I’m Not Broken
Not a year out of college and less than two months into my job at *National Journal*, I did something that I almost immediately regretted. It was a Wednesday morning in April, and members of the Senate Finance Committee were filing out of a room in the Dirksen Senate Office Building to go vote; I was sitting at the press table in the room. As the committee’s chairman, Sen. Orrin Hatch, was preparing to exit, I leapt up and yelled a question at him.

Quickly, the officer next to me warned that if I did that again, I could be arrested for disrupting a hearing. I cringed and apologized profusely to the officer. I don’t remember the specifics of what Hatch said in response to my question; by that point, everything was clouded by my sense of humiliation.

On the surface, it was a simple misunderstanding—a young reporter making a rookie mistake. But what the officer almost certainly didn’t know is that I am on the autism spectrum. Like many on the spectrum, I lack awareness of social cues and my surroundings, even when those surroundings include the Senate’s most senior Republican. In other words, I might not understand that it isn’t the best decorum to shout a question to a senator across a room, instead of waiting for him to get to the hallway.

Now, you may be wondering: If someone has difficulty with social interactions, why would he become a reporter, which by definition requires interaction with others? Then you also should know that another symptom of being on the autism spectrum is a narrow and sharp interest in subjects that can border on the obsessive. For me, one of those interests is American politics. Which means that while autism makes my job as a political reporter tougher, it also, in some ways, makes it easier: My ability to myopically focus on singular subjects helps me to learn about things like the intricacies of tax policy or the latest polling numbers coming out of Iowa.

I’m hardly the only person with autism who has ended up pursuing a career in Washington; people with autism are, after all, everywhere in the world. Yet despite
our presence in D.C., the political conversation surrounding autism is often maddeningly disconnected from our lives.

When autism gets talked about by politicians, it’s frequently in the context of the (unfounded) theory that the condition is caused by childhood vaccines. For instance, during the second Republican presidential debate a few months ago, Donald Trump proclaimed that “autism has become an epidemic” and suggested vaccines were to blame. But even when the subject isn’t the supposed connection between autism and vaccines, autism is often talked about as a disease, like cancer or polio—something that needs to be eradicated. When President Obama announced a new project focused on brain research in 2013, he mentioned that it is difficult to find a cure for autism, lumping it in with Alzheimer’s disease. Similarly, in a Republican debate in October, Ben Carson was questioned about his relationship with a nutritional-supplement company that allegedly claimed it could cure autism.

Often when autism is discussed, the focus is on parents and young children. In December 2012, the House Oversight and Government Reform Committee held a hearing titled “1 in 88 Children: A Look into the Federal Response to Rising Rates of Autism.” The committee’s then-chairman, Rep. Darrell Issa, opened the hearing by saying that he is fortunate not to be a parent of one of the “one-in-88” children with Autism Spectrum Disorder (the Centers for Disease Control and Prevention have since revised the official number to one-in-68, and a survey released in November suggested the number could be one-in-45). “If the numbers are accurate and continue to grow from the now one-in-88 that in some way are ASD-affected,” Issa said, “we in fact have an epidemic.”

When autism in adults does get attention, it’s often because tragedy has struck. For example, when the prospect was raised that Adam Lanza—the man responsible for the 2012 shooting at Sandy Hook Elementary in Newtown, Connecticut—had Asperger’s syndrome, calls to the advocacy group Autism Speaks spiked dramatically, according to *Time* magazine. (In 2013, Asperger’s and three other diagnoses were merged into the larger diagnosis of Autism Spectrum Disorder.)
More recently, after the shooting at Umpqua Community College in Oregon—when there was speculation that the shooter had autism—an online petition was started to take down a Facebook page called “Families Against Autistic Shooters.”

For those who are on the spectrum, all of this can be deeply frustrating. For some of us, autism isn’t a disease but rather something more analogous to being gay or deaf—a condition that, yes, imposes hardships but also helps to make us who we are. “There is absolutely no evidence that Alzheimer’s is in any way beneficial to humans—we want to fix it period,” says John Elder Robison, a neurodiversity
s c h o l a r   a t   t h e   C o l l e g e   o f   W i l l i a m   &   M a r y   w h o   i s   h i m s e l f   o n   t h e   s p e c t r u m   a n d   h a s 
written a memoir about his experiences with Asperger’s syndrome. “Autism is a 
unique condition in medicine because it confers powerful disability and really 
extraordinary exceptionality.” As a result, Robison argues that there needs to be a 
different objective when it comes to helping people with autism. “Our duty in 
autism is not to cure but to relieve suffering and to maximize each person’s 
potential,” he says.

David Black, director of the Center for Assessment and Treatment in Chevy Chase, 
Maryland, and a researcher at the National Institute of Mental Health, agrees: “I 
think what we’re trying to do is cure autism—I don’t think that’s the solution.” He 
explains that the zeitgeist at this moment is fixated on somehow figuring out the 
genetics behind autism and making it go away—when instead the focus should be 
on the quality of life for people across the spectrum.

I don’t have the answers as to why autism diagnoses have increased. And I know 
that for many people, especially those with more severe autism—for instance, those 
who are unable to speak—the condition can indeed make life immeasurably more 
difficult and can limit what they can accomplish in the world. I am very much open 
to the fact that, for some people, a cure to autism—or at the very least, innovations 
that could minimize some of the symptoms—would in fact alleviate many burdens.

But this is not the case for everyone. The experiences of people with autism are 
incredibly varied; as Stephen Shore, a professor at Adelphi University who is on the 
spectrum himself, has said, “If you’ve met one person with autism, you’ve met one 
person with autism.” And for many, including me, autism is a valuable part of our 
identity. Hence my decision to write this article. After keeping my journalism and 
my autism separate for most of my career thus far, I wanted to share my story of 
growing up with autism—and eventually arriving in D.C.—in the hope that it might 
help my fellow Washingtonians and politicos to see the condition as more than 
simply a plague on parents or a disease that needs to be cured.

PSYCHIATRIST EUGEN BLEULER first used the word “autism” in 1910; he 
viewed it as a symptom of schizophrenia. Thirty-three years later, a child
psychiatrist at Johns Hopkins University Hospital named Leo Kanner introduced his work on early infantile autism. His first major study on the subject was based on observations of 11 children—eight of them verbal and three of them what he called “mute.” He found that all the children had strong intellectual capacity and “excellent rote memory,” which enabled them to memorize things like a French lullaby, Psalm 23, or an index page of an encyclopedia. But he also noted that when they formed sentences, these sentences were parroted repetitions of previously heard word combinations. Loud noises and moving objects, he found, caused the children great distress. In addition, he noted that “the child’s behavior is governed by an anxiously obsessive desire for sameness.”

Around the same time, another doctor—Hans Asperger—was conducting his own work across the Atlantic in Vienna, on what he called “autistic psychopathy.” In a 1944 study, Asperger noticed patterns in the boys he observed, including “a lack of empathy, little ability to form friendships, one-sided conversation, intense absorption in a special interest, and clumsy movements.”

Asperger saw “autistic psychopathy” as something that occurred across a wide variety of people. By contrast, according to Steve Silberman, author of Neurotribes: The Legacy of Autism and the Future of Neurodiversity, Kanner saw autism as a very rare form of child psychosis and “framed his patients as a strictly defined and monolithic group, to the point of being willing to overlook significant differences between them.”

During the last leg of World War II, a school Asperger had opened for children with “autistic psychopathy” was bombed, destroying much of his research. Asperger continued working after the war and lived until 1980, but much of his writing went untranslated from its original German. Then, in 1981, Lorna Wing, a doctor working in the United Kingdom and the mother of a daughter with autism, used Asperger’s 1944 study—which “had never been translated into English,” according to Silberman—as the basis for her own study, “Asperger Syndrome: A Clinical Account.” Wing’s work was instrumental in shaping discussions about the autism spectrum.
Here in the United States, the American Psychiatric Association did not have separate criteria for diagnosing “infantile autism” in the Diagnostic and Statistical Manual of Mental Disorders until 1980; and it wasn’t until 1987, three years before I was born, that there was an expanded diagnosis for “autistic disorder.” Thus, the science of being on the spectrum was relatively new when I was growing up.

*BEFORE I WAS* ever diagnosed with anything, when I was eight weeks old, my mother noticed that I was bothered by the sound of the telephone and other noises, and was not easily calmed. My family first learned I was not developing in a neurotypical way during a kindergarten pre-screening. My mom was told that I lacked fine motor skills and the ability to make eye contact, which were considered developmental delays that could be indicative of autism. I was very slow to speak, and, as late as kindergarten, most of my sentences consisted simply of repeating sentences I had previously learned.

My childhood was marked by doctor visits, different prescriptions, and various therapies. I remember my mom picking me up from kindergarten earlier than the rest of the kids, getting me a bite to eat from a Burger King, and then whisking me off to a clinic—where I would play board games or rock in a hammock to assist with my balance. At home, I remember being placed in a large tub that my mother filled with dry pasta as she applied a rough brush to my skin, which was intended to assist with my sensory processing. Other times, I would have ice stuffed in my mouth by my speech pathologist to help me use the muscles in my mouth to speak more naturally.

In second grade, I was diagnosed with Asperger’s syndrome. (I also have Tourette’s syndrome, which leads to tics and requires medicine. But I consider Asperger’s to have been the bigger factor in my life.) I wish I could say I understood what the deal was growing up, but when my mom would try explaining, I didn’t get it. It wasn’t until I got older that many of my idiosyncratic tendencies began to make sense to me.

We moved around the country a lot during my early years, but by the time I was nine, we’d settled in the Inland Empire of Southern California. At school, I had
difficulty interacting with peers and had little in common with them. The low point came in sixth grade, when some schoolyard bullies surrounded and handcuffed me.

Ultimately, I transferred to private schools. While the classes were smaller and the teachers somewhat more attentive when there was bullying, I had few genuinely close friends and still largely felt like a social outcast—not because I wanted to be one, but because my limited interests rarely intersected with others’ interests. And classwork was a constant struggle in subjects that did not immediately relate to my particular preoccupations.

I loved American politics and American history, interests that were fueled by my parents regularly reading to me about U.S. presidents and having me join a Boy Scout Troop (which also provided my first real social interactions with peers). But what grabbed my attention above all else was music. Some boys reminisce about playing catch with their fathers; I remember listening to Rush and AC/DC with my dad, and Springsteen, Hendrix, and the Rascals with my step-father, Bob. (He and my mom never married but he was as much of a parent as my biological ones.) For my 10th birthday, I got my own guitar, and I began to take formal lessons. After an initial brush with an austere instructor, my parents settled on JohnPaul Trotter, a fresh-faced, simultaneously slightly-balding and long-haired 18-year-old with a California sunshine temperament. I was one of his first students. He became my first true friend.

I started getting my hands on any guitar magazines I could find. During this time, I submitted a message to a column in *Guitar World* magazine called “Dear Guitar Hero,” which allowed readers to ask famous guitarists questions. Months later, when I saw that Mötley Crüe’s Mick Mars had actually responded to my query about how to blend blues guitar playing with metal, I realized how much satisfaction I got from asking powerful people questions. JohnPaul suggested I get involved in music journalism, and my sophomore year in high school, I signed up for my school newspaper.
BECAUSE WE AS a country tend to talk about autism in the context of children—how to diagnose them and how to prevent them from having autism in the first place—it’s easy to forget just how many challenges await adults with autism.

The challenges, of course, vary depending on numerous factors—for instance, whether someone is or isn’t verbal. Ari Ne’eman, president of the Autistic Self Advocacy Network (ASAN), told me there is no definitive data on who is verbal and nonverbal. The 2008–2009 National Core Indicators Consumer Survey Report had a data set that looked at adults with autism in the developmental-disability service system; 62 percent of people in the data set were able to speak. “However, that data
set only encompasses autistic people who have a level of impairment sufficient to qualify for Medicaid home and community-based services or institutional care, so it excludes large segments of the autistic community,” Ne’eman told me. “The real number of people who speak is likely much higher than that.”

For those who are nonverbal, the adult world can be especially tough to navigate. But even for those like me with high-functioning autism, there are plenty of obstacles. Last year, the A.J. Drexel Autism Institute released a report showing that just 19 percent of young adults with autism have lived independently from their parents, compared with 80 percent of young people with learning disabilities. The report also found that more than one-third of adults in their early 20s with autism were “disconnected,” meaning they were not continuing education or holding a job after high school. “Young people in the autism category, generally they are worse than their peers who have other kinds of disabilities in terms of employment and a range of other outcomes,” Paul Shattuck, an associate professor at Drexel University School of Public Health and an author of the report, told me.

One reason for this is that job interviews aren’t easy for those on the spectrum. “You can’t really fully predict what the other person is going to do, and you have to kind of maintain connection and contact,” says Edward Brodkin, director of the Adult Autism Spectrum Program at the University of Pennsylvania’s Perelman School of Medicine. Making eye contact, knowing whose turn it is to speak, orienting one’s body to the other person, maintaining a conversation—all these things can be difficult.

According to the Drexel report, “Over half of young adults with autism received no vocational or life skills services during their early 20s.” “We just do not do a very good job of supporting adolescents and adults in developing the skills they need and giving them the opportunities they need to be successfully employed and live independently,” says David Mandell, director of the Center for Mental Health Policy and Services Research at the Perelman School. Or, as Julia Bascom, deputy executive director at ASAN, puts it: “The reality is that autistic people spend the
vast majority of our lives as adults, and we receive the vast majority of funding when we’re children, particularly when we’re young children.”

“*If you've met one person with autism, you've met one person with autism.*”

I was lucky in that I did not become “disconnected”; after high school, I enrolled in Chaffey College, a community college with a campus near home. But around that time, I did experience another problem common to adults with autism: depression. My life felt like it was full of speed bumps: I was depressed that I would be languishing in what many perceived as “13th grade” or “high school with ashtrays”; in addition, in the span of two years, my mom was hospitalized twice, JohnPaul left California, and my mom and Bob broke up.

Relationships posed another challenge—and provided more fuel for my depression. At school, I met a woman and told her I was on the spectrum; she replied that she knew immediately because she had worked with children with autism.

I couldn’t believe there was a beautiful neurotypical woman who genuinely enjoyed my company. But she wanted to remain friends while I wanted more. I hoped if I was nice enough or performed enough kind gestures toward her, she would come around. I became overbearing, hoping for some reciprocity. In a way, she became one of myopic interests.

I now know that is not how relationships work; they require both people being mutually interested and wanting to support each other’s endeavors. But at the time, it all built to an explosion that left me shattered and heartbroken.

In spiraling into depression, I was not alone: A 2014 study published in *The Lancet Psychiatry* surveyed 374 adults in England who were diagnosed with Asperger’s syndrome—and found that their lifetime experience of suicidal ideation was nine times higher than the general population in England. In the survey, 243 of 367
people self-reported ideation of suicide and 127 of 365 self-reported plans or attempts of suicide.

The people in the study were diagnosed as adults. “Thus,” the study said, “many of these individuals had difficulties such as social exclusion, unfulfilled educational potential, difficulties with getting or keeping a job or being promoted, and difficulties with developing close relationships, which could have been exacerbated through lack of appropriate support throughout their lives. Delayed diagnosis in adulthood could possibly be another risk factor for suicidal ideation and plans or attempts in people with Asperger’s syndrome.”

Dealing with my depression would prove to be a long-term struggle, one that I manage to this day. Yet despite all of this, I excelled academically at the community college. After my first year, I was recommended for the honors program, which I saw as my ticket out of community college and maybe even out of California. One of my friends in that program wanted to go into politics, and I suggested that she apply for a White House internship. She said she would apply if I did. Not expecting to be accepted, I turned in the application while she ultimately did not. In November 2010, on a bus in between classes to get food, I got a phone call saying I had been accepted. In January, I packed my suitcases to move to Washington.

**MY DAD ACCOMPANIED** me to D.C., helping me move into intern housing on Capitol Hill. After two days, he left—and I was on my own without any adults for the first time in my life.

As my internship unfolded, it proved to be the first time my voracious love of politics and policy no longer made me a social outcast—but was instead celebrated. During Q&As, professional-development group meetings, or casual conversations, my knowledge of politics was seen as an asset. It made me at minimum a curiosity and at best someone who could impress my superiors at work and my fellow interns. They liked that I knew random facts about members of their congressional delegation or about the focus of their respective offices.
Washington is a place where obsessions about particular policies, or politics in general, can advance careers; in that sense, it’s a good place for those on the spectrum. But living and functioning in Washington also comes with particular difficulties. This is a city built on networking, and when I first got here, I was very reluctant to do it. It wasn’t until my roommates—also White House interns—started inviting me to parties or brunch dates with our colleagues that I began feeling safe in social settings.

Elizabeth Laugeson—an assistant clinical professor at UCLA and director of the UCLA PEERS program, which teaches adolescents and young adults on the
spectrum social skills—told me that poor social motivation is often a problem for people who are on the spectrum. “Many people on the spectrum tend to be more socially isolated. They’re less engaged with people through friendships or romantic relationships, and it’s not necessarily because of a lack of desire to be socially engaged,” she explains.

One of the ways ASAN is working to make some social environments more accessible for people on the spectrum is through a color-coded badge system. For example, someone can wear a green badge if they are interested in speaking with a new person, a yellow badge if they want to speak with only people they know, or a red badge if they are not interested in speaking at all. Ne’eman told me that his group has had some success with the system at its galas, and there has been progress in getting other events to adopt the system.

But these kinds of solutions aren’t going to happen in most social settings. Which means that Washington is always going to be a difficult place for those with autism to navigate. To make Washington more accessible, ASAN sponsors a program called Autism Campus Inclusion Summer Leadership Academy, which brings college students to Washington to learn skills like organizing and policymaking. “Very often you get into a dynamic where a lot of folks, if they had the opportunity to kind of spend a summer or a year really immersed in a workplace that would be willing to give them a chance and that made appropriate accommodations, [they] would be in a position to succeed,” Ne’eman says.

Lydia Brown—who started the blog Autistic Hoya as an undergraduate at Georgetown and who interned at ASAN (she is now a law student at Northeastern University)—drives home this point: “What we really need are to build stronger support networks for autistic people whether they’re in D.C. or elsewhere, to provide the support necessary to get the opportunities that whoever among us have gotten,” she says.

The importance of helping people on the spectrum to find their way in Washington cannot be stressed enough. People on the spectrum’s access to social capital is
already limited as is. But not having a means to access political capital means that, too often, political rhetoric is shaped not by us but by others acting on our behalf.

**THE QUESTION OF** who should speak for those with autism is a divisive one in the autism-advocacy community. And it’s linked to other philosophical divisions—chief among them whether autism is a disease to be cured or more of a civil rights issue. “In the medical-model view of disability, people who have a disabling condition, whether it’s autism or cerebral palsy or intellectual disability, these people are broken and they need to be fixed,” says Shattuck, contrasting this approach with the model that came out of the disability-rights movement—which focuses on lobbying society to do more to accommodate minority groups, such as those with autism or any other disability.

Some activists contend that the best known autism advocacy organization—Autism Speaks, which was founded in 2005 by former CEO and Chairman of NBC Universal Bob Wright and his wife, Suzanne Wright, who have a grandson with autism—focuses excessively on finding a cure and not enough on the civil rights approach. On the other side of the scale is the Autistic Self Advocacy Network. Its slogan—“Nothing About Us Without Us”—makes clear where it stands.

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**Too often, political rhetoric is shaped not by those with autism but by others acting on our behalf.**

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ASAN talks about autism very much in the context of civil rights. (“The history of America, particularly over the last 100 years, has been a history of growing recognition of diversity and acceptance,” Ne’eman, the group’s president, told me.) And it criticizes Autism Speaks for failing to sufficiently involve those with autism. “The autistic community as a whole isn’t focused on cure, but that’s what Autism Speaks is focused on,” Bascom told me. “You can see that, in about every instance, it really boils down to: There are no autistic people in positions of leadership in Autism Speaks.”
It appears to be true that no one with autism serves on the Autism Speaks board, but the organization says those with autism have substantial involvement in its work. “Every member of the Autism Speaks board is personally affected by autism,” the group said via email. “We would welcome a person with autism on our board. We have staff members with autism in important positions and serving on our board advisory committees.” The statement also noted that many people with autism contribute to the group’s website, speak at events, and volunteer at walks: “Their voices play a significant role in shaping the priorities and mission of Autism Speaks.”

In an interview, Stuart Spielman—senior policy adviser at Autism Speaks, who has a 21-year-old son with nonverbal autism—noted the importance of science and research. “We are still working towards a fundamental understanding of the biology of autism,” he said. “And that’s very, very important if we’re going to be thinking about therapeutics.” But he also said that attention needs to be paid to the sorts of issues that would help those with autism to live fulfilling lives—that is, issues like education, employment, safety, and poverty, which tend to animate more civil-rights-oriented folks. “The challenge with autism,” he says, “is that we are really talking about so many different things and so many different kinds of individuals, and what is important to one person may be less important to another.”

Robison, who was diagnosed as being on the spectrum at age 40, has been a critic of Autism Speaks. He sat on the group’s science and treatment advisory boards, but resigned in 2013 after Suzanne Wright published an op-ed saying the United States has let families “split up, go broke and struggle” because of autism. “These families are not living,” she wrote. “They are existing.”

“That’s a tagline for fundraising,” Robison told me. “But I think that, if you’re leading an organization that represents autistic people and you say things like that, you have to recognize the powerfully corrosive effect that will have on the psyches of particularly young people who are themselves autistic.”

Another divide between Autism Speaks and ASAN has to do with applied-behavior analysis, or ABA, which is meant to teach people on the autism spectrum basic skills
—from learning how to make eye contact to things like using the restroom. “It breaks the learning down into small pieces and allows learning one piece at a time,” Karen Fessel, founder and executive director of the Autism Health Insurance Project, told me. Autism Speaks supports ABA, but Bascom and Ne’eman have their concerns about it. Says Ne’eman: “ABA tends to be more focused on trying to make autistic children look and act normal rather than improving quality of life.”

**OF COURSE**, none of these approaches are mutually exclusive. The medical model and the civil rights model can co-exist. So, too, can the notion of helping those with autism to better interact with neurotypicals, while also asking the rest of the world to do more to accommodate us.

But it’s this last idea—asking the culture as a whole to change—that may be the toughest thing to accomplish. For David Black, this would mean, in part, parents shifting their paradigm and making peace with the fact that your “16-year-old boy isn’t necessarily the child that you dreamed he would be before he was born.”

There have already been some noteworthy cultural attempts to de-stigmatize autism. In October, for instance, *Sesame Street* unveiled a new Muppet with autism named Julia. Along with the Muppet, there is also a website and app with numerous features about autism. Prior to a congressional briefing on early intervention and the new Muppet in late October, Sherrie Westin, executive vice president of global impact and philanthropy at Sesame Workshop, told me that the project was three years in the making and brought together 14 different groups focused on autism, including both ASAN and Autism Speaks. “These are groups that don’t always agree, but at *Sesame Street* we were able to convene all of these groups together because they understood this is not about cause or cure or any of the issues that may cause controversy,” she said.

Perhaps the biggest thing that people with autism can do to change the culture is to simply come out. Not only can this help to change the way neurotypical people see us, but it can help to empower a younger generation of those with autism as well. As Robison recently wrote in a blog post about autism on college campuses: “It’s time for neurodiverse faculty to come out, and stand as role models for students and
staff. Everyone knows how autism, ADHD, dyslexia and other neurodiverse conditions disable us as children. What we need to balance that are successful adults who attribute their achievements in part to neurodiversity.”

The day after Donald Trump made his idiotic comments about autism at one of the Republican debates, I wrote on Twitter that, by speaking the way he did, “you are telling us we are a malady.” A parent of a 12-year-old who is on the spectrum contacted me in a direct message and thanked me. “Knowing real examples of people w/ comparable challenges who have found the kind of career she’d be interested … in is just phenomenally reassuring,” he wrote.

**WHILE I WAS** interning at the White House, I found out I had been accepted to the University of North Carolina at Chapel Hill. When I returned to California, I learned I had received enough financial aid to attend.

I made few friends my first year at UNC and felt deeply isolated. It wasn’t until I became overwhelmed with the course load that I started setting up regular appointments with an academic coach, who was a specialist in learning disabilities, to map out my weeks and better manage the stress.

Returning to UNC for my second year, I made it a point that I would try and get involved with something. Since I was majoring in journalism, I joined the campus newspaper, *The Daily Tar Heel*. During the 2012 election, I dove headfirst into covering North Carolina politics. By the end of my first semester at the newspaper, I knew I’d found my niche. And thanks to the paper, I built camaraderie and friendships that persist to this day.

During college, I interned at *The American Prospect*, and eventually, I landed a job at *National Journal*. For the most part, my employers have been pretty accepting of certain aspects of me being on the spectrum as long as I deliver in my work. And journalism has, overall, proved to be a good fit for me. The nature of political journalism is asking powerful people questions to elicit answers and, hopefully, get them to say something they shouldn’t have said. I have found that my penchant for
bluntness and my utter inability to tolerate spin has made me more willing to be forward in demanding answers.

This isn’t to say all of my problems have been solved. I still take medicine for depression and for Tourette’s. And when I go back home to California, I see the same psychiatrist I saw for years for my prescription. I also regularly see a therapist here in Washington. In addition, I abstain from alcohol and do not drive.

**AS I WRITE** this paragraph, I am sitting in my dining room on a Sunday evening listening to Stevie Wonder’s *Songs in the Key of Life* album, occasionally taking breaks to dance by myself. The night before, I’d gone to see him perform the album live in concert with Maddy, one of my friends from college who now works in D.C.

Earlier in the day, Maddy and I had brunch with three of our other friends—one of whom is my roommate and another of whom is also on the spectrum. (From what I know, most of my friends are neurotypical, though I am friends with some people on the spectrum.) We all met working on *The Daily Tar Heel*. We talked about our work, reminisced about our college days, and our trials and errors in dating, like any other group of people. There are times when I make social hiccups or I don’t realize when someone is joking and I need clarification. But overall, I can’t help but think how fortunate I am.

I know that my life isn’t for everyone and that my version of autism isn’t universal. There are many with daily struggles that are much tougher than my own. But as I reflect on my fortune, all I hope is that society can stop thinking of autism exclusively as a disease—and start paying attention to how the actual lives of those with autism are unfolding. Those of us with autism want simply to live the most fulfilling lives we can. Some of us might welcome a cure, but some of us are more than content with who we are. And we all deserve our own pursuit of happiness.