ABSTRACT

There is widespread acceptance of a prevailing negative social perception attached to children with autism. This perception inherits much of its information through social discourse, creating a reality of autism that relies on long-lasting, deficit-focused perceptions. This paper presents a critical review of research informed by the medical and social models of disability on the current social perception of autism and the factors that influence this perception. Further, this paper offers recommendations that educators can use to create a positive perception of autism within mainstream classroom communities. Conclusions suggest multiple factors from the medical and social models of disability influence both current social perceptions of autism and inclusive opportunities for children with autism in mainstream classroom settings. Although the social perception of autism is shifting, there is still work to be done to further promote positive perceptions and positive visibility of autism.
How we talk about autism, and how we talk about autistic persons directly impacts on how the public, how people, think about autism, and how they perceive and act towards autistic persons.
Kristina Chew—*Autism Vox*, 2013

**INTRODUCTION**

Autism is a complex developmental disability characterized by social communication impairments and restricted and repetitive patterns of behaviour. This lifelong condition is the result of a neurological disorder that affects brain function and the way people interact and communicate with those around them (Hyman, 2013). Currently, we do not have a medical test that can diagnose autism, instead, specially trained physicians and psychologists administer autism-specific behavioural evaluations (Hyman, 2013). What we do know is that each child with autism is unique and each child has their own strengths and support needs.

As more and more children with autism are attending inclusive education programs, educators are becoming increasingly concerned about creating classroom communities whereby all children welcome and accept children with autism as friends and members of their class. However, including children with autism in inclusive classrooms does not guarantee that they will be accepted, valued, and included (Locke et al., 2010; Martinez & Carspecken, 2006; Piercy, Wilton & Townsend, 2002; Rillotta & Nettelbeck, 2007). In a recent study of loneliness, friendship quality, and the social networks of children with high-functioning autism, nearly fifty percent of the children reported that they feel they do not belong in their class and feel lonely and socially isolated (Locke et al., 2010). This representation is disconcerting as autism is now recognized as the most common neurological disorder and one of the most common developmental disabilities affecting children; the majority of whom attend mainstream classrooms and are at an increased risk for social exclusion (Government of Canada, 2013; Locke et al., 2010). For this reason, a growing number of educators are looking for ways to increase social opportunities for all children while fostering students’ positive social perception towards peers with autism.

Several researchers (Odom et al., 2006; Yeong, Ostrosky & Fowler, 2012) demonstrate typically developing children report generally negative social perceptions associated with autism. What’s more,
these wide-ranging perceptions form as early as kindergarten (Odom et al., 2006; Yeong, Ostrosky & Fowler, 2012). Despite the fact that research findings have led to deeper understanding of autism as a disorder and how best to treat its core characteristics (Levy et al., 2006), negative social perceptions of autism have remained. Nonetheless, these sustained negative perceptions continue to influence how people adversely respond to children with autism. As a result, it is important to examine the prevailing negative social perception of autism that has become attached to these children.

As an autism spectrum disorder consultant, one of my most important tasks is speaking to educators and children in mainstream classrooms about diversity, difference, and autism spectrum disorder. Routinely, requests of this nature are linked to two parallel and recurrent themes: first, issues relating to acceptance and friendship, and second, issues relating to rejection and bullying. Since there appears to be negligible results on sustainable methods to modify children’s behaviour towards children with autism in mainstream classroom communities (Brew-Parrish, 2004; Frederickson, 2010; Lindsay & Edwards, 2013; Odom et al, 2006; Siebers, 2004), understanding ways to address these very important issues is imperative. From a professional standpoint, understanding the origins of the current social perceptions of autism and the factors that influence these perceptions will help me fully address issues related to the social acceptance of children with autism in mainstream classroom settings. What’s more, understanding the underpinnings of the prevailing negative social perceptions of autism will help shift a school culture from one that labels, pre-assumes, or constructs a notion of autism based on misrepresented social perceptions, to one that accepts children with autism as friends and members of a classroom community.

The purpose of this paper is to examine the broad public view of autism. Specifically, this interdisciplinary paper looks at the prevailing social perception of autism and aims to answer the following questions: (a) What is the current social perception of autism? (b) What are the factors that influence this social perception? (c) How can educators promote positive social perceptions of children with autism in mainstream classroom communities? By critically examining diverse views and ideologies from various disciplines including child psychology, early childhood education, special education, and
disability theory, this paper seeks to cultivate awareness of the largely misperceived human experience of autism. It includes a discussion about an approach, grounded in the field of early childhood education, which incorporates children’s literature, and informs shared acceptance between children and their peers with autism. Further, this paper offers recommendations that can be used to promote positive visibility and positive perceptions of children with autism within mainstream classroom communities.

SOCIAL PERCEPTION OF AUTISM

Since Leo Kanner (1943) established a distinct category of diagnosis and applied the term “infantile autism” to a group of peculiar boys he observed, discourse explicit to autism have surfaced among medical researchers and scholars in the humanities and social sciences. For many, the words autism and disability symbolized tragedy, devastation, lack, limitation, and deficit (Goodley & Roets, 2008; Garlen Maudlin, 2008; Sarrett, 2011). As Stuart Murray (2008) states, “Like cancer, autism is often seen as a remorseless attacker of innocents, a destroyer of lives and families” (p. 209). The term “devastating” used to describe autism in the description above illustrates the prevailing view that autism is a terribly negative and undesirable condition. These narratives teach us that disability is “alien, terrifying, tragic; that it transforms your life in overwhelming negative ways; and that it is normal to feel horrified, relieved, and inspired, all from a safe distance, when we encounter disability” (Garlen Maudlin, 2008, p. 119). Further, Thompson (2012) suggests that the emphasis of the medical model of disability is on dependence, backed up by the perceptions of disability that call forth “pity, fear and patronizing attitudes” (p. 100).

At the heart of these representations is the image of an isolated child, living in a world of their own and having little or no interaction with those around them (Bilken, 2005). Children with autism, as these accounts suggest, are disengaged from society due to significant pervasive impairments and destined to a life of social isolation. Based on these assumptions, it is not surprising that children with autism are at a higher risk of being excluded from inclusive social opportunities. In contrast, I believe this
notion does not tell the complete story; rather, it fails to capture the full range of abilities, experiences, and personalities of children with autism.

The number of children diagnosed with autism has increased exponentially in the last two decades. First recorded at a prevalence rate of one in ten-thousand, autism diagnoses have increased to one in sixty-eight, according to the Center for Disease Control and Prevention (2010). While the prevalence of autism has dramatically increased, experts disagree about why this is happening. Although it remains unclear whether this increase is due to improvements in clarity of the diagnostic criteria or a broader clinical definition of autism (Baker, 2013; Fombonne, 2008; Levy, Kim & Olive, 2006; Lord, 2011; Schechter & Grether, 2008), therapists and clinicians are required to address the unique needs of this population more than ever.

This diversity of etiological views is reflected by the range of therapies that have proliferated to treat children with autism, including the now discredited theory of Bruno Bettelheim (1967). His shocking revelation suggested that autism was the result of “cold parenting”, the failure of parents, especially mothers, to forge appropriate loving bonds with their children. Although his theory is known as “refrigerator mother”, Bettelheim (1967) did not use the phrase; however, the name fits his description of mothers of children with autism. Bettelheim goes on to recommend that the best treatment for these children was to separate them from their inadequate mothers and place children in institutions. Although research failed to support Bettelheim’s theory (Cantwell, Baker, & Rutter, 1978; Doussard-Roosevelt et al., 2003; van IJzendoorn et al., 2007), the devastating consequences of this theory for parents of children with autism could not be easily erased (Grinker, 2007).

Currently, treatment options vary between behavioural therapy, applying principles of applied behavioural analysis as a means to increase socially appropriate behaviours while decreasing socially inappropriate behaviours (Ospina et al., 2008; Lovaas, McEachin & Smith, 1993); approaches that directly target the body and mind of child with autism such as sensory integration stimulation and psychotherapy (Hodgetts & Hodgetts, 2007; Koenig & Levine, 2011); and biomedical interventions such as chelation therapy, drug therapy, and dietary therapy (Erikson et al., 2010; Posey et al., 2008). It has
become clearer in recent times that behaviour therapy, the over-riding choice of many clinicians, can be supplemented by alternative therapies to assist children with autism and their families cope with a range of behaviours. At this time, consent among many clinicians and therapists is an “eclectic approach” which combines elements from wide-ranging therapeutic paradigms, and thought to be the best approach to accommodate the diversities found in children with autism (Mackintosh, Goin-Kochel & Meyers, 2012).

Despite the elected approach, the overall premise of treatment is based on the medical model of disability which is intended to “normalize” behaviour to meet standards to which all other forms of behaviour are compared (Garlen Maudlin, 2008). Albeit a current shift in social attitudes, there is still an overriding sentiment that there is something wrong with the child with autism that needs to be fixed, as evidenced by therapeutic approaches employed. In my opinion, this sense of urgency to “normalize” behaviour is further justification for the exclusion of children with autism from the mainstream classroom communities and in turn, isolating them from inclusive opportunities that other children in school are entitled. Furthermore, I believe that many children with autism have a unique way of interpreting, understanding, interacting, and relating to the world, and this way of “knowing” may be different from that of their typically developing peer, but no less valid.

From within the autism community, voices have emerged challenging the acceptance of a single version of “normalcy” as natural, as it excludes and invalidates the experiences of many children with autism. On such voice belongs to Jim Sinclair a writer, activist, and person with autism. Sinclair (1993) writes:

> Autism is a way of being. It is pervasive; it colors every experience, every sensation, perception, thought, emotion, and encounter. It is not possible to separate the person from their autism. If it were possible to do so, it would fundamentally alter the person (p. 2).

This statement emphasizes the notion that autism cannot be removed or cured; a predominant misconception synonymous with the medical model of disability. In saying this, Sinclair reminds us that autism should not be viewed as a shell within which a “normal” child is trapped, a common metaphor used by “experts” as they talk about autism, but rather an integral part of who they are; a complete and “whole” child.
Nonetheless, there are two different paradigmatic ways of looking at autism that have influenced its social perception. Under the prevailing medical model, autism is seen as a brain-based congenital condition (Román, 2007; Courchesne et al., 2003; Courchesne, 1997). I feel this is not only a limited view of autism, but one which views autism as a condition that resides within the child and minimizes their human experience. Moreover, children with autism become subjected to negative social perceptions which undermine their status as full members of classroom communities. Rachel Cohen-Rottenberg (2011), a writer with autism further explains:

In the larger world, two models of disability are always in play. The first is the medical model, which posits that something is wrong with me, something from which I “suffer,” something that must be treated and perhaps someday “cured” by medical intervention. In this model, my autism is a disorder, and I am somewhere “over there,” apart from regular folks, separate and unequal. (p. 27)

Alternately, autism can be understood from the perspective of social model of disability. This theory is based on the argument that disability is a social construct, not an inevitable result of impairment, and rejects the medical model of disability because it does not fully explore the “lived experience of the individual, and furthermore it pathologizes individual differences and relies on experts to fix these differences” (Gabel, 2005, p. 2). Disability is therefore situated in the wider, external environment, and is not explicable as a consequence of a child’s impairment. The social model of disability emphasizes, “A person has a disability only with respect to a certain environment … it is not an absolute state of being in the individual” (Pothier & Devlin, 2006, p. 15). Rachel Cohen-Rottenberg (2011) explains:

An alternative lens through which to view disability is the social model. According to this model, disability is a social construct. That is, one can only be disabled in relation to an accepted norm. So, all the things I value about myself—my acute sensory sensitivities, my deep ability to empathize, my visual acuity, my ability to enjoy silence and a slow conversational pace—become disabilities simply because I live in a culture that does not value them. For example, because I have hyper-acute hearing, I have to wear earplugs when I go downtown or into any sound-filled environment. Until recently, I’ve thought of my hyper-acute hearing as a problem, because I find it very hard to converse with other people in public or to concentrate in the midst of noise.

But my hearing isn’t a problem in isolation. It’s only a problem because I live in a very loud culture—full of noise, full of words, full of TVs and radios and music playing everywhere I go. If I lived in a quieter culture, my hyper-acute hearing would not be a problem. In fact, when it comes to keeping people safe from harm, it would be an asset. In the same way, if I lived in a culture that valued deliberation and a more measured verbal pace, I wouldn’t have the problem of
being constantly left behind. In a society in which impulsive action and rapid speech trump other ways of experiencing life, I cannot possibly keep up. (p. 28)

Simply asserting that something is a social construct often tells us very little, because it is extremely hard to find anything that cannot be treated as a social construct. Rather, the perspective informed by the social model of disability must offer something more than the mere observation that autism is a social construct. In my view, the importance of this perspective lies not in the fact that autism is a construction, but in how it is constructed. It offers that understanding that autism is not an illness or deviance that needs to be “fixed”; instead, autism is a human characteristic. In other words, one can be left-handed, right-handed, be tall or short … one can also be “autistic”. To me, a lot of confusion comes from inconsistent or unclear uses of the social model of disability. At its extremes, the model looks distorting and unclear to the well-being of the child with autism. On the other hand, it is a paradigm shift bringing attention to a different or rather additional way to view, understand and approach autism. Notwithstanding, despite our best intentions we have created a perception of autism based on deficits and differences. As Estée Klar (2001) states, “The barriers that exist do not lie within the autistic child, the barriers lie in attitude” (p.1).

In my opinion, understanding the social perception of autism through the models of disability has important implications for the school system. Problems impeding access to inclusionary classroom environments are seen as being located within the child with autism who is often medically defined by their impairment (McDonald & Paul, 2010). In this view, children with autism are seen as the ones who must adapt in order to “integrate” into classroom communities, or be educated in a separate “special” education system. Regrettably, these prevailing negative perspectives seem to lead to school-wide inclusion being treated as an “optional extra” (Garlen Maudlin, 2008). Based on this unimpeded trend, it is my view that inclusion of children with autism will not transpire without educators and school administrators understanding the dichotomy between the medical and social models of disability, and commit to a pedagogical practice that permits equity and access to inclusive educational opportunities for all children. With that in mind, I believe it is appropriate that the challenge to the negative social
perception of autism begins in school environments and classroom communities. What’s more, to generate a positive perception of autism, educators need to re-examine the underpinnings of the prevailing negative social perception towards children with autism and replace it with a paradigm with a belief system based on positive visibility and diversity. In other words, if the classroom culture has certain positive qualities such as core values of inclusion and celebrating diversity, I believe the door is open for limitless opportunity and greater success.

**SHIFTING SOCIAL PERCEPTION**

Children’s negative social perception toward peers with autism has been widely documented in preschool and elementary school settings (Han, Ostrosky & Diamond, 2006; Higgins, MacArthur & Kelly, 2009; Martinez & Carspecken, 2006; Nabors & Keyes, 1997; Nowicki, 2006). Some researchers argue that children with autism can display a number of behaviours that are not easily understood by peers and consequently, confusing and troublesome for many children (Frederickson, 2010; Han, Ostrosky & Diamond, 2006; Nowicki, 2006). In contrast, others state that typically developing children are often at a disadvantage because they do not have knowledge about autism or understand capabilities of children with autism, and when they acquire the knowledge, attitudes shift (Ison et al., 2010; Rillotta & Nettelbeck, 2007). Nevertheless, some researchers maintain that well-designed interventions for children can help improve positive social perceptions of autism (Foley et al., 2007; Han, Ostrosky & Diamond, 2006; Ostrosky et al., 2013; Pitre et al., 2007; Triliva et al., 2009). While there appears to be some of evidence supporting the use of awareness interventions, Lindsay and Edwards (2013) argue:

> Educators should carefully choose an appropriate intervention to meet the needs of children in their class while considering age appropriateness and diversity of the students. It is also important for educators to be cognizant of the broader societal influences that impact attitudes towards [autism]. (p. 633)

Undoubtedly, navigating the social world, making friends, and sharing common experiences with others can be challenging for many children. What’s more, in order for inclusive classroom communities to be open to social learning experiences, all children need opportunities to learn about each other. That is
to say, all children need to understand similarities and differences, and human diversities in the world in which they live. In my view, helping young children nurture positive social perceptions at school can contribute not only to the creation of a positive social climate, but will extend beyond the classroom walls into the community at large. According to Pitre, Stewart, Adams, Bedard, and Landry (2007), “Addressing the prevailing negative social perception towards people with disabilities in childhood is central for the reason that at this age, attitudes are still evolving and early interventions may be especially beneficial” (p. 424). Taking into account that many children with autism are being included in mainstream classroom settings at increasingly high rates, it seems fitting that educators should boost autism awareness in a manner that will lead to greater understanding and acceptance from typically developing children towards their peers with autism.

Young children’s social perceptions are developed through direct and indirect experiences (Odom et al., 2006; Brownwell, Zerwas & Blaram, 2002). These experiences include direct interactions across a range of play and learning contexts, and indirect experiences through engagement with play materials, e.g. print material such as picture books. In Nasatir and Horn’s (2003) study, the authors purport a substantial and lasting shift in young children’s perception toward disabled people when educators incorporated children’s literature featuring characters with disabilities, in the kindergarten curriculum. Further, they suggest that children’s literature can provide a powerful influence on beliefs and can “refute stereotypes and construct positive images about people with disabilities in the mind of the reader” (Nasatir & Horn, 2003, p. 8). What’s more, reading stories that address disability and seeing images that promote positive attributes of children with disabilities to young children is an instructional strategy that can be naturally incorporated into most if not all, kindergarten classroom environments (Kurtts & Gavigan, 2008; Maich & Belcher, 2012).

Since educators constantly seek innovative ways to assist their students in promoting positive social perceptions towards individual differences (Kurtts & Gavigan, 2008), using children’s literature is one way to bring forth these principles and values. For example, *We’re Different, We’re the Same* by Bobbi Kates (1992), teaches young children about racial harmony by using Sesame Street® puppets and
humans by comparing noses, hair, skin, etcetera and realizing how different they all are. Then as the children look further, they also discover how much they are alike. Another example is *Friends at School* by Rochelle Bunnett (1996). This story is a photo essay that shows young children of diverse abilities actively working and playing together at school, and demonstrates that, given the opportunity, children can readily accept each other's differences. In my view, this simple strategy and familiar classroom resource, e.g. a children’s storybook, is an easy way to teach acceptance, understanding, and difference, and transform a classroom into a welcoming and accepting learning environment.

As reported by Nasatir and Horn (2003), children’s literature that includes images of disabled children can be organized in two different ways. The first way simply addresses disability as a part of diversity. That is to say, disabled children are shown in books doing the same things as children without disability. Usually, in such a story, there is a character that has a disability; however the plot does not specifically focus on issues of the disability and/or its impact on the person. An example of a children’s story that addresses disabilities as a part of diversity is *Russ and the Firehouse* by Janet Elizabeth Rickett (2002). The photo-story is about Russ, a five-year-old boy with Down’s syndrome, who tags along with his Uncle Jerry, a firefighter, during a day of work at a real fire station. There is no reference to impairment, and Down’s syndrome has no relevance to the storyline. Essentially, the plot is about a young boy’s experience at the fire station. The second way of organizing children’s literature includes books designed to discuss disability in order to help support disability awareness as well as to provide specific knowledge about impairment and its impact on a person. For example, *Ian’s Walk: A story about autism* by Laurie Lears (1998) is about a young girl and her brother who has autism. Julie and Ian go to the park, and it is through this experience that she learns more about her brother and the way autism is part of his life. Although Julie has questions and shares concerns about autism, her unconditional love for Ian is truly apparent. Essentially, *Ian’s Walk: A story about autism* is specifically designed to address autism in order to impart knowledge and arouse reflection upon its audience.

In many ways, primary classroom programs provide an ideal environment to foster positive social perceptions toward children with autism. Many educational theorists suggest that social behaviour is most
impressionable and malleable during the early years at school, and positive perceptions that develop early may have a positive impact throughout childhood and into adulthood (Brown et al., 2008; Brownell, Zerwas & Blaram, 2002; Diamond & Hestenes, 1996; Diamond & Hong, 2010; Diamond & Tu, 2009; Favazza & Odom, 1996/1997; Maich & Belcher, 2012). Clearly, promoting positive social perceptions towards children with autism in mainstream classroom communities is timely, and using children’s literature as a way to share powerful examples of diversity and acceptance seems fitting. Whether it is a story exploring the differences between cultures as in Why Am I Different? by Norma Simon (1993), or celebrating diversity and disability as in Whoever You Are by Mem Fox (1997), Looking After Louis by Lesley Ely (2004), and Waiting for Benjamin by Alexandra Jessup Altman (2008), children’s literature is a concrete way of making the message meaningful and cultivating awareness of a largely misunderstood and often misrepresented human experience.

CONCLUSION

This paper investigated the current social perception of autism and the factors that influenced this perception. After considering the body of research, one may easily understand the reasons behind the current negative social perception of autism. Consistent with the medical model of disability, autism is viewed as: a deficient and abnormality; negative; a condition that resides within the person; and remedied through a cure or normalization of the person. In contrast, the social model of disability perceives autism as: a difference; a social construct; it derives from the interaction between the person and society; and it is remedied through a change in the interaction between the person and society. The medical model views autism as a disorder and inherently impairing, whereas the social model views it as a distinct cognitive style and impaired by the attitudes, social perception, and structures of society. The medical model reinforces the prevailing negative attitude towards children with autism resulting in a perception that they are less valuable than children without autism. What’s more, this perception strengthens what children with autism “cannot do” as the focus, rather than the barriers that prevent them from being included. As
per the medical and social models of disability, in my mind neither view is satisfactory. Both fail to take into account the insights from the other, and both fail to see autism as a unique condition containing clusters of differences.

Clearly there are multiple factors that influence the current negative social perception of autism. In order to effectively respond to issues of rejection and exclusion of children with autism in mainstream classroom communities, understanding the origins of the negative social perception and the factors that influence these perceptions continues to be of primary importance. Time and again, this prevailing negative social perception permits further isolation and exclusion of children with autism from social experiences that countless children are allowed. In light of this trend, it is imperative that the broad public view of autism shift from a prevailing negative attitude to one that promotes positive visibility and positive social perceptions. Given that, I conclude that further research on awareness interventions aimed at promoting positive visibility, diversity, and inclusivity of all children within mainstream classroom communities be considered in the future.

**Road We Must Travel**

We have come to a fork in the road. There are two paths ahead. One sign posted ‘Segregation’, the other ‘Inclusion’. They lead to different places. We must decide as a community which path to follow. Anonymous

Inclusive classroom communities free of negative social perceptions are not stagnant; they constantly grow and develop, they shift to represent the children whom they nurture, and they demand educators to be pro-active learners. While social perceptions towards children with autism are shifting, I believe there is still work to be done. It is imperative that educators provide unreserved guidance and support to children with autism so they may fully understand and appreciate their own strengths and abilities. What’s more, educators need to provide complete access to resources to ensure that children with autism will reach their full potential. Most importantly, educators need to allow children with autism an authentic way to recognize and celebrate their unique way of being. By doing this, I believe children with autism will help society “get it right”, and will use their voice as a means to shift the broad negative
social perception to one that includes positive visibility, equality, and inclusive opportunity within our schools and our classroom communities. I would like to end this paper with a quote by Mark Haddon, the author of *The Curious Incident of the Dog in the Nighttime* (2003). During his acceptance speech at the 2000 Dolly Gray Children’s Literature Award ceremony, Haddon shared this reflection:

> I look forward to a time in the not too distant future when such prizes seem outdated and unnecessary, when children with learning difficulties of all kinds are as much a part of our society as children with red hair or children who play the clarinet and readers who do not even notice when a book contains a character with learning difficulties because such books are as common as rain. (*Haddon* in Kurtts and Gavigan, 2008, p. 24)

I too, look forward to a time in the not too distant future …
FURTHER REFLECTIONS

The only true wisdom is knowing you know nothing.
Socrates (470 BC – 399 BC)

Perhaps this paper has challenged not only my awareness of the broad social perspective attached to children with autism, but to a greater extent, confronted my current knowledge, awareness and understanding of autism. Over the next few paragraphs, I will sum up the end of my two-and-a-half year journey; that is to say, the writing of my final paper.

First, I confess, it hasn’t been easy. It has involved countless articles and resources, caffeine and sometimes wine, tears, and sleepless nights; more than imagined. But it has also cemented my belief that not only have I met my objective as stated in my submission to graduate school, it affirmed my commitment as a life-long learner.

At this point in my career I am entering this academic journey for a variety of reasons; to be intellectually challenged, to afford myself the opportunity to explore areas of interest, to enrich my employment with a deeper theoretical understanding of ASD [autism spectrum disorder], and to enhance my proficiency as an autism consultant. Author, August 2011

Next, at times during the writing process, I became overcome by the seemingly enormous task ahead. This included sifting through the vast amount of information that was in front of me, and taking the necessary steps to organize this mountain of information. One notable and recurrent challenge, perhaps the hardest to combat both academically and emotionally, was solidifying a topic, and then staying committed to that topic even when I was fervently pulled in other directions. With endless help and support from a very reassuring and compassionately professor, I endured. In retrospect, there were likely a number of factors that contributed to my apprehension. One important factor was the realization that this is my final paper; my final opportunity to put my thoughts in writing. Perhaps, I wanted to choose a topic that was going to be my quintessential paper on autism. Did I put pressure on myself … just a little? In the end, I believe I’ve put together a paper that informs an important perspective of autism.

Finally and most notably, this exercise was more thought-provoking, while at the same time more challenging, than other papers over the past few years. This paper demanded me to think with hindsight (reflect), in the moment (current context) and for the future (what lies ahead). In other words, it forced me
to think beyond “just writing”. It required me to test and put on trial, my persistent complicity and security in knowing and perceiving autism as I have always known and perceived autism. It made me critically examine my professional motive and most importantly, my personal way of being. For this, I am grateful. Koenig and Levine (2011) remind us, “Of course every foray into new territory means uncovering new issues and unanswered questions, large and small” (p. 29). My retort seems rather fitting; I have a lifetime of learning ahead of me.
REFERENCES


