

An Interpretive Phenomenological Analysis of the Experiences of Autistic Psychiatrists: “If We Can't Recognize Ourselves, How Can We Diagnose Autistic Patients Accurately?”

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Introduction

- Fifty years after gay psychiatrists first found their voice, autistic psychiatrists face similar issues
- Recognition of autistic physicians is a recent phenomenon
- Open disclosure is rare
- Psychiatrists who identify as autistic may face particular barriers to disclosure

Methods

- Interpretive phenomenological analysis (IPA) is a qualitative research methodology with an idiographic focus, which seeks to understand how participants make sense of their own experiences
- Following ethical approval, purposive sampling was employed
- Participants were members of ADI Psych, a subgroup of Autistic Doctors International for autistic psychiatrists
- Loosely structured interviews were conducted online and recordings transcribed verbatim
- Analysis is ongoing
- We are an autistic-led research team

“We don't recognize ourselves from training... if we don't recognize ourselves as autistic... how on earth can we diagnose patients accurately?”

(Michelle, autistic psychiatrist)

Themes	Selected quotes
• The journey to autistic identity	“It's the understanding that's the number one thing... that's important more than anything... a positive sense of who you are” (Joanne) “my mental well-being is so different since I've understood that I'm autistic” (Michelle)
• Hiding in plain sight	“it's an open secret among colleagues and patients that I'm probably autistic” (Trevor) “no surprise... I'm sure they would have known already...” (Sandra)
• Thoughts on pursuing formal autism diagnosis	“I feel the need to say [when] I disclose... I have had an assessment... a diagnosis and yeah I am definitely autistic...” (Michelle) “he went why... why go for diagnosis... you're a psychiatrist, you've diagnosed yourself... what does anyone else need to tell you [that] you don't know yourself... why would you need diagnosis... who for... what for?” (Paula)
• Cultural barriers to disclosure within psychiatry	“For me there is no benefit, I only stand to lose in terms of credibility” (Fatima) “I'm not sure it would be useful to say I'm autistic... I asked [a colleague] I worked with for 20 years... she said no, no, you mustn't tell people you're autistic” (Alistair)
• Perceptions of autism & stigma	“It's those old stereotypes isn't it... people think you can't have empathy therefore how can you connect with your patient” (Michelle) “I remember thinking how can this person be a mother if they're autistic... how are they going to get their child's state of mind... is that actually emotionally safe for this person to be a mother... if I was thinking that as a doctor with a training in psychiatry there's no way other psychiatrists are not gonna think that about me” (Paula).
• Autistic people as patients	“These are my people” (Sandra) “We've all got this guilt that we've missed all these people - whichever branch of psychiatry you're in you have missed people” (Michelle)
• The personal cost of making change	“Just living your life in a world not set up for us... is a big enough effort... trying to change the world whilst you are... inside it... a little cog in this unforgiving machine... sometimes feels like... too much of an ask” (Lisa).

“You read papers about... those horrible autistic people having no empathy and no theory of mind... Is that really me? If it's not me, does that mean that I'm not actually autistic? Or this paper is actually very wrong... which one is it? There's a lot of cognitive dissonance going on”

(Lisa, autistic psychiatrist, diagnosed age 5)

Results

- Eight participants: 6 consultants, 2 specialty doctors
- Four child psychiatrists, four in adult services including liaison & old age psychiatry
- Ages ranged from mid 30s to late 70s
- Two identified as male, six as female
- All lived in UK, mostly England
- Seven in current practice, one retired
- Two participants had a formal autism diagnosis received in adulthood
- One had a childhood PDD-NOS diagnosis and self-identified as autistic as an adult
- Five self-identified as autistic
- Analysis resulted in 6 group experiential themes and 28 individual subthemes



- Dr H Anonymous aka Dr John E. Fryer
- American Psychiatric Association, 1972
- “I am a homosexual”
- “I am a psychiatrist”
- “It *is* like coming out”
- (Sandra, autistic psychiatrist)

Aim

We aimed to explore the experiences of psychiatrists identifying as autistic, with a particular focus on disclosure

Discussion

- Psychiatrists who fail to recognize themselves as autistic may miss the diagnosis for patients who report familiar experiences and traits
- Insights from autistic psychiatrists have the potential to reframe our understanding of autism
- Autistic psychiatrists’ perspectives on the nature of autism, mental health for autistic people and autism services may help improve services and outcomes for autistic people in psychiatry whether as service user or service provider
- These insights are lost when the prevailing culture in psychiatry prevents safe disclosure
- All psychiatrists, particularly those in autism services, should consider their own positionality

Conclusion

Self-recognition and disclosure by autistic psychiatrists may be facilitated by reframing the traditional deficit-based view of autism towards a neurodiversity-affirmative approach

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