

Letter to the Editor

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Response to Professor Uta Frith questioning whether autism has lost its meaning and is leading to misdiagnosis

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In a recent editorial, Professor Frith (Frith, 2026) queries whether autism has lost its meaning and this leads to misdiagnosis. Frith outlines several steps which she argues have contributed to this: inclusion of Asperger's disorder for autistic people with no language impairment or intellectual disability (DSM-IV); a sole combined diagnostic category – Autism Spectrum Disorder (ASD) – applicable at any age and any level of intelligence (DSM-5); adding hyper/hyporeactivity to sensory input to diagnostic criteria (DSM-5); and allowing for criteria to be met 'currently or by historical report' (DSM-5). Frith argues that the 'widening of the criteria and lowering of the diagnostic threshold' means autism is no longer a viable category and explores how autism might represent a misdiagnosis for those individuals who may have received a diagnosis later in life, females, those who mask, and those who are supposedly drawn to an autism diagnosis as it has become 'such a popular cultural meme'. In this letter, we will focus our limited word count on these areas.

However, given the disquiet that Frith's recent position has caused for many in the autistic community, it is important to highlight that it is not just a case of disagreement on points that she makes, but rather disagreement on *who* gets to bestow autism with meaning. Frith writes of a past where she and her colleagues 'felt confident that [they] could recognize autism at first impression in a thin-slice judgement'. The understanding of autism underpinning this judgment was by necessity behavior-deep. She talks of making a thin-slice judgment with no need to delve into the motivating factors, internal rationales, and cognitive drivers that underpin behavior. She talks of autistic people as a readily identifiable 'other' and devalues the need to explore lived experience of autism. Criteria widening has allowed for greater self-reporting, elevation of lived experience knowledge, and understanding of autism beyond behavior-deep thin-slice recognition by expert-led diagnostic gatekeepers. Instead, the historical study of autism can be questioned in terms of its meaning, epistemological validity, and ethical positionality – being frequently built solely on non-autistic 'expertise'. Frith's earlier remarks about neurodiversity shading into neurotypicality and everyone being a little autistic (Frith & Frith, 2024) may be what one might expect from a clinician confused by an inability to rely on the behavior-deep expertise that had previously appeared to serve them well. We now respond to the following issues raised by Frith:

- (1) *Autism and intellectual ability:* Frith stresses that autistic '[i]ndividuals with intellectual disability have become a minority'. Autism has been erroneously conflated with intellectual disability; indeed, 'In the 1970s, the mean IQ of individuals reported as diagnosed with autism was approximately 60' but, as with neurotypicality, most autistic people are intellectually able (Wright, Spikins, & Pearson, 2020, p. 5). All share the fundamental non-behavior-deep characteristics of autism; some need substantial support, others do not. Frith queries a differentiation between early- and late-diagnosed autistic people since intellectual disability and language impairments occur more frequently in early-diagnosed individuals. However, it should not appear strange that autistic people with intellectual disabilities and language impairments are identified earlier, as these are factors that would naturally warrant earlier intervention and assessment, and the combination will likely make living in a neurotypical world more than doubly difficult.
- (2) *A single category:* There are powerful financial incentives to push for a split in the spectrum. Children, exposed to trauma-inducing behavioral modifications in childhood, have now become adults willing to share their experiences. Autism industries set up with the promise to 'cure' and 'treat' autistic children are frequently heavily criticized (Anderson, 2023; Bottema-Beutel & Crowley, 2021). The desire to split the spectrum has been called 'weaponized heterogeneity' and only harms the most vulnerable autistic people (Heaps, Shaw, & Doherty, 2025). A single category emphasizes what autistic people share at a group level.
- (3) *Sensory differences:* Technically speaking, the addition of 'Hyper- or hyporeactivity to sensory input or unusual interests in sensory aspects of the environment' to the DSM-5 section B list does represent a widening of the criteria (as there is one further choice for the two needed). However, as so many autistic people have sensory issues (Kapp, 2025), in practice the addition of the sensory item brings the criteria more into line with the lived experience of autism. Given that the American National Society for Autistic Children

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included hypo- and hypersensitivities in their 1978 definition, the inclusion is certainly long overdue (Schopler, 1978).

- (4) *Historical report*: We believe the inclusion of 'historical report' is an essential component of what historically was a diagnostic category focused on children. It is not strange that autistic children grew up and became autistic adults. Likewise, it is not strange that, as autism emerged and developed as a diagnostic category focused exclusively on childhood, adults were missed and left undiagnosed. This is not a unique situation as it has also applied to ADHD (Turgay et al., 2012).
- (5) *Diagnosis later in life/females*: Adult females, who were not diagnosed in childhood, may explore an autism diagnosis in conjunction with seeking a diagnosis for a child and seek a diagnosis to better understand themselves and their pre-diagnostic years. Increased access to female diagnosis should be understood as a shift away from male-centric diagnostic processes.
- (6) *Those who mask*: Frith writes 'Yet, if masking can be used to explain the total absence of symptoms, then, in theory, this could lower the diagnostic threshold to zero'. We assume her use of 'symptoms' here is a return to the ability to make a thin-slice judgment based on behavior. As diagnosticians well versed in assessing autistic females understand, focus should instead be on validating and understanding patterns of cognitive differences and understanding the rationales and reasoning that underpin behavior.
- (7) *Those supposedly drawn to an autism diagnosis*: Given how much objectively documented stigma, marginalization, and exclusion that autistic people experience leading many to feel unsafe to disclose their autism, Frith's comment about people modeling behaviors seen online is baffling. Competent clinicians, making in-depth holistic diagnostic decisions, should be able to readily identify autism.

In summary, when Frith says the notion of an 'autism spectrum' has lost its meaning, we can accept that it has lost its meaning for her. It is highly meaningful for autistic people.

Competing interests. The authors declare none.

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