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When Distress Is Misread: Autistic Credibility and the Politics of Interpretation

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When Distress Is Misread: Autistic Credibility and the Politics of Interpretation

Katrine Callander

Misinformation about autism is often understood as a problem of inaccurate facts, stereotypes or public misunderstanding. This essay argues that misinformation also operates at a deeper structural level through dominant interpretive frameworks that shape how autistic experiences are recognized and believed. In practice, this includes situations in which autistic distress is misread within clinical and institutional settings, for example, when shutdown is seen as non-compliance, muted affect as absence of suffering or difficulty narrating experiences as confusion or unreliability. In particular, these frameworks can misread autistic trauma and undermine autistic credibility.

Drawing on participatory narrative research with autistic women, the essay examines how experiences of harm are frequently interpreted through frameworks that position distress as dysfunction or individual deficit rather than as relational, cumulative and socially produced. The research is grounded in life story interviews that prioritize first-person meaning-making and participant agency. Rather than imposing predefined categories of harm, participants were invited to describe their experiences on their own terms, foregrounding autistic epistemologies that challenge dominant knowledge. The analysis is also informed by the researcher's own positioning as an autistic researcher working within these conversations.

Across 58 life-story interviews, participants described a recurring pattern in which autistic women's suffering was systematically misread. Shutdown, masking, atypical affect or non-linear storytelling may be treated as evidence that nothing is wrong or that the individual is unreliable. These distortions shape whose experiences are recognized as credible while contributing to cycles of dismissal and misrecognition. The processes constitute a form of structural misinformation because they systematically distort the meaning of autistic experience under dominant social structures. Misinformation operates both through false claims about autism and through the frames

that determine how autistic lives are understood and whose accounts are considered credible.

Bringing together first-person narratives with feminist theory, critical disability studies and scholarship on epistemic injustice, the essay situates autistic credibility within broader debates about power, knowledge and recognition. It explores how credibility functions as a political resource unevenly distributed across bodies and minds. It traces the consequences of being persistently misread while also highlighting how autistic women resist these distortions by reclaiming narrative authority. The sections that follow examine how these perspectives shape what counts as harm, how they operate in clinical encounters and how autistic women challenge and rework these conditions. By reframing misrecognition as a form of structural misinformation, the essay contributes to wider conversations about whose knowledge counts and what it means to interpret autistic experience on autistic terms.

Interpretive Frameworks and Autistic Distress

If misinformation operates through interpretive frameworks that shape how autistic lives are understood, a further question follows: how do they determine what counts as harm in the first place? Recognition of distress depends on social expectations about how suffering should appear, how it should be communicated and who is considered credible.

Research has increasingly documented high rates of violence, victimization and trauma among autistic women (Cazalis et al., 2022; Douglas and Sedgewick, 2024). Yet explanations for this vulnerability often remain framed in terms of autistic traits themselves. Clinical models frequently attribute trauma risk to characteristics such as communication differences or social vulnerability (Kerns et al., 2015; Haruvi-Lamdan et al., 2018). In these accounts, vulnerability is largely located in autistic embodiment rather than within harmful environments.

Such notions illustrate how explanatory structures actively shape the meaning of distress. As disability scholars have long argued, categories of difference organize social perception and authority. Deviance, Becker observes, is not inherent behavior but the outcome of social judgment: “social

groups create deviance by making the rules whose infraction constitutes deviance” (1963:8). When autistic responses to harm are considered through normative expectations of behavior and emotional expression, experiences of injury may be translated into other meanings. This translation has significant consequences. Trauma responses may be reframed as emotional instability, dissociation as avoidance, masking as evidence of coping, and shutdown as non-compliance. In these situations, distress is reclassified, shifting the frame from harm to dysfunction.

Trauma scholarship has long challenged models that treat harm as a singular, clearly identifiable event. These insights are helpful here in understanding cumulative harm, but the focus of this article is on how such experiences are interpreted and recognized. Herman’s work with survivors of prolonged violence demonstrated that trauma frequently unfolds through extended relational dynamics that reshape identity and self-perception over time. She describes patterns including “disturbance of affect regulation... disturbed self-perception [and] relationship problems” that develop under sustained conditions of abuse (Herman, 1992:67). Feminist trauma scholarship emphasizes that trauma is not necessarily exceptional or event-based but may accumulate as part of repeated experiences of invalidation or social exclusion embedded within everyday social relations (Brown, 2017).

For autistic women, these cumulative dynamics often intersect with longstanding conditions of misrecognition. Autistic forms of communication, embodiment and narrative expression frequently diverge from dominant expectations about how distress should appear. Professional understandings of distress often rely on narrow indicators of credibility such as visible emotional cues, coherent narratives and recognizable behavioral responses. When distress does not conform to these expectations, it may be interpreted as resistance or personal instability rather than as evidence of harm.

Trauma itself is part of the issue, but so are the ways it is recognized and interpreted. As Butler (2004) argues, ideas about who is recognized as fully human are socially produced and unevenly distributed. The norms that make some forms of suffering intelligible can render others difficult to recognize. They operate through prior systems that determine which forms of suffering are recognized as meaningful.

What counts as harm is therefore shaped by norms rather than simply by events themselves. If dominant frameworks position autistic difference primarily in terms of deficit or dysfunction, experiences of injury may be reframed in ways that obscure relational and structural conditions of harm. Under these conditions, distress does not disappear. Instead, it becomes difficult to name or address in the systems responsible for recognizing and responding to it. To understand autistic trauma, it is necessary to examine the environments in which suffering is recognized or dismissed. It is here that the boundary between distress and dysfunction is drawn. Misinformation can shape what autism is believed to be as well as what autistic harm is allowed to mean.

Research Approach: Listening Differently

In response to the interpretive distortions outlined above, this study draws on a participatory narrative approach designed to foreground autistic women's own understandings of their experiences. The research is based on qualitative life-story interviews that prioritize first-person meaning-making and situate experiences of distress within broader social and relational contexts. Narrative methods enable participants to articulate how they understand their lives over time, rather than reducing distress to isolated symptoms or predefined diagnostic categories. This approach reflects a broader commitment in critical autism research to center autistic perspectives and address the historical absence of autistic voices within clinical and academic discourse.

The study was conducted with 58 autistic women aged 25 and over who either self-identify as autistic or received a formal diagnosis in adulthood. Participants ranged in age from early adulthood to midlife and most had received their autism diagnoses in adulthood following extended periods of misunderstanding and misrecognition across healthcare and wider social contexts. Trauma types were deliberately not predefined within the recruitment criteria, allowing participants to describe experiences of harm in their own terms rather than fitting them into externally imposed categories. Interviews were conducted using flexible formats, including video, audio and written communication, in order to support accessibility and trauma-informed participation.

This methodological design reflects the view that knowledge about trauma and marginalization is relational and situated. My own positioning as an autistic researcher is therefore treated as part of the interpretive process, requiring reflexivity about how shared experience, power and meaning-making shape both the research encounter and the analysis. In this way, the research attempts to create conditions in which autistic women can define harm and distress on their own terms, rather than through assumptions that frequently misrecognize autistic experience. This article draws on the same qualitative dataset as forthcoming work examining trauma recognition within clinical and diagnostic systems, though it develops a distinct argument focused on structural misinformation. The following section examines how these dynamics operate in practice.

Structural Misinformation in Practice

The excerpts presented here are illustrative examples drawn from the larger set of multi-stage life-story interviews, selected to illuminate recurring thematic patterns across participants' accounts. The interpretive distortions outlined above become particularly visible in encounters with mental health services. The accounts discussed here draw on life story interviews with autistic women who had sought support from mental health services at different points in their lives. Many described repeated attempts to seek support prior to diagnosis. Pseudonyms are used throughout to protect anonymity. Participants repeatedly described situations in which distress was not recognized because it did not conform to socially familiar patterns of emotional expression or narrative coherence. In many clinical contexts, distress is recognized only when it matches familiar expectations about how trauma should appear. When autistic women diverge from these expectations, their experiences are frequently reinterpreted in ways that obscure rather than illuminate harm.

Several participants described how muted affect, shutdown or difficulty communicating in emotionally charged environments were taken as evidence that nothing was wrong. Clara reflected on previous attempts to seek therapeutic support:

“I did see various counselors for mental health help but I never felt safe . . . In past therapeutic contexts I felt either that there was a lot

wrong with me, or that my challenges weren't really seen at all because I was presenting in a seemingly 'emotionless' way and found it hard to express myself. I was often heavily masking."

Her description illustrates a recurring gap. The apparent absence of visible distress reflected a long-developed strategy of emotional containment shaped by years of masking. Yet within a clinical framework that treats emotional expressiveness as the primary marker of suffering, this presentation became evidence that her difficulties were either minor or self-generated. As Foucault (1980) observes, institutional knowledge systems privilege forms of understanding that align with established professional categories while marginalizing forms of experiential knowledge that emerge from lived experience. The strategies that had enabled Clara to navigate overwhelming environments simultaneously rendered her distress unintelligible in therapeutic encounters.

Other participants described struggling to participate in the implicit emotional scripts of therapy itself. Psychological interventions frequently assume that distress can be narrated in coherent and emotionally recognizable ways. When individuals cannot meet these expectations, the mismatch is often interpreted as resistance or lack of engagement. Ruby recalled feeling confused by expectations that she should narrate her distress in ways that felt both unfamiliar and inaccessible:

"I tried counseling. I only went a couple of times. I didn't get it . . . I wasn't sure what I was supposed to say or what they were doing. Looking back, the counselor probably wasn't trained to deal with the level of whatever I was bringing."

Ruby's difficulty did not arise from a lack of distress but from the mismatch between autistic modes of communication and the expectations embedded within therapeutic practice. Research on autistic communication shows that autistic narratives of distress may be structured differently from neurotypical expectations, particularly when individuals are asked to recount emotionally complex experiences in unfamiliar social environments (Norris et al., 2020). Interpreting these differences through neurotypical communicative norms can lead clinicians to misread autistic distress as disengagement or resistance. As a result, the inability to perform distress in institutionally

recognized ways can itself become evidence that support is unnecessary. Shutdown responses created a similar issue. Bella described attending therapy sessions for almost two years while experiencing prolonged periods of nonverbal shutdown:

“My GP sent me to a psychologist. I went nonverbal. For nearly two years I turned up every week, sat in the room for an hour saying nothing and left again. They got very frustrated with me. The therapist would ask me about my emotional response and I had no idea what it was.”

Clinicians interpreted Bella's shutdown, a common autistic response to overwhelming or ambiguous social environments, as refusal or non-engagement. Her silence did not signal indifference or resistance but a physiological and cognitive response to distress. However, because it failed to produce recognizable emotional cues, clinicians interpreted her behavior through existing behavioral categories rather than recognizing it as an expression of overwhelm.

Distress was therefore translated into clinically familiar meanings. Several participants described their experiences being reframed through psychiatric categories that did not fully reflect their lived realities. Eden recalled being diagnosed with anxiety, depression and eventually borderline personality disorder before later recognizing autism as a more meaningful way of understanding her experiences. Rather than prompting reconsideration of how distress was being interpreted, these diagnoses often reinforced the assumption that the problem lay within the individual. Research on diagnostic overshadowing demonstrates how clinicians frequently attribute distress to psychiatric disorders rather than recognizing the role of neurodivergence or trauma in shaping experience (Pezzimenti et al., 2019; Botha & Frost, 2020). Participants' interpretations of their own experiences were displaced by professional narratives that framed trauma as emotional instability or individual deficit.

Therapeutic encounters could also produce forms of interpretive correction in which professional expertise displaced participants' own attempts to make sense of their experiences. This illustrates how epistemic authority operates within therapeutic relationships. Rather than exploring the participant's

experiences, clinicians imposed explanatory structures that prioritized professional knowledge over lived expertise. Such dynamics reflect what Fricker (2007) describes as testimonial injustice, in which individuals are systematically treated as less credible interpreters of their own experiences within unequal epistemic relationships. Kiera described an interaction in which she attempted to explain feelings of being gaslit in a relationship:

“When I started to explain why I felt gaslit, the therapist stopped me and said I had the definition of gaslighting wrong. She spent fifteen minutes explaining the origins of the word instead.”

In this exchange, the therapist displaced Kiera’s attempt to articulate harm by asserting professional expertise. Rather than exploring the meaning of Kiera’s experience, the interaction repositioned the clinician as the final authority. Moments such as these reveal how epistemic authority operates within therapeutic relationships, often privileging professional knowledge over experiential understanding. These accounts show how autistic women were often required to present distress in ways that matched institutional expectations of emotional expression and behavioral recognizability. When their experiences diverged from these expectations, clinicians frequently construed the divergence as evidence that distress was exaggerated or incorrectly understood. In this way, participants were not failing to communicate their suffering. The considerations used to evaluate their accounts were unable to recognize it.

Seeing these dynamics as a form of structural misinformation highlights that the problem lies not only in inaccurate ideas about autism, but also in the assumptions that shape how distress is recognized and believed. As Melody observed, clinicians were often “more interested in fitting me into their hypotheses than actually understanding what I was experiencing.”

In such encounters, participants’ accounts were actively reinterpreted through professional frameworks that displaced their own meanings. For many, these encounters reinforced the feeling that their experiences would continue to be misunderstood. Leah described how seeking support could feel: “like trying to navigate a maze blindfolded... I get the impression that no one cares and would prefer me to just disappear.” Structural misinformation shapes how autistic distress is interpreted by others. When autistic forms of

communication or emotional expression fall outside familiar expectations, suffering can become difficult to recognize as harm.

Credibility, Consequences and Resistance

Structural misinformation affects more than isolated moments of misunderstanding. It also shapes who is treated as a credible interpreter of their own experiences and whose accounts of harm are believed. As Fricker (2007) argues, credibility is not evenly distributed but shaped by social expectations about whose testimony appears trustworthy. When individuals are positioned outside these expectations, their accounts may be discounted before they are fully heard.

For autistic women, credibility is frequently mediated by norms of communication, emotional expression and narrative coherence. Participants repeatedly described situations in which their experiences were dismissed because their accounts did not conform to what professionals expected genuine distress to look like. Muted affect could be interpreted as evidence that nothing was wrong, while difficulty articulating experiences in linear or emotionally expressive ways could be treated as confusion or exaggeration. Professionals often subtly reclassified participants as unreliable narrators of their own experiences. This is another example of Fricker's (2007) concept of testimonial injustice, in which credibility is shaped by socially embedded assumptions about identity.

The consequences of these patterns were significant. Many participants described growing reluctance to seek support from systems that had repeatedly dismissed their experiences. For some, this resulted in avoiding mental health services altogether, even during periods of acute distress. Others described internalizing these misinterpretations, questioning whether their own perceptions of harm were legitimate. Repeated experiences of being disbelieved could therefore produce cycles of withdrawal and self-doubt. Distress became increasingly difficult to articulate within environments that had already demonstrated an unwillingness to recognize it.

Participants also described developing alternative ways of understanding and naming their experiences. For some, receiving an autism diagnosis later

in life helped them reinterpret earlier experiences outside the pathologizing narratives they had previously encountered. Others described finding validation in autistic communities, where shared experiences enabled forms of knowledge that had been dismissed in clinical settings. Participants described reclaiming narrative authority over their own lives and challenging the structures that had previously rendered their distress unintelligible.

These accounts also show how autistic people create forms of understanding outside dominant clinical narratives. Autistic communities, peer support networks and shared experiences offered many participants ways of interpreting distress that felt more recognizable and meaningful. Rather than relying solely on professional frameworks, they described developing their own ways of understanding distress and making sense of their experiences. These perspectives challenge assumptions about who has the authority to define autistic experience and what forms of knowledge are treated as legitimate.

Why Interpretation Matters

Misinformation about autism is often framed as a problem of incorrect facts or public misunderstanding. This essay has argued that misinformation also operates at a deeper structural level through the ways autistic experiences are recognized and believed. When dominant systems rely on narrow expectations about emotional expression, communication and narrative coherence, autistic distress can be systematically misread. Harm may be overlooked or reframed through categories that translate trauma into dysfunction or individual deficit. Understanding misinformation as an interpretive problem shifts attention away from isolated inaccuracies and toward the broader assumptions that shape credibility and recognition. Whose suffering becomes intelligible and whose accounts are dismissed are therefore questions of power rather than simply informational accuracy.

Attending to these dynamics has implications beyond autism research. For scholars, it highlights the need to interrogate the epistemic assumptions embedded within research and professional practice. For clinicians and practitioners, it highlights how institutional expectations shape how distress is recognized and interpreted. And for advocates, it reinforces the importance of autistic voices in shaping how autistic lives are understood.

Challenging misinformation about autism also requires widening the ways autistic experiences are recognized and meaningfully understood.

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