

THE WAYS HER BODY SPEAKS

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KEYWORDS: Autism; Embodiment; Communication; Mother

I did not understand autistic bodies until one emerged from my own.

Before that, I knew autism the way medicine had taught me to know it: Through diagnostic criteria, developmental histories, rating scales, observations, and concern. I knew how to recognize patterns. I knew how to guide families through referrals, therapies, school supports, and follow-up. I knew autism as a condition to identify.

Then my daughter was born. As I came to know my daughter's personality, and as she grew into herself, gradually weaning, her body separating from mine in the ordinary way toddlers begin to do, I noticed that she inhabited her body differently than my older children had.

Not all at once. There was no single moment of revelation. My learning came in small revisions, the kind that accumulate quietly until you realize the landscape has changed. What I thought I understood receded. What had been hidden inside my assumptions came into view.

A developmental and behavioral pediatrician myself, like most doctors, I was trained to read bodies quickly. We notice eye contact, posture, tone, movement, facial expression, gait, stillness, agitation. We translate what we see into meaning: anxious, comfortable, delayed, dysregulated, cooperative, in pain. Often, this helps us provide care. But interpretation is never neutral. It is shaped by what kinds of bodies we expect to encounter and what forms of communication we have been taught to recognize.

My daughter taught me that some bodies speak in ways medicine does not always hear.

She moved before she had words for why she moved. She recoiled before she could explain what felt unbearable. She sought pressure, rhythm, repetition, retreat. She could be undone by a seam in her ruffled ankle sock. Ten minutes of sitting in my lap, being hugged tightly could give her day back. There were days when joy moved through her body so visibly it seemed to spill from her fingertips. When exploring the sandbox with her hands buried deep in the grains brought about unimaginable thrills.

I loved her before I understood any of it. Love came easily. Understanding took longer.

There is a particular humility in being taught by your child. This learning required me to set aside habits that had once felt useful - the reflex to interpret movement as behavior, refusal as opposition, repetition as symptom, silence as absence.

What if pacing is regulation rather than avoidance? What if looking away reflects pain rather than defiance? What if a body in motion is not disordered, but adapting intelligently to an environment that asks too much of it?

Medicine often privileges certain kinds of bodies: Bodies that sit still, tolerate fluorescent lights, accept touch without much warning, answer quickly, modulate tone, make eye contact on cue, wait patiently, ignore smells, and perform calm. These expectations can feel invisible because they are so familiar. But they are not neutral standards of health. They are norms. When a child cannot meet them, we often locate the problem in the child.

I did this too, even when I believed I was being compassionate.

In clinic, I have started to notice autistic children differently. The child circling the room might be organizing an overwhelmed nervous system. The teenager who could not answer my question might need time measured in minutes, not seconds. The patient resisting an examination might not lack cooperation, but trust. The parent describing a meltdown might be describing a body pushed past its capacity to cope.

Nothing about these children had changed. What changed was the lens I brought to them.

This matters because misreading bodies has consequences. Pain can be overlooked. Distress can be mislabeled as aggression. Communication can be mistaken for noncompliance. Necessary procedures can become traumatic. Families can leave feeling blamed rather than helped. Patients can learn that healthcare is a place where they are managed, not understood.

Too often, we ask patients to conform to the conditions of our clinics and then interpret their difficulty doing so as pathology. Caring well requires something else: humility about our assumptions, curiosity about embodied difference, and a willingness to build clinical spaces where more people can be safely understood.

My daughter also taught me something gentler. Autistic embodiment is not only struggle. It is pleasure too: delight in pattern, deep sensory joy, full-bodied laughter, the steadying comfort of repetition, fierce honesty, intense love. To write only of burden would be another kind of misreading.

There are still moments when I do not understand my daughter's experience. I am her mother, not her mirror. Love does not erase difference. But love has made me slower to assume and quicker to ask. It has taught me that understanding is not a prerequisite for respect.

I think often now about how many patients I met before I knew how little I knew. How many bodies I translated too quickly into categories that made sense to me, but not to them. My daughter did not simply change my understanding of autism. She changed my understanding of medicine. ■

Biographical Note

Megan H. Pesch, MD, MS, is a developmental and behavioral pediatrician and physician-scientist whose clinical and research work focuses on autism, neurodevelopment, and childhood hearing differences. She is the Director of the Center for Autism and Developmental Disabilities at Henry Ford Health System, and cares for children with developmental differences and their families. Her work is informed not only by her clinical and research experience, but also by her experience as the mother of a child with hearing differences, and autism. This intersection of physician, researcher, and parent has shaped her interest in how medicine understands disability, communicates uncertainty, and learns to listen to the lived experiences of children and families.