

Focusing, Trauma, and the Autistic Mind: Practical Tips for Lasting Change

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Introduction

Background

Focusing [Gen1] is a powerful somatic healing modality based on the process of turning inward and making contact with one's directly felt experience associated with a feeling/situation. This modality has proven to be effective across a wide range of issues and circumstances, and its techniques can be incorporated into a broad range of modalities (e.g., Focusing-Oriented Therapy [Gen2], Somatic Experiencing [Lev], Hakomi [Kur], etc.). The process of Focusing often engages the Focuser's sensory/perceptual apparatuses in the realms of body self-perception (interoception, proprioception), sensory imagination (visualization, metaphorical description), and naming/describing/experiencing one's feelings. One aspect of Focusing that does not appear to have been discussed much in the literature is how Focusing is experienced by autistic people (see [You] for one discussion; after writing this, I was also informed of [Fly]). Since autism often impacts these pathways that are so central to the process of Focusing, and autistic traits are still so under-recognized in many people in the present day, I believe it is a worthwhile endeavor to raise the consciousness of the many potential interactions between Focusing and autism within both communities. Members of the autistic community are often in great need of the kinds of mental health support and trauma healing that can be provided by Focusing-based modalities, and often have particular and distinct needs and challenges in the mental health arena that can be addressed much more effectively with increased awareness of how they may show up in the context of healing relationships/containers. In this essay, I will outline some aspects of our modern understanding of autism as they relate to the process of Focusing, describe some anecdotes and observations, and give some thoughts on further directions for inquiry. Special thanks to my Focusing mentors Jeffrey Morrison and Sandy Jahmi Burg, as well as to Annette Dubreuil, Kat Flora, my Focusing-Oriented Therapy cohort, and several autistic Focusers who lent their insights to this project.

Who this essay is for

While the general principles of this essay are applicable to a wide range of readers, I'm going to concentrate my attention on the needs of autistic adults because 1. I can speak more authentically from my experience 2. I believe this population is quite under-recognized and its

needs are quite under-served in the mental health community and 3. The intertwining between autism and complex/developmental trauma is often so deep that it may not be possible, and perhaps not even meaningful, to delineate where one ends and the other begins (see e.g., [Eli]). I hope that this effort may spur further inquiry on the interplay between various kinds of neurodivergence (e.g. autism, ADHD, dyslexia, and so forth [Wig]) and Focusing.

Guiding principles

I will write from what I have found empirically to work, based on my lived experience and anecdotal conveyance. My writing is intended to synthesize and distill what I have learned from readings, my own practice, and to give a guide for further self-exploration. I make no pretense of being definitive or scholarly, and my impression is that the underpinning science is sufficiently in flux that it would be pointless for me to attempt to be fully up-to-date. And anyway, one does not need to understand the precise mechanism of how a car engine works to learn how to drive, though in that case, one typically gets best results by taking the car for regular maintenance by experts.

How Do I Feel?

There is a scene at the beginning of the movie *Star Trek IV: The Voyage Home*, where the newly reincarnated Spock is attempting to put his reconstituted mind through its paces to ensure that it is intact. He whizzes through a battery of tests of various kinds of esoteric knowledge on three separate screens, until they all eventually stymie him with the unyielding question “How Do You Feel?” [ST4]. I took this scene as driving home the point that no amount of intellectualizing our experience can really put us in touch with the bodily felt sense of how we are feeling in the moment.

In order to access how we feel, we have to **feel** it. There can often be a variety of blocks to this action. For instance, we have to perceive the act of “feeling” as a safe act to undertake. Many circumstances in our life trajectories may conspire against this. For instance, we may have been raised as a child in an environment where authentic displays of emotion were not modeled (e.g., the “stiff upper lip” stoic ideal) or actively discouraged or even punished (the admonition of “I’ll give you something to cry about!”). We may internalize, at a bodily level, that it is not safe to outwardly/consciously display emotions. Furthermore, some emotions may have been judged more harshly than others. Perhaps it was only acceptable to appear happy, lest one’s parents feel judged for letting their kids be “unhappy”. Also, especially for people raised/socialized as men in American society, we were often taught that it was “weak” to feel sad, afraid, or ashamed, and that the only acceptable emotions were joy and anger (and anger is often reclassified as “not an emotion” in order to preserve the pretense that “real men don’t feel emotions”). Similarly, many people raised/socialized as women in American society were taught that expressing their anger was “dangerous” or “unladylike”. Regardless of the specific form that these judgments take, they can cause us to accrue, within our bodies, developmental/complex trauma that can stand in the way of authentic expression/experiencing of our emotions.

Autistic children are at particularly great risk for incurring these traumas [Eli]. Many of the behaviors associated with autism and ADHD involve difficulty regulating emotions (e.g., ADHD impulsivity, autistic over- or under-filtering and difficulty perceiving the “contextual appropriateness” of displays of emotion). These can lead to harsh admonitions, consequences, and/or punishment that can induce traumatic memories/experiences surrounding emotional expression. Often the dynamics are such that the parents attempt to suppress/punish the child’s emotional expression, in an effort to coerce them to “conform” to societal expectations. Due to the long-unrecognized role of heritability in these traits, parents often transmit/propagate their own shame about such behaviors that they were harshly taught to suppress/mask (“I have to scold this behavior out of you, the same way it was scolded out of me!”). We will return to this theme when we talk about experiencing.

What is Focusing?

There are a great many eloquent introductions to Focusing (e.g., [Gen1], [Cor]) and it would be superfluous for me to attempt to compete with them, so I will concentrate on my own journey towards it. My first inklings of what I came to understand as somatic healing came through my rather intensive experience with EMDR, which I pursued in the course of attachment therapy for our daughter. I had to confront my own childhood traumas in order to defuse my shame triggers to empower me to take a more “therapeutic” approach to parenting [ATN]. I learned techniques of describing, with kinesthetic/perceptual/physical qualities, the experience of “where do I feel this feeling in my body” and how to give it my attention. I learned similar techniques in several contexts, but it wasn’t until 2019, when I became a client of an Focusing-Oriented Art Therapy practitioner, that I was exposed to the techniques of Focusing in a named, explicit manner. This was just around the same time that I, after several years of circling around the topic in my family, had come to the realization that I am autistic.

For me, it felt very natural to learn to connect with aspects of myself that revealed themselves through bodily sensations, and to learn how to harness my sensory/perceptive apparatus in ways that we are not necessarily fully attuned to. I suspect that there is a connection between this, and other aspects of sensory and perceptual exploration that I was fascinated with as a child (e.g., I once encountered a question on an autism questionnaire [Asp] that asked if I was fascinated by slowly moving water, and I remembered observing for a long time how water drips/streams from a sink as a child). Furthermore, I was deeply fascinated by optical illusions, feelings of buoyancy, wondering what it would be like to inhabit the body of someone or something else, etc. So it seemed quite natural for me to receive a prompt to ask myself how a feeling shows itself to me, and to give it an opportunity to use my sensory/perceptive apparatus to give itself a shape, a form, a texture, a color, a motion, and/or other qualia, which would allow me to give it space to communicate its nature, motivations, wants, feelings, carrying-forward/evolution, etc. to me in whatever manner that the implicit wisdom of my body found most natural. I liken this to the way that we learn how to raise one eyebrow (and I remember doing this when I was about 4): almost all of us have the physiological capability to raise one

eyebrow, but we may have to apply conscious effort to develop the perceptual awareness of what it feels like to do so deliberately.

Developmental Trauma for Beginners

As described in Jeffrey Morrison's FOT-4 Manual [Mor],

“Trauma is an experience or experiences that overwhelm the organism. If what was implied could not occur, the organism becomes blocked (a stoppage forms) and begins to shut down and/or seek out new behaviors in an attempt to carry forward experiencing. Our organism becomes stuck often at an earlier developmental stage, which can interfere with current functioning.”

While we cannot explore more than the barest outline of developmental trauma in this paper, the salient points to keep in mind are that trauma is what one may incur in response to a potentially traumatizing experience. The nature/severity/duration of the experience is not the sole determiner of what happens to the experiencer; much depends on the way in which the experience of the incurred trauma creates overwhelm and stopped/blocked process. Often this occurs when the traumatized individual experiences unbearable feelings of helplessness, powerlessness, lack-of-safety, and/or loss-of-control, which violates core needs to feel safe and to feel competent. As Michael Bader says in the book “Arousal” [Bad], p. 21-22:

Consider a child's experience of parental neglect...The child can't just pick up and go live with another family. He or she has to make it “right”—to make the environment seem more normal in order to adapt successfully and safely to it. We develop a belief that deprivation is the normal state of affairs. We also go one crucial step farther: we experience reality as if it were also morality. We begin to believe that any wish for special caretaking and love is forbidden, off-limits, as if it meant asking for too much, for something we aren't supposed to have*. We not only have to accept neglect, but we must make it seem as if the fault lies with us, not with our parents. It's not that our parents can't give; it's that we need too much.

The processes/partial-selves that re-wire themselves and take on core beliefs that allow us to make sense of the world are often very entrenched and invested in keeping us safe in the only way that they know how. I find that Rogers' curious paradox (“when I accept myself as I am, then I change” [Rog], p. 17) is often very relevant for gently making contact with such processes and helping them feel seen, heard, and accepted enough that they feel safe enough to let go of what they are holding on to so tightly.

When we are Focusing with (or Companioning someone with) stopped processes that are holding on to traumatically charged core beliefs, we should be aware that these processes often take the role/form of a protective Inner Critic. The criticizing behavior often arises from the belief that if they can keep some other (often vulnerable/tender/hurting) part sufficiently criticized that

it is buried/suppressed/unseen, then perhaps it can keep us safe from some other (potentially more fearsome or dangerous) Outer Critic. (See [Wal] for more on Inner and Outer Critics.)

A Crash Course in Autism

The subject of “what is autism?” has so many viewpoints that I am going to just pick one that resonates well with me, from Neuroclastic [Lyn] and operationally proceed from there.

This characterization of autism identifies seven primary dimensions (reproduced from [Lyn]) in which the autistic experience differs from the so-called “neurotypical” one, and we note that some of these can differ in more than one way.



Pragmatic Language	Social Awareness	Monotropic Mindset	Information Processing	Sensory Processing	Repetitive Behaviors	Neuro-Motor Differences
Social communication including body language, eye contact, small talk, and turn-taking in conversation.	Ability to pick up on etiquette, social norms, taboos. Ability to form and maintain relationships.	Narrow but intense ability to focus, resulting in "obsessive" interests and difficulty task-switching.	Ability to assimilate and apply new information quickly or to adapt to new environments or situations.	Challenges interpreting sensory information, hypersensitivity or hyposensitivity to stimuli.	Tendency to "stim" in response to varying emotions. Can be beneficial or harmful in nature.	Ability to control body movements. Ranges from clumsiness to complete loss of ability to move with intention.

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An autistic person can show differences along each of these dimensions, and the difference can be a deficit, a preternatural enhancement, or a divergence that might defy easy quantification, which reflects the complex nature of each of these human capabilities and the many ways in which they could diverge from a (socially constructed) “norm”.

Many of these aspects involve some sort of issue/difficulty/atypicality with “filtering” the intensity/flow/feed of either the input or the output of some neurological pathway. (This is explored more in the “monotropism” theory of autism [Mur]).

The end result is that for any given pathway, there is a significant likelihood that an autistic person either has reduced awareness of it (suppressed/overfiltered), or enhanced awareness of it (preternatural/heightened sensitivity), or, perhaps paradoxically, an enhanced conscious awareness of that has been cultivated in order to compensate for a reduced unconscious

awareness of it. For instance, someone who struggles with implicitly interpreting facial expressions instinctively may have consciously developed an elaborate explicit mental model decoding facial expressions.

Focusing and autism

Here I discuss some thoughts and impressions about how an alteration to each of these pathways might impact one's experience of Focusing, and how a Companion might be attuned to this.

Interoception

An autistic person may perceive one's body sensations (interoception) in ways that may be heightened or suppressed, or otherwise atypical. A hypo-interoceptive individual might report a lack of awareness of their body sensations, or just feel disconnected or absent or non-reportive. This may represent a neurologically significant deficit, and the Focuser may become frustrated or resigned at the prospect of trying and failing to listen to one's body. Often in these cases, the Focuser has developed coping and/or proxy mechanisms and/or idiosyncratic/idiolectic vocabulary for making sense of this, and so the Companion can try to actively seek clues about this. For instance, the Focuser may describe somatic experiences using metaphors that are unfamiliar/out-of-usual-experience to the Companion, or that involve cross-sensory constructs akin to synaesthesia, e.g., "it tastes brown" (a characterization that I once heard for, of all things, radiation) or "it sounds like strawberry jam".

Conversely, someone might have hypersensitive body awareness (e.g., being aware of all the hairs on one's skin) and the sensory input of trying to tune into one's body sensations might be overwhelming or even terrifying (which might paradoxically manifest as learned/dissociative hyposensitivity). The Companion may need to be aware of this and help guide the Focuser to a narrow enough or distant enough being-with in order to safely be present with the body sensations. This may involve soothing/regulating guidance, especially if the process of making contact with the Felt Sense feels unsafe or uncontrollable.

Visualizations and Synaesthesia

Another area where autistic people often experience the world in novel ways is in the realm of visualizations, sensory recollections, and synaesthesia. Some autistic people have varying levels of aphantasia and may not even have any concept of visualization without direct visual input. When it is explained to them, their reaction might be "whoa you mean like you have a TV behind your eyelids when you close your eyes?" This may play into some Focusers' preferences for other incarnations of felt-sense connection. On the other hand, some people who have hyperphantasia may report very detailed, sensorily rich and/or kinetic visualizations associated

with their communion with a Felt Sense. Interestingly, I worked with an autistic Focuser who gave verbal reflections with quite rich and detailed visual descriptions, only to learn upon debriefing at the end that they were in fact aphantasic. They noted that they had cultivated the ability to translate thoughts into visual and sensual qualities in order to best express them, and noted that “seeing isn’t the only way to experience spatial concepts”. If the visualization experience becomes distracting or overwhelming, then, as Ann Weiser Cornell notes [Cor2], p. 81, it is important for the Companion to support the Focuser in staying present with the experience; there can be a temptation to get wrapped up in the movie-like evolution of a scene. A prompt question like “and where are *you* in relation to all of this?” can be helpful/grounding at re-centering the Focuser’s experience, and often leads to finding awareness of another part, which is taking-in/interacting-with the scene. Additionally, there can be a temptation to assign meaning and/or analyze the scene, as if it were some sort of “symbolism/puzzle” to be decoded. While interpretation can be useful, the temptation to find an “explanation” can lead one into the analytical “Dead End” that Gendlin warns of, and staying with the handle of the felt sense and letting it reveal itself further can yield further insight.

Social Communication

Regarding social-communication issues: autistic people often develop their own vocabularies and modalities of interaction with others, and that can apply to the Felt Sense as well. The Focuser may have developed or ritualized various aspects of interacting with their experience of the felt sense. For instance, they might prefer to interrogate it like an oracle, use constrained/repetitive/idiosyncratic vocabulary, use particular words in novel or unexpected ways, or look for a particular body sensation/motion in response to a question. Recognizing this as a potentially important/comforting/safety-supporting aspect of the Focusing experience can enhance the Companion’s ability to attune with the Focuser.

Self-perception of one’s feelings

This is an area often quite fundamental to the autistic experience. Many autistic people have atypical experiences relative to perceiving and describing their self-feelings. On the one hand, some estimates suggest that up to half of all autistic people experience various forms of alexithymia [Poq], which includes difficulty expressing and describing emotions and several other traits closely associated with autism (e.g., overly pragmatic/literal thinking, difficulty with metaphorical language).

My anecdotal experiences suggest that “difficulty naming emotions” is often deeply intertwined with trauma associated with lack of safety around exhibiting/experiencing emotions. Many autistic people report having been scolded for their expressions of emotions, e.g., “Stop flapping!” when someone’s happy feelings are accompanied by stims, or “How could you be so insensitive?” when someone does not wail with grief at a family member’s funeral (or even laughs). This also emphasizes the need for a safe, welcoming container within a Focusing partnership, and that the Companion should strive to explicitly leave a lot of room for “whatever

comes” without judgment or preconceptions for what “happy” or “sad” or “afraid” *should* look like, which may allow space for a lot of (possibly quite uncomfortable) emotional exploration. In particular, the Companion may need to recognize that the Focuser’s nonverbal cues may have an atypical relationship to the Focuser’s self-reporting, and that the Focuser’s chosen vocabulary for self-reporting may bear an atypical relationship to the Focuser’s actual experience.

As one autistic Focuser reported:

If one struggles naming emotions, they might [...] figure out how they feel if they can describe what they see metaphorically [...] which is what I experienced when I put color, shape, [and] texture to my emotions. I knew I felt bitter and sad, and I cognitively blamed it on my family. Then once I put shape and color to that emotion...you asked me to touch it and be gentle and the emotion became more intense and angry. The concept [arose] of “You created me, you don’t get to destroy me”, and when I th[ought] about that concept I s[aw] the visuals[,] which help[ed] me identify the cause of the emotions I felt which were once complicated and hard to name, [and] even harder to know their origin. I felt I deserved to feel that way[,] therefore I ignored showing myself kindness and then blamed it on others when really I needed to love myself.

Again, on the flip side, many autistic individuals report intense and even overwhelming experiences of emotions. Sometimes these emotions are extremely specific, and the experiencer may bristle at using a descriptor that does not resonate exactly with their experience. In this case, the Focusing approach to offering a handle that resonates and then seeing what fits “better” may be very useful, with the proviso that autistic people sometimes experience difficulty in quantifying “degree of fit” and may just say “no, that doesn’t fit”, rather than something like “it’s close(r)”, in which case they may need more guidance, space (or something else that may have to be discerned in the moment) to perform the kind of exploration of the space of possible states that resonates with them. This may be uncomfortable or unsafe-feeling territory, especially if accompanied with trauma about incongruous expression.

Empathy

One of the most stereotypical (and oft-misunderstood) aspects of the autistic experience is “empathy”, with a common stereotype that “autistic people lack empathy”. This is again a multifaceted arena. First, deeper exploration of this area reveals that there are several distinct experiences lumped in under the umbrella term “empathy”.

From [Sil]:

- Cognitive empathy — knowing how the other person feels and what they might be thinking.
- Emotional/affective empathy — when you feel what the other person is experiencing, as though their emotions are contagious.

- Compassionate empathy (empathetic concern) — it entails the understanding of a person’s predicament and fee[ling] with them (informed by cognitive and affective empathy), as well as be[ing] spontaneously moved to help if needed.

Autistic people often have atypicalities (again, possibly hypo- or hyper-) in each of these dimensions separately. Someone might have quite low cognitive empathy, which can manifest as appearing “judgmental” or “insensitive” in speech or behavior, and simultaneously have quite high affective empathy and thus be overwhelmed by the emotional experiences of others in close proximity. Autistic people sometimes, again, compensate for excess/overwhelm of experiences by cutting themselves off from them and then may appear to have a deficit; and conversely, they may compensate for an ambient deficiency in perception by developing elaborate conscious systems (e.g., hyper-awareness of facial/nonverbal cues, development of heightened mimicry skills, etc.)

Understandings how these struggles manifest themselves can be very important in understanding and guiding the Focuser’s work in making contact with the Felt Sense (e.g., the mechanisms, pathways, channels, processes, and evolutions by which the Focuser initiates and deepens contact, and attempts to make sense of that contact). In addition, in accordance with the credo that the Companion has to be Focusing, even more crucially than the Focuser, then these observations become more relevant, since, at least in my personal experience, my ability as a Companion depends critically on a combination of my ability to consciously visualize and conjure an experience in my own body that a Focuser is describing, both in words and in nonverbal cues such as facial expression changes, body gestures, and intonations/speech-patterns, which then allows me to follow the process closely and guess/offer what I believe are fruitful prompts.

Metaphorical Language

There is so much to say here that I cannot do it justice. Some autistic people are hyper-literal and struggle with interpreting or formulating metaphors (see e.g., [Vic] for recent work on this). This probably requires more research and investigation. One point worth considering is that such people are often also quite attuned to precise language and meanings, and may well be able to formulate ways to express their experiences of phenomena that make sense to them. Often it is important for the Companion to empathize with them and be careful to conform to the literal/restricted sense of language/description that the Focuser is using, as one aspect of helping the Focuser feel fully heard and understood.

Other autistic people may experience language and metaphor in very expansive ways, possibly fluid, physically implausible/impossible, synaesthetic, or unexpected. In these cases, it is often worthwhile to exercise one’s cognitive empathy as a Companion to “enter the world” of the Focuser, and reflect the experience back to them carefully, in order to help guide them through their own experience.

Autism in the Focusing Literature

My first exposure to Focusing, when I began working with a Focusing-Oriented Art Therapy practitioner in 2019, was to read Gendlin's classic "Focusing" book [Gen1]. The processes and techniques resonated with me, and I found myself making deep progress and inquiry in my work. Not long after I started learning about Focusing, as well as realizing that I am autistic, I did some research on the intersection of these two topics. The only paper I could find on focusing.org's Folio archive that takes up the matter of Focusing and autism was a paper by David Young called "Touching "What's Alive"" [You]. Young describes several challenging Focusing experiences. "Carl" was fixated on living in the woods naked, and only Marshall Rosenberg could help him touch what was Alive for him (and Young realized this by reading Carl's nonverbal cues). Young talks about making contact with the 'more' that the struggling Focuser is alienated from, and helping the Focuser reconnect with basic needs. He talked of realizing that one of his preteen clients turned out to be autistic, despite not meeting the old stereotypes of "severe" autism, and that through this, he realized that a quarter of his caseload was autistic, and that autistic people are often alienated from their bodies (which connects with what I discussed above in terms of interoceptive deficits). Young concludes with the self-discovery that both he and his adult son are autistic.

After finishing my second year of Focusing Certification training, as I embarked on trying to figure out what to discuss in this essay, I revisited Gendlin's "Focusing". To my surprise, the story of "Evelyn" ("The Girl Who Was Scared of College" in Chapter 2), struck me with a sense of familiar recognition. Evelyn presented as "dull-eyed", "sad", and "extremely quiet", that she "had no feelings inside herself" (and anxiety about it), and that several therapists had given up on her as "hopeless". Her breakthrough was to realize that her "anxiety about having no feelings inside herself" was itself a *feeling*. She turned out to be "bright" and could "differentiate her feelings with the precision of a thinker", but found that "school is ...what's in the way of [thinking]", because her teachers didn't want to deal with her (presumably nonconformant/unorthodox) ideas, and he had to hide her true-self away, keep it locked inside, the thing that is "terribly wrong" with her. Eventually she realizes that she had acquired this persistent core belief from her mother's belief that "something was wrong with her" as a child, and as a postscript, her mother had finally realized that her behavior as a child was very much like that of "exceptionally gifted children".

Of course, we cannot reverse-engineer the details of this case study, but given that this book was published in 1978, and so this story must have been sometime before then, and thus quite before the recognition of autism as a spectrum of characteristics that often co-occurs with what was then termed "giftedness", it would be quite reasonable (or, at least, relatable) to conjecture that Evelyn might well have been autistic. In any event, her case study is eminently archetypical for an undiagnosed autistic adult who is struggling both with alexithymia and with the necessity of masking all through their childhood and grappling with pervasive messages from parents and society that something is "terribly wrong" with them.

Conclusions and Further Directions

This essay attempts to build on the experiences of myself and of other autistic people who have engaged in the process of Focusing in order to highlight areas in which autistic people may have novel, atypical, and/or unique experiences with Focusing. My goal is to raise awareness; when I first endeavored to learn Focusing and asked around about this topic, I did not find much information, and even encountered some skepticism as to whether autistic people would be able to engage in Focusing at all. Even when I started this paper, I originally conceived of this topic as an attempt to describe ways in which autistic people might struggle with Focusing, and ways in which to help the Focuser and the Companion “cope” with autistic “difficulties” in Focusing. But, as I deepened my contact with my Felt Sense of this topic, I realized that I was using this “pathologizing” lens to protect/conceal the more radical hypotheses that I entertain. I have come to believe that many of the autistic traits that I have described above have incarnations (e.g., hyperphantasia, preternatural interoception/proprioception, heightened cognitive and/or affective empathy, etc.) that can be harnessed to deepen and potentiate both the Focusing and the Companioning processes, and that Focusing is a modality that has a great draw/appeal to many autistic people. I believe that further investigation and awareness along these lines could yield rich and unexpected insights about the Focusing process and its many healing powers.

References

[Asp] Aspie-Quiz. <https://rdos.net/eng/Aspie-quiz.php>. Accessed 2024-07-06.

[ATN] Attachment and Trauma Network. “Become a Therapeutic Parent”. <https://www.attachmenttraumanetwork.org/parenting/>. Accessed 2024-07-06.

[Bad] Bader, Michael J. *Arousal: The Secret Logic of Sexual Fantasies*, St. Martin’s Press, 2002.

[Cor1] Cornell, Ann Weiser. *The Power Of Focusing*. New Harbinger Publications, 1996.

[Cor2] Cornell, Ann Weiser. *The Focusing Teacher’s Manual, Part One: Creating a Focusing Practice*. Focusing Resources, 2020.

[Eli] Elizabeth, Janae. “Autistic Traits vs Autistic Trauma”. <https://www.traumageek.com/blog/autistic-traits-and-trauma>. Accessed 2024-07-06.

[Fly] Flynn, Catherine. “The Autistic Wall of Tears”. <https://www.focusing.org.uk/blog/the-autistic-wall-of-tears>. Accessed 2025-02-01.

[Gen1] Gendlin, Eugene T. *Focusing*, revised ed. Bantam, 1981.

[Gen2] Gendlin, Eugene T. *Focusing-Oriented Psychotherapy: A Manual of the Experiential Method*. The Guilford Press, 1996.

[Kur] Kurtz, Ron. *Body-Centered Psychotherapy: The Hakomi Method*. LifeRhythm, 2015.

[Lev] Levine, Peter A., with Ann Frederick. *Waking the Tiger: Healing Trauma*. North Atlantic Books, 1997.

[Mor] Morrison, Jeffrey. "Focusing-Oriented Therapy Four: The Radical Acceptance of Everything". Class notes, Seattle Focusing Institute, 2022.

[Lyn] Lynch, C. L. <https://neuroclastic.com/its-a-spectrum-doesnt-mean-what-you-think/>. Accessed 2024-07-06.

[Mur] Murray, Fergus. "Me and Monotropism: A unified theory of autism". <https://www.bps.org.uk/psychologist/me-and-monotropism-unified-theory-autism>

[Poq] Poquérusse J, Pastore L., Dellantonio S., and Esposito G., "Alexithymia and Autism Spectrum Disorder: A Complex Relationship", *Frontiers in Psychology*, Vol. 9, Article 1196, 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6056680/>. Accessed 2024-07-06.

[Rog] Rogers, Carl R. *On Becoming a Person: A Therapist's View of Psychotherapy*, Houghton Mifflin, 1961.

[Sil] Silvertant, Eva. "The Different Types of Empathy". <https://embrace-autism.com/the-different-types-of-empathy/> Accessed 2024-07-06.

[ST4] "Spock - How Do You Feel?" <https://www.youtube.com/watch?v=SECu1fR0dWE>, accessed 2024-07-25.

[Vic] Vicente, A., Michel, C. & Petrolini, V. "Literalism in Autistic People: a Predictive Processing Proposal". *Rev.Phil.Psych.*, Springer-Verlag, 2023. <https://doi.org/10.1007/s13164-023-00704-x>. Accessed 2024-07-06.

[Wig] Wiginton, Keri. "What Is Neurodiversity?" <https://www.webmd.com/add-adhd/features/what-is-neurodiversity>, accessed 2024-07-05.

[Wal] Walker, Pete. <https://pete-walker.com/>. Accessed 2024-07-06.

[You] Young, David C., "Touching "What's Alive"". *The Folio*, Vol. 24, No.1, pp. 196-201. https://focusing.org/system/files/2022-03/Young_R1web.pdf, Accessed 2024-07-06, members-only.