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If Enjoyment Invalidates Therapeutic Benefit, Then Playgrounds Must Be Banned:

A Cross-Population Analysis of NDIA Logic in the Wild.

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Abstract

The NDIA recently argued that a therapy's effectiveness is negated if a child "enjoys it," leading to the rejection of art therapy, music therapy, and registered nursing supports for a medically complex child (Saturday Paper, 2025).

This study investigates the broader implications of applying this logic to the general population of children.

Findings indicate that, if implemented consistently, NDIA logic would require:

- removal of playgrounds
- elimination of recess
- banning of birthday parties
- restriction of food children prefer
- cancellation of sports, pets, music, stories, school camps, laughing, and joy in general

The study concludes that **enjoyment is not, in fact, a diagnostic indicator of non-therapeutic value**, and that the NDIA may be suffering from a rare cognitive disorder known as **Therapeutic Fun Aversion Syndrome (TFAS)**.

Introduction

The NDIA's reasoning that enjoyment voids therapeutic benefit presents an unprecedented reversal of all known human development theory.

Traditionally, interventions that children find engaging are associated with:

- improved learning
- better neurological integration
- emotional regulation
- strengthened communication
- reduced behavioural dysregulation

However, under NDIA Logic (2025), enjoyment becomes a pathology.

This study models what would occur if such thinking were applied universally.

Methods

A hypothetical implementation of NDIA Logic was tested across a large, general population of children aged 5–12.

Variables assessed include:

- JDF: Joy-Derived Functionality
- TPS: Therapy Pleasure Suspicion
- RCE: Recess Cancellation Effects
- PSD: Playground Shutdown Distress
- EGI: Enjoyment-Generated Improvement

Data was analysed using Axel's patented **Common Sense Algorithm**, which the NDIA has not yet agreed to trial.

Results

1. Enjoyment → Therapy Cancellation

Under NDIA Logic, the following must be discontinued:

- playgrounds (too enjoyable → must impede development)
- art class (children smile → concerning)
- music (children hum afterwards → clearly not therapy)
- sports (endorphins detected → remove immediately)
- gross motor play (children like it → scrap)
- any activity that results in laughter (contraindicated)

Figure 1. NDIA Logic Applied to Normal Children

Activity	Enjoyment Score	NDIA Suitability
Playground		0/10 (Too fun)
Music		0/10 (Suspicious)
Art		0/10 (Therapy revoked)
Recess		-5/10 (Actively harmful)
Maths		Approved (child dislikes it)
Broccoli		Highly therapeutic

2. Delegated Care Model → Universal Harm

The NDIA proposed replacing daily RN coverage with “high-intensity support workers” in a medically complex scenario.

Applying this nationally, children with:

- asthma
- diabetes
- epilepsy
- severe allergies
- heart conditions

...would have their healthcare delegated to the nearest adult who “seems confident.”

Projected outcome: **collapse of paediatric survival rates.**

3. The Psychological Effect of Removing Enjoyable Supports

Removing all enjoyable therapeutic activities leads to:

- increased behavioural escalation
- reduced engagement
- stagnation in development
- decreased communication
- increased reliance on restrictive measures

But according to NDIA Logic, this is fine because:

“If she enjoys it, it cannot be therapeutic.”
(Saturday Paper, 2025)

This represents a foundational misunderstanding of disability, child development, learning theory, medicine, and the human condition.

Discussion

The NDIA's position demonstrates a systemic cognitive distortion:

Therapeutic Fun Aversion Syndrome (TFAS).

Symptoms include:

- intense suspicion of any intervention that elicits joy
- misidentification of pleasure as pathology
- inability to distinguish therapy from punishment
- belief that suffering = progress
- chronic budget-induced hallucinations

The delegation of medical care to non-medical workers was also assessed.

Result:

Not medically safe in any population, including neurotypical children, let alone medically complex disabled ones.

Conclusion

Applying NDIA Logic universally produces absurd, harmful, and scientifically indefensible outcomes.

The study finds:

- enjoyment **often signals therapeutic engagement**, not the absence of it
- art and music therapy remain evidence-based
- medical tasks require medical professionals
- children's wellbeing should not be determined by who frowns the most

The NDIA's reasoning does not withstand developmental science, clinical evidence, or common sense.

Further research is needed into why the NDIA continues applying experimental logic to disabled children while sparing non disabled ones.