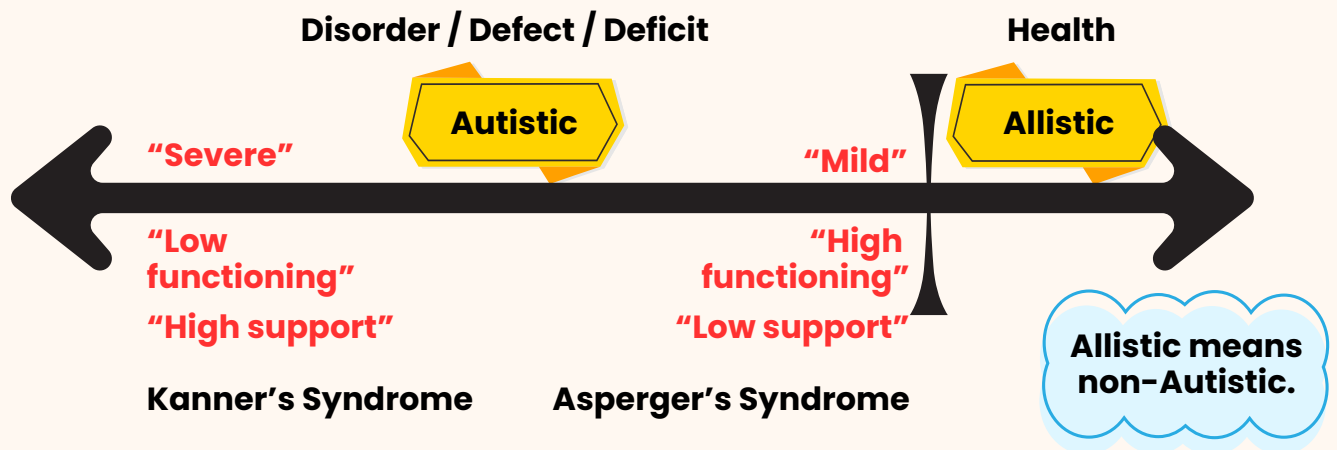


# THE PATHOLOGY MODEL VS THE NEUROTYPED MODEL

## THE PATHOLOGY MODEL

### AUTISM SEVERITY CONTINUUM



#### The pathology model of autism

In this model, allism is normal and healthy, and autism is a disease that impairs the normal functioning of allism. The more "impairment" and deviation from allism there is, the more "severe" the autism is.

#### High functioning vs low functioning

The autism severity continuum rests on the premise that the more Autistic persons can emulate allism, the more "high functioning" and the less severely Autistic they are. High or low functioning means, "how close are they to appearing allistic?"

#### Low support vs high support

This language is often used as a sanitized version of high functioning vs low functioning, or severe autism vs mild autism.

#### "On the Spectrum"

When some people say "on the Spectrum," what they mean is "somewhere on the severity continuum."

#### Kanner's vs Asperger's autism

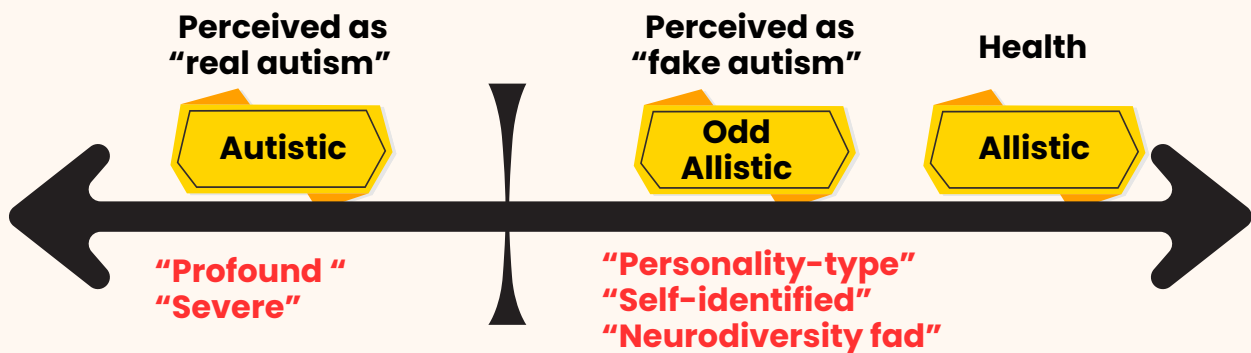
Leo Kanner first coined the term "autism" in 1943 to describe a clinical picture that was later known as Kanner's Syndrome or classic autism. In 1944, Hans Asperger described a similar clinical picture in individuals who were not as withdrawn and perceived as "odd" and "difficult" rather than impaired; this was seen as "high functioning" autism. In the early 1990's, Asperger's Syndrome was an official diagnosis in the ICD-10 and DSM-IV. The DSM-V (2013) and ICD-11 (2018) merged Kanner's Syndrome and Asperger's Syndrome into Autism Spectrum Disorder. This merging has been opposed by people who find it useful to determine how closely someone appears to being allistic and how effectively someone can function in an allistic world.

# THE PATHOLOGY MODEL

## The profound vs personality-type autism debate

Some parents and Autistic persons want to move the threshold for diagnosing Autism to be on the lower end of the severity continuum. They would like a categorical distinction between “real” autism (Kanner’s Syndrome, non-speaking, unable to self-care / mask) and “personality-type” autism (Asperger’s Syndrome, speaking, able to self-care / mask).

## REMOVING THE SEVERITY CONTINUUM TO DEFINE AUTISM AS ONLY “SEVERE” AND “PROFOUND”



## Everything is blamed on autism

“Profound” autism has other things going on, such as intellectual disability. Some people see the whole package as “autism” and cannot separate different factors.

## Range of professional opinions on what autism is

The cutoff between Autistic and “odd allistic” is not agreed upon by professionals who diagnose autism. There are many professionals who do not recognize an Autistic’s ability to camouflage and compensate in order to survive in a hostile world. It is not uncommon for Autistic individuals to be traumatized by professionals who tell them they are not Autistic enough to be diagnosed. There are even some professionals who believe that if an individual is able to mask and pass for allistic for short periods of time, they cannot possibly be Autistic.

## Treatment or cure for autism

When some people talk about treatments and cures for autism, they often mean to move someone “up” on the continuum to function more like an allistic.

***What all these mindsets have in common is this: being allistic is the benchmark for health, and severity of the Autistic illness is determined by how close you can be to operating like an allistic person would.***

# THE NEUROTYPED MODEL

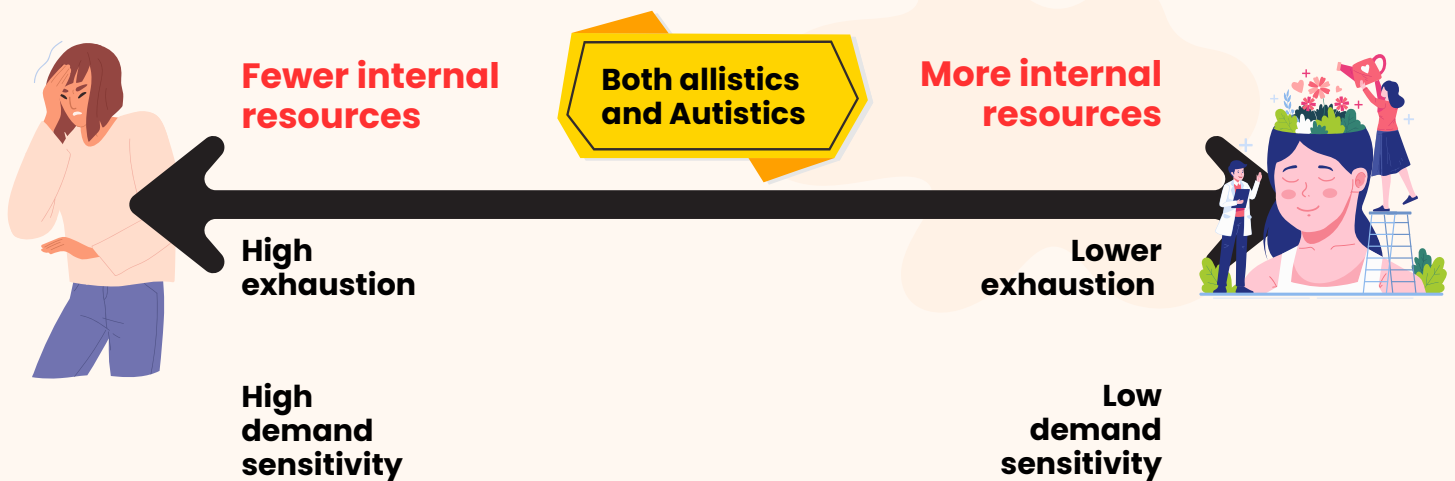
## The neurotype model of autism

This model recognizes that human brains exist with natural variations, none of which are superior or inferior. Neurodiversity is analogous to racial diversity, gender diversity, sexual orientation diversity, and cultural diversity. Neurodiversity-affirming or neuro-affirming means seeing neurotypes as differently beautiful and honoring neurotype expressions as equally valid.

## Allism is healthy. Autism is healthy.

In the neuro-affirming model, autism is one neurotype, allism is another neurotype, and they are both equally healthy. Autism does not need treatments or cures or interventions to convert it into a different neurotype.

## DEMAND SENSITIVITY CONTINUUM



## High vs low availability of resources

This model applies to both allistics and Autistics. Everyone engages more with their passions and flourishes more when they have a low level of exhaustion and more resources to interact with their interests.

## High vs lower exhaustion

Everyone has an **invisible exhaustion burden**, allistics and Autistics alike. Stress (all kinds), compassion, caregiving, processing emotions, processing solutions, exercise, illness, sleep irregularity, self-care, and toxic environments (physical, chemical, and social) all contribute to varying levels of exhaustion.

# THE NEUROTYPED MODEL

## **Demand sensitivity: no “bandwidth” to deal with demands**

The more exhausted you are, the more sensitive you are to demands from the environment, other people, and your own self-care. Exhausted, demand-sensitive people can present as not responsive, withdrawn, dysregulated, emotionally intense, aggressive, shutdown, and non-compliant. They cannot do today what they were able to do yesterday, not from lack of skill, but from lack of energy or “bandwidth.”

## **Autistic dysregulation**

When Autistics are exhausted and are sensitive to demands, they often cope differently than allistics do. For example, they try to run on empty until they collapse; pull themselves “up” with repetitive behaviors and language shortcuts; prevent future exhaustion by systematizing, organizing, preparing, and focusing on efficiency; shut-down and withdraw in what looks like depression; and seek sensory supports to regulate and recenter themselves.

## **DSM-V measures autistic dysregulation**

What is seen as autistic “symptoms” is, by and large, what Autistics can look like when their nervous systems are in a state of danger and dysregulated. This picture is not what autism looks like when it is safe, trusting, and thriving. For example, many Autistics who are averse to eye contact have no problems making eye contact with loved ones.

## **Autistic traits are adaptive for data processing**

Many autistic behaviors and traits are adapted for holding and processing large amounts of data and data streams. Repetition and comfort with sameness, for example, help to regulate and filter the amount of information being operated on.

## **Autistic people can be more sensitive to the environment**

Autistics are often more sensitive and react like canaries in the coal mine. What is toxic to Autistics may also be toxic to others, but they may react sooner and sometimes more drastically. These reactions can sometimes lead to claims of toxins “causing” autism, when they are actually “causing” a dysregulated presentation in someone who was already Autistic. Some Autistics react dramatically to the addition and subtraction of environmental factors, which may look like a “cause” or a “cure” of Autistic “symptoms.” What is important is to be able to recognize what an Autistic individual looks like when they are impacted by environmental stressors.

## **Fewer stressors and more support is good for everyone**

Anything that alleviates the invisible exhaustion burden helps increase resources and lowers demand sensitivity. Removing stressors (physical, chemical, and social) and adding supports can increase bandwidth.

## **Autistic presentation changes depending on environment**

“Profoundly” Autistic persons have been known to transform into “high functioning” Autistics with the right supports and removal of stressors. Speaking Autistics can become non-speaking and withdrawn with sufficiently stressful environments.