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Original Article | Reverse Pathology | Weaponised Objectivity

The Label That Ate the Support System

How Neurotypical Institutions Claim to "Support Severe Autism" While Demonstrating They Don't Even Know What They're Talking About

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Respect statement and scope

This paper is written with explicit respect for people with **Super Autism**—Axel's relabel for what neurotypical institutions typically call **"severe autism."** The relabel is not cosmetic. It is a refusal to let "severe" function as a polite administrative spell meaning *"less human, therefore optional."*
Super Autism refers to autistic people with **high support needs**, often (not always) including intellectual disability and/or minimal speech, intense sensory processing differences, and high vulnerability to distress in hostile environments. The paper critiques **systems**, **research conventions**, and **neurotypical epistemology**—not autistic people.

Abstract

Neurotypical institutions routinely claim to "support severe autism" while simultaneously demonstrating conceptual and empirical incoherence: the category is inconsistently defined, treated as a behavioural nuisance, and systematically under-represented in autism research—especially where intellectual disability (ID) and minimal speech are present.

Using a reverse-pathology framework, this paper analyses the **Label–Support Paradox**: a system cannot credibly claim to support a population whose defining features it fails to describe, measure, include, or even *admit it has excluded*.

Evidence from a discursive synthesis on discrimination and trauma (Cleary et al., 2023) and a cross-sectional review and meta-analysis of selection bias in autism research (Russell et al., 2019) indicates:

(i) rapid stigma formation by neurotypical observers,

(ii) structural discrimination across healthcare, education, employment and media, and

(iii) pervasive research exclusion of autistic people with ID/minimal speech, accompanied by poor reporting and routine over-generalisation.

The paper proposes **Label Competence** as a prerequisite for ethical support, and offers concrete publication and service-design standards: transparent reporting of ID/communication profiles; mandatory generalisability warnings; and “human-first interface design” that treats distress as data, not misconduct.

Keywords: severe autism, profound autism, intellectual disability, minimally verbal, discrimination, administrative epistemology, selection bias, reverse pathology, epistemic injustice

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1. Introduction: The neurotypical claim

Neurotypical systems frequently assert: “We support severe autism.”
This paper asks the impolite academic question:

> **How can a system purport to support Super Autism when it understands it so poorly it cannot even label it coherently—let alone research it, design for it, or treat it as fully human?**

This is not semantic nitpicking. Labels are the routing codes that determine:

- who gets resources,
- who gets excluded,
- who gets restrained,
- who gets studied,
- and who gets described as “complex” as a polite substitute for “unwelcome.”

A label is either a tool for understanding and justice—or a bureaucratic euphemism for avoidance.

And the evidence suggests neurotypical institutions often choose avoidance, then call it “care.”

Cleary et al. describe discrimination as a driver of masking, isolation, exclusion, trauma and mental health harms for autistic people across health, education, employment and media contexts.
Russell et al. demonstrate that autism research frequently excludes autistic people with

intellectual disability—meaning the research base used to justify “support” is often built on the subgroup easiest to recruit, easiest to test, and easiest to misunderstand as “the whole spectrum.”

This produces a predictable result:

> **The more support a person needs, the less likely the system is to have studied them properly.**
> (Then it confidently designs policies anyway. Which is a fascinating approach to ethics.)

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2. Defining “Super Autism” and the Label–Support Paradox

2.1 Super Autism as a corrective relabel

“Super Autism” is Axel’s relabel for “severe autism.” The rationale is not to romanticise suffering or split the community; it is to stop the institutional use of “severe” as a moral downgrade. A system that reflexively hears “severe” and thinks “less person” is not describing severity—it is describing its own values.

2.2 The Label–Support Paradox

Label–Support Paradox (LSP):
A system claims to support Super Autism while simultaneously:

1. failing to define the category in measurable, consistent terms,
2. excluding the group from the research used to justify service design, and
3. treating distress behaviours as the problem rather than environmental mismatch.

Russell et al. provide the methodological skeleton for (2): global estimates suggest ~50% of autistic people have ID, yet their meta-analysis of 2016 autism-journal research estimated **94%** of autistic participants in included studies **did not have ID**, and only **2%** were non- or minimally verbal (based on the subset reporting those data).
If your evidence base under-includes the highest-support group, your label is not a description of reality; it becomes a **policy hallucination**.

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3. Methods: Reverse Pathology as a research stance

This is a conceptual and documentary analysis grounded in two empirical anchors:

1. **Discrimination → harm pathways** in autism (Cleary et al., 2023).
2. **Selection bias → epistemic distortion** in autism research (Russell et al., 2019).

3.1 Analytic procedure

We coded the two sources for:

- **Label mechanics:** how categories are created, narrowed, or avoided.
- **Personhood thresholds:** how quickly neurotypicals classify autistic people as "different" and the consequences.
- **Inclusion integrity:** whether high-support autistic people are present in the evidence base.
- **Generalisability honesty:** whether studies admit limitations and whether later citations respect them.
- **System accountability:** where harms are treated as side effects rather than outcomes.

Reverse Pathology principle: if autistic people have been clinically examined for a century, neurotypical systems can survive a peer-reviewed mirror.

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4. Results I: Neurotypical systems form stigma quickly, then build policy on it

4.1 "Thin-slice" dehumanisation as the first gate

Cleary et al. report evidence that negative attitudes toward autistic people are "quick and widespread," with neurotypical people taking **as little as 10 seconds** of exposure to autistic social behaviour to decide a person is "different."

This matters for Super Autism because the social signals may be:

- less conventional,
- more sensory-protective,
- more distress-reactive,
- less "performatively reassuring."

The neurotypical system interprets this not as *difference* but as *deficit of personhood*.

Reverse Pathology inference:
If personhood is granted based on neurotypical comfort in the first ten seconds, then "support" is simply the aftercare service for a failed audition.

4.2 Discrimination is not rare; it is a structural feature

Cleary et al. describe discrimination across healthcare, education, employment and media settings, including refusal of placements, biased recruitment practices, workplace bullying (including weaponising sensory triggers), and harmful media depictions.

In healthcare settings specifically, they describe discrimination ranging from negative assumptions to refusal of service, with consequences including service avoidance; they also note evidence linking discrimination/inequalities to earlier death and cite an estimate that autistic people die on average **12 years earlier** than the general population.

If a system's "support" model produces service avoidance and earlier death signals, it does not have a support model. It has an **institutional stress test**.

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5. Results II: Autism research often excludes Super Autism, then speaks for it anyway

5.1 Selection bias against ID: the evidence base is not about "the spectrum"

Russell et al. reviewed all original research published in 2016 in autism-specific journals with impact factor >3. Their meta-analysis estimated **94%** of autistic participants in studies that reported relevant data did not have intellectual disability (No ID), and **8 out of 10** studies demonstrated selection bias against participants with ID.

This is not a niche failure in one subfield. Russell et al. reported bias across all examined sub-fields, including interventions, biology, psychology, social research, diagnostics, and epidemiology.

Translation: the evidence base frequently studies autism that neurotypical researchers can conveniently access—then labels it "autism," full stop.

5.2 Reporting failures: the disappearing act is often undocumented

Russell et al. found that information about participants' intellectual ability was **absent in 38%** of studies. Where selection bias existed, only **31%** mentioned lack of generalisability as a limitation.

In other words, even when the sample is not representative, the paper often still speaks like it is.

This is how epistemic injustice is manufactured:

- exclude the people most affected,
- under-report the exclusion,
- generalise anyway,
- then cite the generalisation until it becomes "fact."

5.3 Citation laundering: "facts" travel faster than methods

Russell et al. conducted forward citation chasing and found **91%** of later publications cited results as if they applied to autism generally—even when original studies had **no participants with ID**.

This is not merely sloppy scholarship. It is a replication of neurotypical social behaviour at scale:

- "I saw a thin slice,"
- "I decided what it means,"
- "I told everyone,"
- "Now it's true."

5.4 Category drift: research bias reshapes what autism "is"

Russell et al. explicitly discuss how research biases can "shift the boundaries" of diagnostic categories through feedback into what is understood as autism ("looping"). If research increasingly focuses on non-ID individuals, autism becomes increasingly associated with that subgroup in the evidence base and therefore in practice.

This is the key bridge to the user's question:

> A system cannot label Super Autism correctly because the research ecosystem has helped **redefine "autism" away from it**.

And then the system wonders why it "doesn't understand" high-support autism.
It's because it keeps publishing work that politely declines to meet it.

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6. Discussion: Why mislabelling is not an accident but an institutional strategy

6.1 The neurotypical misunderstanding is not intellectual; it is motivational

Neurotypical systems often struggle with Super Autism not because it is inherently unknowable, but because it is:

- resource-demanding,
- ethically confronting,
- and unmoved by PR.

Super Autism frequently involves high sensitivity to environmental mismatch. This can look like "behaviour" to a system that refuses to consider the environment as causal. The person becomes the problem because systems protect themselves before they protect people.

Cleary et al. describe how discrimination can drive masking and trauma, and how practitioners need improved understanding of lived experience and trauma-informed care

adapted to autistic needs.
Yet the system often responds to distress with containment rather than redesign—because redesign requires admitting fault.

6.2 Label failure as a moral sorting tool

In practice, “severe autism” is often used as a catch-all for:

- “we don’t know how to communicate with you,”
- “our service model can’t accommodate you,”
- “your distress makes us anxious,”
- “we anticipate complaints if we fail you, so we’ll pre-emptively call you complex.”

The label becomes a way to legitimise exclusion while sounding scientific.

Reverse Pathology finding:
Neurotypical institutions use labels the way some people use umbrellas: not to stop the storm, but to pretend it isn’t raining.

6.3 The evidence base cannot support what it rarely includes

Russell et al. outline barriers and solutions: inclusion of people with ID requires longer recruitment, flexible scheduling, measure adaptation, careful gatekeeper work, and resourcing—i.e., doing the job properly.

When research and services do not invest in inclusion, they do not acquire understanding. When they do not acquire understanding, they cannot label competently. And when they cannot label competently, they cannot support ethically.

This is the simplest causal chain in the paper:

> **Exclusion → ignorance → mislabelling → harmful support → more exclusion.**

A perfect neurotypical circle.

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7. A proposed framework: Label Competence as the minimum standard for “support”

7.1 Label Competence (LC)

A system demonstrates **Label Competence** when it can:

1. define the category in observable terms (not vibes),
2. measure and report inclusion (who is in/out),
3. design supports based on evidence that includes the highest-need group,

4. treat distress as information about mismatch, not moral failure.

7.2 The Support Claim Test (SCT)

If an institution says “we support severe autism,” it must answer *yes* to the following:

- **SCT-1: Inclusion honesty**
  Do your studies/services report ID status and communication profiles (including minimal speech) as standard?
  (If not, you don’t have a “spectrum” evidence base; you have a convenience sample.)
- **SCT-2: Generalisability integrity**
  Do your outputs clearly state when findings apply only to No-ID / verbally fluent subgroups, including in titles/abstracts where appropriate?
  (Russell et al. recommend precisely this.)
- **SCT-3: Environmental causality**
  Do you treat distress and shutdown as signals of environmental mismatch, sensory load, communication barriers, and trauma exposure—rather than “behaviour problems”?
  (Cleary et al. tie discrimination contexts to trauma outcomes; this is not optional knowledge.)
- **SCT-4: Time-to-stigma control**
  Do your staff understand that neurotypicals make snap judgments quickly, and are trained to suspend that reflex?
  (“As little as 10 seconds” is not a cute fact; it’s an operational risk.)
- **SCT-5: Harm accounting**
  Do you measure and treat service avoidance, trauma impacts, and health inequities as system outcomes?
  (Cleary et al. document discrimination → avoidance → health harm pathways.)

If the answer is “no,” the institution does not “support” Super Autism. It processes it.

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8. Recommendations: What the Journal will now expect (and what services should copy if they’re serious)

8.1 For researchers and journals: stop publishing category fraud

Based directly on Russell et al.’s findings, the following should be mandatory standards for any paper claiming relevance to “autism” broadly:

1. **Report ID status and communication profile** (including minimal/non-speech) in Methods and Abstract.
2. **State subgroup limits in the title/abstract** if the sample is predominantly No-ID (recommended by Russell et al.).
3. **Require a “Generalisability Warning” box** when Super Autism/high-support participants are absent.

4. **Citations must respect sampling limits**: if you cite a No-ID study as representing "autism," you must justify why, or stop doing it.

8.2 For services: design interfaces, not punishments

Cleary et al. emphasise the need to understand lived experience, embed inclusive practices, build supports, and provide trauma-informed care adapted for autistic people.
Therefore services that claim to support Super Autism must:

- build communication access as default, not exception,
- design sensory-safe environments,
- treat distress as data,
- and stop using "complex" as a euphemism for "we didn't design this for you."

8.3 For policy: funding must follow inclusion, not optics

If research funders want "evidence-based policy," then they must fund evidence that includes high-support autistic people—because otherwise "evidence-based" becomes "autism-as-conveniently-measured."

Russell et al. explicitly note inclusion requires additional time, effort, and funding, and point to practical strategies for inclusive recruitment.
Meaning: if your funding model doesn't pay for inclusion, your ignorance is not tragic—it is purchased.

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9. Conclusion: If you can't label it, you can't support it

Neurotypical systems currently attempt to "support severe autism" while:

- rapidly stigmatising autistic difference,
- tolerating discrimination across major life domains,
- excluding high-support autistic people from the research base,
- under-reporting that exclusion, and
- generalising anyway.

Under these conditions, label confusion is not a harmless terminological wobble. It is the visible symptom of a deeper failure:

> **The system cannot describe Super Autism clearly because it has not committed to knowing it.**

And that is why Super Autism remains "too complex" for services that were designed for neurotypical comfort, not autistic life.

Reverse Pathology closing line (peer-reviewed by thunderous silence)

If a system says it “supports” a group, but can’t even label them without erasing them, the system is not providing support.

References (core empirical anchors)

- Cleary, M., West, S., Kornhaber, R., & Hungerford, C. (2023). *Autism, Discrimination and Masking: Disrupting a Recipe for Trauma.*
- Russell, G., Mandy, W., Elliott, D., White, R., Pittwood, T., & Ford, T. (2019). *Selection bias on intellectual ability in autism research: a cross-sectional review and meta-analysis.*