Wenn B. Lawson

AUTISM AND PHYSICAL DISABILITY

Dual Experiences, Challenges, and Inclusion Solutions

Disability Studies

Collection Editor
DAMIAN MELLIFONT

LIVED PLACES
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Abstract

This book reflects the current understanding foundational to Autism, represented in personal quotes from Autistic people and viewed through the lens of Monotropism. It also pairs the monotropic Autistic experience with various disabling physical experiences to represent their dual impact. The personal experiences lived by Autistic people with physical disability are echoed by the author and other Autistic people throughout and are highlighted in quotes, poetry, and academic references. These experiences include societal expectation, communication, sensory differences, ableism, the double empathy problem, sexuality, physical disability, emergency situations, ageing, and negotiating life as disabled Autistic people, many with a persistent drive for autonomy.

Key words

Autism, Monotropism, Disability, Sensory, Physical, Sexuality

Contents

Content warning

The material outlined in this book addresses issues related to Autism and being disabled physically by co-occurring conditions such as autoimmune, sight and hearing, GI, and others. The impact on Autistic people of these and the relationship to communication, ableism, sexuality, and ageing, among other things, is highlighted. There is a reference to pornography, but no graphic descriptions. Readers are advised to make sure they take care of their own mental health and seek support from family, friends, or services if anything they read in this book triggers anxiety or makes them uncomfortable.

Learning objectives

Through the reading of this book, the following learning objectives are anticipated:

1. The reader will gain a unique understanding of Autism both from research perspectives, but, even more so, from the lived experiences of the author and of other Autistic individuals who generously share their experiences too.
2. The reader will gain insider knowledge about how Autistic people experience physical disability
3. The reader will gain understanding about the experiences of an Autistic and physically disabled person.
4. The reader will be able to recognise and support physically disabled Autistic people
5. The reader will gain knowledge of how interoception and object permanence are experienced differently in Autistic people than in non-autistic people.

The reader will gain insight into how Autistic physically disabled people communicate, experience sexuality, gender differences, and emergency situations, among other human experiences.

Foreword

Most people who are themselves Autistic—or who love or support Autistic people—will recognise that Autism is rarely experienced in isolation. Actually, Autism often comes 'with friends', by which I mean co-occurring neurodivergences (like ADHD, dyslexia, and dyspraxia, for example), physical conditions and disabilities (including chronic illness), and other intersectionalities (like being LGBTQIA+). But Autistic people—regardless of whatever other identities or conditions we also have—are (like everyone) socialised within systems of ableism and normativity, and we live alongside others who have been socialised into such ableist and normative expectations.

Too often, when someone writes about Autism, they forget that we exist in the context of our *holistic* lived experience, as members of communities and families, as people with complex lives and identities, and as individuals whose physical, emotional, and mental health might present as many challenges as they do strengths. Too often, we forget that these elements of self are inextricably interwoven and interconnected: we are not *only* Autistic, but rather we are 'Autistic *and*…'. Our lives are lived in the present and are dynamic and changeable: who and how we are in the world evolves and adapts over time. We are not static automatons dangling on a linear Autism spectrum divorced from context or time; we grow up, grow old, mature, and change. And so do our needs and experiences.

That's why this book is so important.

There are few opportunities to examine Autistic lives holistically, as lives that are complex and intersectional and rich and unique… *and* Autistic. Rarer again are the opportunities to celebrate Autistic lives, lived well, even as we hold space and respect the challenges that simply living sometimes entails. Wenn Lawson is one of the very few authors who can so beautifully balance these elements. Wenn reminds us that it is not a betrayal of our commitment to affirmation and acceptance to acknowledge and pay respect to our challenges. He also reminds us that we do not undermine those very real and tangible challenges when we affirm and accept ourselves as whole, dignified, and complex humans. Indeed, it is only through appreciating the complex interplay of our identities—as disabled, as divergent, as the unique product of our genetics and experiences, as complicated but simultaneously fragile and robust, hurt and held—that we truly begin to reach understanding.

That is the gift of this book.

This is a book for everyone. If you are Autistic, it will give you insight into your experience, wherever you are in your personal journey. If you are not Autistic, it will provide you with a glimpse into our lives, our experiences, our brains. Fundamental information about who—*and why*—we are is stunningly illustrated with personal anecdotes, poetry, and reflections. For Autistics, Wenn weaves illustrations *from* our lives with information *about* our lives, in a way that can only illuminate and lift us up in moments of profound relatability and connection. For non-Autistics, Wenn offers the underpinning foundational principles of Autistic being—like monotropism, inertia, object (im)permanence, and interoceptive, sensory, and communication differences—and shares insights into what that means for our Autistic everyday lives. This is not a dry, academic treatise: it is a glimpse into the inner world and workings of a diversity of Autistics who exist, thrive, are traumatised, and recover. It is not, however, a book about Autism. Rather, this is a book about *being* Autistic, and about ageing as Autistic *and* physically disabled, chronically ill, gender divergent, with diverse ways of communicating, moving, and processing. It is about our journey as individuals who are too is frequently misdiagnosed, misunderstood, and mistreated. We are all of us, regardless of our current age, ageing, and Wenn's focus on the passage of time is an important reminder that our lives are not static or fixed, but a journey that we all walk every day.

Ultimately, Wenn is a brave author: not only does he share so much of himself, but he does not shy away from topics that other authors might shun as taboo. That makes this an incredibly brave book. I am not just talking about Chapter 5, which touches on (for some, at least) the confronting subject of pornography and sexuality, but the whole book, which is raw, deep, profound, exposing, and vulnerable in equal measure. This is not a volume that sanitizes or underplays who we are—and how intricate and challenging our lives can be—but rather situates that complexity within a frame of human dignity and rights. Of humanity and relationality and care. This book will change how you view being Autistic, whether for yourself or someone else, and it will challenge you to think beyond the binary, the reductive, the simplified, and the normative, towards embracing the multifaceted, the irregular, and the divergent that is in all of us.

For me personally, I had a moment of incredible clarity, validation, and strength when I read Chapter 1. I suffer from Psoriatic Arthritis and Ankylosing Spondylitis, which cause me chronic pain. But when I am distracted - when I am in my state of flow, totally absorbed by my research or writing - the pain effectively disappears. Deep down, I have always thought that this was an indicator that my pain couldn't be 'real', or 'that bad', that I was—am—'weak' or 'attention-seeking'... a hypochondriac, perhaps. All the insidious strands of internalised ableism against which I struggle have made me doubt myself and my experience of pain. Reading Wenn's explanation of monotropism and the way it effectively acted as a shield for his pain during periods of monotropic focus was eye-opening. It explains so much for me, about me. It gives me the knowledge and the language to describe my experience, and to account for what happens to my body in different moments. That is exciting. It is liberating and validating. I thought I understood monotropism, but hearing how it applies in a lived context to Wenn gave me the opportunity to see how it works in me, too. That is the power of the many vignettes and lived experiences included in this volume.

Dr Melanie Heyworth
Reframing Autism and Macquarie University

Prologue

Why did I write this book?

Growing up with unrecognised neurodivergence (specifically Autism, attention differences with or without hyperactivity (ADHD), Central Auditory Processing Disorder (CAPD) and various learning differences, such as dyslexia, dyscalculia, and dyspraxia) and unrecognised physical challenges (both eventually diagnosed and acknowledged), I understand what it's like to be autistic and physically disabled. I have read individual stories from Autistic physically disabled individuals, but I haven't come across any information or personal stories that are viewed from an Autistic foundation, such as monotropism. The thing is, if we don't view these through the monotropic lens, then we are less likely to see the whole person. So, I wrote this book to address the gap in the literature.

Each chapter in this book echoes aspects of my experience and that of others who have faced feeling 'less than' because of their autism and/or physical disability. We have been misdiagnosed with various mental health labels instead of having our Autism and, sometimes, PDA (Persistent Drive for Autonomy) profile seen, or we have been accused of 'lacking empathy' when the issue is more about object permanence or interoception. Then there are the times when, being given instructions in the case of an emergency, we have been told that, because of our physical disability, we will need to wait for someone to come and help us!

Autistic children become Autistic adults, yet Autistic people have been infantilised and not expected to express our sexuality or gender; this is very distressing. So, knowing how to consider this is part of being fully human.

In chapter 1, I spell out the criteria for an autism diagnosis and name previous theories on 'why autism', but I go into more detail, looking at monotropism. Monotropism (being single channelled and better at attending to one thing at any one time) is the only cognitive theory of autism written by Autistic people and verified by Autistic experience. Chapter 1 also echoes clips from the Autistic experience and how this relates to being disabled physically, but not necessarily as in traditional thinking about physical disability (not only being unable to walk, use your arms, and so on), but from a much wider concept of physical disability.

Chapter 2 centres on societal expectations upon us as human beings, upon gender roles, the double empathy situation where we see non-autistic individuals not 'getting' Autistic people and vice versa, how ableism impacts us from both outside and inside of self, and much more. I also note some differences with emergency preparedness. This is especially poignant in our current world, where I hear more and more about bushfires and storms. Of course, Autistic individuals are frequent visitors to the Emergency Department at their local (and otherwise) hospitals, too.

In chapter 3, I take us even further and explore Autistic communication, showing how different this is for talkers and non-talkers. The damage that has been done to members of my community, without going into specific 'therapies' but recognising societal impact and why so many of us 'mask' who we are, put on a brave front, play down our pain in order to be accepted. Of course, this often covers our very real need for accommodations! It's like we apologise for being who we are.

Chapter 4 notes we are all so very different, but the PDA (pathological demand avoidant Autistic profile) presents us with even greater challenges when it comes to physical disability. I mention more on gender challenges here, too, because of my own gender transition and how this has impacted my physical disability. I also write about interoception and our external senses because we experience these so differently from the non-autistic population. Seeing as we, as Autistic people, are being diagnosed as 1 in 31 and not 1 in 100 (Shaw et al., 2022), we are definitely 'catching up' and we may not be the minority for too much longer!

In chapter 5, I explore some aspects of being Autistic and how being physically disabled impacts our sexuality. This is not a chapter for the faint-hearted, who may believe Autistic people are not sexual beings and are unfamiliar with the damage being done to Autistic people by the big Porn Industries!

Finally, in chapter 6, I write about Autism and Ageing. Ageism is especially prominent in our Autistic and Autism communities. This is probably contributed to by the hangover from the previous 'belief' that autism was a 'childhood' thing, and little thought was given for being an older Autistic person. All the way through this book, I have attempted to illustrate points with the use of poetry and story or quotes from Autistic people. It is my sincere hope that as you listen to our stories, you will gain a richer sense of what it means to live our daily lives as physically disabled Autistic people.

General introduction

Although healthcare needs for all people across the board have a long way to go to fulfill human rights for all, they need to be met for Autistic people differently than for non-autistic people. You might think of this as a 'no-brainer,' right, I mean, we are all different and have different needs. Of course, you are right, but there is an even more fundamental difference for us as Autistic people due to our management of the scarce resource of attention. We are monotropic. I'll explain more about this in the following chapters. But it's in understanding and accommodating this difference, plus accounting for an individual's personality, culture, gender, sexuality, socio-economic status, and other intersectionalities, that will see the needs of Autistic people truly being met. From our different legitimate sensory needs to allowing for processing time, to accessible, easy-read documents, and the use of assisted technology. Whatever and however autism presents in any given individual, it's vital that this be seen and catered to.

Some in society argue about the costs of accommodating our Autistic differences and suggest that the weight on societal systems is too great (Dickson and Yates, 2023). Of course, Dickson and Yates also argue about the benefits. It's only as we change the discourse and language around disability and think beyond monetary needs and more towards human value that societal policy will change. Surely the true value in supporting and accommodating our differences goes way beyond any financial burden because I see disabled and Autistic individuals as those who give back to society tenfold, much more than the actual financial cost. We need to think about the value of human contributions given via our humanity, not only in gainful employment.

Autism is a developmental disposition that impacts autistic lives in various ways; some well-known, others not talked or written about enough. It might be our speech and/or language issues, our poor social timing, difficulties with attention, becoming fixated on something, having jerky movements, or a love of spinning round and round. It might be that we flap our hands and jump if we are excited, anxious, or scared. For some of us, being autistic allows us to develop a very focused career in some area such as technology, car detailing, medicine, acting, politics, gardening, turf control in local golf clubs, music, or sport, and many others. Autism can come with cousins, such as ADHD (attention differences with or without hyperactivity), learning differences such as dyslexia, dyscalculia, dysgraphia, and others. We might be early readers and incredible spellers or have an intellectual disability. However we arrive, we come in a human package with all the usual trimmings; these include human rights.

Traditionally, Autism has been housed within the 'medical model' and defined by a medical textbook called the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013). However, despite Autism often having many medical co-occurring conditions, the medical model is limiting as it doesn't consider personal experiences and the intersectionality of disability with other intersecting identities. The medical model also fails to recognise the role of "self-agency" (Pellicano and Den Houting, 2021; Procknow and Rocco, 2016). It's because of these limitations and the advocacy and push back from self-advocates that the neurodiversity paradigm has gained popularity (den Houting, 2018).

Looking at the medical model alone may outline many of the physical ailments that can be part of our daily lives, and it would be all too easy to view these and be overwhelmed. Autism is a spectrum of varying 'colours' and shades impacting human lives in a variety of ways, and is definitely not static. We need to remember that any time research refers to Autistic children, these children grow up and become adults! Where ASD (autism spectrum disorder) is referred to in a quote, for example, I am only using the term 'autism'.

For example: '*Medical comorbidities are more common in children with autism spectrum disorders (ASD) than in the general population. Some genetic disorders are more common in children with ASD, such as Fragile X syndrome, Down syndrome, Duchenne muscular dystrophy, neurofibromatosis type I, and tuberous sclerosis complex. Children with autism are also more prone to a variety of neurological disorders, including epilepsy, macrocephaly, hydrocephalus, cerebral palsy, migraine/headaches, and congenital abnormalities of the nervous system. Besides, sleep disorders are a significant problem in individuals with autism, occurring in about 80% of them. Gastrointestinal (GI) disorders are significantly more common in children with ASD; they occur in 46% to 84% of them.*

The most common GI problems observed in children with ASD are chronic constipation, chronic diarrhoea, gastroesophageal reflux and/or disease, nausea and/or vomiting, flatulence, chronic bloating, abdominal discomfort, ulcers, colitis, inflammatory bowel disease, food intolerance, and/or failure to thrive. Several categories of inborn errors of metabolism have been observed in some patients with autism, including mitochondrial disorders, disorders of creatine metabolism, selected amino acid disorders, disorders of folate or B12 metabolism, and selected lysosomal storage disorders. A significant proportion of children with ASD have evidence of persistent neuroinflammation, altered inflammatory responses, and immune abnormalities. Anti-brain antibodies may play an important pathoplastic mechanism in autism. Allergic disorders are significantly more common in individuals with ASD across all age groups. They influence the development and severity of symptoms. They could cause problematic behaviours in at least a significant subset of affected children. Therefore, it is important to consider the child with autism as a whole and not overlook possible symptoms as part of autism. The physician should rule out the presence of a medical condition before moving on to other interventions or therapies. Children who enjoy good health have a better chance of learning. This can apply to all children, including those with autism'... (Al-Beltagi, 2021).

Please read on, though, and let's explore more about how this pans out in people's everyday experience as Autistic and physically disabled individuals, who are neurodivergent and part of human neurodiversity.

Neurodiversity is the term used to cover the concept that all minds are equally valid and contribute to humanity (Singer, 1997). Neurodiversity recognises 'personhood' but rather than separating it from the individual's overall identity (person first) it is more holistic and views humanity via an identity-based lens (Grummt, 2024), which listens to the voice (spoken or otherwise) of human experience: '*While some would say neurodiversity refers to the diversity of brains, 'neuro' primarily refers to the neural pathways. Thus, 'neuro' encompasses not only the connections within the brain but also all neural connections throughout the body (Walker and Raymaker, 2021). This means that when we talk about neurodiversity, we are not just talking about different thought processes or procedures, but about the diversity of perception, processing, and practices* (Grummt, 2024, p.1).

Yet, in spite of this understanding of neurodiversity, it's all too often used as a term to describe only an individual with 'special needs' (I so dislike that term)! We all have special needs, this doesn't equate to our being 'lesser humans'. For example, I have received phone calls from schools that want advice about supporting some 'neurodiverse' individuals in their classroom, implying children who have needs that most do not! Many within our community (Autistic and ADHD) are now using the term 'neurodivergent', as we 'diverge' from the majority but sit beneath the general umbrella of 'neurodiversity'. The term neurodivergent, therefore, has arisen to make it clearer for our community and hopefully for others too (See: https://australiandisabilitynetwork.org.au/wp-content/uploads/2024/11/What-is-neurodiversity.pdf).

Also, due to some who see 'neurodiversity' as a term that potentially fails those of us who have greater needs for support (intellectually and/or physically disabled) because in the minds and experiences of some, it has not recognised us, there is Hari's wise and authentic work that suggests in 'neurodiversity 2.0' (Srinivasan, 2025) that the model's inclusive overture is so much more: *'The current discourse often presents false binaries—social vs. medical models, autonomy vs. dependence, strengths vs. deficits—when, in reality, inclusion requires an integrated approach. This paper advocates for proactive, flexible, and participatory systems across research, education, employment, and healthcare that centre both access and agency. By moving beyond reactive accommodations to proactive systems design, Neurodiversity 2.0 seeks to create structures that recognize and support the full spectrum of neurodivergent experiences'* (p.1).

Autism impacts us all differently; it also impacts those around us, our families and friends. The wider world is increasingly becoming aware of autism and of Autistic people. We exist in all walks of life (excuse the pun), from famous celebrities (such as Anthony Hopkins, Dan Aykroyd, Daryl Hannah, Susan Boyle and Hannah Gadsby) and politicians (like Tim Fischer, Jessica Benham and Yuh-Line-Niou) to engineers, medical personnel, military personnel, university professors, hospitality, shop and store personnel, Real estate agents, taxi drivers, train and bus drivers, to artists, writers, teachers and every other profession or work you can think of! Then there are others of our community who may not 'work' in the traditional sense of the word, but who aid the employment of others through their need for care and support in their daily living needs.

Many of us are also physically disabled, but you might not recognise this. It's easy to note a physical disability when it can be seen, but not so easy when it isn't obvious. Then there are those of us who may be noticed for 'our apparent physical disability', but our autism may remain unseen.

> **Aspen says**: *I have multiple chronic illnesses and a genetic condition that causes a range of issues including things such as chronic pain and an unstable heart rate. Due to the severity of my pain, I use a wheelchair part time, as well as other mobility aids. These life- changing aids have given back my freedom. They allow me to go shopping (provided I have sensory toys, and headphones and my assistance dog), go to school, visit zoos, museums, and allow me to live my life in a comfortable and enjoyable way....I haven't always used a wheelchair. Actually, it wasn't until March 2021 when I first needed something extra to help me get around. I did, however, show signs of chronic pain when I was younger, but Doctors always reduced my symptoms to being psychosomatic; they didn't trust me to understand myself. …..trying to figure out what is causing my medical issues...hasn't been easy. As an Autistic person, going through lots of testing is really difficult. I'm hypersensitive to touch so I often get overstimulated when going through physical exams. Thankfully, my GP understands and clearly outlines everything she is doing - something everyone should be able to expect from a medical professional. Other doctors are not so understanding. I try my best to educate them, but it usually ends in meltdowns or dismissal of my voice. There is a lack of knowledge from doctors of how Autistic people communicate. They don't realise that when I am stimming, ...covering my ears and non-speaking, I need them to slow down and wait....* (https://www.aspect.org.au/blog/my-story-by-aspen).

As Autistic individuals, we are impacted by our socioeconomic status, family background, culture, age, gender (like anyone), but also by everyday things that others might not expect us to be influenced by.

For example, **Cat says**:

> *I feel quite removed from the way that both gender and sensory experience exist in my body. Gender is something external that is ascribed to me and sensory experience feels very external too. My brain registers sensory experiences in very different ways to non-autistic folk. It sometimes doesn't register them at all. For both, I need a two-step process to understand how my body relates to me as a person. It seems like other people just naturally exist in their gender and in their senses, but I continuously have to decode what is happening and what that means for me'* (Cat and Ireland, 2025).
>
> **Mary says**: *'...living with hypoparathyroidism and hypothyroidism, although not thought of as a physical disability, is actually disabling for me in so many ways. Having Multi-endocrinology can leave me weak physically, with difficulty walking, processing of my thoughts, feeling cold and not able to build up stamina, no matter how hard I exercise, but you won't read about this in any textbook! The books and papers tell us if you have the right diet, medication and so on, you won't get symptoms. My experience begs to differ. And, as an Autistic person I get caught up in rumination over my disease that has my days taken over with thinking 'if I take more calcium, or maybe magnesium or perhaps calcitriol (active vitamin D) I should feel better... or maybe I need to stop dairy and take...... and it*

> *goes on and on and round and round....* **('Mary' 62yr. old, Australia,** 2025)

The following chapters take us on a journey, led by one Autistic older adult, of life as a physically disabled Autistic person. This book includes quotes from other Autistic adults, as we share bits of our stories. The book will include a personal account by the author, from childhood years, college years, single and married life, birthing children, gender and gender transition, and discovery of sexuality, as well as country migration, medical encounters, and cultural challenges. This story also illustrates coming to know one's autism as separate from the textbook account and the impact of physical disability on individual lives, as well as upon the immediate family. Physical disability comes in a variety of forms. These are often not seen, and many are not talked about. Imagine being a diabetic living with the constant threat that an imbalanced sugar-to-insulin diet poses because your 'Islets of Langerhans' are faulty and you could go into a coma if you eat the wrong thing! Or, imagine if you have Coeliac Disease, but don't yet know you do, and are bothered by diarrhoea, so you need to wear incontinence pads in case you have 'an attack' with an upset tummy. Both of the above could be physically disabling for an individual, autistic or otherwise, because they have a physical impact on our daily life choices.

As a late-diagnosed Autistic adult, my journey will be different from an individual whose autism is diagnosed in childhood. Some might argue that early diagnosis leads to early support and may offer better outcomes. Some will say their early diagnosis of autism actually could lead to stigmatization and trauma:

> **Okoye et al.** (2023). *The benefits of early diagnosis include the opportunity for early intervention, which has been shown to enhance developmental outcomes and improve adaptive skills. Early identification allows for the implementation of specialized interventions tailored to the specific needs of individuals with autism, targeting social communication, language development, and behavioral challenges. Furthermore, early diagnosis enables families to access appropriate support services, educational resources, and community programs, facilitating better coping mechanisms, reducing parental stress, and increasing adult independence.*
>
> *However, early diagnosis of autism also entails certain risks. One significant concern is the potential for labeling and stigmatization, which can impact the child's self-esteem and social interactions. There is a risk of overdiagnosis or misdiagnosis, leading to unnecessary interventions and treatments. Additionally, the diagnostic process can be lengthy, complex, and emotionally challenging for families, requiring comprehensive assessments by multidisciplinary teams.* The quote just cited refers to able bodies (known as anyway) and not to physically disabled individuals. Imagine what it might be like for those of us who are physically disabled and all the extra accommodations we might need!

For me, the journey of late diagnosed autism on a life riddled with misdiagnosed mental and physical health challenges, as well as one of experiences around sexual and emotional trauma through a lifetime of non-recognition, led to a deep-seated mistrust of humanity. It's one where animals, birds, countryside, and ocean offer solace and a token to give life back its value, often in places where humans have failed. This personal story encompasses the research and trajectory of life without hope to one that finally discovers a reason for love and meaningful connection. This is one story that connects readers to the wider understanding of life as an older, trans, disabled human who reaped multiple benefits from acceptance by animals, of self and of some others, and who chose life over death, love over hate, and hope over depression. Many Autistic people live lives full of emotional and physical pain, and they never receive opportunities to discover the joy of living.

This book takes one person's story to shine a light on a multitude of others' lives and gives us answers to so many questions that have gone unanswered for far too long. It's a story of hope, reconciliation, and of a life well-lived, despite its challenges. It leaves the reader with points to consider and a road map that leads us on a journey with multiple obstacles, but also ways to traverse them. Understanding monotropism is the key. This is the lens this book enables us to view autism and one of its cousins, physical disability through. Humans come in all sorts of packages, and currently, there isn't any one model that we all fit into. Perhaps the closest though is the psychosocial model that includes and alludes to the whole person (Bolte et al., 2021), including social, psychological, and physical.