

Disability through a Prism: The Conceptual Deconstruction of Disability and its Application to Autism

Abstract:

This paper argues for two intertwined theses. The first is that the nature of autism is such that it sometimes presents with corresponding benefits that make it the case that on some legitimate understandings of the concept of **disability** some autistic individuals might not count as disabled. The second is that the concept of **disability** can itself be deconstructed into biological, social, legal, and identity components in a manner similar (though not identical) to the concept of **gender**, as deconstructed in Lindqvist et al (2021). I explore the notions of biological, social, legal, and identity disability, and argue that some autistics qualify as disabled on some but not others. I suggest that, given the lack of a definitive answer, the default approach should be to defer to individuals' self-identifications.

Main Paper

§1 Introduction

This paper argues for two intertwined theses. The first is that the nature of autism is such that it sometimes presents with corresponding benefits that make it the case that on some legitimate understandings of the concept of **disability** some autistic individuals might not count as disabled. The second is that the concept of **disability** can itself be deconstructed into biological, social, legal, and identity components in a manner similar (though not identical) to the concept of **gender** as deconstructed in Lindqvist et al (2021). It is straightforward how the latter can inform the former—knowing how **disability** can and/or should be understood can provide us insight into how the concept should be applied to a case such as autism. I argue in addition that the former is also helpful to argue in concert with the latter: conceptual deconstruction without application is potentially intellectually interesting but could do more to earn its keep in the real world.

To set up the ultimate application for the first thesis, I look at benefits that many autistic individuals might argue are a function of our condition. This supports considerations common in the neurodiversity movement (Kapp et al 2013) that autism is a difference rather than a deficit. One analogy here will be to those with physical differences that confer both benefits and (arguably) costs, such as Michael Phelps' extended arm span which is crucial for optimal swimming but at least potentially deleterious to optimal running (Hadhazy 2008). Michael Phelps seems paradigmatically not-disabled. Conversely, Silvers (2002) argues that being a wheelchair user renders some advantages as well (e.g., she always has a place to sit when there are long lines at the post office), and yet a full-time wheelchair user seems paradigmatically disabled (if anyone is). What then should we make of the concept of **disability** and its application to autistic individuals?

A full analysis brings us to the second thesis, which puts the concept of **disability** through a prism. This rejects the contention that it has a univocal nature in favor of the assumption that it can be divided into biological, social, identity, and legal parts. This taxonomy follows the way in which Lindqvist et al (2021) divide up the concept of **gender**, indirectly borrowing from a long tradition that sees these (and many other) aspects of identity as extremely intertwined (e.g., Hall 2019).

This article breaks new ground in how we think about disabilities in general and autism in particular for three reasons. First, I bring to academic light a view held commonly among autistic advocates that our strengths are greater than our weaknesses. Anytime we can look seriously at a theory supported by the lived experiences of self-advocates, it if nothing else enhances the space of argument. Second, I import the Lindqvist et al (2021) framework of how to understand gender into the disability realm, where it is illuminating. Finally, I apply that framework to illustrate how we should understand some cases of autism in their biological, social, identity, and legal aspects.

§2 Discussion of Autism as Potentially Beneficial, Implications for Disability

In this section, I explore the deficits and strengths present for some—but not all—autistic individuals. My ultimate goal will be to show in §3 that, once these factors are taken into account, there is a great deal to be said in a variety of contexts for the claim that not all autistics are (always) disabled. This crucial takeaway—which will come as no surprise to autistic individuals or our advocates—is that autism does not always constitute an all-things considered harm.

Autism is often characterized by various deficiencies, including social and communication problems (American Psychiatric Association, 2022, pp. 56-68). However, it is a well-known expression within the autistic community that “if you know one person with autism, you know one person with autism.” Any two given people are unlikely to exhibit the same symptom profile, as there can be autistic individuals with perfectly capable communication and/or social skills. This led to a previous delineation between “high functioning” and “low functioning” autistics, though this is currently found to be offensive and stigmatizing by many members of the autistic community (see e.g., Gillette 2023). Also, many autistics adults have developed an ability to “mask” our condition (e.g., Miller et al 2021, Sedgewick et al 2021), which suggests that we can function well enough that no one is even aware that we are autistic. (This is not a recommended strategy—and can even lead to PTSD (Kupferstein 2018)—but the fact that people are capable of doing it demonstrates that the “costs” of autism need not overwhelm at least outward practical functioning.)

Furthermore, even some of the putative costs of autism are only really “costs” from a non-autistic perspective. Granted that some autistic people have trouble living

independently, even assuming that this is a cost at all implies that we all want to live independently in the first place—my inability to be a star cricket player is no cost to my life if I have no desire to do so. Human beings are social creatures—it is not unreasonable that some people might be perfectly content living in interdependent settings.

The famed inability of autistics to follow social cues and engage in mindreading is also primarily presented from an allistic perspective. While autistics have a more difficult time knowing what allistics are thinking than do other allistics, it turns out that this is broadly symmetrical—autistics are better on average at understanding other autistics than allistics are (Milton 2012).¹ Because there are more allistics than autistics in the world this appears as a deficit, but it is at least potentially really only a difference—one which vanishes within more condensed autistic communities. All of this is in keeping with the insights from the neurodiversity movement (Kapp et al 2013).

To be clear, many in the neurodiversity movement would reject the notion of autistic traits being deficits at all, as the language of “deficits” might tacitly endorse a neurotypical baseline. This is certainly often the case, though not necessarily so. One could imagine a community comprising entirely autistics where some people consider certain traits affiliated with autism as deficits relative to each other. For example, some autistics with the common trait of having difficulties with transitions (which is fairly standard, and documented in such places as Sevin et al 2015) might well envy those without this trait when the time comes to leave their house. Similarly, “benefits” can be characterized without assuming a neurotypical baseline as well, as one autistic could envy another’s ability to focus on coding. One might be concerned that the distinction between “deficit” vs. “absence of benefit” or conversely “benefit” vs. “absence of deficit” might require an origin-point that will inherently be fixed by neurotypical standards. This is reasonable, but all of the arguments presented herein could be recast in terms of a spectrum of either deficits or benefits, wholly ignoring the neutral zero-point. I believe that the language of “deficits” and “benefits” can still be employed perspicuously and unoffensively so long as one is careful not to assume that traits associated with (for example) autism are inherently deficits, but believe that a reconstruction would be doable (though perhaps less felicitous).

Are there benefits to being autistic? I suspect from personal experience that the ability to maintain “special interests” (Grove 2018) can itself be beneficial, though this is an underexplored area. However, there is more quantifiable evidence of other, more specific abilities that seem to (at least) cooccur with autism. For example, in some areas some autistics have advanced visio-spatial processing (Bertone et al 2005), better ability to find embedded figures (Jarrold, Gilchrest, & Bender 2005), and block design (Shah & Frith 1993). There are a variety of reasons many autistics would not want to be cured (for a

¹ Given the vast heterogeneity of autism there will of course be many autistics who have difficulty understanding each other, but this does not break the symmetry—there is heterogeneity among allistics as well that create a variety of barriers to understanding.

discussion, see Dean 2018 Chapter 7) but perhaps one of them is our sense that being autistic can confer some benefits in addition to (and, perhaps, compensating for) any particular costs. Semi-structured interviews also reveal many benefits of being autistics, including such things as memory and focus (Russell et al 2019), but also (perhaps surprisingly) including social advantages such as loyalty and empathy with other autistics (ibid.).

By arguing that deficits are easily overstated and benefits potentially understated, I open the door for the relevant consideration for the remainder of the paper: sometimes, the benefits will outweigh the deficits such that—for that person—being autistic will be all-things-considered beneficial. One might ask an array of questions regarding what I mean by calling something “beneficial”. First, do I mean to invoke an internal or external metric? To make the strongest case that not all autistic individuals are always disabled, it is worth noting the plausibility that some individuals might benefit from autism on both internalist and externalist criteria. Someone could easily live in a communal setting, succeeding at their profession, both successful because of being autistic and grateful to be so. I cannot provide proof of this, as in my own case I cannot verify the external criteria (though I would like to think that it holds) and in others’ cases I have no access to the internal. However, if such a person is not ruled out conceptually (as I have argued), then a combination of personal experiences along with the number of autistic individuals in the world suggests that there is at least one such person. (I suspect that there are very many.) One might also ask for a theory of well-being or what it means to live a good life generally, but the answers to those questions both belong to another subfield and are wholly orthogonal to the present inquiry. The remainder of the argument only requires that *some* autistic individual's profile is net-beneficial on *some* reasonable metric — not that we have a general procedure for determining whose properties are better than others’.

§3 Disability through a Prism

In this section I explore the possibility that **disability** picks out a variety of axes of variation in a way broadly analogous to some accounts of **gender**. Pursuing that analogy, I follow the work of Lindqvist et al (2021) in considering four different related concepts that could all go under the heading of “disability”, and argue that an autistic with compensating benefits counts as not-disabled as a matter of **biological disability**, disabled as a matter of **social disability**, and potentially disabled as a matter of **legal disability**—with the final category, **identity disability**, to be determined by the individual. Determining which model people are deploying at any given time is likely a contextual matter, pursuant to the contextualist semantics developed in Wilkenfeld & Johnson (2025) with regard to the medical and social models of disability.

I do not claim that this is the only way to deconstruct the concept of **disability**, but it has several benefits. Most notably, biological disability and social disability map on very well to the dominant models of disability—the medical and social, respectively. Seeing then how these compare and contrast with the remaining two notions shows how these latter two (which can sometimes be overlooked in the philosophical literature) bear important insights. I should also admit that it is impossible in any one work to fully examine the extent to which these mappings are accurate and what caveats must apply (which work is left for future directions). The crucial takeaway is not the mapping per se but rather the deconstructed categories of **disability** themselves. Though the parallels are strong, the work on gender is being primarily used as an exemplar of how to effect conceptual deconstruction with such socially- and value-laden categories.

§3.1 Biological Disability

The first more specific notion of **disability** we will consider is biological disability, akin in some ways to “physiological/bodily aspects (sex)” (Lindqvist et al 2021, p. 333). The nature of physiological/bodily aspects is itself fraught with controversy, but it is in some way the biologically determined component of how people apply terms like “male” and “female” (among many others). Similarly, there is likely a biological component to how people apply terms like “disabled” and “abled”. There is room to deny that there are systematic biological differences in either case, as well as room to deny a biological component of either one but not the other.

What then is the biological basis (if any) of disability? This is very similar (though not identical to) the question of if and whether there is a medical basis for disability, where the existence of such a basis is precisely what is claimed by the “medical model” (or “normalization model”, Zaks (2024)). Thus the question of whether autistics with compensating benefits should count as biologically disabled reduces (many caveats aside) to the question of whether or not we would be considered disabled according to the medical model.

According to the medical model, disabilities are primarily constituted by medical problems inherent in the person. Whether or not autistics with greater benefits than costs count as disabled thus hinges on the question of whether autism constitutes a medical problem. Presumably, as there are no known physical markers of autism (though there are cooccurring physical conditions), the operative question is whether or not it constitutes a mental disorder. On the one hand, it might seem obvious that it is, as it features in the DSM-5 (American Psychiatric Association 2022, pp. 56-68). However, as this paper is examining whether all cases of autism are equivalently disabling or whether some might not be, it also makes sense to question whether some might not be mental disorders as well. Indeed, looking at the criteria for what constitutes a disorder makes it at least

plausible that some cases of autism might not be properly qualified as disorders at all. Establishing this requires a bit of a dive into the nature of pathology and disorder.

Historically, most accounts of disorders could be characterized as either naturalistic, taking largely after Boorse (1975), normative, including such views as (for example) Margolis (1976), and the hybrid model largely developed by Wakefield (e.g., 1992) that combines the two as necessary and jointly sufficient conditions. I now examine each in turn.

§3.1.1 Naturalism

According to (at least some) naturalistic accounts, pathology can be defined in terms of deviance from natural function without regard to whether it is hurtful or harmful. The simplest naturalistic approach would just strike an equivalence between typicality and (non-pathological) normality. While historically influential, (e.g., Quételet 2013/1835), it is not taken seriously as a present view. This is for good reason. Atypicality is not sufficient for pathology—Michael Phelps and Magnus Carlson are clearly not typical, but it would be extremely infelicitous to claim they thereby had a pathological condition. It is also not necessary for pathology—some degree of gum disease is virtually universal, but that does not prevent it from being pathological.

Boorse (1975) instead pioneers a view which takes as its launching point that different processes and systems have natural functions, characterized as its species typical contribution to reproduction and survival. This view has largely fallen out of favor for a variety of reasons, not least of which is that there are cases where we intentionally cause a dysfunction in ways that do not intuitively seem pathological. For example, there seem to be distinctions between both intrauterine devices and vasectomies (not pathological) on one hand versus unwanted sterility (pathological) on the other, as well as between tribal markings (not pathological) on one hand versus unwanted scars (pathological) on the other. It is difficult to make sense of these distinctions without invoking whether the trait is desired and/or desirable, which is precisely what naturalism is trying to do without.

However, even if we take for granted that we can overcome difficulties with Boorse's view (which I doubt we can), this pushes us to the question of what mechanism is theoretically malfunctioning. One might be tempted to say that it is a social perception and/or mind reading mechanism, but as Milton (2012) points out, there is a symmetry here between autistics and allistics—autistics have more difficulty understanding allistics than allistics themselves do, but the reverse is also true. One might note the DSM's insistence on "restricted, repetitive patterns of behavior, interests, or activities" (American Psychiatric Association 2022, p. 61), but it is not at all clear what mechanism would be malfunctioning to have this effect—it seems unlikely that there's a repetitive motion inhibitor that is somehow malfunctioning. It is certainly possible that such patterns would be a side effect

of some other mechanism malfunctioning, but there is no reason to assume that they are so. Stereotypical autism appears more like an added set of traits than the dysfunction of any particular mechanism.

The deeper issue is that autism is just too heterogenous to reasonably claim that any one mechanism malfunctioning could explain all manifestations of autism. Someone who has a special interest in cars and poor verbal skills might in many ways be similar to someone who has a special interest in superheroes and poor spatial skills—ways having to do with treatment, preferred social interactions, and sensory processing—but there is so much variance it makes little sense to try to identify one mechanism whose failure to meet the demands of “species typical survival and reproduction” could account for all of it.

§3.1.2 Normativism and Hybrid Theories

In part to mark distinctions between such things as vasectomies and cases of unwanted natural sterility, normativist views take as a starting point that in order for a condition to be pathological it has to be undesirable. One obvious question is what else would be required for a condition to be pathological—undesirability might be necessary, but it is certainly not sufficient (otherwise extreme poverty would be necessarily medicalized)—but thankfully that question need not concern us here. Even taking undesirability as a necessary condition is enough to render cases of autism where benefits outweigh costs as non-pathological. By the setup of the case, the positives outweigh the negatives, so there would be no reason in these cases to consider autism pathological.

Perhaps the most popular model of pathology—and the one explicitly invoked by the DSM—is a hybrid model (as advanced by Wakefield, e.g., 1992). The DSM 5 says that for something to be pathological it has to be a “harmful dysfunction” (p. 20), thus combining both Boorsian and normativist intuitions as necessary conditions. But since we have already seen that cases of autism where the benefits outweigh the costs do not meet the necessary condition of normativism, they fail to satisfy the necessary conditions of hybrid theories *en passant*. In short, since the cases of autism we are currently examining are not harmful, they are not pathological on either normativist or hybrid accounts.

One might argue that while they are not strictly harmful, they are still harmful and beneficial at the same time. Dividing concepts in this way, however, would not do justice to the intuitions that motivated normativism and hybrid theories in the first place. One could also make the same point about something being both harmful and beneficial for intentional vasectomies. Even Michael Phelps’ abnormally long arms (Hadhazy 2008) might be a great advantage when trying to swim, but could potentially slow one down when trying to run. What normativist and hybrid theories must mean by calling a condition “harmful” must be that it is a net all-things-considered harm.

In summation, on naturalistic accounts, it is difficult to make a case that autism constitutes the sort of disorder that would render it pathological. On (the more plausible) normativist and hybrid accounts, we can make an argument that autism in the sorts of cases under discussion is actively not pathological.

§3.2 Legal Disability and Accommodations

At this point one might worry that I have backed myself into a corner with respect to the need to make accommodations for autistic individuals. Perhaps my argument has shown that since it is not a disability, businesses should not always be required to provide accommodations, which would have a deleterious effect on autistic individuals. And if my otherwise somewhat abstract conceptual engineering regarding the nature of disability has practical ill-effect on individuals in need, we would do significantly better without it.

Being more precise, the objection arises from the inconsistency between the following three principles:

- 1) Autistic Entitlement to Accommodations (AEA): All autistic people should be entitled to accommodations.
- 2) Disability Grounding (DG): Only the disabled are entitled to accommodations.
- 3) Daredevil Claim (DC)²: Some autistic individuals are not disabled.

Since AEA and DG might seem some combination of obvious or common practice, the odd man out might be DC, which was one upshot of §2 and §3.1.

The issue is that (as is so often the case) once one spells out precisely what the competing principles are, then they prove not as obviously true as they did intuitively. I question AEA—I would think it might depend on the particular autistic individual.

But whatever one thinks of AEA, DG is fairly obviously false. If a student gets COVID-19 they should be entitled to accommodations (e.g., extended due dates), even though that is not a disability. A student whose parents just died might well be (ethically) entitled to accommodations, even though neither needing to go to a funeral nor grief itself are disabilities. Nor does the necessity of obligations turn on the cause being all-things-considered deleterious—someone with a desired pregnancy should likely be accommodated as well.³

Perhaps one might contend that I am engaged in sleight of hand here and/or abusing a semantic ambiguity. We are concerned with the kind of accommodation provided for disability, and while we might need to “accommodate” people with other conditions that is

² Named after the superhero who loses his sight but gains other compensating benefits.

³ I thank an anonymous reviewer for this point and example.

not the sort of “accommodation” the original objector was worried about my costing some autistic individuals. Perhaps instead of DG the relevant principle is really DG*:

DG*: Only the disabled are entitled to disability accommodations.

DG* is likely true, but so tautological as to raise the question why we should care about it. Suppose some autistics are not entitled to disability accommodations but are instead entitled to some other kind of accommodation—why should that make any difference to how we think about autism, disability, accommodations, or anything else really?

One could reply that a reason one might be interested in disability accommodations specifically is that they have certain legal protections in the United States under the Americans with Disabilities Act. This could lead one to posit:

DG**: Only the disabled are legally entitled to accommodations.

This is perhaps the most poignant objection to DC (assuming AEA goes through). One might worry that my argument that at least some autistic people ought not be considered disabled would deprive them of necessary legal protections.

There are two replies to this—a more pragmatic one and a more idealistic one. The more pragmatic one is that legal standards and other conceptual standards need not always align perfectly. The fact that some autistic people should not be considered disabled on either common or medical usage does not show that they should not fall under the *legal* category of disabled. By analogy, there is not a perfect match between what many people would normally consider being blind and being legally blind. The former might be a stricter standard, but the latter is sufficient for legal protections. Similarly, being disabled might be a stricter standard than being legally treated as disabled. The Lindqvist et al (2021) taxonomy provides precisely what we need here, pointing out that legal categorizations in the case of gender are conceptually distinct from all three other kinds. One might wonder if there is any point to a standard of disability distinct from a legal standard. But people use the concept of **disability** for a variety of reasons, including (among many others) identity-formation and group affiliation. It would be unfair with respect to these or many other uses to apply or withhold the term “disability” based on a law the US happened to think was a good idea 36 years ago (as of this writing). I am not sure if benefits can ever move the needle from someone being legally disabled to not legally disabled—presumably it will depend on the precise wording of the law. The key point for now is that even if they do affect one’s disability status along other axes of deconstruction they need not determine one’s legal status.

There is a more idealistic answer that has little to do with how we spell out the concept of **disability**. This answer is that everyone should get the accommodations they need, regardless of disability status. Someone with COVID-19 should also be protected from taking off work, even if they do not have a disability. Perhaps this would be impractical

to legally codify, but the difficulty of legally delineating categories does not entail that we should leave people unprotected.

§3.3 Social Disability

There has been a great deal of ink spilled about both the social model of disability (e.g., Shakespeare 2006) and the social conception of gender (e.g., Butler 1990/2002). Given the complex interactions of social norms, oppression, and position, this is the weakest mapping of the four deconstructed categories. The key in this case in particular is—as noted above—to take the deconstructed category on its own terms. Those terms are **disability** as conceptualized by the social model.

While medical models still seem dominant (perhaps not-surprisingly) in medical contexts, most philosophers of disability seem to adhere to some variant of the social model. While there are a variety of social models, one common pattern is often that while impairments might be internal to a person, disabilities are a matter of social oppression. For example, there is nothing intrinsically disabling about moving via wheelchair, but the construction of steps in lieu of ramps or elevators creates a harmful situation for a minority population.

Not all social models are committed to the relevance and/or existence of impairments. However, for the ones that are so committed, autism presents a problem case to the conjunction of a social model and a claim that all autistic individuals are disabled. The denial that autism in these cases is an impairment follows from my rejection of its disability status on the medical model—there is simply nothing either malfunctioning or wrong in cases where the benefits outweigh the costs. Not all bases of social oppression are properly characterized as disabilities, and without some notion of impairment there are added challenges to grounding what makes disabilities a unified social class.

However, as these challenges can be met by many accounts, let us look past the question of impairments for a moment to the question of discrimination against autistic individuals as a class. The data here appear overwhelming. The underemployment rate for autistic individuals is probably at least 40% (Solomon 2020, with many other estimates much higher), autistics are more likely to be bullied (Sreckovic et al 2014), less likely to receive quality healthcare (Bishop-Fitzpatrick & Kind 2017), and the list could go on for some time.

While it is difficult for data to conclusively prove that autistic individuals are oppressed, it seems difficult to deny this straightforward reality. While autistics make up such a heterogeneous class that it is difficult to say that any particular policy oppresses autistics per se, the amalgam of social norms that adversely affect those whose properties are typical (though not necessary) of being autistic creates an oppressive system. For example, faculty candidate evaluations at one institution where I worked explicitly rated

prospective faculty on their success at making eye contact. Other positions are skewed towards those with the ability to empathize with allistics, or towards those who can attend sensorily overwhelming “mandatory bar nights”⁴. There are certainly autistic individuals who can successfully make eye contact and autistic individuals who can empathize with allistics and autistic individuals who have fairly standard sensory processing, but when one compiles all such requirements, many autistic individuals will encounter unjust difficulty finding employment primarily in virtue of being autistic. Demanding certainty would be an unreasonable epistemic standard.

In summation then, depending on how a particular social account defines and utilizes the concept of **impairment**, it is plausible that autistic individuals are disabled on social accounts (in the American context at least). This also exhibits a potential difference with Kahane & Savulescu’s (2009) revisionary account, which shares with the present work a suspicion of uncritical deployment of the concept of **disability**, in part because it ignores benefits of being disabled. However, they explicitly discount the impact of discrimination on the extension of the (revised) concept of **disability**, whereas it seems coherent—and in many cases felicitous—to refer to autistic individuals as disabled based almost entirely on social concerns.

§3.4 Disability Identity

The notion of gender as a claimed identity is by now familiar. Best practice is to let people select their pronouns (Russell et al 2018), because (among other reasons) despite their biology—or even relation to social norms—individuals are in the best position to know their genders. This idea is less familiar in the disability realm, though it has been advocated by the likes of Dunn & Burcaw (2013). The two categories are not wholly analogous. One main difference is that one might think that in the case of disability there are paradigmatic cases determined by biology or social situation such that it would do violence to our conceptual schema for certain individuals to claim to be either disabled or abled independently of those facts, while maintaining that in the case of gender the axes are wholly independent. Nevertheless, the idea that it is good for people to be able to pick their own labels seems broadly universal.

Disability identity is important for a variety of reasons. To the extent that people want to use disability as a category simpliciter, it is important to remember that it is at least partially characterizable in terms of individual’s self-identification. Some disabled individuals might also find this particularly empowering. If people want to see themselves or be seen by others in a particular way, there seems minimal harm in doing so if our concept allows for it.

⁴ Those are a real thing.

I believe (though this is just an empirical guess) that allowing people to have some latitude to determine their own disability status will also increase the positivity with which disability is regarded generally. Treating disability as an identity to be claimed is neither necessary nor sufficient for creating a positive dynamic, but the more people are seen claiming a property the more difficult it is to uncritically treat that property in a negative light.

It is also worth drawing a connection between an emphasis on an identity notion of **disability** and the reclamation projects involved in disability terms. Jorba et al (2024) discuss the (sometimes) successes of past efforts to reclaim terms that were once used in a derogatory fashion and connect those efforts to the importance of establishing autism as a positive identity. If it is correct to guess that emphasizing the importance of disability identity will lead to more positive associations, then there is also reason to hope that it will lend itself to reclamation projects that take some of stigma out of correctly applied disability terminology and sting out of incorrectly applied attempts to use such terminology in a derogatory fashion.

One might be concerned that people might objectively misidentify themselves in the case of disability. This could be because they use inappropriate diagnostic criteria or because they misapply the criteria they do use. Fellowes (2025) explores such possibilities from the perspective of self-diagnostic accuracy, but that is somewhat beside the point to the question of disability as an identity. Fellowes explicitly sets aside the question of “whether self-diagnosis is legitimate even if self-diagnosis is inaccurate. There might be good reason for thinking self-diagnosis is justified even if a significant minority or a majority of self-diagnosing individuals inaccurately self-diagnose.” This is arguably precisely the possibility being explored here.

Fellowes produces a variety of arguments against thinking of autism *purely* along identity lines, but none of them speak against an identity notion of autism being one deconstruction among many. He also brings our attention to how “Robert Chapman has also produced strong arguments against seeing autism as *simply* an identity” [Fellowes 2025, emphasis mine]. However, the claim here is not that autism is *simply* any one thing, but precisely a complex concept. (Chapman’s main argument is that autism cannot simply be matter of self-identification, because some autistics might not have the resources to self-identify. That is however perfectly in line with the present account, as its multivariate nature allows that such individuals might properly be called “autistic” based on the three other dimensions.)

What our concept allows for brings us to the ultimate result of §3, which is a summary of whether an autistic individual counts as disabled:

Row #	Disability Concept	Are Autistics Disabled?	Relevant Variables
1	Biological Disability	Individual dependent	Net benefit/harm
2	Legal Disability	Context dependent	Need for accommodations; legal norms
3	Social Disability	Model dependent	Presence or absence of compensating abilities; social norm; patterns of oppression, social theory's reliance on impairments
4	Disability Identity	Individual dependent	Self-identification

Table 1: Determination of autistic disability status on deconstructed **disability** concepts.

One might look at the above table and think that the messiness of the data presented renders the purpose of this paper moot. However, I would argue—in classic Socratic fashion—that replacing false certainty with justified messiness is a valuable conceptual advance both in its own right and to pave the way for future progress. While it might have seemed obvious that autism was a disability and therefore that all autistics are disabled, a more careful examination yields that the situation is far more complicated for some individuals. Looking at the muddle that are the first three rows of Table 1, there is value in prioritizing row four and treating as central the role of disability identity. The specific tension between the likely verdicts of the biological and social models further pushes the importance of the identity model as an importantly helpful notion: aside the aforementioned practical virtues of empowerment, there is also the epistemic virtue that if we want to know whether we should call someone “disabled” centralizing disability identity means that (at least for communicative adults with decision making capacity) we can simply ask them.

§4 Conclusion

While this paper leaves many questions unanswered, I believe we are still in position to draw several important conclusions. Notably, people whose putative disabilities are not all-things considered harmful should at least sometimes not be considered disabled on some deconstructions, and thus there is at least conceptual space for people with what one might think of as disabilities not to fall under the **disability** concept based at least partially on benefits. Some autistic individuals might fall into this category of individuals with what would *normally* be considered a disability not properly being considered disabled in all contexts. Moving beyond treating **disability** as a univocal

concept and looking at one deconstruction modeled on similar work done for gender, we see that the disability status of autistics is still highly dependent on abilities and various sorts of norms. This centralizes the notion of **disability identity**, as in the face of conflicting conceptual verdicts perhaps the most pressing norm of all is that we should—when possible—treat people as they would like to be treated.

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