

PSA · ESF SERIES

Where the Cost Lives

The dynamic side of regulatory architecture — what it looks like, why standard workup misses it, and what taking it seriously requires.

The architecture is stable. The regulation is dynamic. Both at once — that's what emergent means. For decades, autistic and disabled people have had to defend the static side, because every observation of dynamic variation got weaponized as evidence the configuration wasn't real. That defense was necessary. It has also cost us the ability to name what we are actually living. The suffering lives on the dynamic side — and the dynamic side is the architecture *working*, not failing.

Where the cost shows up (observable manifestations of regulatory load)

- ◆ **Masking exhaustion.** Sustained performance of normative behavior under mismatched conditions produces measurable depletion — often felt hours or days after the demand has ended.
- ◆ **Post-exertional crash.** A delayed, disproportionate energy and cognitive collapse following exertion that would be unremarkable in a matched architecture. Hallmark of ME/CFS, long COVID, and post-burnout autistic experience.
- ◆ **Autonomic flares.** POTS, dysautonomia, temperature dysregulation, GI symptoms, blood-pressure swings — the autonomic system showing the load it's carrying.
- ◆ **Capacity and threshold drift.** Articulate at 9 a.m., nonverbal by 4 p.m. Functional through Tuesday, crashed through Wednesday. Sensory stimuli tolerable last week become intolerable this week. Same architecture, different points on the recovery curve.
- ◆ **Cumulative-load expression.** Connective-tissue strain (EDS/HSD), mast-cell activation (MCAS), inflammatory cycling, chronic pain. The body's longer-term ledger of running an architecture under sustained mismatch.

Why standard workup can't see it (the diagnostic gap)

- ◆ Single-source workup looks for a lesion. Regulatory cost isn't a lesion — it's the price of running an architecture under mismatch, distributed across systems.
- ◆ Labs and imaging capture state at a moment. Cost lives in pattern across time — recovery slope, post-exertional collapse, threshold drift across hours and seasons.
- ◆ Specialty siloing fragments the picture. Cognitive symptoms go to neurology, autonomic to cardiology, GI to gastroenterology, fatigue to 'consider depression.' No specialty owns the regulatory architecture.
- ◆ Variable presentation reads as inconsistency. A person articulate in the appointment is assumed articulate at home. Capacity is read off the moment, not the pattern.
- ◆ The phenomenon doesn't fit the time-scale of a fifteen-minute visit. Regulatory dynamics unfold across hours, days, weeks, seasons. The clinic encounter samples a single frame.

What taking it seriously looks like (clinical implications)

- ◆ **Track pattern, not just state.** Ask about recovery slopes, post-exertional collapse, threshold drift across hours and seasons. Treat dynamic variation as data about architecture-environment fit — not evidence of inconsistency.
- ◆ **Take the cluster seriously.** Cognitive + autonomic + connective-tissue + inflammatory co-occurrence is the architecture showing through, not coincidence. Refer with the cluster in mind, not against it.
- ◆ **Protect recovery state.** Recommendations that ignore recovery cost — push harder, exercise more, return to work — can convert dynamic load into structural injury.
- ◆ **Adjust environment as treatment.** The architecture won't change. The conditions it operates under can. Sensory, social, temporal, and physical demand are all modifiable.
- ◆ **Name the model out loud.** 'I can see this is regulatory, not single-source. The variation is the system carrying load — not faking the condition.'

BOTTOM LINE

The architecture is stable. The regulation is dynamic. The cost shows up on the dynamic side, and the cost is real. None of this makes the person defective. It makes them a system under load — running an architecture in conditions calibrated for a different one. The pathology model can't hold this. It's looking for a lesion, and there isn't one. There's an architecture, doing what architectures do — modulating, responding, conserving, recovering — at a cost that varies with conditions.

The architecture is working. The cost is what working under mismatched conditions costs.

Companion to the Neurodiversity-Lite addendum, Single-Source or Regulatory?, Words Worth Defending, and Stigma Keeps Shifting — the same pattern across vocabulary, clinical care, advocacy history, and the embodied phenomenon itself.

Lori Hogenkamp · Director, Center for Adaptive Stress · ndstress.org · evostress.blog