



# Neurodiversity, identity, and hypostatic abstraction

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## Abstract

The Neurodiversity (ND) movement demands that some psychiatric categories be de-pathologized. It has faced much criticism, leading some to despair whether it can ever be brought together with psychiatry. In this paper, we argue for a particular understanding of this central demand of the ND movement. We argue that the demand for de-pathologizing is the rejection of (paradigmatically) autism as a *hypostatic abstraction*; the ND movement is committed, first and foremost, to the reconceptualization of autism not as something one *has*, but as something one *is*. We distinguish between two senses of autistic identity—one pre-reflective, and one social and political—operative in this reconceptualization. This understanding of the ND movement is centrally about a rethinking of the *relation* between a subject and a psychiatric label. It is not about reconceptualizing psychiatric categories in terms of advantageous variations, as we believe critics fear. Our understanding of what the ND movement is asking for has the noteworthy consequence that many of the most influential criticisms of the ND movement are missing the mark and worries about the impossibility of reconciling the movement with psychiatry are unwarranted.

**Keywords** Neurodiversity · Psychiatric categories · Theories of psychiatry · Biomedical model · Hypostatic abstraction · Anti-psychiatry

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## 1 Introduction

Activists in the neurodiversity (ND) movement make a central demand: that certain categories—e.g., autism, ADHD, dyspraxia, Tourette syndrome, etc.—be de-pathologized. They think that instead of being considered disorders, such categories should be considered neurodivergences, and in some cases social identities. (In this paper, we focus on autism.) Ultimately, this demand is political. It is meant to be, or perhaps to support, a call for recognition, inclusion, and de-stigmatization. But what does this call to ‘de-pathologize’ *mean* when uttered by members of the ND movement? Most criticisms of the ND movement have expressed worries about these calls for inclusivity and recognition. In this paper, we argue that the best understanding of the core ND demand involves reconceptualizing neurodivergence as identity-making, rejecting what we call the *hypostatic abstraction principle* (HAP). Understanding the movement in this way reveals major criticisms of the movement to be founded on misapprehensions.

HAP says psychiatric diagnoses identify entities which are separable from their subjects, and which ought to be the goal of psychiatry to eliminate. HAP makes use of the notion of a hypostatic abstraction, a notion also put to use by Rashed (2020), and which is originally owed to C. S. Peirce. We begin by explicating this notion and making the case that the ND movement is best understood as rejecting HAP.

We claim that the central ND commitment is to an understanding of certain psychiatric categories as identity-making and self-constitutive. In other words, what underlies the rejection of psychiatric diagnoses as hypostatic abstractions, for ND activists, is simply the claim that being autistic is part of what one *is* in such a way that it *cannot* or *should not* be separated from one. Hence, the reasoning goes, HAP should be rejected. Importantly, rejecting HAP does not amount to rejecting the reality of psychiatric conditions or the usefulness of psychiatric labels altogether. Rather, it involves challenging the specific idea that such conditions are best conceptualized as separable entities, distinct from the lived realities of the people who embody them.

One consequence of understanding the ND movement in the way we suggest is that influential critics of it seem to be missing their target. Critics often misinterpret the ND movement as being committed to particular claims about the empirical or metaphysical nature of certain psychiatric categories. This can seem an intuitive way of reading the movement, in part, because of the intellectual context provided by anti-psychiatry, a shadow from which much discussion of controversial psychiatric categories has never fully emerged. In the following discussion we draw connections between the legacy of anti-psychiatry and hypostatic abstraction, especially during our exposition of that key latter notion.

We argue that the intent of ND activists is not to argue for the adoption of an empirical or metaphysical conceptualization of psychiatric categories that necessarily differs from that used and advocated for by the psychiatric establishment, but to rethink the *relationships* which obtain between people and these categories. Critics have either not fully appreciated this fact or are implicitly committed to HAP themselves. Given that ND activists appear to be putting pressure directly on HAP, recognizing that this is at the core of the discussion is necessary for the discussion to advance productively.

## 2 The core demand of the ND movement

### 2.1 The hypostatic abstraction principle (HAP)

Our proposal is that the central demand of the ND movement is best understood in terms we borrow from Rashed (2020). Rashed, in turn, makes use of a notion first formulated by Peirce, viz., that of *hypostatic abstraction*. Because this notion is key to our discussion, it is worth discussing it in some detail here.

As J. Jay Zeman (1981) points out, Peirce was keen to distinguish two kinds of abstraction. Zeman provides the following reference from a 1904 letter (213):

*There are two entirely different things that are often confused from no cause that I can see except that the words abstract and abstraction are applied to both. One is ἀφαίρεσις leaving something out of account in order to attend to something else. That is precise abstraction. The other consists in making a subject out of a predicate. Instead of saying, Opium puts people to sleep, you say it has dormitive virtue. This is an important proceeding in mathematics. For example, take all “symbolic” methods, in which operations are operated upon. This may be called subjectal abstractions.*

As Zeman notes, “Peirce also (and more frequently) calls that [latter, “subjectal”] process ‘hypostatic abstraction.’” (Ibid.) Bracketing complications brought in by the peculiarities of Peirce’s logic, hypostatic abstraction in general can be understood as a mathematical operation on a propositional formula that increases the arity of the main predicate by 1 and translates the abstracted former predicate term into one of the new argument positions. Thus, before hypostatic abstraction, the one-place predicate  $P$  could be said to hold of an individual  $a$ ; after abstraction some two-place relation  $R$  is said to hold between an entity,  $p$ -ness, and  $a$ :  $R(p, a)$ . Before abstraction: Janie is tall. After abstraction: tallness is a thing Janie stands in some relation (say, the relation of having) *to*. Hypostatic abstraction is the process by which, in this case, tallness is, we might say, reified, reframed as distinct entity in its own right.<sup>1</sup>

Hypostatic abstraction is key to Peirce’s understanding of mathematics. It is not difficult to see why this is. For instance, it is thinking not just that a curve has the property of being sloped to some degree, but thinking that the slope itself can be formalized as a kind of mathematical subject in its own right that allows it to be investigated mathematically and revealed to have interesting properties of its own, some of which, in turn, may be subject to hypostatic abstraction themselves (as when the first derivative of a line is seen to itself have a slope and we get the original curve’s second derivative.)

Rashed’s focus is Mad activism. How does this relate to Peirce’s notion of hypostatic abstraction? Mad activism is a set of movements which, among other things, reject the medicalization of madness. Rashed thinks that for psychiatry to meet the

<sup>1</sup> There are contexts, of course, where such reification is plainly fallacious. The unrestricted use of hypostatic abstraction may or may not fare well against the sort of ontological austerity which is the hallmark of much analytic metaphysics. But we set that issue aside.

demands of Mad activists, it needs to abandon what he calls, fittingly, ‘the hypostatic abstraction’ (Rashed, 2020), which for him is the conception of the object of medical intervention as a *thing*, separate from its subject, which should be identified, treated, and, if possible, removed. Evidently, Rashed’s claim that psychiatry can only meet the demands of Mad activism by rejecting the hypostatic abstraction involves thinking that Mad activists *want* it abandoned. We argue that the same should be said about the ND movement.

Rashed’s use of the notion of a hypostatic abstraction clearly imports much that is not present in Peirce. Rashed is talking about a (perhaps often unacknowledged) theoretical framework; Peirce is talking about something of a fundamental logical or cognitive operation; for Peirce, hypostatic abstraction is domain-general and plays a special role in mathematics, whereas Rashed is focused on how it operates in medicine. Rashed is also focused, in the first instance, on a certain product of hypostatic abstraction, not the process.

Perhaps most importantly, Rashed understands medicine’s commitment to hypostatic abstraction as involving a normative component: not only is it that the objects of medical intervention are entities separable from their subjects, they *ought to be separated from their subjects*.

Consider, then, the following formulation of what Rashed takes to regulate medicalized psychiatry:

**The Hypostatic Abstraction Principle (HAP):** Psychiatric categories are hypostatic abstractions, i.e., they pick out things which are separable from those persons who are their subjects and which it is the goal of medicine to separate from those subjects.

According to Rashed, Mad activism is committed to a denial of HAP for a large range of psychiatric categories. For instance, Mad activists prefer to say that someone is schizophrenic, rather than *having* schizophrenia. Because HAP has one component which concerns how psychiatric categories should be conceived and another which concerns how they should be treated, one could deny HAP by denying either. Taking our cue from Rashed, we think that Mad activists are best understood as rejecting HAP by denying both. We also think ND activists should be understood in the same way.

We should say a little more about what we mean by the ‘regulation’ of medicalized psychiatry by HAP. Such regulation need not involve the explicit cognitive endorsement of HAP by individual psychiatrists. As we will see below, many of the critics of the ND movement we discuss seem to be logically committed to the truth of HAP by the very structure of their criticisms, but the mere fact that HAP is operative in determining the shape of psychiatric practice does not require (though it is of course consistent with) any particular explicit cognitive attitudes towards HAP on the part of its practitioners. Indeed, we take Rashed to be *excavating* HAP, such that it may well be surprising to many in the psychiatric community. What the regulation of psychia-

try requires is simply that psychiatrists engage in hypostatic abstraction as a way of achieving what they take to be their professional aims.<sup>2</sup>

What sense of ‘separability’ is invoked by HAP? It is clear enough that in this context, the relevant separability, which must be something that could actually be achieved by medical intervention, at least in principle, and which would generally be medically desirable to actualize, is cure by elimination. Of course, there are many medical contexts where cure is not a realistic goal, but insofar as treatment of some kind *is* practicable and cure is the limit case of treatment, cure is in a derivative sense still desirable.

Mad activists deny both components of HAP. They argue that a different relation obtains between Mad people and their psychiatric diagnoses than that presupposed by HAP. According to them, such diagnoses correspond to features of such persons’ *identities*. We think it is the rejection of HAP that also underlies the central ND demand for de-pathologization and we think that it works the same way: ND activists are arguing that autism is not separable from them, i.e., that it is, to some ineliminable degree, a component of their identities. This suggests that autism is not merely a set of impairments to be treated or eliminated, but a fundamental part of how autistic people experience the world, engage with others, and construct their sense of self.

## 2.2 Two senses of autistic identity

What is the relevant sense of identity which is doing all of the heavy lifting against HAP for Mad activism and the ND movement? Consider the following passage from Sinclair, who first articulated that idea for autism in an essay based on a presentation given at the 1993 International Conference on Autism in Toronto:

*Autism isn’t something a person has, or a ‘shell’ that a person is trapped inside. There’s no normal child hidden behind the autism. Autism is a way of being. It is pervasive; it colours every existence. It is not possible to separate the autism from the person – and if it were possible, the person you’d have left would not be the same person you started with. (Sinclair, 1993).*

Several decades later, we see the following: “Autism is also celebrated as an inseparable aspect of identity (Kapp et al., 2013; Bumiller, 2008), demanding ‘recognition and acceptance’ (Jaarsma & Welin, 2012)” (Rosqvits et al. 2020, p.6). Another prominent example:

*[A]utism is not best thought of as a condition that alters a preexisting person, but rather as a different ‘way of being’. Hence, in contrast to speaking of ‘people with autism’ or ‘people with schizophrenia’, neurodiversity paradigm proponents talk of ‘autistic people’ or ‘schizophrenic people’. This framework allows for categories such as ‘autism’, ‘schizophrenia’ and so on, for which no biological essence has been found (despite decades of searching), to be under-*

<sup>2</sup> We would like to thank an anonymous reviewer for raising the importance of distinction between endorsing a principle such as HAP and merely engaging in hypostatic abstraction.

*stood as minorities in the way that ethnic minorities are considered meaningful (i.e., despite not being real in a biological sense). That is, they share a similar way of being, which is meaningful due to complex historical circumstances. It also opens the room for talking about, say, autism, as a political identity, with its own culture and shared vocabulary.* (Chapman, 2019, p.375).

Two different threads are apparent from these passages. First, we find the idea that, for autistic people, autism is part of what we might call the basic pre-reflective structure of experience. It is not an alteration to a more basic non-autistic way of experiencing the world (which is not to say it is *incomparable* with non-autistic experience.) And such a structure is ‘pervasive’ in the sense that it is basic, it ‘colours every existence’ by structuring fundamental features of one’s lived experience rather than being something one adopts voluntarily or by way of commitment or valuation. Such a pre-reflective structuring is akin to the Husserlian notion of “pre-reflective self-awareness” that Zahavi describes as a

*pervasive self-awareness, which by no means is to be understood as a particular intentional act but as a dimension of basic self-manifestation that precedes and founds reflection”* (Zahavi, 1999, p.62).

Understanding autism to play such a role determining the basic pre-reflective structure of experience contrasts with thinking of autism, in the first instance, as an experiential or intentional object. One does not, in this mode, direct one’s mind *at* one’s autism. Rather, it is a foundational aspect of experience and as such constitutes a fundamental aspect of the self, an aspect through which, in the first instance, other things show up for one and are conceived. In part, this structuring is properly thought to involve basic modes of embodiment, as emphasized by Boldsen who, in her phenomenological account of autism subjectivity, emphasizes how autism affects the pre-reflective, embodied aspects of experience. She argues that autistic people often experience the world differently at a fundamental, bodily level, which shapes their interactions and perceptions before any conscious reflection (Boldsen, 2018).

Such pre-reflective structuring of experience can be leveraged into a social or political identity through group identification. Autism, of course, is a social category, and in the sense of social identification, there would be nothing to identify *with* if this were not the case<sup>3</sup>. However, because self-identifying as autistic is intended to signify something pre-social—something that autistic people share by virtue of having a different pre-reflectively structured experience than non-autistics—it would be misleading to say that autism, as an identity, is *merely* a social identity.

This is in part because social identities are, at least to a certain extent, a matter of how one is identified by others. The kind of identity we think is relevant to ND activists concerns, at least in the first instance, one’s self-understanding, one’s way of picking out and identifying *oneself*. Yet, even this is potentially misleading. While

<sup>3</sup> The ND movement also explicitly recognizes it *as* political as it takes it “to indicate a marginalized minority rather than a medical condition, making it more in line with political identities such as ‘trans’ or ‘gay’ than something that we should attempt to treat or cure” (Chapman, 2020, p.800).

social and political identification involves an identificatory *act*, the basic pre-reflective structuring of experience need not. That is, unlike social identification, the pre-reflective structuring of experience need not be constituted by the performance of any reflective acts of judgment in which some social property is predicated of the self.

We should carefully distinguish, then, the pre-reflective structuring of experience that is found in autism from social or political identification as one whose experience is so structured. The former is an identity in the sense that it is essential to who one is; the latter is an identity in the sense of being a social identity that one reflexively applies and through which one's place in the social world is (partially) assigned. As with all social identities, belonging is normatively regulated in the sense that members are expected to conform their beliefs and behavior to group-specific norms. But because the grounds for identification as autistic are first-personal to an unusually high degree for social kinds, those grounds take on their own independent significance. And since those grounds are not themselves social, we are forced to acknowledge that as an identity, autism has these two different elements: the pre-reflective structuring of experience that is found in autism, and social or political identification; and neither can be reduced to the other. Moreover, the acquisition of the various cognitive capacities required to identify oneself with a social category postdates the coming into the world of a subject whose experience is structured the way that it is, so unsurprisingly social identification is not only analytically independent of its pre-reflective ground, it is also temporally downstream of it.<sup>4</sup>

We know of no off-the-shelf sense of identity that has currency in contemporary philosophy that corresponds to this notion. As we have seen, it is not primarily or exclusively a social identity, at least not insofar as social identity is a matter of how one is perceived or identified by others. Being autistic may or may not be required for *numerical* identity, depending on one's theory of numerical personal identity. Would a person be multiplied or literally cease to exist if autism were cured by the snap of divine fingers? Maybe, maybe not. But even if so, recognizing that this is the case would be little to recognize what is distinctive about the hybrid sense of identity at work in autism.

In part, the difficulty here stems from a straightforward ambiguity in talk of 'identity.' On the one hand, identity simply refers to what one most essentially is. On the other hand, *identification* is something one *does* which may or may not rise to the level of partly constituting what one is. Sometimes what one identifies as becomes part of what one is, especially if it is central to one's self-understanding. But in autism, the relevant thing that one, in the first instance, *is*, is something that one need have no reflective awareness of at all in order for it to be the basic kind of pre-reflective ground that it is. The same cannot be said about *socially identifying as* autistic, yet doing so may or may not be central to one's self-understanding, depending on how centrally that facet of identity figures in one's overall self-understanding.

<sup>4</sup> The importance of recognizing some basis for social and political identification in the ND movement has not gone unnoticed. Consider Chapman: "while it is important to recognize the positive significance of autism as a political identity, I am wary of reducing the nature of autism to a matter of group identification" (Chapman, 2020, p. 810).

### 2.3 Autistic identity and HAP

The fact that autistic identity has these two aspects, i.e., a pre-reflective structuring of experience and a social or political identification, and that they are related in the way we have been sketching, makes it different from even other psychiatric identities. Consider, both by way of comparison, and to pre-empt an objection, the sort of identity Hanna Pickard argues is at work in addiction. According to Pickard (2021), addiction affects one's sense of self in a way that often renders treatments ineffective. Addiction can become a central aspect of how individuals perceive themselves, dominating their lives, thoughts, actions, social interactions, and relationships. Thus, she argues, the persistence of drug use among people who recognize its detrimental effects may not be primarily due to the irresistible nature of the drugs or a compulsion felt by the user, but rather may be partially due to a social identification with being an addict. In addition to any neurobiological effects caused by long-term drug use, drug-taking is reinforced by social reward, as it can be associated with companionship, camaraderie, or other forms of community among users. Pickard explains:

*for people whose identity as an addict provides their main if not only source of social reward and community, structure and purpose in life, self-esteem, and sense of self and social identity, the act of imagining their life and identity in absence of their addiction is far from straightforward. (...) [W]ho would they be? Abandoning their identity as an addict represents an existential threat: there may be no alternative social identities or underlying stable, core sense of self to fall back on. (...) If it is not possible to imagine yourself without imagining being an addict, then you lack not only a rationale but also an imaginative basis for committing to a self-identification as a non-addict. If you make this commitment, it is as if you jump blind, with no certainty that you will survive the fall. This is terrifying, and renders utterly comprehensible why a person might choose to continue to be an addict rather than face this existential threat. (Pickard, 2021, p. 752).*

Notice first that there is certainly some overlap between Pickard's sense of identity and the hybrid sense we have been explicating. Identification with a social kind which, in turn, structures, to a greater or lesser degree, one's practical outlook just is a major aspect of any social identity. It is precisely identity in this sense that, Pickard argues, could be a barrier to effective treatment. To overcome this problem and improve treatment efficacy, Pickard proposes adopting language in which the person's primary identity is distinguished from their social identity as a drug user, i.e., "to name drug use as a problem without making it an essential part of the person by grammatical design" (p.752).

In our terms, Pickard is arguing for the adoption of HAP for addiction, on the basis of pragmatic reasons. Could one similarly argue that HAP should be maintained for autism on similar grounds? We do not think so, and explaining why will further allow us to clarify the relevant sense of identity at work in our discussion.

First, Pickard's pragmatic proposal applies to entities or states which are such that cure and separation from the person is desirable. In the case of neurodivergences, at

least those under discussion here, this is not generally the case.<sup>5</sup> There is no legitimate reason to claim that one's actions, traits, thought processes, or habits are not part of one's identity in order to facilitate cure if cure is not desirable.

What underlies this response is the fact that, while there is overlap between the sort of identity Pickard has in mind and the one operative in our discussion so far, there are also important differences. As we have been emphasizing, the nature of autism as a structuring pre-reflective ground is the basis for the common social identification with the social kind 'autism'. Both aspects are relevant for the operation of autistic identity, but the former is more fundamental. It is unclear whether there is anything analogous in addiction. It would be very difficult to claim – and we do not understand Pickard to be claiming – that there is something about addiction which pervades all aspects of experience for those with addictions. Naturally, addiction may involve a certain *degree* of pre-conditioning of one's lived experience. For instance, the distinction between the relevant drug and other consumable things or activities takes on a particular salience in addiction. But because addiction is a disorder of action and volition, this degree of pre-conditioning is significantly more limited than what we find in autism. It only applies to the aspects of experience seen to be related to drug consumption, not to just any aspect of experience. This can no doubt constitute a wide associative array, but nevertheless will fall short of the pervasive structuring found in autistic experience.

Moreover, addiction is built up over time via a pattern of consumption, so it is an alteration to a non-addicted, pre-addicted person.<sup>6</sup> Further, the pattern of consumption which leads to the acquisition of the addictive appetite<sup>7</sup> is composed of discrete agential episodes (even if the pattern is not intentionally pursued *de dicto*), so it isn't plausible that it, or the appetitive state that it leads to, could be understood in non-agential terms. In contrast, voluntary agency is not part of the genealogy of autism and, as we have argued, autism is not an alteration to a pre-autistic, non-autistic person. Once again, the identification and elimination of addiction is desirable because the alterations to volition and agency that constitute its core are *undesirable*. Yet, the contention that neurodiverse conditions are not essentially undesirable is the main thrust of the ND movement.

So, for ND activists, being autistic is part of who one is in two senses: first, it is an ineliminable basic framework or ground of experience. Second, it is part of who one is in the same way that being a parent, being a Christian, or being a philosophy professor might be a part of who someone is. But the pre-social non-intentional former is the ground for the essentially social and reflexively tokened latter. These two aspects of autistic identity taken together are what we believe ND activists see as inconsistent with HAP.

<sup>5</sup> We remain agnostic about whether it might be desirable for at least some people to no longer be neurodivergent.

<sup>6</sup> Suppose we grant that a person can be born with an addiction, i.e., can be born with a cyclical appetite for a substance induced by exposure to that substance *in utero*. Even in such a case it is clear that such exposure is responsible for the change from of a fetus without addiction to a fetus with an addiction.

<sup>7</sup> See e.g. Gibson (2024) for a philosophical discussion of addiction which embeds a review of the leading neuroscience underlying this feature of addiction.

So, HAP is not defensible for autism on the grounds that Pickard invokes for its defense in addiction, but we may still wonder whether some ND activists might want to maintain HAP on other grounds. After all, the movement is far from homogeneous. Indeed, there are two major forms of heterogeneity within the movement which are relevant in this connection, but both are ultimately compatible with the fundamental commitment to rejecting HAP.

First, while rejecting a biomedical model of categories of neurodivergence—which model views them as biological abnormalities treatable with pharmacological interventions—is quite widespread within the movement, there is some disagreement on what alternative framework should be used to understand neurodivergences. Second, the extent to which an individual identifies with a given psychiatric label is a matter of degree. Let us consider these related complexities.

Most ND activists have pushed for understanding categories of neurodivergence using the social model of disability according to which people are not disabled by psychiatric conditions, but by social barriers (Oliver, 1983, 2013). But among them, some commit to a “strong” social model of disability, which attributes the harm suffered by autistic people to a non-inclusive and predominantly neuronormative environment (Catala et al., 2021; Legault et al., 2021), whereas others commit to a weaker version (Dwyer, 2022). For those adopting a strong social model, the rejection of HAP is obvious. They argue for the importance of considering autism as part of one’s identity, which makes one vulnerable to social norms that prevent full inclusion and acceptance. But some who adopt a weaker social model claim that the strong reading can only make sense for autistic people who do not have intellectual or other impairments and cannot apply to those for whom autism can be inherently harmful (Angulo-Jiménez & DeThorne, 2019). For these theorists, there could be a pragmatic concern about rejecting HAP: the lack of a clear separation between a person and their psychiatric label might hinder the medical system’s ability to effectively provide care, potentially leaving those in need without resources. Would the proponents of a weaker social model accept HAP? We think they would not. Those who claim that autistic traits inherently prevent someone from being included in society may challenge the positive value of social identification. But this does not mean they reject the idea of identification altogether. In fact, those who adopt a weaker social model often identify particularly strongly with their autism, often insisting that some of the difficulties associated with autism are biologically grounded (Angulo-Jiménez & DeThorne, 2019). Regardless of whether such claims are ultimately defensible, it is clear that such activists view their autism as ineliminable and basic. So even if accepting HAP might seem pragmatically useful to those who reject a strong social model (in much the same way Pickard supports HAP in addiction for therapeutic purposes), autism’s role in the pre-reflective structuring of experience makes doing so infeasible.

There is a wide range of perspectives within the ND movement. Some explicitly promote Neurodiversity as a social identity and embrace what they see as its a unique culture (Sinclair, 2005; Beck, 2023); others emphasize how neurodivergence interacts with other social categories, influencing experiences and advocacy goals (Bagatell, 2007; Brown, 2017); still others highlight how societal structures often make life difficult for autistic people, even if they embrace their identity (Milton, 2012). This

diversity of perspectives is well recognized and acknowledged within the ND movement (Kapp, 2023). A low degree of connection with an autistic identity can weaken social and political identification. However, none of this should be construed as a reason to embrace HAP; as long as one shares in the basic nature of autistic experience, hypostatic abstraction is contraindicated.

## 2.4 Neurodiversity and anti-psychiatry

In the remainder of the paper, we argue that this understanding of the central demand of the ND movement has a number of consequences. Notably, it shows that important criticisms rest on misunderstandings, which we come to in the next section. Another consequence we would like to highlight presently. Understanding both Mad activism and the ND movement as rejecting HAP allows us to distinguish these movements from the anti-psychiatry movement, but also to see some key connections between them. Anti-psychiatry is perhaps best understood at the outgrowth of a kind of critical theory, summoning skepticism of the psychiatric establishment via a hermeneutics of suspicion. Although it would be very easy to think that the ND movement, because of its sometimes-antagonistic posture towards the psychiatric establishment, is fundamentally an outgrowth of this same impulse, we think that is a mistake, and our analysis show why this is the case. ND activists are acting in defense of their identities and often frame the cause in terms of justice, but they are not fundamentally committed to the claim that psychiatry, as such, is, for instance, a mere instrument of social control (Chapman, 2024).

For ND activists, the perceived need to act in defense of autistic identity does not come from a Foucaultian skepticism about psychiatric normativity or a Szaszian insistence that only verifiably organic pathology is within the ambit of medicine. (Indeed, as we have seen, some ND activists are perfectly happy to accept that autism has a neurobiological grounding, even if we don't know precisely what it is.) Rather, it rests on a worry about the importation of a notion like hypostatic abstraction from mathematics to a hybrid human-natural science such as psychiatry. This worry is notably expressed by Monique Botha, an autistic researcher in psychology, who argues research has a tendency to dehumanize and objectify autistic people: "If you continually describe autistic people through subhuman terms, then you will allow for subhuman treatment" (Botha, quoted in Rodríguez, 2023). This suspicion, we think, is a large part of what is animating the ND movement. Activists are primarily acting self-defensively. This involves a certain degree of skepticism about psychiatric normativity, but it needn't be nearly as general or as diffuse as one finds in Szasz, for instance. Indeed, the sweeping arguments given by Szasz for the non-existence of mental illness can very easily be seen to be in tension with the goals of the ND movement, especially as we understand them. Two of the main arguments given by Szasz for the non-existence of mental disorders rely respectively on the claims that (1) mental disorders are not forms of organic pathology and (2) mental disorders, having functional rather than structural criteria, are such that it is impossible to distinguish genuine from ersatz instances of them. (Szasz 1982, p.13, Ch. 1) Both of these claims, and the arguments built upon them, can be easily rejected by the ND movement.

We now want to show that much criticism of the ND movement implicitly relies on HAP or fails to acknowledge that it is being rejected. This involves perpetuating a fundamental misunderstanding of the ND movement's core objectives. In the remainder of the paper, we consider some criticisms brought against the ND movement (Sect. 3.1), then respond to these criticisms (Sect. 3.2.), and explain what we think really motivates them (Sect. 4). This will allow us to motivate a reconciliation between the ND movement and the psychiatric establishment.

### 3 How to understand the critics

#### 3.1 Four influential criticisms

Criticisms of ND abound. Who are the critics and what are they worried about? For clarity of exposition, we separate the worries into four categories: criticisms focusing on (1) destigmatization and the social model of disability, (2) de-pathologizing, (3) inclusivity, and (4) social justice.

(1) Some researchers in psychology and neuroscience reject the reliance on alternative models of neurodiverse conditions such as the social model of disability by proposing that such a move is not necessary to achieve one of the ND movement's key aims, viz., destigmatization. In principle, this claim could be made from any number of different perspectives; perhaps it is just true that destigmatization does not require the radical reconceptualization asked for by ND activists, even if it might require some alteration to the theoretical status quo. But, as we find this line of criticism in the literature, it is made in defense of the biomedical model (Casanova & Widman, 2021; Loo et al., 2021), and thus becomes the claim that the aims of the ND movement (or at least the aim of destigmatization) can be achieved from within the biomedical model. According to such a view, people can be said to have disorders that harm them without being victims of stigmatization. The idea here seems to be that the ND movement is asking for too much in demanding to de-pathologize psychiatric categories when society could simply work at becoming more inclusive. ND activists would therefore be wrong to ask for a reconceptualization of psychiatric categories into a new framework such as the social model of disability.

(2) Other critical responses come from philosophers and scientists who think that seeing autism as a pathology should play *in favor* of advocating for the interests of autistic people, rather than *against* their inclusion, thereby trying to redirect some of the demands of ND activists into considering autism a pathology (Shields & Beversdorf, 2021).

(3) There are also parents, educators, social workers, and other allies whose worries are reflected in the public discourse. These groups demand clarity on how the ND movement can accommodate the reality of people who need therapeutic help and who worry that de-pathologizing will lead to a loss of access to therapeutic resources. Some neurodivergent people themselves claim that the demands are not representative of their own needs. For instance, Kansan (2017) says: "many of us aren't high-functioning enough to benefit from depathologizing autism. The neurodiversity movement doesn't have much to say about lower-functioning autistics." These

criticisms vary in their degree of resistance to the ND movement, but most consider its demands non-applicable to people who cannot use verbal language or who have other significant disabilities (Russell, 2020), sometimes considered “low functioning”, in accordance with the DSM conceptualization of different levels of “severity” of autism<sup>8</sup>. The inclusivity demanded by the ND movement, so the worry goes, does very little to address the needs of some in the neurodivergent community and could, on the contrary, imperil their access to what therapeutic supports they currently have.

(4) Some criticisms are coming from within psychiatry itself, where some have felt the need to defend psychiatrists from the alleged injustices that psychiatry has been accused of committing against service users. Fricker, who coined the term “epistemic injustice”, defines it as a wrong done to someone in their capacity as a knower (2007). The concept has recently been intensively applied in the context of psychiatry to alleged prejudices against people in psychiatric settings (Pantazakos & Arnaud, 2024). This, in turn, has led some to defend the practice against these allegations. For instance, Kious et al. (2023, p.1) claim that, in general, “The concept of epistemic injustice does not add significantly to existing standards of good clinical practice, and (...) it could produce changes in practice that would be deleterious. Psychiatrists should resist calls for changes to clinical practice based on this type of criticism.” In response to claims that psychiatry perpetrates epistemic injustice, Kious et al. claim that making changes to these practices could end up harming those it serves by “sidelin[ing] principles of good clinical reasoning, and substituting them with a pursuit of social justice that diminishes the value of skepticism and critical thinking” (Ibid., p. 4). Although this claim does not directly address the ND movement, it can easily be understood in such a way that neutralizes the demands of the ND movement by claiming that when it comes to a conflict between psychiatry and social justice, the aims of psychiatry should take precedence.

We think these worries and criticisms fail to recognize that the central demand of the ND movement is the rejection of HAP. If we are right, much of this apparent disagreement is founded on a misapprehension. While one can find explicit and direct opposition to the distinctively *political* aspects of the ND movement (such as by those who stoke fears about an “autism epidemic”), we believe that this kind of genuine political disagreement is rarer than one might think from examining the debate.<sup>9</sup> This ought to strike us as good news. If the ground can be cleared, the debate can proceed more productively.

<sup>8</sup> Note however that the idea of severity scales has been controversial precisely because it threatens the necessary unity for self-advocacy. In this connection see Kapp (2023).

<sup>9</sup> Ultimately, all or most aspects of the ND movement, understood as we propose, are political, even those that seem to concern only the methods of psychiatric practice. For instance, activist-led objections to Applied Behavior Analysis (ABA) therapy are not solely about the method itself, but about the intention to cure autism. While practitioners might still want to defend ABA for its effectiveness in certain contexts, that commitment in itself does not preclude alignment with the political aims of the ND movement. Of course, it does not guarantee alignment with them either; genuinely political disagreement may persist, but all parties benefit from being clear about its nature.

### 3.2 What the critics get wrong

On one way of reading those who make criticism (1), they are making one basic mistake: the attribution of the social model of disability to the ND movement as a whole. As we have already seen, some ND activists reject such a model, and among the rest, there is considerable variation on what version to adopt.

Perhaps a more charitable reading of (1) is primarily as an objection to rejecting the biomedical model, rather than as an objection to the adoption of any positive alternative. On this reading, the critics are motivated to distinguish between the biomedical model, and the sorts of stigmatization, exclusion, and other negative consequences that *happen* to come along with the use of the biomedical model, in our society as it currently is. The idea is that the biomedical model, when applied to neurodivergence, does not *necessarily* lead to the negative social consequences that ultimately animate activists, including ND activists. Rejecting the biomedical model would thus be unnecessary or unjustified.

According to this reading, society and psychiatry should work at destigmatizing and including people with a psychiatric label without having to claim that these psychiatric terms constitute identities. This is unobjectionable as far as it goes. But it overlooks the agenda of the ND movement, which is not merely about destigmatization and inclusion within existing frameworks but about fundamentally questioning what is considered a disorder in the first place.<sup>10</sup> Indeed, this reading of criticism (1) simply involves *assuming* HAP and failing to recognize that the rejection of HAP is inherent to the demands of ND activism: why would it be important to give the biomedical model of neurodivergences a kinder, gentler face if not ultimately for the purposes of rehabilitating the idea that neurodivergences ought to be eliminated by cure? Since the ND movement's rejection of HAP is rooted in the belief that neurodivergences are not mere deviations from a social norm but rather natural variations within the human condition (Jaarsma & Welin, 2012), the movement seeks to shift the discourse from one of disorder and deviation to one of (as we have seen, optionally) disability, diversity and variation, i.e., to a discourse compatible with the rejection of HAP. By *assuming* HAP, the criticism fails to engage with the ND movement's idea that adopting a biomedical model of neurodivergence contributes to, not just the stigmatization of neurodivergent people, but also to reinforcing problematic frameworks that treat neurodivergences as separable entities rather than integral components of people's identities.

Those who make criticism (2) about de-pathologizing argue that to the extent that the ND movement advocates for the de-pathologization of neurodiversity, it risks at the same time undermining claims to treatment, resources, care, and attention, or (as Shields and Beversdorf (2021) emphasize) legal recognition. As Shields and Beversdorf say, "Our argument thus raises a dilemma for the neurodiversity movement: advocating for the rights and interests of individuals with autism may require viewing autism as a condition that can be inherently disabling (at least for some individuals)" (p. 126).

<sup>10</sup> See also Gibson and Arnaud (Forthcoming), for discussion of the limits of destigmatization alone as a goal for the ND movement.

First, this criticism seems to involve rather explicit adherence to HAP. The ND movement, especially as we are construing its main thrust, is not homogeneously committed to denying that neurodivergences are disabling. Whether they are *inherently* disabling also does not seem to be germane when the claims to treatment, resources, etc. are made relative to a set of social institutions and practices (those very institutions and practices against which the claims are made.) We can see this more clearly when we interpret ND theorists as denying HAP. The critics in this category seem to be imagining that any demand for de-pathologization would bring with it the claim that the conditions in question are not disadvantageous (relative to a context.) But interpreted in the way we are suggesting, there is no reason to think this implication would go through. Insofar as we are right, ND activists are asking for a reconceptualization of the relation between a person and their diagnosis. This does not mean that the resulting identity category is not disadvantageous to occupy. In fact, de-pathologizing, viewing something as partly constitutive of a certain kind of identity, and perhaps labeling it as a disability instead of a disorder, are all compatible with acknowledging inherent harm. Hughes proposes that even a strong identification with a psychiatric category—like Sinclair’s claim that autistic people would no longer “exist” without autism (1993)—is compatible with the idea that autism is inherently detrimental (Hughes, 2021). His idea is that identifying with autism does not preclude it from being harmful. This could be because one might be mistaken about how the absence of autism would affect their well-being, or it could simply be that one is practically committed to something which has well-being costs, much like how certain career choices or the adoption of a strictly ascetic religious practice might also involve sacrifices to one’s well-being. Note that in these cases too, the extent to which a person identifies with these choices or practices can vary significantly. A strong identification with a particular role or belief does not necessarily equate to attributing a high value to it. One might primarily identify as an academic and yet perceive this career choice as inherently detrimental. Similarly, even when religious beliefs are deeply ingrained and not perceived as mere choices, one can consider them a central part of their identity while still viewing them as harmful.

Similarly, in response to (3), the criticism about inclusivity, we claim that those who worry that capitulating to the demands of ND activists would exclude those who need therapeutic care make a false presupposition. They impute to the ND movement the claim that neurodivergences should no longer be *among the objects of psychiatry*, i.e., that autism, ADHD and other categories are not legitimate psychiatric categories and should not ground access to treatment or other clinical encounters. But, if we are correct, this is not what is being demanded. De-pathologizing does not entail de-psychiatrizing. What might well be required is a reconciliation between the practices of psychiatry and the central demand of ND activists, but as we have already seen, it is a mistake to interpret the ND movement in anti-psychiatry terms, and such a reconciliation is desirable in any case. None of the arguments considered here show, or even attempt to show, that such a reconciliation is neither possible nor desirable. In fact, as some ND activists have claimed, while it is not the role of psychiatry to spearhead fundamental social changes, there is room for clinical encounters that are “neurodivergence-informed” (Chapman and Botha, 2022). ND-informed approaches have considered the heterogeneity of these categories and promote inclusion through

the recognition of a diversity of needs. This can be true regardless of whether one acknowledges a distinction between levels of ‘functioning’ in autism. Nothing prevents medical assistance from being useful for those who see their diagnosis as being partly identity-constitutive.

As we mentioned above, those who advance (4) and are motivated to defend psychiatry against criticisms based in social injustice need not be directly concerned with the ND movement. Nevertheless, we find here the idea that it is part of the nature of some psychiatric conditions, as diagnosed, that the epistemic credentials of their bearers are diminished. As such, a general worry that psychiatry perpetrates epistemic injustice is unwarranted because, the thought goes, it is not *injustice* to downgrade someone’s epistemic credentials when that person’s epistemic capacities are themselves diminished. While Kious et al. do not explicitly commit themselves to HAP for neurodivergences, what they do say puts them in a position where rejecting HAP would be problematic. They suggest that certain psychiatric categories imply downgraded epistemic credentials for those to whom the category applies. If we combine that with the rejection of HAP for the relevant categories, we arrive at the problematic conclusion that some aspects of one’s practical or social identity warrant downgraded epistemic credentials for those with that identity. Moreover, such an approach oversimplifies the complex relation between psychiatric diagnoses and the lived experiences of people, potentially dismissing the perspectives and knowledge people bring to discussions about their neurodivergent experiences. Of course, someone in this critical category could maintain a strict division between identity and diagnosis. But, again, this amounts to committing to HAP and rejecting, without argument, what we identify as a core demand of the ND movement.

All this shows that many leading criticisms of the ND movement misinterpret some of its claims. If this were the whole story, perhaps the envisioned reconciliation between the ND movement and psychiatry would face only clear sailing ahead. However, we suspect that what truly motivates the critics is something as yet unstated. We suspect that critiques of the ND movement worry about what they see as a potential consequence of capitulating to the movement’s demands, viz., that the movement adopts a certain metaphysics of psychiatric categories in the name of social justice without sufficient support. As we argue in the next section, rejecting HAP does not imply the feared consequence, once more clearing the way to a reconciliation.

#### 4 What really motivates the critics?

As a social phenomenon, the ND movement has political demands: that neurodiversity be recognized, accepted, and not stigmatized in relation to an alleged normality. Again, this faintly echoes some of the claims of the anti-psychiatry movement of the 1960s and 1970s. Both movements are critical of psychiatric practices that strip people of their agency and are exercises of social control, such as coercive treatment or any attempts to cure people who are neurodivergent (Foucault, 1961). Additionally, there are metaphysical claims also shared with the anti-psychiatry movement: that neurodivergences represent another way of experiencing reality rather than being diseases, and that neurotypicality is a normative concept.

Anti-psychiatry had a hybrid political-theoretical claim at its core: in some of its most strident expressions, it claimed a strong form of anti-realism about psychiatric categories followed from turning a hermeneutical lens towards the structures of power or other social factors that gave rise to their articulation (Szasz, 1960). In this version, anti-psychiatry conceived the biomedical model of mental illness as wrongly applying the principles of medicine to the human psyche. The human psyche, on this showing, is not the sort of thing that can ‘go wrong’ or be dysfunctional in the way that a pancreas or a circulatory system can. This, in turn, was meant to support various *practically* anti-psychiatric attitudes, actions, and social forms. However, as we have already seen, there are important differences between the ND movement and anti-psychiatry, and the ND movement does not commit to these claims.

We suspect that the reason critics of the ND movement are so quick to misinterpret it is because of the great temptation to attribute to the movement the view that, as strong anti-psychiatry held for psychopathology generally, neurodivergences in particular simply elude the sciences of the mind, including psychiatry. This stance would represent a threat to the field of psychiatry, and consequently, it has been thought, to the resources allocated to people in psychiatric need who depend on it. The assumption from critics, we believe, is that ND activists are advancing a controversial claim about the metaphysical status of neurodivergences in the absence of empirical support. According to critics, some ND proponents reduce these categories to neurobiological differences that are, in fact, unknown, and others view them as social constructions that constitute identity. Let us consider these two alleged (and quite opposite) claims in turn.

Forest (2021), a philosopher of science and prominent critic of the ND movement, claims that ND activists use the prefix “neuro” to lend a sheen of scientific legitimacy to their understanding of autism, despite lacking knowledge of neuroscience, in order to legitimize autistic traits. However, Forest argues that the neuroscience of autism is neither sufficient to explain it as a distinct way of being, nor does it align with the social justice demands of ND proponents (Forest, 2021). Russell (2020) also notes that critiques often accuse ND activists of holding reductionist views of the brain.

What do ND proponents have to say about this? First, some explicitly reject it. Nick Walker, for example, claims:

*A lot of people hear neuro and they think, brain. But the prefix neuro doesn't mean brain, it means nerve. The neuro in neurodiversity is most usefully understood as a convenient shorthand for the functionality of the whole bodymind and the way the nervous system weaves together cognition and embodiment. So neurodiversity refers to the diversity among minds, or among bodyminds.* (Walker and Raymaker, 2020, p.6)

Secondly, the ND movement has embraced an identity that manifests in a bona fide ND culture. According to Chapman (2020), being autistic involves identifying with the social category of autism, which in itself gives the category its importance and legitimacy, even in the absence of scientific validation. This expression of ND culture is sometimes rather described as “a form of agency produced through processes of disidentification with mainstream cultural norms rather than identification with a par-

ticular social category” (Beck, 2023). In both cases, neurodivergent activism would be considered a form of identity politics. This adherence, and the historical roots of the social model of disability are mistaken for the claim that autism is entirely a social construction (Casanova and Widman, 2021, p. 375) perhaps because its legitimacy comes from ethical and political considerations. But Chapman rejects this idea, claiming instead that the reality of autism is grounded in the lived experiences and social identity of autistic people. On this way of going, autism is real in a way that outstrips *mere* social construction by being a “serial collective,” i.e., the sort of thing that can be “defined in light of shared external material factors that mutually affect each member of the collective, regardless of whether they actually identify or not” (Chapman, 2020, p.810).

Reductionists and social constructionists can be found among the ND movement and its critics alike. Why insist on rejecting a social model of disability while still supporting inclusion and destigmatization, as those advancing (1), above, do? The answer lies in the idea that if the difficulties faced by autistic people were recognized as being solely due to social factors, medical care would become unavailable to those who need it. As Casanova and Widman (2021) claim:

*proponents [of the ND movement] oppose potentially useful medical interventions – as not all disability in autistic peoples’ lives necessarily stems from the social environment and a lack of accommodations (p.376).*

In contrast, the medical model, by viewing psychiatric categories as designating pathologies that affect individuals, aims to directly address people’s suffering through therapeutic interventions, rather than working on inclusivity and acceptance. This approach is more straightforward when the psychiatric category thought to be inherently harmful is seen as separable from the person’s identity. If this is correct, then the real motivation behind such criticism is HAP. Therefore, the underlying disagreement, we believe, is not about the scientific reality of neurodivergences, but rather about the acceptance or rejection of HAP, which is mistakenly framed as a dispute about the scientific or biological reality of neurodivergences. ND activists are often admirably clear that they do not rest their case on any particular empirical understanding of autism. For instance:

*[W]e are concerned with providing a new theorisation of conditions that are understood as impacting on the individual’s sense of identity, alongside differences from standard forms of perceiving and responding to the world. This contrasts with the search to find neurological differences that are perceived as an ‘interruption’ (permanent or otherwise) from an individual’s proper life. Whether the medical conditions coincide with these ‘subjectively experienced’ differences and identities is a matter of empirical investigation. (Rosqvist et al., 2020, p.2).*

The theorists who advance criticism (1) appear to be positively asserting the biological reality of neurodivergences against an apparent opponent who denies what they assert. But it is simply not necessary for those who adopt a social model of disability

– and we have seen that not all ND activists do – to also commit to any claim at all about the biological reality of autism.

Those who advance criticism (2), about de-pathologizing, appear to be pleading with the ND movement to recognize that if treatment of autism could be grounded in the biomedical model, the lives of autistic people would be improved by increased access to therapeutic care. As we have seen, it is understandable that HAP is often seen as an expediting assumption which facilitates successful therapeutic encounters. Something similar can be said about proponents of (3). But these are solely pragmatic considerations. Between the medical and social models of disability, it is the medical model that allows access to therapeutic resources because it presupposes that people are separable from their condition and that it can either be treated or cured. The social model, which many ND proponents follow, must rethink the therapeutic encounter. None of these discussions are based on empirical evidence showing that neurodivergences are inherently biological, and nothing in the social model of disability precludes these categories from having a biological basis.

Seeing this also allows the ND movement to emerge somewhat more fully from the shadow of anti-psychiatry. If we are right that the worried critics are legitimately ready to accommodate the demands of ND movement, this ought to be more welcome news. We think proponents of the ND movement are committed to a defense of psychiatry against the Szaszian idea that psychiatry is necessarily unscientific, harmful, and always relies on categories revealed hermeneutically to be problematically constructed (Chapman, 2023). But we think that we should interpret the ND movement as resting its practical claims on the denial of HAP. So understood, there ought to be no temptation to associate the movement with Szaszian claims. If this is correct, the grounds on which the practical claims rest are not only neutral with respect to the metaphysics of pathology or disorder, they are also not motivated by anti-psychiatry-style assumptions.

## 5 Conclusion

We hope to have shed light on what the disagreement between ND activists and their critics is really about. We have argued that underlying the dispute between the ND movement and its critics is an assumption of HAP by the critics or a failure to recognize that the ND movement rejects it.

Having clarified the nature of the dispute, we think it is now easier to see what needs to happen to enable a successful reconciliation between the ND movement and the psychiatric establishment. For instance, consider the call by some scholars, especially those who identify as neurodiverse and engage in reflections on epistemic authority about neurodivergences (Catala, 2023), for the active inclusion of first-person perspectives in research on neurodiverse conditions. Such work aspires to build the envisioned reconciliation directly into research methodology. If successful, it could function as a kind of proof-of-concept. In this connection, we may also consider, e.g., empirical work aiming to show the positive effects of self-identification with neurodivergence (Kroll et al., 2024).

Whether a successful reconciliation can be effected remains to be seen, but as we have argued, many of the seeming barriers to it are founded on misapprehensions: contrary to the claims attributed to the ND movement by its critics, the movement does not equate the rejection of cure with a rejection of therapy; the ND movement's demand is not an affirmation of a particular claim about the scientific status of neurodivergences or an adherence to an underlying theory of pathology; it does not deny the complexities or the potential biological aspects of neurodivergences. Moreover, ND's stance is not a dismissal of psychiatry's role, but a call for a more nuanced understanding of its application, one that does not aim to "remove" but to provide support. Perhaps most importantly, any worries to the effect that accommodating the ND movement would undermine the scientific credentials of psychiatry are unfounded.

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