

Autism Spectrum Disorder between the Medical Perspective and the Neurodiversity Perspective: Toward an Integrative Approach to Understanding and Intervention

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Abstract

This study examines the evolution of the understanding of autism spectrum disorder (ASD), from the classical medical perspective to the neurodiversity perspective, while proposing an integrative approach that brings the two perspectives together. The medical perspective has contributed significantly to the development of diagnosis, early detection, identification of comorbidities and individual needs, and the design of appropriate interventions. However, an exclusive reliance on this perspective may lead to reducing the autistic person to manifestations of impairment and symptoms. In contrast, the neurodiversity perspective emphasizes individual differences, strengths, environmental and social contexts, subjective experiences, and respect for the dignity of autistic people and their participation in decisions concerning their lives. This perspective does not imply denying disability or eliminating the need for support; rather, it advocates for determining support according to individual needs. The study proposes an integrative perspective that combines scientific diagnosis with respect for neurological differences, balances difficulties and abilities, takes contextual factors into account, relies on evidence-based interventions, and involves both the individual and their family. It further emphasizes that the success of intervention should be assessed in terms of improving quality of life, participation, and autonomy, rather than merely reducing symptoms.

Keywords: Autism Spectrum Disorder; Medical Perspective; Neurodiversity; Integrative Perspective; Intervention.

Introduction

Autism spectrum disorder (ASD) is considered a neurodevelopmental disorder that has attracted considerable attention in the fields of medicine, psychology, education, neuroscience, and rehabilitation. The concept of autism has undergone significant historical and scientific transformations, which have influenced the ways in which it is defined, diagnosed, and addressed.

Modern scientific interest in autism began with the clinical description provided by Leo Kanner in 1943, when he described a group of children who exhibited a distinctive pattern of difficulties in

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social interaction and communication, along with unusual behaviors and interests (**Kanner, 1943, pp. 217–250**). In the following year, Hans Asperger presented descriptions of cases whose characteristics were similar, while displaying varying levels of language development and cognitive abilities (**Asperger, 1944**).

The concept of autism subsequently evolved gradually, moving from limited conceptualizations toward the notion of a “spectrum,” which recognizes substantial differences among individuals in terms of the severity of characteristics, abilities, language, adaptive skills, and support needs. This transition from viewing autism as a homogeneous condition to understanding it as a spectrum represents one of the most significant developments in the history of autism research and conceptualization.

1. Problem Statement

In contemporary classifications, autism spectrum disorder is categorized among neurodevelopmental disorders, with emphasis on two major domains: persistent difficulties in social communication and social interaction, and restricted and repetitive patterns of behavior, interests, and activities (**Association, 2022**)

The traditional medical perspective has made fundamental contributions to the field of autism by providing a scientific framework for diagnosis and classification. It has also contributed to the development of early detection mechanisms, the identification of comorbidities, the assessment of individual needs, and the provision of appropriate services and interventions. However, this perspective has increasingly become the subject of criticism because of its primary emphasis on deficits and impairments as the main entry points for understanding autism. Pellicano and den Houting (2022) point out that among the major criticisms directed toward the medical model are its excessive focus on deficits, its tendency to view the individual separately from the context in which they live, and the limitations of the perspective adopted in the production of knowledge about autism.

Nevertheless, criticizing the medical perspective does not necessarily mean that it should be regarded as being in absolute opposition to the neurodiversity perspective. Each perspective has a distinct epistemological and practical function that can contribute to developing a more comprehensive understanding of autism. While the medical perspective provides tools for diagnosis, classification, early detection, identification of comorbidities, and the provision of services, the neurodiversity perspective broadens the scope of understanding autism by emphasizing respect for neurological differences, attention to strengths and abilities, recognition of the influence of environmental and social contexts, and the involvement of autistic people in matters concerning their lives. It also places greater emphasis on quality of life rather than reducing the objective of intervention to symptom reduction or the elimination of differences.

Accordingly, the problem does not lie in the existence of the medical perspective itself, but rather in relying on it as the sole or exclusive framework for interpreting autism and determining the needs of autistic people (**Pellicano, 2022**)

In this context, the concept of neurodiversity emerged as a framework that seeks to reconsider neurological variation as part of human diversity, without implying a denial of the difficulties that autistic individuals may experience or eliminating their need for support and specialized interventions. Adopting a neurodiversity perspective does not entail abandoning diagnosis or health, educational, and psychological services; rather, it calls for redirecting these services so that they take the individual, their needs, strengths, and social context into consideration, while avoiding reducing the person to their diagnosis or viewing them solely through the lens of deficits (**Pellicano, 2022**)

From this perspective, the relationship between the medical model and the neurodiversity perspective can be understood as one of complementarity rather than exclusion. Medical knowledge can be used to identify health and developmental needs and provide appropriate

services, while the neurodiversity perspective contributes to broadening this framework to encompass the social and environmental context, strengths, experiences of autistic individuals, and their right to participate in decisions concerning their lives. This approach is consistent with the observations of Pellicano and den Houting (2022), who argue that the challenge does not lie in rejecting medical knowledge, but rather in broadening the framework of knowledge about autism so that it is not confined to the medical perspective, but also incorporates social and contextual dimensions as well as the lived experiences of autistic individuals **(Pellicano, 2022)**

Accordingly, the shift from the classical perspective to the neurodiversity perspective should not be understood as a transition from one model to another in which one is abolished in favor of the other. Rather, it should be regarded as an opportunity to construct an integrative framework that combines the tools provided by medical knowledge for diagnosis, detection, and intervention with the emphasis placed by the neurodiversity perspective on difference, strengths, context, participation, and quality of life. Hence, there is a need to examine the nature, limits, and implications of this transformation for the ways in which autism spectrum disorder is understood, diagnosed, and addressed **(Pellicano, 2022)**

Accordingly, the present study raises the following research problem:

To what extent can the transition from the classical perspective to the neurodiversity perspective contribute to developing an integrative model for understanding and addressing autism spectrum disorder?

This main question gives rise to several sub-questions:

What are the foundations upon which the classical perspective was based in explaining autism spectrum disorder?

How has the neurodiversity perspective reformulated the understanding of autism spectrum disorder?

What are the differences and areas of complementarity between the medical model and the neurodiversity perspective in understanding autism?

What are the implications of the transition from the classical perspective to the neurodiversity perspective for diagnosis and the identification of individual needs?

What are the implications of this transformation for the objectives of intervention and the services provided to autistic individuals?

How can an integrative model be developed that combines medical knowledge with the principles of neurodiversity in a manner that ensures responsiveness to individual needs while promoting participation and quality of life?

First: The Historical Development of the Concept of Autism Spectrum Disorder

1. The Initial Clinical Description

One of the most important historical foundations for understanding autism can be traced to the study published by Leo Kanner in 1943, in which he described a group of children who exhibited severe difficulties in communication and social interaction, along with repetitive behaviors and restricted interests **(Kanner, 1943)**

Within this context, autism was understood as a distinct clinical condition, differentiated from other psychological and developmental disorders.

In 1944, Hans Asperger described a group of children who exhibited difficulties in social interaction and distinctive patterns of interests and behavior, alongside varying levels of linguistic and cognitive abilities **(Kanner, 1943)**

These early beginnings reveal that variability within autism was not a recent discovery; rather, it had been present since the earliest clinical descriptions. However, subsequent classification systems required several decades before they could more adequately reflect this diversity.

2. From Autism as a Category to Autism as a Spectrum

The Concept of the “Spectrum”

The concept of the “spectrum” represents a significant shift in the understanding of autism. Autism is no longer viewed as a homogeneous condition whose characteristics are identical across all individuals; rather, it is understood as a disorder characterized by a broad range of variability in language, cognitive abilities, social skills, independence, sensory processing, repetitive behaviors, adaptive skills, as well as in the level of support required. Modern classifications have reinforced this approach by adopting the concept of Autism Spectrum Disorder (ASD) instead of separate diagnostic categories. This has contributed to moving beyond the stereotypical perception of autism and recognizing that an autistic individual may possess abilities and strengths in certain areas while experiencing difficulties and having specific needs in others. This, in turn, requires an individualized understanding of each case and the determination of support according to the needs of each person (Al-Zureikat, 2021)

Second: The Classical Perspective on Autism

1. The Medical Basis of the Traditional Perspective

The classical perspective on autism conceptualizes it as a neurodevelopmental disorder that can be identified through a set of behavioral and developmental characteristics. Its primary focus has been on identifying symptoms, establishing diagnostic criteria, assessing the severity of the condition, identifying comorbid disorders, developing intervention plans, and monitoring the changes resulting from such interventions. This framework is fundamental to clinical practice because it provides a systematic basis for identifying difficulties, determining needs, and directing appropriate services. However, a problem arises when diagnosis shifts from being a tool for understanding the condition and identifying its needs to becoming a reductionist framework through which the person is defined in their entirety, without adequate consideration of their abilities, strengths, context, and individual characteristics (Al-Zureikat, 2021)

2. The Focus on Deficits in the Medical Model

The traditional medical perspective focuses on identifying what are referred to as the “core symptoms” of autism. According to the DSM-5-TR, these include difficulties in social communication and social interaction, along with restricted and repetitive behaviors and interests (Association A. P., 2022). This emphasis has contributed to the development of effective assessment tools; at the same time, however, it has made the concept of deficit a central focus of research and practice.

A study by Pellicano and Den Houting indicates that the traditional medical perspective tends to focus on the “deficits” of autistic individuals rather than examining the interaction between the individual and their environment.

This means that the traditional question was often:

What does the child lack compared with a typically developing child?

In contrast, the neurodiversity perspective encourages a different question:

How is the child different, and what does the child need in order to learn, communicate, and participate?

3. Limitations of the Classical Perspective

• Reducing the Individual to the Diagnosis

One of the most significant criticisms is the tendency for the diagnosis to become the primary description of the person. The expression “autistic child” may sometimes be used as though it explains all aspects of the child’s personality and abilities. However, a diagnosis does not necessarily tell us what the child likes, what their strengths are, how they learn best, what causes them stress, or what type of communication they prefer. Therefore, diagnosis should serve as a starting point for understanding the individual rather than the endpoint of the process of understanding (Al-Khatib, 2013)

• **Neglecting Context**

The degree of difficulty may vary depending on the environment. A child may be able to participate effectively in a structured and predictable environment while experiencing considerable difficulties in an environment characterized by numerous sensory stimuli and a lack of organization. Therefore, assessing an individual without also assessing the environment may lead to an incomplete interpretation of behavior. This issue represents one of the fundamental criticisms of the traditional medical model, as the review by Pellicano and Den Houting (2022) emphasizes the need to move beyond focusing exclusively on the individual toward examining the relationship between the individual and their context.

Third: The Neurodiversity Perspective

The concept of neurodiversity emerged within the context of a social and scientific movement that sought to reconsider the way society perceives neurological differences. The term became particularly associated with the work of Judy Singer in the 1990s and subsequently developed into an influential intellectual and rights-based framework in autism studies (Singer, 1998)

Neurodiversity refers to the fact that human beings differ in the ways they think, perceive, learn, communicate, and process sensory information, and that these differences constitute an integral part of human diversity. Pellicano and Den Houting (2022) explain that the neurodiversity perspective views autism as one form of variation among human minds, rather than reducing it to a deviation from a presumed single norm.

• **Neurodiversity Does Not Deny Disability**

One of the misconceptions associated with the neurodiversity perspective is that it denies the existence of disability or rejects the need for autistic individuals to receive support. However, recognizing neurodiversity does not necessarily imply that all individuals have identical abilities or levels of independence, nor does it negate the diverse difficulties and support needs they may experience. Some autistic individuals may require support with communication, adaptive skills, education, and sensory regulation. They may also need psychological support, healthcare, and assistance with certain activities of daily living, depending on their individual characteristics and environmental circumstances.

Accordingly, adopting a neurodiversity perspective is not incompatible with recognizing disability and the need for support. Likewise, the existence of such needs does not diminish the value of neurodiversity or an individual's right to have their differences accepted and their uniqueness respected. Combining recognition of diversity with attention to individual needs constitutes an important foundation for developing an integrated approach to autism that moves beyond the dichotomy of “deficit versus difference” toward a more comprehensive understanding of the individual, their needs, and their potential (Al-Khatib, 2013)

• **From a Focus on Deficits to a Focus on Strengths**

The shift from focusing on “deficits” to emphasizing “strengths” represents one of the most significant aspects of contemporary developments in the field. Attention is no longer limited to difficulties; rather, it also encompasses abilities that can be utilized in learning, employment, and social life.

Pellicano and colleagues (2022) have highlighted the importance of moving toward an approach that focuses on the actual abilities and potential of autistic individuals rather than merely describing their limitations. Examples of strengths that may be observed in some autistic individuals include:

Attention to detail.

The ability to concentrate on specific subjects.

Specialized intellectual interests.

Certain visual abilities.

Perseverance.

Strong memory in specific areas.

This does not mean that every autistic person possesses these characteristics; rather, it underscores the importance of avoiding generalizations and examining the individual profile of each person (**Azizou, 2019**)

Fourth: Diagnostic Criteria for Autism Spectrum Disorder

§ In the DSM-5-TR: The DSM-5-TR classifies Autism Spectrum Disorder (ASD) among neurodevelopmental disorders (**Association A. P., 2022**) Diagnosis is based on two main domains:

Domain 1: The presence of persistent difficulties in social communication and social interaction across multiple contexts.

Domain 2: The presence of restricted and repetitive patterns of behavior, interests, and activities.

The criteria also require that these characteristics emerge during the early developmental period and result in clinically significant impairment in social, academic, occupational, or other important areas of functioning This framework provides an important scientific basis for diagnosis; however, it should not be regarded as the sole tool for understanding an individual's needs.

In the ICD-11: The ICD-11 represents one of the most significant recent developments in the international classification of disorders.

It classifies Autism Spectrum Disorder among neurodevelopmental disorders, while allowing the condition to be further characterized according to dimensions such as intellectual abilities and functional language A common trend can be observed across contemporary classification systems, namely, the recognition of variability within the autism spectrum. Recent studies have examined the impact of the ICD-11 on clinical and research practice, emphasizing that the transition toward a more detailed framework may influence the diagnostic process and the classification of cases (**Kamp-Becker, 2024**)

Diagnosis within the Integrative Model

The integrative model proposes that diagnosis should go beyond merely determining whether an individual meets the diagnostic criteria.

The assessment may include:

Clinical diagnosis: This involves determining the extent to which the individual meets the criteria for Autism Spectrum Disorder, based on developmental history, clinical observation, information provided by the family, and, when necessary, the use of standardized diagnostic instruments .

Cognitive assessment: This involves examining cognitive abilities and patterns of thinking, as well as identifying cognitive strengths and difficulties. Such assessment helps in selecting educational and intervention approaches that are appropriate to the individual .

Language assessment: This involves determining the level of receptive, expressive, and pragmatic language, together with assessing the individual's ability to use language in different social and communicative contexts (**Hyman, 2020**)

Communication assessment involves identifying the most effective means of communication for the individual, whether through spoken language, gestures, pictures, symbols, or augmentative and alternative communication (AAC) methods. The objective is to achieve functional and effective communication .

Assessment of adaptive skills involves examining the individual's ability to perform activities of daily living and to function independently in areas such as self-care, communication, social skills, and functional skills, as the level of adaptive functioning represents an important aspect in determining the individual's support needs (Hyman, 2020)

Fifth: Intervention from the Traditional Perspective

Traditional intervention has been primarily associated with developing skills and reducing behaviors that hinder learning and adaptation.

Practice has benefited from a wide range of interventions, including behavioral interventions, communication training, occupational therapy, language interventions, social skills training, and cognitive-behavioral interventions .(Suleiman, 2010)

The importance of early intervention and evidence-based interventions in supporting many autistic children cannot be denied. If the objective is to develop communication, independence, and the ability to learn, this is consistent with the integrative model. However, if the objective becomes merely eliminating every behavior that differs from neurotypical behavior, this conflicts with some of the principles of neurodiversity.

Redefining Intervention Goals

The neurodiversity perspective encourages a reformulation of intervention goals.

Instead of the goal being: “to make the child appear less autistic,”

it can become: “to enable the child to communicate, learn, become independent, participate, and achieve a better quality of life.”

This perspective is consistent with the shift advocated by recent literature in autism research, according to which research and interventions should focus on the priorities of autistic people and on the relationship between individual characteristics and the context in which the individual lives (Pellicano E. &, 2022)

Special Interests as an Entry Point for Intervention

Traditionally, the special and repetitive interests of individuals with Autism Spectrum Disorder (ASD) were viewed as manifestations of the disorder that should be reduced. However, the contemporary perspective calls for viewing them from a functional standpoint, as a child's interests—for example, an interest in trains—can be used to develop numerical skills, vocabulary, reading, classification, dialogue, and social interaction. Thus, a special interest can be transformed from a behavior that is intended to be eliminated into an educational entry point that can be utilized to increase motivation and support learning and participation. In this way, the interest is transformed from a “behavior that should be eliminated” into an educational resource that can be purposefully utilized.

Communication from a Neurodiversity Perspective

Communication among individuals with Autism Spectrum Disorder should not be restricted to spoken language. An individual may use words, gestures, pictures, symbols, or augmentative and alternative communication (AAC) methods to express their needs and ideas.

And emotions. Therefore, the success of an intervention should be linked to the effectiveness and functionality of communication and to the extent to which it enables the individual to participate and express themselves, rather than to the extent to which it conforms to the typical mode of communication .

The Family from an Integrative Perspective

It is impossible to develop an effective intervention without the participation of the family. The family possesses important knowledge about the child's daily behavior, sources of stress, strengths, and needs. Therefore, the family should move from being merely a "source of information" to becoming a partner in decision-making. Khalil Al-Abadi considers that "the role of the family is fundamental in implementing educational and therapeutic programs for autistic children. The family spends the greatest amount of time with the child and is therefore usually the first to observe any problems or changes in the child's behavior. It is also the family that conveys information and observations concerning the child's atypical characteristics. Parents are the first to experience the shock and surprise following the diagnostic stage, and they go through stages of rejection and denial of the condition, moving from one physician to another until they eventually come to accept the condition and seek appropriate educational and therapeutic programs. Consequently, they play a major role in the success of these programs.

The family also assists specialists in understanding many aspects of the child's weaknesses and strengths that do not usually appear in observation and assessment settings, such as clinics or specialized centers. Rather, these characteristics may only become apparent within the family environment because the child may display certain behaviors exclusively at home. Given the importance of the family in supporting and caring for their autistic child, active parental participation is therefore essential from the initial diagnostic process through the formulation, implementation, and evaluation of educational programs for the child" **(Manafiy, 2019)**

The family plays a crucial role in implementing educational and therapeutic programs for autistic children. Since family members spend the greatest amount of time with the child, they are usually the first to notice any problems or developments in the child's behavior and to provide information and observations regarding atypical characteristics. Parents may go through stages of rejection and denial before accepting the condition and seeking appropriate educational and therapeutic programs. With the support of the family, specialists can gain a better understanding of many aspects of an autistic child that may not be apparent in conventional observation settings, thereby contributing to the success of educational and therapeutic programs.

Therefore, "the role of the family, particularly that of the parents, should not be underestimated in the care and support of an autistic child. The role played by the family of an autistic child and their participation in the therapeutic program has a significant positive impact on the effective development of these skills. Accordingly, providing parents with information, advice, guidance, appropriate methods, and strategies related to their child's autism spectrum disorder will help them develop the child's appropriate skills. The best relationship between the speech and language specialist, as a professional specialized in diagnosing and treating communication disorders, and the parents, who are experts regarding their child, his or her natural environment, daily life, different experiences, specific needs, and temperament, is a partnership. Such a partnership aims to identify the most effective intervention approach for addressing the child's difficulties. The first and most important step in implementing this partnership is to train parents and provide them with the appropriate tools that will help them develop their child's skills" **(Murad Ben Harz Allah, 2021, pp. 23–24).**

The role of the family and parents in the care and support of children with autism should by no means be underestimated. They represent a crucial component in the process of improving these children's skills. They possess valuable knowledge about the child's life, specific needs, and the challenges they face, and can therefore provide effective and appropriate support. Effective communication between the family and specialists involved in the assessment and treatment of communication disorders is a critical factor in the success of therapeutic programs. Through this partnership, the best outcomes for the child can be achieved, as knowledge and expertise are shared and the most appropriate methods of intervention and treatment are identified. Training parents and equipping them with the necessary tools is an essential part of this process, as it enables them

to develop their skills in addressing the needs and challenges of their autistic children. This can contribute to enhancing the child's development and improvement in terms of behavior and quality of life. This is confirmed by Rogé (2003), who states that "limiting the teaching of various skills to autistic children exclusively by specialists and professionals, without the participation of parents and families of autistic individuals, risks making these skills meaningless in the child's life. They may quickly fade away, become lost, and fail to acquire their functional purpose. Furthermore, these skills are unlikely to generalize or be useful across different areas of daily life unless their practice is continuously maintained and they are applied in the contexts in which they are needed.

School Inclusion within the Integrative Model

School inclusion should go beyond merely placing a child with Autism Spectrum Disorder (ASD) in a mainstream classroom; it should encompass attendance, participation, learning, interaction, and a sense of belonging. This requires adapting the school environment through the use of visual supports, structured routines, clear instructions, consideration of sensory needs, provision of alternative means of communication, and incorporation of the child's interests into learning, in addition to training teachers to respond to individual differences. Therefore, the child should not bear sole responsibility for adapting to the school environment. Genuine inclusion also requires the school to adapt to the diversity of learners and their different needs (UNESCO, 2020)

✓ From a Multidisciplinary Perspective to an Integrative Perspective

The nature of Autism Spectrum Disorder requires drawing upon the expertise of multiple disciplines, such as physicians, psychologists, occupational therapists, educators, and family members, while also involving the autistic individual, as far as possible, in decisions concerning them. However, the presence of these specialists does not necessarily ensure genuine integration, as each professional may work separately according to objectives specific to their own field (Hyman, 2020)

The integrative perspective, by contrast, is based on the exchange of assessment findings among the different stakeholders, the development of a shared understanding of the individual's needs, and the establishment of interconnected goals and a coordinated intervention plan. For example, if a psychological assessment reveals difficulties in social communication, an assessment by a speech-language therapist identifies challenges in pragmatic communication, while an occupational assessment indicates the presence of sensory stimuli that hinder participation in the classroom, effective intervention should integrate these findings into a single plan that takes into account the individual's characteristics, abilities, needs, and the environment in which they live and learn, rather than addressing each aspect in isolation (Hyman, 2020)

· The Proposed Integrative Perspective

The following model can be proposed:

First Level: Neurodevelopmental Foundation

Autism is a neurodevelopmental disorder characterized by considerable variability in its characteristics and individual abilities (Association A. , 2022)

Level Two: Individual Profile

Abilities + Difficulties + Language + Cognition + Communication + Emotional Regulation



Level Three: Strengths

Interests + Abilities + Talents + Learning Styles



Level Four: Environment

Family + School + Community + Sensory Environment



Level Five: Support Needs

Determining the type and level of support according to actual needs, rather than diagnosis alone.



Level Six: Intervention

Evidence-based, individualized, functional intervention that respects differences.



Level Seven: Outcomes

Independence + Participation + Communication + Psychological Well-being + Quality of Life

Diagnosis as a Means, Not an End: Autism spectrum disorder diagnosis should not be regarded as a final goal in itself, but rather as a functional step that helps in understanding an individual's characteristics, identifying their needs, and guiding appropriate services and interventions. From the traditional perspective, attention may sometimes be limited to obtaining a diagnosis, classifying the condition, and determining its severity level. In contrast, the integrative perspective seeks to use diagnostic findings to address questions that are more closely related to the individual's daily life, such as: What difficulties does the individual experience? What strengths can be built upon? What type of support does the individual need? And what modifications can be made to the environment to enhance participation and independence? Accordingly, the true value of diagnosis is not determined merely by assigning a diagnostic label, but rather by the extent to which it contributes to a comprehensive understanding of the individual and guides interventions and services in ways that are consistent with their actual needs and improve their quality of life. This approach is consistent with the Arab perspective, which emphasizes the importance of moving from a focus on diagnosis and description toward utilizing assessment findings to develop programs and services that respond to the needs of individuals with autism spectrum disorder . Therefore, it is important to emphasize that reducing dangerous or harmful behaviors remains a legitimate and essential goal when genuine risks are present; however, the criterion should be the individual's safety, well-being, and functioning, rather than simply eliminating a behavior because it is different.

The Ethical Dimension of Intervention

The growing prevalence of the neurodiversity perspective has prompted a renewed consideration of a number of ethical questions related to the nature of interventions provided to autistic individuals and the goals they seek to achieve. In this context, several fundamental principles emerge, foremost among them respect for the person's dignity, avoiding reducing the individual to their diagnosis or treating them as less valuable because of their neurological differences, and respecting their autonomy by involving them in decisions concerning their lives according to their abilities and level of support. This is accompanied by the principle of non-maleficence, which requires avoiding practices that may cause pain, fear, or humiliation without a clear professional necessity. Interventions should also be grounded in the principle of beneficence, whereby their primary objective is to improve the individual's life and well-being rather than merely eliminate behaviors that differ from prevailing norms. In addition, the principle of participation emphasizes the importance of involving autistic individuals, whenever possible, in determining research and service priorities and in evaluating them. This contributes to shifting from treating autistic individuals merely as subjects of research to recognizing them as active partners in producing knowledge and developing practices concerning them (Pellicano E. &, 2022)

Implications of the Integrative Perspective for Psychological Practice

Adopting an integrative perspective in working with individuals with Autism Spectrum Disorder (ASD) broadens the role of the psychologist. It is no longer limited to diagnosing and identifying the disorder and then developing an intervention program; rather, it extends to developing a comprehensive understanding of the individual in light of their abilities, needs, and the characteristics of the environment in which they live. Accordingly, professional practice becomes an integrated process that begins with comprehensive assessment, understanding the individual and their context, identifying strengths and needs, formulating meaningful individualized goals, implementing interventions in collaboration with the family and the multidisciplinary team, and then evaluating outcomes through functional indicators that include participation, independence, well-being, and quality of life.

This perspective requires the psychologist to possess a range of competencies, including diagnostic, observation, interviewing, psychometric assessment, and functional assessment skills, in addition to the ability to work with families, coordinate with different professional disciplines, provide psychological counseling, and design individualized interventions that respond to the specific characteristics and needs of each person. This perspective is consistent with recent literature calling for moving beyond an exclusive focus on symptoms and considering assessment and intervention within a broader framework that takes into account functioning, context, and quality of life, while involving both the family and the individual themselves in the decision-making process (**Hyman, 2020**)

From a Therapeutic Perspective to a Life-Support Perspective

The shift toward an integrative perspective represents a transition from viewing autism as a disorder whose symptoms should be treated or reduced, to viewing the autistic person as an individual with abilities, needs, and rights who requires a support system that enables them to learn, communicate, achieve independence, participate, and lead a meaningful life. Thus, the goal of intervention is no longer to eliminate autistic characteristics per se, but rather to improve functioning, well-being, and quality of life, while achieving a balance between addressing difficulties and valuing strengths, as well as between taking individual characteristics into consideration and adapting the surrounding environment. Furthermore, responsibility for intervention shifts from the specialist alone to a participatory system involving the multidisciplinary team, the family, and the autistic person themselves, whenever possible. Recent literature emphasizes that support for autistic individuals can combine therapeutic interventions with goals related to quality of life and self-determination, rather than treating therapy and behavior modification as ends in themselves. (**Dawson, 2022**)

Accordingly, the life-support model does not eliminate therapeutic intervention; rather, it redefines its purpose. Intervention becomes a means of empowering individuals to make use of their abilities, overcome barriers that hinder their participation, and improve their independence and well-being, rather than merely serving as a means of making them more compatible with the prevailing neurotypical model. This perspective is also consistent with the contemporary trend in Algeria toward multidimensional care, individualized programs, valuing children's skills and abilities, and promoting educational and social inclusion.

Discussion

The comparison between the classical perspective and the modern neurodiversity perspective reveals that the concept of autism has become too complex to be explained through a single perspective. The medical perspective has played a fundamental role in developing knowledge about autism, particularly through the development of diagnostic criteria and clinical tools. In addition, the DSM-5-TR and ICD-11 provide important frameworks for identifying and classifying the disorder (**Association A. P., 2022**)

However, excessive emphasis on deficits has created a need for a broader framework. This is where the neurodiversity perspective emerged, emphasizing that neurological differences should not automatically be interpreted as disorders that need to be eliminated.

The review by Pellicano and Den Houting (2022) indicates that the shift toward neurodiversity can help overcome three major limitations of the medical model: excessive focus on deficits, neglect of context, and a narrow perspective. Nevertheless, adopting the neurodiversity perspective should not lead to ignoring suffering or high support needs. Some autistic individuals may require intensive support in communication, self-care, regulation, behavior, and learning.

Therefore, the most balanced perspective is one that combines:

Diagnostic accuracy + understanding of diversity + individual assessment + environmental modification + evidence-based intervention + respect for rights.

From this perspective, the proposed integrative approach can be considered an attempt to move beyond the dichotomy between “disorder” and “difference.”

Autism may represent a form of neurological difference, while at the same time it may be associated with genuine support needs and functional disabilities.

Conclusion

An analysis of the development of the concept of autism spectrum disorder has shown that the understanding of this condition has shifted from classical approaches that primarily focused on deficits and symptoms toward contemporary approaches that recognize the considerable diversity within the spectrum and place increasing importance on the environment, lived experience, and individual strengths.

The medical model has contributed significantly to advances in diagnosis and intervention and cannot be dispensed with, particularly in identifying individual needs and co-occurring disorders and in guiding services. However, its exclusive use may reduce the individual to a collection of symptoms.

The neurodiversity perspective, on the other hand, has introduced a new dimension by recognizing neurological differences, respecting autistic individuals, and involving them in research and practice. Nevertheless, it should not be used to deny disability or therapeutic and rehabilitative needs.

Accordingly, the most appropriate direction is to develop an integrative model that combines the neurodevelopmental perspective with the neurodiversity perspective.

This perspective is based on the following principles:

Autism is a neurodevelopmental condition characterized by considerable variability.

Diagnosis is necessary, but it does not provide a complete description of the individual.

Assessment should address both strengths and difficulties.

The environment should be examined alongside the individual.

Support should be determined according to actual individual needs.

Interventions should be evidence-based.

Neurological differences should be respected.

Families and autistic individuals should be involved in decision-making.

Intervention outcomes should be measured in terms of quality of life, participation, and independence.

Tools and approaches that take the Arabic language and cultural context into consideration should be developed.

Accordingly, the central principle of the integrative model can be formulated as follows:

The goal of intervention in autism spectrum disorder is not to eliminate neurological difference, but rather to understand the individual in their uniqueness, develop their abilities, reduce the difficulties that hinder their lives, and modify the environment in ways that enable them to communicate, learn, participate, and achieve the greatest possible degree of independence and quality of life.

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