The quest for acceptance: a blog-based study of autistic women's experiences and well-being during
the identification and diagnosis of their autism

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Running header: Blog-based study of autistic women's experiences

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Abstract

Introduction: Mental wellbeing and the female experience are important research topics in the field of autism, and appear to interact, with autistic women appearing to show poorer outcomes in their wellbeing compared to men. **Methods:** Autistic women's experiences of coming to recognise and understand their autism were explored, using data collected from blogs written by autistic women about their diagnostic or self-identification experiences. We were particularly interested in wellbeing, and how this contributed to, was affected by, and interacted with the identification and diagnostic process. Blogs from twenty bloggers were submitted to a thematic analysis. **Results:** The issue of acceptance was a strong central issue, under which we developed themes of self-understanding and self-acceptance, being understood and accepted by others (including peers, clinicians, and others in the autism community), and the exhaustion resulting from trying to be accepted and be understood, including when going through the diagnostic process, and after receiving a formal diagnosis. **Conclusions:** Diagnosis and identification have both positive and negative effects on autistic women's well-being, with difficulties following diagnosis stemming from facing male stereotypes of autism. We consider the implications of our findings for clinicians, researchers and those that work with autistic women.

Lay summary

Why was this study done?

Research has found that autistic women are under recognised and under diagnosed which can lead to a lack of support. Other research indicates worse mental health outcomes in autism. These two issues, gender and mental wellbeing, may interact. Exploring the perspectives of autistic women could help us understand how and whether diagnosis helps autistic women to have better mental wellbeing.

What was the purpose of this study?

This study examined the experiences of autistic women with a focus on wellbeing and mental health during the diagnostic journey, aiming to gain an insight into how best to support these women to achieve positive wellbeing.

What did the researchers do?

The researchers conducted a thematic analysis of 20 blogs written by autistic women (self-identifying or clinically diagnosed).

What were the results of the study?

A central issue was acceptance, which we consider to mean being understood and feelings of belonging. We developed three themes of self-understanding and self-acceptance, being understood and accepted by others, and exhaustion. Women's acceptance post-diagnosis was challenged by stereotypes of autism (traditionally male and externalising behaviours). The struggle for acceptance at all points led to exhaustion from trying to hide their difficulties and fit stereotypes.

What do these findings add to what was already known?

These findings support research which has identified high levels of exhaustion in autistic women due to trying to hide their difficulties and conform to societal expectations. Our findings add to this, suggesting that the extent to which diagnosis has a positive impact on autistic women's wellbeing depends on the level of acceptance, both personally and by others, that these women experience.

What are potential weaknesses in the study?

As this study is blog-based, the data collected is retrospective, therefore time may have impacted these women's views, and changed what is important to them. Conducting a study following women throughout their diagnostic journey would allow researchers to capture present feelings and experiences. Our sample was limited as it did not include women with language problems or a learning disability, it only contained adult women (mainly aged 20-50), and it did not include non-binary individuals.

How will these findings help autistic adults now or in the future?

These findings recognise the struggles which autistic women have faced being undiagnosed in a neurotypical world. We suggest that when women seek diagnosis, recognition of these difficulties is crucial, and clinicians' awareness that their presentation may be filtered through a highly developed mask is needed to avoid minimising underlying problems. Furthermore, this study suggests that challenging the stereotypes associated with autism and educating professionals on the female presentation of autism is highly important.

The quest for acceptance: a blog-based study of autistic females' experiences of the identification and diagnosis of their autism.

Autistic women are consistently under-recognised, under-diagnosed, and thus unsupported (Chester, 2019; Gould, 2017). Meta-analyses of screening studies in the general population indicate that although more men than women meet the criteria for autism, there are a substantial number of women who, if assessed, would receive an autism diagnosis, but who do not progress through services to receive a formal clinical diagnosis (Loomes, Hull, & Mandy, 2017). This particularly occurs for females without co-occurring intellectual disability (Russell, Steer, & Golding, 2011), perhaps because they are less likely to attract clinical attention than those with intellectual disabilities. Furthermore, even where women and girls do receive a diagnosis, this diagnosis comes at a later age on average than boys and men (Begeer et al., 2013; Kirkovski, Enticott, & Fitzgerald, 2013; Rutherford et al., 2016), meaning that autistic girls and women go without appropriate timely intervention and provision.

Multiple factors likely impede the timely diagnosis of autistic women and girls. Firstly, diagnostic instruments may be biased against their detection, having been developed historically on largely male samples, and because autistic females' presentation differs compared to boys and men (see Duvekot et al., 2017). Additionally, the increased presence of masking amongst females on the spectrum may hamper clinical recognition of autism. Autistic people report camouflaging for a variety of reasons, including wanting to manage differences between their natural behaviour and that of neurotypicals, to manage the demands of social situations, and to reduce conflict between their authentic self and societal attitudes (Mandy, 2019). Camouflaging is considered an important and central feature of the female autism phenotype (Hull, Petrides, & Mandy, 2020).

While increased camouflaging in females may allow many to "pass" in a neurotypical society, these coping strategies also have consequences: late-diagnosed autistic women reported that camouflaging was emotionally draining and incurred a sense of confusion over one's identity (Bargiela, Steward, & Mandy, 2016). Tint and Weiss (2018) also note in their analysis of autistic women's experiences of diagnosis that there is a "hidden hurt of maintaining the mask". The

consequences of camouflaging include anxiety, stress, and exhaustion, with camouflaging levels having been shown to correlate with mental health problems for autistic women (Hull et al., 2017).

Mental health is a priority in autism research, for all genders: autistic individuals are at a higher risk for comorbid mental health problems than neurotypicals (Lai et al., 2019). Considering females specifically, Sedgewick, Leppanen, and Tchanturia (2020) found that autistic women are more likely to have anxiety and depression than neurotypical women, whilst autistic women and non-binary individuals showed higher rates of mental health conditions than autistic men. Suicide rates in autistic women are higher than in other clinical and non-clinical groups (Beck, Lundwall, Gabrielsen, Cox, & South, 2020): self-reported camouflaging measures significantly predict psychological distress for this group, and for a specific sub-sample of women with very high camouflaging scores, these also predicted suicidality. Females are more likely to report internalising problems (e.g. anxiety, depression, self-harm and eating disorders), whilst males more often have co-occurring behavioural problems (e.g. inattention and challenging behaviour) (Hull et al., 2020). If externalising symptoms are more likely to attract attention and intervention than internalising symptoms, this too could contribute to the under-identification and lack of support for females; indeed, May, Cornish, and Rinehart (2014) found that while autistic symptoms did not differ between girls and boys, autistic boys were more hyperactive than autistic girls, boys were more likely to have in class support, and in class support was predicted by hyperactivity.

Concerningly, the women least likely to have their autism diagnosed appear to be those at greatest risk of mental health difficulties: the highest reported rates of depression are seen in autistic adults without intellectual disability (Rai et al., 2018). Autistic people without a learning or intellectual disability are at greater risk for death by suicide than neurotypicals, and than autistic people with a co-occurring learning or intellectual disability (Hirvikoski et al., 2016). Recognising women's autism could have important implications for addressing their cooccurring mental health problems (if not preventing them), as timely recognition of someone as being autistic can inform the treatment approaches taken. For instance, adjustments are needed to cognitive-behavioural therapy approaches for treating anxiety in ASD (Spain, Sin, Chalder, Murphy, & Happé, 2015).

Overall, the current research literature paints a picture of widespread under-detection of autistic women, mental health problems faced by autistic people, and the potential interaction between these two issues. Given this, examining autistic women's experiences, and their perception of the relationship between their mental wellbeing and their autism diagnosis, may provide insight into how best to support autistic women to achieve good mental health. We thus aimed to explore the diagnostic and self-identification experiences of autistic women, focusing on their well-being and mental health throughout their identification journey. Our overarching questions were: what impact does identification and diagnosis have on women's mental health, and what impact does mental health have on women's diagnosis and identification?

To explore this topic, we analysed blog posts written by autistic women. Blogs are being increasingly used in qualitative health research (Wilson, Kenny, & Dickson-Swift, 2015), and offer access to naturalistic qualitative data (Hookway, 2008). As yet, there has been limited use of blog material by autism researchers, but the autistic community has an active, growing online community, and the internet provides a positive tool for autistic people to connect with others, articulate their experiences, and advocate for acceptance (Benford, 2008; Davidson, 2008). A secondary aim of this paper was thus to test the utility of blogs written by autistic individuals for researchers interested in their experiences.

Method

Blog search strategy

We searched for blogs using meta crawler (which offers better web coverage; Lawrence & Giles, 1999), using the search terms "autism blog". Our pre-agreed criteria to decide which blogs were included in our analysis were that the blogger a) was writing from a first-person perspective of an autistic person (i.e. not written by neurotypical parents); b) identified as female; c) was over the age of 18 years; d) wrote in English; e) discussed the process of realising they were autistic and pursuing a diagnosis. We anticipated that some women would face barriers to obtaining a formal diagnosis, and we could not check the veracity of bloggers saying that they had been clinically

diagnosed; thus, we decided that bloggers who self-identified as autistic would also be included. We included blogs found on blog compilation sites or that were referred to through another site. We excluded any blogs where the author team felt there was doubt as to whether the blog should truly be considered “in the public domain”: no blogs required memberships to forums or passwords to access. One blogger stated that their writing had been for personal use and that they were switching to a private blog: we decided not to include this blog in our analyses, as we felt the intentions for a private space had been clear. This decision was undertaken prior to coding and theme development.

We considered the issue of saturation in our approach (see Guest, Bunce, and Johnson, 2006). We agreed ahead of the search that an initial set of 15 blogs would be selected, and then we would examine whether more than five new codes were being used for the 12th-15th bloggers examined. Were this to be the case, we would search for and select a further 5 blogs. As more than five new codes were indeed generated in these blogs, a further five bloggers were added. After coding the 17th-20th blogs, no new codes were generated, and we considered our saturation rule met.

Blogger characteristics

Table 1 summarises of the characteristics of the included bloggers, for details that were disclosed on the blogs. All but one blogger reported being formally diagnosed as autistic. Of the nineteen bloggers who had been diagnosed, all but two had been diagnosed in adulthood; several reported being diagnosed after their child was diagnosed as autistic. Most bloggers reported mental health problems, most commonly depression and anxiety.

Coding and analytic procedure

Our approach follows that outlined by Braun and Clarke (2006) for reflexive thematic analysis. This approach is flexible with regards to epistemological approach: we took a largely semantic and critical realist approach. Applying an inductive approach, we generated codes and themes from our data (though previous literature on camouflaging did allow us to detect this phenomenon readily from the blogs). Following initial coding, codes were reviewed, and blogs re-

read to ensure all the data had been coded. Codes were grouped and developed into themes, initially by creating a hierarchy to group codes.

Ethical considerations

Our project was approved by the University of York's Psychology Department's local ethics committee. We applied the guidance of the British Psychological Society for Internet Mediated Research (2017). We did not contact the bloggers themselves, as we took a non-intrusive approach to this project: however, as noted above, we were careful to check that there was no indication in the blogs that the bloggers wanted their writing to be considered private (indeed, many bloggers explicitly stated that wanted to raise awareness about their experiences as an autistic woman).¹ We took a "moderate disguise" approach to the quotes included in the results (Bruckman, 2002).

Results

Acceptance, or the lack of the acceptance

A central issue in the women's experiences was *acceptance*, which we conceive of as including being understood and feelings of belonging. The women struggle for self-acceptance and understanding of themselves, and want to be accepted by others, first as a person who functions in the neurotypical world, and later as a "truly" autistic person. Breakdowns in understanding and acceptance (either directed toward the self, or directed from others, including peers, professionals or even others in the autistic community) impact their wellbeing, creating situations in which women are vulnerable or mistreated. The tensions of trying to be accepted and understood lead to exhaustion, an emotion that appears in all stages of the diagnostic journey, from before women are aware of their autistic traits to after their formal diagnoses.

¹ For future researchers interested in using blogs in research, we found Eastham (2011) a useful resource for deciding whether a blog was suitable for inclusion.

We further expand on the following three themes: self-understanding and self-acceptance; being accepted and understood by others; and exhaustion. Our themes are visually represented in Figure 1.

Self-understanding and self-acceptance

Written from a post-diagnostic/identification stage, the blogs are themselves a means for the women to articulate their self-understanding, in light of their autism diagnosis. Throughout the blogs, the autism diagnosis is used to make sense of their previous difficulties. For some, their autism has a powerful explanatory role, answering for all their previous problems. Diagnosis frees women from believing that they are dysfunctional, and helps many of the women to approach themselves kindlier, reducing feelings of inadequacy.

The relief and empowerment I felt when I was diagnosed and finally discovered what “was wrong with me” were overwhelming...It literally gave me a second life. [Blogger 5]

Their new diagnoses also allowed the women to seek appropriate services which positively impact their mental health. However, many also experience feelings of regret, particularly wishing that they had known sooner. One recurrent symbolic reflection of this is that many of the bloggers write a letter to their younger self.

Being accepted and understood by others

When reflecting on their childhoods, bloggers report difficulties with friendships, being bullied or ostracised, and being taken advantage of. Feelings of anxiety and disorientation arise due to feeling like others are experiencing a different reality to them: their undiagnosed autism leaves them with no framework for understanding why others experienced the world differently.

Being an undiagnosed autistic can feel like the whole world is gaslighting you. From being told not to be silly, the lights aren't hurting you, to being shouted at to pull yourself together, when you're slipping into meltdown, you're being told every day that your lived experience isn't real. There have certainly been times that I have doubted my sanity. [Blogger 2]

Bloggers report camouflaging, and these behaviours are detrimental to the women's mental health, leading to problems with self-understanding and identity. Camouflaging meant some women were misdiagnosed with other mental health conditions; with a non-autism diagnostic label

applied, some bloggers also report trying to “fit” their mental health diagnoses. The bloggers reflect on their experiences of unsuitable therapies; for some, these treatments left them with even worse mental health.

... I had been struggling, not realizing it was like trying to fit a square peg through a round hole. Years were spent “masking” this difficulty, which increased my anxiety. [Blogger 17]

It erodes my identity because I'm not sure which bits of me are truly me. If you ever share doubts about your identity with mental health professionals, it can indicate various psychiatric conditions and personality disorders. Misdiagnosis of autistic people is common and once a label has been given; every trait, behaviour and experience may be interpreted as part of that labelled disorder – this further erodes the sense of identity and creates a sense of being damaged or ill. [Blogger 18]

Although I was in therapy for PTSD and Dissociative Identity Disorder, I become discouraged. No matter how hard I struggled to “normalize” my emotional regulation, something always felt “off” inside... [Blogger 15]

Feelings of not belonging reduce post diagnosis/self-identification of autism. For some, not only does diagnosis bring a sense of belonging within the autism community, but also a sense of purpose and belonging within the neurotypical world, for example by improving communication within marriages.

Continuing to struggle for acceptance

Feelings of belonging post-diagnosis do not go unthreatened. Stereotypes surrounding autism create a barrier to some women getting formally diagnosed at all, as they do not fit professionals' male-stereotyped views of autism. Concerns that the diagnostic criteria only identify a person as autistic if they are male, have academic impairments, or are a child, deterred some women from seeking assessment.

My years of masking, coupled with an apparent high level of 'functioning', and an inability to ask for help, meant that persuading my GP to refer me was too anxiety provoking. ... I had heard stories of women being refused referral due to eye contact with the GP...[Blogger 7]

Even after a diagnosis, the women faced stereotypes, including a questioning of the “trueness” of their autism, and assumptions about their characteristics and abilities: one blogger was met with surprise that she could drive, and that she was a Christian. The challenging of the “rightness” of their diagnosis is very unsettling for some women, and is experienced as a rejection from a

community they expected to be accepted by. Being faced with these stereotypes and lack of acceptance as “truly” autistic leads to problems with self-acceptance: the feelings of “not belonging” turned inward, creating imposter syndrome.

I feel like they are saying I'm fundamentally different from a LOT of other people with autism, the REALLY REAL PEOPLE WITH AUTISM, probably. I feel like I'm being kicked out of my own disability. [Blogger 9]

Exhaustion

Exhaustion presents throughout the blogs, and is linked to the breakdown of self-acceptance and acceptance from others. Camouflaging is reported to be exhausting, and a trigger for mental health problems for several of the bloggers.

My chameleon skills were a double-edged sword: I could appear fairly "normal" for stretches of time, but they also drained me completely. It was like being an actor on stage, without break, for hours and hours every day. And I became so many different people that I felt I'd lost any sense of my own identity. [Blogger 4]

For some, tipping points when women broke down from the continued strain of trying to cope were catalysts for finally recognising their autism. However, the diagnostic process itself was also anxiety-provoking. Following years of camouflaging, showing the “real person” to a clinician (to obtain a diagnosis) requires conscious vulnerability on the part of women.

Only if you can prove your weaknesses can you be given a diagnosis. That's how it can feel. In a world where you have spent a lifetime doing your best to mask and hide those things, and focus on your positives, that can be a traumatic experience [Blogger 2]

When you have worked so hard to hold yourself together for so long, it is not easy to submit yourself to a process. We often worry that assessors are trying to trick us, to catch us out, as if we are performing autism, rather than performing normal. [Blogger 7]

Even post-diagnosis, the bloggers reported having to explain themselves repeatedly, due to not fitting autism stereotypes. This creates a space in which autistic women feel they do not belong anywhere – they are neither neurotypical women, nor are they “properly” autistic.

It felt like a slog, it felt exhausting to explain over and over again what me being autistic really meant, how it affected me, why I was different to the stereotypes but that didn't mean I was less autistic, whilst I was still dealing with my own emotions about what it really meant to me. [Blogger 2]

Discussion

This project sought to understand further the experiences of autistic women, and the interplay of their diagnostic journeys with their mental wellbeing. Our thematic analysis results centred around acceptance, specifically issues with self-acceptance, acceptance from others, and exhaustion. The lack of timely recognition of their autism contributes to the mental distress experienced by many of the bloggers, through bullying and exploitation, misdiagnosis, and judging themselves. The diagnostic process itself also poses threats to women's wellbeing, and while a formal diagnosis brings relief for many, women still face stereotypes and continue to feel that others require them to justify their autism diagnoses. While there are certainly benefits to being diagnosed, there are unfortunate parallels between the lack of acceptance and understanding earlier in life due to not being neurotypical, and a continued lack of acceptance and understanding later in life, due to being autistic and female.

Our findings complement previous studies on the experiences of autistic women, in that this population report high levels of exhaustion, and that attempting to mask their difficulties contributes to emotional difficulties and mental fatigue (Bargiela et al., 2016; Tint & Weiss, 2018). Previous findings from autistic adults also note the relationship between both personal acceptance and acceptance from society, family friends and individuals' stress and depression, in that greater acceptance leads to reductions in stress and depression (Cage, Di Monaco, & Newell, 2018). Our own interpretation would be that the extent of the positive aspects of diagnosis of women's wellbeing depend on the level of personal acceptance and acceptance by others, not just being accepting of a women's autistic traits, but accepting that they *are* truly autistic.

This is one of the first studies to use a blog-based approach to explore the experiences and views of autistic people. Overall, we would recommend such an approach to other autism researchers, but this design does bring with it some important limitations. Firstly, the data are retrospective. Some bloggers were reflecting on experiences from many years ago. While the research questions of our project centred around the views of the women themselves, and what was salient and important to them, it is possible that women's views may be different immediately post/prior to diagnosis, and these views may change after more years have passed since the diagnosis (most of our bloggers wrote

about five years after their autism diagnosis). Future studies might consider a longitudinal design, following women through their diagnostic experience and beyond.

One strength of the blog approach is that data are naturalistic and reflect what is important enough to the women themselves for them to decide to write about. However, a consideration with this method is whether it is important for the research question to know “exactly what happened” (or what can be proven to have happened). Indeed, we noted for a few bloggers, almost all their past experiences appeared to them to be explained by their autism. This highlights the centrality of the autism diagnosis to these women's self-understanding, but it may be there are other important factors about these women's lives that are not captured by their blogs. Research questions that are positivist in nature, and require data not about autistic people's personal experiences but other factors, are unlikely to suit a blog-based approach.

A further important limitation is who is represented in these blogs: our sample does not include women with language problems or intellectual disability. One caveat here is that previous research shows that autistic women without intellectual disabilities are most at risk of being misdiagnosed or missed completely. The perspectives of older adults and adolescents are missing. While our search criteria would have allowed for the inclusion of transgender women, we do not believe any of our bloggers were transgender. Non-binary individuals were also not considered here.

These findings have several implications for clinical practice. Firstly, it is important for professionals involved in the diagnosis of autistic women to be mindful that the process may be emotionally stressful, as women may be expecting that their difficulties will be dismissed. Years of being undiagnosed have led many to build an array of coping strategies masking their difficulties: the diagnostic process requires these strategies to be given up or revealed, leaving women feeling vulnerable. Diagnostic models in psychiatry are currently deficit-based: patients, including autistic patients, are expected to show impairments in order to meet the criteria for being diagnosed (Dinishak, 2016). This framework is at odds with the neurodiversity model, which argues that “disordering” autism can be harmful to an individual's self-esteem, and to how others view the individual, and argues for an approach that celebrates autism's differences and unique strengths

(Kapp, Gillespie-Lynch, Sherman, & Hutman, 2013). While there has been some consideration of what the neurodiversity movement might mean for psychiatry (Baron-Cohen, 2017), it seems unlikely there will be widespread change soon. Thus, our suggestion would be that when women seek diagnoses, acknowledgment that they have coped in a neurotypical world for a long time without appropriate support or recognition of their difficulties is important. Being aware that the presentation of a woman's autism may be filtered through a highly developed mask is crucial for women to feel their underlying problems are not being minimised.

Challenging stereotypes associated with autism is also important: as illustrated by the bloggers included in our sample, autistic women can successfully hold down careers, raise children, and have many skills and successes that others may assume an autistic person would not achieve. Being met with surprise or scepticism about your life is upsetting. Furthermore, education about the female (or internalising) presentation of autism is needed not only for professionals who work with children and young people: given that many of these women sought diagnoses in their adult years, we highlight the need for training and education in adult, as well as child, mental health services.

Our work further raises the issue of formal diagnosis as an inclusion requirement for research studies: we posit that, given the reservations our bloggers reported about going for a diagnosis, such policies are likely to exclude more females than males, making it even more difficult to represent women in autism research. This point is similarly made by Bargiela et al (2016), who note that research samples drawn from autism clinics are likely to underrepresent females, as women are often missed by clinical services.

Conclusion

To conclude, our analysis of blogs written by autistic women highlight the role of acceptance in their wellbeing, as they progress through from not recognising or understanding their autism to identification and in some cases through to formal diagnosis. The potential positives for women's well-being of a formal diagnosis may be reduced by the expected or actual challenges required to get a diagnosis, and the lack of acceptance of them as autistic even after receiving a clinical diagnosis.

Our project is also proof-of-concept for using blog-based approaches for researching the experiences of autistic individuals.

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We confirm we are the sole authors of this paper.

Author(s') disclosure statement(s)

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Table 1: Summary of Blogger Characteristics

ID	Diagnosis	Age range at time of diagnosis	Period of diagnosis	Year of blog entries included	Country of origin	Mental health problems disclosed in blogs
1	AS	30-39	2010-2014	2015	UK	Suicidality, anxiety (undiagnosed)
2	ASD	30-39	2010-2014	2016-2020	UK	N/A
3	AS	20-29	2010-2014	2011-2013	UK	Depression
4	ASD	30-39	2010-2014	2016-2018	Australia	Depression, anxiety, ADHD
5	AS	50+	2010-2014	2012	USA	Depression, anxiety
6	SI	N/A	N/A (Self-identifies)	2011-2012	USA	Depression
7	ASD	40-49	2015-2020	2016	UK	Anxiety
8	AS	30-39	2000-2004	2012	Canada	Depression, anxiety
9	PDD-NOS + AS	5-11	1995-1999	2010-2011	USA	Anxiety
10	AS	0-4	1995-1999	2018	USA	N/A
11	Autism	50+	2010-2014	2014	USA	Depression, anxiety, other non-specified
12	Autism	30-39	2010-2014	2017	USA	Eating disorder
13	Autism	30-39	2015-2020	2015-2016	USA	Depression
14	AS	30-39	2005-2009	2018	USA	N/A
15	Autism	40-49	2010-2014	2018-2019	USA	Depression, PTSD, DID
16.1	AS	20-29	2010-2014	2016	USA	Depression
16.2	Autism	Unspecified	Unspecified	2016	UK	Other non-specified
16.3	Autism	Unspecified	Unspecified	2016	USA	Depression, anxiety
16.4	Autism	Unspecified	Unspecified	2016	USA	Other non-specified
17	ASD	Unspecified	2015-2020	2019	USA	Depression, anxiety, bipolar, ADHD
18	ASD	40-49	2015-2020	2020	UK	Other non-specified
19	ASD	30-39	2010-2014	2019-2020	USA	N/A
20	Autism	40-49	Unspecified	2019	USA	Depression, anxiety

ASD = Autism Spectrum Disorder; AS = Asperger's Syndrome; PPD-NOS = Pervasive Disorder Not Otherwise Specified; SI = Self-identifying; ADHD = Attention Deficit Hyperactivity Syndrome; PTSD = Post Traumatic Stress Disorder; DID = Dissociative Identity Disorder.

Figure 1: Summary of thematic analysis