Data Over Dignity: Evidence Hierarchies in Disability Bureaucracies

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Abstract

Neurotypical bureaucracies frequently claim to be evidence-based, neutral, and objective. This paper examines these claims and finds them… optimistic. Drawing on the emerging field of **Reverse Pathology**, we analyse how disability systems construct implicit hierarchies of evidence that privilege bureaucratically convenient data while systematically devaluing lived experience, clinical judgement, and relational knowledge. We argue that this practice constitutes a form of **epistemic injustice**, not against data, but against people — particularly disabled people and their associates — whose knowledge is deemed unreliable by virtue of who they are. The paper concludes that what is commonly described as "rigour" is more accurately understood as **administrative self-soothing**, and that neurotypical institutions display a persistent aversion to evidence they did not personally generate, format, timestamp, or emotionally detach from.

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1. Introduction

Evidence, But Make It Comfortable

Neurotypical systems love evidence.

They demand it.
They request more of it.
They reject it for being "insufficient," then ask for it again in a slightly different font.

At first glance, this appears reasonable. Evidence, after all, is how rational systems make rational decisions. However, closer observation reveals a recurring behavioural pattern: **not all evidence is created equal**, and inconvenient evidence tends to be treated as suspicious, emotional, or "anecdotal," while administratively tidy data is elevated to near-mythical status.

This paper examines a specific neurotypical ritual: the construction of **evidence hierarchies** within disability bureaucracies. These hierarchies are rarely documented, never

acknowledged, and fiercely defended. They function to answer a critical institutional question:

> “Which kinds of knowledge can we safely ignore?”

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2. The Neurotypical Evidence Pyramid

A Taxonomy of Belief

Through longitudinal observation of disability systems (often while standing in hallways, on hold, or in crisis), we have identified a recurring hierarchy of evidence.

At the top sit forms of knowledge neurotypical institutions find reassuring:

- Quantified data
- Standardised forms
- Behaviour logs
- Incident counts
- Documents produced *for* the system, *by* the system, *in* the system

These are treated as objective, despite being generated under conditions of extreme stress, limited capacity, and repeated sleep deprivation.

Lower down the hierarchy — sometimes off the hierarchy entirely — sit:

- Lived experience
- Family testimony
- Pattern recognition across time
- Clinical judgement that conflicts with policy
- Disabled people explaining their own bodies

This knowledge is often labelled:

- “Subjective”

- “Emotional”
- “Advocacy”
- “Not evidence-based”

An interesting contradiction emerges here. Neurotypical systems regularly request “context,” yet consistently discount the people who actually have it.

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3. Testimonial Injustice

Why Some People Are Automatically Less Believable

In Reverse Pathology, this phenomenon is known as **Credibility Discounting Syndrome (CDS)**.

In mainstream philosophy, it is called **testimonial injustice**: the systematic downgrading of a speaker’s credibility based not on the content of what they say, but on who they are.

Within disability bureaucracies, the following individuals are routinely assigned reduced epistemic weight:

- Disabled people
- Family members
- Carers
- Anyone who has been correct too many times

Their knowledge is treated as contaminated by proximity — too close to the problem to be trusted with understanding it.

Ironically, the same systems frequently rely on these individuals to produce the bulk of the data they later dismiss.

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4. Hermeneutical Failure

When “Behaviour” Means “We Don’t Have a Word for This”

A second pattern observed is **hermeneutical injustice** — a collective failure to interpret information because the system lacks the conceptual tools to understand it.

When distress, pain, or neurological overload does not fit existing categories, it is often relabelled as “behaviour.”

This term performs important institutional functions:

- It halts further inquiry
- It shifts responsibility away from the system
- It creates the illusion of explanation

From a Reverse Pathology perspective, “behaviour” functions less as a diagnosis and more as a **bureaucratic shrug**.

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5. Data-First, Human-Later

The Illusion of Objectivity

Neurotypical institutions frequently describe themselves as “data-driven.” This paper proposes a more accurate description: **data-preferring**.

Data is not neutral. It is produced by people, under constraints, within systems that decide in advance what is worth counting.

Requiring extensive documentation during crisis has a predictable outcome: the people least able to produce neat data are judged least credible.

This is not an accident. It is a sorting mechanism.

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6. Discussion

Evidence as a Comfort Object

From the Journal’s perspective, the core issue is not hostility, but anxiety.

Neurotypical systems appear deeply uncomfortable with:

- Uncertainty
- Fluctuation
- Bodies that do not behave predictably

- Knowledge they cannot standardise

Evidence hierarchies serve a soothing function. They allow institutions to feel rational while ignoring information that would require change.

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7. Conclusion

Data Over Dignity (A Diagnostic Summary)

This paper finds that disability bureaucracies consistently prioritise data that protects institutional stability over evidence that reflects human reality.

This is not a failure of intelligence.
It is a failure of courage.

Future research in Reverse Pathology should explore why neurotypical systems display such profound distress when asked to believe disabled people, and whether this condition is treatable, or simply structural.