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A PLACE ON THE SPECTRUM

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When my son was diagnosed with autism spectrum disorder at the age of three, I felt like I had been hit by a truck. He was still the intelligent, loving, curious boy he had always been, but as both his mother and a psychiatrist, I took the assessment results to mean I had failed a crucial test. Trained to recognize these patterns professionally, I felt as though I had missed a trail of breadcrumbs, my senses dulled by a parental fog of denial. To have not seen him fully in his neurodivergence felt like a maternal failure—one I had studied so hard to avoid.

I tried to reorient myself by thinking of the patients and families I supported in my practice. I have sat with many adult children receiving a parent's dementia diagnosis—a diagnosis painstakingly obvious to my assessing eye and yet, almost irrelevant to the devotion already in place. The spoken words did not elevate care, they simply formalized what filial responsibility had been doing all along. Their support system was unwavering, terminology be damned. Perhaps I could not see my own son's diagnosis because I was doing something similar: reshaping my parenting expectations to fill his developmental gaps. Perhaps I had adapted so completely that the "difference" no longer read as difference. It simply read as my child.

Still, I did not find myself on the other side of a child psychologist's desk by accident.

The provider told me my son had "level 1" autism. I had learned the levels by rote in residency, but I had never paused to consider their gamified feel, or the strange way I was meant to accept this placement on a ludicrous scoreboard as reassurance. I caught myself longing for the experience of my friends, whose

children transitioned with ease, followed instructions, and neither eloped [1] nor became violent with frustration. I resented how they took for granted the simple gift of meeting their child's gaze, and I sullied my thoughts with regret, self-blame, and pity in response.

Like many parents, I tried to seek understanding through community. I joined support groups. I attended hospital-based parenting workshops. I arrived ready to learn and ready to be held. What I could not have anticipated was the quiet loneliness that came from being on the margins of a very broad spectrum: too "typical" to fully belong in some spaces, too "atypical" to feel welcome in others. The initial triumph of my "good" parental instinct to seek an assessment was swiftly complicated by guilt. Guilt about accessing scarce services for a child whose level (and whose privilege) implied he already had a head start in the game. Visual schedules, first-then language, timers, reinforcements, and transition toys became lifeboats in a storm, but only because I could afford the lift. I worried my son would one day internalize this sense of partial belonging and be forced to navigate these rushing waters alone.

When I began to share my son's diagnosis with friends and family, reactions were mixed. Some coyly professed to "knowing" the whole time. Others offered superficial reassurance that was ableist-coded: *He doesn't seem different*, or, *Isn't that just all toddlers*? The diagnosis, intended to create clarity, instead operated like a social disturbance. It unsettled other people's sense of normal, and the fastest way to restore equilibrium was to invalidate what had been named. We had been given a language for our experience and then gently—repeatedly—invited to speak less of it.

At other times, my son's diagnosis was met with the faint edge of unfairness, as though support was a prize that needed to be earned rather than a scaffold offered in equity. I felt this judgment most sharply when a dismayed mother, whose own child had been assessed as not having autism, questioned why we sought professional help in the first place, when he *seemed to be doing just fine*. I thanked her for acknowledging our son's developmental gains and gingerly explained the difference between seeking support and seeking a diagnosis. What we needed was guidance; what we ended up with was a label. I began to wonder if naming neurodivergence as pathology reinforced the existence of an unachievable normal—an invisible "ideal child" against whom all children are measured. The reaction to his diagnosis felt less like curiosity and more like an unspoken referendum on everyone else's children.

Autism treatment became a loaded journey in itself, and I often found my psychiatrist and parenting selves swirling in constant tension. What was the goal, exactly? To reward compliance at the expense of

[1] Eloped: leaving a safe area or a caregiver's supervision unexpectedly, which can pose safety risks. (Reference: *Centers for Disease Control and Prevention. Wandering (Elopement). Available from: https://www.cdc.gov/child-development/disability-safety/wandering.html*)

autonomy? To teach my child to mask[2] his differences rather than be understood? The pressure to conform wasn't always demanded outright. It was often conveyed with subtlety through community expectations: a thousand gentle cues that rewarded him most when he looked least like himself. It arrived as praise for being "good," relief when he was "easy," and the unspoken lesson that belonging was conditional on how little space he took. The diagnosis had me monitoring my motives as vigilantly as I monitored his needs. I could not pretend I didn't want my son's life to be easier, yet I struggled with how to help him resist becoming a project of erasure. If he was happy, safe, and connected, did it really matter how closely he tracked the curve?

While none of this has altered the unconditional love I have for my son, it has reshaped my experience of parenting. Raising a child is a profoundly vulnerable state—one where expertise doesn't carry a shield and where the volume of recommendations (and judgment) can drown out intuition. For now, I am learning to hold guidance lightly, to follow my son's cues, and to protect the bright way he moves through the world from being dimmed in the name of appearing "typical." What he needs most isn't the right label or the right workshop, but the steady experience of being welcomed without having to prove he deserves it. Community is less a place to fit in and more a practice of making room. I want my son to know belonging that asks only one thing of him: to be himself. No one should have to mask to be met. ■

Biographical Note

Dr. Kayla Simms is an emergency, outpatient, and shared care psychiatrist in Ottawa, Canada, and a faculty member in the Department of Psychiatry at the University of Ottawa. She is a clinician educator and is currently completing the Healthcare Education Scholars Program at the Centre for Innovation in Medical Education. Her clinical and educational work focuses on communication in high-stakes encounters and simulation-based training in verbal de-escalation.

[2] Masking: strategies used by some autistic people to hide or suppress autistic traits to fit social expectations. (Reference: *National Autistic Society. Masking. Available from:* https://www.autism.org.uk/advice-and-guidance/behaviour/masking)