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# **Social Justice: A Catholic Autistic Perspective**

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Honors Project

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## Background

For my honors project, I intended to explore several questions. How are current approaches to the autistic community falling short of social justice? How does Catholic Social Teaching attempt to fill in some of the gaps for service and respect? Is this successful? How have autistic writers and other writers portrayed the autistic experience? How can I use fiction to respectfully portray the failings of our current system and potential for growth using Catholic Social Teaching?

The autistic community is incredibly diverse. Autistic individuals can have significant gifts in one area and insurmountable challenges in another. Some characteristics are common in many or all autistic individuals. Almost all autistic individuals have some sensory differences (Cesaroni & Garber, 1991). They may experience certain sensory stimuli as more or less intense than others experience it. They may easily become overstimulated by too much sensory information or may seek out intense sensory experiences. Repetitive behaviors, sometimes called stereotypic behaviors or stimming, are a common characteristic across the autistic community (Cesaroni & Garber, 1991). Stimming is not harmful and is involuntary, though many autistics can notice and stop, it is more comfortable to keep going and helps with self-regulation and communicating emotion. Autistic people usually care about the feelings of others but may have trouble predicting feelings or recognizing when someone's words don't mean exactly what they say (Cesaroni & Garber, 1991). Autistic individuals often want to form meaningful connections, but understanding the perspective of others requires a lot more effort for someone on the autism spectrum (Cesaroni & Garber 1991). Neurotypical peers don't often have the patience to work for this relationship. Communication ability varies greatly on the autism spectrum, A person can be completely verbal, but have other challenges in communication, or completely nonverbal and still very able to communicate their needs.

The seven principles of Catholic Social Teaching are as follows (Seven Themes of Catholic Social Teaching, 2019):

- Life and Dignity of the Human Person
- Call to Family, Community and Participation
- Rights and Responsibilities
- Option for the Poor and Vulnerable
- Dignity of Work and the Rights of Workers
- Solidarity
- Care for God's Creation

Of the seven principles of Catholic Social Teaching, six relate directly to the experience of the autistic community. I've chosen to eliminate "Care for God's Creation" because the way it applies—stewardship of individuals who need care—can be included in several other principles. It is only a separate principle to encompass environmental issues, which are only tangentially related to my research questions.

Catholic Social Teaching originates from a variety of sources including writings of popes, bishops, and Vatican scholars, but are supported directly from the Bible, such as the sanctity and dignity of the human person, a principle developed from Genesis, which says that God created mankind in his own image and likeness (Seven Themes of Catholic Social Teaching, 2019). These are reinforced with further teachings in the form of papal encyclicals and other Church documents.

Autistic people are often vulnerable to abuse and trauma, unable to know the intentions of their friends, romantic partners, and caregivers, or sometimes are unable to communicate when something is wrong (Bargiela, S., Steward, R., & Mandy, W., 2016). Dignity of the human person

and option for the poor and vulnerable are both principles at work here, because individuals are vulnerable but need to be treated with dignity and care. Un- and under-employment are common in the autistic community, and it is legal for autistic people to receive less than minimum wage for their work. This connects to the dignity of work and the rights of workers (Burgess, S., & Cimera, R. E., 2014). Autistic people often desire meaningful connections with others but are not always able to initiate and maintain them, or need extra patience to make relationships work, because it takes more effort for them to take another's perspective (Cesaroni & Garber, 1991). This means that it takes more support from the community and family to help autistic people to participate effectively. Studies have shown that mentoring programs are one effective way to help autistic students participate in the community of their college (Ames, M. E., McMorris, C. A., Alli, L. N., & Bebko, J. M., 2015). Mentoring in other communities, including schools, workplaces, and church communities, may help autistics, who struggle to be included. Solidarity is the idea that one community member's joys and sufferings impact the entire community. We are our brother and sister's keeper. Rights and responsibilities also relate to solidarity. All people have certain rights, to have their basic needs met, to be cared for, and to form relationships with others. But with those rights come the responsibility to help others secure their rights, especially the most vulnerable.

I proposed a project of writing a series of short fictional stories that reflect injustices toward the autistic community on a more personal level. My intention in writing this was to include ideas from Catholic Social Teaching as possible solutions to these injustices. Each short story connects directly to a different principle of Catholic Social Teaching, but because of the overlap between the principles, the stories often relate to several or all of them. I planned to complete my proposal Fall Semester of 2019 and complete some additional background reading as well as brainstorm

some ideas about how to begin over winter break. I began writing over winter term and, beginning in January, intended to write a rough draft for two of the six short stories each month, breaking up the writing with revisions and writing my review section and to complete the revisions and review by the end of April. Some of this timeline was compromised when my laptop crashed early in the spring semester, but I was able to complete my project on time.

This project required input from a variety of disciplines. Research on neurodiversity from a neurological perspective, from the angle of speech-language pathology, from social work, and from primary sources of people with lived experience on the spectrum and their families, informed my approach. I gave more weight to autistic perspectives than to those of families. The direction of my project was guided by philosophy and ethics, specifically using Catholic sources.

I used a combination of scientific, peer-reviewed research, lived experience of autistic advocates and family members, and writings on ethics and social justice. I found perspectives on autism from both the behavioral therapy and the speech therapy approach. Literature in the form of memoirs and other communication from autistic people helped with perspective-taking, as I can only speak with my own authority as one autistic person, with unique experience not shared by all autistics. For specific topics, I found widespread problems backed by data, but wrote about the problem on a personal scale with a single autistic main character.

I went through a writing process that attempts to show an autistic voice. I used topics that are data-supported, but I also used creative license to make the story personal. I focused on highlighting injustices and helpful support strategies as well as attitudes that are supportive. I made sure to research autistic communities to find what others' experiences are.

I expected to find that Catholic social teaching advises a more empathic approach to autists. I expected that speech therapy approaches would conform more closely to ethical behavior, while behavioral therapy approaches would be less helpful or ethical. I had these expectations because behavioral therapy attempts to change a person who is different to fit society, while speech therapy attempts to help a person communicate in a way that works for them, whether or not they are able to speak. This allows autistic people to have their needs met, and usually helps a person gain some independence and moderate behaviors that cause difficulty for caregivers.

For the most part, my hypothesis had been supported as I continued to learn about the experiences of autistic people. Behavioral therapy has been an attempt to make a person less autistic, and was once spoken about as a miracle cure for autism (Maurice, 1993). However, I have moderated my view. I now understand that at the time behavioral therapy became popular, it offered more options for teaching autistic people and had more reliable science than the previously popular psychodynamic approach. There are also cases in which behavioral therapy can be used to address harmful behaviors, such as head-banging, that need to be reduced quickly for the safety of the autistic person. Many autistic people with lower support-needs have been treated with behavioral therapy, though their behaviors were not harmful, in order to decrease their autism symptoms. A large number of autistics with lower support-needs recognize trauma and psychological harm from this “therapy” which attacked parts of their natural ways of being and communicating (Welcome to the Autistic Community, 2020).

## Introduction

Autism is a pervasive developmental disability. It is present from the time a person is born, and since it runs in families, it is most likely that it exists in a person's DNA from conception (Bal et. al, 2019). As a pervasive disability, it impacts many aspects of a person's life, including the way they move, communicate, think, and take care of themselves (Welcome to the Autistic Community, 2020). Autism occurs in people of any race, males and females, and lasts throughout the lifespan. Diagnosis tends to happen most to Caucasian males, but there are a variety of factors that can cause this, even if actual prevalence is the same across demographics (Welcome to the Autistic Community, 2020). Both the DSM original diagnostic criteria and most media portrayals of autism are from the original research when the diagnosis was coined. The group studied, on which the diagnostic criteria for autism is based, included only Caucasian boys. To this day, much of autism research is done with only males, or with a number of females too small to make much difference in the results. If there are gender differences, as a recent study suggests, these may prevent diagnosis (Bargiela, 2016).

For other races, marginalization and stereotypes may prevent diagnosis in predominantly Caucasian countries. Language barriers may be blamed for communication struggles, racial stereotypes may lead to autism labeled as misbehavior, or lack of financial resources in families and schools may prevent recognition and diagnosis of autism. My own diagnostic process cost \$300, and this was in a teaching psychological center, where rates are lower. Since average income is lower for people of color, this cost can be a barrier. Very few studies make the extra effort to include girls or women and members of ethnic groups that aren't Caucasian, which are less likely to be diagnosed or reached by research recruitment, leading to the perpetuation of their absence from literature. Autistic children are discussed often in the media and policy decisions, but adults



are not. While some autistic adults learn to mask their autistic traits over time, a person who is born autistic will always be autistic, even if they are never diagnosed.

Autism is a disability, not a disease. While most people with cancer suffer in some way from their disease and want to be cured, autistic people, for the most part, do not. An autistic person might operate differently from others, but autism doesn't cause us pain and suffering. However, with disabilities, we can suffer from a lack of support and accessibility (Welcome to the Autistic Community, 2020). An autistic adult who struggles with executive functioning may suffer if they cannot access the support they need to plan meals, shop, and cook for themselves. An autistic child may suffer from bullying. However, unlike a disease, a developmental disability, especially a pervasive one, can be an important part of a person's identity. Advocating for a "cure" for autism is advocating for changing something integral to the way autistics were created (Welcome to the Autistic Community, 2020).

I'm choosing to use "identity-first" language, instead of "people-first" language. This means I refer to an autistic person as "autistic" not as "person with autism" this is the language used by much of the self-advocacy movement. Unlike cancer or AIDS, diseases for which most people who have them would like a cure, autism is an integral part of many autistic people's identity, and we are proud to include this in our identity.

I am autistic, and like many women, I was diagnosed as an adult (What Women with Autism Want You to Know, 2018). Some of these stories, though fictional, reflect my thinking processes, and the ways people have responded to me at different phases in my life. The main conflicts in the stories usually reflect things I've found by reading research about autism and other people's stories. As an autistic person, I have perspective on what autism means that others outside the community might not. The self-advocacy movement lives by the statement "Nothing about us

without us!” meaning autistic people should be included in all conversations about autism (Welcome to the Autistic Community, 2020).

There are some groups of autistic people whose experiences I didn’t write about. I know what it’s like to be a child and an adult. I know what it’s like to be a student and a worker. I don’t know what it’s like to be a boy or man, but men aren’t considered a marginalized group, and I have taken steps to prevent misrepresenting males as a group in these stories. Stories and perspectives by autistic men are much easier to find than those of women, so I have used these to be informed on these perspectives. I admit that all of these stories are about speaking autistics, though as many as one-third are non-speaking (Welcome to the Autistic Community, 2020). I haven’t used phrases like “high-functioning” or “low functioning” because these phrases are sources of marginalization to the community when they are used to determine who is “disabled enough” to receive services (Welcome to the Autistic Community, 2020). Instead I used “high support needs” and “low support needs,” because we all need support. Most of the people I wrote about have lower educational support needs, but need some help with other tasks, especially relating to other people.

## Stories

### Option for the Poor and Vulnerable

My throat burns and I can't breathe, like when Coach Meyer makes us do suicides in track. My arms start shivering but I can't figure out why because just a few minutes ago I was sweating and doing drills with my teammates. I book it out of the locker room and run towards the entrance by the pool so Coach B won't see me. I'm supposed to call my mom when practice is over, but words aren't coming to my mouth, so I hang up and send a text. "Practice is over. Can you pick me up at the pool entrance today?"

My brain keeps singing lyrics to a song I know. "You're not okay. You've lost your way. You've got bills to pay. You've had a long hard day..." I know every word of the song, but I can't seem to get past that line, so I sing to myself quietly until I see Mom's blue Subaru. When I get in the car, Mom asks how I am, and I tell her I feel cold. I don't really want to talk, so I let her know by looking out my window. I need to take a shower and figure out what to do next.

When I get home, I find pajamas and run to the bathroom, set up another song in my head as a playlist on YouTube, and turn it on repeat as loud as my speaker will go. "The rain came pouring down. When I was drowning, that's when I could finally breathe. And by morning, gone was any trace of you. I think I am finally clean." I put the shower on as hot as possible and use as much soap as I can, scrubbing and singing. Mom's scented body wash is strong, so I usually just use my unscented soap, but I'll use hers instead if it makes me stop smelling like Coach B's cologne. I scrub over and over again until I only smell roses, like Mom. Gone is any trace of Coach B. I think I am finally clean Dad knocks on the door to tell me I'm taking too long, but I don't care today.

When I come out of the bathroom, Mom is just taking a pot of chili off the stove and we sit down to pray. When Dad asks about my day, I tell him about the exam I have tomorrow in bio. Then, I casually mention that I'm quitting basketball; maybe I'll join the swim team instead.

"But you love basketball! Did something happen? Are the girls on the team bothering you, like ballet class? I thought those girls were nicer."

"No, nobody's making fun of me; I just don't want to do it, okay?"

"If someone's bothering you, we can help. Someone else shouldn't make it so you can't do what you want to do. You're a good player, and that would hurt the team."

"I just don't want to do it anymore. Why is it such an issue?"

"Young lady, don't lie to me. Tell me what's wrong or you're going to bed without dinner."

"Okay, I won't eat!" I retort, putting my spoon down and sliding my chair back from the table.

In my room with the door closed, I put my headphones on as loud as I can stand, still playing the same song. I sit down and try to do homework on my bed, but I can't seem to focus. I'm lying across my bed sideways and drifting into a nap with my music still blaring, so I don't hear you knock on the door. I jerk awake to you sitting on my bed next to me. I take my headphones off and pause the music. You turn towards me and stare at the wall behind me so I won't have to look into your eyeballs and I'm thankful. You hand me a piping hot bowl of chili.

"You know you can tell me anything, right little sis?"

"It's a long story."

“I’ve got time. Will you please tell me why you’re hurting?”

“You have to promise me three things.” I list them off on my fingers.

“I’m listening.”

“First, you have to promise not to tell anyone.”

“That’s fair, but I’d like to compromise. I know you rock back and forth like that when something’s wrong, so I don’t want to make that promise. How about I promise only to tell someone if you need help getting safe?”

“Okay, I guess. Maybe I’m not sure if I want to tell you.”

“Joanie, please, I love you and want to protect you. What else do I have to promise?”

“Not to hurt anyone.” I remember the story in the Bible when one of David’s sons took advantage of his sister, and her other brother came and killed him. That’s something Aaron might do. Once I told him Max wouldn’t stop picking on me and they got in a fight after school. Aaron isn’t much of a fighter, but he’s three years older than us, so he was three years bigger than Max. After that, Aaron had to stay home from school for a few days, and Max’s face had a purple spot on it.

“Joanie, sometimes I get angry enough to hurt someone if you’re in danger, but because you don’t want it, I promise I won’t. But I will help you get safe. What else?”

“Promise you’ll believe me.”

“Sis, you don’t tell lies about things like this, so I think you’re telling the truth. I completely believe you.”

My eyes begin to water and I play another song on my phone with the lyrics scrolling, but I change a few words when I sing it. “Why didn’t anyone believe a single word when you said it was your basketball coach. You’re only fifteen. Life goes on, who knows you probably brought this on yourself, it’s better not to tell.”

Your eyes start to water, and in the last verse, you read the lyrics off my phone and replace “Brother” with my name: “Joanie, there is freedom for you to cry. Joanie, I will listen to you tonight, to the truth. Joanie, I pray, you can begin to breathe. Joanie, don’t be afraid to speak. I’m listening.” Then you tell me, “I promise you, I’m here to listen, tell me what happened, and I’ll be there.”

So I start to ramble about how Coach B called me out and said he wanted me to stay after practice, like he’s been doing the past few weeks. He held my shoulders the way he does to try to shape me into correct form. I shrug my shoulders up to my ears as I tell this part of the story. We kept practicing shots, and I made more of them than usual. Staying a few minutes after worked, and my skills were improving. I thought I was going to be a star player because Coach took extra time to help me. When I went into the locker room to get my bag and put my sweats back on, all my teammates had already left.

“I want to show you something,” Coach had said, locking the door so no one could come in from the outside. Instead of taking his shirt off and asking for a back rub, like he had been for a few weeks, he undid his belt buckle and slid his pants down.

I begin to stammer in telling the story and look down at my fuzzy socks. They have dogs in Christmas sweaters on them.

“After that, I just looked at a scratch in the blue paint on the lockers and waited for it to be over. He said not to tell anyone.”

“Joanie, thank you for telling me. That was really brave.” You hug me, “We do have to tell Mom and Dad though. That wasn’t your sin, but I know it hurt you. I don’t want to ever let it happen to anyone again,” you explain. “Do you want to tell them, or should I?”

“You can tell them.” I look at the ceiling and wait for it to be over.

“Okay, I’ll be right back.” I hear your voice coming from the living room, “Mom, Dad. Joanie and I need to talk to you about something. Can you come to her room?”

In the conversation that happens next, I call our dog, Sadie, to come sit with me. I set her on my lap and try to ignore what you’re telling our parents. Mom cries. She looks at my face and asks, “Is this really true?” I look at the wall behind her and nod my head.

Dad turns red at some points, but when I ask if he’s angry with me, he says “No.” You sit next to me, with your big arms holding me the whole time as I shiver, covered in sweat. Mom and Dad keep looking at me, but I just close my eyes and try not to hear you as you tell everything I told you. Finally, Mom stands up and looks at me. I look at the ceiling as she says, “Sweetheart, I know you’re tired, but we need to see your doctor and talk to the police tonight. Coach B broke the rules and hurt you, and we have to make sure that he never hurts another girl like that again.”

When we get to the emergency room, I have to talk to a lady with silver hair who smells like baby powder. I ask her if you can come with me, and she says you can. She asks me a lot of questions about my school, my family, and Coach B. I have to tell her all over again everything that happened, right from the beginning. I really want to bury my face in your shirt. After that, I have to have some shots and tell the story again and again. I want to go home, but you say I'm being really brave. A lady walks in with a box and asks if I want to do an exam. She says I can stop at any time and can say no to any part of it, so I say okay. She leaves and takes you with her so I can put on a hospital gown, but you come back right away once I'm dressed.

"How are you doing, little sis?" I look at a painting on the wall with dogs riding bicycles.

"I want to go home. My stomach hurts."

"Okay. I know this is a long process and you've had to talk a lot. Is there something we can do to make it easier?" You put your hand on my shoulder. I don't scrunch my shoulders up now, like I did when Coach B did it, because this is different.

"Just sit by me, okay? Do you think I'll have to go to school tomorrow?"

"I don't think Coach B is coming back to school again. Do you want to stay home and rest?"

"Yeah."

When the woman comes back in, she puts a giant Q-tip in my mouth. She looks at my back and my scalp, cleans my fingernails, and looks all over my body. She keeps putting things in little



bottles and envelopes, then putting them back into the box. Then, she asks if she can look at my privates. I say “No,” so the exam is over. Mom and I have to talk to the police.

When I finally get home, I’m really sleepy and hungry. I realize I never ate my chili. Mom makes me a grilled cheese and I ask if I have to go to school tomorrow. She says “No, I think we can all play hooky and watch some movies tomorrow. How does that sound?”

“Okay.” I know since *Lady and the Tramp* is my favorite movie, you will make sure we watch it at least once. “Are you still mad at me?” I ask her.

“When was I mad at you?” she smiles.

“At dinner,” I turn my head down and look at my lap.

“Sweetheart, I was angry because I didn’t want you to see that I was scared. At dinner, I didn’t know what was wrong, and that scared me. Now that I know, I’m not angry at you. I’m angry for you. I don’t want you to be hurt like this.” She walks around the breakfast bar and squeezes me from the side. “I will always be on your side and want to protect you, even when you’re all grown up and live far away.”

I haven’t done any homework, but could fall asleep anywhere. Mom lets me sleep on your bedroom floor. When I lie down in the dark, I know I’ll be okay and safe, and you would fight anyone to protect me.

#### Analysis

In Catholic Social Teaching, preferential options for the poor and vulnerable is an important principle. Those who are most vulnerable and least able to defend themselves, we

believe, should be treated with special protection and advocacy (Seven Themes of Catholic Social Teaching, 2019). This includes having systems in place to protect autistics from sexual abuse.

According to a recent qualitative study, late-diagnosed autistic women are particularly vulnerable to sexual abuse (Bargiela, 2016). Answers are speculative as to why this is. We already know it is harder for autistics to work out another person's intentions, but it isn't certain whether it accounts for the difference (Cesaroni & Garber, 1991). While other women might recognize a man as acting "creepy" and intending to take advantage of her, an autistic woman may not. Autistic women also tend to mirror others' behavior, whether or not they mean to reciprocate emotions. If someone else gives a friendly smile, an autistic girl or woman is likely to smile back, even if she isn't feeling happy or friendly. In romantic situations, too, an autistic woman may reciprocate flirting, when she doesn't even recognize that she and the other person are behaving romantically (What Women with Autism Want You to Know, 2018). Another person, most often a man, may receive an unintended message of romantic interest and in some cases, that person may fail to understand or ask whether the autistic person is really intending this message. Much of dating is made up of nonverbal signals and innuendos, which an autistic may fail to recognize.

In the case of Coach B, in this story, he knew that his behavior was inappropriate. It is never okay, no matter what a youth communicates, for an adult to behave sexually towards a youth. However, as was noted in the story, Joanie, like many autistics, was unable to express her distaste early in the situation, though she did not like some of his less obvious forms of physical touch. Late-diagnosed or undiagnosed autistic women have a tendency to be more passive in uncomfortable situations, not always being assertive or able to self-advocate (Bargiela, 2016). Autistic women often work on and improve these skills after a diagnosis (What Women with Autism Want You to Know, 2018). Because Joanie was unable to stand up for herself in the

beginning, Coach B may have guessed that she also would not be assertive and stand up for herself against outright abuse. This isn't to say her behavior caused the abuse, but that Joanie ought to receive extra protection, advocacy, and education, so she could be protected from abuse.

Option for the poor and vulnerable says that someone who is more vulnerable, as we know autistic women are, should be given more protection, simply because they have more need of it (Seven Themes of Catholic Social Teaching, 2019). This could be done on an institutional level by educating parents and anyone working with autistic children on the higher risk of these children experiencing sexual abuse, and how to identify the signs of abuse or an adult grooming a child for abuse. In my middle school youth group, we were given age-appropriate lessons about our body boundaries, what an adult might do to groom us for abuse, and how to speak up about sexual abuse. We even had assignments to think and talk about which adults we might feel safe talking to if we felt unsafe. Making sure this is in the curriculum of both special education and mainstream classrooms, with curriculum fit to different grade levels and developmental ability, could go a long way in protecting children. On the individual level, allies of the autistic community can be aware of these differences and step in if they see signs of abuse.

For adults, advocacy can go in a different direction. Since sexual assault perpetrators are usually known to the victim, it can be helpful for a friend to say something to an autistic person if a situation seems unsafe. The autistic person might not recognize the signs of abuse or "creepy" body language that indicate a person's intentions, and many neurotypicals can prevent assault at this point. It's always right, regardless of neurotype, to step in when it looks like a person may be in an unsafe situation, including if she may have been drugged, if another person is trying to separate her from a safe group of friends, or if she is being pressured to leave when she isn't in a state to consent.

Additionally, communicating what has happened after a sexual assault or any instance of abuse may be harder for autistics. When I worked at Bittersweet Farms, a residential facility for adults on the spectrum with higher support needs who are unable to live independently, we had a rule to help keep our clients safe from physical abuse. If we saw an injury, such as a cut or scratch longer than two inches or a bruise larger than a quarter, we were required to submit a report, so it could be investigated whether the client had been physically abused, neglected, or simply had some sort of accident while working. For autistic children with lower support needs, having conversations about how they can talk about abuse—that it isn't their fault, and they won't be in trouble if they speak up—is important. Many late-diagnosed autistic women don't understand that they are allowed to say no to unwanted advances, and might not know how to speak up about abusive situations (Bargiela, 2016). In the story, Joanie isn't sure if she wants to tell Aaron or her parents that she had experienced sexual abuse. She wasn't sure if her parents would blame or be angry with her. Because reading emotions is harder for her, she also is worried when abuse is first disclosed, that her dad is angry with her. Later on, she asks again about dinner time, concerned her mother was angry with her for not wanting to talk about the abuse. Retelling the story was especially frightening for her, and telling it over and over again in one night was difficult.

Joanie also displays signs of alexithymia, which often occurs in autistic people (Bruggink, et. al, 2016). Alexithymia is difficulty putting words to feelings (Young, 2019). For people with alexithymia, strong emotions may be communicated in somatic symptoms, like when Joanie has a stomachache or feels physically very sleepy (Young, 2019). Joanie also uses echolalia to compensate for her difficulty, quoting songs over and over in telling this story, usually with the songs corresponding to the emotions she's trying to express. Echolalia is when someone with speech or language difficulties, including autism, repeats words they've heard from other people,

songs, or shows and movies. This can be done to communicate, or just because the sounds are a pleasant sensory stimulation (Welcome to the Autistic Community, 2020).

In the story, having one safe, protective person on her side to listen and believe her meant the world to Joanie. While her parents were angry with her hiding, Aaron saw that she was hurting and used a gentler approach. I used the words “I’m listening” for Aaron because more than having the right words, this is what survivors need most. Aaron chooses to listen first, and speak later. He also keeps himself calm in order to be present to his sister, though he felt angry. Anger isn’t always helpful, but continued presence, support, and validation is what is most needed. Catholic Social Teaching is based on a God who became human, who experienced the wounds of being human, so he could sit with the hurting with empathy. Just like Aaron, we’re called to do the same. Before trying to fix the problem, Aaron sat with Joanie and said, “I’m listening.” He cared for her in her hurt and vulnerability and treated her in a compassionate and protective way. He didn’t leave when things were difficult. He didn’t treat her like an opponent when sharing was hard, but probed gently, and was present providing comfort and being her advocate.

What an autistic person, especially a young person, in a vulnerable situation needs are calm and listening. Empathy, not anger or extreme emotion, are important to make disclosure feel safe. Aaron feels a lot of anger, because he is protective of Joanie. We know this from an incident Joanie mentioned about him hitting another student in Joanie’s class. Being able to calm one’s own emotional responses can be difficult, but it’s important for allies to do with the autistic community because a harsh reaction can make an autistic person think the anger is directed at them, not at the situation. Most important are listening, believing, and being present to advocate for the person.

## Call to Family, Community, and Participation

### Charlie

“Charlie germs—no gives!” Sheila shouts across the back of the bus. I stare out the back window, pretending not to hear when she gives Sam the “disease” of a touch from me. I was lucky today. I got to the bus before Krystal, a little second-grader they always save a seat for, so I got to sit down before they could manage to set up a “bookbag seat” to exclude me.

The two girls, Nicole and Emma, are talking about their summer vacations in the seat next to mine. Emma’s family drove to the Grand Canyon. “I read a book about the Grand Canyon,” I pipe up. “Did you know the Colorado River is called that because it means ‘color-red’ and all the dirt from the canyon walls used to turn the river dark red?” I ask, trying to share my knowledge and join them.

Nicole looks straight at my eyes, and I look at the floor. “Stop butting in on other people’s conversations!” She yells at me, then turns her back on me, looking at Emma, “Your drive was really long. What was the best thing you saw on the way?”

I turn back, looking out the window and hear Sheila talking to Andrew, “Can you believe she tried to sit next to me at lunch today? Eww. What made her think anyone would want to sit with her?” My eyes start to sting and I look away.

Out the window, I’m relieved to see the tree at the end of my driveway down the road. I put my bookbag back on and stand up to go. As I step out into the aisle, Chris sticks his leg out to trip me. I tumble to the ground, sticking my hands out to break my fall. My palms dirty from the floor, I wipe my eyes with the backs of my hands and run to the front.

“Walk, please!” Beth, our bus driver, shouts as I stumble to the front. I look away so she won’t see the splotches on my face.

“Thank you,” I mumble as I climb off the bus before running up the driveway.

I turn off the beeping alarm and let our dog, Max, out the back door. The clock on the kitchen counter says 2:40. I have 30 minutes before my sister, Megan, gets home from the middle school. I run to use the bathroom and wash the dirt of the bus floor off my hands and face. There’s a little blue mark on my forehead, but I’ll come up with a story to explain that I got that at recess.

In my bedroom, I curl up in the little corner by the window with my favorite blanket. “Jesus,” I pray, “make it stop. Help me be braver and better at making friends.” I lie there for a few minutes, praying and letting myself cry for a moment, then I think I hear something. I can’t let Megan see me like this. I run to the bathroom again.

With some cold water, the splotches on my face fade in a few minutes.

My stomach is growling, but I know I have to have self-control. I grab an apple from the kitchen counter and a jar of peanut butter. I use the apple cutter to make little slices, then take just a spoonful of peanut butter to go with it. I’m sitting at the kitchen table when Megan walks in, “Jeez, do you ever stop eating? That’s probably why nobody likes you; you’re fat and greedy.”

“I’m hungry. I’m allowed to eat a snack when I get home from school. Why do you hate me?”

“I don’t hate you. I’m trying to help you. Do you want to have friends, or not?”

“I DON’T NEED YOUR HELP!” but I know I do. I don’t know why nobody likes me. I don’t know how to find someone to play with at recess. But I also want my sister to be my friend. I hate that I’m always wrong. “I HATE YOU!”

I’m sitting on the couch reading a book when Dad gets home from work. Mom is already home and cutting up vegetables for salad in the kitchen. “What happened to your head?” he asks as he sits down and turns on the TV. *Should I tell him? No, he’ll never understand. He’ll probably say it’s my fault.*

“I fell off the monkey bars at recess.”

“Hmmm,” he flips to his favorite news channel, “strange that the school didn’t call if you hit your head.”

“The noon-aids didn’t see it. But it’s okay; it didn’t really hurt.” Dad stares at the reporter, telling a story about some shooting that happened in the city last night. The conversation is over. In a few minutes, his eyes are closed, and he starts to snore. With his chest rising and falling, he reminds me of a bear I’ve seen in a cartoon—loud, huge, and covered in hair.

I go back to reading for a while, trying to block out the sound of the TV, then decide to go to my room to get my soft purple blanket. As I walk past Megan’s room, she looks at me. I look away. “Did you really wear that to school?”

I look down at my black stretch pants and red sweater. “Yes. Why do you care?”



“I don’t know. Most fifth-graders probably wear jeans and don’t wear sweaters that belonged to their cousins in the ’90s. Why don’t you ask Mom to get you a pair of jeans and a hoodie?”

“I don’t like jeans. They pinch my legs and feel so stiff. I can’t even sit down! And I like this sweater. It’s my favorite. Feel how soft it is.”

She touches it. I start to walk away, but she grabs on. “Let go of me!” I shout, pulling away. I hear a ripping sound and see a hole growing between my sleeve and the rest of my shirt. “Stop it!” I cry, grabbing onto Megan’s arm and pulling it away until she lets go.

“Ow!” she screams, and I let go of her arm. As we pull apart, I see nail marks on her arm.

“I didn’t mean to! I’m sorry!” I look around, trying to figure out how to keep her quiet. Then I see in the doorway. We’ve awakened the bear.

I step backwards, looking at my feet, but Daddy leans down, bringing his face close to mine and forces my chin up so we’re eye to eye. I look at his forehead. I can smell his breath as he roars, “Do you act like this at school? Maybe that’s why you don’t have any friends!”

*He knows.* Embarrassed, I look back at my feet again. “I didn’t mean to! Look, she ripped a hole in my favorite sweater! Can Mommy fix it?” I’d been trying for weeks to build up the courage to tell him how bad school really was, but at this moment, I gave up. He had seen me vulnerable and used it as a weapon of attack. He is no longer on my side.

“That old thing’s junk anyway. Can’t you let anything go?” Running out of the room, I see my mom standing in the hallway, listening to us as we talked. *Why didn’t she help me?* I wonder.

“Bill,” she murmurs. My dad walks over to talk to her. I can’t tell what they’re saying, but they sound like the low growl of our dog, Max, when the mailman comes. I go to my room and change my clothes before taking my sweater to the pile next to my mom’s sewing basket.

Back in my bedroom, I lock my door and cry into my pillow until Mom calls me to dinner. *How did they know the kids don’t like me?* I never cried in front of them. I always cleaned the dirt off my face. Did my teacher tell? Or Mrs. Smith, the counselor who is always trying to teach me how to make friends? I know how to make friends, but everyone in my class is mean and plays “Charlie Germs” instead. Why can’t anyone see that I’m not the problem and I don’t need to be fixed?

The next day when the bell rings, I grab my backpack and fill it up quickly. When I get on the bus, a skinny third grader with straight, brown hair moves her book bag onto her lap. “Do you want to sit with me?”

“Yeah,” I nod, then look at my shoes.

“My name’s Ryann,” she sticks out her hand

“I’m Charlie,” I look at my brown boots.

“I know.” I sit down. Mackenzie walks past and taps my shoulder to give Nikki my germs.

“Won’t you quit it?” Ryann asks. Her face twists up like my dad does when I fight with Megan. I flinch backwards.

“Are you angry with me?”

“No, I just wish they’d quit. Don’t listen to them. What’s your book about?”

“It’s about a girl in a fantasy world. At her home, her parents beat her up and her siblings make fun of her. Then one day a horse comes and rescues her and takes her to a place for people with special gifts. I’ve read it seven times.”

“Why do you like it so much?”

“Nobody likes Leah, then one day she gets to go somewhere where she belongs and people want her. She’s special. And I think it would be so cool to learn to do magic. Leah can always tell what anyone is feeling, kind of like a superpower. I wish I could do that.”

“That’s really cool. I think if I could do magic, I’d want to be able to talk to animals”

“I used to have a cat named Jerry who could talk.”

“No way!”

“Yeah. He used to stand by the door and yowl ‘Want-out, want-out’ or he’d go to his dish and yell ‘water, water.’ Then, in the middle of the night, he’d go into the basement and scream through the heater vents, ‘I’m home, I’m home, I’m home’ and wake us all up.”

Ryann tilts her head back and laughs. “How did you teach him to do that?”

“We didn’t. My mom used to ask him if he wanted out, or if he wanted water, and I think he just copied her. My dad always says ‘I’m home’ when he gets back from work.”

“That’s so cool! I have two dogs and a cat. Maybe you can come over and meet them!”

Ryann tells me about her animals. Soon, we arrive at my house. The bus stops and I get off.

**Ryann**

When my mom gets home with my baby brother, Matthias, she takes some cookies and milk out of the fridge for our snack. “I made a friend on the bus today. There’s a girl who lives down the street and one of the boys tripped her on purpose yesterday. She’s in fifth grade, but they all put bookbags in the back of the bus so there’s no room for her. Can I have her over after school on Thursday when you’re off work?”

“That’s a good idea. I’ll have to talk to her parents first. What’s her name?”

“Charlie Miller.”

“What is she like?”

“She likes to talk about books a lot. She seems really smart. She doesn’t seem mean, but none of the fifth graders like her. She doesn’t like to look at me, like maybe she’s scared to talk or something. Maybe she’s scared I’ll be mean to her too.” Mom looks up the phone number in the school directory.

### **Charlie**

At 5:30, the phone rings. I run to see who it is; Mom reaches the phone first and answers it. I listen for a minute. “Will you be home then?... Yes? How old is she? Okay?” Mom turns to me, “Have you met a girl on your bus named Ryann?”

“She’s my friend. She lives at Bonnie’s old house. She’s a third grader.”

“Do you want to go to her house to play after school on Thursday?”

“Uh-huh,” I nod.

“You have friends!” Megan gasps. I don’t answer. I know she’s trying to hurt me.

The next day at lunch, I sit in my usual seat, at the end of a table where the boys in robotics club sit. I don't really like robotics, so nobody is ever angry with me because I never try to talk to them. Ryann comes and sits next to me. "Can I join you?" she asks.

"Sure," I smile. She sits down and asks about my older sister. She tells me about her adorable baby brother. We're laughing and talking so much; I almost don't have time to finish my lunch. At recess, Ryann introduces me to some of her third-grade friends. We play a game of catching as many ladybugs as we can and collecting them in a little area, but they keep flying away and moving, so we lose track of count. When the bell rings, I don't really want to go in and say goodbye to my new friends, but I know I'll get to visit Ryann tonight.

#### Analysis

Call to family, community, and participation is a principle that claims that people are sacred and created for relationship with God, but also with each other (Seven Themes of Catholic Social Teaching, 2019). No person is meant to be an island. When children aren't educated on how to respond to differences, they can be especially cruel in choosing to exclude others. Autistic individuals across the board report that they were bullied severely in childhood (Balfe & Tantam). Many attempt to distance themselves from the diagnosis of "autism" or "different" as a young person to avoid social sanctions for being different (Baines, 2012). When adults don't understand someone's difference, or assume that autism is a diagnosis only children have, they can end up doing the same thing, expecting that others should know the same rules they do. For example, Charlie struggled with knowing where she was welcome in conversation and sometimes would jump in uninvited.

Because of Charlie's differences, the other kids created a game to exclude her and punish those who associate with her. While this is explicit in kids, adults have ways of socially poisoning

a person who is different as well. Somehow, Ryann saw Charlie with compassion, perhaps taught by her mother how to accept differences. With children, parents are responsible for instilling this compassion for others. Adults need to practice self-awareness and work to grow in these skills over time.

Another part of this principle is the call to family. Family is meant to be a shelter for children to grow safely and learn morality where their own human dignity is affirmed (Seven Themes of Catholic Social Teaching, 2019). A hostile family environment, where a child with a disability is seen as a problem to be fixed, does not affirm that dignity, but does the opposite. When children have a diagnosis, this perspective is encouraged by organizations like Autism Speaks and therapies like Applied Behavior Analysis (ABA), which originated with the goal of “curing” autism, and often portray the birth of an autistic child as a tragedy for the family (Maurice, 1993). ABA originated when the prevailing view of autism was that it was similar to childhood schizophrenia, a detachment from reality, rather than a difference in social skills and sensory perception (Barron & Barron, 2002) For families without a diagnosis, attempts to “fix” a child can appear as attempts to help, like when Megan offers criticism to help Charlie fit in, or when her dad points out behaviors that could make other kids dislike her. While these may have good intentions, they are harmful to a child’s sense of dignity and worth.

Both children and adults on the autism spectrum are capable of having friendships and meaningful reciprocal relationships, but need varying levels of understanding and support. Call to family, community, and participation doesn’t mean forcing someone into a box so others will accept them. It means supporting them in attempts at reciprocal friendship, but being gentle when giving feedback in a loving and not overly critical way.

## Solidarity

*Why did I even come this week?* I ask for the tenth time since I got here. It was a stupid choice for me to put my slip of paper in the bowl. I didn't know this was happening. Sean, our campus minister, looks around and explains the activity.

“As we stand in this circle, all of you will have your eyes closed. I'm going to read some common college student struggles I wrote and any that you've added to the bowl. If I read out something that you struggle with or have wrestled with in the past, I want you to open your eyes. Then, you can look around and see who else has struggled with the same thing. No one has to open their eyes, but I encourage you to do this and be open because we do better when we struggle together.” I look around the circle to see who's there. A few girls live in my residence hall. Some of the kids gave talks at the retreat in the fall. Next to me is Emily, a girl who knows my story already because we talked about it one Sunday night while we were walking home from Mass.

As we close our eyes, I feel my stomach doing gymnastic flips. I just feel like running away to hide, to be invisible and disappear like I've always tried to do. I really want to be sick. Except I don't want to. Not really, not anymore. I want to be visible; I just want to be safe, too. Sean begins reading off struggles. Losing a loved one. Failing a class. Roommate troubles. Breakups. Sex outside of marriage. Discerning a religious vocation. Pornography and masturbation. Feeling unwanted. Depression. Anxiety. Suicide. Chronic illness. Sexual assault. Finally, he reads off mine.

“If you struggle or have ever struggled with an eating disorder, open your eyes.” *Can I do it?* I look up and see three sets of eyes around the circle, including Emily's roommate, Sarah, and

Rachel, an alum who works in the church office and still comes to our student nights sometimes. It's just a moment, but now I'm not alone.

When the activity is over, we open our eyes and close in prayer. I run up to Sarah, "I'm so sorry. I had no idea!"

"I should have told you; I was just so scared! I think I'll be okay now."

We hug for a long time and decide to get coffee later that week. Maybe, just maybe, we'll be able to find a way out of this.

It's been a few months since we had that activity. I've still been involved in the church, but it's been harder to keep up with events. I wake up late today, at 10 am. It's a Friday, and I don't have class, so I have all day to study. I know my economics final is going to kill my grade no matter what I do. Just one more week, and I can go home for Christmas break. I take a hot shower, but I can't seem to get warm. When I'm done, I start making notecards on my bedroom floor, and after a couple of hours of making notecards and working on my philosophy paper, I'm feeling kind of funny and lightheaded. I put on my winter coat and head out.

At Starbucks I buy a skim milk latte with nothing fancy. Sixty-five calories. I would buy it black, but I just can't do that yet. I keep my coat on, even though the line is long. I go back outside and walk to the church. In the student library, everyone is quiet and focused on their work. I choose the seat closest to the radiator, but when I take my gloves off and hold my hands up to it, my fingers are ice cold. I pull out my notecards and start flipping through them. There's a few that I already know, so I split them up into piles, but I can't seem to learn them. I'm trying to focus, but



thinking feels like trying to see through a thick fog. I drink about half my latte, and my head seems to clear up enough for me to work.

I manage to learn all of my notecards and do some revisions on my paper before I can't anymore. I just got so cold, and my brain won't work. *I can't do this.* I decide to take a walk down the hall. I feel kind of dizzy when I get to Rachel's office.

I knock on the door of Rachel's office and she lets me in. "Hi Alyssa, how are you?"

"I need to talk to you about something,"

"Yeah?" She closes the door and I look in her direction

"You opened your eyes when Sean said eating disorders. Do you have one too?" She sits down.

"I had one when I was in college, but I'm doing a lot better now. I saw your eyes open. Are you still struggling?"

"I thought I was doing better, but I'm not sure anymore. It was all good when I was running in the summer. Now, every time I eat, I just want to be sick. So, I haven't been eating much. I'm trying to study, but my brain won't work," I admit. I look at the window of her office.

"What have you eaten today?"

"A skim milk latte from Starbucks. It helped me study for a little while, but now I can't." She looks at her watch and wrinkles her forehead. Then she stands up.

"Do you still have meal swipes on your dining card?"

“Yeah, I have too many. My mom buys them and she doesn’t know about the problem” Rachel moves the magnet on her board to “I’ll be back” as we leave the office. Outside, the sky is getting dark. We walk together to the dining hall and I swipe us both in. Rachel tells me I should get some juice right away to help my blood sugar. When we sit down, she gives feedback on my portion sizes, suggesting I might need some more carbs. We eat together, and somehow, that’s less scary. She insists we both get ice cream afterwards. I feel full, but not about to burst. When we go back to her office, we start to talk about the problem again.

“Have you ever been to counseling for this?” she asks. I sigh.

“Sort of, but they just put me in a group; then I was with a lady who just wanted to talk about what my dad did when I was little. I guess it got better on its own for a while, but now it’s not.”

“I know a psychologist at the counseling center who specializes in eating disorders. I think she’s still there. She helped me when I was in college, and she can help you too. Do you think you could take yourself to walk-in hours?” Her head tilts a little bit.

“I want to, and I did it before with somebody, but I think I’d probably just keep putting it off.” She pulls out her calendar and we talk about dates for my finals. We decide Tuesday would be good for us to go to walk-in hours.

On Tuesday, I meet Rachel in her office. My friend Dominic is there, but Rachel tells him we have plans together, so he leaves. We walk together to campus, and she sits down in a seat, waiting for me to check in. There are many people, but the whole room is quiet. There’s a puzzle on the table and magazines strewn across a few others. After I check in, I sit down next to Rachel

and fill out some forms. We wait for a long time, sitting in silence, but I know she's there, so I'm a little less scared. When they call my name, Rachel stays in her seat, but I know she'll be there when I come out and it's okay.

### Analysis

As I become more and more involved in the autistic community, it continues to surprise me how many women's stories sound like this. Many autistic women seek services for other mental health conditions, and their autism continues to go undetected, instead receiving diagnoses of bipolar disorder or borderline personality disorder. Eating disorders are an especially common way that autistic women internalize their difficulties (Bargiela, 2016). There are a lot of ideas on why this is, and more research needs to be done. Some autistics have aversions to certain foods and tend to have a restrictive diet. Additionally, perfectionism and a need for structure are common in the autistic community. In puberty, when kids are beginning to form their identities, messages about weight control are part of the conversation around them, and eventually their inner dialogue, about what it means to be female and beautiful (Body Image & Eating Disorders, n.d.). Rigid thinking, perfectionism, and the experience of being bullied in school are all risk factors for eating disorders, but these are also known autistic traits (Risk Factors, n.d.)

“Restricted interests” also called “special interests” are something a lot of autistic people have. This is a type of interest in which the person would prefer to spend a lot of time thinking, learning, and talking about it, and is likely to know much more than others about it. A restricted interest in health or sports can get out of control and become the opposite of healthy. Most of the time, special interests can be enjoyable and help us understand the world better, but not always. Alyssa's special interest is in diet and weight loss, and it causes her to work in a perfectionistic way to lose weight, which puts her in danger.

Alyssa displays a lot of common characteristics of autistic women. Instead of acknowledging the emotion of vulnerability, she can only communicate a physical feeling, needing to run away or be sick. This physical sensation of anxiety could contribute to her eating disorder. On a Friday, a day without the structure of classes, Alyssa throws herself intensely into studying, intentionally missing meals and spending the time on economics instead. This is likely an academic form of perfectionism. Alyssa doesn't show many external signs of autism, but camouflaging autistic traits is especially common in women (Bargiela, 2016). This is shown in choosing to do hidden things like being sick in the bathroom, or having socially acceptable outlets for intense interests, such as athletic or academic success.

Eating disorders aren't the only comorbid mental health condition that commonly occurs with autism. Depression and anxiety are much more common in autistics than in others (Bruggink, 2016). Importantly, social connection is integral to recovery from most mental health disorders. Eating disorders thrive on isolation, and the social difficulties of autism can make it much harder to reach out and have that social connectedness. In this story, a community activity helped Alyssa, who was engaged in her church community already, to escape the secrecy and isolation surrounding her eating disorder. For a person who had just a little less social connection, it would be much more dangerous.

The eye-opening activity that led to an end of secrecy was the first step out of isolation for Alyssa. When others had opened up, suddenly, she had the resources to reach out and get help. Rachel comes alongside Alyssa in solidarity, listening and sharing vulnerably herself. The principle of solidarity is the idea that when a neighbor is struggling, it is our problem. Rachel puts down her work because Alyssa's struggle matters to the entire community, even if it's unknown to most of them. She attends to the immediate need for food and offers some feedback to help her

know what normal eating is. Rachel helps navigate the counseling system to get her the right kind of help. Having one or two allies is an incredible factor for recovery. After being vulnerable initially to invite Alyssa to open up, the best thing Rachel does is to just create space and listen, and to be able to sit with Alyssa in a moment of crisis to help bring her to a calmer state.

Mentoring programs have been successful tools for some universities to support students on the autism spectrum (Ames, McMorris, Alli, & Bebko, 2015). The transition to college can be difficult, but most of these students can often access academic supports, like BGSU's Learning Commons, on their own (Ames, et al., 2015). Mentoring programs are often sought out, in schools where they exist, by those who struggle with the social aspects and atmosphere of college, as well as those with mental health struggles (Ames, et al., 2015). In a school where this was implemented, many of the students in the program were helped to access university counseling services (Ames, et al., 2015).

In this story, Rachel served as a mentor. She was a familiar person with whom Alyssa was already comfortable who entered into the crisis alongside her with calm and compassion. Rachel helped her access resources and get well. Going to counseling for the first time, or after being away, can be frightening alone, but with a friend, Alyssa was able to do it. She also needed some help navigating the system of the counseling center and finding the right type of care, saying she'd gone to the school's services before, but had not been able to receive the services she needed. Systems like this can be confusing to an autistic person and harder to understand. Joining with someone in their mental health or other struggles, as was demonstrated by Rachel, is an important way to live out the principle of solidarity by coming alongside our neighbors.

## Dignity of Work and the Rights of Workers

I look up at the clock. 2:55. I have one more hour before second shift comes in. My lower back is starting to ache, and my feet are tired from standing in one place for seven hours.

“Hi, how are you?” I smile as a customer walks up to my register. I begin scanning her food as she puts it on the counter. Refrigerated in one bag; boxes in another. I’m really good at bagging items properly, just as I was trained, and my manager, Karen, says I always do a great job of it. “Do you have a discount card?” I ask.

“No,” she replies. I continue scanning.

“Did you find everything you need today?”

“Actually, wait. I forgot something.” She rushes off, leaving me with a full counter and a cart. That’s not how it’s supposed to go. We’re supposed to ask so that if there’s something they can’t find, a stock associate can help. We don’t have time to wait around with a full counter while a customer keeps shopping. Hopefully, no other customers will come and want help. I can’t pause her order, and I can only cancel it with a manager. I begin by scanning items on the counter, grouping them by how they should be bagged. Eventually, I have to take a bag of carrots out of her cart to put it with the other produce. I continue scanning and bagging, just as I was trained. I hope she will be back before I get finished, or else I can’t help any customers and I have to make them wait for the other register.

I see more customers walking in for the afternoon rush, and I feel myself getting nervous for a backup. Finally, the customer comes back, carrying a bottle of Pepsi. Immediately, she asks “Where’s my carrots at?”

“Already in the bag!” I say proudly, handing her the bag of produce as I continue scanning.

“Why’d you do that? I was gonna put them on a separate order! Did you take them outta my cart? You should know better.”

“I can take them off if you’d like.”

“No, don’t bother. I’ll just return them. What’s your name? I’m gonna tell the manager about you.” She grabs my nametag. “Katherine. I’ll make sure to let somebody know what you did.” When I finish both her orders, the woman whips around to walk to customer service. I run over to Register 1 to get some paper towels and dry my eyes.

As I begin to help another customer, Karen walks up to my register. “Katie, what were you thinking?” she shouts at me. “You never take items out of a customer’s cart!” Embarrassed, I look down, then up, trying to get my eyes to stay dry. “Don’t roll your eyes at me!”

“I—I’m not,” I stammer, trying to explain. “I was doing exactly what I was trained to do—bagging things properly!” I don’t know why she doesn’t understand.

“Not if it means taking items out of a customer’s cart. You should know that!” I knew it wasn’t the best thing to do, but if it was necessary for what I was trained for, it couldn’t be wrong. A customer walks up to my register, so I turn away from Karen and wipe my eyes with the back of my hand. I don’t usually touch my face at work because my hands are dirty from handling the customer’s money, but I have to hide this weakness from a customer. I look at her and smile,

“Hello, how are you?”

The woman, with white hair and a purple jacket, half-smiles as she walks up.

“I’m doing well, sweetheart. Are you all right?” She sets down a half gallon of milk and a dozen eggs on my counter,

“I’m fine, just a rude customer, that’s all.” I wipe my eyes again and look at the shelves behind her. “Do you have a discount card?” She holds out a card and I scan it. “Would you like paper or plastic?”

“Paper will be fine for the eggs. I don’t need any for the milk,” she smiles. “You’re doing a good job.” She winks at me. As she walks out, I see her grab a paper with the customer feedback phone number on it.

Finally, for a moment, we have no customers. Sam, my coworker at the next register, turns to me. “Why’d you do that?” I look down at my feet. Why does she have to point out my mistake too?

“I don’t know. She walked away, and I was trying to keep doing my job.”

“Well, you should’ve just waited. You’ve worked here three years. You should really know this by now!” I don’t know what to say. Why does everyone expect me to know something nobody told me?

Two customers walk up to the counter—a man with a beer belly and a shiny scalp, and a middle-aged woman. The man begins unloading the cart. As I begin scanning his products, he turns to the woman and says, “Look, honey, at my age, girls are still checking me out!” He laughs, but I look down at my feet, not sure what’s funny about the checkout line. “You could at least laugh at an old man’s jokes,” he chides me. I fake a chuckle, still not sure why. His wife sighs and walks to the pin pad to pay. I check the clock. 3:45. When they walk away, I start watching the



door for Sierra, who's supposed to replace me at the end of my shift. When she comes up, I finish with the customers at my register and pull my drawer out to go to the back.

Karen is there waiting for me. She brings up the incident again, but I really don't want to hear it. My shift is over, but I'm still trapped. I want to go home. I check my watch, but Karen doesn't like this. "Katie, I like having you around. You've never called off, and there's some times when I've had a lot of call-offs, and you stepped up and picked up shifts. I don't get why you always do things like you did today, but it needs to stop. Before you do something, just think about whether a customer would like it. I can't be getting complaints like this. If it keeps happening, you might have to look for a new job."

I look at the dirty floor. I don't know what to say. "I'll try to do better," I mumble. What other options do I have? Interviewing was so hard, and I worked for months, pounding the pavement and riding my bike to all the restaurants and stores close enough. One restaurant hired me, trained me and paid me in cash, then fired me before I had signed a contract.

#### Analysis

Dignity of Work and the Rights of Workers is a principle that highlights the importance of purpose (Seven Themes of Catholic Social Teaching, 2019). Most people when receiving their first paycheck from their first job feel a sense of pride at earning something for themselves. As we emerge into adulthood, that sense of pride grows, as full-time employment at a fair wage allows most of us to provide for our own basic needs. It's a sense of being a full member of the community, an adult who can care for oneself. Those who cannot work for themselves are still important members of the community, but work is one way that allows people to create and make the world better (Seven Themes of Catholic Social Teaching, 2019). It's also the most common

and most effective way for a person to be able to keep food on their table and a roof over their head.

Employment can be an especially difficult need for autistic people to meet for themselves. From the hiring process, job interviews are a test of being able to perform social skills, like making good eye-contact, shaking hands, and being able to answer questions on the spot. To fail in any of these is often perceived by potential employers as dishonesty or incompetence. For an autistic person, “reading between the lines” about expectations at work can be hard (Cesaroni & Garber, 1991). Often, the instructions given, like those on proper bagging techniques, are followed even more carefully by autistic employees, while unwritten rules, which employers might assume everyone should know, like leaving items in a cart until the customer removes them, might not be so obvious to an autistic employee.

Living independently can also be a point of pride for people with disabilities. However, in a study on health outcomes for autistic adults with the previous diagnosis of Asperger’s Syndrome, a diagnosis given to those with generally lower support needs, only 14% lived independently. Living independently can be difficult without an income. In the same sample, 40% said they had struggled with job interviews. Sixty-five percent had trouble writing legibly, which can make applying to some jobs more difficult. Only 21% had paid employment, and 7% were in a supportive workplace, where there might be more understanding, but other rights are not always protected (Balfe & Tantam, n.d.).

In supportive or sheltered workshops for people with disabilities, employees may legally receive less than minimum wage. Some families find this useful if the person has higher support needs, isn’t looking to live independently, and pays few of their own expenses, but it doesn’t solve

problems for those who are seeking to live independently. Outside of a sheltered workshop, some individuals look to Vocational Rehabilitation (VR) services, which help with job placement and adjusting to a new job (Burgess & Cimera, 2014). Research indicates that of the people with disabilities who seek these services, autistic people are less likely to be placed in a job. Those who are placed are often given part-time hours, which cannot meet the financial needs of independent living. On average, these clients' incomes are still below the poverty line (Burgess & Cimera, 2014). If individuals are striving for employment and using all services available and still cannot meet their basic needs, this work is not treating the worker with dignity.

This story doesn't exactly have a solution, and perhaps there isn't one person in the story who could fully solve the problem. VR programs that advocate for accommodations in work space, flexible scheduling, or various types of supervision have been more successful than other programs without these types of accommodations (Burgess & Cimera, 2014). Understanding from the employer and the placement service can also be a positive factor for those utilizing a placement service (Burgess & Cimera, 2014). However, because of the Americans with Disabilities Act, which protects a worker's right to privacy, the employer might not be informed of an employee's disability. In women, autism is often diagnosed late, or not at all. Many autistics are not diagnosed and a person doesn't need a diagnosis to have these same employment difficulties (Bargiela & Mandy, 2016). Because of this, it might be the responsibility of all employers to be aware of differences and to offer support and clearer communication to employees experiencing difficulties, whether or not the employee has asked for any accommodations. There is also a necessity for respect of customer service workers, rather than an entitlement of "the customer is always right." Assuming that everyone in the workplace is doing their best and having a little patience and grace with those serving us every day can go a long way. In this story, an older woman who shared a

smile was probably the best part of Katie's workday. This is something we can all do, offering a kind word or just being friendly to those who offer care and customer service every day.

## Life and Dignity of the Human Person

Bees are buzzing up in the corner of our picnic pavilion. I can smell the smoke coming from the grill, where my dad and a couple of others from our parish are cooking burgers and hot dogs. Mom tells me to stay at a picnic table with my sister while she takes our pasta salad up to the potluck table. The youth group is already deciding what game we should play after lunch. A couple of younger kids are over at the playground, but their parents bring them over when Father Mike calls us to pray the blessing over the meal.

When Mom comes back, she asks, “What would you like to eat?”

“I don’t know. Can I go up and get my own plate this time?” Her forehead wrinkles.

“Can I trust you to pick out all the food groups, and not just grains and dessert?”

“Yes.” I don’t want to be the only kid going up with his mom while all the others are dishing out their own food. When we walk up to the line, a lady about my mom’s age steps right in front of my mom, behind me. I’ve never seen her before, so she must be new to our parish, or go to a different Mass than we do. When we get to the front of the line, I grab my plastic-ware and plate. A bee buzzes past my ear. I cover my face. I hate bees. When it’s gone, I look back up.

I have to choose five things. I don’t really like most vegetables, but the green bean salad looks really good so I dish some out. Then I see a fruit salad with strawberries, so I take some. It’s probably the best I’ll get. As I walk through the line, I’m trying to choose a grain, but there are vegetables all in between them. I can’t see all the choices, so I don’t know what I want. I look way up ahead and squint my eyes. *What’s up there?* I wonder. Is it macaroni and cheese? It is. But

there's potato salad right in front of me. Which do I want? I block my ears for a moment so I can hear myself think. I begin swaying and look from one dish to the other.

Suddenly, my balance is interrupted. I feel a push from behind me, and the top of my body starts to fall forward, while the bottom stays in place. I step forward and catch myself. What just happened? When I look behind me, the woman's eyebrows seem too close together. They look like two woolly bear caterpillars coming together about to kiss. I laugh, because that's a funny image. "Move ahead" she snaps, "you're holding up the line." I don't know what to do. I hear someone screaming. I close my eyes and cover my ears. My mother is wrapping herself around me tightly. As she squeezes me, the screaming stops.

When I look around, I don't understand what's happened. My plate is flipped over on the ground. My hands won't stop shaking. My mom whispers in my ear, "Let's go take a break." I nod, but words won't come out of my mouth.

In the empty playground, I'm allowed to swing gently. Then, I climb to the trapeze bar and hang upside down for a minute. It's like when I was little and I needed a break from going shopping, mom would take me outside, pick me up, and flip me upside down. I'm a little too big for that now, but on the trapeze bar, I can hold onto the handle and hang from my legs. As soon as my head is upside down, I feel calmer. I stay there for a few minutes and mom stays, talking to me quietly, then I flip back upright, and Mom and I walk back to the pavilion.

There's less of a line now, and still all of the things I had wanted to eat are there. After lunch, I play soccer with my sister and the other kids until it's time to go. When I stop to take a water break, I see my mom and dad on the sidelines, yelling about something. "Why do we even take him out? He's always making a scene and embarrassing us. If we don't take him, maybe he'll learn from it and have some self-control!"

“He doesn’t mean it, George! Did you see her push him? You’d be upset too if someone bigger than you were shoving you around!”

Mom and Dad are arguing about me again. I hate when they do that. I feel my macaroni and cheese moving around in my stomach. I want to go sit down. I wish these things didn’t happen. I hate myself and I hate how I always mess things up. I hate my dad because he’s always mad at me and never really wants me. I know one of these days I’ll mess my family up for good; then no one will want me.

When I walk into school on Monday, earplugs in, I put my bookbag in my locker and bring my books for my first two classes to homeroom. When I sit down next to Josh, he doesn’t call me Daniel. “Hi Spaz.”

I hear my voice screaming, but very quietly. Under our shared science lab table, I see his phone. I see the pavilion, the buffet line, the woman with caterpillar eyebrows. “Where did you get that?” I demand.

“Everyone has seen it. It’s all over the Internet. Kid spazzes out at picnic. Are you retarded?” I start snapping my fingers.

“No,” I mumble. It won’t do any good to explain myself. Everyone has seen it anyway. Who took a video of me? Was it one of the youth group kids? I can’t undo the past. I can’t stop it. I can’t even find it and delete it. My ring and middle finger start tapping my bottom lip, where it’s raw because I keep picking at a scab there, even though my mom always tells me not to. I need to take the video down now.

I feel like shoving my fist through the wall, but I can’t do that. *Spaz. Retarded.* It’s going to keep spreading. I can’t stop it. The bell rings, and I walk to math class, through the swarm of

kids in the hallway. I find solace in Mr. Gollum's math class. His name is funny because he doesn't look like Smeagol, and he doesn't seem to understand when I talk about *Lord of the Rings*.

When we walk in, there are practice problems on the board. But I can't do them. I can think about exponents, and how the video will spread and spread. *Spaz. Retarded.* I've always been the funny kid. I've always been the one who makes jokes and pretends not to know, then surprises everyone by knowing more than they think. I've never been cool, but at least controlled at school. When I get home, I can flap and spin and whistle, but at school, I'm not retarded. I'm not a spaz.

When I try to start the math problem, I can't stop moving my hands. I want to wave them in front of my face, but I tap my fingers instead. *Spaz. Retarded.* I have to stop. But when I stop, I can't do the math. I'm stuck. The numbers don't work. I start to draw lines in the corners of the page. Mr. Gollum walks up. "Make sure you're staying on task. You can draw after you've finished your work."

"I can't do it."

"You understand this. I know you've been learning the concepts in your homework"

"But it's not working. I'm stuck."

"You're not stuck. You know how."

"I'm stuck and I need to go to Mrs. Rowan's office." I tap my lips with my fingers again.

"I see. I'll write you a pass and you can go. Can you sit in on my 4<sup>th</sup> period class during your study hall to finish your work?"

"Yes." I take the pink slip of paper and my books and rush off to Mrs. Rowan's room. I tell her why I'm upset, and we talk about who I am. I'm not a spaz. When we search the video on my phone, we find it on a page that belongs to one of the youth group kids. After we click "Report"



we write an explanation of why it's bullying. Then, I'm allowed to take a fifteen-minute break and be upside down on the couch in her office.

When the bell rings, I go to my language arts class. We always spend the first twenty minutes either reading or writing whatever we choose, and I like that. I read in a rocking chair, and by the time we're done, I'm ready to sit still in class and learn.

#### Analysis

Life and dignity of the human person is about pro-life issues, but pro-life goes far beyond the issue of abortion. It is about respect for all life, from conception to natural death, at all stages. It's true that some disabilities, such as Down Syndrome, can be detected in the womb. When people are seen as a burden and not as a gift because they have disabilities, abortion may end the lives of many children. In Iceland, Down Syndrome has been "cured" because nobody with Down Syndrome is born anymore, but they are instead seen as a choice, instead of a person (Graham, 2018). In the United States in 2012, about three fourths of babies who are diagnosed with Down Syndrome before birth are aborted as well (Graham, 2018). While certain health problems detectible in the womb, such as spina bifida, may be treated before birth, abortion is not a cure. Cures are meant to restore a person to health, not to end their life. Catholic Social Teaching states that every person is valuable and irreplaceable, because we are all created in the image of God (CRSAdmin, 2019). This isn't just for adults. Every living human is precious "from womb to tomb", so every baby conceived is a real person with the same right to exist as anyone else. A disability doesn't change this right.

Autistic people, and those with Down's Syndrome, as well as those with other developmental or intellectual disabilities, used to be called "retarded." This is a derogatory term, used to degrade a person and treat them as less than human. In this story, one of Daniel's classrooms uses the word "retarded" to insult his disability. Whether it's used towards a person with

disabilities or just used to mean “stupid” or “something I dislike,” the history of the “r” word is always degrading to people with disabilities, and perpetuates stigma against disabilities. This word shouldn’t be used at all, except in educating others to stop this degrading language.

Many groups are still doing research to find a genetic marker for autism, so it can also be “cured” (Graham, 2018). For many years, the main autism “charity,” Autism Speaks, has advocated for a “cure” and research to discover a cause for autism. All of these words are associated with the movement to eliminate people with disabilities through eugenics.

The “I am Autism” commercial created by Autism Speaks has the voice of an adult man speaking as autism, an enemy bent on tearing apart families and destroying lives (Autism Speaks, 2009). In the commercial, instead of autistic people, “Autism” speaks, saying “I work faster than pediatric AIDS, cancer, and diabetes combined and if you are happily married, I will make sure that your marriage fails” and “I will make it virtually impossible for your family to easily attend a temple, birthday party, a public park, without a struggle, without embarrassment, without pain. You have no cure for me.” This commercial, which blames and demonizes autistic people ends with a message of hope for defeating autism, saying “Autism, if you are not scared, you should be.” Autism Speaks no longer uses words like “cure” in their mission statement, but continues to show autism as a tragedy in “awareness campaigns” and fund genetic research, which could potentially be used in the future to detect autism in vitro and abort pre-born autistic lives, as is already done to children with Down’s Syndrome (Autistic Self-Advocacy Network, n.d.).

Although the destruction of autistic lives through abortion and euthanasia is a future threat, there are threats to the dignity of the human person right now. Autistic people have been misunderstood and killed by police officers when they had meltdowns, couldn’t understand and obey instructions, or reached for a communication card or device (Autistic Self-Advocacy

Network, n.d.). This is a disproportionately high risk for autistic African American men, due to the negative stereotypes painting African Americans as criminals, and patterns of police violence against African Americans, particularly men. In addition to life and death issues, dignity of the human person includes the belief that each person is made in the image of God and reflects God in a unique way simply by existing and being themselves.

For the character Daniel, he goes through situations that both affirm and attack his human dignity. Daniel has struggles in the sensory environment. As he's striving for independence in an overwhelming environment, not everyone in the community understands his differences. In a position where he has lots of things to look at, his selective attention and sensory system have trouble blocking out irrelevant information. Making choices takes him longer, and an impatient stranger pushes him and verbally attacks him. Daniel's difficulty in this overwhelming situation is consistent with the symptoms of autism, particularly, differences in sensory perception, which can lead people to take longer to process decisions.

In the interview in which I was diagnosed with autism, which lasted several hours and two separate days, I also found out I have a processing delay. Different learning disabilities or difficulties in processing commonly co-occur with autism, so trouble like Daniel had of needing more time to process decisions and new situations is normal (Welcome to the Autistic Community, 2020). It is also very common for autistic people to have sensory differences. While we all have slight differences in sensory processing, it can be more apparent in autistic people (Cesaroni & Garber, 1991). Since I was a young child, I've been able to smell faint things others don't notice, like what my mom ate for lunch hours before. I can also be easily overwhelmed by strong smells like perfumes. With sound also, I can also hear faint, high pitched noises from machinery, which can sometimes be painful to me. These are both examples of oversensitivity.

Others may have under-sensitivity, and may not recognize pain when they are hurt, or feelings like hunger and fullness (Welcome to the Autistic Community, 2020). The vestibular sense, which helps us know our body position and movement, can also be under-sensitive, which can lead to hyperactivity, as the autistic person tries to gain this sense of where their body is. Sensory needs for the vestibular sense are often met by swings, rocking chairs, or hanging upside-down, and meeting these needs can help someone calm down. For needs for pressure, weighted blankets, or tight squeezes can help. Each autistic person has different sensory needs, so it's important to ask before trying to help, as something that can help calm one person down may further overwhelm another.

In the story, Daniel has a meltdown. This is when an autistic person becomes so overwhelmed by the sensory environment, that their body tries to self-regulate in ways they can't control (Welcome to the Autistic Community, 2020). It may look like a tantrum, but it isn't intentional, and isn't an attempt to gain something through bad behavior. Some autistic people outgrow meltdowns as they learn to control their response to situations, but others cannot. Many people who have outward meltdowns have a support person, whether a family member or a professional, who will help them calm down in these times. Meltdowns involve unintentional behavior and often create embarrassment for the autistic person. For their support people, it is often important to take the person away from the overwhelming environment and people who may not understand or be kind during the meltdown. Because this is a difficult time, privacy is important, and autistic people have often been hurt by family members or others filming their meltdowns and posting them online (Welcome to the Autistic Community, 2020). The experience of having his meltdown filmed was extremely hurtful for Daniel in the story, but also occurs in real life. Often, it is parents, not peers, who video their children's meltdowns and post them online.

Meltdowns are a more visible way autistic people might behave when upset, but they aren't the only response. In people with lower support needs or who have outgrown outward meltdowns, a shutdown may happen instead. This is when a person is overwhelmed by the environment or expectations, and isn't able to do what is expected. This is not as visible as a meltdown, but can occur in the form of becoming temporarily unable to speak, to stay focused in class, or to be fully present wherever the person is. I've had this happen and I have trouble staying focused in class, or have to leave a social event at my church. The person may choose to leave the situation and take a break if allowed, or they may stay in a situation, but be unable to participate. Many autistic people choose to carry a "sensory toolbox" of different things, like headphones and earplugs, fidget toys, or other items that can help bring the sensory system back to calm.

## Rights and Responsibilities

### Christopher

I walk over to Accessibility Services. Sheila is in her office, and the door is open, so I walk in and sit down. “Do you really think I could be a mentor this year?”

“Hello Christopher, let’s see.” She looks at the wall behind me. “What are some things you know how to do now that you didn’t as a first-year student?”

“I know how to go to the library for tutoring hours, to go to office hours, and the counseling center.” I stop to think for a moment, “I’ve joined writing club and gotten involved at the church. I worked through some disagreements with my old roommate, and found someone I can live better with this year... I don’t always like meeting new people, but I decided to come to all the opening week activities at the church and will help out anyway. I’m working on learning to shop and cook for myself and keep track of my apartment bills.”

“Yes, you’ve grown a lot in your ability to use resources on campus, to take risks, make friends, and get along with others. I think you’ve also learned a lot of skills in self-advocacy and assertiveness through our group programs. And now, you’re going even further with your independent living skills. I think you are very capable of helping incoming students.”

### Justin

I slide into a chair in the meeting room just in time for the Mentoring Program meeting to begin. I feel my stomach churning, whether from nervousness or because I had to eat so fast, I don’t know. For some reason, dining dollars don’t normally take effect until dinner time of my move-in day, so I guess they expect the early move-in kids in disability services not to eat? The

cashier had found a manager to help me, but now I'm running late. It is 1:02, and I guess they waited for me to start the meeting. I hate being late. The woman leading the meeting is named Sheila "Welcome, Justin," she says, "I'm glad you're here."

We sit in a circle and say our names, majors, and hometowns. There are at least thirty of us, so I know I won't remember all of them, but I try to imprint a few in my head. Sheila then defers to a girl who is one of the mentors, who explains the activity. We will each hold strings that are tied to a ring. On top of the ring will be a ball that we must carry to a pop bottle in the next room without dropping it. We have forty-five minutes to complete the task. We stand up and go into the starting room. When we get there, each of us is assigned to hold a string. All the mentors also hold a string, but they are blindfolded and may not speak, so it's up to us to decide what to do and tell them where to go.

I'm not usually a leader in this type of thing, but when we have to go around a corner, I have an idea and decide to speak up. It works out well, and soon, we've finished the activity. The whole time, I've had to keep my hands still, so as soon as we've finished, I start drumming on my lap again. We talk about the different roles we played in the activity. I'm not usually a leader, so it was pretty cool to have the others point me out as having stepped up and helped.

After the discussion, Sheila reads off mentor-mentee pairs. Finally, she calls out "Christopher, you'll be with Justin." Christopher stands up and waves. He's a pretty tall kid and looks like he plays some sports. I walk over to him. When Sheila is finished, our meeting is over, so we can go anywhere we want to talk to our mentor.

We decide to sit on a bench outside, under a maple tree. Christopher asks about my classes, so I tell him what I'll be taking this semester. Then, he starts to tell me about opening weekend. "Are you going to tell your group leader you're autistic?"

"Why? It's just one weekend."

"This weekend will be a lot. You'll have to wait in line for a long time while almost the entire class of first-years waits inside the student union to go into an activity. Bring earplugs to that one, or better yet, just keep your sensory toolbox on hand all weekend." I put my head in my hands, remembering how it felt to stand in line at the big theatre before high school graduation. It was so loud and hot in my cap and gown, and I kept having to ask to leave my place for a drink of water. I know my class was only about 400, but the first-year class here is closer to 4,000. Without a plan, I don't know if I will be able to stand it.

"What else should I expect?"

"There will be a different schedule every day, but for most of the activities, it will at least be the same people, minus the 'first class session' experience." I nod. "You will need to have an app to communicate with your group. Every day, you'll need to know when and where you're meeting with your group, and it will change. It helped me to print the schedule and write down meeting times and places on there. Do you have any other concerns?"

"I guess my first plan will be to have some friends in my group. If I'm with the same people every day, that will be one thing that can be consistent."

I survive opening weekend, and we decide to meet again Sunday night to walk through my class schedule. When I know all that I need to expect, we cook together at Christopher's apartment.



It's not a skill either of us have too well, but practice helps. "What kinds of supports did you have in high school?" he asks me.

"Actually, for most of my life, they thought I just had anxiety. I always had trouble finishing my tests on time. Sometimes I would get upset and need a break, especially in group work, when someone got mad at me, but I wasn't allowed to. Finally, I got a new diagnosis last year."

"Would you like to talk about what kinds of supports are available here?"

"That sounds like a good idea."

"Well, you can ask for a less distracting place for test-taking and extra time. You can also let your prof know that you might need to step out if there's too much going on, or that you might need some extra support and understanding in group work. Other accommodations could be having someone else take notes for you, having instructions and due dates in written form, or having sub-deadlines or check-ins for bigger projects. Do you think those would help?"

"I could probably use the breaks, extra time, and help with group work. I can take my own notes and keep deadlines."

Once I've been to all of my classes, Christopher and I go together to the campus disability services office and talk about what I need. Once I have my documentation, I feel like I can go to my professors to ask by myself. We practice a script for asking for what I need, so I feel confident as I walk into office hours.

Christopher and I went to our campus's disability advocacy club, and when we had a night on autism, we spoke together on how to best be an ally.

As I move into my new apartment junior year, there's no question when I get an email asking me to be a mentor. I know how to navigate the support systems on campus. I've learned to be assertive in working on group projects. Christopher has graduated, but I want to continue to advocate for autistic students and teach neurotypicals how to be better allies.

### Analysis

Rights and responsibilities is the principle that as much as each person has rights, we're also responsible for helping others secure their rights (Seven Themes of Catholic Social Teaching, 2019). For the autistic community, that can mean a few different things. Every person is responsible to every other person to a certain extent, but in the disability community, this is especially the case. The autism spectrum contains an incredible amount of diversity, and extreme variation in needs, abilities, and legal rights. For example, children don't often have a say in how they are treated, while adults may be able to self-advocate and be heard. Parents, many of whom are informed on autism mostly by those attempting to sell particular therapies, are left with the difficult decision of what can help their children (Maurice, 1993). Autistics with the ability to "pass" as neurotypicals in certain situations have greater privileges such as more employment opportunities, but may be diagnosed later and miss the opportunities for academic and social supports at school (Cesaroni & Garber, 1991). There are autistics who have little or no verbal ability, or who live in group homes and need help with daily activities, as well as autistics who can and do speak or write about their experiences to help others, including Sean Barron and Temple Grandin.

Being in a position of greater privilege among the autistic community necessitates a greater share of responsibility in advocating for the entire community. In the story, an autistic character, Christopher, steps up to help others, as he has been helped by another mentor. Through a partnership of cooperation, Justin will be better able to adjust to the demands of college life and find the supports he needs. A pattern I've noticed in researching for these stories is that a big way to support autistic people in a variety of settings is to navigate a confusing or overwhelming system and advocate for their needs. In adjusting to college, mentoring programs have shown to be a successful intervention for autistic students to have the supports they need (Ames, McMorris, Alli, & Bebko, 2015).

This story shows that with some support, many on the spectrum can advocate for and support others in skills they've mastered. Self-advocacy can take many forms. Organizations such as the Autistic Self-Advocacy Network (ASAN) help with advocacy on laws impacting the autistic community. Sean Barron and Temple Grandin both write and speak on their experiences. Many autistics make videos or write blogs on their experiences. I choose to write fiction, pulling from both my own experiences as a late-diagnosed autistic woman, from the experiences of others, and from research. On a smaller scale, advocacy can mean mentoring, posting on social media, or even informing friends and family about how to better support autistic people.

## Conclusion

In writing these stories, I've gotten to explore some of the different ways injustice can occur in the autistic community, and how we can be called to love our neighbor. First, there are situations where others know the person is autistic, and situations where they do not. For an undiagnosed autistic, or someone who can mask their diagnosis, injustice can come in the form of bullying, not because the kids hate autistics, but because the child is considered "weird" or "rude." This causes suffering in the community, which is one body. This can also occur in the workplace, when an autistic person can't understand unwritten rules, or in public places, when a meltdown looks a lot like a tantrum, and strangers comment that the autistic adult is childish, or that the autistic child is spoiled and undisciplined. Choosing to say that one member does not belong to our society is contrary to the way our bodies and souls were created for community with one another. An undiagnosed person may know that they are different, but internalize their difficulties, and not have the supports that could really help them. While the ability to mask may have some privileges, it also prevents access to services. All people with disabilities have a right to have these supports that make the benefits of society accessible. With this right comes the responsibility to advocate for others. Some of these supports might be more urgently needed than academic accommodations. While extra time on a test is important, it's urgent that children and adults know how to speak up if they experience abuse. It's also urgent that comorbid illnesses, like epilepsy or mental illnesses, are recognized and treated as co-occurring with autism.

In a case where the autistic person and others are aware of the diagnosis, injustice can occur in a different way. In debates about abortion and euthanasia, autistics and others with disabilities are some of the first people whose right to exist is debated. Everybody has the right to exist, and nobody has the right to deny that right to someone else (CRSAdmin, 2019). Therapies and

organizations that advocate for helping a person “recover” from autism attempt to change a vital part of a person’s identity, and attempts to make decisions about us without us.

As much as there are many potential areas of injustice, there are also many ways to be an ally. Mentoring and helping someone navigate a system is a very practical thread that was woven into these stories. Rachel helps Alyssa with the counseling center. Christopher helps Justin with the transition of entering a university, and understanding how to ask for help at the accessibility office. I remember a week before one of my video interviews to get a job after graduation. I’d had trouble at previous interviews, so my friend’s dad, a hiring manager in his own work, video-called me and helped me practice and learn how to interview better. This allowed me access to work with dignity, and after a few more applications and interviews, I have accepted a job starting in August.

Another thread in the stories is empathy, and like Ryann and Aaron in the stories, seeing autism as a different way of communicating, that might require learning from both parties to develop ways of communicating that work. Aaron came to recognize what Joanie was trying to communicate with her songs, because he’d been her brother for so many years. Ryann interpreted Charlie’s ways of relating as different, but not as unkind, and welcomed her into a group, to participate in community. Sometimes, like Joanie, I use song lyrics to help me talk about my feelings, but whenever I’ve wanted my roommate to hear a song, she’s really listened to hear what I was trying to say.

In smaller ways, characters allied as well. Daniel’s teacher allowed him a break from class when he was overwhelmed. Lots of people didn’t film his meltdown, and someone else could have reported the video. A kind stranger made Katie’s hard shift at work just a bit easier. The woman at the emergency room saw how afraid Joanie was, and allowed her to stay with her brother. I’ve

had more important allies, like a missionary who mentors me at church, but I've also had smaller allies. On a mission trip, a Colombian priest, who didn't know I was autistic, allowed me to take my bag with me, where I had my sensory toolbox and some tools that help me communicate, even though he'd asked us to leave all our things in the hotel. Although I never had a diagnosis or an IEP in high school, I remember teachers who sent me for five-minute breaks when I had a shutdown and they could tell I was overwhelmed, which helped me to be able to learn better, which is my right.

Being an autistic ally isn't just about helping people you know are autistic. As with Catholic Social Teaching, it's about treating every person as a worthy member of the human family. This can mean finding ways to listen and understand differences without fixing them. It can be giving accommodations and grace when someone's struggling. We can recognize different places where a group is at higher risk, and advocate on small and large scales for more support, especially caring for "those least among us" who may not be as able to self-advocate. Most importantly, we can work for the common good, caring for the needs of our neighbors, just as for ourselves.

## Bibliography

Ames, M. E., McMorris, C. A., Alli, L. N., & Bebko, J. M. (2015). Overview and Evaluation of a Mentorship Program for University Students With ASD. *Focus on Autism and Other Developmental Disabilities*, 31(1), 27–36. doi: 10.1177/1088357615583465

This article describes the implementation of a mentoring program facilitated by graduate students to assist autistic undergraduate students in navigating university life, especially the social landscape. It follows the program for the first four years of its implementation, asking students what goals they would like to achieve, monitoring participation in one-to-one mentoring and group events, and assessing the use of supports outside of the mentoring program. Students reported satisfaction with the program and participated much more in individual mentoring than group meetings. This is an example of a program to help facilitate community participation and solidarity that relies on input from the community it serves, the autistic students. The students' goals were used to drive the goals of the program. Mentors were also informed on other on-campus supports such as mental health and academic services, which the students in the mentoring program utilized at high rates. This report is scientific, and peer evaluated. It could have more information on social and academic outcomes, but the self-report suggests that the students were satisfied with the program.

Autism Speaks. "I Am Autism." *YouTube*, 2009, [www.youtube.com/watch?v=9UgLnWJFGHQ](http://www.youtube.com/watch?v=9UgLnWJFGHQ).

This video, created by Autism Speaks in 2009, is an example of the societal story around autism. For many years, autism has been seen as a tragedy and a burden on the family. Only recently, families have been supported for focusing on accepting an autistic person as they are and focusing on therapies and education for personal growth, not in order to "cure" or "fix" autism.

Autistic Self Advocacy Network | Nothing About Us Without Us. (n.d.) [autisticadvocacy.org/](http://autisticadvocacy.org/).

This website has information about Autism Speaks's budget and activities, as well as violence against autistic people by police.

Baines, A. D. (2012). Positioning, strategizing, and charming: how students with autism construct identities in relation to disability. *Disability & Society*, 27(4), 547–561. doi: 10.1080/09687599.2012.662825

This qualitative study follows two high school students with level one autism. These boys both use different ways of impression management to separate them from the stigma of the “autism” label. By using humor, intelligence, leadership, and some camouflaging, the boys navigate and try to gain and maintain a desired social status. The boys used their special interests to gain expertise in particular areas, which helped them gain status on the debate team. The article includes quotes of the boys explaining their perceptions about how others will view them if they behave in certain ways, and what they can do to manage their impressions. I plan to use the information given to better understand the concept of autistic masking, the uncomfortable act of trying to act “normal” in which autistics engage in order to gain privileges normally denied those with disabilities. I will use the perspectives of the boys to have a better understanding of different autistic perspectives, including those who don't like identifying with their disability.

Bal, V. H., Kim, S. H., Fok, M., & Lord, C. (2019). Autism spectrum disorder symptoms from ages 2 to 19 years: Implications for diagnosing adolescents and young adults. *Autism research: official journal of the International Society for Autism Research*, 12(1), 89–99. <https://doi.org/10.1002/aur.2004>

This article shows different profiles of disability in autistics. The spectrum is much more complex than the three levels in the DSM-V. There are different levels of ability in both verbal



and nonverbal communication ability, as well as the presence of other strengths and symptoms. The article has several profiles of common developmental courses, including different abilities that increase or decrease over time during childhood and adolescence. It describes the changes in autism symptoms over this developmental period. This can be a useful resource for portraying realistic characters of different ages and developmental ability levels on the spectrum. It makes suggestions on diagnosis and treatment at different ages and levels, which I can use in proposing more just approaches. I can also use this article to defend the choices I make in the short stories I will write.

Balfe, M., & Tantam, D. (n.d.). A descriptive social and health profile of a community sample of adults and adolescents with Asperger syndrome. *BMC Research Notes*.

In this article, a study of autistic adolescents and adults, documents social and health outcomes and self-report of what difficulties participants have. This article offers supporting evidence that even members of the autistic community with a diagnosis of Asperger's Syndrome, a diagnosis related to high-functioning autism, have challenges that others don't. This community is vulnerable to abuse and exploitation, as well as less likely to be in payed, full-time employment. This supports the relevance of Catholic Social Teaching advising better treatment of the autistic community. I can also use statistics cited in this article to assert the differences in access to resources, employment outcomes, and social connections. These will be helpful in the review portion of my project, when I must assert the usefulness of the project.

Bargiela, S., Steward, R., & Mandy, W. (2016). The Experiences of Late-diagnosed Women with Autism Spectrum Conditions: An Investigation of the Female Autism Phenotype. *Journal of Autism and Developmental Disorders*, 46(10), 3281–3294. doi: 10.1007/s10803-016-2872-8

This article is a qualitative study which consisted of semi-structured interviews with adult women diagnosed with autism after the age of sixteen into adulthood. The goal of the study is to expand our knowledge of what autistic women are like, to prevent under-diagnosis that is prevalent in women. The article highlights the lack of resources available to undiagnosed girls and women and the increased vulnerability to sexual abuse. Additionally, the article discusses how girls and women on the spectrum will “camouflage” to avoid social punishments, and thus do not receive a diagnosis.

I intend to use this research to write female characters. It cites evidence for some intuitions I had, that autistic women are more likely to struggle with unhealthy internalizing behaviors than externalizing behaviors, that fitting into gender roles can be harder for women on the spectrum, and that while professionals often miss an autistic female, a diagnosis can help women learn to self-advocate.

Barron, J., & Barron, S. (2002). *There's a Boy in Here*: Arlington, TX: Future Horizons.

This is a memoir written by an allistic mother and her autistic son. Although there are some perspectives I disagree with, it offers insight on the viewpoint of parents, particularly those who struggle to accept their child's autism. This perspective is balanced out by her son's input and how he experienced growing up autistic. There is an important message in this book, particularly that when working with someone with a different neurotype, it is vital to work to listen, empathize, and learn to understand different types of communication, and even behavior as communication. This is a lesson that the mother didn't learn right away but began to learn with time and patience. Often, parents and teachers will try to “fix” a behavior, rather than to understand the cause and communication behind the behavior. Some of the language of the book bothers me because it still seems to see autism as something to fix or overcome, and Sean describes himself as “recovered”

from autism, though the scientific community does not support any cases of “recovery” from autism. There is still credible information and a unique perspective on the experience of being autistic and of raising an autistic child.

“Body Image & Eating Disorders.” *National Eating Disorders Association*,  
[www.nationaleatingdisorders.org/body-image-eating-disorders](http://www.nationaleatingdisorders.org/body-image-eating-disorders).

This article points out specific factors about girls’ and women’s experience that can put them at high risk for eating disorders. I’m using this article to justify choices in the “Solidarity” story.

Bruggink, A., Huisman, S., Vuijk, R., Kraaij, V., & Garnefski, N. (2016). Cognitive emotion regulation, anxiety and depression in adults with autism spectrum disorder. *Research in Autism Spectrum Disorders*, 22, 34–44. doi: 10.1016/j.rasd.2015.11.003

This article followed a study investigating the hypothesis that the higher risk of anxiety and depression in the autistic community may be in part explained by an inability to use certain cognitive emotion-regulation strategies. The article found differences only in the use of “other-blame” and “positive reappraisal.” The lack of differences in the use of cognitive regulation strategies suggests that autistics are capable of using these strategies, which supports the use of CBT in this population. It also suggests there may be an alternative explanation of the differences in anxiety and depression rates, such as the higher rates of negative life experiences and trauma in autistic populations.

I will use this article to support the use of characters with depression, anxiety, and trauma, in my stories. The article also gives some insight into how autistic brains work with difficult emotions.

Burgess, S., & Cimera, R. E. (2014). Employment Outcomes of Transition-Aged Adults with Autism Spectrum Disorders: A State of the States Report. *American Journal on Intellectual and Developmental Disabilities*, 119(1), 64–83. doi: 10.1352/1944-7558-119.1.64

This study is descriptive of the rates of employment of autistic young adults transitioning out of educational services. It specifically studies those utilizing state-run Vocational Rehabilitation services. The study reports that transition-age adults are likely to be unemployed, but are even more likely to be underemployed, working for fewer hours and for lower wages than even those in other disability groups served by vocational rehabilitation services. Only about one third of those receiving services successfully found work in the community, most of whom worked part-time for minimum wage or very close to it.

This is relevant to the dignity of work and the rights of workers. Un- and under-employment can severely limit the independence of someone who is otherwise capable of living on their own. It can restrict a person to living in their parents' home or a residential facility when this is really not the least restrictive environment for them. I may use this information to inform my story representing the dignity of work and the rights of workers.

Cage, E., Bird, G., & Pellicano, L. (2016). 'I am who I am': Reputation concerns in adolescents on the autism spectrum. *Research in Autism Spectrum Disorders*, 25, 12–23. doi: 10.1016/j.rasd.2016.01.010

This qualitative study involved interviewing young autistic adolescents ages 12-15 in a mainstream secondary school and their special education teachers. The study explored to what extent the teens understand friendships and have concerns for their reputations. It found that students have enough theory of mind to think about how to build a good reputation. The participants also recognized their challenges and tried to minimize their difficulties to manage their

reputations. Some desired to fit in in order to be accepted, but others desire to be different and be accepted, valuing honesty over authenticity and resisting the pressure to “mask” their autism.

These different ways of navigating social life in adolescence can inform my writing to be more accurate. I will likely use this to justify choices I make in how characters interact and attempt to navigate fitting in. One of the recommendations from this study was to teach students about neurodiversity as part of their diversity curriculum. I will likely use this recommendation in one of my stories.

Cesaroni, L., & Garber, M. (1991). Exploring the Experience of Autism Through Firsthand Accounts. *Journal of Autism and Developmental Disorders*, 21(3), 303–313. doi: 10.1007/bf02207327

This contains two firsthand accounts of what it’s like to be autistic. It contains both well known “symptoms” such as stereotypic behaviors and social difficulties, as well as lesser-known skills found in the autistic community, including differences in sensory perception and extremely detailed memory. It contains both an account from an adolescent and his parents and from an adult. Both are diagnosed with level 1 autism, which means they have fewer visible challenges and are more able to verbalize their experiences. This article details what these differences are actually like to experience, not just the behaviors that result from them. This will be important when writing from the point of view of a first-person autistic narrator.

CRSAdmin. (2019, August 12). Catholic Social Teaching 101 Videos and Materials. Retrieved from <https://www.crs.org/resource-center/CST-101>.

This page offers resources and examples of the relevance of Catholic Social Teaching principles. For each principle, the website has a video explaining it more fully and giving examples. It also offers resources designed to teach people of all ages and levels of development

about the principles. The examples include people with disabilities, from different cultures, ages, and socioeconomic backgrounds. I plan to use the stories as examples for how a story, fictional or not, can uphold these ethical principles. I will use my own artistic voice but hearing several examples of how the principles can apply to the stories of individuals will help me to write my own stories and support them with facts.

Graham, R. (2018, May 31). How Down Syndrome Is Redefining the Abortion Debate. Retrieved May 6, 2020, from <https://slate.com/human-interest/2018/05/how-down-syndrome-is-redefining-the-abortion-debate.html>

This article is not from the pro-life or pro-choice movements, but from the disability advocacy perspective, that supports giving realistic information to expectant parents facing a disability diagnosis. The movement believes that families are often misinformed by the medical community to see their child as facing greater challenges than are actually realistic.

I didn't use this source to form a perspective on these issues, since I found it late in my project. This source will be used for statistics relating to abortion of babies with Down's Syndrome, and validates the knowledge that genetic research is attempting to find ways to predict autism before birth.

Grandin, T. (n.d.). Retrieved November 13, 2019, from [https://www.ted.com/talks/temple\\_grandin\\_the\\_world\\_needs\\_all\\_kinds\\_of\\_minds/transcript#t-1163747](https://www.ted.com/talks/temple_grandin_the_world_needs_all_kinds_of_minds/transcript#t-1163747).

In this Ted Talk, Temple Grandin explains her experience being autistic. She shares the difference she has experienced in having a different neurotype. Grandin describes her mind as "Google Images," because her cognitive processing is more sensory and less "thinking in words." She explains the strengths of having a sensory way of processing information. In her role designing

and modifying corrals for animals, she was able to recognize what it would like to be the animal and what would cause them to startle. Grandin then went on to discuss schools, how they are failing autistic students, and how a particular teacher helped her to thrive when she had trouble in school. Autistic students are often highly intelligent, but process in a different way, or have trouble with motivation when work is not related to their interests. Grandin's talk offers solutions to educating autistic students and giving employment opportunities that can be relevant to the call to family, community, and participation, and the dignity of work and the rights of workers.

Haddon, M. (2012). *The Curious Incident of the Dog in the Nighttime*. Brantford, Ont.: W. Ross MacDonald School Resource Services Library.

This fictional novel does not include the word "autism" or "Asperger's" but has been praised for being a well-written portrayal of an autistic pattern of thinking, writing, and behaving. The main character, Christopher, goes to a school for students with disabilities and shows many characteristics of autism. Christopher is fifteen years old and throughout the story makes choices for himself, overcomes obstacles, and proves to himself that he can do anything, even with his disability. The book is a portrayal of the desires of autistic adolescents to assert that their abilities are important. It is an example of how fiction can portray autism well in a dynamic autistic character with unique characteristics. I plan to use this as an example of the use of literary license for writing unique autistic characters.

Maurice, C. (1993). *Let me Hear your Voice: a family's triumph over autism*. New York: Random House Publishing Group.

This memoir accounts one family's journey after their daughter's autism diagnosis. It shows the perspective of parents who struggle to accept their child's diagnosis, or whose available resources cannot meet their children's needs. In situations where an autistic tends to harm

themselves and others, or where educational and developmental milestones are not met, parents can be overwhelmed and distressed, especially when they feel to blame for their child's differences. This book shows an example of a family that saw behavioral therapy as a solution to the problem of autism. Though my thesis is that autism is not a problem, but a neurological difference that doesn't need to be cured, this book can help me understand the perspective of parents who would rather be able to decrease some of their child's symptoms, and see behavioral therapy as the best option.

“Risk Factors.” *National Eating Disorders Association*, [www.nationaleatingdisorders.org/risk-factors](http://www.nationaleatingdisorders.org/risk-factors).

This source describes different risk factors for eating disorders. Research shows that autistic women are at higher risk for eating disorders, so I'm using this source to point out the autistic traits that are known risk factors for eating disorders, to support my choices in “Solidarity.”

Seven Themes of Catholic Social Teaching (2019). Retrieved from <http://www.usccb.org/beliefs-and-teachings/what-we-believe/catholic-social-teaching/seven-themes-of-catholic-social-teaching.cfm>.

This page offers a brief description of each of the seven principles of Catholic Social Teaching. It gives practical applications for each of the principles and how they can be reflected in public and organizational policies. I used this as a reference sheet for understanding the principles better and applying them correctly. I also used this to recognize that I didn't have a strong case for using the principle of “Care for God's Creation” and had best not include it. The page shows the justification for each principle and sources that support each principle, which I am likely to use in the review section of my project to assert the relevance of each principle to a just approach to the autistic community.



Welcome to the Autistic Community. (2020). Retrieved May 4, 2020, from <https://autismacceptance.com/>

This source is an electronically published book created by the Autistic Self-Advocacy Network. It provides an in-depth description of the various traits that autism could impact in a person. This book describes diversity and similarity in the autistic community, as well as the self-advocacy movement. It explains both a brief history and the current goals of self-advocates, and suggestions for neurotypicals on how to be an ally to autistic people.

*What Women with Autism Want You to Know*, (2018). Retrieved from <https://www.youtube.com/watch?v=NwEH9Ui4HV8>

This video is an interview with several autistic women in which they describe their experiences and respond to myths and ideas about autism. More research is needed into the experiences of autistic girls and women. While this isn't a scientific study, it includes women's experiences, while much of autism research neglects them.

Young, E. (2019, February 25). For people with alexithymia, emotions are a mystery. Retrieved May 5, 2020, from <https://www.spectrumnews.org/news/people-alexithymia-emotions-mystery/>

This article explains alexithymia, a trait often found in the autistic community, which makes it hard to describe emotions in words. This is a trait I point out in the first story, "Option for the Poor and Vulnerable."