Journal of Neurotypical Studies

Vol. 52, Issue 0: Special Edition — "We Can't Afford Empathy"
Received: whenever you were born
Accepted: pending proof you can "function normally"
Published: immediately, in the comments

The Administrative Danger Response

A Systems-Level Model Explaining How Australia Simultaneously Ignores Neurobiological Differences, Blames People for Those Differences, and Monetises the Fallout

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Abstract

Recent biomedical frameworks (e.g., "three-hit" metabolic signaling models) propose autism-related outcomes may emerge from the interaction of genetic sensitivity, early-life triggers, and prolonged cellular stress responses that fail to resolve. In Australia, however, a parallel phenomenon persists: **the Administrative Danger Response (ADR)** — a chronic institutional state triggered by the mere existence of neurobiological diversity.

We present a satirical but clinically observable model describing how systems:
(1) deny complexity, (2) demand simplistic fixes, (3) moralise biology as laziness, (4) blame disabled people for macroeconomic events, and (5) generate revenue streams from the resulting distress.

Findings suggest ADR is self-sustaining and resistant to evidence, particularly when the evidence contains "trigger words" such as *metabolism, inflammation, disability, environment,* or *accountability.*

Keywords: autism, metabolic stress, NDIS, bureaucracy, gaslighting, pandemic blame, monetised suffering

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1. Introduction

A new model suggests autism may be better understood not as a single “cause,” but as an interaction of **genetic susceptibility**, **early environmental triggers**, and **prolonged stress signaling** that becomes chronic when recovery mechanisms stall. In normal biology, defensive responses turn on, address the threat, then turn off.

In Australia, we observed the opposite: **the system turns on, feels threatened by nuance, and never turns off.**

This paper asks a simple research question:

> If a nervous system can get stuck in “danger mode” after repeated stressors, why is it considered controversial that an entire service system might do the same?

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2. Background

The “three-hit” biological model (summarised briefly, because the system hates reading) proposes:

- **Hit 1:** Some bodies are genetically primed for higher sensitivity.
- **Hit 2:** Early triggers (infection, immune activation, pollution, metabolic stress, etc.) push cells into defense mode.
- **Hit 3:** Prolonged activation disrupts development and whole-body regulation.

This suggests something calmly radical:
What’s “fine” for one person can be toxic for another.
Not morally. Not spiritually. **Biologically.**

Australia responded with an evidence-based clinical guideline known as:

> “Yeah but have you tried a behaviour planr?”

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3. Methods

We conducted a multi-site observational study across the following environments:

1. **Policy announcements** where “support” is framed as “cost.”

2. **Media segments** where disability is framed as “rort.”
3. **Comment sections** where strangers diagnose character flaws.
4. **Service systems** where complexity is punished.

Data collection involved listening to phrases repeatedly said to people with real, measurable impairments.

Common phrases included:

- “Everyone’s a bit autistic now.”
- “Back in my day we just got on with it.”
- “It’s unsustainable.”
- “Have you tried exercise?”
- “Have you tried mindfulness?”
- “We support the *genuinely* disabled.” (always said by someone who has never met disability up close)

Ethics approval was granted by the **National Committee for Studying Disability From a Safe Distance**.

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4. Results

4.1 Identification of the Administrative Danger Response (ADR)

ADR is activated when systems encounter evidence that:

- bodies vary
- environments can be harmful
- support may need to be individualised
- prevention and research cost money
- the answer is not “just try harder”

Once triggered, ADR initiates a predictable cascade:

Phase 1: Denial of Complexity

System: “We can’t possibly account for individual variability.”
Translation: “We designed a one-size-fits-all world and would like you to stop not fitting.”

Phase 2: Prescription of Simplistic Fixes

System: “Here’s funding for behaviour strategies.”
Participant: “But it spontaneously switches on and off for months.”
System: “Okay… we need evidence… of the behaviour strategies”

This phenomenon is known as **Behavioural Looping**, where advice repeats until the person stops asking for support.

Phase 3: Moralisation of Biology

When biology persists, the system upgrades to ethics.

System: “Everyone must contribute.”
Participant: “Contribution can mean many things.”
System: “No, it means ‘employment in the exact format we already like.’”

This converts physiology into a personality defect:
sensory pain becomes “attitude,”
fatigue becomes “laziness,”
metabolic toxicity become “bad behaviour,”
and requesting accommodations becomes “entitlement.”

Phase 4: Macro-Blame Transfer

At this stage, the system experiences financial discomfort and seeks a scapegoat.

Observation: Government spending increased during a pandemic.
Conclusion: “People with disability are too expensive.”

This is the **Pandemic Guilt Substitution**, where disabled people are blamed for budget conditions they did not create, control, or vote into existence.

It is considered impolite to ask:

> “Why are we blaming autistic people for fiscal policy like they were personally in Cabinet with a credit card?”

Phase 5: Monetisation of Distress

This is the most robust finding.

When support is obstructed, a market forms around surviving obstruction:

- report-writing economies
- assessment bottlenecks
- therapy access lotteries
- “compliance consulting”
- plan management labyrinths
- endless “reviews” that look suspiciously like stalling

In ADR, suffering is not an accident. It’s a **business model with a waitlist.**

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5. Discussion

The biological model proposes chronic stress signaling can stall healing cycles. Australia has replicated this in governance:

The Five-Hit Neurotypical Systems Model (Australia Edition)

1. **Declare neurodivergence real** (briefly, for PR)
2. **Refuse to fund deep research or tailored support** (costs money)
3. **Create environments that exacerbate stress** (noise, speed, scrutiny, insecurity)
4. **Call the outcomes “non-compliance” or “laziness”**
5. **Profit from the resulting complexity** (reports, services, headlines, politics)

Notably, ADR treats evidence of sensitivity as a behavioural failure. This is scientifically elegant because it means the system is never wrong.

> If you improve, the system was right to deny support.
> If you deteriorate, you were always a burden.
> If you ask questions, you’re “triggered.”

This is what we call a **Closed-Loop Accountability Avoidance Circuit**.

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6. Policy Implications

If we accept that **what's healthy for one person can be toxic for another**, then policy must stop pretending all bodies respond equally to the same environment, diet, stress load, and workplace demands.

Instead of time-limiting people, we propose time-limiting institutions:

- a deadline to build accessible employment pathways
- a deadline to fund biomedical + environmental research without culture-war hysteria
- a deadline to reduce systemic stressors that worsen outcomes
- a deadline to stop treating support as a moral reward

This would require an unprecedented intervention: **responsibility.**
We acknowledge this is controversial.

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7. Limitations

This study is limited by the fact that **the system will read this, call it "too emotional," and then recommend breathing exercises.**

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8. Conflict of Interest Statement

The author has a known bias:
prefers evidence over vibes and **survival over slogans**.

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9. Conclusion

Autism research increasingly points to interactions between genes, environment, and prolonged stress responses. Australia's institutional behaviour suggests a parallel truth:

We are not only managing neurodivergence poorly — we are actively manufacturing chronic stress, then blaming people for reacting to it.

And if you can ignore biology, blame the individual, and sell the fix…
you don't have a disability policy problem.

You have a **business plan**.