

Working with Autistic Adults: An Herbalist's Approach to Neurodiversity

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Like many Autistic adults, I began to unravel the mystery of my neurobiology late in life. Growing up, I was examined and interviewed by a slew of neurologists, school psychologists, guidance counsellors, teachers, and pediatricians who couldn't quite make sense of the bumbling, uncoordinated kid who had a precocious vocabulary but couldn't figure out how to communicate with his peers, who understood complicated mathematical concepts but couldn't successfully solve arithmetic problems because he would get lost in his sloppy writing, who struggled with tasks like tying his shoes, and who showed signs of depression at the age of three. At the time, Autism was still considered a rare neurological "disorder" of unknown etiology with narrow diagnostic criteria. [Editor's note: Autism is capitalized throughout to emphasize the usage of the word to name an identity rather than a pathology, per the neurodiversity movement.]

Hans Asperger's work in the 1930s-1960s, which identified Autism as a complex condition involving both gifts and challenges, and which first proposed the existence of an Autism spectrum, wasn't translated into English until 1981, decades after its initial publication in German (Silberman 2015). This work wouldn't make its way into the awareness of neurologists, psychologists, and educators for a decade or so more. Once Asperger's insights became more well known, diagnostic criteria for Autism were expanded

accordingly, leading to a sharp spike in diagnoses that would create the false impression of an "Autism epidemic" (Wing and Potter 2002). By that time I was already out of high school.

As an adult, that childhood linguistic precocity developed into an ability to speak and write in compelling ways, but I have continued to struggle with social interactions. I have an ability to see patterns and connections in the world that others miss, but I struggle with tasks that involve executive function like paying bills. It wasn't until my late thirties that I began paying attention to the suggestions that I might be Autistic. And it took few years after I found out I was Autistic for me to find other Autistic adults who could help me understand more of our shared experience.

Autistic adults are a largely unrecognized and underserved population - when most people think about Autism, they think of children, and far too many conversations involve "curing" or "preventing" the neurological differences that make Autistic people who we are. We are in need of more herbalists who are willing and ready to work with us to help us deal with the stress and trauma that result from living in a world shaped by and for minds very different from ours and where we often face open hostility.

What is Autism?

What is Autism, anyway? Autistic scholar Nick Walker writes:

"Autism is a genetically-based human neurological variant. The complex set of



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“...our neurobiology is not disordered or impaired... humans are an inherently neurodiverse species.”

~Sean Donahue

interrelated characteristics that distinguish autistic neurology from non-autistic neurology is not yet fully understood, but current evidence indicates that the central distinction is that autistic brains are characterized by particularly high levels of synaptic connectivity and responsiveness. This tends to make the autistic individual's subjective experience more intense and chaotic than that of non-autistic individuals: on both the sensorimotor and cognitive levels, the autistic mind tends to register more information, and the impact of each bit of information tends to be both stronger and less predictable.

“Autism is a developmental phenomenon, meaning that it begins in utero and has a pervasive influence on development, on multiple levels, throughout the lifespan. Autism produces distinctive, atypical ways of thinking, moving, interaction, and sensory and cognitive processing. One analogy that has often been made is that autistic individuals have a different neurological ‘operating system’ than non-autistic individuals” (Walker 2014).

There are indications that Autistic people may have more serotonin in our brains than the general population (Abramson et al. 1989), possibly leading to the proliferation of synapses and the variations in sensory gating that are associated with Autism. There is some evidence that many of us have low levels of monoamine oxidase (MAO), which is responsible for breaking down dopamine, serotonin, and norepinephrine. (Davis et al. 2008). It is worth noting that, if true, this particular neurochemical balance – high serotonin and low MAO – is mirrored in the pharmacology of ayahuasca and its analogs, which combine a serotonin-like tryptamine with an MAO inhibitor. The effects of this combination include dramatic shifts in ways of processing, interpreting, and contextualizing sensory and emotional information. This may partially illuminate the Autistic predilection for non-linear creative thinking.

The gifts and the challenges we experience as Autistic people tend to be closely linked. Our differences in sensory perception are both part of the reason why we can often notice details and patterns that other people miss, and part of the

reason that we tend to miss some of the details that other people tend to prioritize. For example, one of my greatest strengths as a clinician is my ability to see and understand the connections between seemingly discrete symptoms and experiences that other people miss, and to intuit levels of emotional distress that people may not be consciously aware of. Yet I have a difficult time remembering to pay attention to elements of language and body language that other people tend to prioritize in interactions. (In my experience, Autistic people are better at picking up the meaning of Autistic body language than we are at comprehending the non-verbal signals of non-Autistic people, and non-Autistic people are similarly better at reading the faces and gestures of each other than they are of reading ours. There also is often so much information Autistic people are picking up from a social interactions that we can become overwhelmed to the point of missing additional social cues.) My tendency to see patterns in novel ways also seems similar to the way in which straight line connections between the steps of many day to day activities, which seem so intuitive and fluid to most people, are often baffling and overwhelming to me. Imagine drinking ayahuasca and then deciding it's a good time to try to attempt navigating the process of opening a new checking account.

All of this has led many in the Autistic community to the conclusion that our neurobiology is not disordered or impaired, but rather a natural divergence from the norm – that humans are an inherently neurodiverse species. Nick Walker defines the neurodiversity paradigm, which can be applied to other innate organic neurological variations besides Autism as well, as being rooted in three core concepts:

- “1.) Neurodiversity is a natural and valuable form of human diversity.
- 2.) The idea that there is one ‘normal’ or ‘healthy’ type of brain or mind, or one ‘right’ style of neurocognitive functioning, is a culturally constructed fiction, no more valid (and no more conducive to a healthy society or to the overall well-being of humanity) than the idea that there is one ‘normal’ or ‘right’ ethnicity, gender, or culture.
- 3.) The social dynamics that manifest in

regard to neurodiversity are similar to the social dynamics that manifest in regard to other forms of human diversity (e.g., diversity of ethnicity, gender, or culture). These dynamics include the dynamics of social power inequalities, and also the dynamics by which diversity, when embraced, acts as a source of creative potential” (Walker 2013).

It makes evolutionary sense that our species would have evolved to have many different neurobiological configurations. Neurodiversity is to human culture and human consciousness what biodiversity is to ecosystems. The presence of neurodiversity increases the resilience of human communities. Throughout history, most cultures have depended on strange, solitary people, whose modes of perception and cognition were highly divergent from the norm, to provide novel insights about challenges they faced. The diminishment of neurodiversity and the restriction of the expression of neurodivergence reduce the presence of non-linear creativity in a culture, and thus the culture’s ability to respond to unusual and unexpected threats.

In rejecting the idea that there is one “right” way for a brain to function, most adherents to the neurodiversity paradigm also reject the hierarchies of “functionality” that are frequently applied to Autism. By the standards of the dominant culture, I may appear to be “high functioning” or “low functioning” at different times of day. Sometimes I can speak and sometimes I can’t. Sometimes I can navigate human interactions with a relative degree of grace, other times I inadvertently act in uncouth ways because I miss cues or misunderstand rules of etiquette. There are times when any interaction at all is completely overwhelming to me and I will curl up and close my eyes and hold my head. I am relatively lucky in that most of my “low functioning” moments occur in private, but there are times when I melt down in public, and only my white privilege and my professional status protect me from unwanted interactions with police and mental health professionals. The advent of assistive technologies has revealed that the inner worlds and lived experiences of non-speaking Autistics are remarkably similar to those of those us who speak.

All of this has several very important implications for herbalists who want to work with Autistic adults.

1. Don’t pathologize us

Our Autism is not a health condition to be treated, but a fundamental aspect of our being, not unlike someone’s gender or sexuality. Be curious about what it is like to be your client living in the world as it is, and let your client take the lead in terms of what they do or do not want to address or change.

Acorus calamus
(calamus, sweet flag)

Henriette Kress
www.henriettes-herb.com



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Stachys officinalis
 (wood betony, common
 hedgenettle)

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There are, in fact, connections between attempts to “cure” Autism and attempts to “cure” people of their sexual and gender identities. The primary “treatment” recommended for Autistic children is Applied Behavioral Analysis (ABA), a punishment and reward based training



system developed by Ivar Lovaas, a disciple of the behaviorist B. F. Skinner. Lovaas convinced Skinner to endorse his use of punishment techniques not normally used on humans by convincing Skinner that, from a psychological perspective, Autistic people are not human. Lovaas succeeded in getting children to suppress behaviors that were outward expressions of their experience, or ways of regulating sensation and emotion, like stimming – the practice of creating a strong physical sensation through repetitive movement or firm self-touch that is strong enough to override overwhelming outside sensory stimuli – or rocking back and forth, which helps to calm the nervous system. For many Autistic children, ABA “therapy” has serious long term consequences, because of the tremendous increases in stress that we experience when we lose access to our means of self-regulation. Based on this “success,” Lovaas went on to partner with George Rekers and began using the same techniques to try to eradicate “feminine” traits in boys (Silverman 2015). Those techniques would become the basis of “conversion therapies” designed to “turn people straight.” Thankfully, it is now illegal in the U.S. to subject minors to such techniques in an effort to force them to change the expression of their gender and sexuality. But such techniques remain not only legal, but the most prevalent response, to Autism.

2. Expect some differences

Autistic expression and body language can sometimes be different from what you may expect. Eye contact, for example, can be very different from the norm. Many of us avoid eye contact because it can flood us with overwhelming amounts of emotional information. Some of us have trained ourselves to make eye contact, but end up gazing really intensely. This happens because the rhythms other people use to govern the length and intensity and frequency of eye contact are often somewhat alien to us, and we have learned to imitate patterns but sometimes the imitation is not quite “right.” Sometimes we might close our eyes when things become intense, or begin to stim. Some of us will sometimes or always only be able to talk with you by typing on a

device. Some of us will tend to speak in long, detailed, complex monologues. All of these are just aspects of how we express ourselves.

3. Explore the use of nervines

The nervous systems of Autistic adults are constantly engaged in a level of activity that most people would experience as overdrive. Nervines are hugely important in helping us manage sensory overwhelm, especially given that many of us have health conditions that are exacerbated by such stress. Autoimmune conditions, severe digestive disruptions, and blood pressure issues (either recalcitrant hypertension or postural orthostatic tachycardia syndrome [POTS]), are common among Autistic adults in my practice. But many of us also have very strong reactions to even very small doses of nervines, and sometimes those reactions can be quite different from what your experience and your training may predict. It is best to give us a chance during the consultation to try whatever herbs you are considering sending us home with, so we can see how our bodies respond while we are in a relatively safe space.

4. Address unhealed trauma

Most Autistic people experience trauma early on. Pressure from family and teachers and health care professionals to change our way of being in the world, in ways that are painful or impossible for us, is often experienced as a fundamental rejection of who we are that makes love feel unpredictable and highly conditional. Many parents and caregivers respond to behaviors and expressions they don't understand with verbal, emotional, and physical abuse. We are commonly ostracized and bullied (both as children and as adults, and by both children and adults.) Young Autistic people of color often spend long hours in detention cells in schools. All of this trauma is being experienced by nervous systems that have a very high baseline of emotional and sensory activity and that can easily become completely overwhelmed, especially when in fear.

Many experiences that are commonly thought to be inherent parts of the Autistic condition may actually be rooted in trauma. Kirsten Hale (2015) writes that “hyperarousal,

which can look like sleep disturbances, anger outbursts, trouble concentrating, hypervigilance, exaggerated startle response, changes in eating, and struggle to meet basic needs such as eating” can be the result of Complex Post Traumatic Stress Disorder (CPTSD), which is the result of repeated traumatic experiences, especially early in life, including neglect. I have seen these kinds of symptoms in nearly every Autistic adult I have known. Unresolved, unhealed trauma also increases the stress that causes and exacerbates many of the health conditions we are most prone to. Addressing trauma and its effects is usually my top priority with Autistic clients.

What Autistic adults fundamentally need from our herbalists is compassion, empathy, curiosity, and respect. Work with us to make it easier for us to live and authentically express ourselves by helping us address our physical, mental, and emotional health challenges. Work with us to change the culture around us to make it a more welcoming place for everyone. Just don't work to change who we are.

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