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****The Etiology of Neurotypicality:**

A Multidisciplinary, Low-Expectations Inquiry Into the Leading Cause of Being Born Neurotypical**

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Abstract

Neurotypicality is a highly prevalent but poorly understood condition characterised by linear thinking, form-filling behaviours, inconsistent empathy distribution, and high susceptibility to bureaucratic logic. Although widely assumed to be “normal,” the underlying cause of neurotypical birth remains scientifically underexplored.

This study presents the first formal investigation into **the leading cause of being born neurotypical**. Findings reveal a strong hereditary component, typically involving the unplanned reproductive activities of two neurotypical adults engaging in behaviour without fully understanding the potential societal impact. Secondary environmental factors include exposure to normative expectations, routine-based culture, and beige decision-making environments.

This paper proposes a provisional causal model and identifies urgent research priorities.

1. Introduction

Despite its high prevalence, neurotypicality's origins remain poorly defined. Existing literature focuses disproportionately on neurodivergent conditions, leaving neurotypical etiology largely unexamined. This research gap has hindered development of supports, management strategies, and—most critically—preventative policy.

The present study responds to this deficit by identifying the primary causal pathway of neurotypical birth and its broader social implications.

2. Methods

2.1 Study Design

Cross-sectional analysis using:

- observational data from lived exposure to neurotypical behaviour
- environmental sampling across workplaces, policy forums, and the NDIA
- behavioural pattern analysis drawn from standardised templates, emails, and decision letters

2.2 Variables

- **Parental Neurotypicality Index (PNI)**
- **Environmental Blandness Score (EBS)**
- **Form-Filling Proficiency (FFP)**
- **Empathy Distribution Variance (EDV)**

2.3 Outcome Measure

Presence of full-spectrum neurotypicality at birth.

3. Results

3.1 Hereditary Causation

Data from 1,204 accidental observations indicate:

- **87%** likelihood of neurotypical birth when **two neurotypical adults** reproduce
- **12%** when one parent is neurotypical
- **1%** in spontaneous community exposure scenarios

This identifies **unexamined parental neurotypicality** as the leading cause.

Figure 1. Probability of Neurotypical Offspring by Parental Neurotype

None

Parent Pair Type

Probability

NT + NT



87%

NT + ND



12%

ND + ND



1%

3.2 Environmental Transmission

High EBS (beige environments, rigid schedules, mandatory meetings, policy portals) significantly increases expression of neurotypical traits.

Figure 2. Environmental Blandness Score & Neurotypical Expression

None

Blandness Level →

Low

Medium

High

NT Expression →



3.3 Behavioural Indicators

Neurotypicality strongly correlated with:

- excessive confidence in routines
- strict adherence to policies even when harmful
- high tolerance for paperwork
- difficulty recognising distress unless expressed verbally
- inexplicable comfort with waiting rooms

Additionally, neurotypicals displayed **selective empathy clustering**, preferring dogs, pot plants, and fictional TV characters over disabled or elderly humans.

4. Discussion

Findings suggest neurotypicality is:

1. **Primarily hereditary**, resulting from two neurotypical individuals reproducing without foreseeing the administrative consequences.
2. **Environmentally reinforced** through exposure to normative culture and poor lighting.
3. **Behaviourally distinct**, particularly in its reliance on literal communication, linear reasoning, and ritualised schedule adherence.

The condition is lifelong, but may be mitigated by controlled exposure to disabled people, creativity, and mild chaos.

5. Conclusion

The leading cause of being born neurotypical is **two neurotypical parents reproducing under the mistaken belief they are producing a “normal” child**, without understanding they are perpetuating a phenotype highly vulnerable to:

- bureaucratic contagion
- diagnostic overshadowing of others
- inflexible thinking
- repeated participation in committees

This study provides a foundation for future intervention strategies, including empathy diversification, variance training, and reducing exposure to beige office environments.
