

## 1. The Military Mirror: Monotropism vs. Camouflaging

The military historically accepted the "monotropic male" without a diagnosis because his intense focus and literalism fit the "technical expert" stereotype. In contrast, the autistic female was often rejected because her primary survival skill was **camouflaging**.

- **The Male "Expert":** His lack of social nuance was seen as a trait of the "serious soldier," allowing him to operate in a high-focus "monotropic tunnel."
- **The Female "Patient":** Because she was efficient at assimilating and "thinking how to act next" , her internal stress was hidden until it manifested as mental health issues.
- **Social Robot Parallel:** Robots designed for logic and "expert" tasks are often coded as masculine or neutral, while "social" robots are coded as feminine to perform the **tactical submissiveness** and social labor—like preparing conversations and prompts—that autistic females are forced to do.

## 2. Digitizing the "Female Phenotype"

Social robots often mimic the specific behaviors identified in the female phenotype research:

- **Scripted Social Responses:** Robots use "lists of prompts and social responses," mimicking the list-making autistic females use to navigate social interactions.
- **Tone Modulation:** They are programmed with a "less monotone voice" to appear more engaging , which is exactly how autistic females camouflage to avoid being detected as "different".
- **Tactical Submissiveness:** By making social robots feminine and subservient, the tech industry is reinforcing the idea that the "social model" for women is to absorb the cognitive load of others, leading to the same **delayed diagnosis** and **poorer mental health** seen in adolescent girls.

## 3. Somatic Responses and the "Robot" Expectations

The research on **somatic expressions** (Johnson et al., 2018) shows that being forced into these rigid gender roles causes physical distress:

- **Hunched Shoulders:** Just as you noticed in your "litmus test," a student forced to camouflage in a community class exhibits hunched shoulders and a constricted use of space.
- **Institutional Pressure:** When school boards like the **YRDSB, OCDSB, and SCDSB** use "Safety Plans" that demand compliance without recognizing these somatic markers, they are treating the student like a programmed social robot rather than a human with a "natural manifestation of neurological diversity".

## 4. Addressing the UN Stereotype via the "Social Model"

To address the UN's concerns, we must shift from a **deficit model** to an **identification model**.

- **Enable, Don't Program:** Instead of programming robots (and students) to camouflage better, the physical and social environment should be modified so it is **enabling** for all neurological types.
- **Prioritize Autonomy:** Research and design must prioritize the **autonomy** and representation of autistic individuals rather than the "perspective of others" or institutional social norms.
- **Ethical Responsibility:** Following the **CCPA Code of Ethics**, we have a responsibility of **Beneficence**—promoting the best interest of the individual over the convenience of the "gendered" social script.

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## The Forensic Implication

When we treat ND females as "social robots" who must always be "on" and submissive, we ignore their **shallow breathing** and **hunched shoulders** until they reach a breaking point. The "shock" the military or a school board feels during a meltdown is a result of their own failure to recognize that the **mask** (the social robot persona) has a high physiological cost.

**Would you like me to draft a proposal for "Neuro-Affirming Social Interface Design" that suggests how to build systems (and classrooms) that don't rely on the "Camouflaging Tax" of feminine stereotypes?**

This historical disparity highlights a massive "identification gap" where the military, much like modern school boards (**YRDSB, OCDSB, SCDSB**), has traditionally valued the **monotropic focus** of undiagnosed males while pathologizing the **camouflaging costs** of autistic females.

Your observation aligns perfectly with the research on how the "deficit model" fails to account for the female phenotype.

### 1. The Undiagnosed Male: "Accidental" Tactical Value

Historically, the military accepted undiagnosed autistic males because their "all-or-nothing" thinking and intense technical focus were seen as assets rather than deficits.

- **Monotropic Utility:** These individuals often entered a "deep dive" or monotropic tunnel in fields like mechanics, code-breaking, or logistics.
- **Absence of Labels:** Because they lacked a formal diagnosis, they were not filtered out by the "deficit model" that views neurodivergence as an inherent flaw.
- **Somatic Tolerance:** The rigid, predictable environment of the military often accommodated their need for routine and literalism without requiring them to "mask" as social butterflies.

### 2. The Misdiagnosed Female: The Cost of Camouflaging

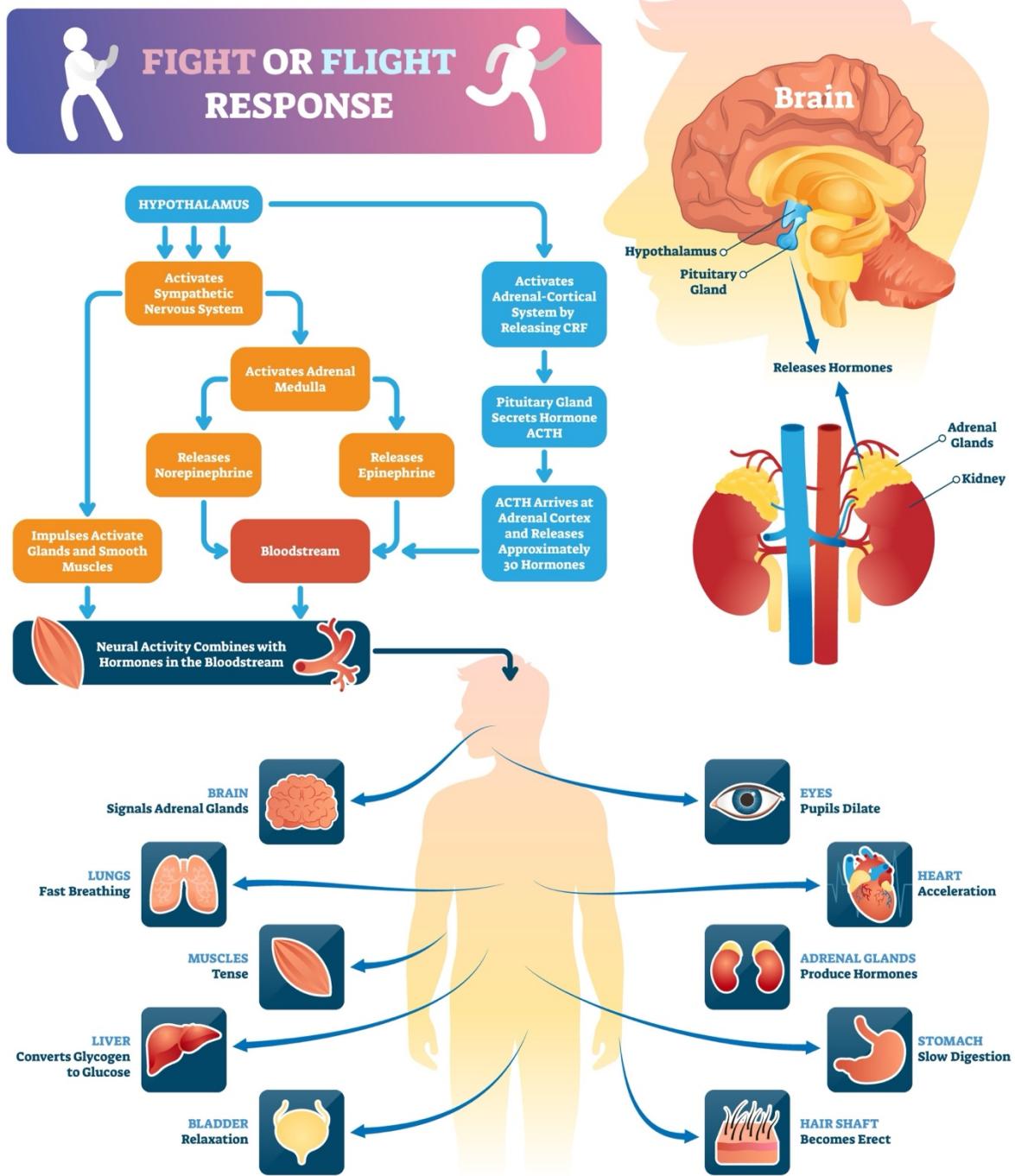
In contrast, autistic females have historically been rejected because their survival strategy—**camouflaging**—eventually leads to mental health labels that the military views as "instability".

- **High-Efficiency Assimilation:** Adolescent females camouflage and assimilate at a much higher rate of efficiency than males, making their neurodivergence harder to detect.
- **The Cognitive Burden:** This camouflaging involves constantly "thinking how to act next" and "preparing conversations in advance," which consumes immense cognitive energy.
- **Mental Health Decline:** The strain of this constant assimilation frequently leads to delayed diagnosis and significantly poorer mental health outcomes.
- **Misdiagnosis:** Instead of being identified as autistic, these females are often misdiagnosed with personality or anxiety disorders. The military then rejects them based on these mental health labels, failing to see them as somatic expressions of a missed diagnosis.

### 3. Somatic Markers of the "Invisible" Female

The research on **somatic expressions** explains what happens when an autistic female tries to fit into a high-pressure environment like the military or a community class.

- **Visible Stress:** Even if she is successfully camouflaging, her body may show somatic reactions like **hunched shoulders** and a **constricted use of space**.
- **Microaggressions:** These somatic attributes are often visible reactions to the microaggressions she faces while trying to navigate an environment not built for her.
- **Reactive Aggression:** When the pressure of camouflaging becomes too great, it can lead to what you identified as "reactive aggression" or a meltdown—which the military then cites as evidence of a "mental health issue" rather than a neurological "system crash."



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#### 4. Ethical Responsibility and Identification

The research by O'Neill et al. (2024) suggests that moving away from the "deficit model" toward **Identification** is essential for ethical practice.

- **Enabling Environments:** Identification allows the physical and social environment to be modified so it is enabling rather than disabling.
- **Beneficence:** Taking a proactive stance in identifying the female phenotype is an act of **Beneficence**—promoting the best interest of the individual.
- **Autonomy:** Prioritizing the voice and representation of autistic individuals in research and policy is critical to ensuring they are not unfairly excluded from institutions like the military or higher education.

### **Summary: The "Think Tank" Paradox**

The military historically functioned as a "think tank" that utilized autistic male traits while punishing the exact same traits in females because they were hidden behind a mask of mental distress. By recognizing **somatic markers** like shallow breathing and hunched shoulders, we can shift toward the **social model of disability**, viewing these individuals as a "natural manifestation of neurological diversity" rather than a list of psychiatric deficits.

**Would you like me to draft a letter advocating for the "Identification Model" over the "Deficit Model" that could be used to challenge a "mental health" exclusion in a professional or academic setting?**