BELONGING OTHERWISE: AUTISTIC MOTHERS AND THE BIOPSYCHOSOCIAL FEMINIST POLITICS OF THE HOME

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Autistic mothers frequently experience both belonging and exclusion in normative motherhood as their ways of caring are unfairly judged against cultural ideals of maternal selflessness, a constant state of being attuned, and emotional labour, which fail to validate unique autistic mothering practices (Pohl et al. 2020; Dugdale et al. 2021; Kanfiszer et al. 2017). This essay does not imply that autistic mothers are inherently less attuned, less selfless, or less emotionally capable than neurotypical mothers. Instead, it argues that differences in sensory processing, communication, and executive function often lead to different expressions of being attuned and care that are poorly captured by dominant metrics; those mismatches produce misrecognition, not inevitable inferiority.

Framed biopsychosocially and informed by feminist critique, the paper treats autistic motherhood as constituted through reciprocal relations among embodied neurodivergence, cognitive–emotional experience, and sociocultural structures (Engel 1977; Wendell 1996; Fraser 2013). Drawing on five participant-centred studies, I demonstrate how the "difficulties" attributed to autistic mothers are often the predictable outcomes of an infrastructural and normative mismatch, rather than solely individual deficits (Pohl et al., 2020; Dugdale et al., 2021; Kafer, 2013).

Methodology

This paper is a qualitative synthesis of five studies selected for centering autistic women's voices, employing qualitative or participatory methods, and offering complementary designs that enable cross-method comparison: a thematic interview study of childbirth and postnatal care, a large community-participatory survey, an interpretative phenomenological analysis, and two narrative analyses of identity and life trajectories (Hampton et al. 2021; Pohl et al. 2020; Kanfiszer et al. 2017; Webster & Garvis 2016; Dugdale et al. 2021). Analytically, the paper follows three epistemic commitments. Firstly, it privileges lived experience and gives particular weight to autistic-led or co-produced knowledge. It treats autistic traits as relational resources, that is, as capacities that gain meaning and value through interactions with environments, relationships, and caregiving contexts rather than as fixed individual attributes (Milton 2012; Kafer 2013; Walker 2021; Pohl et al. 2020). Secondly, it employs cross-method triangulation to identify recurrent themes as higher-confidence findings inductively (Pohl et al., 2020; Dugdale et al., 2021). Thirdly, a feminist, intersectional lens situates participants' accounts within gendered, ableist, and socio-economic power structures (Crenshaw 1991; Fraser 2013; Kafer 2013). Where studies omit demographic data (e.g., race, migration, communication diversity, etc), those absences are treated as analytically meaningful limitations that constrain generalisation (Pohl et al. 2020; Dugdale et al. 2021; Gore et al. 2024; Kanfiszer et al. 2017).

Domestic Sphere

The domestic sphere is the primary site where autistic mothers in the corpus both produce intense forms of belonging and experience concentrated, gendered burdens (Dugdale et al., 2021; Pohl et al., 2020). Reading these studies through a biopsychosocial frame clarifies how the "difficulties" described are rarely reducible to biology alone (Engel, 1977; Shakespeare, 2013). Across the qualitative interviews and the large participatory survey, embodied neurodivergent features shape day-to-day caregiving in specific ways (Hampton et al., 2021; Pohl et al., 2020). Sensory sensitivities, executive-function differences, and affective experiences are shaped by the environmental accessibility autistic mothers have, as well

as perceptions of their unique abilities (Webster & Garvis, 2016; Walker, 2021). For example, Pohl et al.'s large survey echoes this in the longer term: autistic mothers report greater difficulty with multitasking, domestic organisation, and the unpredictability of infant routines (2020).

Psychologically, the studies show pervasive exhaustion, anxiety, and masking or strategic presentation (Hull et al., 2017; Dugdale et al., 2021). Kanfiszer et al. (2017) and Webster and Garvis (2016) illuminate identity work following diagnosis — women reframe past experiences and sometimes repurpose traits like persistence and focused interests as strengths — while Hampton et al. (2021) and Pohl et al. (2020) document perinatal anxiety and high rates of prenatal/postnatal depression. This biopsychosocial lens helps us see these states not merely as internal pathologies but as predictable psychological responses to sustained sensory overload, social surveillance, and the moral pressure to "get motherhood right" (Kafer, 2013; Fricker, 2007; Fraser, 2013).

The "social" dimension — where feminist theory is most insightful— explains why these embodied and psychological features translate into deficits rather than simply different styles of parenting (Hays, 1996; Hochschild, 1983). Feminist work on the social organisation of reproductive labour shows how unpaid caregiving is normalised and moralised (Federici, 2004; Bhattacharya, 2017). Normative, idealised pressures of self-sacrificing motherhood make sensory and executive demands morally fraught (Rich, 1976; Ruddick, 1989). For example, breastfeeding becomes not only a tactile challenge but also a site where failing to conform can be taken as failing as a mother (Pohl et al., 2020; Hampton et al., 2021). The result is a double burden where mothers must manage sensory discomfort while also navigating moral judgment (Fraser, 2013; Federici, 2004). Furthermore, the corpus makes clear that autistic

mothers disproportionately bear this invisible labour because social institutions neither redistribute care nor adequately recognise non-normative care practices that are less strenuous for their unique brains (Fraser, 1995; Federici, 2004; Dugdale et al., 2021). Pohl et al. find that autistic mothers are more likely to feel judged, isolated, and unable to seek support (2020). Fraser's distinction between redistribution and recognition is helpful here: autistic mothers suffer from both a lack of redistribution (e.g., insufficient respite, workplace flexibility, affordable childcare, practical accommodations) and a lack of recognition (e.g., misreadings of competence, pathologising of adaptive strategies) (1995; 2013).

However, the corpus also highlights how the domestic production of belonging can be an active site of identity and agency (Dugdale et al., 2021; Webster & Garvis, 2016). Several qualitative accounts describe intense being attuned to infants and a capacity to "read" sensory cues, abilities some mothers interpret as a parenting strength (Webster & Garvis, 2016; Hampton et al., 2021). Biopsychosocially, these are unique biopsychological advantages to mothering with an autistic mind (Engel, 1977; Kafer, 2013). Yet these strengths often go unrecognised or are re-interpreted through deficit frames by professionals or allistic peers (Pohl et al., 2020; Dugdale et al., 2021). The same systems that reward normative maternal performance do not value alternative forms of care (Hays, 1996; Hochschild, 1983). This pattern reproduces stigma where autistic mothers must juggle extra labour to perform normative mothering while their distinctive competencies remain undervalued (Fricker, 2007; Milton, 2012).

Finally, an intersectional caveat is essential and empirically grounded. The studies' samples skew toward Western, partnered, verbally able participants who can access diagnostic services or online networks (Pohl et al., 2020; Dugdale et al., 2021). Kanfiszer et al. deliberately included women with intellectual disability and found qualitatively distinct trajectories of marginalisation, such as institutionalisation and more extreme social exclusion (2017). Class, race, migration status, and single parenthood likely shape access to accommodations, exposure to surveillance, and the capacity to translate caregiving knowledge into recognised expertise (Crenshaw, 1991; Erevelles, 2011). However, due to sampling constraints within existing research, these axes are under-researched as existing knowledge privileges the experiences of more privileged autistic women who can participate in studies and the spheres where research is advertised (Pohl et al., 2020; Dugdale et al., 2021).

Peer Networks

Peer networks emerge across the corpus as central infrastructures of belonging and practical care for autistic mothers (Pohl et al., 2020; Dugdale et al., 2021; Hampton et al., 2021). Whereas formal institutions such as maternity services, social services, and clinics were often experienced as surveillant, poorly informed, or unpredictable, autistic-led peer spaces were repeatedly described by participants as places where parenting styles were legible, strategies were validated, and embodied experience was treated as expertise (Milton, 2012; Pohl et al., 2020). Biologically, social environments that anticipate sensory needs reduce arousal and sympathetic activation, decreasing the physiological cost of participation (Walker, 2021; Devon Price, 2022). Psychologically, asynchronous online formats and autism-specific groups reduce masking demands and performance anxiety, freeing cognitive bandwidth otherwise spent on impression management and enabling more focused problem-solving (Hull et al., 2017; Milton, 2012). Socially and politically, autistic peer networks provide recognition: they legitimise non-normative caregiving styles, offer shared vocabulary for explaining one's embodied experience to non-autistic professionals, and incubate mutual advocacy tactics through co-production (Fraser, 1992; Warner, 2002; Linton, 1998; Spade, 2020).

Milton's dual-empathy formulation critically reframes why these spaces are necessary. The dual empathy problem is defined as the reciprocal mismatch in understanding between autistic and non-autistic people, where social difficulties arise not solely from autistic traits but from a two-way gap in communication, perspective-taking, and expectation (Milton, 2012). It frames social exclusion and misunderstanding as relational rather than purely intrinsic to autistic

mothers. Rather than viewing communication breakdowns between autistic mothers and professionals as unidirectional deficits, the dual-empathy approach locates the problem in mutual incomprehension rooted in different communicative and sensory styles (Milton, 2012). Peer networks collapse that asymmetry. Interlocutors share sufficiently overlapping norms to make exchange legible and affirmatory. This explains why mothers report feeling "understood" and why practical advice circulating in these communities is often finely attuned to sensory contingencies and executive-function realities, advice that mainstream parenting manuals and clinician training commonly omit (Pohl et al., 2020; Dugdale et al., 2021).

This paper expands this definition spatially, arguing that this mismatch is not only reproduced socially but also through allistic-constructed spaces. Spatially, the pattern is robust. In-depth interviews in the childbirth/postnatal study show that autistic mothers often preferred one-to-one or autistic-specific breastfeeding and parenting supports because such settings could be tailored to sensory and communicative needs (Hampton et al., 2021). The large participatory survey shows similar tendencies on a larger scale. In it, autistic mothers report finding mainstream parent groups exclusionary and often turn to online communities, autism-specific forums, or local autistic mothers' groups for practical advice, emotional reassurance, and policy advocacy (Pohl et al., 2020; Gore et al., 2024). In this way, autistic peer support groups validate the spatiality of autistic homes (Warner, 2002; Fraser, 1992).

When the mutual understanding explained by the dual-empathy problem is compounded, autistic peer networks function as subaltern counterpublics in which marginalised mothers articulate alternative meanings of

competence and good care, and where collective claims for recognition and redistribution are formulated (Fraser, 1992; Warner, 2002). They have a dual function: immediate, practical provisioning (tips, mentoring, emotional support) and longer-term political influence (co-produced training materials, coordinated advocacy, and submissions to consultations) (Pohl et al., 2020; Baldwin & Costley, 2016). This is a vital corrective to institutional epistemic injustices (Fricker, 2007), but it is also politically fragile.

Yet, the affordances of peer networks can be ambivalent and stratified. Digital platforms extend reach and lower logistical barriers, making them especially valuable for mothers managing exhaustion, geographic isolation, or sensory intolerance for in-person groups (Pohl et al., 2020). However, the same digital infrastructures carry risks that reproduce social inequality. Access depends on technological connectivity, digital literacy, and safe private space for participation (Pohl et al., 2020). Additionally, moderation quality and community norms determine whether forums remain supportive or fragment into gatekeeping contests over diagnostic legitimacy, a tension Pohl et al. identify as salient for many women (2020). In addition, public posts can be weaponised in adversarial institutional contexts such as custody disputes and social services inquiries, so disclosure online carries safety costs (Pohl et al., 2020).

This fragility is twofold. Firstly, peer networks often rely on unpaid, gendered emotional labour. Moderators, mentors, and content curators who are frequently women perform intensive labour such as conflict mediation, signposting to resources, and crisis support without remuneration or formal recognition (Hochschild, 1983; Luxton, 2006; Bhattacharya, 2017). The corpus hints at burnout risks: those who shoulder moderation work do so in addition to domestic care, exacerbating the same exploitative distribution of labour a feminist analysis calls into question (Fraser, 2013; Federici, 2004). Second, intersectional dynamics shape both who benefits from peer networks and who does the labour (Crenshaw, 2017; Erevelles, 2011; Bailey, 2021).

Mothers with financial means, higher education, or stable partnerships are more likely to hold leadership

roles and have the capital to convert peer know-how into consultancy, training roles, or research partnerships. Conversely, marginalised mothers such as those who are racialised, low-income, single, and non-verbal may remain underheard in community decision-making or lack digital access entirely (Crenshaw, 2017; Erevelles, 2011).

There are also internal political tensions over epistemic authority. Debates about the value of self-diagnosis versus clinical diagnosis, authenticity, and gatekeeping can fracture communities and exclude those who cannot or choose not to pursue formal diagnoses (Pohl et al., 2020). In peer spaces, diagnostic debates can thus have material consequences for inclusion and advocacy leverage. This compounds the moral paradox. Peer networks can empower and protect, but they can also replicate the very hierarchies they aim to dissolve unless actively governed by inclusive practices (Fricker, 2007; Fraser, 2013).

Recommendations

Access to meaningful support for autistic mothers is uneven: socioeconomic status, race, geography, diagnostic status, and prior institutional experiences shape who can obtain accommodations, who can access peer networks, and who must shoulder unsupported labour (Crenshaw, 2017; Erevelles, 2011; Bailey, 2021; Gore et al., 2024). It is important to note that recommendations are constrained by the representation of need in the available literature. Those who are not represented– those who are more marginalised, excluded, and surveillanced– may have different needs and priorities (Kanfiszer et al., 2017; Hampton et al., 2021). As research becomes more inclusive, recommendations should be updated to best represent the spectrum of autistic mothers' experiences.

At a biological, sensory level, support should prioritise regulation and predictability rather than attempts at normative correction (Walker, 2021; Devon Price, 2022). Funded access to occupational therapy focused specifically on sensory regulation in parent-infant interactions would help translate clinical knowledge into everyday caregiving (Pohl et al., 2020). Scheduled, predictable in-home nursing or doula visits conducted in low-stimulus settings can provide hands-on help when parents need it most (Hampton et al., 2021). Practical home adaptations such as affordable soundproofing, blackout blinds, dimmable lighting, as well as provisioning of sensory toolkits should be standard elements of perinatal packages to reduce cumulative physiological load and make domestic routines more habitable (Walker, 2021; Devon Price, 2022).

Psychological and cognitive supports should be autism-competent, flexible, and scaffold executive function (Hul et al., 2017; Milton, 2012). Perinatal mental-health services must include therapists trained in autism and trauma-informed approaches adapted to autistic communication styles (Hampton et al., 2021; Gore et al., 2024). For example, offering asynchronous modalities reduces the sensory and real-time pressures of standard therapy (Hull et al., 2017). Executive-function coaching for concrete parenting tasks like planning, time-blocking, and sequence mapping–paired with cognitive aids such as visual schedules, step-by-step guides, and checklists–converts overwhelming tasks into manageable modules (Devon Price, 2022). Small group interventions should be delivered in autism-friendly formats (limited size, clear agendas, scheduled sensory breaks), and every care plan should include a personalised crisis protocol that names triggers and explicit de-escalation steps (Hampton et al., 2021).

Social and domestic supports close the loop between recognition and redistribution (Fraser, 2013; Federici, 2004; Hochschild, 1983; Ruddick, 1989). Partner and family education sessions involving an autistic mother should foreground autistic parenting strengths and practical accommodations, so care is redistributed within households rather than invisibly absorbed by mothers (Hays, 1996; Rich, 1976). Peer-led local and

online autistic mothers' groups must be funded and professionally supported, with paid moderation to prevent burnout and accessible governance structures to ensure inclusion (Bhattacharya, 2017; Fraser, 1992). Community offerings—sensory-friendly baby groups with limited numbers and predictable formats, and home-visiting programs staffed by autism-trained practitioners—create low-barrier sites for belonging that mainstream groups often fail to provide (Pohl et al., 2020; Gore et al., 2024).

At the policy level, investments are needed to make these measures sustainable: create accredited training and certification for autism-competent perinatal practitioners; establish inclusion grants and quotas to ensure racialised, low-income, non-verbal, and otherwise under-represented mothers shape research and service design; and launch public-health campaigns that normalise neurodivergent mothering (Crenshaw, 2017; Fraser, 2013; Erevelles, 2011). These biopsychosocial measures work together to reduce physiological strain, scaffold cognitive labour, and redistribute both material supports and recognition, thereby increasing comfort and genuine belonging for autistic mothers (Shakespeare, 2013; Kafer, 2013; Wendell, 1996).

Conclusion

Autistic motherhood illuminates how belonging and exclusion are co-produced across biological, psychological, and social dimensions (Shakespeare, 2013; Kafer, 2013; Wendell, 1996). In domestic spaces, the interplay of sensory sensitivities, executive-function differences, and normative expectations of mothering generates both distinctive caregiving strengths and significant burdens (Pohl et al., 2020; Hampton et al., 2021; Dugdale et al., 2021). Peer networks, in contrast, reveal the transformative potential of relational environments structured around mutual understanding and shared neurodivergent norms (Fraser, 1992; Warner, 2002; Linton, 1998; Spade, 2020). They validate alternative caregiving practices, reduce the cognitive and emotional load imposed by masking (Hull et al., 2017; Walker, 2021; Price, 2022), and provide platforms for both practical support and political advocacy (Pohl et al., 2020; Gore et al., 2024). Yet these spaces are not immune to stratification, labor inequities, and epistemic tensions,

underscoring that inclusion and recognition require ongoing attention to intersectional power dynamics (Crenshaw, 2017; Erevelles, 2011; Roberts, 1997; Bailey, 2021). Taken together, the corpus demonstrates that supporting autistic mothers effectively demands interventions that are relational, biopsychosocially informed, and attentive to both structural conditions and the cultivation of affirming communities (Shakespeare, 2013; Kafer, 2013; Wendell, 1996). Belonging, in this context, is not simply the absence of exclusion but the active creation of spaces—domestic, social, and institutional—where autistic ways of mothering are understood, valued, and sustained (Fraser, 1992; Warner, 2002; Linton, 1998).

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