novel outcomes). For instance, they had difficulties using and understanding the normative communication styles of non-ASD people. Zoe explained that she opted to remain on the sidelines, at times, whilst Rob found safety in the numbers provided by large groups of friends. The commonality corollary suggests that both people in a two-way conversation share similar processes as well as similar conclusions which provide them with a similar stimulus (or set of questions) which propel them toward the next part of their shared communication experience. Alice and Ella described their difficulties with back-and-forth conversation, and their use of monologues, which prevented them from developing common systems with others.

Kelly’s PCT and 11 corollaries describe people as social beings who use social learning opportunities to trial different social outcomes and create shared spaces for social communication (Fransella, 1995; Horley, 2012; Kelly, 1955). This research reported that participants experienced fewer opportunities to learn through others’ construal experiences because they experienced fewer opportunities to socialise when compared with their non-ASD peers due to bullying and/or their need to withdraw from a social experience. Most participants shared at least one experience of being bullied and described feelings of being socially rejected, excluded, isolated and/or ignored at times. Further, participants described how these experiences negatively impacted their mental health by causing them increased anxiety and feelings of low self-worth. It is suggested that people on the autism spectrum and non-ASD people need to share a ‘construction of experience’ rather than a ‘construction of events’ by engaging in a social context which caters to their jointly different social communication styles. Kelly (2003) used the word ‘experience’ because it is an important component for anticipating a person’s social behaviours. The sharing of experiential processes allows people to manage familiar scenarios and co-operate to generate novel outcomes (Kelly, 2003).

Construing Unfamiliar Events

Kelly’s ‘experience corollary’ describes how a person's construal system varies when past experience is used as a point of reference during the construal process. Kelly (1955) postulated that a person’s constructs are continually being enacted by new events and experiences. This corollary describes how a person actively engages in the interpretation of their social context by making predictions based upon their prior experience. Kelly (2003, p. 16) explained that a person’s ability to acknowledge the difference between how he anticipates an event, and the outcome, provides an opportunity for him to recognise ‘what he was and what he is’. An example of this corollary in action involves an experience wherein Ella’s counsellor told her that her peers were avoiding her because she was manipulative. Undoubtedly, Ella felt confused by her counsellor’s comments and required additional support to deconstruct her past experiences to make sense of this event. It is suggested that some participants might experience difficulties with this corollary because they struggled at times to make the ‘revisions’ needed to make sense of an event which needed construing. This research revealed that participants interpreted some social situations incorrectly, which resulted in them being ill-equipped to use their experience to forecast future events.

The ‘experience corollary’ is vitally important because personal growth is reliant upon the moments that a person takes to reflect about their experiences of the world. Erikson (1950) described the period of adolescence as a psychosocial stage in between a person’s past understandings of morality and their future adult understandings of ethics. Between the ages of 12 and 18 years, Erikson posited that adolescents engaged in a search for a sense of selfhood and self-identity via the examination of their personal beliefs, objectives, and values. Due to role confusion, Erikson (1950) suggested that their experiences are heightened by the re-examination of their identity and their need to recognise and acknowledge the ways in which they are different from others. Confusion, such as the case with Ella, can result in an identity crisis and fear. PCT describes how a person can experience fear due to their concern that they have predicted an event incorrectly and may need to rebuild their construal system (Kelly, 1955). At the same time, the person may question their self-identity or construal system, resulting in a state of self-appraisal whereby their construal system needs to be re-addressed and possibly reorganised (Kelly, 1955).

People on the autism spectrum may experience rigid ways of thinking and/or feel distress when transitioning or making changes because these acts are inherently associated with the risk of encountering new constructs. When Theo described how he would leave the classroom on occasions due to anger triggered by his irritation towards his peers, he avoided the risk of encountering new constructs. This type of social behaviour (e.g. social withdrawal) was commonly described by participants in this research as a mitigation strategy that prevented them from displaying inappropriate behaviours (e.g. aggression or anger). On other occasions, such as described by Alice and Joe, participants required time to mentally process the events of the day, which sometimes led to rumination and increased anxiety. Familiar routines and contexts (e.g. home) offered participants an increased sense of security because it minimised the risk of them experiencing 'fear' (Kelly, 1955). If participants were, for any reason, unable to assimilate new constructs, they may also experience anxiety (Kelly, 1955). Kelly (1955) described anxiety as a person's response to a range of unfamiliar constructs or experiences, which appear messy and unable to be assimilated into the person's construal system.

PCT addresses this preference for predictability and describes participants' behaviour as 'tight construing' due to the person's need for 'unvarying predictions' (Kelly, 1955, p. 484). An insistence on sameness, routine and/or ritualised patterns can be perceived as a person's attempt to control their environment (APA, 2013; Kelly, 1955). Theo and Zoe reported the need to remove themselves from distressing social situations at school when they became excessively frustrated by their peers. Kelly (1955) described how the invalidation of a person's construal process can result in hostility, which occurs because their constructs are in a state of being reorganised and likely to result in a person becoming confused if there are no suitable replacement constructs in range (Fransella, 2003, p. 18). Patriquin et al.'s (2019) research indicated that some people on the autism spectrum can respond to incidences of invalidation with a defensive ‘fright, fight, flight’ behaviour in which their nervous system inaccurately predicts risk (e.g. fright) to support a defensive response (e.g. fight) such as Alice’s response when she sat on the floor breaking pencils, rather than a socially appropriate behavioural response.

From a PCT perspective, flight behaviour (e.g. an increased desire to withdraw) is perceived as constriction, whilst fight behaviour (e.g. aggressive behaviour) is perceived as hostility, in which a person is attempting to have their old ‘non-working’ construal system validated. Research suggested that some people on the autism spectrum experience hyperactive states or meltdowns which can result in explosions of anger or hostility (Khullar et al., 2021 Phung et al., 2021). Through a PCT lens, a meltdown might be described as a person’s response to a perceived threat of construal breakdown (e.g. Rob experienced multiple meltdowns at home, which resulted in outbursts of autism-related aggression and hostility). Kelly (1955) described ‘threat’ as a state which preceded ‘fear’ when a construct does not fit a situation such that the person needs to reconceptualise ‘who they are’ to develop a new set of constructs (Kelly, 1955). When Emily experienced a panic attack at school, she experienced a construal threat because a construct did not fit a specific situation, and/or Emily had failed to predict the event about which she was panicking. Kelly’s PCT approach is central to this current research because a person’s personal constructs encapsulate their identity, and a process of re-conceptualisation describes the development of their self-identity.

Because a person on the autism spectrum may experience difficulties organising their constructs and seeing the bigger picture, it may be difficult for them to choose a construct system (Bedard & Hecker, 2020; Picci & Scherf, 2015). They may struggle with executive functioning, which refers to their ability to engage in self-regulatory processes such as goal setting and organising (Fernandez-Prieto et al., 2021). By understanding a person’s construal system, through tools like the RGT, it is possible to develop deep understandings about a person’s experiences. Kelly’s (1955) ‘organisation corollary’ explains how each person uses their prior experiences to organise their constructs into a hierarchy. This hierarchy of constructs is designed to support the person to make predictions and position the most suitable constructs at the top. The data from this current research indicated that some participants struggled to choose from a range of options when confronted by a dilemma due to their limited engagement across different social settings and their inability, at times, to draw on previous experience to model their behaviour (Kelly, 1955).

A disorderly construal system can lead to an identity crisis whilst an organised hierarchical construal system can prevent ‘inner chaos’ (Kelly, 2003, p. 10; Lester, 2021). When a person on the autism spectrum is required to continually change the product (what they are doing), the process (how they are doing it) and/or the timing (when they are doing it), they may struggle to access the required constructs in a timely manner. An example of inaccessible constructs occurred when Alice found herself crying after losing a dodgeball game at school and unable to access the flexible thinking needed to process ‘violations’ to her construal expectations (Van de Cruys et al., 2014, p. 649). Research indicated that the information processing styles of people on the autism spectrum are different to the information processing styles of non-ASD people (Cashin & Barker, 2009). Because neural noise can encourage rigidity and disruption to the everyday thinking processes and behaviours of people on the autism spectrum, a Social Model of Disability can only work if essential efforts are made in schools to support their unique sensory sensitivities (Cashin & Yorke, 2016, p. 148).

Research indicated that rigid and compulsive behaviours, including the rumination experienced by Joe and Alice, can act as a protective mechanism against new stimuli that is perceived to be a ‘threat’ (Fischer-Terworth & Probst, 2009). When an unfamiliar situation arises, such as when Zoe was distracted from her test due to a person dropping a pencil, Zoe struggled to drown out the noise. This type of rigidity extends to figurative scenarios, in which a person is unable to drown out their own thought processes (e.g. Joe and Emily's experiences of rumination). Kelly's (1955) 'organisation corollary' indicated that a person's construal system benefits from being adequately open to unique events and sufficiently malleable to cater for change (Kelly, 2003). The findings in this research suggested that participants' schools perpetuated a Social Model of Disability that aggravated, rather than reduced, the notion of difference for the research participants.

The principles of the Social Model of Disability contend that participants on the autism spectrum are only disabled as a result of their interactions with the external environment which contains multiple risk mechanisms (e.g. communication, physical, attitudinal, and social barriers) (Mitchell et al., 2021). This research provided examples wherein participants were unable to calmly respond to situations because they encountered unfamiliar constructs on a continual basis (Kelly, 1955). Kelly's PCT, and specifically the 'organisation corollary', builds upon this notion of malleability and compromise. Kelly's (1955) 'modulation corollary' explains that some people have a construal system which is malleable so that they are more open to change than others. Many people on the autism spectrum engage in routine behaviours and rituals to minimise the risk of them experiencing sensory overload and anxiety (Fischer-Terworth & Probst, 2009). In this current research, participants described their preferences for being home alone because they enjoyed the consistency and routine provided by their home environment. If a person's construal system is not open to change within itself, new constructs or newly shaped constructs may remain inaccessible to the person (Kelly, 2003).

Similarly, if the person's superordinate constructs are impermeable, it will be impossible for the person to position new constructs beneath them, creating a potentially larger revision of their construal system. When he was at school, Rob described feeling like people were 'yelling in [his] ears', whilst Theo likened his feelings of anger at school to someone 'scratching nails on a chalkboard'. Participants in this research self-reported multiple incidences of in which their emotional dysregulation caused them anxiety and prevented them from being open to change. Theo described how a panic attack caused him to think ‘less logically and rationally’, which resulted in him leaning further into his anxiety. In this situation, Theo had difficulty fitting his constructs to the situation because he felt ‘less able to think’. Kelly’s (1955) ‘range corollary’ explains how a person’s constructs are limited by their inability to fit all situations. Using a PCT approach, it is suggested that this corollary poses substantive issues for some people on the autism spectrum.

Some people on the autism spectrum may struggle to interpret non-ASD language and non-ASD behaviour, which interferes with their ability to decide the parameters of a construct’s utility. Like Alice, Ella claimed that she required more opportunities for social learning practice so that she could develop her social skills. Zoe and Archie explained how they struggled to interpret metaphorical language, which no doubt interfered with their ability to predict events and ascribe constructs to those events. Kelly’s (1955) ‘choice corollary’ describes how each person is required to choose the construct that is the best fit for their system. Without access to a broad range of constructs, Alice and Ella continued to use a trial-and-error approach in their everyday social experiences. Because they sometimes chose the wrong construct, they displayed inappropriate emotional responses and behaviours. Rob explained how he experienced meltdowns at home and required support from his parents to help him self-regulate and calm himself because his heightened emotions restricted him from choosing the construct that is the best fit for his construal system.

Kelly’s (1955) ‘construction corollary’ explains how a person predicts an event by identifying patterns based upon their past experiences so that they can choose the construct that best fits their construal system. It is suggested that some people on the autism spectrum have enhanced abilities regarding the way that they identify, perceive, and generate patterned behaviours (Crespi, 2021), but that limited social learning can result in them struggling to identity patterns of behaviour. This may explain why participants in this research succumbed to bullying by their peers because they spent considerable time trying to unpack a social event to understand what was happening. Oliver explained how he found it easier, at times, to spend his lunchtime alone. Zoe also found it easier to exit social discussions with friends at lunchtime due to the difficulties that she experienced when construing events and controlling her emotions. Similarly, Ella preferred to be alone at lunch time because she found it difficult to identify patterns in others’ behaviour due to the ad hoc way she attempted to deconstruct their construal systems using a ‘trial-and-error’ approach.

PCT’s ‘fragmentation corollary’ describes how people can explore their experiences and modify their constructs in ways that positively reverse their behaviours. Jones (2022) suggested that a person’s self-conception and understandings about their innermost self can be attributed to their construal processes. These mechanisms highlight the utility of PCT as a theory for supporting increased understanding about the experiences of adolescents, and more generally, all people on the autism spectrum. Because people on the spectrum may also tend to think in a black-and-white style, it is suggested that their thinking style can support the construction of dichotomous (bipolar) constructs when they are working with someone who can support them to complete the RGT assessment tool (Mazefsky & White, 2015). Research revealed that PCT has been used in limited ways but with encouraging outcomes for people on the autism spectrum and people who have other disabilities (Cridland, 2014; Hare et al., 2010; Hess et al., 2018, 2021; Moran, 2006; Williams & Hanke, 2007). Murphy et al.’s (2017) study positively supported adolescents on the autism spectrum to develop insight into their preferred values in others (e.g. humour, intelligence etc.).

Ultimately, each person’s construal system is unique and created by them to impose upon their events and create experiences based upon their subjective reality of the world (Fransella, 2003). Kelly (2003) explained that constructs can help a person to manage their events by offering them the opportunity to put an event into scales if needed, without the need for them to alter the fixed nature of their constructs (Kelly, 1955). Kelly’s (1955) ‘dichotomy corollary’ explains that constructs are bipolar in nature, finite in number, and a ‘black and white’ affair (Kelly, 1955, 2003, p. 10). Kelly (2003) described constructs as reference points which support a person's sense-making processes about the world. Because people on the autism spectrum are often perceived to have black-and-white thinking styles, it is suggested that they may have increased access to the bipolar constructs needed to make sense of their world (Mazefsky & White, 2015; Sravanti, 2015). It should be noted, however, that a person with a black and white thinking style, may struggle to identify the grey areas between the two construct poles. Because the RGT used a Likert scale, it provided participants with support for traversing the grey areas. Different questioning techniques (e.g. open and closed questions) were also useful for helping participants to clarify their thoughts and experiences and from the responses of participants it was evident they found this process supportive of extending their thinking about self-identity (Mazefsky & White, 2015)

Summary

This chapter introduced propositions grounded in the research data about the mechanisms of influence on participants' development of self (Charmaz, 2014). The chapter highlighted the external and internal (risk and protective) mechanisms, and processes, that had an impact on how participants formed their self-identity and construed their world (Kelly, 1955). Figure 6 (p. 185) highlighted the interplay between Social and Medical models of disability and their influence on the adolescents' development of self-identity. The findings reported that vulnerability and protective mechanisms existed in the home, school, and societal contexts. The findings also revealed that the principles upheld by the Social Model of Disability are far from consistent outside of the home environment. At school, participants experienced attitudinal and social barriers which prevented their inclusion and resulted in them experiencing insufficient support related to their sensory sensitivities and academic studies. Some participants also experienced bullying and victimisation by their peers. Due to a mismatch between participants and their environment, they needed, at times, to seek solitude. At school, however, they had no safe space to retreat, except for the school bathrooms or library.

It was apparent that an absence of inclusivity in some schools resulted in reduced opportunities for participants to engage in social learning opportunities. In addition, the findings revealed that participants were at an increased likelihood of having poor motivation, low self-esteem, and feelings of being isolated and/or rejected resultant to autism stigma (Greenlee et al., 2020; Hebron & Bond, 2019; Nugent et al., 2017; Troop-Gordon, 2017). These findings suggested that the schools in this research maintained a Social Model of Disability that aggravated the notion of difference for the participants in this research. Adolescence is a pivotal developmental stage and yet there is still a paucity of data about the experiences of adolescents on the autism spectrum. It is hoped that this thesis contributes in a small way to reducing this paucity of data but with the recognition a sustained focus on research in this area is still required. Whilst it is affirming that some participants had friendship groups and enjoyed their time at school, most had experienced bullying and victimisation during their school years and recognised that they were different from their peers. Again, these factors reinforced the interplay that existed between the external and intrinsic mechanisms and the adolescent’s environment, and their fundamental influence on participants’ development of self.

Whilst participants recognised that they were unlike their non-ASD peers across a range of areas including the social, cognitive, and behavioural domains, most felt a sense of pride in their difference, accepted their diagnosis of autism, and found unique and special aspects of self which they celebrated. Kelly’s (1955) PCT approach offered a unique way of eliciting and describing participants’ personal construal systems to explore their feelings of self. The RGT was indispensable for identifying and interpreting participants’ personal constructs to provide increased insight into their construal systems. For instance, the RGT revealed that participants’ inward and outward expression of self were inconsistent due to their frequent use of masking. This RGT data also revealed that most participants described their parents as supportive and their home as a safe place where they could be themselves. Participants’ parents served as protective mechanisms to provide them with support related to receiving and having a diagnosis of autism. They also assisted their children to celebrate their unique interests and strengths. Overall, most participants did not want to change who they were, instead suggesting that there was a need for increased autism awareness by others at the school and societal level.

CHAPTER SEVEN: CONCLUSION

The research explored the experiences of 10 adolescents on the autism spectrum without intellectual disability (ID), to develop understandings about their experiences and perceptions of receiving and having a diagnosis of autism. Participants with a formal diagnosis of autism spectrum disorder (ASD) were sought through the ASPECT website. Four female and six male adolescents, in the age range of 13 to 18 years, were invited to share their experiences of autism by engaging in a semi-structured interview and the completion of Kelly's (1955) repertory grid technique (RGT) assessment tool. Although participants reported experiences of bullying and victimisation by their peers at school, they described feelings of being more self-accepting and self-aware due to their diagnoses of autism. They identified both protective and vulnerability mechanisms of influence on their development of self and noted the need for increased feelings of belonginess in the school context and increased understanding about autism by their peers and teachers. This chapter summarises the findings of the thesis in response to the research questions and discusses the implications for the support of adolescents on the spectrum. The chapter also reflects on the strengths and weaknesses of the research with recommendations for ongoing research.

Research Questions

The research focused on the following four research questions, with outcomes to the questions briefly summarised from more detailed discussions in previous chapters.

What are adolescents' experiences and perceptions of receiving an autism diagnosis?

Limited research exists about adolescents' experiences of 'receiving' a diagnosis of autism versus their experiences of 'having' a diagnosis of autism (Crane et al., 2019; Legg & Tickle, 2019). Participants in this current research had mixed experiences about learning that they were on the autism spectrum. Some participants could not recall the event, whilst others reported that their diagnosis made them feel unique and individual. The research indicated that some participants received a delayed disclosure of the diagnosis from their parents (Crane et al., 2019; Ooi et al., 2016; Smith et al., 2018). Some participants received their diagnosis years after the event. In parallel with the literature, most participants shared their hesitancy about disclosing their diagnosis of autism because they felt that disclosure would increase the likelihood of them experiencing autism stigma (Lindsay et al., 2019; O'Connor et al., 2019; Thompson-Hodgetts et al., 2020). Additionally, some participants chose not to disclose their diagnosis to their school because they believed that they would not receive additional or appropriate support. Participants in this research recommended greater autism awareness from both their teachers and peers, increased teacher professional learning about autism, and increased acceptance of people on the autism spectrum by their peers and teachers.

In what ways do adolescents on the autism spectrum feel different from others and how do these feelings impact their development of self?

Participants shared their experiences of feeling different from others based upon their autistic traits and/or diagnosis of autism. Some participants felt different due to the differences in their own behaviours and/or social functioning when compared with their non-ASD peers. Some participants shared stories about the lack of connectedness which they experienced when socialising with others, due to their self-reported social communication difficulties. They linked this outcome to the reduced opportunities for social learning due to being excluded by others, and/or their need to withdraw from others. Some participants also shared experiences of feeling rejected due to overt bullying and/or subtle discrimination. Behavioural factors involved their self-reported difficulties with emotional regulation (ER). Most participants experienced co-occurring conditions such as anxiety, depression, and/or sensory sensitivities, which resulted in them experiencing ER difficulties. Participants also described how their thinking processes differed from others, which resulted in them requiring additional time at night to process and/or ruminate about their experiences. They described the depth and range of emotions which they felt, and their desire to understand worldly issues.

The RGT provided additional information about participants’ construal systems by highlighting each person’s domain of focus (e.g. relational, emotional, etc.). Although the data indicated that participants wanted to change how they ‘felt’ in the school setting, they did not want to make any significant changes to themselves or change their identity. Participants recognised a range of positive factors related to having a diagnosis of autism including increased self-awareness, feelings of uniqueness, and access to additional supports at both the school and societal levels. They also acknowledged the negative factors related to having a diagnosis of autism, which included navigating situations in which others (e.g. peers and teachers) lacked autism awareness, autism stigma (e.g. bullying and victimisation by peers at school), poor support at school, and self-reported feelings of being different from others. Most participants shared their diagnosis of autism with a small group of trusted friends but were hesitant to share their diagnosis with others in their year group for fear of being treated differently and due to their prior experiences of bullying. Some participants enjoyed the support and comradery of friends and described their friends as being supportive of their autism.

Participants were articulate in sharing their thoughts and experiences. As they shared their adolescent journey and experiences of autism, it became evident they were exposed to both protective and risk factors which contributed to feelings of difference. These feelings of difference were accepted and played a minimal role in their development of self. Some participants had come to appreciate the positive aspects of their differences. Other participants had accepted their differences but sought to minimise them through a range of strategies including masking, withdrawal from social situations and their non-disclosure of feelings. When the school, home and university environments were compared, the school environment fostered the greatest sense of difference in participants. This finding suggests that the schools referenced in this research perpetuated a Social Model of Disability that exacerbated, rather than reduced, the notion of difference for the research participants. The Social Model of Disability assumes that participants' autism is the result of their interactions with an environment that is replete with communication, physical, attitudinal, and social barriers (Mitchell et al., 2021).

What factors do adolescents on the spectrum perceive to have contributed to the development of their self-identity?

The RGT was used to gain greater insight into the participants' understandings of their self-identity. It was a useful tool for eliciting participants' constructs to explore each person's notion of self, by using the self-ideal discrepancy (Garcia-Mieres et al., 2019). The RGT data reported that the construal systems of some participants contained high self-ideal discrepancies. The data explored the person's notion of 'self now' and their perceptions about their 'ideal self'. Overall, the data revealed that most participants did not want to change themselves, despite some incompatibility amongst their constructs. The RGT process highlighted how each participant responded to the inconsistencies in their construal processes. Some participants experienced challenging responses such as anger, anxiety, hostility, and guilt when they encountered invalidated and/or unsuitable constructs. The RGT was useful because it provided participants with multiple, non-invasive ways of sharing their feelings, thoughts and experiences of autism using their own words (Hess et al., 2021). Further, the RGT offered participants opportunities to share their views about topics that mattered most to them so that the research could focus on those issues which participants identified to be of primary importance to the adolescent autism community and of influence on their development of self (Webber, 2021).

During their semi-structured interviews, participants highlighted the key factors which they perceived to have contributed to the development of their self-identity. Participants described how they felt different from others due to their autistic traits and behaviours. They described feelings of being 'cast out', 'on the sidelines', and 'rejected' due to their experiences of autism stigma and discrimination. Most participants had experienced bullying and victimisation in the school environment, which had resulted in them feeling excluded or isolated from their peers. Some participants described the difficulties that they experienced socially, whereby they struggled to socialise with others when they were younger. These participants reported that they felt more comfortable in high school because they had learnt to mask their autistic traits and/or hide their diagnosis of autism. Some participants explained how their poor socialisation skills and/or failed social attempts made them feel invisible and/or ignored at times, whilst others reported feelings of inclusion and belongingness. Factors that had a positive impact on participants' development of their self-identity included the time they spent alone and/or with family. On these occasions, participants described feeling safe, accepted and less likely to make social mistakes.

These findings highlight the importance of identifying the protective and vulnerability mechanisms that influence the development of self for adolescents with a diagnosis of autism. Whilst many of these factors have been identified in previous research (Cooper et al., 2017; O'Hagan & Hebron, 2017; Pellicano et al., 2014; Uljarević et al., 2016; Suri et al., 2021), the use of the RGT to explore perceptions of the adolescent's 'self now' and 'ideal self' allowed for an in-depth understanding of participants' experiences of self. The RGT also produced additional insight into both the protective and vulnerability mechanisms required to support each participants' self-identity journey. The RGT findings revealed that many constructs were derived from participants' experiences with others in social settings which did not support their needs or preferences. Participants described feeling 'overwhelmed', 'excluded', 'stressed', 'anxious', 'antisocial' and 'isolated' in the school setting when engaging with their non-ASD peers and teachers. That is not to say that there were not constructs which espoused their positive experiences of autism (Cridland et al, 2014), but that their construct systems may not have been equipped with the constructs needed to engage with unfamiliar events and/or unplanned social experiences.

Other factors of influence on the participants' development of self were more implicit in nature and connected with the positive and negative influences of the Medical and Social Models of Disability. The Medical Model situates the person and their autistic traits with a view to using medical interventions that support their effective engagement in the current environment. While this may be perceived as a negative way of viewing the adolescent, in this research many participants spoke of the importance of their medication in assisting them to manage many of the challenges they experienced. These challenges were often centred around social interactions and experiences at school. The participants provided multiple examples of being bullied and/or made to feel invisible. They described occasions when they were highly stressed and felt helpless and/or stupid. Such environmental factors highlight the very minimal progress made in seeking to implement a Social Model of Disability, especially in schools where the environment had, at times, a very detrimental effect on the adolescents' development of self. When the wider community fails to understand and respond in appropriate ways to young people on the autism spectrum much damage to the development of self becomes evident. However, on a more optimistic note, when people within the adolescents' social environment are positive, supportive, and authentically invested in engaging with them, a positive sense of self is fostered.

How can Kelly's (1955) PCT assist to develop understandings about the lived experiences of adolescents on the spectrum?

A PCT approach, which focuses on how people construe familiar and unfamiliar events in their everyday lives, was used to explore adolescents' experiences of autism because the theory aligns well with a constructivist approach. PCT was used to explore how people on the autism spectrum engage socially and construe their own and other people's systems of meaning. For example, Kelly's sociality corollary describes how a person construes another person's construal system(s) by observing them and interpreting their behaviour and construal processes. Adolescents on the autism spectrum can struggle to construe the socio-cultural context in another person's meaning-making processes due to differences in their expressive and/or receptive communication skills. Some people on the autism spectrum may rely on masking to manage the increased complexities of social learning and group-based dynamics required during adolescence (Liu et al., 2021; Westhoff et al., 2020). During adolescence, peer relationships are important forms of both social learning and social support. This current research indicated that some participants struggled to form these social ties, which resulted in them experiencing negative mental health outcomes, a loss of identity, feelings of being isolated and rejected, and reduced self-acceptance (Hwang et al., 2018).

A PCT approach describes a person's 'predictive failures' as their failed attempts to read another person's thinking processes and/or intent. Kelly (1955) described a person's response of fear, anxiety and/or anger in relation to an event as their inability to construe their constructs and/or their desire to seek construct validation from others. In this research, I viewed autism through this lens to gain an insider perspective into participants' experiences of autism. Although every person on the autism spectrum is unique, PCT caters to the presence of a person's different thinking processes. For instance, Kelly's (1955) organisation corollary was useful for describing how a person on the autism spectrum can struggle with flexible thinking processes, which are needed for them to rearrange or replace constructs in unfamiliar situations. Other corollaries were useful for enhancing understanding about how participants construed their world. For instance, the modulation corollary explains how a person's construal system needs to be open to the unfamiliar nature of events or sufficiently malleable to support the person to accommodate change. It is suggested that a PCT approach describes the different processing styles of people on the autism spectrum in 'understanding and empathetic' ways (Cridland et al., 2014, p, 114).

Implications for Policy and Practice

Additional Social Support

Findings from this research highlighted how adolescents on the autism spectrum experienced additional vulnerabilities and challenges when socialising and communicating with non-ASD people, notably their non-ASD same-aged peers. This finding is well-supported by other research (Blakemore, 2019; Botha et al., 2020; Cage et al., 2019; Cooper et al., 2017; Dijkhuis et al., 2020; Hebron & Bond, 2019; Murphy et al., 2017; Tomlinson et al., 2021) but indicates that the adolescents in this research still experienced environments which failed to support their successful social engagement with peers. Most participants had experienced bullying and struggled, at times, to form peer friendships and/or develop positive relationships across their year group at school. Some participants reported that they felt isolated, rejected, and/or excluded from their peers at times. Participants reported their unique intolerances, difficulties with ER, and self-reported difficulties with social communication. These findings suggest that more proactive support is still required for adolescents on the autism spectrum to make sense of complex social scenarios. Under a Social Model of Disability, these self-described struggles are seen as resultant to the poor fit which occurs between participants and the characteristics of their social context (Den Houting, 2019).

To minimise participants' disability, the Social Model of Disability suggests that both the social environment and the physical environment should be altered due to the 'attitudinal barriers to inclusion and acceptance which are often significant' (den Houting, 2019, p. 272). Students spend most of their day in the school environment, and changes to this environment are essential so that students on the autism spectrum can celebrate their strengths and feel a sense of belonging and acceptance within their same-aged peer group. Some researchers have suggested that it is inappropriate to explicitly teach people on the autism spectrum to comply with non-ASD social expectations because it promotes masking and reinforces the notion that societal acceptance is governed by non-ASD norms (Bottema-Beutel et al., 2018; Cook et al., 2021). Participants in this current research regularly adopted non-ASD social behaviours and suggested that non-ASD people should become more accepting of them. They suggested the need for increased autism awareness to ensure the acceptance of their autistic behaviours by their non-ASD peers and teachers. Some participants also desired to improve their social communication skills. To address the incompatibilities, it is essential that schools foster a whole school approach to inclusion.

The participants in this research attended mainstream schools, and while there may have been other students on the autism spectrum at their schools, the participants did not report engaging with them. Cooper et al. (2017) state that people on the autism spectrum can derive a sense of group membership and belonging, as well as reduced depression and anxiety outcomes, when they feel an affiliation with others on the autism spectrum who feel positively about the autistic community. Of interest, no participants reported that they spent time with other people on the autism spectrum. This was surprising as many adolescents seek friends with similar interests and characteristics and online social media platforms provide them with greater options for connecting with like-minded people. Students on the autism spectrum may derive increased feelings of self-worth if they are a part of a positive shared group identity with other students on the autism spectrum (Cooper et al., 2017, Cage et al., 2018). It is suggested that schools be supported to provide autistic peer-to-peer communication opportunities and/or peer mentoring support because it may benefit some students on the autism spectrum to celebrate their strengths in ways that foster collective self-esteem (Cassidy et al., 2022; Cooper et al., 2021; Crane et al., 2019; Crompton et al., 2020; Shochet et al., 2022).

A whole school approach to inclusion can also support adolescents on the autism spectrum to have opportunities that allow them to thrive socially with both non-ASD adolescents and adolescents from the autism community. To support increased understandings about non-ASD communication pathways, peer support – both inside and outside the classroom – can be effective if the student on the autism spectrum is agreeable to receiving such support and/or believes that it would improve their social skills and/or social confidence. PCT is a useful approach for exploring adolescents' construal systems particularly in the school setting. Their responses would provide a more in depth understanding of specific ways in which to provide additional support and/or engagement opportunities to enhance their self-awareness of how they and others view the world. Non-ASD students also need to be educated about autism because they have frequently been reported as having no knowledge about autism and often having negative attitudes about people on the autism spectrum (Campbell et al., 2019; Kucharczyk et al., 2015). Kucharczyk et al. (2015) recommended the need for schoolwide autism awareness training that included non-ASD peers. One of the participants, a service provider, in Kucharczyk et al.'s (2015) study, summed up the need for increased autism awareness stating, 'now there's bullying with everything, even with students that look different, but especially with someone (with) autism; people don't always know' (p. 343).

A Whole School Approach to Inclusivity

The findings revealed that most participants chose not to share their diagnosis of autism for fear of being treated differently and/or victimised in the school setting by their peers. Some participants described how they masked their autistic traits and behaviours to hide their autism from others, and/or to create relatedness with their peers. While masking proved a protective factor for many participants in this research, they also noted the challenges created by sustained masking, including exhaustion and a need to withdraw from social interactions. Clearly, sustained masking also infers the need to 'fit in' with others rather than the right to be accepted for who you are. This finding is important for future practice and policy related to adolescents on the autism spectrum. It is suggested that increased acceptance can positively impact how non-ASD people and adolescents on the autism spectrum relate to one another to reduce bullying and victimisation (Cage et al., 2019; UN, 1989). It is essential that *all* students, teachers, and members of the school community feel safe when they are participating in any school-related activities.

Adolescents' experiences at school should support the development of their self-identity and pave the way for their transition to adulthood (Shochet et al., 2016). It is suggested that schools need to nurture inclusivity and promote a respect for diversity to support each person's right to access an education that incorporates non-discrimination, equality, respect, and fairness. And whilst schools hope this is the image they present to the wider community, there is still further progress needed in this area from the perspectives of the participants in this research. In practice, inclusivity is fostered when teachers and school-leaders model inclusive practice, adopt inclusive language, and integrate authentic opportunities for students to learn about diversity and acceptance across the curriculum (Shochet et al., 2022). It is also recommended that schools consider a co-production approach to ensure the effective inclusion of everyone in school environments. Boud (2012) suggests,

> Co-productive relationships commonly start from situations in which there are differences in knowledge between the practices, differences in skills and an imbalance of power – typically one side of a co-productive relationship has influenced the other. (p. 35)

When reflecting upon participants' experiences in this current research, it was evident that there was certainly an imbalance of power, and that teachers and peers held the power and were of sustained influence on how participants viewed themselves. A true co-production approach should provide greater voice to adolescents on the autism spectrum and provide recognition of their rights and needs for equal access to a safe and supportive educational environment. In the classroom, teachers should adopt inclusive teaching practices and programs using a strength-based approach which celebrates the diverse interests, needs and strengths to support all students to reach their potential (Australian

Curriculum Assessment and Reporting Authority [ACARA], 2016). Ongoing teacher professional learning is essential to ensure that teachers have access to onsite mentoring and collegial support which promotes their active use of the Australian Curriculum in students' learning programs (McMillan et al., 2018). In addition, teachers should draw on the principles of a co-production approach and prioritise time to speak with their students on the autism spectrum to develop understandings about the supports that these students believe can support their increased learning and social interaction in the school setting.

When all teachers approach inclusive practice at a whole school level, the message can be reinforced across different learning areas, by different teachers during different types of learning experiences. Pellicano and den Houting (2022) described how the physical environments of institutions are regularly designed to cater for non-ASD people. To promote inclusive settings, schools can provide sensory-friendly learning spaces which support students' sensory sensitivities and preferences. Two participants in this research highlighted that they felt more at ease in their university settings when compared with their high school settings due to the accommodations provided for them by the universities. Although some research indicated that university students did not feel welcomed in their university settings (Goddard & Cook, 2022), the participants in this current research described universities as places that fostered great choice and flexibility. Participants in this research liked having no set lunch hour where they were required to socialise with others at a set time, instead preferring the flexibility of socialising in a more organic and less forced manner. They also reported that others had a greater level of autism and mental-health awareness, so that talking about these topics was more comfortable, and that they were strongly supported with an Individual Education Plan (IEP).

Classroom Academic Support

In stark contrast, some participants reported that their high school teachers did not 'fully understand' their autism or explain curriculum content in ways that made sense to them. They reported that some teachers failed to support the accommodations in their IEPs because they did not appear to be struggling academically. This finding is important for future practice and policy related to adolescents on the autism spectrum. It is suggested that teachers receive additional professional learning in teaching students on the autism spectrum to ensure that these students receive the level of support required for them to learn on the same basis as their non-ASD peers. This current research indicated that some participants struggled to understand their teachers' explanations of learning topics, which negatively impacted their understanding and sense of self. Some participants reported that their teachers and peers required more knowledge about autism to support their autistic learning needs in the classroom (Aubineau & Blicharska, 2020; Mesa & Hamilton, 2022; Santhanam & Hewitt, 2021). For instance, a teacher can make instructional adjustments, modify the curriculum, and/or provide students with different ways of processing their learning. This finding is important because some participants in this research described themselves as feeling invisible academically and/or exhausted at times.

Connections with and Contributions to Autism Research

This research was motivated by the literature, which reported that there existed limited data about the lived experiences of adolescents on the autism spectrum from an insider perspective (Cooper et al., 2021; Happé & Frith, 2020; Kapp et al., 2019; Kelly et al., 2018; Scott-Barrett et al., 2019; Van de Cruijsen & Boyer, 2021). The period of adolescence is a critical area of research because around 75% of adult mental health problems begin during the adolescent years (Jurewicz, 2015; Solmi et al., 2022). First-hand accounts, such as this current research, are essential for highlighting the areas of research and types of interventions that adolescents on the autism spectrum feel would support their needs and preferences (Happé & Frith, 2020; Santhanam & Hewitt, 2021). This research offers deep insight into how participants construed their world to understand and conceptualise their diagnoses of autism and how those views impacted their perceptions of self. Increased research about the experiences of adolescents on the autism spectrum is needed from a first-hand perspective because research reports that this group has an increased risk of mental health and well-being problems (Cassidy et al., 2022; Chen et al., 2017; Crane et al., 2019; Ferenc et al., 2021; Hirvikoski et al., 2020).

The literature revealed that adolescents on the autism spectrum are at an increased likelihood of experiencing autism stigma and social isolation, which can negatively impact their mental health and wellbeing (Bedard & Hecker, 2020; Greenlee et al., 2020; Troop-Gordon, 2017). This current research revealed that most participants experienced autism stigma and co-occurring mental health issues. Beyond their internalised issues, most participants in this current research shared their experiences of being bullied at school. They reported that they frequently experienced negative feedback from their peers and incidences of discrimination. Difficulties with socialisation and creating connectedness with others also resulted in some participants struggling to engage in the social learning opportunities needed for them to develop a sense of self (Erikson, 1968; Cooper et al., 2021; Cridland et al., 2014). Research about adolescents on the autism spectrum in the school context is limited and increased opportunities for adolescents on the spectrum to share their experiences can be helpful to explore the perceptions and behaviours of their non-ASD peers. Future research should aim to explore the social barriers that exist in the school environment and ways to raise peer awareness of autism to eliminate the bullying behaviours of others (Black et al., 2022; Hodge et al., 2019; Kucharczyk et al., 2015; Treweek et al., 2019).

It is critical for there to be a focus on researching ways to raise autism awareness for non-ASD peers, so that schools can adopt a whole school approach to inclusive practice. This approach should ensure that all people in the school community feel respected, empowered, and valued. Research about the person’s age of diagnosis is crucial because most adolescents in this research reported that their autism was diagnosed in their junior or senior school years. When people on the autism spectrum are assessed before they start school, it can offer them opportunities to engage in early intervention programs that support their development and capitalise on their strengths (Whitehouse, 2017). Most participants in this research expressed relief following their diagnosis because it increased their self-awareness and helped them to reframe their past experiences. Subsequent research should address the limited evidence about how early diagnosis and intervention can impact the quality-of-life outcomes for adolescents on the autism spectrum (Whitehouse et al., 2020). Further, it is suggested that access to early diagnosis for all primary school-aged students would increase autism awareness and possibly decrease the stigma associated with receiving a diagnosis of autism.

Future research should focus on ways to provide young people with increased access to practitioners who specialise in working with adolescents on the autism spectrum. Adolescents on the autism spectrum benefit from the support of a multidisciplinary team, which might include a psychologist, occupational therapist, speech therapist, GP, parent or carer, social worker, and/or school counsellor. Research about improving communication amongst members of the adolescent’s multidisciplinary team is essential because people on the autism spectrum benefit from continuity and familiarity across settings. Resources and professional learning opportunities should be provided for teachers, teachers’ aides, and parents so that the adolescent receives consistent support in both the home and school context. Extended research in this area is important because this current research revealed that ableist practices within the school setting contributed to participants’ feelings of being invisible and unheard by their peers. Similar outcomes were reported in Hodge et al.’s (2019) study which reported that ableist practices contributed significantly to the “formation of a devalued and problematic sense of self” for their participants on the autism spectrum (Hodge et al., 2019, p. 1372). The study also explained that classroom teachers were ill-prepared to address these issues (Hodge et al., 2019). Future research should involve the young person on the autism spectrum to ensure that their needs and preferences are the primary research focus.

There is also a need for increased research related to the disclosure of the person's diagnosis in the school context and the associated stigma resultant to their disclosure. This current research found that most participants avoided disclosing their diagnosis to avoid bullying and victimisation at school. Some participants shared their diagnosis with only one or two friends following negative experiences of peer bullying and victimisation in the primary school setting. Additional research should address the external protective mechanisms needed to support young people on the autism spectrum, and their families. People on the autism spectrum may also experience bullying by siblings which can contribute to psychosocial issues during adolescence (Toseeb et al., 2020). Because all participants in this research relied upon their parents for support and guidance, it is vital that schools develop frameworks to ensure that there are clear channels of communication between the school and the home. These communication channels are especially critical if the adolescent is experiencing autism stigma and discrimination that is negatively impacting their mental health and causing suicidal ideation (Hirvikoski et al., 2020; Jager-Hyman et al., 2020; Kirby et al., 2019; Kõlves et al., 2021; White et al., 2017).

Although it was beyond the scope or intent of this research to explore participants' mental health outcomes in depth, mental health issues were clearly a part of most participants' narratives about their experiences of having a diagnosis of autism. During the grounded theory (GT) research process, data emerged about a range of co-occurring conditions, including anxiety and depression, and how those conditions were linked to the participant's experience of autism. For example, one participant reported that 'the autism and the anxiety, to an extent, go hand in hand', whilst another participant shared, 'If I'm anxious, I'm less able to think … I begin to lean into more of what my anxiety tells me.' Most participants described how their mental health issues impacted their lived experiences of the world and their understandings about how they perceived themselves. It is suggested that research from an insider perspective is essential due to global statistics which report the increased likelihood of people on the autism spectrum experiencing anxiety, depression, suicidal ideation, suicide attempts, and death by suicide in comparison with non-ASD people (Cassidy et al., 2022; Chen et al., 2017).

Future research from an insider perspective is needed to assess the impact that negative public perceptions of autism have on the identity of people on the autism spectrum during the formative years of adolescence. The participants in this research shared their awareness of autism stigma in society and described how the public’s perceptions of autism negatively impacted both their feelings of self and feelings about sharing their diagnosis. There is limited research about how public perceptions of autism impact the identity development of adolescents on the autism spectrum. Increased knowledge in this area could support increased understanding about ways that adolescents on the autism spectrum develop their personal autistic identity within a society that may not always be welcoming of their autism. Whilst research exists about the experiences of adolescents on the autism spectrum being bullied, research is needed about how schools manage incidents of bullying and support adolescents on the autism spectrum and their peers to develop positive peer relationships (Greenlee et al., 2020; Hebron & Bond, 2019; Sasson et al., 2017; Tomlinson et al., 2021). It is important to address autism stigma in the school environment because increased autism awareness amongst young people could reduce autism stigma in schools and positively impact people’s perceptions and awareness of autism at the societal level.

Understanding Autism from an Insider Perspective

The research responded to findings which suggested that there were limited ‘hard facts’ about autism, and/or studies with adolescents about their experiences of autism (Mottron & Bzdok, 2020, p. 3180; Pellicano & den Houting, 2022; Scott-Barrett et al., 2019; Van de Cruijsen & Boyer, 2021). Some researchers suggested that autism studies should be approached differently as limited data about the nature of autism has been reported in the last 50 years (Pellicano & den Houting, 2022). Current diagnostic approaches rely upon the conventional medical approach which focuses upon deficits in people on the autism spectrum (APA, 2013; Pellicano & den Houting, 2022). Consequently, people on the autism spectrum are frequently described using narratives about ‘fixing’ or ‘curing’ autism (Hughes, 2021; Pellicano & den Houting, 2022).

This current research highlighted that best practice now includes strengths-based approaches to intervention (den Houting, 2019), which provide adolescents on the autism spectrum with opportunities to celebrate their strengths and ‘be accepted as they are’, whilst ensuring that their environment is supportive of their needs and preferences to remove barriers that exist in a range of domains including the social domain. It is essential that people on the autism spectrum are perceived as unique and worthwhile individuals who have the freedom to make choices about their own lives independent of others (Pellicano & den Houting, 2022; UN Assembly 2007; UNICEF, 1989). The present research adopted a PCT approach because it offers a person-centred way of viewing autistic experience through the lens of the person’s personal constructs. PCT recognises the heterogenous nature of humankind, and the importance of perceiving the uniqueness in each person, whether they have autism or not. Kelly’s (1955) PCT and RGT were used because they offer people on the autism spectrum opportunities to describe how they construe the world using their own words. This research highlighted the relationship between a person’s sense of selfhood, their autistic personal identity, their mental health and wellbeing, and their experience of receiving their diagnosis.

Whilst the RGT was useful for eliciting participants’ constructs and offering insight into their construal systems, PCT provided me with a lens for interpreting their unique worldview. A PCT approach does not rely on a neurotypical framework and non-ASD traits to describe a person. PCT describes how *all* people construe the world according to their unique construal systems. The approach supports the person to provide a first-hand account of their lived experiences so that their needs and preferences are recognised and supported in meaningful and purposeful ways (Happé & Frith, 2020; Santhanam & Hewitt, 2021). In this research, participants’ narratives highlighted the need for increased autism awareness, and the need for people to ‘accept each person for who they are’, regardless of their diagnosis of autism. Key themes that emerged during the data analysis stage included receiving a diagnosis of autism, adolescence on the autism spectrum, and identity formation. The themes addressed the limited data about how adolescents on the autism spectrum experience and traverse adolescence and manage autism stigma in the school environment (Aubé et al., 2021).

Participants were provided with a platform to share their positive and negative experiences of having and receiving a diagnosis of autism. Using Kelly’s RGT, it was possible to access their personal constructs to develop rich understandings about their perceived sense of self. Participants’ explanations about their self-development during adolescence revealed connections between their experiences of autism stigma and self-identity, and the importance they placed on increasing autism awareness in others to promote inclusivity and reduce barriers between people on the autism spectrum and non-ASD people. The protective and risk mechanisms which emerged are significant due to recent global statistics indicating that adolescents on the autism spectrum are at an increased risk of experiencing co-occurring mental health issues, up to six times more likely to attempt suicide, and nine times more likely to experience suicidality than their same aged non-ASD peers (Botha et al., 2020; Cassidy et al., 2022; Chen et al., 2017; Cooper et al., 2021; Crane et al., 2019; Ferenc et al., 2021; Hirvikoski et al., 2020; Kõlves et al., 2021; Lai et al., 2019; Rybczynski et al., 2022).

Reflecting on the Limitations and Strengths of the Research

Strengths

This research had numerous strengths. First, all participants had a formal diagnosis of ASD, which allowed me to collect data with the assurance that all participants met the DSM-5 criteria (English et al., 2021).

Second, the research addressed the limited data available about the experiences of adolescents on the autism spectrum from a first-hand perspective (Fayette & Bond, 2018; Happé & Frith, 2020; Kapp et al., 2019; Kelly et al., 2018; Scott-Barrett et al., 2019; Van de Cruijsen & Boyer, 2020). Limited data existed about how adolescents perceived the event of receiving their diagnosis of autism, and/or having a diagnosis of autism (Abbott et al., 2013; Craig et al., 2015; Crane et al., 2019; DePape & Lindsay, 2016; Griffith et al., 2013; Huws & Jones, 2008; Legg & Tickle, 2019; Smith-Young et al., 2020; Wong et al., 2017). Understanding the experiences of adolescents on the autism spectrum from a first-hand perspective is essential to ensure that research and intervention highlight the person's unique combination of experiences, strengths and needs (Vivanti, 2020).

Third, the research addressed the limited qualitative data about how adolescents on the autism spectrum perceive their autistic traits (Cooper et al., 2021). The research explored adolescents' perceptions of self and the factors which they perceived to contribute to the formation of their self-identity. The data reported participants' experiences of social communication, emotional dysregulation, and sensory sensitivities in their own words, which ensured that the integrity of the meaning was not lost. Additionally, Kelly's (1955) RGT was used to elicit constructs which provided deeper insight into the participants' perceptions of their autistic attributes (Cooper et al., 2021). For example, they described feeling 'excluded', 'anxious' and 'rejected', at times, due to having a diagnosis of autism and being perceived as 'different'. The RGT provided a person-centred, yet structured, approach which supported the elicitation of participants' constructs, whilst providing them with opportunities to explain how they perceived the world (Garcia-Mieres et al., 2019; Santhanam & Hewitt, 2021). The RGT had not been used before this current research to explore construct content which related to the development of self in adolescents on the autism spectrum (Cridland et al., 2014; Hess et al., 2018, 2021).

Fourth, the research adopted a PCT approach and viewed autistic experience through the lens of Kelly's (1955) corollaries. This aspect of research provided a novel contribution to the field due to limited data in this area (Cridland et al., 2014). No previous research has viewed the autistic experience through the lens of all 11 corollaries. Limited research had also adopted a PCT approach to describe the different processing styles and autistic behaviours of people on the autism spectrum (Cridland et al., 2014). It is suggested that PCT supports a neurodiversity perspective because Kelly's corollaries relate to the experiences of all people whether they are on the autism spectrum or not. PCT is not deficit-focused and recognises that autistic traits are an identity-defining feature which cannot be isolated from the individual. For example, PCT does not view autism-related anger as a deficit, instead describing it as a response to the difficulties which a person experiences when construing. Similarly, socialisation issues and masking can be viewed through the sociality corollary. A PCT approach recognises that a person's autistic traits can be perceived in different ways through different lenses because each person has unique traits that look different from person to person.

Fifth, this research highlighted the links between poor mental health and participants' perception of their autistic attributes (Shattuck et al., 2012; Turcotte et al., 2016), This data is a critical contribution due to the overwhelming number of adolescents on the autism spectrum who experience suicidality, suicide attempts and death by suicide (Cassidy et al., 2022; Chen et al., 2017; Crane et al., 2019; Ferenc et al., 2021; Hirvikoski et al., 2020; Kõlves et al., 2021; Rybczynski et al., 2022). Adolescence is a particularly challenging time for some young people on the autism spectrum. Some participants reported that they struggled with the complex social scenarios required and were unable to join friendship groups in the school setting (Cridland, 2014; Erikson, 1968). These finding have implications for future policy and practice (Birnschein et al., 2021). The current research revealed that all participants had experienced bullying, and some participants reported that their experiences negatively self-impacted their self-development and levels of anxiety. More research is needed into peer-mediated and anti-stigma programs to improve social access for adolescents on the autism spectrum at school (Birnschein et al., 2021)

Limitations

Several limitations of the research need to be recognised. Because data was collected using a GT approach, researcher bias can occur despite the adoption of ongoing reflexive practices and self-reflection (Botha et al., 2020). Additionally, the research did not screen for ethnicity to ensure that multiple cultures were represented (Albein-Urios et al., 2021; Barzeva et al., 2019; Cage & Troxell-Whitman, 2019; Shochet et al., 2020). As a nation, Australia is increasingly culturally diverse (Australian Bureau of Statistics [ABS], 2016), and a more diverse cohort of participants would reflect this reality. For example, there are populations which may not have access to diagnoses or culturally sensitive diagnostic tools. The research did not screen for ‘hard to reach’ populations such as the socially disadvantaged and/or Indigenous populations (Pellicano et al., 2014; Shochet et al., 2020). Future research should also screen for gender and non-binary/transgender identities, which were not presented in this current research. The topic of identity formation in these additional subgroups is important because a significant number of people on the autism spectrum experience gender dysphoria disorder and/or identify differently (Glidden et al., 2016; Shattuck et al., 2012). Inclusion of a more diverse cohort of participants would ensure a broader range of autistic voices and the engagement of these otherwise unincluded groups (Fletcher-Watson et al., 2019).

This research did not include the perspectives of adolescents with intellectual disabilities (ID) and/or significant cognitive impairments. This cohort was restricted from the research in order to limit any issues with comprehension related to the sentence completion activity and interview (Aubé et al., 2021; Black et al., 2022; Botha et al., 2020; Liu et al., 2021). Such groups, however, are also under-represented in the existing literature and can be included in future research. Fayette and Bond (2018) observed the importance of using accessible tools to elicit and record participants’ perspectives. The same researchers also recommended that young people’s participation should be extended to include them in decision-making processes about aspects which involve them. Whilst this current research was conducted using Zoom (Zoom Video Communications Inc., 2016) due to COVID-19 health restrictions, future research can include opportunities for face-to-face interviews to extend the participation of people who have an ID. A wider expression of the diverse groups of people on the autism spectrum would provide a richer narrative about their experiences and remove potential selection bias towards people on the autism spectrum who have an IQ in the ‘normal’ range (Russell et al., 2019; Tager-Flusberg et al., 2017).

Although qualitative research does not focus on generalisability, a diverse sample is essential for addressing the service needs of such a heterogenous group (Pearson & Rose, 2021). Because the research participants were recruited via the internet, the sample was not population-representative and was limited to those who had internet access which may have resulted in missed opportunities for potential participants (ASPECT, 2022; Crane et al., 2019). Consequently, the results of this study may not be generalisable to all adolescents on the autism spectrum. Nevertheless, qualitative research is well-accepted as a useful approach for gaining deep insight into common human experiences without the need to produce generalisable or predictive theories (Chapman et al., 2015). Whilst this research cannot be generalised according to the same principles as quantitative research, this current research reported rich data that provided increased insight into the autism experiences of adolescents on the autism spectrum. In addition, this research aimed to understand the unique perspectives and experiences of people on the autism spectrum, rather than simply develop increased knowledge of autism (Bury et al., 2020; Pearson & Rose, 2021; Vivanti, 2020).

Implications for Further Research

The findings from this study indicate that more research is required to develop increased understandings about the experiences of adolescents on the autism spectrum. Limited data existed about their experiences of receiving a diagnosis of autism and the implications for their development of self. For example, it is important to understand the impact of receiving a diagnosis at a young age rather than during the adolescent years and the variation in impact this may have on a person's development of self. It is recommended that a similar study with additional participants be undertaken in the future. More qualitative research is required to understand how adolescents on the autism spectrum experience bullying and victimisation in the school setting because policy and practice at the school level can impact how all students experience diversity and interpret societal stigma (Saggers et al., 2017). These findings impact future policy and funding because school-wide approaches to limiting incidences of bullying and victimisation are essential to ensure that all adolescents have a safe space that incorporates non-discrimination (UN, 1989).

More research is required to explore the autism-informed factors which contribute to the mental health issues of adolescents on the autism spectrum and the most suitable types and frequency of preventive programs to improve their mental health outcomes (Shochet et al., 2022). It is suggested that the factors underpinning their mental health issues may not be the same as those factors related to the mental health experiences of non-ASD people (Mandy, 2022). Similarly, adolescents on the autism spectrum may not benefit from the same treatments used for non-ASD people. Recent data suggests that general anxiety and obsessive-compulsive disorder (OCD) may be related to autism risk factors (Brede et al., 2020; Mandy, 2022; Neil et al., 2016; Rumball et al., 2022). More research in this area could provide data about the types of interventions which best target risk mechanisms that are autism specific. It is suggested that a PCT approach can support the projection of autistic voice and ensure that people on the autism spectrum are actively engaged in the research process. Future research should include first-hand accounts of participants' experiences to ensure that research prioritises the concerns of the autism community and remains relevant to their goals (Fletcher-Watson et al., 2019; Leadbitter et al., 2021; Santhanam & Hewitt, 2020).

A PCT approach can support the projection of autistic voice and ensure that people on the autism spectrum are actively engaged in the research process. The findings from this current research challenged previous preconceptions about the ability of young people on the autism spectrum to understand their self and emotions. For example, participants in this research shared great detail about the range and depth of their emotions, and their understandings of themselves in relation to the world around them. In stark contrast, previous research has reported that self-awareness experiences in people on the autism spectrum can result in them experiencing difficulties isolating their own emotions and thoughts from the emotions and thoughts of others in social scenarios (Elmose, 2016). Researchers have also illuminated the difficulties that people on the autism spectrum have experienced in understanding their self and their feelings, accessing autobiographical memories, and distinguishing differences and similarities between self and others (Hobson, 1990; Lombardo & Baron-Cohen, 2011; Powell & Jordan, 1993; Westby, 2022). Future directions in research should explore how adolescents on the autism spectrum engage in reflective self-awareness and how Kelly's (1955) RGT and PCT can be used to support their increased understanding of self.

First-hand research about ToM, in the context of empathy, is recommended to address current assumptions about people on the autism spectrum lacking empathy due to delays or deficits in ToM (Chang et al., 2021; Craig & Baron-Cohen, 1999; Harnum et al., 2007; Smith, 2009). Whilst past research has focused on ToM development in the early and middle years, there has been limited research about the development of ToM in adolescence (Meinhardt-Injac et al, 2020). For instance, the participants in this research described themselves as having empathy. They shared their experiences of empathising with others including their family and friends. The literature revealed that some adolescents on the autism spectrum can possess adult-like levels in understandings in comprehending cognitive states in empathy (Meinhardt-Injac et al, 2020; Rice et al., 2016; White et al., 2009). This is a critical area for future research to increase understanding about the experiences of adolescents on the autism spectrum and support them in areas that they may desire support (e.g., socialisation, emotional regulation, and psychological support). An increased knowledge of adolescents' ToM in the context of empathy can support adolescents to understand their own identity development and increase their levels of self-awareness.

It is suggested that a PCT approach can be used to explore the experiences of all people regardless of whether they are on the autism spectrum or not. In this research, a PCT approach provided a person-centred and respectful approach to exploring how adolescents on the autism spectrum perceived the world. It is suggested that PCT shifts the narrative away from a focus on deficits towards an approach which can be universally applied for all people. A PCT approach is important for practice, theory, and subsequent research because it can ensure that research is conducted 'with' people, rather than 'on' or 'about' people. Similarly, the RGT assessment tool can ensure that participants maintain control of their own narrative during the research process. This is essential for maintaining the integrity of each person's narrative. It is also important for ensuring that research topics remain applicable to adolescents on the autism spectrum, whose preferences and needs may differ from the adult autism community. Because a PCT approach does not favour a neurotypical lens, it does not assume that the preferences or needs of the autism community are the same as non-ASD people. A PCT approach also makes no assumptions about each person's cognitive thinking style.

Finally, the research highlights the need for interventions and pathways which support adolescents on the autism spectrum to navigate adolescence and prepare for adulthood in ways that are both empowering and respectful. This research indicated that anxiety was experienced by most participants and was associated with bullying, difficulties regulating emotions, and sensory sensitivities. Increased research about the bullying experiences of adolescents on the autism spectrum and the inclusivity of the school culture are needed to identify how people can be taught to nurture and foster inclusive behaviours. Because anxiety and bullying can negatively impact mental health, health professionals should also monitor the health and well-being of adolescents on the autism spectrum to support their success across a range of areas. Adolescents on the autism spectrum may experience issues with self-esteem and/or require increased confidence to improve their social experiences. A PCT approach can be adopted by clinicians to explore how each person construes the world so that the intervention is tailored to support their unique needs and strengths. Finally, health professionals, parents and schools need to work together to ensure that multidisciplinary and co-production approaches are adopted to support adolescents on the autism spectrum regardless of whether they are demonstrating signs of poor mental health or not.

A Final Reflection

Adolescence is a significant developmental stage in life (Margetts & Woolfolk 2014). Traversing this stage to emerge with a strong sense of self is often challenging for any young person but is clearly exacerbated by being ‘different’ for adolescents on the autism spectrum. Self-concepts are aligned with many factors but especially social acceptance. The struggle for social acceptance of many participants in this exploratory research was evident, but so was their resilience and self-awareness which reveals a great deal about their capacities and insight. Despite the early signs of ‘a positive shift in attitudes towards autism in neurotypical stakeholders’ (den Houting, 2019, p. 271), there is still a long way to go until adolescents on the autism spectrum feel supported and accepted within the school environment. As the world becomes increasing connected by social media, and diverse populations use their voice to generate understanding of difference, it is hoped that adolescents on the autism spectrum, such as the participants in this research, are provided with increased opportunities to share their deep understandings about the world through their lived experiences of autism.

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APPENDICES

Appendix A: ASPECT Advertisement

Experiences of autism acceptance in adolescents on the autism spectrum

What is this research study about?

The study involves the collection of first-hand stories of adolescents on the autism spectrum. It aims to help us understand how adolescents on the autism spectrum see themselves, and how they feel about having a diagnosis of autism.

Why should I help?

The sharing of your experiences will help to increase understanding about how adolescents on the autism spectrum see themselves, and how they feel about having a diagnosis of autism. These understandings aim to provide information for improving services and supports to all adolescents on the autism spectrum.

Who can take part?

You are invited to take part in this study if you are aged 13 to 18 years and have a formal diagnosis of autism or Asperger syndrome.

Who is conducting this study?

The study is organised by Flinders University, College of Education, Psychology and Social Work.

What will I be asked to do?

You are invited to attend a one-on-one interview with the researcher via Zoom to answer questions regarding your views about what it means for you to have a diagnosis of autism.

How long will it take?

The interview will take approximately 60 minutes.

Will I be reimbursed for my time?

You will receive a $50 iTunes gift card upon the interview’s completion.

Please contact Franki on 0491 957150 or by email at franki.ford@flinders.edu.au

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee in South Australia (Project number 7480). For queries regarding the ethics approval of this project please contact the Executive Officer of the Committee via telephone on +61 8 8201 3116 or email human.researchethics@flinders.edu.au

Appendix B: Information Pack

Letter of Introduction

Dear

I hold the position of Senior Lecturer in the College of Education, Psychology and Social Work at Flinders University. This letter is to introduce Francoise (Franki) Ford who is a doctoral student in Education at Flinders University. Franki is undertaking research leading to the production of a thesis or other publications about the experiences of autism acceptance in adolescents on the autism spectrum.

She would like to invite you (your child) to assist with this project by agreeing to be involved in an interview covering certain aspects of this topic. No more than 90 minutes total would be required. The interview can be conducted in shorter increments should that be the participant s preference.

Be assured that any information provided will be treated in the strictest confidence and none of the participants will be individually identifiable in the resulting thesis, report, or other publications. You are, of course, entirely free to discontinue your participation at any time or to decline to answer specific questions.

Since Franki intend(s) to make an audio recording of the interview, she will seek your consent on the attached form to record the interview and use the recording or a transcription in preparing the thesis or other publications on condition that your name or identity is not revealed. The recording will not be made available to any other person except Franki and her research supervisors (myself and Associate Professor Kerry Bissaker).

Any enquiries you may have about this project should be directed to me by telephone on (08) 8201 5748 or e-mail julie.mcmillan@flinders.edu.au.

Thank you for your attention and assistance. Yours sincerely,

Dr Julie McMillan

Senior Lecturer
College of Education, Psychology and Social Work

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee in South Australia (Project number 8643). For queries regarding the ethics approval of this project please contact the Executive Officer of the Committee via telephone on +61 8 8201 3116 or email human.researchethics@flinders.edu.au

Information Sheet

Experiences of autism acceptance in adolescents on the autism spectrum

Researcher(s)
Ms Francoise Ford
College of Education, Psychology and Social Work
Flinders University
Email: franki.ford@flinders.edu.au
Tel: 0491 957 150

Supervisor(s)
Dr Julie McMillan
College of Education, Psychology and Social Work
Flinders University
Email: julie.mcmillan@flinders.edu.au
Tel: Ph: (08) 8201 5748

Associate Professor Kerry Bissaker
College of Education, Psychology and Social Work
Flinders University
Email: kerry.bissaker@flinders.edu.au
Tel: (08) 8201 5376

What is this research study about?
The research explores the lived experiences of adolescents on the autism spectrum from an insider perspective. The research invites participants to share their narratives related to the ways that they feel different from others, and the factors which they perceive to have contributed to the development of their self-identity.

Who is organising the study?
The study is organised by Flinders University, College of Education, Psychology and Social Work.

What will I be asked to do?
You will be invited to engage in an interview, which involves a sentence completion activity, semi-structured interview, and grid exercise.

Where will the interview take place?
The interview will take place via Zoom at a time that suits you.

How long will it take?
The interview will take approximately 60 minutes.

What happens if I change my mind during the interview?
You can change your mind at any time by stopping the interview.

Will I be recorded?
The interview will be audio recorded (no video) and stored digitally. If you do not want your voice to be recorded, please advise the researcher.

Will I be reimbursed for my time?
You will receive a $50 iTunes gift card upon the interview’s completion.

Will people know it is me?
No, your details are anonymous. Your name and private data can only be seen by the researcher and her two supervisors.

Are there any risks?
No risks are expected. However, if you do feel uncomfortable or upset at any point during the interview, please advise the researcher immediately. The names of counsellors will be provided for additional support.

How do I agree to participate?
A consent form accompanies this information sheet. If you agree to participate, please read, and sign the form and send it back to me at franki.ford@flinders.edu.au

How will I receive feedback?
At the ends of the project, you will receive a 500-word, a summary of the research by email.

Thank you for taking the time to read this information sheet. We hope that you will accept our invitation to be involved.

Any questions, please contact Franki by phone on 0491 957 150 or email at franki.ford@flinders.edu.au

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee in South Australia (Project number 7480). For queries regarding the ethics approval of this project please contact the Executive Officer of the Committee via telephone on +61 8 8201 3116 or email human.researchethics@flinders.edu.au

ASSENT FORM (Under 18 years old)

For participation in research (by interview)

Experiences of autism acceptance in adolescents on the autism spectrum

I .... being under 18 years, hereby consent to participate as requested in the interview for the research project with the title listed above.

1. I have read the information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I agree to audio recording of my information and participation.
4. I am aware that I should retain a copy of the information sheet and assent form for future reference.
5. I understand that I:
    - may not directly benefit from taking part in this research.
    - am free to withdraw from the project at any time and free to decline to answer questions.
    - will not be identified, although the information gained in this study will be published as explained, and my individual information will remain confidential.
    - may ask that the audio recording be stopped at any time, and I may withdraw at any time from the research without disadvantage.
6. I understand that only the researchers on this project will have access to my research data and raw results unless I explicitly provide consent for it to be shared with other parties. If the need to seek my consent to share my research data with other parties does arise, I will be contacted by the researchers via email.

My signature: **Date:**

I certify that I have explained the study to the volunteer and consider that she/he understands what is involved and freely consents to participation.

Researcher's name: Franki Ford

Researcher's signature: **Date:**

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee in South Australia (Project number 8643). For queries regarding the ethics approval of this project please contact the Executive Officer of the Committee via telephone on +61 8 8201 3116 or email human.researchethics@flinders.edu.au

CONSENT FORM (18 years old)

For participation in research (by interview)
Experiences of autism acceptance in adolescents on the autism spectrum

I .... being 18 years, hereby consent to participate as requested in the interview for the research project with the title listed above.

1. I have read the information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I agree to audio recording of my information and participation.
4. I am aware that I should retain a copy of the information sheet and consent form for future reference.
5. I understand that I:
    - may not directly benefit from taking part in this research.
    - am free to withdraw from the project at any time and free to decline to answer questions.
    - will not be identified, although the information gained in this study will be published as explained, and my individual information will remain confidential.
    - may ask that the audio recording be stopped at any time, and I may withdraw at any time from the research without disadvantage.
6. I understand that only the researchers on this project will have access to my research data and raw results unless I explicitly provide consent for it to be shared with other parties. If the need to seek my consent to share my research data with other parties does arise, I will be contacted by the researchers via email.

My signature: **Date:**

I certify that I have explained the study to the volunteer and consider that she/he understands what is involved and freely consents to participation.

Researcher's name: Franki Ford

Researcher's signature: **Date:**

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee in South Australia (Project number 8643). For queries regarding the ethics approval of this project please contact the Executive Officer of the Committee via telephone on +61 8 8201 3116 or email human.researchethics@flinders.edu.au

Information pack - CONSENT FORM (Parent or carer)

For participation in research (by interview)
Experiences of autism acceptance in adolescencts on the autism spectrum

I .... being 18 years, hereby consent for my child................................... to participate as requested in the interview for the research project with the title listed above.

1. I have read the information provided.
2. Details of procedures and any risks have been explained to my satisfaction.
3. I agree to audio recording of her/his information and participation.
4. I am aware that I should retain a copy of the information sheet and consent form for future reference.
5. I understand that my child:
    - may not directly benefit from taking part in this research.
    - is free to withdraw from the project at any time and free to decline to answer questions.
    - will not be identified, although the information gained in this study will be published as explained, and their individual information will remain confidential.
    - may ask that the audio recording be stopped at any time and may withdraw at any time from the research without disadvantage.
6. I understand that only the researchers on this project will have access to my child's research data and raw results unless I explicitly provide consent for it to be shared with other parties. If the need to seek my consent to share my child's research data with other parties does arise, I will be contacted by the researchers via email.

My signature: Date:

I certify that I have explained the study to the volunteer and consider that she/he understands what is involved and freely consents to the participation of their child in the research.

Researcher's name: Franki Ford

Researcher's signature: Date:

This research project has been approved by the Flinders University Social and Behavioural Research Ethics Committee in South Australia (Project number 8643). For queries regarding the ethics approval of this project please contact the Executive Officer of the Committee via telephone on +61 8 8201 3116 or email human.researchethics@flinders.edu.au

Appendix C: Sentence Completion Activity and Interview

Part 1: The Sentence Completion Activity

1. This question invites you to complete the following sentences:
   d. When I am at school I often feel
      I feel like this because
   e. When I am at school I sometimes feel
      I feel like this because
   f. When I am at school I never feel
      I feel like this because

2. This question invites you to complete the following sentences:
   a. When I am at home I often feel
      I feel like this because
   b. When I am at home I sometimes feel
      I feel like this because
   c. When I am at home I never feel
      I feel like this because

3. This question invites you to complete the following sentences:
   a. When I am with people in my year group, at school, I often feel
      I feel like this because
   b. When I with people in my year group, at school, I sometimes feel
      I feel like this because
   c. When I with people in my year group, at school, I never feel
      I feel like this because

4. This question invites you to complete the following sentences:
   a. When I am with family, at home, I often feel
      I feel like this because
   b. When I am with family, at home, I sometimes feel
      I feel like this because
   c. When I am with family, at home, I never feel
      I feel like this because

5. This question invites you to complete the following sentences:
   a. When I am alone, I often feel
      I feel like this because
   b. When I am alone, I sometimes feel
      I feel like this because
   c. When I am alone, I never feel
      I feel like this because

6. This question invites you to complete the following sentences:
   a. When I am in a group of 5 to 10 people, I often feel
      I feel like this because
   b. When I am in a group of 5 to 10 people, I sometimes feel
      I feel like this because
   c. When I am in a group of 5 to 10 people, I never feel
      I feel like this because

7. This question invites you to complete the following sentences:
   a. I believe that people often see me (my personality/character) as
      This makes me feel
   b. I believe that people sometimes see me (my personality/character) as
      This makes me feel
   c. I believe that people never see me (my personality/character) as
      This makes me feel

8. This question invites you to complete the following sentences:

   a. If I were describing my personality/character to someone I have not met, I would say that I am often
   b. If I were describing my personality/character to someone I have not met, I would say that I am sometimes
   c. If I were describing my personality/character to someone I have not met, I would say that I am never

9. This question invites you to complete the following sentence:

   People who know me well might describe my personality/character as

10. This question invites you to complete the following sentence:

    People who do not know me well might describe my personality/character as

Part 2: The Semi-Structured Interview

11. In your response to Q.1, you said, ‘When I am at school I often feel

    Can you provide an example of when you felt like this at school?

12. In your response to Q.2, you said, ‘When I am at home I often feel

    Can you provide an example of when you felt like this at home?

13. When you think about the place that you are most relaxed, would you prefer to be at:

    a. home

    b. school

    c. both equally

    Why?

14. In your response to Q.3, you said, ‘When I am with people, at school, I often feel

    When you answered this question, about which group of people were you talking? (Circle one)

    a. students in my year group

    b. friends in my year group

    c. my teachers

    d. students from other year groups

    e. other _______________

15. With regards to your chosen response above, how would you describe the group of ‘people’, which you circled?

    a. I know them well

    b. I know them a little

    c. I do not know them very well

16. In Q.4, you said, ‘When I am with people in my family I often feel

When you answered this question, about which people were you talking? (Circle one, or more)

a. mum
b. dad
c. brother/sister
d. grandparents
e. carer
f. other _______________

17. If you had a choice, would you prefer to spend a day with people from school or your family? (Circle one)

a. people from school
b. my family
c. equal time with both

Why?

18. Now think about the time you spend alone. Do you enjoy spending time by yourself? (Circle one)

a. yes
b. no
c. sometimes

Why?

19. If you had a choice would you rather spend time:

a. alone
b. with other people
c. equal time with both

Why?

20. What activities do you enjoy doing alone?

21. What activities do you enjoy doing in groups?

22. In the future do you think you will always prefer to do things alone or in groups?

23. If you had a choice would you rather spend time with:

a. one person
b. a group of 1 to 5 people
c. a group of 5 to 10 people
d. other _______________

24. In Q.7, you answered some questions about how you feel others might describe you. For example, you said, ‘I believe

that people often see me (my personality/character) as __________________’. Do you like the way that people see you? (Circle one)

a. yes
b. no

Why?

24. If you could choose three adjectives to describe how other people might describe you, words might include:

a. __________________
b. __________________
c. __________________

26. If you could choose three adjectives to describe how you <u>want</u> other people to see you, words might include:

a. __________________
b. __________________
c. __________________

27. In Q.8, you answered some questions about how you might describe yourself. For example, you said, ‘If I were describing myself to someone I have not met, I would say that I am often __________________’.

Do you think this will always be the case? (Circle one)

a. yes
b. no

Why?

27. When you received your diagnosis of autism, how did it make you feel?

28. If you had a friend who just received a diagnosis of having autism, what advice would you give her/him?

29. If your new friend asked you whether you like having a diagnosis of autism, what would you say:

30. What are some good things about having a diagnosis of autism?

31. What are some things that are not-so-good about having a diagnosis of autism?

32. Are there any things that you would like to change about yourself?

33. If you were to describe 3 things that you love about yourself, what might you say?

34. What could people at school do for you to make your life easier?

35. What could people at home do for you to make your life easier?

If you would prefer to complete Part 1 and/or Part 2 privately, in your own space and time, please email your responses me at: franki.ford@flinders.edu.au. I will then talk briefly with you about your responses via Zoom before completing the final section, part 3 (below).

If you would prefer to complete Part 1 and/or Part 2 via Zoom, please advise. These options are available so that you can participate in ways that make you feel most comfortable.

Appendix D: The Repertory Grid Technique (RGT)

These questions are asked by the researcher in a Zoom interview

Word 1

In Q.1, you answered some questions about how you feel at school.

- You used the word ________.

  Can you say this word in another way?

  How would a ________ person behave?

- Thinking about the word (above), ________ what word could you use to describe its opposite in meaning?

Ask the participant the following:

- If you had to rate how you see yourself now, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?
- If you had to rate how you see yourself in the future, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?
- If you had to rate how others see you, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?

Rate your response as follows: closer to ________ (word) = 1; closer to ________ (its opposite meaning) = 3, or somewhere in the middle = 2

Word 2

In Q.2, you answered some questions about how you feel at home.

- You used the word ________.

  Can you say this word in another way?

  How would a ________ person behave?

- Thinking about the word (above), ________ what word could you use to describe its opposite in meaning?

Ask the participant the following:

- If you had to rate how you see yourself now, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?
- If you had to rate how you see yourself in the future, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?
- If you had to rate how others see you, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?

Rate your response as follows: closer to ________ (word) = 1; closer to ________ (its opposite meaning) = 3, or somewhere in the middle = 2

Word 3

In Q.3, you answered some questions about how you feel when you are with people in your year group at school.

- You used the word ________.

  Can you say this word in another way?

  How would a ________ person behave?
- Thinking about the word (above), ________ what word could you use to describe its opposite in meaning?

Ask the participant the following:

- If you had to rate how you see yourself now, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?
- If you had to rate how you see yourself in the future, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?
- If you had to rate how others see you, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?

Rate your response as follows: closer to ________ (word) = 1; closer to ________ (its opposite meaning) = 3, or somewhere in the middle = 2

Word 4

In section 4, you answered some questions about how you feel when you are with family at home.

- You used the word ________.

  Can you say this word in another way?

  How would a ________ person behave?
- Thinking about the word (above), ________ what word could you use to describe its opposite in meaning?

Ask the participant the following:

- If you had to rate how you see yourself now, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?
- If you had to rate how you see yourself in the future, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?
- If you had to rate how others see you, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?

Rate your response as follows: closer to ________ (word) = 1; closer to ________ (its opposite meaning) = 3, or somewhere in the middle = 2

Word 5

In Q.5, you answered some questions about how you feel when you are alone.

- You used the word ________.

  Can you say this word in another way?

  How would a ________ person behave?
- Thinking about the word (above), ________ what word could you use to describe its opposite in meaning?

Ask the participant the following:

- If you had to rate how you see yourself now, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?

- If you had to rate how you see yourself in the future, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?
- If you had to rate how others see you, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?

Rate your response as follows: closer to ________ (word) = 1; closer to ________ (its opposite meaning) = 3, or somewhere in the middle = 2

Word 6

In Q.6, you answered some questions about how you feel when you are in a group of 5 to 10 people.

- You used the word ________.

  Can you say this word in another way?

  How would a ________ person behave?
- Thinking about the word (above), ________ what word could you use to describe its opposite in meaning?

Ask the participant the following:

- If you had to rate how you see yourself now, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?
- If you had to rate how you see yourself in the future, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?
- If you had to rate how others see you, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?

Rate your response as follows: closer to ________ (word) = 1; closer to ________ (its opposite meaning) = 3, or somewhere in the middle = 2

Word 7

In Q.7, you answered some questions about how other people see you (your personality/character).

- You used the word ________.

  Can you say this word in another way?

  How would a ________ person behave?
- Thinking about the word (above), ________ what word could you use to describe its opposite in meaning?

Ask the participant the following:

- If you had to rate how you see yourself now, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?
- If you had to rate how you see yourself in the future, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?
- If you had to rate how others see you, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?

Rate your response as follows: closer to ________ (word) = 1; closer to ________ (its opposite meaning) = 3, or somewhere in the middle = 2

Word 8

In Q.8, you answered some questions about how you might describe your personality/character to someone, whom you have not met.

- You used the word ________.

  Can you say this word in another way?

  How would a ________ person behave?
- Thinking about the word (above), ________ what word could you use to describe its opposite in meaning?

Ask the participant the following:

- If you had to rate how you see yourself now, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?
- If you had to rate how you see yourself in the future, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?

- If you had to rate how others see you, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?

Rate your response as follows: closer to ________ (word) = 1; closer to ________ (its opposite meaning) = 3, or somewhere in the middle = 2

Word 9

In Q.9, you answered some questions about how people, who know you well, might describe your personality/character.

- You used the word ________.

  Can you say this word in another way?

  How would a ________ person behave?
- Thinking about the word (above), ________ what word could you use to describe its opposite in meaning?

Ask the participant the following:

- If you had to rate how you see yourself now, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?
- If you had to rate how you see yourself in the future, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?
- If you had to rate how others see you, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?

Rate your response as follows: closer to ________ (word) = 1; closer to ________ (its opposite meaning) = 3, or somewhere in the middle = 2

Word 10

Selecting the construct

In Q.10, you answered some questions about how people, who do not know you well, might describe your personality/ character.

- You used the word ________.

  Can you say this word in another way?

How would a ________ person behave?

- Thinking about the word (above), ________ what word could you use to describe its opposite in meaning?

Ask the participant the following:

- If you had to rate how you see yourself now, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?
- If you had to rate how you see yourself in the future, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?
- If you had to rate how others see you, would you say you were closer to being ________ (the selected word) or closer to being ________ (the opposite meaning of the selected word), or somewhere in the middle?

Rate your response as follows: closer to ________ (word) = 1; closer to ________ (its opposite meaning) = 3, or somewhere in the middle = 2

Feedback

This section invites you to reflect on the interview process.

How comfortable did you feel participating in the interview process? (Please provide a rating out of 10, where a score of 1 is the lowest possible score and a score of 10 is the highest possible score) ______

Were the questions in Part 1 and Part 2 easy to understand? (Please provide a rating out of 10, where a score of 1 is the lowest possible score and a score of 10 is the highest possible score) ______

How engaged/interested did you feel during the interview process? (Please provide a rating out of 10, where a score of 1 is the lowest possible score and a score of 10 is the highest possible score) ______

Did you feel safe answering the questions?

If there was one thing you could do to improve the interview process, what would it be?

Is there any further information, which you wish to add about your experience(s) of autism acceptance?

Thank you for participating in this research study

Ms Franki Ford (researcher) Email: franki.ford@flinders.edu.au

Appendix E: Ethics Approval

From: **Human Research Ethics** human.researchethics@flinders.edu.au
Subject: 8643 SBREC approval notice (14 July 2020)
Date: 14 July 2020 at 12:31 pm
To: Franki Ford franki.ford@flinders.edu.au, Julie McMillan julie.mcmillan@flinders.edu.au, Kerry Bissaker kerry.bissaker@flinders.edu.au

HE

Dear Francoise,

Your conditional approval response for project 8643 was reviewed by the Chairperson of the Social and Behavioural Research Ethics Committee (SBREC) and was **approved.** The ethics approval notice can be found below. Please also note the important information regarding COVID-19 Virus below.

APPROVAL NOTICE

Project No.:	**8643**
Project Title:	Experiences of Autism Acceptance in Adolescents with Autism
Principal Researcher:	Ms Francoise Ford
Email:	ford0162@flinders.edu.au
Approval Date:	14 July 2020
Ethics Approval Expiry Date:	**5 March 2022**

The above proposed project has been **approved** on the basis of the information contained in the application, its attachments and the information subsequently provided with the addition of the following comments.

Additional comments:

1. Permissions

   A reminder to please submit the permission from ASPECT to the Committee on receipt.