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Commentary

Beyond "autism spectrum disorder": toward a redefinition of the conceptual foundations of autism

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Abstract: This article critically examines the conceptual and clinical frameworks underpinning the understanding of autism, challenging the dominance of the autism spectrum disorder (ASD) label. Since the introduction of ASD in the fifth version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), research has largely emphasized deficit-focused perspectives, aligning autism with intellectual and cognitive disability. Historical accounts by researchers like Sukhareva, Kanner, Asperger, and Frankl, however, depict autism as a complex neurotype characterized by unique strengths, intelligence, creativity, and personality traits. By juxtaposing these foundational insights with the modern pathological framing introduced by Wing and Gould, the article highlights the limitations of ASD in capturing the real nature and definition of autism. A review of autism research trends reveals a persistent bias toward a homogeneous, deficit-oriented model, often excluding perspectives that view autism as a form of cognitive diversity. The article also critiques media representations, which oscillate between stereotypical portrayals and reductive "idiot" and savant depictions, failing to "authentically" represent autism. Advocating for a paradigm shift, it calls for an interdisciplinary approach rooted in biology (research about species and genera), cognitive and evolutionary psychology, ecology, and anthropology (research about alterity and otherness) and challenges the entrenched deficit model. This shift would promote a better understanding of autism, acknowledging it as a neurodevelopmental condition (characterized by distinct cognitive patterns) rather than a disorder (defined by deficits and/or impairments).

Keywords: autism spectrum disorder; autism; neurodiversity; cognitive diversity; deficits; disability; alterity; epistemology

1. Introduction: reassessing autism beyond the ASD label

1.1. Current autism research

Since the publication of the fifth version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) in 2013 [1] and its subsequent update in 2022 with the DSM-5-TR (Text Revision) [2], the classification of and research about autism and autism spectrum disorder (ASD) have undergone notable modifications, and interest in the field has surged dramatically (see for example [3,4] for a description of all the changes introduced in 2022 by the revised version of the DSM).

In order to grasp broad patterns in the academic framing of autism, I used the generic term "autism" as a search keyword (without excluding alternative framings such as neurodiversity or identity-first language) so as to capture the full range of research that engages with the concept, regardless of disciplinary or diagnostic alignment. A PubMed search thus using the keyword "autism" yields 59,973 results from 2013 to 2024 alone, compared with just 22,471 results spanning from 1946 to 2012. On Google Scholar, the contrast is even more pronounced, with 646,000 publications about autism from 2013 to 2024, as opposed to 615,000 between 1946 and 2012. Notably, an analysis of the most cited articles on the first 15 pages of Google Scholar with over 1000 citations since 1980 (and given the dominance of clinical and biomedical frameworks in mainstream databases) reveals that research trends overwhelmingly emphasize a pathological view of autism, with the ASD label largely synonymous with disability and deficit frameworks. Among the most cited articles (more than 3000 citations), two dominant perspectives emerge: Baron-Cohen's work [5], which initially aligned with Asperger's early insights, seeing autism more as a difference than a disorder, and the clinical perspective of Johnson and Myers [6], which is more closely tied to Wing's interpretation of ASD as inherently associated with disability [7]. Despite Baron-Cohen's recent evolution toward a neurodiversity perspective, questioning the classification of autism as a disorder and suggesting it may carry evolutionary advantages [8,9], a pathological framing still persists in 36 of the 37 top-cited studies on Google Scholar, whether among those quoted between 2000 and 3000 times [10–14], or those quoted between 1000 and 2000 times [15–34]. A deeper analysis of articles cited over 500 times would likely reveal a similar trend, underscoring the strong bias toward framing autism exclusively within ASD and associating autism with deficits (see, for example [35] for a discussion of the prevalence of traditional medical language in autism studies) rather than as a distinct neurobiological difference and a specific neurotype (see, for example [4] for a discussion about the ASD label as a product of the tools that have been used to measure it).

It is important to note that, for the purposes of this article, I have used the broad term "autism" in literature searches to trace dominant patterns in the academic and clinical framing of the condition. While this strategy captures the mainstream evolution of autism research (largely shaped by diagnostic criteria such as ASD), it inevitably foregrounds literature situated within medicalized and deficit-oriented paradigms. Alternative framings, such as those found in neurodiversity studies, critical autism studies, or identity-first perspectives, may be underrepresented in such searches despite offering crucial insights. Terms like "autistic people," "neurodivergent," or "autism identity" often appear in research grounded in lived experience or social theory, which is less likely to be indexed under traditional medical or psychological keywords. Therefore, the patterns reported here should be read as reflecting dominant scientific narratives about autism rather than a full picture of all autism-related scholarship. These limits, however, further underscore our central claim that the dominance of the ASD framework has obscured earlier, more pluralistic and nuanced understandings of autism as a form of difference rather than deficit.

1.2. History of autism

Historically, foundational figures in autism research (e.g., Sukhareva, Kanner, Frankl, and Asperger) documented traits in populations that diverge considerably from the current criteria centered around ASD as conceptualized by Wing and Gould [36].

Sukhareva's observations in the 1920s [37–40] (translated and commented on by Rebecchi [41]) provided one of the first clinical portraits of autism, identifying a range of traits in boys and girls that were strikingly distinct from modern classifications. She noted affective ambivalence, characterized by complex and often contradictory emotions, as well as selective sociability, a reserved temperament, and ambivalence in social responses. These children exhibited behaviors like intense, abstract, or schematic thinking; artistic skills; and, particularly in boys, pronounced motor difficulties. This early perspective acknowledged the variability within autistic traits and did not inherently tie autism to intellectual disability like Wing and Gould [36].

Asperger's [42,43] (translated and commented on by Rebecchi, [44–46]) framework, emphasized the unique intelligence and original language of autistic individuals. He described autistic intelligence as a distinct and often high-level cognitive style marked by creativity, spontaneity, and a keen aesthetic sense, even if social conventions and learning through imitation were challenging. Asperger's writings thus centered on the strengths and specific traits of the children, including an atypical approach to humor, detachment from social conventions, and a preference for factual communication, rather than focusing on deficits or disabilities.

Kanner's description [47,48] introduced a narrower definition with a focus on two central characteristics: An unusual way of relating to people and situations from an early age and an obsessive desire for sameness. Interestingly, Kanner was continuing down the path opened up by Sukhareva and Asperger, with the idea that there could be different ways of relating to people, without this being fully considered a disorder or disability. In fact, contrary to popular belief, Kanner did not describe children with severe intellectual disabilities and/or deficits.

Frankl [49] contributed a further dimension, exploring autism as a psychological state that was not inherently abnormal. For Frankl, who worked both earlier with Kanner and Asperger, the autistic state existed in dynamic relation to social engagement. He proposed that individuals could alternate freely between communicative and autistic states, whereas those with pathological autism were unable to transition fluidly, experiencing distress or discomfort when attempting to engage socially. This view aligns more with a state of mind or consciousness rather than a disorder, further challenging the modern tendency to rigidly classify autism within a clinical deficit framework.

By the time of Wing and Gould's work [36] and Wing [50], however, the concept of autism had shifted toward a more deficit-focused, pathology-oriented view, with ASD framed primarily through persistent deficits in social communication and repetitive behaviors. The DSM criteria based on Wing's perspective emphasize disability across the social, emotional, communicative, and behavioral domains, with a focus on disability and clinically significant impacts on daily functioning. This framework explicitly associates autism with intellectual and developmental disabilities, which fundamentally contrasts with the nuanced differences and strength-oriented portrayals of Sukhareva, Asperger, Kanner, and Frankl. By revisiting these early conceptions (see, for example, Feinstein [51] for a full historical description of autism), we aim to highlight the evolution and diversification of autism's portrayal over time, questioning the validity of ASD as the sole framework for understanding autism and autistic experiences and exploring the rich variety in foundational autism research that is largely absent in current categorizations (see, for example, Chapman [52] for a discussion about understanding autism as a socially meaningful category beyond strict biomedical or psychiatric definitions).

2. The limitations of the ASD label in understanding autism

The concept of ASD, as developed by Lorna Wing and Judith Gould in their 1979 study [36], fundamentally reshaped the clinical understanding of autism by framing it within the context of severe social impairments, repetitive behaviors, and, in almost all cases, intellectual disability (ID). Wing and Gould's research was grounded in a population-based study in the Camberwell area of South London in special education schools, where they reviewed records of 914 children and ultimately focused on 132 cases using a triadic criterion. This framework (characterized by deficits in social interaction, impairments in verbal and nonverbal communication, and repetitive, stereotyped behaviors) became the foundation of what was known as the autistic triad and now the autistic dyad. Their work notably grouped socially impaired children with those who were severely mentally disabled, and observed that nearly all the mobile children with profound mental retardation displayed significant social deficits. Furthermore, they reported that the majority of children diagnosed with autism or similar conditions scored within the lower IQ (intelligence quotient) ranges, stating that most children with social impairments also had associated language and behavioral issues and IQs below 50. Their conclusions challenged the utility of autism as a distinct classification, casting doubt on the differentiation of subtypes initially described by Kanner, Asperger, and others.

The current clinical framing of autism, particularly under the label of ASD, is thus historically grounded in the triadic model introduced by Wing and Gould [36], which emphasized deficits in social interaction, communication, and behavior. While Wing's contribution was pivotal in shaping diagnostic criteria, it is important to clarify that she is not solely responsible for the persistence of the pathology-oriented paradigm that dominates autism discourse today, and that her intention was probably not to pathologize autism further or to align it uncritically with intellectual disability. That said, the structural framework she helped define (especially through the triadic model) laid the groundwork for subsequent classifications in diagnostic manuals such as the DSM. Over time, this framework became entangled with the growing dominance of biomedical, pathogen-centered models of autism, which emphasized functional impairments and clinical severity. As Fein [53] argues, this evolution owes more to institutional dynamics, political advocacy, and research funding priorities than to the original intentions of any one clinician or researcher. In this sense, Wing's legacy is complex: She broadened the understanding of autism and increased visibility for many children, yet the conceptual architecture she contributed to has also been instrumental in establishing a deficit-based paradigm that continues to shape clinical and cultural understandings of autism today. Contemporary proponents of the pathology paradigm may not directly reference Wing's work, yet the conceptual underpinnings of ASD remain largely indebted to the structure first proposed in her and Gould 1979 study. Moreover, from a feminist and sociological epistemological perspective, Wing's position as both a clinician and the mother of a severely disabled child complicates any simplistic reading of her contribution. Basing on Haraway's [54] concept of "situated knowledges," it is crucial to acknowledge that scientific objectivity is always partial, located, and embodied. Wing's lived experience likely shaped her understanding of autism and her desire to challenge rigid diagnostic boundaries, making space, for instance, for children who, like her daughter, were excluded from care under narrower definitions. Her clinical framework, then, emerged not from detached abstraction but from an entangled position that bridged personal advocacy, professional expertise, and institutional constraints. Recognizing this situatedness does not negate the lasting impact of her model on deficit-oriented classifications of autism but rather helps us historicize it within a complex web of motivations, values, and social forces. Equally important is the institutional context in which Wing was operating: The rise of large-scale epidemiological research in postwar Britain, which increasingly framed behavioral differences through statistical norms rather than situational or relational variability. As population-based models came to dominate psychiatric research, the understanding of social behavior was shaped less by clinical nuance than by quantifiable deviation from constructed standards of normality. As recent scholarship has shown [55,56], normative ideals about cognition and behavior became deeply embedded in diagnostic systems and public discourse, reinforcing the medicalization of autism. Situating Wing's work within this broader historical framework allows us to see how a project initially aimed at expanding access and recognition could come to support a classificatory logic centered on impairment.

This reconceptualization thus started in the early 1960s in Britain and the United States of America (exemplified by researchers such as Ole Ivar Lovaas, Judith Gould, Victor Lotter, Donald Cohen, Bernard Rimland, Eric Schopler, Catherine Lord, and Michael Rutter, and exemplified and highlighted here with Lorna Wing) with the growth in epidemiological and statistical studies in child psychiatry [57,58], marked a significant shift from the foundational accounts of autism provided by early researchers. Kanner and Asperger, for instance, described cases where intellectual disability was not really present. In Asperger's cases, individuals often displayed high levels of intelligence, original thought, and creativity, characteristics Wing did not emphasize in her adaptation. Instead, Wing's interpretation leaned heavily on the deficit framework, positioning autism as predominantly linked to cognitive delay and intellectual impairment. Wing's 1981 article on Asperger's syndrome continued this trend, modifying Asperger's descriptions to align with the triadic structure from her 1979 study. She introduced her own interpretations, noting several additional developmental elements and discrepancies with Asperger's observations. For example, where Asperger saw creativity, originality, and intelligence, Wing redefined these qualities as rigid logic and rote memorization. Only a tiny minority of the cases Wing treated had IQs above 70, and half had IQs below 50, reinforcing her view of autism as a form of disability. It is also worth noting that the selective interpretation of Asperger's work through a deficit-oriented lens was not limited to Wing; later researchers such as Baron-Cohen emphasized autistic talents in science, technology, engineering, and mathematics (STEM) while overlooking the aesthetic and creative dimensions Asperger had originally highlighted (see, for example, [59]). Frith [60] influential republishing of Asperger's text also framed his insights within a predominantly clinical narrative and dismissed alternative, first-person accounts that challenged deficit-based models of autism.

Recent literature further highlights the complexities of distinguishing autism from intellectual disability. In their work on differentiating between intellectual disability and ASD, Thurm et al. [61] point out that parents prefer to obtain diagnoses of ASD (and they put pressure on healthcare professionals to obtain them) rather than intellectual disability because autistic people generally benefit from more complete services (more public policy on the topic and more funding). However, theoretically, ASD should not be diagnosed if the symptoms are explained by intellectual disability or general developmental delay (DSM-V Criterion E). Blacher et al. [62] elaborated on this diagnostic ambiguity in their recent work on autism and intellectual disability, noting that the behavioral overlap between these diagnoses includes common traits like echolalia, sensory processing issues, and repetitive behaviors. In their analysis, Blacher et al. observed that these characteristics are not exclusive to ASD, as they frequently occur in individuals with ID, thereby complicating the differential diagnosis. They highlight that clinicians often rely on restricted and repetitive behaviors (Criterion B in the DSM-5) as a diagnostic differentiator; however, this criterion alone may not adequately distinguish ASD from ID, as repetitive behaviors and sensory issues are also well-documented in ID [63–65].

Moreover, Wing's framing continues to influence public and clinical approaches to autism, aligning closely with an impairment-centric model. This model stands in stark contrast to the early descriptions of Asperger, Kanner, and others, who did not consistently associate autism with intellectual disability. Baron-Cohen [8], for example, argues for a reconceptualization of autism not as a disorder but as a neurobiological variation, positing that in supportive environments, autistic individuals may thrive beyond neurotypical standards. Research by Gellini & Marczak [66] underscores this perspective, as autistic adults often report feeling like an alien or not defective, sentiments that highlight autism as a unique way of experiencing the world rather than an inherent deficit. This shift in perspective is central to the neurodiversity movement, which emerged in the late 1990s as a political and cultural framework for understanding autism and other cognitive differences. First articulated by Judy Singer [67–69], neurodiversity reframes neurological variation as a form of human diversity akin to race, gender, or sexual orientation, and challenges deficit-based models. Singer explicitly states that the term was intended as a political, not scientific, concept, one meant to enrich the social model of disability by emphasizing the value of neurocognitive variation rather than framing it as pathology. This position is echoed by early proponents such as Sinclair [70], who rejected the pathologization of autism and urged parents and professionals to understand autistic identity on its own terms. Duchan [71] also questioned whether autistic behavior should be seen as deviant or simply different. Furthermore, Wolfensberger [72], pointed out that the principle of normalization emphasizes the right of devalued groups to access culturally valued social roles, environments, and appearances. He supported the idea that societal perceptions and service structures play a major role in reinforcing or challenging stigmatization, and called for a shift from ideologically driven service models to ones that affirm the humanity and dignity of marginalized people. Silberman [73] later popularized all these ideas in *NeuroTribes*, documenting how societal exclusion, rather than intrinsic disability, has often defined the autistic experience.

The persistence of Wing's pathological framework thus represents a significant departure from autism's original conceptualizations as a complex neurotype. By framing autism predominantly within an ASD label tied to deficits, the clinical model shaped by Wing has guided diagnostic criteria, research priorities, and societal perspectives toward autism as a disabling disorder. This modern framework may limit the full understanding of autism, making it imperative to revisit foundational concepts and consider alternative paradigms for understanding autism (see, for example, Mottron [74] and Mottron & Bzdok [75] for discussions about coming back to autism prototypes).

3. Bias in (medical) autism literature: a homogeneous and conformist paradigm

The current body of autism research exhibits a strikingly homogeneous paradigm that reinforces a narrow, deficit-focused view of autism, primarily framed through the ASD label. Many recent publications have centered on refining terminologies, such as the debate over “identity-first” versus “person-first” language [76] or exploring trends like “masking” [77], the presentation of autism in girls [78], and normalizing autistic behaviors through behavioral therapies and educational interventions [79]. Carmona-Serrano et al. [80] identified three predominant thematic lines in autism research: Studies on mothers of children with ASD, young people with ASD, and the diagnosis and inclusion of these students in educational settings. Moreover, Graff et al. [81], in their systematic analysis of trends in autism research, noted that across all research designs, medical research received the most focus (N = 486), followed by studies on social/emotional behaviors (N = 297) and educational topics (N = 238), with qualitative research predominantly focusing on medical case studies. While these topics offer some insight into some individuals’ experiences, they frequently do so without critically examining the foundational theories underlying the ASD label or the assumptions embedded within a deficit-based model. This focus on peripheral issues detracts from a deeper re-evaluation of what autism encompasses, perpetuating a surface-level engagement with autism research rather than fostering innovative or transformative insights.

A significant issue within this literature is the lack of critical debate and diversity of perspectives. The dominant paradigm in autism research continues to conceptualize autism primarily through the lens of deficits, viewing it as a disorder characterized by disability in social interaction, communication, and restricted or repetitive behaviors. This restrictive model, codified in the DSM and the International Classification of Diseases (ICD) frameworks, has deeply influenced both clinical practice and academic research, with major journals on autism publishing predominantly within this paradigm. Articles that propose alternative views or challenge the deficit-focused ASD framework are rare, contributing to an intellectual echo chamber that reinforces the prevailing view rather than inviting a plurality of perspectives. This paradigm’s homogeneity also impacts the types of subjects typically included in research studies. Many researchers rely on samples composed of individuals who understand and identify autism solely through the ASD lens, effectively sidelining those whose experiences or beliefs might challenge the status quo. This focus on ASD as the standard for autism leads to a self-reinforcing cycle in which only those who fit the ASD framework are studied, while those who think, live, and/or conceptualize autism differently remain underrepresented or excluded. Consequently, the findings are biased towards an understanding of autism as inherently tied to disability, despite the growing recognition within some communities and schools of thought that autism might represent a distinct neurodevelopmental profile rather than a disorder. This limitation extends beyond academia and research. Within major activist movements, the focus has shifted toward advocating for well-being, personal fulfillment, and accessibility for autistic individuals (see, for example [82–84] for research on the priorities of the autism communities). While these goals are undoubtedly positive, they nonetheless mostly operate within the same deficit-based framework that centers on ASD as a disorder. The broader autism community (if there is such a thing as a uniform autistic community) remains tethered to this model, framing discussions of support and accommodation around the assumption that autism, as defined by ASD, inherently limits individuals’ quality of life. Consequently, even as advocacy movements and some scholars push for more humane and holistic approaches to autism [85–87], they sometimes remain constrained by the prevailing view that autism is, at its core, a disorder. This alignment of academic research, clinical practice, and activism results in a self-perpetuating system where the ASD label and its associated deficit paradigm remain largely unchallenged. This restricts the possibility for more nuanced (see, for instance Eyal et al. [88] for a discussion of the conceptualization of autism as neither mental illness nor mental retardation, and neither curable nor incurable, but something in between, and Mottron [89] for a discussion about autism as a different kind of intelligence) or diverse understandings of autism that might prioritize cognitive and personality diversity over disabilities (see, for example, Mottron [90] for a discussion about autism as a simple developmental bifurcation, like twinship, and Grinker [91] for a discussion about how the positive characteristics of autism that contribute to human diversity and creativity). Moving towards a more inclusive and expansive understanding of autism requires both research and advocacy to embrace a plurality of perspectives. Engaging critically with foundational assumptions, considering autism outside the framework of ASD and valuing diverse neurodevelopmental expressions could open new avenues for understanding autism beyond disabilities. This shift would require both the academic and activist communities to question long-held assumptions, inviting debate, innovation, and, ultimately, a more nuanced and reflective view of what autism truly encompasses.

4. Media representation and the (de)pathologization of autism

Media portrayals of autism (see, for example, Waltz [92] for a discussion about how autism has been represented in traditional media and social media) have a profound influence on public understanding, shaping perceptions in ways that can both clarify and distort what autism truly encompasses. Increasingly, characters depicted as autistic or possessing autistic traits appear across film, television, comics, and video games, yet many of these portrayals do not align with the diagnostic criteria of ASD as described in clinical frameworks. Instead, these characters often reflect earlier, more diverse conceptualizations of autism that emphasize unique cognitive profiles, personality traits, and individual strengths. For example, fictional characters like Sheldon Cooper (*The Big Bang Theory*), Sherlock Holmes (*Sherlock*), Symmetra (*Overwatch 2*), Josh Sauchak (*Watch Dogs 2*), and Temperance Brennan (*Bones*) embody traits such as intense focus, exceptional skills, or social detachment that resonate with certain descriptions of autism from Asperger, Sukhareva, and Frankl, rather than the deficit-oriented ASD model.

These representations have been extensively discussed and analyzed by Murray [93], who argues that popular culture often metaphorizes autism as a symbolic device. According to him, autism is a site of narrative fascination (frequently reduced to tropes such as the savant or the "idiot") serving the development of neurotypical characters rather than offering insight into autistic subjectivity. Murray also introduces the notion of "autistic presence" as a way to re-center representations around the lived experience of autistic individuals and the discussion about the condition of being human.

Furthermore, these representations do not adhere to the DSM-5's emphasis on social and communicative deficits, repetitive behaviors, or other disability-centric characteristics. In contrast, popular media often omits the term "autistic" altogether for such characters, suggesting that the presence of strengths, independence, or intelligence may be incompatible with the label, a reflection of society's narrow, disability-focused view of autism. Audiences may come to expect that all autistic individuals should either fit the "gifted but socially impaired" trope or display marked disabilities that necessitate external support. For example, characters like Saga Norén (*The Bridge*), Harriet Manners

(*Geek Girl*), and Newt Scamander (*Fantastic Beasts and Where to Find Them*), while exhibiting many traits associated with autism, are often not identified as autistic due to their functional independence, unique skillsets, or intelligence. This divergence implies that autistic individuals who do not conform to stereotypical portrayals of disability cannot be "truly autistic," reinforcing a narrow, medicalized view of the condition. Yet these characters hold the potential to serve as positive role models for young autistic viewers, showcasing a variety of ways that autistic traits can contribute to personal success and social value. This is particularly relevant to Asperger's observations that many autistic individuals integrate well into society, especially in fields where their unique cognitive abilities are appreciated. Many autistic individuals thrive in scientific or artistic domains, contributing innovatively and adding value to society through their intense focus, creativity, and unique perspectives. However, these are areas that, while impactful, often lack the political and financial support necessary to fully harness and recognize the talents of autistic individuals. As a result, while such characters might highlight the strengths and potential of autism, they simultaneously underscore a gap in societal support for the real-life opportunities that could enable autistic individuals to succeed in these domains.

Other portrayals, however, lean heavily into the stereotypical and often clichéd view of ASD, reinforcing a homogenized understanding of autism that aligns closely with the clinical model. Characters like Shaun Murphy in *The Good Doctor*, Rain Man in the eponymous film, Woo Young-woo in *Extraordinary Attorney Woo*, or Sam Gardner in *Atypical* (see, for example, Nordahl-Hansen [94] for a discussion about the accuracy of this portrayal) showcase a narrow, almost formulaic interpretation of autism. These characters are typically presented as possessing both social disability and a specific savant syndrome, such as exceptional memory or a talent for mathematics. While these portrayals can raise awareness, they also risk perpetuating misconceptions, as they generalize autistic experiences to fit a specific mold. Such representations have significant implications for public perceptions. By depicting autism in dichotomous ways (either as a profound disability with limited independence or as an eccentricity paired with savant abilities) media portrayals obscure what really is autism. Movies such as *Music* by Sia, which received widespread criticism, demonstrate the pitfalls of media portrayals that rely on outdated or exaggerated stereotypes. In attempting to represent autism, *Music* depicted the autistic character through exaggerated, even offensive behaviors that lack authenticity, raising questions about the ethics and responsibility of portraying autism in such a reductive manner. Such media representations risk reinforcing negative stereotypes, stigmatizing autistic individuals by implying that their behaviors are incompatible with meaningful social roles or independence.

5. Conclusion: towards new (old) paradigms and frameworks for autism research?

This article underscores the importance of questioning the foundational assumptions of the ASD framework, which predominantly defines autism through a deficit-focused, medicalized lens. Since Wing and Gould's [36] redefinition, the concept of autism has shifted towards a view that narrowly associates it with intellectual disability and psychiatric impairment. This shift, however, has neglected the diversity of experiences and profiles seen in autistic individuals (particularly those that have been described historically by Sukhareva, Kanner, Asperger, and Frankl), reducing autism to a disorder rather than acknowledging it as a form of cognitive diversity [95,96], conceptualizing autism totally outside the field of disability and psychiatry, and recontextualizing it in a more anthropological vision (among the otherness and alterity studies as described and defined in Corbey & Leerssen [97] and

Wulf [98]). However, the notion of neurodiversity as a nonpathological form of cognitive variation is far from recent. As early as the 1930s, psychiatrist and neurologist Schröder [99] proposed a characterological view of psychopathy, describing it as a manifestation of significant psychological variability rather than a disorder. He argued that such traits reflect broader, nonpathological differences in human character structures, variations that, while outside normative standards, are neither qualitatively novel nor inherently pathological. Moreover, Scheepers [100] frames neurodevelopmental conditions as expressions of individual variability, and Plomin [101] contends that the distinction between normality and abnormality is itself a social construct, emphasizing that "what is abnormal is normal".

As Rebecchi [46,102] suggested, a classification of autism purely as a disability is much more ideological than scientific, does not represent the entire historical scientific literature on autism, and fails to account for the cognitive and neurodevelopmental uniqueness and skills that characterize many autistic individuals. Moreover, current conceptions of autism lack clear genetic, neurological, or biological markers [103], and there are numerous conflicts of interest, often undeclared, within the panels that define DSM disorders [104,105]. In this context, Bervoets and Hens [106] have compellingly argued that the prevailing dualism between biological reductionism and social constructivism creates a moral and conceptual stalemate in autism research. They call for an ethical reframing that neither disconnects nor collapses the relationship between biology and lived experience, and this argument resonates with the present article's aim to open a new epistemic space beyond rigid paradigms.

To facilitate this shift, we advocate for an alternative research paradigm grounded in Feyerabend's [107] anarchistic epistemology, which challenges the notion of a singular, correct scientific approach. Anarchistic epistemology's core principles (encouraging hypotheses that challenge established theories and familiar results through counter-induction, such as the idea that ASD is autism and all autism, or the idea that autism requires a diagnosis; revisiting and re-evaluating old ideas such as the autistic descriptions of Sukhareva, Frankl, and Asperger; and questioning the dominant paradigms) would allow autism research to move beyond a monolithic, deficit-based view. This approach also calls for recognizing that scientific views can be shaped by myths, ideologies, and sociopolitical interests [108–111], which often condition observations and hinder progress. Such an approach would honor the complexity of autism and support a future where autism is understood not as a condition to be treated or managed, but as a unique form of human diversity that contributes valuably to society. At the same time, this paper does not argue for replacing the current medical model of autism with another clinical or identity-based framework. Rather, it calls for a departure from both the deficit-based diagnostic paradigm and the sociological turn that frames autism primarily as an identity or cultural community. Instead, we thus propose approaching autism as a specific neurobiological organization (characterized by distinct cognitive patterns) which should be studied through the lens of biology (with, for example, the study of species and genera), cognitive and evolutionary psychology (autism as cognitive diversity and/or evolutionary advantage), ecology, and anthropology (see Figure 1 for conceptual changes in the definition of autism over time), not through psychiatric symptomatology or sociopolitical identity markers.

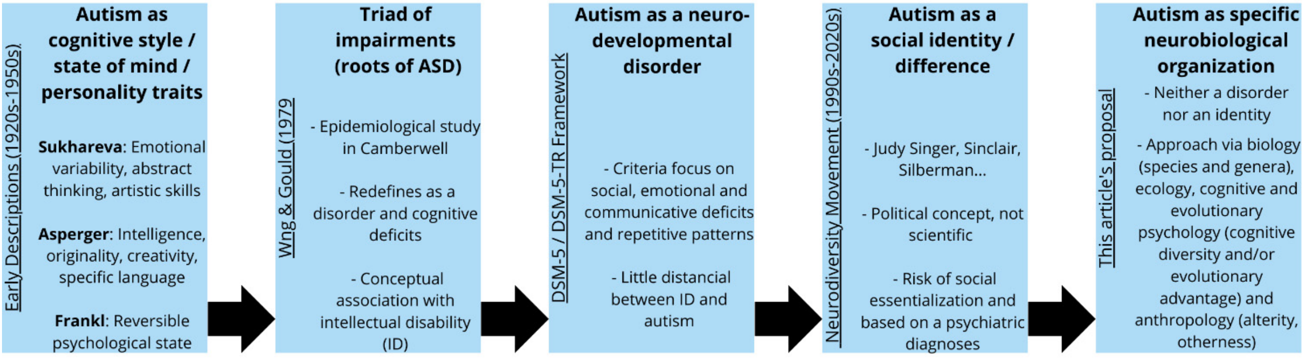

Figure 1. Conceptual changes over time in the definition of autism.

Use of AI tools declaration

The author declares he has not used artificial intelligence (AI) tools in the creation of this article.

Conflict of interest

The author declares no conflict of interest.

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