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Autistic traits, prototypes, phenotypes, spectrum, and identities: reevaluating autism with G.E. Sukhareva

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Abstract

Context and relevance. Recent diagnostic shifts in defining autism, especially in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, have increased sensitivity but blurred boundaries between autism as a neurobiological condition and as a socially constructed identity. This ambiguity raises questions about how diagnosis shapes social labeling, access to support, and the framing of cognitive differences. **Objective.** This study aims to interrogate dominant deficit-based definitions of autism and to explore alternative historical and sociocultural frameworks that highlight cognitive strengths and non-pathological forms of alterity. **Hypothesis.** Current diagnostic models insufficiently capture the complexity of autism and reinforce reductive, medicalized paradigms. Re-examining neglected prototypes and sociocultural insights may help construct more inclusive and strength-based conceptions. **Methods and Materials.** This theoretical, interdisciplinary analysis draws from psychiatric classification systems, early clinical texts, contemporary autism studies, and phenomenological observations in educational contexts. It adopts constructivist epistemology, critical realism, and epistemological pluralism to question the ideological underpinnings of diagnostic norms. **Results.** The analysis reveals a conceptual divide between "neurobiological autism" and "social autism." It also identifies the diagnostic consequences of erasing early models such as Grunya Sukhareva's, which offer explanations for gender differences and cognitive diversity often missed by current frameworks. **Conclusions.** Dominant classifications pathologize difference and neglect cognitive strengths. Rethinking the boundary between diagnosis, cognition, and social recognition can foster anti-discriminatory practices in education and healthcare policies.

Keywords: autism, diagnosis, Grunya Efimovna Sukhareva, phenotypes, neurodiversity, stigma

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Аутистические черты, прототипы, фенотипы, спектр и идентичности: переосмысление понимания аутизма с Г.Е. Сухаревой

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Резюме

Контекст и актуальность. Изменения в диагностических критериях аутизма, особенно в пятом издании Диагностического и статистического руководства по психическим расстройствам, повысили чувствительность диагностики, но одновременно размыли границы между аутизмом как нейробиологическим состоянием и аутизмом как социальной идентичностью. Это вызывает вопросы о том, как диагноз аутизма влияет на социальные ярлыки, доступность поддержки и на понимание когнитивных различий. **Цель.** В настоящем исследовании проведен критический анализ доминирующих дефицитарных определений аутизма, и изучаются альтернативные исторические и социокультурные подходы, подчеркивающие сильные стороны и расхождения в определениях. **Гипотеза.** Современные диагностические модели недостаточно отражают сложность аутизма и закрепляют редукционистские, медикализированные парадигмы. Переосмысление консервативных клинических прототипов и социокультурных представлений поможет создать концепции аутизма, более инклюзивные и ориентированные на сильные стороны людей. **Методы и материалы.** Теоретический и междисциплинарный анализ опирается на классификационные системы психиатрии, ранние клинические описания, современные исследования аутизма и феноменологические наблюдения в образовательной среде. Используются конструктивистская эпистемология, критический реализм и эпистемологический плюрализм. **Результаты.** Анализ выявляет концептуальные расхождения между «нейробиологическим аутизмом» и «социальным аутизмом». Также подчеркивается значимость ранних моделей, подходов Груни Ефимовны Сухаревой к объяснению гендерных различий и когнитивного разнообразия. **Выводы.** В доминирующих классификациях патологизируются различия и игнорируются когнитивные ресурсы людей. Переосмысление границ между диагнозом, когницией и социальной идентификацией может способствовать созданию недискриминационных практик в образовании, здравоохранении и социальной политике.

Ключевые слова: аутизм, диагноз, Груня Ефимовна Сухарева, фенотипы, нейроразнообразие, стигма

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Introduction

In recent years, autism has gained significant attention, becoming for some an identity or business opportunity, similar to intellectual giftedness. This shift coincides with the publication of the fifth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association, 2013), first in 2013 for English-speaking countries and later in 2015 for French-speaking regions, and its update, the DSM-5-TR in 2022. The DSM-5 redefined autism as "autism spectrum disorder" (ASD), emphasizing two core domains of traits: (1) persistent deficits in social communication and social interaction, and (2) restricted, repetitive patterns of behavior, interests, or activities. These traits are non-exclusive and exist to varying degrees across the population, contributing to the questionable concept of spectrum. While this reinforced Lorna Wing and Judith Gould's framework (Wing, Gould, 1979), it sidelined decades of research and prototypical understandings rooted in Kanner's and Asperger's work, favoring a sociocultural lens.

This shift has led to four key observations: 1. Individuals diagnosed with ASD who do not align with autism prototypes; 2. Those who fit the Kanner or Asperger prototypes but no longer qualify for an ASD diagnosis: 3. Concerns over individuals, particularly women, who neither fit ASD criteria nor traditional prototypes but whose traits merit attention; and 4. the current diagnostic model increasingly blurs the conceptual boundary between autism and intellectual developmental disorder.

Thus, ASD includes individuals who may not be autistic in the prototypical sense, while prototypes fail to encompass all autistic individuals. These gaps underpin two central debates: the pathologization of autism, tied to deficit-focused paradigms and neurodiversity; the na-

ture of a neurobiological autistic entity, highlighting the lack of genetic, neurological, or biological markers in current conceptions of autism (Hyman, 2021).

These debates reflect a broader dichotomy between "social autism" and "neurobiological autism," or "autistic traits" versus "autism prototypes," contrasting an abstract concept with a concrete entity of autism. To address these issues, we propose recognizing a new phenotype alongside Asperger's and Kanner's prototypes: Sukhareva's autism. This also implies moving away from the DSM's current categorical framework, which has conflated distinct profiles and diluted conceptual clarity under the umbrella of ASD.

Methods and Materials

This article employs a theoretical, interdisciplinary, and critical methodology situated at the intersection of education sciences, philosophy of science, psychiatry, and disability studies. Rather than relying on empirical fieldwork or experimental data, it is grounded in conceptual analysis (Reese, 2022; Swedberg, 2014) of foundational texts, diagnostic frameworks, and cultural narratives surrounding autism. The aim is not to establish clinical or statistical "truth", but to interrogate the epistemological foundations, historical developments, and ideological shifts that shape contemporary definitions of autism.

The primary sources analyzed include successive editions of the DSM, with a particular focus on the fifth edition (DSM-5), as well as the original writings of Kanner, Asperger, Sukhareva, and Frankl. These are supplemented by recent critical contributions from autism research, neurodiversity discourse, and the philosophy of psychiatry. The article also looks at observations derived from professional experience in the field of education, especially within alternative pedagogical contexts, where cognitive diversity among students exposes profiles that are often overlooked by dominant classifications.

The epistemological positioning of this work aligns with a constructivist and critical realist approach. Autism is considered both as a potential neurobiological phenomenon and as a socioculturally constructed category, shaped by diagnostic tools, professional practices, group dynamics, human observation and institutional systems. The article discusses dominant scientific paradigms and takes a pluralistic stance on autism typologies, using Paul Feyerabend's epistemological anarchism. A counter-inductive logic underpins the methodology, revisiting neglected or marginalized paradigms (such as Sukhareva's descriptions) in order to question the validity and scope of current conceptualizations.

The analytical approach is based on comparative conceptual analysis of diagnostic models, critical discourse analysis of medical and societal narratives, and phenomenological reflection on identity formation, stigmatization, and social adaptation. Rather than seeking generalizable empirical findings, this approach aims to open new avenues of inquiry, highlight conceptual blind spots in prevailing paradigms, and propose directions for new understandings of autism.

Results

The following section presents the core analytical findings of this article, structured around two complementary dimensions. First, it examines the major debates that currently shape the conceptualization, measurement, and definition of autism, emphasizing the tensions between medical, cultural, and epistemological frameworks. Second, it contrasts two models ("social autism" and "neurobiological autism") in order to highlight the ambiguities and implications of current diagnostic practices, and to explore the potential redefinition of autism as both a cognitive and social identity.

Current Debates in Autism Research

Conceptualization of Autism

To date, there is no consensus on the definition of autism. It can be described it as a Portmanteau Syndrome (Waterhouse, 2009), and some researchers calls for a return to Kanner and Asperger's prototypical definitions (Mottron, 2021). Autism lacks a singular etiology and shares causes with other neurodevelopmental disorders (Anttila et al., 2018). Its medical characterization often reflects cultural rather than neurobiological or genetic distinctions, raising questions about psychiatry's social and cultural underpinnings (American Psychiatric Association, 2013) and its alignment with the humanities and social sciences rather than purely medical disciplines. This complexity challenges autism's epistemology: can the claim of being autistic be empirically refuted via tools like ADOS-2? Some non-autistic individuals achieve higher scores than those on the spectrum (Grzadzinski et al., 2016; Maddox et al., 2017; Trevisan et al., 2020), while the tests struggle to identify autism in women or highly intelligent individuals (Lai, Baron-Cohen, 2015; Rynkiewicz et al., 2016). Scheepers (Trouw, 2021) critiques the subjective nature of such assessments, arguing that algorithms like Articulate Medical Intelligence Explorer outperform clinicians, demonstrating superior accuracy across diagnostic axes (Tu et al., 2024). Classifications like the DSM are fluid, leading to arbitrary changes in who is included within the spectrum (Smith et al., 2015).

We can also see challenges in defining autism's boundaries in relation to typical developmental variability, as well as influences of age, culture, sex, and conditions masking autism (Volkmar, 2022). Ultimately, autism conceptions (definitions, classifications, and etiologies) lack a unique and clearly distinct neurobiological or genetic basis, overlap with other conditions, and remain sometimes irrefutable (Popper, 1959).

Measures and Differentiations of Autism

The current DSM incorporates Wing's triad (Wing, Gould, 1979), a longstanding paradigm in autism research. However, viewing autism as a singular, exclusive entity is a recent development. Historically, distinctions between autism, schizophrenia, and ADHD were less clear. Many aspects of the autistic dyad (repetitive behaviors, socialization difficulties, and communication

challenges) are not unique to autism. For instance, repetitive behaviors are linked to OCD or anxiety, socialization issues to introverted personality or depression, and communication difficulties to social communication disorder. These overlaps fuel debates about "autistic traits" and the notion that "everyone is a bit autistic" (Martin et al., 2014), echoed in the concept of the Broader Autistic Phenotype (Ingersoll et al., 2014).

Autism's heterogeneity spans a vast array of traits, with Wing's framework overshadowing earlier contributions by Sukhareva (Sukhareva, 1926a, 1926b, 1927a, 1927b, translated and commented by Rebecchi, 2023a), Leo Kanner (Kanner, 1943, 1971), and Hans Asperger (Asperger, 1944, translated and commented by Rebecchi, 2023b, 2023c, 2024). Autism embodies contradictions (adaptation and maladaptation, hypersensitivity and hyposensitivity, intelligence and impairment) giving rise to the spectrum concept and scientific ambiguities (Robinson et al., 2011; Kushki et al., 2019). Why have traits like motor impairments (described by Sukhareva and Asperger), schematic thinking, selective sociability, affective ambivalence, creativity (Best et al., 2015), and hyperawareness been sidelined? Have we overemphasized disabilities, focusing on deficits while ignoring strengths and positive aspects of autism? This bias is perpetuated by cultural stereotypes (e.g., Good Doctor, Rain Man, Atypical), which reflect psychiatry's deficit-oriented portrayal of autism. Such depictions often overshadow autism's diversity and strengths.

DSM-defined "autism spectrum disorders" neither exclusively define autism nor encompass its full range. Diagnostic tools measure deficits rather than the broader reality of autism, reinforcing a pathological and medicalized view of a condition that transcends such limitations. This prompts critical reflection on whether the autism spectrum is too broad or too narrow (Charman et al., 2011; Chown, 2019).

Nature of Autism

Is autism solely a medical, psychiatric, genetic, or biological condition defined by deficits? Should it be diagnosed or understood as such? Frameworks like psychiatry, genetics, and neurodiversity (Pellicano, den Houting, 2022) fail to fully resolve the inconsistencies. Are children with disabilities autistic, or do their cognitive difficulties produce autism-like traits? Do autistic individuals have a "different brain," as some suggest (Crawshaw, 2023)?

Historically, society has pathologized and stigmatized human differences, from homosexuality (recently decriminalized in France and removed from the DSM) to "hysterical" women and so-called witches (Foucault, 1972; Szasz, 1976). Stigmatization persists in many forms, including for morphology, preferences, and languages. Why, then, does autism exist solely within psychiatry (American Psychiatric Association, 2013), requiring "clinically significant impairments" in social, academic, or occupational areas to be recognized? What does this say about our society, the DSM and its approach to mental disorders?

Psychiatric criteria for autism are rooted in socioculturel factors (American Psychiatric Association, 2013; Dumas, 2013), while neurodiversity (Hughes, 2021; Jaarsma, Welin, 2012) has yet to address the broad variability within the spectrum. Quantitative genetics (Plomin, 2018) highlights that traits are simply variations within the human spectrum. None of these frameworks offers a complete solution. Would collaboration across disciplines help reconcile these divergent perspectives and move toward a unified understanding? This also raises fundamental questions about the terminology, etymology, and implications of "autism."

The Term "Autism" and Its Use

Eugen Bleuler (Bleuler, 1911) was the first to use the term "autism," describing a detachment from reality and a predominance of inner life, derived from the Greek "aut s" (self) and the suffix "-ismus" in the context of schizophrenia. Should we question this term? Does "autism" itself reflect a pejorative, psychiatric view of difference? The evolution from "Asperger's syndrome" to "autism spectrum disorder" raises linguistic concerns. Should we go beyond terms like "person with autism" or "autistic person," especially since even autistic individuals disagree on preferred terminology (Dwyer, 2022)?

While autistic individuals may have rich inner lives and limited connection to social norms, alternative descriptions like "solitary and creative human" could capture these traits without pathologizing them. Do we label solitary animals as "autistic"? Similarly, some autistic individuals, parents, and professionals staunchly defend DSM paradigms, using phrases like "autistic people know better what autism is." Does this stem from personal benefit or the pressure of medical systems that tie assistance to psychiatric diagnoses? This dynamic recalls how some women historically defended patriarchy despite its broader harm, raising the question of "useful autistics" who uphold current paradigms at the expense of deeper research progress.

Ultimately, the term "autism," its conceptual frameworks, and psychiatric diagnoses may represent chimeras based on flawed assumptions that obscure significant knowledge. Is autism as we know it an immutable truth, or merely a construct shaped by current limitations in scientific understanding (Plato, 1943)? These questions intersect with the evolving definitions introduced by the DSM-V, highlighting the clinical and theoretical need for reconsideration of the autism spectrum.

"Social Autism" versus "Neurobiological Autism": The True Spectrum of Autism?

Social Autism, Autistic Traits, and Autistic Thing

The DSM-5's redefinition of autism as "autism spectrum disorder" (ASD) in 2013 broadened diagnostic criteria, significantly expanding the range of individuals included. This shift emphasizes deficits (social communication difficulties, restrictive behaviours) shared with other conditions (Robinson et al., 2011). While this broadened definition introduces the concept of "autistic

traits" related to exclusion and discrimination, it risks diluting autism's identity as a distinct entity.

Many individuals self-identify with autism online, citing traits like introversion, anxiety, or cognitive difficulties. Some receive ASD diagnoses from undertrained professionals (Landry, 2022), and in France, cases of simulated autism to obtain financial or social benefits highlight diagnostic flaws (Grzadzinski et al., 2016; Maddox et al., 2017; Trevisan et al., 2020). These processes often fail to account for autism's complexity, focusing on negative aspects (e.g., rigidity, isolation) while excluding the positive traits described by Hans Asperger (Asperger, 1944), such as creativity and attention to detail. Asperger emphasized that strengths and weaknesses are inseparable, yet online communities often frame autism in terms of shared struggles, diverging from Leo Kanner's (Kanner, 1943) and Hans Asperger's (Asperger, 1944) descriptions of detachment from the social environment rather than inherent communication deficits.

This phenomenon raises questions about labeling and social identity. Labeling theory (Corrigan, Rao, 2012; Link et al., 1989) explains how societal classifications shape behavior, fostering self-stigma through anticipated rejection. This cycle of stigma, exacerbated by dominant paradigms (Bourdieu, 1986), shifts focus from societal issues to the individual. Social identity theory (Tajfel, Turner, 2001) suggests individuals align with groups for positive distinction, often influenced by stereotypes or self-fulfilling prophecies (Mead, Becker, 2011). In some cases, this leads to self-handicap (Jones, Berglas, 1978; Kolditz, Arkin, 1982), where distress is attributed to disabilities, or behaviors resembling Munchausen by Internet (Pulman, Taylor, 2012), with individuals simulating illnesses for attention. Such dynamics challenge the authenticity of some ASD claims, highlighting psychosomatic contagion (Haltigan et al., 2023) and paradoxes within "social autism" as both an identity and a disability.

These trends prompt reflection on labeling's societal role. Does it reveal more about exclusionary capitalist systems than autism itself? Autism may increasingly function as a "social identity" shaped by societal classifications, rather than a neurobiological condition. Psychiatry's focus on social impairments reinforces deindividuation (Ludwig, 2022), where group identities override individuality, fostering stigmatization. The rejection of terms like "Asperger's syndrome" may stem from its association with socially successful prototypes, contrasting with DSM-5's distress-based definitions. Consequently, many diagnosed with ASD may not fit historical autism prototypes, while others who align with historical models remain undiagnosed.

In conclusion, could ASD be reframed as a "social disorder with autistic characteristics," emphasizing societal distress rather than neurobiology? By rejecting prototypes, some advocates risk obscuring autism's true nature as described by Kanner and Asperger. This broadening of definitions excludes some truly autistic individuals while encompassing others whose difficulties arise from social exclusion. Psychiatry's emphasis on life impairments as a diagnostic criterion highlights the need to revisit autism's neurobiological and cultural dimensions.

Neurobiological Autism, Autistic Prototypes, and Autistic Entity

The existence of a neurobiological autistic entity has long been debated, with syndromic entities documented by Hans Asperger (Asperger, 1944) and Leo Kanner (Kanner, 1943, 1971). Although further research is needed to characterize these neurobiological and genetic entities, key questions remain: Can every autistic individual be linked to one of these sub-entities? Does the lack of a definitive biological marker prove their nonexistence? Syndromes, as sets of signs or deviations from the norm, need not be inherently pathological. Could Kanner's and Asperger's autisms together define a comprehensive autistic entity, distinct from the broader Autism Spectrum Disorder (ASD) (Smith et al., 2015)? Should ASD itself be reframed as "Deficitary Autism Traits Disorder" or "Deficitary Social Autism Traits Disorder"? George Frankl's (Frankl, 1957) work on a continuum of autistic conditions (from Kanner to Asperger) suggests that these conditions primarily affect the emotional and affective spheres more than the cognitive or intellectual ones.

These entities, while not inherently pathological, are disabling due to structural stigmatization and exclusion, much like how societal systems disadvantage women or children. Should adaptations for autistic individuals rely on disability diagnoses processed through institutional frameworks? Or should we move toward a focus on diagnostic difficulties, ensuring accommodations that preserve dignity and reduce health sacrifices? Autism could be considered a specific cognitive configuration, a neurotype, distinct from social identity, existing independently of external perceptions, self-awareness or (social and cultural) labels. Unlike social identity, which elicits compassion or attention, cognitive configuration emphasizes traits consistent throughout life.

One exclusive feature of this cognitive configuration could be detachment or disinterest in the environment, manifesting as negativity, immersion in virtual worlds, or low social motivation. This interpretation also challenges the socio-political structures that impose dominance over autistic individuals (e.g., linguistic differences, systemic marginalization). Programs like Spectrum 10K in the UK or Marianne in France illustrate how pathologization risks leading to eugenics, as societal leniency for disability could disappear if autism is reframed as a mere difference, as an alterity. Yet such stigmatization is shaped by societal norms and exclusion, not inherent mediocrity.

Discussion

This discussion explores the implications of the preceding analyses by critically examining three possible paths for the future of autism research and diagnosis. First, it questions the relevance and limitations of current scientific approaches. Second, it considers whether novel paradigms might offer more inclusive and accurate frameworks. Finally, it revisits historical descriptions, particularly Sukhareva's, as a potential foundation for expanding or refining

existing prototypes. Together, these perspectives aim to reassess prevailing assumptions and propose new directions for both conceptual and clinical understanding of autism.

Continuing with what is being done: is it a futile endeavor?

Hundreds of genes (Leblond et al., 2021) have been identified in connection with autism, and given its non-monogenic nature, it is likely that many more will be discovered. Some genetic alterations are shared with other conditions (Cabana-Dom nguez et al., 2022). Similarly, extensive research on brain morphology and functioning has revealed various observations. However, are these alterations consistently present in all autistic individuals? And if so, why does the DSM fail to incorporate these findings?

Alterations in neurotransmitters and other traits often overlap with other conditions. The DSM, however, prioritizes manifestations that are not unique to autism, creating a spectrum that is symptomatically broad but restrictive in criteria diversity. Consequently, certain autistic traits remain excluded from the current criteria, and many characteristics identified as part of autism (Cross-Disorder Group of the Psychiatric Genomics Consortium, 2013) are shared across other conditions. This also raises a fundamental question: if most biological and behavioral traits associated with ASD also appear in other disorders, and if the DSM-5 no longer draws a clear conceptual boundary between autism and intellectual developmental disorder, then are we still speaking of ASD as a distinct condition at all, and is ASD autism?

Inventing something new: is it a desirable future?

As a neurological minority, autistics experience daily stress from discrimination, internalized stigma, and the need to conceal their differences (Botha, Frost, 2020). They face rejection not only due to their differences but also their creativity. Autistic children are often subjected to outdated behaviorist educational methods (Fernandes, Amato, 2013; Sandbank et al., 2020), which offer no proven benefits and can cause significant harm. Autism is typically studied and measured through standardized approaches, yet its complex etiology and heterogeneity demand research that transcends standardization.

Can autism be fully understood through scientific frameworks alone? Shouldn't it also be explored in other domains such as the arts, management, or politics? Creative expressions like novels, paintings, and organizational practices reveal a person's perceptions, emotions, and thoughts far better than tests or clinical interviews. Is the current social and scientific approach to autism acceptable? Friedrich Nietzsche (Nietzsche, 1976) wrote that a nihilist rejects the world as it is and despairs over the world that ought to exist. Shouldn't we embrace this perspective to challenge current paradigms of autism research, which often focus narrowly on deficits and impairments, perpetuating specific ideologies?

As Hans Asperger (Asperger, 1944) noted, the true nature of the autistic child is revealed in educational contexts, in a real, not artificial, context of trust, offering richer insights than tests or interviews. Paul Feyerabend's (Feyerabend, 1975) principles could inform a new approach to autism research:

— Developing hypotheses that contradict established theories or results, using counter-induction to foster new, potentially better theories, avoiding scientific uniformity.

— Revisiting and challenging old paradigms to advance knowledge.

— Questioning current autism conceptions shaped by ideologies that limit progress and condition observations.

— Recognizing that science can be influenced by myths, ideologies, and sociopolitical or financial interests (Cosgrove, Krimsky, 2012; Davis et al., 2024), which may artificially shape its conclusions.

Returning to the original descriptions: wouldn't it be an acknowledgment of a past abandoned too quickly?

All the previously raised questions lead to another important one: what if the two existing prototypes were not the only ones? Could Sukhareva's descriptions (Sukhareva,1926a, 1926b, 1927a, 1927b) serve as the basis for a new prototype, even though no diagnostic criteria have ever been developed from her work? Is there truly an autistic person who does not fit into any of the three entities described by Sukhareva, Kanner, or Asperger? Could Frankl's continuum extend from Kanner to Asperger through Sukhareva, providing insights into autism as a spectrum? Moreover, could Sukhareva's descriptions help elucidate sex differences in autism, given that she provided separate profiles for boys and girls (Table)? Several points suggest the relevance of recognizing Sukhareva's prototype:

— Some researchers consider Sukhareva to be the first to clinically describe autism in children. Sula Wolff (, 1996) translated her description of boys into English with the provocative title "Description of the First Account of Asperger's Syndrome?". Others, including Bejerot and Manouilenko at the Karolinska Institute (Manouilenko, Bejerot, 2015), have compared her observations to DSM-5 criteria. This has been further explored by Posar and Visconti (Posar, Visconti, 2017), journalist Lina Zeldovich, and researchers Sher and Gibson (Sher, Gibson, 2021).

— While Sukhareva used the term "schizoid personality," she described traits remarkably similar to those of Asperger's profile, including characteristics evident from early childhood and creative and artistic skills. She also noted that these children did not experience more trauma than others. Recent research has identified phenotypic and genotypic overlaps between schizoid personality and autism (Cook et al., 2020; Klang et al., 2022).

— There is ongoing debate over whether Leo Kanner (Kanner, 1943) and Hans Asperger (Asperger, 1944) were (fully) aware of (all) Sukhareva's earlier work (although Kanner quoted Sukhareva in his work). Despite her descriptions being recently translated from German into English, Italian, Spanish and French, they remain relatively unknown and understudied.

Based on my own experiences as a researcher and primary school teacher (though not as a clinician), I have sometimes recognized Sukhareva-like profiles in autistic girls and women (both diagnosed and undiagnosed) with traits aligning partially with Asperger's prototype but differing in other respects. Similarly, I have observed this profile in girls I worked with in an alternative private school in France. While her female profile differs from Asperger's, it also does not align with what is commonly referred to as "female autism" new trend, nor ASD. It seems to represent a distinct variation of autism that warrants further study.

According to Sukhareva, there is no rigidly defined autistic profile specific to each gender. Instead, core autistic traits are shared by both sexes but manifest differently due to biological, hormonal, and sociocultural factors. Degrees of differences, such as motor peculiarities, further nuance this shared foundation. Autism is often described as "invisible" in girls, but it can be equally or more so in boys. Eya-Mist Rødgaard and her colleagues (Rødgaard et al., 2021) found that 69% of men and 61% of women diagnosed with autism in adulthood in Denmark had gone undiagnosed before age 18. This suggests that diagnostic systems primarily detect individuals with significant difficulties, stereotyped behaviors, or cognitive deficits. Such traits may appear more frequently in boys, possibly due to higher incidence rates, but this does not mean boys are inherently easier to diagnose. Many individuals, regardless of sex, remain undiagnosed in childhood.

This raises the question of "camouflaging" (Cook et al., 2021; Frigaux et al., 2022; Hull et al., 2017), often viewed as a female characteristic but, in reality, a social adaptation strategy employed by individuals across all genders and conditions. Camouflaging reflects a broader developmental and survival mechanism, allowing individuals to integrate into social groups or adapt to new situations, and not a mechanism specific to a psychiatric condition.

Conclusions

The current medical definitions of autism, as outlined in the DSM, do not align with neurobiological and genetic research, the gap between research and clinical practice, or autism's heterogeneity across sexes and intelligence levels. These definitions also fail to provide adequate pathways for individuals in need to access appropriate support. This article highlights key issues in autism's conceptualization, including its measurement, differentiation from other conditions, and the implications of the term "autism." It proposes new research directions to move beyond deficit-focused paradigms. Drawing from nihilism, scientific rationalism, and anarchism, these perspectives challenge entrenched ideologies, myths, and biases about autism. Addressing barriers to new theories and practices could lead to a deeper understanding of autism's diversity and manifestations. By questioning the DSM, research can shift toward addressing individual difficulties, even those not formally listed in diagnostic manuals.

One major issue in autism research is its confinement to medicine, which prioritizes the study, treatment, and prevention of diseases, rather than broader scientific inquiry into autism's nature and definitions. Has this focus on treatment and observable manifestations contributed to neglecting autism's deeper conceptual foundations? This limitation now extends to the field of social sciences, which often takes the DSM-based concept of ASD for granted and, in doing so, merely reproduces the epistemological biases of medicine. Rather than questioning the foundations of what autism is, sociological studies frequently adopt the existing diagnostic categories as unquestioned realities, allowing science to claim everything and its opposite about autism, despite most empirical observations being based almost exclusively on the DSM's definition of ASD.

Autism spans a spectrum from "social autism," linked to traits identified in quantitative genetics, to "neurobiological autism," which aligns with autism spectrum disorders, prototypes, and psychiatric definitions, though these lack coherence as a unified entity. Neurodiversity exists across this spectrum but is inconsistently integrated into research and practice. While the DSM-5 aimed to improve diagnostic sensitivity and specificity and refine therapeutic approaches, has this translated into better support for individuals? Must an ASD diagnosis always precede assistance? Could recognizing Sukhareva's autism or abandoning the concept of autism spectrum disorders for a more nuanced classification improve the situation?

In "social autism," some individuals claim autism based on autistic traits or autism spectrum disorder criteria, reflecting societal trends where individuals adopt extraordinary identities or simulated conditions for validation. Examples include rapid-onset gender dysphoria or self-identification with dissociative identity disorder after exposure to online content or social contexts. Such behaviors may lead to ASD diagnoses, framing autism as a socially constructed identity validated by psychiatry. This contrasts with historical descriptions of autism as detached from such considerations.

"Neurobiological autism," on the other hand, saw the disappearance of classifications like pervasive developmental disorders, Asperger's syndrome, Rett syndrome, Kanner's autism, and childhood disintegrative disorder due to their inability to account for all clinical presentations (American Psychiatric Association, 2000). Autism could instead be defined as a unique neurobiology encompassing cognitive functioning, perceptions, emotions, consciousness, language, and detachment from social environments, alongside discrimination and stigmatization. What if individuals who do not fit Kanner's or Asperger's prototypes align with a new prototype, such as Sukhareva's autism? Investigating this could reveal a "macabre constant" (Antibi, 2003) in diagnoses, where reliance on limited prototypes distorts the true representation of autism. Refocusing on prototypes rather than stereotypes could improve sensitivity, specificity, and diversity in diagnoses.

Given the growing recognition of autism as a cognitive form of human diversity rather than a psychiatric

disorder, isn't it time to remove autism from the domain of psychiatry and frame it instead as a non-pathological cognitive otherness that justifies universal accessibility, rather than clinical correction and psychiatric labelling? Should autistic individuals be viewed as an "at-risk" or "vulnerable" population due to their sensitivity, prompting tailored educational and public health policies? Could the focus shift from "disability" to recognizing "disadvantaged" or "discriminated" individuals, reserving the term "disability" for specific impairments (e.g., executive function disorder or sensory integration disorder)? This reframing could address the DSM-5's broad inclusion criteria, which expanded autism's framework.

Furthermore, creating protections against cognitive discrimination could reshape societal perceptions. If autism were no longer considered a disability, difficulties could be diagnosed as functional challenges rather than developmental differences or disabilities (Baron-Cohen, 2017). Autism could then be identified rather than diagnosed, reducing stigmatization while fostering understanding. Removing labels would encourage societal introspection, reducing blame on individuals, and could facilitate legal protections against cognitive discrimination (which currently doesn't exist) in cases of inaccessibility.

All these reflections open several avenues for future research. First, there is a need to explore alternative prototypes of autism, particularly Sukhareva's, through empirical, social, clinical, and historical methodologies, in order to determine their relevance for current diagnostic and/or labeling frameworks. Second, interdisciplinary studies should further investigate the conceptual boundaries between autistic traits and phenotypes, psychiatric diagnoses, and social identity, especially in light of the increasing overlap between autism and other conditions. Third, research in education, anthropology and (cognitive, developmental and evolutionary) psychology could help articulate non-deficit-based models of autism, focusing on developmental diversity, cognitive strengths, and adaptive functioning. Finally, critical and philosophical inquiry should continue to challenge the epistemological foundations of psychiatric classification systems and labels (and especially ASD), proposing ethical and legal alternatives to ensure inclusive access to society, beyond diagnostic labeling.

Table

Constitutional characteristics of autism in girls and boys according to Grunya Efimovna Sukhareva

Summary of female autistic constitutional characteristics according to Sukhareva	Summary of male autistic constitutional characteristics according to Sukhareva
Affective ambivalence characterized by mixed feelings (simultaneously loving and hating), inadequate emotional reactions, complex and contradictory emotional combinations, and a great variability of mood.	Abstract and schematic thinking with a tendency towards rationalization and absurd rumination (excessive and uncontrollable repetitions).
Abstract, schematic, formal thinking, rumination (less frequent in girls), vivid, affective, practical, concrete, and imaginative thinking (more frequent in girls), sometimes accompanied by a sense of unreality.	Affective ambivalence characterized by emotional indifference (apathy, insensitivity, indifference) and exaggerated sensitivity (emotional outbursts).
Low or selective sociability, reserved and inaccessible character, suggestibility, and negativism (more frequent in girls).	Motor deficiencies (more pronounced than in girls) with automatic, impulsive, and strange behaviors, and sometimes obstinacy.
Motor deficiencies (less pronounced than in boys) influencing social relationships and interactions with others.	Difficulty adapting and immersing oneself in social environments, suggestibility, solitary activities, and a preference for the fantastic.
Mistrustful and compulsive attitudes, insecurity, and lack of confidence.	Automatic behaviors (cognitive rigidity, perseverations, difficulty adapting to novelty), impulsivity, and compulsions.
Early manifestations in childhood, persistent with little change throughout life.	Early manifestations in childhood, persistent with little change throughout life.
Less pronounced presence and lower incidence rate in girls.	

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