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Autism as Disorder, Difference, and Identity: The Structural Incoherence of a Hybrid Framework

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Autism as Disorder, Difference, and Identity: The Structural Incoherence of a Hybrid Framework

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Abstract

Background: Contemporary understandings of autism combine elements of disorder, disability, difference, and identity. In the UK, autism is diagnosed using clinical tools, recognised in law as a disability, celebrated publicly as a difference, and explicitly rejected as a disease. This hybrid framing is presented as inclusive, but generates tensions in diagnosis, access to support, and public discourse. Aim: This article examines how this hybrid framing emerged and how the simultaneous use of medical, legal, social, and identity-based logics produces structural incoherence in how autism is organised and supported. Method: A conceptual review synthesising diagnostic manuals, legal and policy frameworks, and sociocultural literatures, with reference to other areas of psychiatry and disability. Key findings: The analysis shows that hybrid framing operates as a layered compromise across clinical, legal, and cultural domains, allowing institutions to alternate between disorder, disability, difference, and identity as needed, preserving diagnostic authority while appearing inclusive. Diagnosis functions less as a neutral description and more as a rationing device, even as self-diagnosis and identity-based claims gain prominence. Celebratory strengths-based narratives and spectrum rhetoric tend to centre more independent autistic people, while those with higher support needs remain marginalised, medicalised, or structurally invisible. Implications: Addressing these contradictions requires structural honesty about what autism is taken to be, what counts as harm, and what outcomes

systems aim to pursue. Without such clarity, autism policy and practice risk remaining rhetorically progressive but structurally unaccountable, sustaining inequitable provision across the spectrum of need.

Keywords: Autism; neurodiversity; disability; diagnosis; identity; policy; conceptual review

Crynodeb

Cefndir: Mae dealltwriaethau cyfoes o awtistiaeth yn cyfuno elfennau o anhwylder, anabledd, gwahaniaeth, a hunaniaeth. Yn y Deyrnas Unedig, caiff awtistiaeth ei ddiagnosisio drwy offer clinigol, ei chydabod yn y gyfraith fel anabledd, ei dathlu'n gyhoeddus fel gwahaniaeth, ac fe'i gwrthodir yn benodol fel clefyd. Cyflwynir y fframio hybrid hwn fel un cynhwysol, ond mae'n cynhyrchu tensiynau o ran diagnosis, mynediad at gymorth, a thrafodaeth gyhoeddus. Nod: Mae'r erthygl hon yn archwilio sut y daeth y fframio hybrid hwn i'r amlwg, a sut y mae'r defnydd ar yr un pryd o resymeg feddygol, gyfreithiol, gymdeithasol ac yn seiliedig ar hunaniaeth yn cynhyrchu anghydlynid strwythurol yn y modd y caiff awtistiaeth ei threfnu a'i chefnogi.

Dull: Adolygiad cysyniadol sy'n syntheseiddio llawlyfrau diagnostig, fframweithiau cyfreithiol a pholisi, a llenyddiaeth gymdeithasol-ddiwylliannol, gyda chyfeiriadau at feysydd eraill o seiciatreg ac astudiaethau anabledd. Prif ganfyddiadau: Dengys y dadansoddiad fod y fframio hybrid yn gweithredu fel cyfaddawd haenog ar draws parthau clinigol, cyfreithiol a diwylliannol, gan ganiatáu i sefydliadau symud rhwng anhwylder, anabledd, gwahaniaeth a hunaniaeth yn ôl yr angen, gan gadw awdurdod diagnostig tra'n ymddangos yn gynhwysol. Mae diagnosis yn gweithredu llai fel disgrifiad niwtral ac yn fwy fel dyfais ddyrannu adnoddau, hyd yn oed wrth i hunan-ddiagnosis a hawliadau yn seiliedig ar hunaniaeth ddod yn fwy amlwg. Mae naratifau dathlu sy'n canolbwyntio ar gryfderau a rhyngweithred y sbectrwm yn tueddu i ganoli unigolion awtistaidd mwy annibynnol, tra bo'r rhai â lefelau uwch o anghenion cymorth yn parhau i gael eu hymyleiddio, eu meddygoli, neu eu gwneud yn anweledig yn strwythurol. Goblygiadau: Mae mynd i'r afael â'r gwrthddywediadau hyn yn gofyn am onestrwydd strwythurol ynghylch beth y deallir awtistiaeth i fod, beth a gyfrifir yn niwed, a pha ganlyniadau y mae systemau'n ceisio eu dilyn. Heb eglurder o'r fath, mae perygl i

bolisi ac ymarfer awtistiaeth barhau'n rhetoraidd flaengar ond yn strwythurol anghyfrifol, gan gynnal darpariaeth anghyfartal ar draws sbectrwm yr angen.

Allweddeiriau: Awtistiaeth; niwroamrywiaeth; anabledd; diagnosis; hunaniaeth; polisi; adolygiad cysyniadol

Introduction

Autism Spectrum Disorder (ASD) is currently framed, managed, and experienced through a set of overlapping but contradictory logics. In diagnostic manuals such as the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: Text Revision (DSM-5:TR) and the International Classification of Diseases 11th Revision (ICD-11), autism is classified as a neurodevelopmental condition (American Psychiatric Association, 2022; World Health Organization, 2022). In UK law, it is recognised as a disability, yet explicitly not considered an illness or disease (The Equality Act, 2010; NHS, 2025). In public discourse, it is increasingly celebrated as a difference or claimed as an identity (Cope & Remington, 2022; Courchesne et al., 2020; Davies et al., 2024). These framings have not replaced one another, but have instead been combined into what appears to be a balanced compromise. Clinical tools and thresholds still determine who qualifies for the label and therefore who can access support (Autistica, 2024). At the same time, cure- and prevention-oriented approaches are now widely rejected, and strengths-based or identity-focused narratives have become prominent in education, advocacy, and media (Pellicano & Den Houting, 2022).

The research problem addressed in this article is the structural incoherence produced when autism is simultaneously framed as disorder, disability, difference, and identity. Although often presented as inclusive, this hybrid model generates unresolved tensions in diagnosis, access to support, research priorities, and public messaging, resulting in a system that is rhetorically flexible but practically contradictory (Browning & Veit, 2025).

Research Aim

This conceptual review examines how these competing framings operate within UK clinical, legal, and sociocultural contexts, and analyses the consequences of their interaction for autistic people, service structures, and policy.

Research Questions

- How do disorder-, disability-, difference-, and identity-based framings of autism interact within UK diagnostic, policy, and cultural systems?
- What structural, ethical, and practical consequences arise from combining these framings without resolving their underlying contradictions?

These questions guide the analysis that follows, which argues that the current hybrid model distributes recognition and resources through conflicting logics, affirming difference rhetorically while relying on deficit in practice. Any system that claims to support autistic people must begin by asking what autism is taken to be, and what that definition demands.

Terminology: In this article we use identity-first language (e.g., autistic people) in line with current research, UK policy, and advocacy standards, and consistent with evidence that many autistic individuals prefer identity-first terms (National Autistic Society, 2025b). This choice reflects prevailing usage rather than a theoretical position on language, and our analysis does not depend on any particular linguistic framing.

Methods

This article adopts a conceptual review design, using autism in the UK as a case through which to analyse how competing framings of disorder, disability, difference, and identity become embedded in contemporary systems. A conceptual approach is appropriate here because the questions under investigation concern the logics, classifications, and normative assumptions that structure autism discourse rather than the measurement of empirical outcomes. Conceptual and philosophical analysis has been recognised as a core methodology in the study of psychiatric categories and diagnostic practices (Davies et al., 2013; Lilienfeld et al., 2017), and is particularly

suites to examining how conceptual assumptions shape social, legal, and clinical practices in real-world settings, and how these assumptions generate tensions when translated into policy and service structures (Ayala, 2018; Luft et al., 2022). Autism itself has been shown to be a construct whose meaning evolves through institutional, cultural, and narrative practices (de Leeuw et al., 2020; Hacking, 2009), further supporting an approach that focuses on the conceptual rather than the empirical dimensions of classification.

The review examines sources that shape, codify, or legitimise contemporary understandings of autism. The core materials span three intersecting domains. First, diagnostic manuals, particularly the DSM-5 and ICD-11, are analysed as the primary documents through which autism is defined as a neurodevelopmental condition and rendered measurable within clinical practice (American Psychiatric Association, 2022; World Health Organization, 2022). Second, UK disability law and policy documents, including the Equality Act and statutory guidance on education, welfare, and workplace adjustments, are used to trace how autism is positioned as a disability and how diagnosis functions as the mechanism for accessing support. Third, academic and advocacy literature surrounding autism, neurodevelopment, disability, and neurodiversity provide the conceptual and normative vocabulary through which autism is increasingly framed as difference or identity.

Sources were identified through iterative reading across autism studies, psychiatry, disability studies, and neurodiversity scholarship, supported by targeted searches in major scholarly databases, including PsycINFO, CINAHL, and Scopus, Google Scholar, and backward–forward citation tracking from influential texts. Priority was given to texts that define, classify, or justify autism within institutional contexts. The aim was not to exhaust all available material, but to assemble the bodies of work that currently exert the greatest structural influence on how autism is defined and governed in the UK.

Analysis was carried out through conceptual synthesis and discursive reading (Taylor et al., 2001). Conceptual synthesis involved mapping the different logics attached to autism, disorder, disability, difference, and identity, and tracing how these logics have been layered rather than reconciled across clinical, legal, and cultural arenas. In practice, key texts were examined for how autism was defined, framed, and

justified within medical, legal, and advocacy narratives. Definitions, diagnostic descriptions, and explanatory language were collated and compared across sources to identify recurring conceptual patterns, points of overlap, and areas of tension. Discursive analysis focused on how terms such as condition, impairment, support, and identity are deployed, and how these usages legitimise particular forms of intervention, rationing, or affirmation. The review is interpretive rather than empirical in the narrow sense: its contribution lies in clarifying and critiquing the structural assumptions that organise autism, and in identifying the tensions these assumptions generate. Its scope is limited to UK contexts, with international comparisons used illustratively rather than comprehensively.

Results

A Hybrid Concept Built on Contradiction

Autism functions simultaneously as a neurodevelopmental condition, a disability category, a form of cognitive difference, and a social identity. In UK contexts, these framings have been layered rather than resolved, producing a hybrid model in which autism is classified medically for diagnostic purposes (World Health Organization, 2022), recognised legally as a disability (The Equality Act, 2010), affirmed publicly as a difference (Lewis, 2023; Tassinari Rogalin et al., 2024), and rejected as a disease within neurodiversity discourse (Kapp & Kapp, 2020; Pellicano & Den Houting, 2022). Within neurodiversity-oriented accounts, autism is frequently described not only as a developmental condition but also as a distinct cognitive style, emphasising differences in information processing, attention, and perception rather than deficit alone (Happé, 1999; Mottron et al., 2006).

Similar coexistence of biological, social, and identity-based logics has been documented in other diagnostic constructs, including classifications such as personality disorders, which increasingly blend dimensional, interpersonal, and biomedical accounts, and ADHD, where neurological explanations coexist with narratives of difference and identity (Hacking, 1999; Rose, 2007; Thapar et al., 2013; Tyrer, 2024).

Revisions in the DSM-5 and ICD-11 aimed to capture autistic heterogeneity and move beyond earlier subtypes such as Asperger's syndrome or Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS; American Psychiatric Association, 2013; World Health Organization, 2022). These changes increased inclusivity and broadened the category's boundaries, allowing for greater variability in presentation and interpretive flexibility (Volkmar & McPartland, 2014). At the same time, the growth of neurodiversity advocacy has emphasised autism as a valid form of human variation and promoted strengths-based accounts (Leadbitter et al., 2021).

This combination of medical classification, legal disability protection, and identity-based affirmation reflects the way autism has developed as a diagnostic category situated across multiple domains of expertise. Eyal et al. (2013) characterise the rise and transformation of autism as the outcome of shifting networks of expertise, linking parents, clinicians, educators, and institutional arrangements, which enabled autism to assume multiple social, clinical, and administrative functions. Contemporary biological research further reinforces this multidimensionality, although genetic and environmental contributions are well documented, reliable molecular biomarkers remain limited, and diagnosis continues to rely primarily on behavioural assessment despite increasing scientific interest in neurobiological signatures (Wang et al., 2025).

Alongside these developments, identity-based perspectives have challenged biomedical interpretations, most visibly in the public response to large-scale genetic studies such as Spectrum 10K, which was paused following concerns from autistic advocates regarding data use, aims, and the implications of cure-oriented research (Sanderson, 2021). Similar arguments appear in neurodiversity-affirmative scholarship, which critiques deficit-focused biomedical framings while calling for participatory approaches that align research priorities with autistic perspectives (Heraty et al., 2023).

Taken together, these developments illustrate how autism currently operates as a category shaped simultaneously by professional, legal, behavioural, biomedical, and identity-based logics rather than by a single coherent framework.

Diagnostic Authority and Access to Support

Across UK systems, diagnosis continues to structure access to education plans, welfare assessments, and workplace accommodations (Ahad et al., 2022; Porter et al., 2021), with eligibility typically dependent on formal medical documentation rather than felt need (Asadi-Lari et al., 2003). This reflects the system's requirement for an objective, diagnosable impairment which meets a threshold, to justify support. Broader diagnostic criteria in the DSM-5 and ICD-11, including the use of non-specific phrases such as 'significant impairment', or 'persistent deficits', has widened eligibility for an ASD diagnosis (American Psychiatric Association, 2022; Bertelli et al., 2025). Yet clinicians continue relying on tools such as The Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), The Childhood Autism Rating Scale, 2nd Edition (CARS-2), and The Developmental, Dimensional and Diagnostic Interview (3di) to quantify behaviours across domains, such as social reciprocity, communication, and restricted or repetitive behaviours, and ensure procedural reliability (Autistica, 2024). These tools remain central not only for clinical judgement but for producing the structured, auditable evidence required by education, welfare, and occupational systems. As a result, diagnosis retains its administrative authority even as the conceptual boundaries of autism broaden, because eligibility pathways still depend on measurable indicators generated through these instruments (Fernando et al., 2025; Jones et al., 2020; Sobieski et al., 2022).

However, in practice, these diagnostic thresholds are not applied uniformly, as assessment pathways and eligibility criteria vary across local authorities, NHS trusts, and service providers, meaning that the practical threshold for diagnosis or support can differ between regions (Male et al., 2023; Parr et al., 2024). This variation adds a further layer of uncertainty to an ASD diagnosis, as individuals may be considered eligible for support in one institutional context but not another. This reinforces the extent to which diagnosis functions not only as a clinical description but also as an administrative gateway to limited resources.

Diagnosis performs multiple functions: a clinical classification, a gatekeeper to resources, and, for some adults, a form of self-understanding. Autistic adults with fewer support needs may seek diagnosis for self-validation or practical support (de

Broize et al., 2022; Epstein, 2019), whereas those with higher or more complex needs often undergo assessment initiated by others to justify care (Gorlin et al., 2016; Lin et al., 2025). This leads to unequal diagnostic pathways, as some individuals are able to pursue assessment voluntarily and experience diagnosis as affirming, while others encounter it primarily as an externally driven, administrative requirement.

Self-Diagnosis and Divergent Diagnostic Pathways

Self-diagnosis has become increasingly common, particularly among younger adults, in response to long diagnostic waiting times, high thresholds for referral, and the availability of community-generated explanatory frameworks online (Mittmann et al., 2025; Overton et al., 2024). Within the UK, prolonged NHS waiting times are a major contributing factor: reports indicate adults commonly wait several years for assessment, with the average wait time being over 16 months, far above the NICE recommended 13 weeks, due to high demand and limited specialist capacity (National Autistic Society, 2025a; NHS England, 2025; NICE, 2021). These extended delays often lead individuals to seek alternative means of understanding their experiences, including self-identification and engagement with online autistic communities, which provide explanatory frameworks, terminology, and a sense of belonging (Friedman et al., 2024; Overton, 2024; Sarrett, 2016).

Media representations have also shaped emerging patterns of self-recognition. Increased visibility of autistic characters in film, television, and social media, often emphasising subtle or internal traits, has been associated with rising rates of self-identification among women, non-binary adults, and others historically under-recognised within clinical practice (Mittmann et al., 2025). These portrayals provide alternative routes to recognising autistic traits outside clinical settings and are frequently cited in studies as influencing individuals' decisions to self-identify (Friedman et al., 2024; Mittmann et al., 2025).

Identity-based narratives also contain internal variation. While some autistic self-advocates frame autism as a core identity or cognitive style, others describe it primarily as a disabling condition requiring significant support (Den Houting, 2019;

Dwyer et al., 2025; McMahon et al., 2022). This illustrates that identity framings are themselves heterogeneous rather than unified.

Despite its recent uptake, self-diagnosis does not confer access to statutory support, which continues to require formal documentation. Consequently, those who do not require or cannot obtain formal services may use self-identification as a framework for understanding their experiences, while individuals with higher or more complex support needs remain reliant on diagnostic systems that prioritise evidence of impairment (Gorlin et al., 2016; Lin et al., 2025). These inequalities in access to formal diagnosis help explain the growing reliance on alternative pathways to self-recognition, particularly among those unable or unwilling to navigate institutional assessment systems.

Strengths Discourse and Selective Visibility

Strengths-based narratives, including portrayals of autism as involving ‘superpowers’, challenge deficit-oriented framings and have become prominent within neurodiversity-affirming discourse (Chow & Hayakawa, 2022). Across public, educational, and workplace settings, such narratives often coexist with institutional systems that continue to require evidence of impairment to determine eligibility for support. Within this context, strengths-focused framings have been described as creating pressures to downplay difficulties or demonstrate exceptional competence (Draaisma, 2009; Halder et al., 2024), potentially obscuring ongoing communication, sensory, or adaptive challenges that remain relevant to daily functioning.

However, responses to ‘superpower’ narratives are not uniformly positive. Some autistic adults report that these framings impose narrow expectations of exceptionalism, creating a disconnect between strengths-based rhetoric and lived experience, particularly for those whose difficulties remain significant (Botha et al., 2022; Quigley et al., 2024).

Analyses of policy and organisational materials indicate that strengths rhetoric is frequently mobilised in employer programmes, corporate diversity initiatives, and educational guidance, often highlighting traits such as ‘attention to detail’, ‘logical thinking’, or ‘exceptional focus’ (Austin & Pisano, 2017; Krzeminska et al., 2019; Ortiz,

2020). These representations typically emphasise attributes associated with productivity or employability, even as the same systems rely on impairment documentation for accommodations or support.

Across these public-facing contexts, strengths-based representations tend to foreground autistic individuals who are verbal, independent, and have lower physical or social support needs, while those with higher or more complex needs appear far less frequently, including within co-produced or participatory research spaces (Chapman & Veit, 2020; Leadbitter et al., 2021; McCoy et al., 2020). This selective focus parallels patterns observed in disability and mental health domains, where forms of variation perceived as socially palatable or culturally valuable receive greater representation, while others remain primarily framed through medical or impairment-based lenses (Aspler et al., 2022; Faser, 2017). Collectively, these patterns highlight uneven recognition across the landscape of autism discourse, with strengths narratives amplifying certain autistic experiences while leaving others comparatively marginalised.

Diagnostic Drift and Conceptual Variability

The shift to a spectrum model within DSM-5 and ICD-11 increased inclusivity but also contributed to diagnostic drift. The ICD-11 permits highly heterogeneous combinations of behavioural features, making boundaries between autism and adjacent neurodevelopmental or personality profiles less distinct (World Health Organization, 2022). This reflects the challenge of capturing broad behavioural variability within a single diagnostic category and has produced increasing diversity in clinical presentations (Volkmar & McPartland, 2014).

Research on developmental trajectories similarly identifies substantial heterogeneity, with patterns of skill acquisition, developmental progress, or regression varying widely across individuals (Kim et al., 2018; Lombardo et al., 2019). These findings align with broader critiques of classification systems in which expanding inclusivity also increases conceptual variability (Hacking, 1999; 2009).

Reports of variation in diagnostic practice further reflect this trend. Studies have documented differences in threshold interpretation, assessment procedures, and

diagnostic outcomes across UK and international services, even when the same tools or criteria are used, especially when taking into account differing sociocultural context of clinicians and service users (Mandy et al., 2014; Tafla et al., 2024; Woolfenden et al., 2012). This variability indicates that broadened criteria not only shape the population identified as autistic but also contribute to inconsistencies in how autism is operationalised across clinical settings.

Discussion

Autism in the UK is governed by a hybrid framework in which medical, legal, social, and identity-based logics coexist without conceptual integration. The findings of this review show that these framings are used in parallel, often for different institutional purposes, and that this coexistence generates tensions with practical, ethical, and policy implications. Rather than a unified model, autism functions as a category whose meaning shifts across contexts, supporting clinical assessment, triggering legal protections, legitimising identity claims, and structuring public discourse. These patterns echo wider dynamics across psychiatry and disability governance, where diagnostic constructs frequently serve both epistemic and administrative functions

Autism within Broader Classification Patterns

Similar hybridity has been observed in other areas of mental health and disability. Contemporary personality disorder frameworks increasingly blend dimensional, interpersonal, and biomedical perspectives while preserving diagnostic authority and eligibility implications (Zinchenko & Elhamoui, 2025). D/deaf scholarship likewise demonstrates how medical framings may persist within systems even when communities articulate cultural–linguistic identities in place of deficit-based explanations (Ladd, 2003). Controversies surrounding cochlear implants or prenatal testing for Down’s syndrome further illustrate how clinical classifications and technologies may lead to societal judgements about which forms of human variation warrant intervention (Marchant & Robert, 2008; Parens & Asch, 2003). These cross-field examples highlight that autism’s hybrid configuration is not unique, but part of a

broader pattern in which systems adopt inclusive rhetoric while maintaining impairment-based structures for the purposes of governance, resource allocation, and scientific understanding.

The Institutional Authority of Diagnosis

The review's findings highlight the continued significance of diagnosis as the mechanism through which access to statutory support is determined. This persists despite expanding diagnostic criteria and the increasing prominence of neurodiversity-affirming discourse. Across education, welfare, and employment systems, formal diagnosis acts as the point of entry into support pathways because it provides an administratively defensible threshold in contexts of limited resources (Arribas-Ayllon, 2025; Pellicano et al., 2014).

This reliance produces a structural dilemma in which public-facing discourse increasingly frames autism as difference, identity, or cognitive style, while disability rights frameworks depend on demonstrable impairment to justify legal obligations (The Equality Act, 2010; Porter et al., 2021; Tassinari Rogalin et al., 2024). The system therefore simultaneously resists and requires deficit-based language, with diagnostic authority remaining necessary to trigger reasonable adjustments and statutory protections; whilst identity-first and strengths-based framings seek to distance autism from the lens of disability and disorder (Shakespeare, 2013). These competing priorities are not conceptually reconciled, leaving diagnosis in a contradictory position, where it is culturally problematised yet institutionally necessary.

Conceptual Instability and the Limits of the Category

The movement toward broader, more inclusive diagnostic criteria contribute to both diversity in presentation and uncertainty in clinical application. The expansion of symptomatic-behavioural combinations within DSM-5 and ICD-11 allows ASD to encompass a wide range of developmental profiles, but this inclusivity also reduces the specificity with which diagnosis predicts support needs or guides intervention (Volkmar & McPartland, 2014). The findings align with existing critiques that categorical breadth generates conceptual looseness and concept creep, complicating attempts to treat

autism as a stable or unified construct (Haslam et al., 2021; Volkmar & McPartland, 2014).

Biomedical research introduces further complexity. Although genetic and neurodevelopmental contributions to autistic traits are well documented, no unique biological signature has been established, and the heterogeneity of causal pathways continues to increase (Wang et al., 2025). Recent work synthesised by Waterhouse and Mottron (2023) underscores this issue, with none of the reviewed studies supporting autism as a single biological entity. Instead, the category aggregates multiple aetiological routes and behavioural profiles under one label. This challenges the assumption that diagnostic unity reflects biological unity and raises questions about whether current criteria can sustain the explanatory and organisational roles assigned to them across clinical and administrative systems.

Inequalities in Recognition and Access

The hybrid model produces unequal experiences of diagnosis and recognition, shaped by differences in support needs, institutional dependence, and access to formal pathways. Research consistently shows that autistic people with fewer or less visible support needs are more likely to seek diagnosis voluntarily, often as a means of self-understanding, validation, or limited accommodation, whereas those with higher or more complex needs are more frequently assessed at the request of caregivers, schools, or services in order to evidence impairment and justify care (Gorlin et al., 2016; de Broize et al., 2022; Lin et al., 2025). These differing diagnostic trajectories create different relationships to diagnosis, experienced as affirming and self-directed for some, but compulsory and administratively imposed for others, reflecting inequities embedded within eligibility-driven systems of support.

The growth of self-diagnosis highlights these disparities further, with extended waiting times, restricted assessment capacity, and uneven clinical access contributing to increasing rates of self-identification, particularly among younger adults and groups historically under-recognised in diagnostic practice (Mittmann et al., 2025; Overton, 2024). While self-diagnosis may offer explanatory language, community affiliation, and a sense of legitimacy outside formal systems (Friedman et al., 2024; Sarrett, 2016), it

carries no institutional authority. Individuals who do not depend on statutory services may therefore navigate autism primarily as an identity, whereas those who require funded support remain reliant on medicalised pathways that prioritise demonstrable impairment (Gorlin et al., 2016; Lin et al., 2025). The result is a tiered landscape in which cultural recognition and identity-based inclusion are unevenly aligned with material access to support.

Selective Visibility and Representational Hierarchies

The prominence of strengths-based narratives has not just altered how autism is described, but has restructured how autistic lives become socially understandable. Autistic people whose experiences align with dominant social values are more easily incorporated into affirmative narratives, while those whose support needs are intensive, fluctuating, or less compatible with ideals of autonomy remain primarily visible through medical or impairment-based frames (Chapman & Veit, 2020; Leadbitter et al., 2021).

The celebration of autistic strengths, particularly as ‘superpowers’, by the neurodiversity movement has played a powerful role in challenging deficit narratives. But when active within a system that still requires impairment to unlock support, this discourse can create new forms of alienation. Individuals may feel pressure to appear exceptional or capable in order to ‘earn’ inclusion, so when they experience difficulty because of autism, it may feel like personal failure rather than a legitimate need.

For those with lower support needs the language of ‘superpowers’ or ‘different ways of thinking’ may feel like a push to diminish acknowledgements of their challenges, particularly those which lead to an autism diagnosis. Whilst those with higher support needs may feel this language is irrelevant or even erasing as the public often struggles to reconcile more visible or intensive forms of support with narratives of strength or giftedness, making it harder to affirm those experiences within the same celebratory frame. Despite the spectrum framing, public affirmation often centres those who are verbal, independent, and socially valued, reinforcing rather than dismantling existing hierarchies of worth. The hybrid model does not merely fail to

resolve these tensions, it conceals them behind inclusive language that is rarely backed by structural change.

Toward Conceptual and Structural Clarity

Across the domains examined in this review, a clear pattern emerges: autism's contemporary configuration offers institutional flexibility but lacks structural coherence. Medical, legal, social, and identity-based framings are routinely mobilised for different purposes, yet the relationships between them remain largely unexamined. What is often described as pragmatic hybridity may therefore reflect not conceptual integration, but an institutional reluctance to confront the costs and responsibilities attached to each framing.

The problem is not simply that multiple models of autism coexist, but that systems move between them without articulating why, when, or with what consequences. Medical and social framings are alternated because each compensates for the limitations of the other, producing a form of functional ambiguity that is often celebrated as flexibility but may instead serve to avoid clarity, accountability, and principled commitment.

This ambiguity has material consequences. If autism is treated as a disability, what justifies that designation and what obligations follow? In law and policy, disability activates enforceable duties grounded in clinical evidence and demonstrable impairment. If impairment-based justification is rhetorically rejected, the basis of these obligations becomes unstable. Conversely, if autism continues to be diagnosed using standardised clinical tools, it is reasonable to ask why it is operationalised like other disorders while being framed as exempt from their usual implications.

Put differently, if autism is framed primarily as difference, on what grounds does society bear responsibility for accommodation? And if autism-related difficulties are understood solely as social mismatch, do we risk rendering significant cognitive, sensory, or functional challenges conceptually illegible?

These are not abstract questions. They are embedded in everyday institutional practice, where diagnosis continues to translate difference into thresholds that activate support. This review does not call for a single unified model of autism, but for

transparency about how different framings are used, what work they do, and what trade-offs they entail. Without such clarity, rhetorical inclusivity risks continuing to substitute for structural accountability.

Conclusion

This review demonstrates that autism in the UK is governed by a hybrid framework that combines disorder, disability, difference, and identity without resolving their underlying tensions. While this configuration is often presented as inclusive, it operates as a layered compromise that preserves diagnostic authority, relies on impairment to allocate support, and selectively affirms certain autistic experiences over others. Diagnosis remains central not because it offers conceptual clarity, but because it functions as an administratively defensible mechanism for rationing resources, even as identity-based and strengths-oriented narratives gain cultural prominence. These contradictions produce uneven access, reinforce representational hierarchies, and leave core ethical and policy questions unaddressed. The problem is not hybridisation, but the absence of transparency about what autism is taken to be, what counts as harm or need, and what responsibilities follow from each framing. Without greater conceptual and structural clarity, autism policy and practice risk remaining rhetorically progressive while structurally inconsistent, perpetuating inequities across the spectrum of support needs.

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Conflicts of Interest:

The authors declare no conflicts of interest.

Ethical Approval:

This article reports a conceptual review based entirely on publicly available sources. No human participants, personal data, or sensitive materials were involved, and therefore ethical approval was not required.

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