Please Be Patient: Investigating the Representation of Autism in Media

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

SIGNATURE:

NAME: Mhairi McDougall Johnstone

DATE: 11/30/2022

Acknowledgments

Vijay and Jim

I am humbled by your grace, intelligence and compassion. Vijay, I am inspired by your curiosity, determination and vision for better world. Jim, I wish one day as knowledgeable and finessed in my love affair with film as you.

Ella

My dedicated reader of bad grammar and witness of my many edits, thank you for being the warming fire on my lonely mountain.

Mum

My receiver of panicked phone calls in the darkest of nights. Thank you for always holding my hand throughout this journey from the very beginning. It’s an honour to have you as a parent and friend.

Dad

My mad scientist and sharer of special interest-based ranting. Thank you for hearing me and seeing me in this process and offering your empathy in our shared experience of ‘the gene pool’. You have been my inspiration in perusing something greater than we were given.

Abstract

The short film, *Please Be Patient,* and its accompanying exegesis aims to challenge the limited portrayal of autism spectrum disorder (ASD) in modern media. Throughout the film, we follow an unnamed autistic character trying to understand why they find themselves so frustrated upon finding a badge reading: “I’m autistic, please be patient.”. In a non-linear narrative structure, their train of thought is related to us by satirically investigating the central question ‘why should we be patient with autistic people?’. This accompanying exegesis will provide a framework for how to engage with and read the film. In Chapter 1, I provide an autoethnographic account of my personal experience with autism and the importance of understanding intersectionality in research and representation. In Chapter 2, I will investigate the discursive frames through which autism can be viewed (Thibault, 2014), namely the interaction between medical and entertainment media. Lastly, after viewing the film, *Please Be Patient*, Chapter 3 discusses my creative process through the embodied research method and exposes how my autistic viewpoint has influenced my creative choices in the film’s fruition. My aim in undertaking this research is to provide insight into why autistic people should be a staple in the creation of autistic representation.

A Formal Introduction

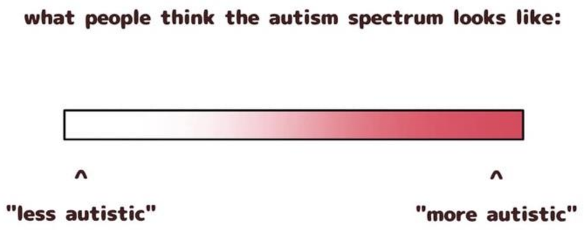
To whomever this may concern,

Thank you for reading. I hope you are doing well today. Are you sitting comfortably? Are you thirsty? Maybe grab yourself a little cup of tea. Relax your shoulders. Loosen your jaw. Take a deep breath. I know this isn't the most traditional way to begin an exegesis; but as an atypical person, try not to expect anything typical about this dissertation.

To engage with this work, I advise that you begin by reading Chapters 1 and 2. These opening chapters will provide you with a framework through which to view my creative artefact, my short film, *Please Be Patient,* by presenting both my personal insight and publicized viewpoints of autism accordingly. After viewing the short film, please resume reading Chapter 3. This Chapter consists of a discussion of my creative influences, creative process, and reflections of my short film, *Please Be Patient*, and following that is the Conclusion. By taking this approach, you will be best informed before engaging with the short film, but also have its creative aspects fresh in your mind in the following discussion.

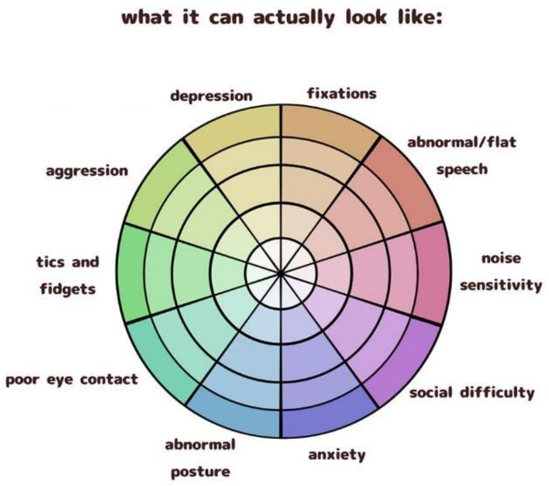
"Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by deficits in social communication and the presence of restricted interests and repetitive behaviours." (Hodges et al., 2020). Autism is classified as an invisible disability, defined as "a physical, mental or neurological condition that is not visible from the outside, yet can limit or challenge a person's movements, senses, or activities" (Invisible Disabilities Association, 2022). Autistic people are often scrutinized for their perceived social transgressions created by others' misreading of symptoms of their disability (Invisible Disabilities Association, 2022).

I want to take this introductory segment to quickly debrief you on the ins and outs of autism, from an autistic person's perspective. Typically, from my experience, when asked to describe the autistic spectrum, the most common assumption is that it functions as a degreed scale, from less autistic to more autistic, as shown in the image below.



(Birch, 2020)

Interestingly, it is more helpful to visualise the spectrum of autistic as a segmented circle; in which autistic traits can vary within each segment. The overall interaction of these segments, and the intensity to which they are experienced, signifies aspects of autism which are holistically considered a disability. This visualisation allows for a better understanding of how autistic traits can be disabling depending on their environment, as pictured below:



(Birch, 2020)

Throughout this exegesis, I want you to question what you know about autism and consider the world from my perspective. Although this is the opposite of the detached observations we expect from academic prose, in this instance, it is important you regard me as an individual. There are moments in life we must break the rules in the pursuit of knowledge. Ironically, I love rules, but this is one of those times. It is impossible for me to know if you have a wealth of experience with autistic people, and even if you do, how that experience will affect your perception of me – a completely different autistic person. “If you’ve met one autistic person, you’ve met one autistic person” (Huntly, 2021) is a common saying within the autistic community for a good reason. It was birthed from the knowledge that the autism spectrum is just that, a very vast spectrum.

Although, I cannot speak to the experiences of every autistic person, by using autoethnography as my method of research in Chapter 1, I hope to tap into the holistic aspects of the autistic experience. As Hughes & Pennington (2017) note: exposing of the self is pertinent in autoethnographic work as it makes the researcher the researched as well. Autoethnography is a meaning making process of “being identified as with making identifications” (Duveen, 2001, p.182) and allows me to put my story “out there, in the domain of ‘others’ … to be judged” (Mischenko, 2005, p.204). You may find at points throughout this work that the tone of my writing varies in formality, particularly in Chapter 1, my autoethnographic account. I want to reassure you my use of tone is purposeful, yet a potentially risky choice. I believe if I am to emphasize my individuality, I must use language I feel comfortable with in expressing myself. Autoethnography enables me to represent myself, tell my story as experienced by myself, without the involvement of other individuals, groups, or institutions intervening and controlling what they want known, said, and shared.

In Chapter 2, I examine these individuals, groups, or institutions in more detail and discuss the formation and dispersion of the frames of understanding autism can be viewed through (Thibault, 2014). Various institutions (including medical, academic, entertainment and news media (Thibault, 2014)) have attempted to raise awareness of the misconceptions surrounding autism for many decades. Unfortunately, these different institutions can undermine and influence each other, further perpetuating, or further distorting, the tropes and stereotypes of autism held by the cultural zeitgeist. We have, for example, been studied, pathologized, and diagnosed by the field of psychology (Evans, 2013). In the media, we are represented as having “either diminished capacity or superhuman capacity, but nothing in between” (Draaisma, 2009). On-screen representations of autism are heavily curated, creating “a carefully controlled slice of autistic experiences” (Stark, 2020).

Finally, in Chapter 3, I will outline my creative inspirations, namely discussing aspects of internet culture which have informed the narrative structure and aesthetics of my film. Adapting the developing visual language of the internet felt like an appropriate creative choice, as online spaces have become a virtual community for many autistic people as "conversing online is a way to socialize without experiencing the demands associated with real-life conversations" (Jordan, 2010). In this closing chapter, I will also outline my creative process throughout the making of *Please Be Patient*, using the embodied research method. This methodology best suits my research as it allows me to lean into my sensory bodily experiences of creation which is of immense importance to my perception of reality, due to my heightened sensory experience. Lastly, I will provide my final reflections on my finished work, its limitations, and areas for future research.

In addition, throughout this exegesis I will adhere to identity-first language, meaning I will be referring to myself as an autistic person rather than following the convention of person-first language in which the phrasing 'person with autism' is used. The distinction between these vernacular options allows autistic people to identify themselves as autistic or as a person in order of their significance to the individual. My opinion around this custom aligns with Jim Sinclair's article "Why I dislike person first language" (2013): "We describe important aspects of people's social roles in terms such as "parent" or "worker," not as "person with offspring" or "person who has a job." (2013). In my opinion, this custom introduces further confusion into a community living with a disability that primarily struggles with communication. However, I respect the choice to identify with person-first or identity-first language and I will refer to all autistic people referenced within this exegesis in their chosen identifying convention if their preference is stated.

Thank you for your time and consideration, please be patient.

Yours faithfully,

Mhairi Johnstone

Chapter 1: Autoethnographic Account

Intersectionality and Autoethnography (e.g., play your cards right)

Autoethnography is a form of qualitative research methodology that requires the researcher to explore their story of self in relation to their community and/or culture and reflect on their discoveries (Maréchal, 2010, p.43) allowing them to present their opinions as evidence of their experiences. It permits the researcher to explore their narrative sense of self in order to broaden comprehension of their community and/or culture (Ellis & Bochner, 2000). For Reed-Danahay (1997) autoethnography gives insight into the social and cultural understanding of the private challenges of communities and individuals. They also suggest that autoethnography is the critical study of the self, a first-person point of view into a more elaborate sociocultural community (Reed-Danahay, 1997). Throughout this process, the researcher journeys toward a poignant understanding of the self while positioning the self within the context of the wider sociocultural landscape (Ellis and Bochner, 2000).

This method of research is particularly fitting for researching autism since autism is the antithesis of ‘one-size-fits-all' due to its nature of varied manifestation. On a neurological level, two autistic people may have an enlarged amygdala, the centre of emotional control in the brain. Yet, an enlarged amygdala does not necessarily mean that these two autistic people will experience emotional control in the same way (Grandin & Panek, 2014). Temple Grandin, an autistic researcher, employs the use of metaphor to explain how these incongruent autistic brains occur, using the mental image of an office building. “In the autistic brain, […], [the] elevator might not stop at the seventh floor. The phones in the accounting department might not work. The wireless signal in the lobby might be weak” (Grandin & Panek, 2014). To continue this metaphor, from one brain to another, despite their neurological similarities, the elevator may have no problem stopping at the seventh floor, but it will not stop at the sixth, implying that although autistic brains may have similar structures, the communication between these structures and their interpretation of the world are endlessly interchangeable. Due to this diversity, autism can be a complex topic to research, represent, or even define.

For this reason, I have chosen autoethnography as a method of research as it allows me to submit my subjective experience as an autistic person in aid of discovering the wider, interconnective objective experiences of the autistic community. Knights and

Wilmott (1999) suggest, that the “individual” is a product of social engineering, and in investigating the aspects of myself that I associate with my autism, although this data may appear autobiographical on its surface, its function is to access my vulnerabilities in relation to my community (e.g. the autistic community) (Reed-Danahay, 1997) to expose micro experiences that may interconnect into congruent, holistic truths of the community.

In relation to *Please Be Patient*, autoethnography as a method of research is particularly well-suited for examining the sociocultural perspectives of autistic people. I wanted to share my story because as Richards (2008) argues, autoethnography is an emancipatory discourse because “those being emancipated are representing themselves, instead of being colonized by others and subjected to their agendas or relegated to the role of second-class citizens” (Richards, 2008, p.1724). The nature of autistic people representing themselves will be explained in more detail in Chapter 2; however, to summaries briefly, autism is “an intensely scrutinized and well-documented topic of scientific, medical, and social inquiry that occupies a significant space in the contemporary imagination” (Thibault, 2014).

In addition, Mischenko (2005) notes the guiding principle of autoethnography is that “personal is always social” (Mischenko, 2005, p.206), and thus the experience of the individual is understood as being produced by their society’s social and cultural ethos (Hughes & Pennington, 2017; Denzin, 2001; Stryker, 1980; Sparkes, 2000). Therefore, to accurately define my experience with autism, I must consider how other aspects of my identity have influenced my experience. Taking these various classifications into account allows for an intersectional analysis of autistic representation.

The ability to account for intersectionality is another reason I have employed the use of autoethnographic research. The term intersectionality was coined by Kimberle Crenshaw in 1989 to describe how overlapping aspects of our identities can interact and influences how we are perceived and treated by others (Crenshaw, 1989). Intersectionality asks that we “accept the possibility that there is more to gain by collectively challenging the hierarchy rather than by each … individually seeking to protect her source of privilege within the hierarchy” (Crenshaw, 1989). These privileges are evident within the autistic community, as Pearson and Rose discuss:

> Limited conceptualizations (i.e., a stereotypical idea of a White, male, and nonspeaking child) of what autism ‘‘looks like’’ have led to underdiagnosis in certain populations, notably people of color and women. The current diagnostic gap between men and women sits at around 4:1. Attempts to remedy underdiagnosis in

> these populations have led to growth in understanding autistic heterogeneity and how autistic characteristics might differ from person to person (Pearson & Rose, 2021).

Cascio et al also highlight the importance of taking intersectionality into account when researching autism to promote comprehensive conclusions, stating "research and practice that aim to support people with autism benefit from attention to intersectionality that strives for greater inclusion" (Cascio et al., 2020). They go on to list these necessary areas of inclusion as "...sex and gender; level of support needs; communication modes; race, ethnicity, geography, and language; socioeconomic status; and age" (Cascio et al., 2020).

By using autoethnography, I can speak to my experience with authenticity within a supported academic methodology, without erasing the experiences of others within my community and highlighting commonalities between intersectional identities that may have previously gone unnoticed. I am an expert on the specific circumstances I experience autism within. I can speak to being an autistic woman, a member of the LGBTQIA+ community, and someone with the privilege of receiving a formal medical diagnosis.

For example, my queerness and disability intersect in my ability to remain incognito. Until I reveal my true self. I can be seen and unseen. In a queer context, I am 'coming out of the closet'. As an autistic person, I 'disclose my disability'.

This sense of choice is not one felt by all autistic or queer people but when I choose to be seen I may impact my safety and wellbeing. When I choose to be seen, I have felt an unspoken expectation to maintain unquestioning pride in the pre-established labels and boxes assigned to me; that I had no hand in creating. When I choose to be seen, I feel an immense pressure to be a positive, acceptable, and responsible representation of my communities. When I choose to be seen, I risk permanent and unforeseeable change to my interpersonal relationships, regardless of their personal or professional context.

Although I do not directly address these sentiments in my film, the same attitude of frustration is certainly present. The dichotomy of 'being looked at' and 'being known' is a concept I will explore further in Chapter 2; however, it is important to note that my scholarly fixation with contextual narrative framing is a result of the intersection of my queer and disabled identities.

I cannot, however, speak to the experiences of autistic Black and Indigenous People of Colour (BIPOC) communities, those who do not have access to/or can financially acquire a medical diagnosis, and I cannot, under any circumstances, speak on the behalf of the whole autistic community. The framework of autoethnography allows for the in- depth and nuanced enquiry of my experiences as an autistic person without presenting them as monolithic or holistic of the wider autistic community. Similarly, others who occupy my intersectional standpoint may identify with aspects of my experiences I have not thought to note.

There are several limits to autoethnography: some question the reflexivity and the positionality of the researcher. David Hayano (1979) for example points out, “I also acknowledge but disregard studies… which analyse one’s own life through the procedures of ethnography. These studies are not only autoethnographic, they are self-ethnographic, but it is not immediately shown how they are applicable to other cultural members” (1979, p.103). However, autoethnography is “one of the approaches that acknowledges and accommodates subjectivity, emotionality, and the researcher’s influence on research, rather than hiding from these matters or assuming they don’t exist” (Ellis, et al, 2011, p.274). In this way I can recognise the potentially biased nature of critically engaging with subject matters intrinsically linked to my own lived experience.

According to Méndez (2013), a recurring criticism of this approach is “its strong emphasis on self, which is at the core of the resistance to accepting autoethnography as a valuable research method. Thus, autoethnographies have been criticized for being self-indulgent, narcissistic, introspective and individualized” (2013, p.283). This is why Walford (2004) points out that we cannot claim autoethnography as research. While I disagree with Walford, I have adopted a few strategies to navigate some of the limits identified. I am acutely aware that my unconscious bias may manifest in the research, and to counter this, I punctuate my personal experiences with scholarly research and additional accounts which help clarify any predispositions and steer the research away from any prejudice. Additionally, I have declared and highlighted how my intersectional identities directly influence my experiences with autism so my research may be criticised with my privileged and marginalised identities in mind.

The Screen and The Mask (e.g., a blessing in disguise)

I imagine everyone has different ways of placing their younger self in time: by age, place, or kinship. My method has always been the fictional world I would escape to at the time. I would find portals through paper or screen and seek comfort in my new hiding place. There were few overarching connections between these worlds other than my love of them. Typically, what drew me into each world was a single character I could connect with and ultimately, assume their identity when it suited me.

These characters were my friends, particularly in the times when friends were hard to come by. They taught me how to say thank you, how to say sorry, how to ask difficult questions, and how to defend myself. How to be (that is, what I considered to be) a ‘normal’ human. I would rewind and replay and rewind and replay the moments of sparkle in their eyes, their furrowed brows of doubt, and their emotional words of affirmation.

Film and television have been proven to be a productive therapeutic method for autistic people - beyond my individual love affair with video editing. Screens can help autistic people identify social patterns. Visual media is incredibly popular with autistic children, who choose screen time over all other offered activities, with a strong preference for animated programmes (Shane & Albert, 2008). Studies have shown watching soap operas “encourage discussion, problem-solving and self-awareness" in autistic people (Breen, 2007). In part, my love of film and television is its ability to streamline the chaos of an unscripted social environment and meld it into a structured safe narrative.

This fascination with fiction eventually led me to my first job, in a cinema, where talking obsessively about film and television was encouraged. A year later, I enrolled at university to study film and television. All the while, I gazed into screens, stared in the mirror and practiced the delivery of happiness, sadness, fear, and anger. I assumed this was something everyone did.

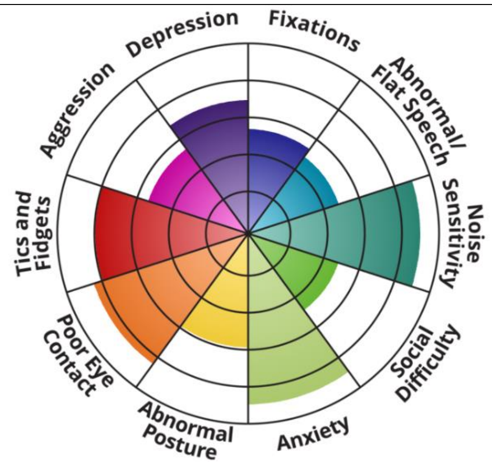
As it transpires, they do not.

Six months later, at the age of nineteen, I was formally diagnosed with autism spectrum disorder midway through my second year of university. Ironically, the characters that I loved with all my heart had aided me in crafting something I never knew I was lacking: a mask to hide behind.

Autistic masking, or camouflaging is a relatively new field of research (Pearson & Rose, 2021), and is more often represented in women with autism, or Female Autism

Phenotype (Hull et al., 2020). Masking is “the use of conscious or unconscious strategies, which may be explicitly learned or implicitly developed, to minimise the appearance of autistic characteristics during a social setting” (Hull et al., 2020). These strategies can involve “mimicking the behaviour of those around us, such as copying non-verbal behaviours, and developing complex social scripts to get by in social situations” (Belcher, 2022) in order to “avoid the prejudice and judgement that comes with being ‘different’” (Belcher, 2022). Although I did not realise at the time, these characters I studied on my television screen were the fuel for the fire in my mental forge where I soldered together the social nuances, I had unconsciously noticed I lacked.

You may ask why I instinctually hid aspects of myself that were perceived as autistic. Unfortunately, “research has shown that dehumanising attitudes towards autistic people are still highly prevalent despite years of campaigning for awareness and acceptance, and 80% of the stereotypical traits associated with autism are rated negatively by non-autistic people” (Pearson & Rose, 2021). We are also four times as likely to experience bullying than non-autistic people (Sterzing et al., 2012). You may reach for the uncomfortable phrase ‘everyone’s a little on the spectrum, right?’. As prefaced in my introduction, the autism spectrum is not a scale of severity but, more accurately, a metaphorical wheel of fortune of autistic traits. For a more concrete example, this is my brain on the autism spectrum:



(IDRlabs, 2022)

(Left) My results from the Autism Spectrum Test by IDRlabs (IDRlabs, 2022). Other self-report tests are more readily used by the medical community, such as Ritvo Autism & Asperger Diagnostic Scale (RAADS-14) (Eriksson et al., 2013) and provide more thorough testing. Yet, the results of these tests are typically a numerical value which leans into the misrepresentation of autism being a scale. Therefore, please note, although the IDRlabs test is more generic, less scientific, and has its limitations in its accurate depiction of autism, I have included my personal results to provide a clearer visual example of the spectrum of autism.

From this, we may gather I am an anxious, noise-sensitive, fidgeting depressive who will not look you in the eye. Unfortunately, I'm going to throw you curve ball. In my film, *Please Be Patient*, I do not appear to be most of those these things. You would not know I am autistic, unless...

Well, for me it's being seated betwixt two conversations at the dinner table, and I don't appear to be a part of either of them. The overlapping voices and topics feel disorientating as I catch the eyes of people in both discussions. My mouth goes dry. Their voices drift away. I drift away. I become an anxious, noise-sensitive, fidgeting depressive who will not look you in the eye.

For other autistic people, it might be the feeling of cotton wool or the sound of nails on a chalkboard. We all have these little things but that doesn't make us all a little autistic. Autism, at least for me, is hyperventilating in a dark room because I couldn't decide which side of the table to listen to. I hold myself together long enough to make an excuse. I say I need to use the bathroom or pretend to take a phone call. In my experience, nobody catches a glimpse beneath the mask unless I let them.

To avoid confusion, I want to preface that I do not directly address my experiences with masking in *Please Be Patient*. As autistic masking is a relatively new field of research, I chose to focus on the emotional impact of being a late diagnosed heavily masking autistic person. In summary, the film abstractly follows my train of thought, using short scenes and skits, as I try to understand why a badge reading 'I'm autistic, please be patient with me' has made me feel 'a bit weird'. In several of these short scenes I employ the use of my mask and its variations. These scenes differ from the more heavily scripted skits where I am acting rather than masking. This distinction is critical to the overall message of *Please Be Patient*, as whether you can decipher what is masking or acting is not as important as fully understanding how the simple act of delivering lines to a camera as myself has taken me decades of practice in its fruition.

Although I am thankful for my ability to mask, it comes at a cost. Considering the concept of autistic masking is an emerging field, studies on the negative consequences of masking are a particularly sparce niche, as I discovered from my research of studies from within the last five years. Cage and Troxell-Whitman (2019) report that a focus group of masking autistic people feel as if they must choose between the potential negative perception and bulling of living unmasked or mask and living with the psychological consequences. They note, "when an individual puts energy into keeping track of which parts of their identity are expressed in which environments, it could cause identity fragmentation, stress, anxiety and depression" (Cage & Troxell-Whitman, 2019).

The consequences of masking I live with now, as an adult, are well summarised by "identity fragmentation, stress, anxiety and depression" (Cage & Troxell-Whitman, 2019). I struggle to distinguish between my autistic traits, my masked responses, my appeasing acceptance, or my genuine consent. In researching how representation of disability has affected me and impacted my work as a filmmaker, I have uncovered aspects of my childhood and young adulthood that I have realised did not need to be as painful as they were.

These revelations are difficult to describe; yet they felt familiar to my experiences as a queer person. In the time period proceeding my 'coming out', I would often forget that I had always been queer. I was not straight and then suddenly queer, that was the position of those around me. Eventually, when I became more comfortable with my holistic queer identity, I began to remember my experiences of homophobia from when I was perceived as straight. At the time, I did not consciously understand their effect, as I did not view myself as queer, but subconsciously, I had remembered.

Over the course of creating this film, I have experienced a similar phenomenon with my memories of what I now know to be disability. There is a substantial portion of my life where I thought of myself as 'a bit weird', but I did not suddenly become autistic when I was diagnosed. I have always been autistic. In a similar way, these subconscious memories of being 'a bit weird' began trickling out.

When I was seven, I took ballet classes. On the wall there were a line of double pronged coat hooks. I had asked my mum why we have shoes for our left and right feet, but we don't have left and right socks. She asked me why I asked that. In response, I pointed to the hooks on the wall.

ME: "You see those hooks?"

MUM: "Yes..."

ME: "Some of them are broken"

MUM: "Yes, some of them only have one, but that's ok. They still work."

ME: "I know, but I think I'm like one of the broken hooks."

Back then, I did not have the words to describe being ‘a bit weird’, but I knew I was different. In retrospect, it began by letting other children put litter in my pockets, because they told me that’s what friends do. When I shaved my legs for the first time, I missed a small patch of hair on my knee. I couldn’t pull my attention away and proceeded to have (what I now know to be) a severe panic attack on the courtside benches at a high school basketball game. Being a teenage girl! Did you know that it’s ok if you are mercilessly mocked - because that’s what friends do. Only, it’s not ok if I was the one doing the teasing. That’s not what friends do then.

By the time I had left high school, the consequential paranoia had evolved into a game of its own. I had internalised the idea that I was not worthy of the same respect as others. I learned to replay and repeat and replay and repeat the conversational scripts I acted out each day- scrutinising my performance with the keen preceptive recall I had developed over years of identifying and correcting my mistakes.

Ironically, I see now this is what led me to video editing. Almost ten years after my diagnosis, I feel better equipped to use the pain and the joy of the way my brain works in a more productive means. In some twisted way, it makes sense to me that I would choose the medium that taught me how to mask to explore the nuances of my autistic experience. The game of assembling a narrative puzzle: crafting each piece; studying their meaning; rearranging and refining until I have composed the most authentic picture of my narrative vision. The process of playing and repeating and replaying and repeating for the purpose of invention and creation over scrutiny and criticism? Glorious, blissful, catharsis.

However, despite my love affair with film and television, I feel I have been let down by media’s representation of people like me. In summary, the combination of my analytical mind, obsessive dedication to watching and rewatching, and disappointment in the inability to identify with people like me on screen are the reasons that have led me to create this film. In Chapter 2, I will discuss why these representations are so disappointing to me.

Chapter 2: Problematic Representations

The “Medical Gaze” in Media (e.g., a taste of your own medicine)

To understand how the contemporary presentations of autism have evolved, we must first understand their roots – namely, the theories and ideas that have contributed to how we view autism today. As previously stated, there are many frames through which autism may be viewed. As this plethora of frames cannot be fully discussed in a dissertation of this scale, I have elected to focus on the interaction of the institutions of medicine and media.

Roy Porter’s article “The Patient’s View” (1985) offers a crucial awareness of the doctor-patient power dynamic. He begins by pointing out that the history of medicine is majority written by medical practitioners themselves (Porter, 1985). With the intention to elevate the institution of medical practice, we were taught to believe that before the breakthroughs of modern medicine we were at the mercy of “ignorant folklore” (Porter, 1985). As early as 1806, Dr. T. Percival stated patients risked their health by following their own instincts and/or seeking a second medical opinion, as a patient must be loyal to their doctor (Porter, 1985). Initially, the doctoring profession was simply but one option a prospective patient had at their disposal, alongside self-treatment and the care of the community (Porter, 1985), insinuating that before the systemization of the medical field, disability was considered a common and everyday matter. However, as the modern medical system has developed, the participation of the community and the autonomy of the patient have dwindled and vanished from our understanding of health care.

Despite understanding the value of medical research, Porter (1985) notes that due to this saviour-like narrative, the role of the patient is ignored in favour of the disorder of their bodies (Porter, 1985). However, “it takes two to make a medical encounter” (Porter, 1985). Over time, Doctors have been elevated to the top of the medical pyramid, so Porter requests that we defamiliarize ourselves with the assumptions we have of the doctor-patient relationship and reconnect with the less hierarchical structure of health care (Porter, 1985). Although I am similarly thankful for the development of modern medicine, I agree with Porter’s critique of the hierarchy of medical practice. The perceived power of formal diagnostic criteria carries weight in its officiality- as does the holistic method of diagnosis. Foucault also considered this power dynamic and describes the patient as a fabrication of the “medical gaze,” (O’Callaghan, 2021) a role scripted by the overall scenario of the medical system.

One of the first documentations of autism, by Hans Asperger in 1944, exhibits aspects of Foucault’s ‘medical gaze’. In developing his criteria of socially deficient traits Asperger offered an “implicit invitation to his readers to join him in the act of clinical observation […] trusting that his readers will begin to form some sort of mental image” (Draaisma, 2009).

This interpretation of disability as a criterion of deficits is evidence of the medical model of disability where “disability is understood as an individual and/or a medical phenomenon that results in limited functioning that is seen as [a] deficient” (Haegele & Hodge, 2016). Disability was thought of as a state of needing eradication, and treatment was “geared toward eradicating the cause of or fixing the impairment” (Haegele & Hodge, 2016). Those who believed the need for treatment or to be fixed was unnecessary were thought to be “noncompliant or unmotivated” (Haegele & Hodge, 2016). Haegele and Hodge (2016) summaries that the medical model of disability as the view that “individuals with disabilities are independent of wider sociocultural, physical, or political environments” and any problems they encounter should be considered their own, individual plight (2016).

Thankfully, in more recent times we have moved away from this modelling of disability. Today, we view disability via the social model, which considers that ““disability” and “disablement” are socio-political constructions. It is therefore the inhospitable physical environment, in concert with the negative social attitudes that disabled people encounter which result in the systematic oppression, exclusion and discrimination of disabled people” (Lang, 2007). Essentially, we now understand society to be disabling, rather than disability being the fault of an individual.

However, it appears that representations of disability in media are still adapting to this evolved ideology. Foucault’s ‘medical gaze’ still lingers in media representations of autism and can be compared or translated to Laura Mulvey’s description of the ‘male gaze’, in which the audience subconsciously identifies with the straight male protagonist, thereby permitting the objectification of female characters (Mulvey, 1988). Although film criticism has matured past this limited heteronormative understanding of filmic narrative and its audience, the comparison between the ‘male gaze’ and the ‘medical gaze’ still hold significance. Like Mulvey’s view of women being stripped of their agency to cater to an audience of men, autistic characters are typically created for a non-autistic audience.

Nordahl-Hansen's research found "autistic characters in TV and film to be archetypal rather than authentic" (Nordahl-Hansen, 2017). In the 'medical gaze', instead of the objectification of women through the eyes of men, a disabled person may similarly be objectified by non-disabled people and become "a bearer of meaning, not a maker of meaning" (Mulvey, 1988). Entertainment media has opted for archetypal representations of autism, displaying a generic diagnostic criterion, or a "medical-textbook-inspired characterisation" (Nordahl-Hansen, 2017).

In Chapter 1, I drew attention to the disproportionate underdiagnosis of women and people of colour. Despite these statistics being readily available in a scientific academic literature, I have found very little commentary within the field of social sciences, which speak volumes when considering the state of representations of autism in the media. Interestingly, my research into representations of autism in the media has led to a similar conclusion as those in the field of hard science: that the "limited conceptualizations of what autism ''looks like''" (Pearson & Rose, 2021) has bled through from the medicalized world of diagnosis to the characterisations of autism on our screens.

Deconstructing monolithic representation (e.g., prevention is better than cure)

The problem with autistic representation is not that it is necessarily bad, per say, it is just not immensely helpful. Media representations carry more than their aesthetic worth as autistic characters act as a method of education. The body of knowledge a given person may have about autism is likely delivered to them through their screens – that is, outside of knowing an autistic person themselves. For this reason, I will outline a representative sample of representations of autism, as a comprehensive analysis is beyond the scope of this exegesis.

A portion of autistic stereotypes were arguably founded with Barry Levison's *Rain Man* in 1988 (Levinson, 1988). However, over thirty years on, *Rain Man* is no longer as ground-breaking as it was once acclaimed to be and has been described, by an autistic person interviewed by *The Guardian (2018),* as: "despite not being malicious in its portrayal, it's still a poor representation and a stereotype" (McCarthy, 2018).

The Good Doctor (Shore, 2017) is a newer addition to the annals of autistic representations. The television show, aired on ABC follows surgical resident, Doctor Shaun

Murphy, who happens to be autistic. Various elements of Shaun's autism are explored throughout the show, such as Shaun's social struggles with bedside manner and difficulties in his personal life. Ian Stark, an autistic researcher, describes the show as "while well-intentioned, [*The Good Doctor*] is rhetorically ambiguous because of its decision to depict a carefully controlled slice of autistic experiences" (Stark, 2020). The representation provided by *The Good Doctor* is decidedly divisive within the autistic community. From Stark's autoethnographic account, "One could read it as "if you have autism, you must be a high-functioning super-genius in order to be accepted" or one could read it as "don't worry if you struggle with your autism, because even high-functioning super-geniuses struggle with it, too" (Stark, 2020). However, Stark notes that his personal identification with Shaun "could have led [him] to ignore the problematic nuances of the program due to not personally experiencing them. Bearing this in mind, future analyses of autistic representation in *The Good Doctor* should strive to include reflections from more intersectionally diverse autistic voices" (Stark, 2020). Although I find joy in Stark's enthusiasm and identification with this representation of autism, as a forementioned differing intersectional autistic voice, I do not find *The Good Doctor* an appropriate representation of autism. Shaun's character curtails the acceptance of autistic people in the workplace due to how repetitively the show draws attention to Shaun's acceptance based on his extraordinary talents. This could be described as disability exceptionalism, in which a disabled person is granted the respect of personhood based on how meaningful their contribution to society is.

Another program from this era is *Atypical* (Rashid, 2017). This program follows teenage high school student, Sam, and his issues surviving high school as an autistic teen. In summary, "the majority of [autistic] participants described Sam's portrayal as accurate, emphasizing that it was accurate as *one example of autism* … The primary concerns identified were the stereotypical representation of a popular media image of autism, the lack of diversity, and the depiction of autism as a burden or challenge for the protagonist and his family" (Jones et al., 2022). Yet again, this series still shows autism in a squeaky-clean environment, allowing Sam to comfortably explore, explain, and work though aspects of his autism. A luxury which, despite helping the show platform autism as its subject, sanitizes the lived experiences of autistic people.

Finally, we arrive at *Heartbreak High* (Chapman et al., 2022) and the ensemble cast character Quinn "Quinni" Gallagher-Jones. Although this show does not focus solely on Quinni, its nuanced depiction of autism is incredibly engaging. Quinni's storyline focuses on her budding relationship with her girlfriend who, interestingly, is the party whose social skills are scrutinized in relation to Quinni's autistic behaviors. In this instance, it is the non-autistic person's lack of respect and ableism that is represented as problematic. This is a narrative angle rarely broached and should be particularly commended in its wholehearted acceptance of a teenage LGBTQIA+ relationship. Quinni also discusses her ability to mask, as well as becoming non-verbal after a meltdown. Behind the scenes, the production took great care to create this authentic autistic representation. The actor that plays Quinni, Chole Hayden, is autistic and consulted on her character's responses, using her lived experience to bring the character to life (Malas, 2022). This is a remarkable feat for the standard of representations of autism as "the fact that an autistic person playing an autistic character has only happened a handful of times in media history, and only in the past couple of years, is an unfortunate reality" (Malas, 2022). Unfortunately, as the first season of *Heartbreak High* was released only a matter of months preceding this dissertation in September 2022, there is little academic discussion around Quinni's character. However, I believe Hayden's portrayal of Quinni is a strong reference point for the quality of autistic representations in media to come.

The reason I struggle to fully back representations like *Atypical* and *The Good Doctor* is not because they are bad representations of autism, but because their character's central conceit is their autism. *Atypical* attempts to avoid this by making Sam's narrative goal to get a girlfriend and his difficulty with this task because of his autism. In *The Good Doctor*, the focus is the concept of an *autistic* surgeon. In *Heartbreak High*, Quinni is the protagonist of her narrative journey, she just happens to be autistic. Therefore, she reacts and processes her narrative arc like any other character; her reactions are just shown atypically. She does not need to be told why she did something wrong and is empowered by the narrative to point out the wrong doings of others. Overall, deconstructing autistic stereotypes is less about using entertainment as a mode of education and more so depicting autistic people as everyday human beings, who just happen to be autistic.

Stereotypes are harder to fall into when the focus of a character is their well-rounded personhood, and not solely the stereotypical aspect of their existence. The distinction between a character defined by their autism and a character exhibiting autistic behaviours is a concept I want to make clear before you watch my film, *Please Be Patient*. Throughout my film, I play many variations of myself as an autistic character to emphasis the multifaceted aspects of my identity, out with my experiences of autism. As the central topic of *Please Be Patient* is autism, I felt this was necessary in order to distinctly assert myself as an autistic character with value, interests, and flaws – to present myself as a well-rounded person. I believe this artistic choice in *Please Be Patient* is noteworthy. By discussing disability from a narrative position of power (through the means of consistently and literally changing how I am portrayed throughout the film) I hope firmly to challenge the 'medical gaze' and create an opportunity to reflect on the distinct difference between the ghost of autistic representations past and what the future might yet hold.

CHAPTER 3: Creative Process

A Reflective Interjection

Dear Dad,

One of the most unexpected conclusions I have arrived at over the course of my research has been the importance of our likeness. Before we knew what we were, we knew we were alike. We never say it, but we crave to feel seen. Whilst I studied the faces I found through screens, you sat beside me. I wish we had understood more about our likeness back then. We could have confided in each other so much earlier than now. Shared the pain of confusion and frustration and the excitement of discovery and familiarity.

I do not blame you or feel you withheld anything from me as a parent. In the world you were raised in, you were taught not to speak of these things, and how to, at all costs, hide them. In a way we are lucky our likeness allows us to find each other in ways beyond conventual conversation. You showed me the most immersive and enchanting worlds where people like us existed. I don't think you realised at the time, but you showed me how these worlds could numb the pain of not feeling seen.

It is an honour to share with you the world I have created myself. I hope you see parts of our likeness within.

Your favourite (and only) daughter,

M

Discussing Unmasking via Embodied Research

Welcome back! I hope you had a fun time – did you like the Adequate Information Simulation (AIS)? That was my dad's favourite when he looked over some early cuts. In this chapter, I want to take you through my creative process of making *Please Be Patient* (a peak behind the curtain, so to speak) in order to link back to various points in Chapters 1 and 2 and discuss their relevance to the film overall.

As a framework for this discussion, I have employed the use of the embodied research method. Although, "analyses of language, talk, text and discourse have dominated critical work in the humanities and social sciences for several decades" (Chadwick, 2016), embodied research allows for the study of "movement, vibration, sensation, or activity" (Spatz, 2017).

Up until this point, every time I have been asked to analyse my creative process, I have lied. Or, more accurately, I have masked. I typically undergo an intense character study of the tutor or professor grading my work, assume their mindset as I view my work, and then write my approximation of what their interpretation will be. I learned, from an early age, that my true interpretation of the world could be replaced with the interpretations of others. I used my ability to mask to decipher what people wanted to hear, rather than what I thought. I learned to *mask* my creative process.

For this reason, I have struggled to explain my authentic creative process – my 'unmasked' process. If autistic masking is an emerging subject of study, studies discussing unmasking are even more tricky to come by. Unmasking involves systematically disassembling the elements of your external personality you believe to be performed for the benefit of others and identifying the attributes of yourself you consider to be your authentic self.

In presenting embodied research, "critical and philosophical references are optional, while technical references are essential. This is because embodied practice derives its structure and meaning primarily from lineages of technique" (Spatz, 2017). Therefore, this methodology offers me the opportunity to reconnect with my true process and avoid my learned masking behaviours of mimicking and claiming others' aspects of creation as my own.

When I read accounts of the creative processes of others, I find I can mistake understanding their approach with identifying with their approach. I have still lived more of my life undiagnosed than with the frame of understanding I have now. When I began unmasking, I was unsure of my favourite colour. I had always said it was the colour of autumn leaves because that sounded wistful and quirky. After a few years of introspection, turns out my favourite colour is purple. The kind of purple that almost looks black, until you linger longer to see its soulful depth. As you may imagine, analysing the nature of my authentic creative process is significantly more difficult than rediscovering my favourite colour. Thankfully, embodied research allows me to analyse my creative process without significantly relying upon references of the creative processes of others'.

Acceptance of Failure

Autism, to me, is feeling the most optimal joy while experiencing a new sensation in a familiar way. Therefore, the first step in my creative process is establishing a consistent and caring acceptance of failure. This may sound brutal, but I must understand the image in my head will never be true to my final product. Without this acceptance, I am fuelled by the need for communitive perfection Therefore, even the smallest inclination of an idea must be investigated, verified, and approved. If I allowed this investigative nature to spiral into a game of scrutiny, I would never leave the house again, albeit produce a film.

In the AIS, the continuity of whether my headphones are on my head or around my neck is incredibly inconsistent and (although it pains me deeply) I had to let sleeping dogs lie and move on to the other ten or so scenes I had to write, produce, film, and edit. From my years of heavy masking, I have learned that failure is not necessarily a terrible thing, and it is not to be feared. It is the investigation of the fickle nature of the human experience that motivates and excites me. It reminds me I am a flawed person - not a robot preforming artistic surgery. Creation is not the execution of an idea, but the birthing of an unknown understanding.

However, when I do succumb to the game of scrutiny, my greatest challenge is finding the energy to debate with my inner critic. I call her Mona, because she moans a lot, but her full name is Mona Soft, because she wants to keep me safe in a soft bubble of familiarity. She is one of my masks. In fact, you have met her – sitting behind the wheel of a car, complaining about insomnia, and again in the concluding scene of *Please Be Patient*. Accepting a degree of failure in the beginning of my creative process allows my true self to get a word in edgeways. Mona can be appeased when I remind her that stepping out of my comfort zone will not always lead to pain. She is scared and angry; but has a thirst for learning. I can give her a treat by creating an animated graphic from scratch. This feels like the most optimal joy of experiencing something new in a familiar setting.

Evidence of my placation of Mona can be found in *Please Be Patient* in my more intricate editing choices. For instance: the exploding autism badge; the AIS loading screen; and the animated voicemail audio wave. I had planned for several other small motion graphics, such as a rolling news title for the 'Breaking in News' segment, and a 'game over' inspired slam text effect for the ending of the AIS sequences. Unfortunately, as I will discuss later in my reflections, my time management halted these graphical additions.

Erik Knudsen described his motivation to create as being driven by necessity: "Necessity is an underlying quality that helps me elevate my creative actions to something noble, something beautiful and something that transcends the judgement of others." (Knudsen, 2018). Although I can relate to this unnamed need that pushes me forward as a creator, my experience diverges from Knudsen's transcendence of the judgement of others. Instead, I must first outrun my internalised scrutiny of myself. The acceptance of failure will always transcend the ferocity of my inner critic.

Radical Commitment to Evolution and Adaptation

My initial concept for *Please Be Patient* was a vastly different film. In truth, this film has seen many visits back to the metaphorical drawing board. My first idea was to make a documentary, in which I would form a focus group of autistic people, where we would view and discuss prominent representations of autism. This version quickly fell through, as the ethical complications of creating a focus group of autistic people made the likelihood of its fruition very slight. Next, I decided to pursue a more creative route, by re-enacting my experience of undergoing my formal diagnosis of autism. My intention was to provide insight into the patient's side of the imbalanced doctor-patient relationship I discussed in Chapter 2. However, as I continued to push this storyline, I realised how quickly I could fall into stereotypical adjacent representation. Secondly, in hindsight, I believe I am still unravelling my diagnostic experience for myself and would have produced unsatisfying and incongruent narrative result. This version was also eventually scrapped.

The film *Please Be Patient* grew from an adaptation of a script I had written over three years ago, titled 'Patience'. Initially, I had thought it to be too informal as a basis for an academic artefact, as it was originally written as a creative form of self-therapy towards the end of my undergraduate studies. At the time, I had been browsing online for autistic themed merchandise when I saw the badge in question, that read: "I'm autistic, please be patient with me". In its first draft, or as I had left it, the script was notably angrier and more vulnerable. It referenced some of the events described in the 'Phone call with Mum' scene; however, my prose was more emotionally detailed and soaked in the freshness of recent pain. Yet, as I always do, I read it, and re-read it and began to see the potential for what it could become. Given the growing acceptance I have developed since writing the original script, and now having studied autism more thoroughly in an academic setting, I felt confident in adapting its harsh truths into a more inviting and emotionally manageable narrative.

Some of the most significantly impactful dialogue in my final film was taken from this original script: the garden party scene; the tabletop gaming scene; and the heart to heart behind the wheel of the car scene – or 'the interjections' as I have playfully referred to them in the script. Interestingly, it was these scenes that were the most emotionally challenging to film. I imagine you may assume that the 'Phone call with Mum' may have held this title. However, the necessity to portray the emotional intensity of that scene is what allowed me to distance myself from it. The interjections required me to employ the use of masking outside of an environment that it is typically required. When I mask, it is usually a subconscious transition; a natural automatic response; completely dependent on my environment.

To provide a brief example, I am often asked where I come from based on my accent, as masking sometimes cloaks my Scottish inflection. Although it is common for accents to become more prominent around others with the same intonations, when I speak to my family back in Scotland, I have been told the transformation in my voice is like night and day. From generic westerner to Billy Connelly, in a heartbeat. When I am asked why I do not have a strong accent, I pretend to take a phone call from home to demonstrate this switch and, to some degree, prove I am Scottish. I *need* a social context to access a specific variation of my mask. I have found delivering a masking without social context is particularly challenging.

I titled this section as radical acceptance of evolution and adaption as my struggle with masking out with a specific social context required these inferences in spades. Although I had a script in front of me (I believe if you watch closely, you can see it in each of the interjection scenes) I had to improvise the beginning of an imaginary conversation to get into character – the various characters of myself. Elements of these conversations still linger at the beginning of these scenes, in the lines “oh hi, just caught me reading” (1:25), “have you ever played D&D with a cat before?” (3:15), and “nobody talks about the insomnia” (7:35). I am intrigued that playing myself transpired to be more difficult than playing fictional characters, like the ethically challenged news reporter.

As an anecdotal summary, the appearance of Colin the cat was not scripted. The evening before filming I had taught him how to roll a die for a treat, so his role on screen was purely manifested from his own self-interest. However, I was incredibly thankful for his presence as I now understand the anxiety and energy required to uphold my mask. It was not until I had to mask without a person to mirror that I realised the effort it takes. Evolution and adaptation are aspects of masking I had never previously considered and have been notably confronting whilst masking to an inanimate camera.

Creative Influences and the Online Aesthetic

The narrative structure of *Please Be Patient* was, in part inspired by Bo Burnham’s *Inside* (2021), a comedy special released on Netflix as we emerged from the coronavirus pandemic. The comedy special delivers a tongue in cheek and emotionally vulnerable insight into Burnham’s mind as he processes the social isolation of lockdown. As we all have experienced to some degree or another, COVID-19 has impacted my ability to produce my film. However, I do not wish to use the current pandemic as an excuse in any way other than to explain how it has influenced aspects of my film’s final form.

Although there have been time periods throughout the production of *Please Be Patient* that it has been legally viably to film outside of my home, my anxiety, as well as my partner working with people particularly vulnerable to coronavirus, has restricted my geographical scope. For example, I would have loved to shoot the news segment in the university's television studio. However, the risk did not outweigh the reward. This influenced the evolution of the news segment to the 'breaking in' news segment to allow me to continue filming from within my home.

This restriction of location is primarily why I felt drawn to *Inside.* In addition to short comedic scenes and songs, Burnham inserts raw footage of himself as a method of segue. In these private moments, we see Burnham arranging his lighting, untangling wires or criticising his own takes. This is used throughout to build a sense of vulnerability and remind the viewer of their act of watching, creating a sense of voyeurism. Although Burnham's use of this technique has been described as an insight into the pressure for those in the public eye to continually create content for their audiences (Kennedy, 2021), I implemented similar cutaways as a method of exposing my true self between each mask.

This was the inspiration for the black and white segues between scenes in *Please Be Patient*, conveying the notion that we are watching my internal thought processes. Although it was my intention to deliver an incongruent narrative structure to represent my muddled train of thought, these inserts provide a grounding quality to what had the potential to be an incredibly confusing narrative.

Another inspiration of mine, especially for the original script, was YouTube user Contrapoints (Wynn, 2022), otherwise known as Natalie Wynn. I was drawn to Wynn's use of language, as her interweaving of harsh truth and humour creates a metaphorical spectrum of rhetoric introspection.

> The points represent some composer's rhetorical orientation towards current oppressive, rigid, institutional language used to categorize and fix bodies/embodiments. At one end of the spectrum is a rhetorical space in which to accept, live into, and express one's identity through language historically used to decompose. The middle of the spectrum represents the rhetorical space in which to dissect the language of decomposition, to position oneself in relation to these fixed categories, and to honestly unpack the consequences of one's relationship to oppressive language. Finally, the far end of the spectrum represents the rhetorical space for complete rejection and subversion of predetermined categories for one's identity and the space to consciously create one's own more fluid and flexible sense of self outside of prescribed parameters (Malone, 2022).

Natalie Wynn uses this spectrum of rhetoric to reach a well-rounded understanding of any topic. She uses her identity as a trans woman to juxtapose mainstream and subversive ideologies about her transness, while communicating that her experiences of transsness are not always holistic to the experience of the trans community at large. Wynn's convergence of filmic aesthetics and complex philosophical and political ideologies allows the viewer to entertain nuanced discussions as entertainment. Without the allure of a symbolic visual setting and colloquial translation, the content of Wynn's work would very much resemble an academic essay, creating a 21st century version of Plato's dialogues. Her ability to weave intellectually complex matters in tandem with a humorous tone has greatly inspired the rhetoric and tonality of my film.

Reflections

I see now that to some extent this dissertation has been an exercise in self-acceptance. I have learned that I must respect my need for accommodations and embrace them without passing judgement on myself. As a late diagnosed person, I struggle to ask for help and I lack a frame of reference to what accommodations are even available to me. The most helpful of the accommodations I have received has been leniency in meeting deadlines. This accommodation has been immensely helpful on two fronts. Firstly, my ability to evaluate the time needed to undertake any given task is not good at best. What I legitimately believe will take a few hours to complete may take a few days, or vice versa. Secondly, from my experience with multiple tutors and professors, I have found access to academic extensions can vary immensely depending on the individual with the authority to grant them. If I had not been offered the grace period I received, this would be a remarkably different dissertation.

I have found that I use a bottom-up approach to creativity. I catch a glimpse of potential and follow its trail until the bigger picture is revealed. In hindsight, I can see this process is reflective of the narrative of the film itself as it slowly offers bites of insight and then reveals all. Upon reflection, my greatest insight has been the conclusion of the film itself – that if we are patient with others, then, logically, others are patient with us. This line was not scripted and simply manifested from what was supposed to be test footage – an adlib addition of the imaginary conversations I instigated.

Although I have claimed the acceptance of failure is a core principle of my creative process, I still have my regrets. This does not undermine the authenticity of my acceptance; I view my regrets as learning opportunities for future creative projects.

Throughout the creation of this dissertation, I have had to consistently remind myself that asking for help does not diminish my ability to participate in the academic community. Therefore, from a personal standpoint, my self-acceptance and embracing of my neurological circumstances is the most valuable finding in this dissertation.

Conclusion

To conclude, although I have my regrets in my depictions of my autistic experience, overall, I stand by my representation. As proposed in Chapter 1, by simply representing my viewpoint as a queer woman with autism, I am breaking decades of stereotypes. However, I understand this act is not revolutionary. I am but one of many potential manifestations of the autistic experience. As Ian Stark professes, collaborative intersectionality is crucial to fully uncovering an authentic depiction of autism (Stark, 2020). *Please Be Patient* is an authentic account of my experiences with autism, however, it is of immense importance that other autistic individuals with different intersectional life experience contribute to this conversation. Particularly, people of color and those experiencing poverty, as these perspectives are uncomfortably lacking in medical, academic, and media representation.

Regarding my reflections of my creative process, I have learned that I tend to set out with the best intentions and inevitably succumb to the realities of my existence. However, the coping mechanisms I have subconsciously evolved protect myself from abject failure. Understanding my need for the acceptance of failure and the inevitable evolution and adaptation of my creative process allows me to embrace the limitations I come up against in participating in an objectively disabling society.

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