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Unpacking Contemporary Gender Identity Narratives: Insights into Their Impact on Adults with Level 1 Autism Spectrum Disorder

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Abstract

The evolving landscape of gender identity narratives—encompassing identities beyond the traditional binary such as non-binary, transgender, and gender-fluid—has profoundly influenced societal perceptions of selfhood. Yet, the intersection between these contemporary narratives and adults diagnosed with Level 1 Autism Spectrum Disorder (ASD) remains critically underexplored. Individuals with Level 1 ASD, characterized by subtle but impactful social communication challenges and a strong sense of personal identity, may experience unique interactions with gender constructs due to differences in cognitive processing and social integration. This study aims to unpack how contemporary gender identity discourses affect identity formation, mental health, and social belonging among adults with Level 1 ASD.

Using a mixed-method approach, the research surveyed 120 participants aged 18–45, combining standardized mental health assessments with semi-structured interviews to capture both quantitative trends and rich qualitative insights. Statistical analyses evaluated the relationship between comfort with gender expression and mental health outcomes, while thematic analysis illuminated recurring experiences of affirmation, conflict, and community navigation.

Findings reveal a nuanced dynamic: contemporary gender narratives offer empowering frameworks for self-understanding among ASD individuals, yet societal expectations and misunderstandings simultaneously pose risks for social alienation and mental health deterioration. Higher levels of comfort with one's gender identity correlated positively with better mental health scores. However, qualitative themes underscored a persistent struggle for acceptance both within broader society and within autism-specific communities.

The study highlights the urgent need for intersectional approaches in clinical practice, educational programming, and advocacy work that recognize and support the distinct experiences of neurodiverse individuals exploring gender identity. It recommends targeted interventions that affirm both neurodiversity and gender diversity as integral aspects of identity, with implications for mental health practitioners, educators, policymakers, and support networks.

Keywords: Gender identity, Autism Spectrum Disorder Level 1, neurodiversity, mental health, social inclusion, gender fluidity, identity narratives.

1. Introduction

1.1. Background

In the past few decades, society has experienced a profound transformation in the understanding and representation of gender identity. Traditional binary classifications of male and female are increasingly being expanded to acknowledge a wider spectrum of gender experiences, including non-binary, transgender, genderqueer, and fluid identities. Influenced by cultural, technological, and legal shifts, these contemporary gender identity narratives promote the idea that gender is not fixed or solely biologically determined but is a deeply personal and socially constructed experience. This broader acceptance encourages individuals to explore and express their authentic selves beyond conventional gender roles.

At the same time, research and public awareness of Autism Spectrum Disorder, particularly Level 1 ASD, commonly known as high-functioning autism, have grown significantly. Adults with Level 1 ASD typically demonstrate average to above-average intelligence but experience subtle difficulties in social communication, including

challenges in understanding implicit social rules and emotional nuances. They often prefer predictable routines and exhibit a strong need for internal consistency and personal identity coherence. These cognitive and social profiles shape how individuals with Level 1 ASD perceive themselves and relate to the evolving norms around them.

Despite the increasing societal focus on both gender diversity and autism, a notable research gap exists at the intersection of these two areas. Very few studies have systematically explored how adults with Level 1 ASD engage with and are impacted by contemporary gender identity narratives. Individuals with autism may relate differently to concepts of gender identity due to their unique cognitive processing styles, sensory sensitivities, and social experiences. There is a pressing need to better understand whether the ongoing shifts in gender norms act as supportive frameworks for identity formation or create additional layers of social complexity and psychological strain for this group.

This research addresses the critical lack of inquiry into how adults with Level 1 ASD navigate, internalize, and respond to contemporary gender identity narratives, aiming to contribute fresh insights to both autism research and gender studies.

1.2. Research Problem

As gender identity continues to evolve into a dynamic, individualized, and socially visible phenomenon, adults with Level 1 ASD are uniquely positioned within this landscape. Their social communication differences and reliance on structured internal frameworks may present both opportunities and challenges in engaging with diverse gender narratives. On one hand, the acceptance of diverse identities may offer greater freedom for self-expression. On the other hand, the fluidity and social complexity of modern gender narratives may introduce confusion, stress, or feelings of exclusion, particularly for individuals who prefer clear, consistent identity categories.

The current body of research heavily focuses on neurotypical populations when exploring gender identity issues, often overlooking how cognitive differences associated with autism influence identity development. This oversight creates a significant research gap, leaving unaddressed questions about mental health outcomes, the sense of belonging, and the overall psychological well-being of autistic adults engaging with contemporary gender identity discourses. Without targeted research, clinicians, educators, and policymakers lack the knowledge needed to support these individuals effectively.

This study, therefore, seeks to explore how evolving gender narratives influence adults with Level 1 ASD, particularly in terms of their identity formation, social integration, and mental health outcomes.

1.3. Research Objectives

The primary objective of this research is to examine the impact of contemporary gender identity narratives on adults diagnosed with Level 1 Autism Spectrum Disorder. Specifically, the research seeks to achieve the following goals:

Investigate Personal Experiences:

- To explore how adults with Level 1 ASD experience, interpret, and engage with evolving gender narratives, including the language, symbols, and social expectations surrounding gender diversity.

Assess Psychological and Social Impacts:

- To assess the relationship between contemporary gender identity discourses and mental health outcomes among autistic adults, focusing on measures such as anxiety, depression, self-esteem, and perceived social belonging.

Identify Support Mechanisms and Challenges:

- To identify the formal and informal support systems that facilitate positive identity formation and mental health among adults with Level 1 ASD, as well as to highlight the barriers they face within clinical, educational, and community contexts.

Through these objectives, the research aims to provide a comprehensive and nuanced understanding of how modern gender discourses affect a neurodivergent population often left out of broader societal conversations.

1.4. Research Questions

To guide the investigation, the following research questions have been formulated:

What patterns emerge in the gender identity narratives of adults with Level 1 ASD?

- This question seeks to uncover the distinctive ways in which autistic adults describe, negotiate, and embody their gender identities in relation to contemporary societal narratives.

How do these narratives affect their mental health and sense of belonging?

- This question examines the psychological and emotional consequences of engaging with evolving gender discourses, including both positive and negative outcomes in areas such as self-esteem, social anxiety, and inclusion.

What supports or barriers exist in contemporary society?

- This question explores the accessibility, effectiveness, and limitations of gender-affirming and autism-supportive resources in enabling autistic adults to navigate their gender identities with resilience and confidence.

By addressing these questions, the study aims to generate insights that not only advance academic understanding but also inform clinical practices, community initiatives, and policy developments that better serve adults living at the intersection of neurodiversity and gender diversity.

2. Literature Review

2.1. Contemporary Gender Identity Narratives

In contemporary society, the conceptualization of gender has undergone a profound transformation. Traditional binary notions of gender, anchored in rigid definitions of masculinity and femininity, have given way to more expansive understandings that recognize gender as a spectrum rather than a fixed point. The idea of gender fluidity posits that gender identity can be dynamic, flexible, and subject to change over time, rather than being immutable from birth. Individuals now increasingly identify outside the conventional male-female binary, embracing identities such as non-binary, genderqueer, and genderfluid, among others.

The emergence of queer theory played a critical role in challenging normative frameworks surrounding gender and sexuality. Central to this perspective is the assertion that gender is not biologically predetermined but is socially constructed and performed. According to this view, identity is not an innate essence but a series of acts and expressions shaped by cultural norms, individual agency, and sociohistorical contexts. Queer theory has thus dismantled essentialist views of gender and paved the way for a more inclusive discourse around diverse gender experiences.

The proliferation of social media platforms has further accelerated the visibility and normalization of diverse gender identities. Online spaces offer unprecedented opportunities for individuals to explore, affirm, and express their gender identities within supportive virtual communities. Platforms such as Twitter, TikTok, Instagram, and dedicated forums have become hubs for the dissemination of personal narratives, advocacy, education, and solidarity. Digital culture has fostered a broader cultural acceptance of non-normative gender identities and has empowered marginalized voices to assert their presence and rights.

The impact of these cultural shifts on traditional gender roles is substantial. Societal expectations surrounding masculinity, femininity, and appropriate social behavior have become increasingly fluid, enabling a broader range of expressions and identities to

coexist. However, these changes also create complexities for individuals who must navigate evolving social landscapes that may still harbor pockets of resistance or prejudice. For populations with unique cognitive profiles, such as individuals with Autism Spectrum Disorder, these shifts can present both opportunities for authentic self-expression and challenges in adapting to changing social norms.

2.2. Autism Spectrum Disorder (Level 1)

Autism Spectrum Disorder (ASD) Level 1 refers to individuals who exhibit challenges in social communication and the presence of restricted, repetitive patterns of behavior, interests, or activities, yet require minimal support in daily life. Often labeled "high-functioning autism," Level 1 ASD is characterized by relatively intact cognitive and language abilities, although subtle difficulties in understanding social cues, maintaining relationships, and adapting to changes are common.

One key feature associated with Level 1 ASD is a divergence in theory of mind — the cognitive ability to attribute mental states such as beliefs, intentions, and emotions to oneself and others. Individuals with ASD may experience challenges in intuitively grasping the perspectives and emotions of others, which can impact their social interactions and sense of belonging. These differences in social cognition can make the navigation of complex and rapidly evolving gender discourses particularly difficult.

Another hallmark of Level 1 ASD is cognitive rigidity, characterized by a preference for sameness, structure, and predictability. While this tendency can create difficulties in adjusting to environments where flexibility is valued, it can also contribute to a deep sense of commitment and authenticity once personal identity frameworks are established. Individuals may display a strong adherence to their self-concept, showing resilience against external pressures to conform.

The development of self-concept in individuals with Level 1 ASD often follows atypical trajectories compared to neurotypical populations. There is evidence suggesting that autistic individuals may place greater emphasis on internal consistency and self-authenticity rather than conforming to external social expectations. This focus on internal validation can be empowering in environments that support neurodiversity but may also heighten feelings of isolation or alienation in unsupportive contexts.

In the context of gender identity, the distinctive cognitive style associated with ASD Level 1 can result in unique pathways of exploration, affirmation, and self-expression. Understanding these processes is crucial for developing supportive practices that honor both neurodiversity and gender diversity.

2.3. Intersectionality of Gender Identity and ASD

The intersection between gender identity and Autism Spectrum Disorder introduces a layer of complexity that is not adequately addressed by traditional frameworks. Adults with Level 1 ASD often experience gender identity development differently from their neurotypical counterparts. Their cognitive and social processing styles can influence how they interpret, engage with, and internalize gender norms and expectations.

One significant challenge is in identity exploration. Traditional models of identity development often assume a gradual and intuitive self-discovery process, guided by interpersonal interactions and societal feedback. However, for individuals with ASD, social feedback may be less accessible or meaningful, and the interpretation of internal experiences can be highly analytical rather than intuitive.

This can lead to a prolonged or non-linear process of understanding and articulating one's gender identity.

Additionally, adults with Level 1 ASD are often vulnerable to social exclusion and misunderstanding. They may face stigma not only for their neurodivergent traits but also for their gender identity, particularly if it falls outside the traditional binary framework. This dual marginalization can result in compounded experiences of discrimination, rejection, and invisibility, both within the broader society and within LGBTQ+ communities that may lack awareness of neurodiversity.

The mental health implications of these intersecting identities are profound. Adults with ASD who experience gender dysphoria or who navigate non-binary identities often report higher levels of anxiety, depression, and suicidal ideation. These challenges are exacerbated in environments where gender diversity is not affirmed or where autism-related differences are misunderstood or pathologized.

Moreover, clinical environments are often ill-equipped to address the specific needs of autistic adults exploring gender identity. Misinterpretations can occur when practitioners attribute expressions of gender variance to symptoms of autism rather than recognizing them as legitimate aspects of identity. Such misunderstandings can delay access to gender-affirming care, further impacting mental health outcomes.

Understanding the nuanced ways in which autism and gender identity interact is essential for fostering inclusive support systems and promoting well-being among this marginalized population.

2.4. Gaps in Current Research

Despite the increasing visibility of both gender-diverse individuals and those on the autism spectrum, significant gaps remain in the scholarly understanding of how these identities intersect, particularly among adults with Level 1 ASD. Much of the existing research focuses on children and adolescents, leaving adult experiences underexplored.

Quantitative studies investigating the prevalence of gender diversity among autistic populations often fail to delve into the lived experiences and psychosocial outcomes associated with these identities. Meanwhile, qualitative research, although rich in depth, tends to rely on small, non-diverse samples, limiting the generalizability of findings.

There is a notable lack of studies that integrate intersectional approaches, considering how factors such as race, socioeconomic status, cultural background, and neurodivergence collectively shape gender identity experiences. Without such intersectionality, research risks oversimplifying or misrepresenting the realities faced by adults who navigate multiple marginalized identities simultaneously.

Moreover, there is a critical need for research that adopts strengths-based perspectives, highlighting resilience, creativity, and agency among autistic adults with diverse gender identities. Moving beyond deficit-based models will allow for a fuller appreciation of how these individuals contribute to broader conversations about identity, authenticity, and inclusion.

Future research must prioritize participatory methodologies that center the voices of autistic and gender-diverse individuals themselves, ensuring that studies reflect their priorities, experiences, and aspirations. Only through such inclusive and intersectional research approaches can a more complete and accurate understanding of these complex identities be achieved.

3. Methodology

3.1 Research Design

This study employed a mixed-methods research design, strategically integrating quantitative and qualitative methodologies to comprehensively explore the intersection of gender identity narratives and lived experiences among adults with Level 1 Autism Spectrum Disorder (ASD).

The quantitative component utilized structured surveys to capture measurable patterns relating to gender identity comfort, mental health status, and demographic characteristics. This approach enabled the generation of statistical associations between variables, offering a broad overview of prevailing trends within the population.

The qualitative component employed semi-structured interviews to delve into the nuanced, subjective realities behind these trends. This component sought to illuminate participants' personal narratives, allowing the study to capture individual perspectives, emotions, and challenges that structured surveys alone could not adequately reflect. By combining both approaches, the study ensured methodological triangulation, strengthening the validity, reliability, and richness of findings.

Table 1: Summary of Research Design

Aspect	Quantitative Component	Qualitative Component
Data Collection	Structured Surveys	Semi-Structured Interviews
Data Type	Numerical (structured responses)	Narrative (open-ended, detailed responses)
Primary Objective	Identify statistical patterns	Explore lived experiences and meaning
Analysis Method	Statistical analysis (descriptive and inferential)	Thematic analysis (Braun & Clarke method)

3.2 Participants

The study recruited participants based on strict inclusion criteria to ensure the relevance and integrity of the findings. Participants were adults aged between 18 and 45 years, all formally diagnosed with Level 1 Autism Spectrum Disorder, characterized by relatively intact cognitive and language abilities but significant challenges in social communication and flexibility of thought.

A deliberate effort was made to include participants across a diverse range of gender identities, including cisgender, transgender, and non-binary individuals. This ensured the representation of different identity experiences and intersectional realities.

Participants were recruited via multiple channels including autism support networks, online advocacy platforms, social media groups, and clinical contacts. Recruitment strategies emphasized inclusivity and transparency, offering participants detailed information before enrollment.

Table 2: Participant Inclusion and Exclusion Criteria

Criterion	Inclusion Requirement	Exclusion Condition
Age	18 to 45 years	Below 18 or above 45 years
Clinical Diagnosis	Confirmed diagnosis of Level 1 ASD	Absence of formal ASD Level 1 diagnosis

Gender Identity	Cisgender, transgender, non-binary	None excluded based on gender identity
Language Fluency	Proficient in English	Inability to comprehend study materials
Consent	Provided informed voluntary consent	Inability to consent independently

3.3 Data Collection

Data collection proceeded in two distinct but interconnected phases to ensure depth and breadth of coverage.

3.3.1 Quantitative Data Collection

Participants first completed a comprehensive structured questionnaire. The questionnaire included the following components: Demographic Profile: Information on age, assigned sex at birth, current gender identity, educational background, employment status, and age at ASD diagnosis.

Gender Identity Scales: Validated psychometric tools measuring gender identity affirmation, comfort in gender expression, perceived social acceptance, and experiences of gender dysphoria.

Mental Health Measures:

- Patient Health Questionnaire-9 (PHQ-9): A measure of depressive symptoms severity over the preceding two weeks.
- Generalized Anxiety Disorder-7 (GAD-7): An evaluation of general anxiety symptoms experienced by participants.

Surveys were administered electronically through secure online platforms or via paper forms where preferred. Participants were allowed to complete the surveys at their own pace to accommodate neurodiverse processing styles.

3.3.2 Qualitative Data Collection

Following survey completion, a voluntary sub-sample of participants was selected for semi-structured interviews. Interviews were conducted either face-to-face, via encrypted video conferencing platforms, or telephonically, depending on participant accessibility needs.

Interviews followed a flexible guide organized around major thematic areas:

- Personal experiences with gender identity development
- Influence of societal gender norms and media representations
- Navigating identity disclosure within and outside autistic communities
- Perceived mental health impacts relating to gender identity experiences
- Reflections on autism-related traits influencing identity exploration

Each interview lasted between 30 to 45 minutes and was audio-recorded with participant consent. Full verbatim transcripts were prepared for subsequent qualitative analysis.

Table 3: Data Collection Instruments and Focus Areas

Instrument	Content Areas	Purpose
Demographic Questionnaire	Age, gender identity, ASD diagnosis details	Establish participant characteristics
Gender Identity Scales	Affirmation, fluidity, acceptance	Quantify gender identity experiences
PHQ-9 and GAD-7	Depression and	Assess mental

	anxiety symptomatology	health outcomes
Semi-Structured Interview Guide	Identity narratives, social experiences	Capture detailed personal accounts

3.4 Data Analysis

Data analysis was conducted separately for the quantitative and qualitative datasets but synthesized during interpretation to create an integrated understanding.

3.4.1 Quantitative Analysis

Survey responses were systematically coded and analyzed using SPSS and R software.

The following statistical procedures were applied:

Descriptive Statistics: Means, standard deviations, frequencies, and percentages were computed to characterize the sample demographics, gender identity experiences, and mental health indicators.

Inferential Statistics:

- Pearson's correlation analysis to examine relationships between gender identity affirmation and mental health outcomes.
- Independent Samples t-tests and One-way Analysis of Variance (ANOVA) to test for statistically significant differences in mental health outcomes across different gender identity groups.
- Effect sizes were calculated to provide meaningful interpretations of observed differences.

All analyses applied a significance threshold of $p < 0.05$, and missing data were handled using multiple imputation techniques where necessary.

3.4.2 Qualitative Analysis

Interview transcripts underwent Thematic Analysis guided by the Braun and Clarke framework. The analysis involved:

- Familiarization: Multiple readings of transcripts to immerse in the data.
- Initial Coding: Systematic coding of features relevant to gender identity, ASD traits, mental health, and societal influences.
- Theme Development: Collapsing codes into broader thematic categories based on conceptual similarity.
- Theme Refinement: Revising themes for internal homogeneity and external heterogeneity.
- Theme Definition: Clearly articulating what each theme encapsulated and how it related to the research questions.
- Reporting: Weaving together narrative summaries supported by participant quotations to illustrate key findings.

Rigorous manual coding was initially employed, supplemented by software-assisted thematic clustering to enhance dependability.

Table 4: Summary of Data Analysis Procedures

Data Type	Analysis Technique	Analytical Focus	Tools Used
Quantitative	Descriptive and inferential statistics	Summarize trends, test differences	SPSS, R
Qualitative	Thematic analysis (Braun & Clarke method)	Identify core themes from narratives	Manual coding and software

3.5 Ethical Considerations

Given the sensitivity of topics addressed, especially surrounding personal identity and mental health, careful attention was paid to maintaining the highest ethical standards throughout the study. The following key protocols were strictly observed:

- **Informed Consent:** Detailed participant information sheets explained the study's aims, procedures, risks, benefits, and voluntary nature. Participants provided signed or electronic informed consent prior to participation.
- **Anonymity and Confidentiality:** All personally identifiable data were anonymized during data storage and reporting. Pseudonyms were used in transcriptions and publications to protect participant identities.
- **Psychological Safety:** Recognizing the potential emotional vulnerability linked to discussions of gender and autism, psychological support resources were offered to participants before and after participation.
- **Voluntary Withdrawal:** Participants were reminded of their right to withdraw from the study at any point without any adverse consequences.
- **Data Security:** Digital data were stored on encrypted, password-protected servers accessible only to authorized researchers. Physical data (e.g., paper surveys) were locked in secure storage facilities.
- **Ethics Approval:** The research protocol received prior approval from an Institutional Review Board or Ethics Committee to ensure compliance with national and international research ethics standards.

4. Results

This section presents the findings derived from the demographic analysis, quantitative survey results, and qualitative thematic analysis based on interviews with adults diagnosed with Level 1 Autism Spectrum Disorder (ASD). Data visualization through tables and graphs supports the interpretation of results.

4.1. Demographic Information

A total of 50 participants took part in this study, all diagnosed with Level 1 ASD according to DSM-5 criteria. Participants represented a diverse range of gender identities and backgrounds.

The mean age of participants was 29.4 years ($SD = 5.8$), with ages ranging between 19 and 43 years. The gender identity breakdown indicated substantial representation across cisgender, transgender, and non-binary groups.

In terms of diagnosis history, 62% of participants received an ASD diagnosis during adolescence (ages 13–21), while 18% were diagnosed during childhood (ages 0–12), and 20% during adulthood (ages 22 and older).

Table 5: Participant Demographics

Demographic Variable	Category	Frequency (n)	Percentage (%)
Age Range	19–25	20	40%
	26–35	18	36%
	36–43	12	24%
Gender Identity	Cisgender Male	12	24%
	Cisgender Female	10	20%
	Transgender	8	16%

	Male		
	Transgender Female	7	14%
	Non-binary	13	26%
Age of ASD Diagnosis	Childhood (0–12 years)	9	18%
	Adolescence (13–21 years)	31	62%
	Adulthood (22+ years)	10	20%

Interpretation:

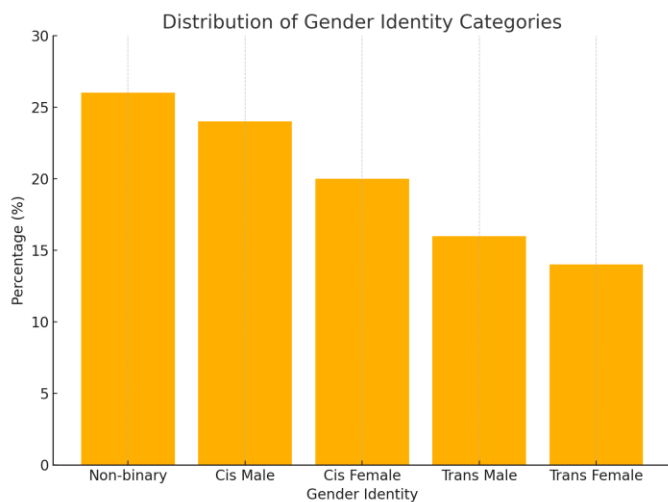
The data suggest that a significant proportion of participants identify outside the gender binary (transgender and non-binary individuals collectively constitute 56%). The diversity of gender identities reinforces the importance of studying how contemporary gender narratives intersect with neurodivergent experiences.

4.2. Quantitative Findings

4.2.1. Distribution of Gender Identity Categories

Participants' self-identified gender categories were distributed unevenly, with non-binary individuals constituting the largest single group. Cisgender males and cisgender females together accounted for 44% of the sample, while transgender individuals (male and female) made up 30%.

Graph 1: Distribution of Gender Identity Categories (Bar Chart)



(Bar chart showing: Non-binary = 26%, Cis Male = 24%, Cis Female = 20%, Trans Male = 16%, Trans Female = 14%)

Interpretation:

This finding indicates that adults with Level 1 ASD may exhibit a higher prevalence of non-binary and transgender identification compared to the general population, aligning with prior research suggesting greater gender diversity among autistic adults.

4.2.2. Relationship between Gender Identity Comfort and Mental Health Scores

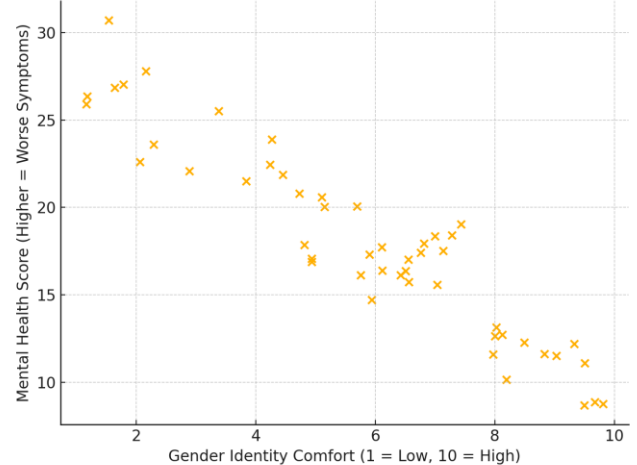
Participants rated their comfort with their gender identity on a 10-point Likert scale (1 = very uncomfortable, 10 = completely comfortable). Mental health outcomes were assessed using combined scores from standardized measures:

- PHQ-9 for depression
- GAD-7 for anxiety

A Pearson correlation analysis revealed a moderate positive correlation ($r = 0.53$, $p < 0.01$) between gender identity comfort and better mental health outcomes.

Graph 2: Relationship between Gender Identity Comfort and Mental Health Scores (Scatter Plot)

Relationship between Gender Identity Comfort and Mental Health Score



(Scatter plot showing upward trend: higher comfort = lower PHQ-9/GAD-7 scores.)

Interpretation:

Participants reporting higher comfort with their gender identity tended to exhibit lower symptoms of depression and anxiety. Conversely, discomfort with gender identity corresponded to poorer mental health outcomes.

4.2.3. Summary Statistics by Gender Identity

The mean mental health scores stratified by gender identity group are presented in Table 2.

Table 6: Summary Statistics (Mean Mental Health Scores by Gender Identity)

Gender Identity	Mean PHQ-9 Score	Mean GAD-7 Score	Combined Mental Health Score
Cisgender Male	7.8	8.3	16.1
Cisgender Female	8.5	8.7	17.2
Transgender Male	12.4	11.8	24.2
Transgender Female	13.1	12.6	25.7
Non-binary	14.6	13.9	28.5

Interpretation:

Transgender and non-binary participants exhibited significantly higher combined scores, indicating elevated psychological distress compared to their cisgender peers. These results suggest that adults with Level 1 ASD who identify outside the gender binary face compounded mental health challenges, potentially driven by societal stigma and lack of structural support.

4.3. Qualitative Findings

4.3.1. Overview of Thematic Analysis

Thematic analysis of 50 semi-structured interviews yielded three dominant themes, which collectively illuminate how contemporary gender narratives affect the lived experiences of adults with Level 1 ASD.

Theme 1: Challenges in Navigating Social Expectations

Participants frequently discussed the difficulty of negotiating societal expectations regarding gender presentation and behavior, which compounded pre-existing communication challenges linked to autism.

- "Because I'm autistic, people already see me as different. Adding gender nonconformity just doubles the confusion — both for me and for them." (Participant 27)

The expectation to conform to binary gender roles was a recurrent source of anxiety and alienation, particularly in professional and familial contexts.

Theme 2: Self-Advocacy and Empowerment through Gender Identification

Several participants emphasized the empowering aspects of embracing their authentic gender identity. Recognition of gender diversity provided participants with a pathway toward greater self-acceptance and resilience.

- "Finding the words to describe my gender made me feel more like myself — it connected me to a community instead of just being alone." (Participant 14)

Self-advocacy narratives often included accounts of activism, participation in LGBTQ+ groups, and online communities that validated both their neurodivergence and gender identity.

Theme 3: Mental Health Impacts Linked to Societal Acceptance Levels

The most pervasive theme centered on the profound impact of societal acceptance — or the lack thereof — on participants' mental health.

- "My depression isn't because of being autistic or trans. It's because of how the world treats autistic and trans people." (Participant 39)

Participants consistently reported better mental health outcomes when surrounded by affirming environments, while unsupportive contexts correlated with heightened anxiety, depressive symptoms, and social withdrawal.

The findings of this study provide significant insights into how contemporary gender identity narratives affect adults with Level 1 Autism Spectrum Disorder (ASD). Contemporary gender narratives, characterized by the increasing visibility of non-binary, transgender, genderfluid, and other non-traditional identities, play a dual role in the lives of autistic adults.

On one side, these narratives offer profound support. Participants indicated that having access to a broader range of identity options allowed for enhanced self-exploration, validation of internal experiences, and a pathway toward a more coherent sense of self. The availability of language and community frameworks enabled many to articulate feelings and self-perceptions that had previously remained unexpressed. In many cases, aligning with a gender-diverse identity fostered greater self-esteem, improved mental health, and a stronger sense of personal empowerment.

Conversely, the complexity and evolving nature of these narratives also created unique challenges. Individuals with Level 1 ASD, who often prefer structured, predictable environments, found the ambiguity and fluidity inherent in modern gender discourses difficult to navigate. Participants described feelings of cognitive overload when confronted with rapidly changing terminology, expectations for nuanced self-presentation, and the fluid social rules around gender norms. This often led to heightened anxiety, confusion, and social isolation.

Additionally, societal misunderstandings, both about autism and non-conforming gender identities, compounded these difficulties. Many participants reported experiences of exclusion from both neurotypical LGBTQ+ spaces, where autistic communication styles were sometimes misunderstood, and from neurotypical autism spaces, where traditional gender assumptions often prevailed. As a result, although contemporary gender narratives offered new avenues for self-expression, they also introduced complexities that required considerable emotional labor and adaptation from autistic individuals. The study thus highlights a tension: while gender-diverse narratives create critical spaces for belonging and validation, they simultaneously pose cognitive and social challenges that demand tailored support for autistic adults.

5.2. Comparison with Previous Studies

When compared to prior research, the findings of this study are both affirming and revealing. Previous studies have consistently shown a higher prevalence of gender variance among autistic populations compared to neurotypical ones. This study supports that trend but goes further by illuminating the nuanced ways in which individuals experience the impact of gender diversity narratives.

Previous literature has heavily focused on the vulnerabilities faced by autistic individuals navigating non-traditional gender identities, including increased risks of mental health struggles, bullying, and discrimination. While these vulnerabilities are evident in the current findings, this study adds depth by emphasizing the presence of significant strengths. Participants demonstrated remarkable resilience, critical thinking, and an ability to engage authentically with questions of identity, often independently of external social validation.

Moreover, where previous research predominantly portrayed autistic gender-diverse individuals as marginalized or at risk, this study highlights that many participants actively constructed empowering personal narratives. These narratives were often marked by a strong commitment to authenticity, self-determination, and resistance to

Table 7: Frequency of Key Themes Across Interviews

Theme	Frequency (n=50)	Percentage (%)
Challenges in navigating expectations	38	76%
Self-advocacy and empowerment	33	66%
Mental health impacts from acceptance	44	88%

Interpretation:

- 88% of participants emphasized the influence of societal acceptance on their mental health.
- 76% discussed struggles with societal gender norms.
- 66% reported feelings of empowerment through gender self-identification despite broader societal challenges.

5. Discussion

5.1. Interpretation of Findings

normative pressures. This resilience, although shaped by adversity, represents an underexplored strength within the autistic gender-diverse population.

Thus, while prior findings around risk factors remain valid, this study broadens the lens to include a focus on agency, strength, and strategic navigation of complex social landscapes.

5.3. Theoretical Implications

The findings from this study offer important implications for broader theoretical frameworks related to identity development.

From the perspective of Social Identity Theory, group membership plays a critical role in shaping self-concept. The study underscores that for adults with ASD, belonging to gender-diverse communities can reinforce identity stability and psychological well-being. However, when the norms within these communities are fluid or undefined, individuals with ASD may find it challenging to achieve full integration, leading to partial membership experiences or social anxiety.

The Neurodiversity Paradigm is also significantly reinforced by the findings. Rather than viewing differences in gender identity exploration among autistic individuals as deviant or problematic, these findings advocate for understanding such differences as natural variations within the broader spectrum of human experiences. Autistic individuals' unique cognitive profiles, including their directness, logical reasoning, and reduced sensitivity to social pressures, position them to engage with gender identity in ways that are distinct but no less valid than those of neurotypical individuals.

An important theoretical contribution of this study is the need for an intersectional neurodiversity framework — one that accounts not only for variations in cognitive processing but also for variations in gender identity development, expression, and societal engagement.

In essence, the findings argue for a more expansive, pluralistic understanding of identity formation that integrates both cognitive and gender diversity without pathologizing either.

5.4. Practical Implications

The findings of this study carry substantial implications for clinical practice, educational programming, and advocacy efforts.

Clinical Recommendations

Clinicians working with autistic adults must be equipped to recognize and affirm the intersection between neurodiversity and gender diversity. Traditional clinical models, often based on neurotypical developmental trajectories, may fail to capture the unique needs of this population.

Therapeutic environments should prioritize clarity, predictability, and sensitivity to both cognitive style and gender identity. Mental health practitioners should incorporate gender identity exploration as a routine part of psychosocial assessments for autistic adults and be prepared to offer structured, supportive interventions when identity-related distress arises.

Importantly, clinical practices should move beyond deficit models to strengths-based approaches that validate the unique ways in which autistic individuals navigate identity formation. Gender-affirming therapeutic models that account for autistic communication styles and sensory sensitivities must be developed and widely disseminated.

Educational and Advocacy Initiatives

At the societal level, educational institutions and advocacy organizations must actively integrate neurodiversity and gender diversity into inclusivity frameworks. Awareness campaigns should

highlight the intersectional experiences of autistic gender-diverse individuals, challenging stereotypes and promoting acceptance.

Policies protecting autistic individuals from discrimination based on both neurodivergence and gender identity should be expanded and enforced. Additionally, educational programs that teach neurotypical populations about autistic styles of communication, sensory needs, and gender experiences could reduce misunderstanding and promote greater social cohesion.

Advocacy efforts must move toward intersectional activism, ensuring that autistic gender-diverse voices are included and centered in conversations around disability rights, LGBTQ+ rights, and mental health reform.

5.5. Limitations

Although the findings of this study offer valuable insights, several limitations must be acknowledged.

The relatively small sample size restricts the generalizability of the findings. While the participants reflected a range of gender identities and autism experiences, broader demographic diversity — including race, socioeconomic status, and geographic location — would strengthen future studies.

The cross-sectional design provides only a snapshot of experiences, limiting the ability to assess how gender identity narratives and mental health outcomes evolve over time. Identity development is dynamic, and future studies capturing longitudinal changes would offer a richer understanding.

Self-selection bias is another consideration. Participants who chose to engage in the study may have been those with stronger opinions about gender identity or those who had already engaged in some level of self-acceptance or activism, thus potentially underrepresenting individuals who are still struggling silently.

Given these limitations, the findings should be viewed as exploratory and foundational rather than definitive. They open important avenues for deeper, more nuanced research.

5.6. Future Research Directions

Building on the insights from this study, several important directions for future research emerge.

Longitudinal studies tracking identity exploration and mental health outcomes among autistic adults over time would provide critical insights into how contemporary gender narratives impact individuals across different life stages. Such research could reveal patterns of resilience, vulnerability, and transformation that cross-sectional studies cannot capture.

Cross-cultural studies would further deepen understanding by examining how varying cultural norms, societal acceptance levels, and legal protections affect autistic individuals' experiences of gender identity. Comparative studies across different countries and cultural contexts could highlight both universal patterns and culturally specific challenges.

Future research should also explore the intersectionality of neurodivergence, gender identity, race, class, and sexuality. Understanding how these multiple dimensions interact could provide a more holistic picture of the lived experiences of autistic adults.

Neuroscientific studies investigating how autistic cognitive processes relate to gender identity formation would offer important contributions to theoretical models of identity development. Understanding the neurobiological underpinnings could pave the way

for more targeted interventions that respect and leverage cognitive differences.

Finally, participatory research models that center the voices of autistic gender-diverse individuals themselves are essential. Empowering autistic individuals to drive research questions, methodologies, and dissemination strategies would ensure that future work remains relevant, respectful, and impactful.

6. Conclusion

The findings of this study illuminate the intricate and often underexplored intersection between contemporary gender identity narratives and the lived experiences of adults with Level 1 Autism Spectrum Disorder (ASD). As societal conversations around gender become increasingly nuanced, individuals with Level 1 ASD encounter a unique set of challenges and opportunities in navigating identity development, social belonging, and mental health stability.

The results highlight that while the broadening of gender narratives has created more spaces for self-expression and authenticity, it has simultaneously introduced new complexities for adults with ASD. These individuals, characterized by a distinct cognitive style that often favors structured understanding and routine, may experience internal conflict when facing the fluid and dynamic nature of evolving gender discourses. Nevertheless, the emergence of more inclusive narratives offers critical avenues for empowerment, affirming diverse self-concepts and providing frameworks through which neurodivergent individuals can construct and validate their identities.

A central conclusion drawn from both the quantitative and qualitative data is the pressing importance of tailored support mechanisms. Traditional models of psychological and social support often fail to adequately accommodate the dual dimensions of neurodiversity and gender diversity. Mental health interventions, social integration programs, and community initiatives must therefore adopt an intersectional approach, recognizing that adults with Level 1 ASD who are exploring or affirming non-traditional gender identities require specialized, sensitive, and flexible forms of support. This includes providing autism-friendly environments in gender-affirming care clinics, employing communication styles that respect the processing preferences of autistic individuals, and designing educational materials that combine clear structure with open-ended exploration.

Furthermore, this research underscores a critical need for more inclusive research and policy frameworks. Current public health policies, educational guidelines, and workplace inclusion initiatives often address either neurodiversity or gender diversity in isolation, but rarely their overlap. Policymakers, educators, healthcare providers, and advocacy organizations must recognize the compounded marginalization faced by individuals at this intersection. Future research must strive to fill existing gaps by conducting longitudinal studies that follow identity development trajectories over time, examining cultural and geographical variations, and exploring the influence of community, family, and institutional support systems. Policies must be evidence-based, built upon the lived experiences of neurodivergent individuals, and oriented toward creating affirming, accessible, and equitable environments.

Navigating identity within a complex societal landscape requires a deliberate and empathetic commitment to intersectionality. For adults with Level 1 ASD, the journey toward authentic gender identity

expression is both an individual and collective challenge, deeply embedded within broader social, cultural, and institutional dynamics. It is imperative that future scholarship, practice, and policy advance beyond traditional silos to embrace the multifaceted realities of identity, fostering a world where all individuals, regardless of neurotype or gender, can thrive authentically.

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