

PSA · ESF SERIES

Stigma Keeps Shifting

Because the model underneath keeps running.

Every few decades, disability advocacy invents a new strategy to defeat stigma. Every few decades, stigma adapts. The pattern isn't strategic failure — it's what happens when paradigm-level harm gets fought with sub-paradigm tools. Each strategy advanced something real. None of them changed the model that generates stigma in the first place.

ERA 1

Separate the person from the disorder

Mid-20th century — deinstitutionalization, normalization, person-first language.

THE ADVANCE

Refused the asylum logic that made people their diagnoses. Established personhood as standing apart from medical classification. 'You are not your illness.'

THE MODEL THAT STAYED

The disorder remained a discrete object — relocated outside the person, but still discrete. Single-source logic kept intact at the level of identity.

THE NEW STIGMA

The disorder became something shameful to be peeled off and fixed. The person was treated as undamaged underneath, if only the disorder could be removed. Cure-and-restore implied at the structural level.

ERA 2

Reclaim the identity

Late 20th century — social model, identity-first language, self-advocacy movements.

THE ADVANCE

Stopped treating the configuration as a disease to be peeled away. Recognized that selfhood and neurology aren't separable. Made room for community formation around shared identity. 'I am autistic, not a person with autism.'

THE MODEL THAT STAYED

The category itself remained discrete. You still stood inside or outside of it. The implied baseline still ran underneath the categorical structure.

THE NEW STIGMA

Tier lists inside the identity. Mild / severe splits. Hierarchies based on whether your configuration was the 'right kind' of the category. Good-autistic / bad-autistic logic emerged.

ERA 3

Affirm without changing the model

21st century — affirming language, strengths-based framing, neurodiversity-lite.

THE ADVANCE

Warmer institutional climates. Less open hostility. Vocabulary expanded toward inclusion. Affirming language entered mainstream healthcare, education, and HR.

THE MODEL THAT STAYED

The baseline-and-deviation model underneath stayed exactly the same. The person still evaluated against a norm. The structural environment unchanged.

THE NEW STIGMA

Conditional affirmation. Valid when productive, articulate, palatable. The moment support needs became visible or expensive, the framing snapped back to pathology. Rebranding without rebuilding.

BOTTOM LINE

Each strategy advanced something real. Each one left the underlying model intact. Each new form of stigma was generated by the same structure: **baseline, deviation, evaluation against a norm**. The medical model produces stigma as a byproduct, because baseline-and-deviation logic requires a baseline to function — and wherever there is a baseline, there is something marked as deviation from it.

Advocacy strategies that operate *inside* that model can rearrange where the stigma lands. They can't stop it from being generated. The pattern won't break until the model does.

You can't language your way out of a model. The way out is a second model — one where there is no baseline, because the phenomenon is *architectural variation*, not deviation from a norm.

Third in a companion series with the Neurodiversity-Lite addendum and Single-Source or Regulatory? — the same pattern at three scales: vocabulary, clinical care, advocacy history.

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