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**The Mythology of Autism on TikTok**

Master's thesis

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## **Annotation**

This qualitative research investigates how autism-related myths are constructed on TikTok. Grounded in Roland Barthes' theory of myth, it combines methods informed by discourse analysis to trace second-order signification across multimodality to examine the relationship between the paradigms of pathology and neurodiversity. Findings indicate that explanations of causality frame autism as the result of modern corruption; portrayals of characteristics delegitimise self-identification; and claims about cures naturalise detoxification narratives. The contribution provides a process-level account of how mythic meaning is produced in short-form video, informing analysis and intervention.

**Keywords:** autism, myth, discourse analysis, TikTok, misinformation

## Introduction

The diagnosis and perception of autism have undergone profound transformations over the past century. Once described as a symptom of schizophrenia by Eugen Bleuler and later reframed by figures such as Grunya Sukhareva, Leo Kanner, and Hans Asperger (see chapter 1.2), autism eventually came to be recognised as a distinct condition and, more recently, as part of the category of Autism Spectrum Disorder (Lang, 2025a, pp. 2-4). These shifting classifications reflect broader tensions between medicalised views of autism as a disorder and neurodiversity-affirming approaches that emphasise difference (ibid., pp. 7-8). Once marginalised or pathologised in popular narratives, it has now become a frequent subject of online content, ranging from personal testimony and advocacy to medical misinformation. This shift has coincided with the rise of social media, where meaning is co-produced by users and algorithms rather than set by institutions or experts. Autism-related discourse has therefore become more visible, with its form and content changing in ways that raise urgent epistemological and ethical questions.

One of the clearest indicators of this transformation is the growth of autism-related mis- and disinformation online. In this thesis, misinformation refers to false or inaccurate information<sup>1</sup> shared without intent to harm, whereas disinformation is intentionally misleading or biased information with intent to harm (Wardle & Derakhshan, 2017). A longitudinal study of 1,659 Telegram conspiracy theory channels across Latin America and the Caribbean found a 15000% increase in disinformation related to autism between 2015 and 2025 (de Morales Silva et al., 2025). This included claims about fabricated causes, such as vaccines, 5G networks, or food additives, as well as purported cures ranging from restrictive diets to unregulated stem cell therapy (ibid.). Similar dynamics can be observed across other platforms, including TikTok, where a study of 133 popular videos found that nearly three-

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<sup>1</sup> False or inaccurate information is defined by its lack of correspondence with empirically verified or theoretically justified knowledge.

quarters were inaccurate or overgeneralized (Aragon-Guevara et al., 2023), while other scholars have noted that much of this content lacks actionability, meaning it does not equip audiences to make informed, evidence-based decisions (Brown et al., 2024).

Alongside the growth in misinformation, the size and visibility of the autistic community have also increased, especially among adolescents and adults (Grosvenor et al., 2024). This is due to a complex interplay of multiple factors, including improved analytic tools, enhanced screening, greater clinician and parental awareness, and a broadened definition of autism (King & Bearman, 2009; Rice et al., 2012; Hansen et al., 2015). Parallel to rising diagnosis rates, social media has emerged as a primary site for seeking autism-related information and community. Digital platforms are particularly significant for autistic individuals, as they accommodate neurodivergent communication needs by reducing sensory strain and social demands (Howard & Sedgewick, 2021). While these spaces provide value, they also expose individuals to persuasive, emotionally charged, and potentially harmful information. Recent findings suggest that those with high autistic traits may be more susceptible to engaging with misinformation, potentially in part because of the very traits that characterise autism, such as heightened pattern recognition, difficulties with ambiguity, and intense focus on niche topics (Georgiou et al., 2024). When that content is packaged in emotionally resonant or identity-affirming ways, it becomes difficult to take at face value. Hence, understanding autism-related misinformation is significant, given its capacity to shape diagnostic practices, the public understanding of autism and the lives and well-being of autistic people (Paynter et al., 2019).

While this thesis draws on content identified by existing research as misinformation, it does not evaluate the truth-value of these claims. Instead, it argues that to comprehend the epistemic and cultural implications of such content, we must examine the myths through which it is disseminated, thereby explaining persuasion and persistence beyond the reach of verification-based approaches. Following French literary theorist and semiotician Roland Barthes (1972), these myths are analysed as second-order semiological systems that naturalise ideology under the guise of common sense, making meanings appear self-evident. In the case of autism, these myths draw their substance from the pathology paradigm and the neurodiversity paradigm, which serve as conceptual reservoirs, encoding normative

assumptions about personhood, intelligence, dependency and deviance. To provide the context needed to comprehend the myths they inform, this thesis examines both paradigms in depth and shows how they are operationalised through discourse, understood here as the use of a system that correlates expressions with meanings in concrete communicative situations (Eco, 1976). While much of the existing scholarship addresses autism misinformation through the lenses of cognitive correction or digital literacy, this thesis offers a novel methodological approach by shifting the analytical focus from verification to the ideological underpinnings that structure how autism is understood.

Using TikTok as the primary site of analysis, this study employs myth as both its central theoretical framework (chapter 1.1) and the key object of methodological inquiry (chapter 2.2). Through recurring linguistic patterns and visual tropes, the platform's content translates abstract paradigms into intuitive interpretive frames. These frames, reinforced by TikTok's emphasis on visual immersion and rapid, repetitive consumption, prioritise specific forms of knowledge while marginalising others (Cuşnir, 2025, p. 20). To examine these dynamics, the study applies critical discourse analysis (CDA) to a dataset of three autism-related videos. It aims to clarify how myths about autism are constructed, sustained, and naturalised, drawing on epistemological approaches that reject the notion of neutral knowledge and emphasise that understanding is always situated within power relations and lived experience (Anderson, 2024). Accordingly, it asks:

1. How are myths about autism constructed and sustained in TikTok videos?
2. How do these myths invoke and naturalise competing epistemic frameworks?
3. What assumptions and values do these myths reproduce?

By addressing these questions, the thesis clarifies how TikTok videos construct and sustain autism myths, and how these myths acquire persuasive force beyond verification. The argument proceeds from theoretical foundation and literature review to methodology, followed by analysis and synthesis. Chapter 1 presents the theoretical framework: it establishes the conceptual foundations of myth theory (Lévi-Strauss, Barthes, Eco) and specifies Barthes' framework as the operative model (1.1.1), and reviews contemporary studies on digital myth, autism, and misinformation (1.1.2). It then delineates the paradigms

of pathology and neurodiversity, directly addressing Research Question (RQ) 2, while the chapter as a whole lays the groundwork for RQ 1 and 3. Chapter 2 details the methodological design, outlining the principles of discourse analysis and its use in autism research (2.1), TikTok's affordances and constraints (2.2), the sampling protocol (2.2.1), and ethical and positional considerations (2.3). Chapter 3 presents the empirical findings of how myths are constructed around the causes (3.1), characteristics (3.2), and cures (3.3) of autism in TikTok videos. It concludes with a critical discussion that brings the three case studies into dialogue, synthesising the mythic patterns and ideological commitments identified across the corpus.

## **1. Myth and Epistemic Framing in Autism Discourse**

This chapter establishes the key concepts for analysing how autism myths are produced on TikTok and how competing accounts of understanding autism struggle for epistemic authority. It proceeds in two parts. Subchapter 1.1 sets out a semiotic account of myth and interpretive variability, informing methodology and subsequent analysis. Subchapter 1.2 situates the concept of autism by examining the pathology and neurodiversity paradigms as the two main approaches that structure contemporary autism discourse.

### **1.1. Conceptualising Myth**

In popular and everyday discourse, the term “myth” is used broadly and often carries two distinct, yet related, meanings. The first definition refers to it as a traditional story, particularly one concerning the early history of a people or explaining a natural or social phenomenon, typically involving supernatural beings or events (The Oxford Dictionary, n.d.). The second definition uses the word to denote “an unfounded or false notion” (Merriam-Webster, n.d.), essentially labelling a belief as misinformation or a lie perpetuated by culture (e.g., “The myth that money buys happiness”). These two definitions stand in productive tension: the former affirms the narrative's cultural significance, while the latter dismisses its claim to truth. However, from a semiotic perspective, the question of whether a myth is a true story or a false statement is irrelevant. Instead, it concerns the myth's function as a type of speech that renders certain meanings natural, while “mythology,” in turn, refers to the whole system of such myths and their analysis. Myth, therefore, provides a meta-analytical apparatus for understanding how misinformation creates meaning, not merely whether it is true.

### 1.1.1. Foundational Theories of Myth

Roland Barthes' theory of myth as a social discourse builds on the relational analysis of Claude Lévi-Strauss (Juracek, 2024), which posits that myths operate as a sophisticated form of human thought with a logic as rigorous as that of modern science (Lévi-Strauss, 1963, p. 230). The difference between mythical and scientific thought, however, "lies not in the quality of the intellectual process, but in the nature of the things to which it is applied" (ibid.). For mythical thought, the world is approached through a concrete logic, a kind of "bricolage" that uses the observable world as a conceptual toolkit, drawing on a set of sensory properties to construct and resolve abstract social contradictions (1978, p. 13). Lévi-Strauss (1963) insists that myth must be apprehended as a totality, with its basic meaning conveyed by bundles of relations, or mythemes—the smallest unit of meaning in a myth consisting of a bundle of relations or binary oppositions, "combined so as to produce a meaning" (p. 211), with the purpose to provide a "logical model capable of overcoming a contradiction" (p. 299). As such, it gives humanity "the illusion that he can understand the universe and that he does understand the universe" (1978, p. 17). Additionally, Lévi-Strauss (1978, p. 8) believed that "myths get thought in man unbeknownst to him," suggesting that the human mind unconsciously processes and organises reality through mythical structures. He (1963, p. 210) views myth as a language of relations, not expression, which can be translated, paraphrased, and manipulated without losing its basic structure (p. 209).

According to Roland Barthes (1972), myth is "a type of speech," more specifically, "a system of communication," conveyed by discourse. It is not confined to oral speech and may be expressed through photography, painting, rituals, and objects. It thus operates within the domain of semiology, studying ideas-in-form. Drawing on Hjelmslev's (1961) hierarchy of signification, he describes myth as a second-order semiological system (see Figure 1). The first-order signification is that of denotation. At this level, there is a sign that is the associative total of a signifier and a signified. Following Ferdinand de Saussure, "the signified is the concept, the signifier is the acoustic image (which is mental) and the relation between concept and image is the sign (the word, for instance), which is a concrete entity," (Barthes, 1972, p. 114) or what Barthes calls the language-object: a complete sign that myth manipulates and re-signifies. In the second-order of signification, which is that of connotation, the denotative

sign, namely the associative total of a concept and an image, becomes a mere signifier, and attaches to it an additional signified. To take on the function of a signifier, the sign is emptied, simultaneously becoming “meaning and form, full on one side and empty on the other” (p. 116). It is then filled with the concept, the signified, a broad, ideological idea. This process parallels Lévi-Strauss’s observation that myths recombine mythemes into new structures. In itself, the concept is open, formless, and unstable, owing its coherence to its function. For Barthes (p. 117), “At once historical and intentional,” it causes “the myth to be uttered.” The combination of form and function, or second-order signified and signifier, constitutes the signification, which is the second-order sign, also known as myth.

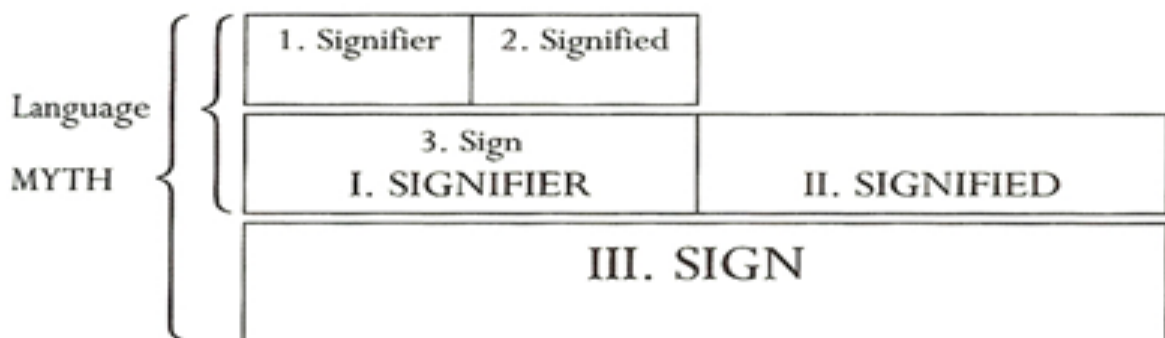


Figure 1. The semiological scheme of myth in Barthes’ *Mythologies* (1972).

For Lévi-Strauss (1978, p. 40), mythology constitutes a closed system in which the same elements are endlessly recombined, while history, by contrast, integrates new and unforeseen events, thus remaining open. Barthes would agree to a point. He stresses that myths, while thriving on ambiguity, consistently guide the reader toward an ideological closure (Barthes, 1972, p. 142). The myth-receiver, however, does not perceive it as a semiological system but as an intuitive one: “where there is only an equivalence, he sees a kind of causal process; the signifier and the signified have, in his eyes, a natural relationship” (p. 130). This process leads to depoliticisation, as the myth suppresses its own production, erasing contradiction and history. While Lévi-Strauss describes this as a means of resolving cultural and cognitive conflicts, both theorists agree that, through these processes, myth presents a seemingly stable “reality.” The world “...comes out of myth as a harmonious display of essences,” and as such “myth can reach everything, corrupt everything, and even the very act of refusing oneself to it” (p. 132).

While Lévi-Strauss and Barthes focus heavily on the structure of myth and its construction, Umberto Eco's work shifts the focus beyond the myth's inherent properties, exploring the active and often unpredictable role of the individual in interpreting its message. For Eco (1976), communication is a form of negotiation between the sender and the receiver. He describes it as a process susceptible to aberrant decoding, in which the message is often misinterpreted or reinterpreted in ways unintended by the sender. This perspective introduces an element of agency, suggesting that a myth's meaning, understood here as a communicative practice, is co-constructed at the point of reception. A similar idea of interpretive autonomy is also articulated by Barthes (1977) in his famous essay "The Death of the Author." Eco, however, reinscribes this interpretive freedom within textual constraints, developing the literary concept of the Model Reader (1979) as a hypothetical reader who possesses the necessary knowledge and (sub)codes to interpret a text in accordance with the *intentio operis*. While codes correlate expression with content, subcodes regulate specific usages within a code. As such, they also define specific discursive communities or social groups and can cause a message to be interpreted in ways that deviate from the intended meaning. For example, a national awareness campaign presenting autism as a "challenge families overcome together" carries the subcode of familial burden, which presents autism as a problem or deficit, thus relating to the pathology paradigm (code). Autistic self-advocates might extracode this message as marginalising autistic agency. This can, in turn, prompt a new subcode that centres autonomy and environmental accommodation. Here's where intertextuality also comes into play.

For Eco (1979), the meaning of any given text, or myth, is not self-contained. Instead, it is shaped by its relationship to other texts, images, and cultural forms, drawing on a blend of references and shared understandings. This constant reinterpretation is necessitated by the fundamental semiotic principle of unlimited semiosis (p. 3). The semantic encyclopedia, a vast, shared repository of cultural knowledge, is, by its very format, potentially infinite and "contradictory" (p. 39), making the textual space for meaning inherently expansive (p. 24). Eco argues that because every concept is interconnected within this encyclopedia, a text can potentially generate "every other text" through subsequent semantic disclosures, a phenomenon evidenced by the history of intertextual circulation (p. 24). For the reader, this means that no text is interpreted in isolation from their established experience of other texts.

This accumulated intertextual knowledge serves as a form of “over-coding” (pp. 17-22), establishing intertextual frames that correspond to fundamental mythic archetypes or established cultural models. When interpreting a myth, the reader instantly endows it with properties that it does not explicitly manifest, relying instead on the communal “store of intertextual information” (p. 216). Hence, a text consists of a “network of different messages” that operate across multiple levels of signification and are generated by a flexible system (p. 5). This structural reliance on external, encyclopedic knowledge ensures that even when an author employs a persuasive strategy intended to elicit a specific response from the receiver, the interpretive process is never fully controlled. Consequently, the supposed dialectic between an “open” work, which invites maximum reader freedom, and a “closed” text, which attempts to produce a predetermined response, ultimately breaks down. That is because all texts are subject to the same general semiotic principles of cultural reference. Even the purportedly closed ones are, in practice, “randomly open to every pragmatic accident” (p. 7). The role of the addressee is thus an inescapable, foundational element in the generation and reception of texts, ensuring that the myth remains constantly subject to reinterpretation.

Lévi-Strauss clarifies the logic of myth as a relational structure, Barthes specifies its ideological work through second-order signification, and Eco shifts the focus to reception through codes and decoding, completing the theoretical synthesis. Together, they underpin the methods that follow.

### **1.1.2. Approaches to Myth in Contemporary Scholarship**

The study of modern myth is an interdisciplinary field that engages with questions of digital culture, politics, and identity. As our understanding of myth has evolved to accommodate the shifting contexts of its application, this section traces its contemporary relevance across key domains related to this work, proceeding from digital media and misinformation to autism studies and, finally, to various disciplinary contexts at the University of Tartu. It surveys recent uses of myth to situate this thesis within broader scholarship.

At its broadest, the entire digital realm can be viewed as a “mythscape,” adapted from Duncan Bell’s (2003) notion of national mythscapes, referring to a discursive space where collective understanding is “forged, transmitted, negotiated, and reconstructed.” This includes social media, where the architecture promotes an ideology of “connectivity” (Van Dijck, 2013), encouraging constant sharing as a positive norm (Papacharissi, 2015, p. 126), while also obscuring the underlying commercial logics behind these platforms (Van Dijck, 2013). This framework can also be applied on a more granular level: platforms such as TikTok can be analysed to show how algorithmic and interface features foster distinct modes of myth-making (e.g., Cuşnir, 2025). Even smaller online spaces, such as forums or groups, constitute their own sub-mythscape, which interact with the larger dynamics of their host platform and the digital sphere as a whole. If these digital spaces are the mythscapes, then the content that flows within and between them constitutes mythic signification.

Internet memes<sup>2</sup> are a great example of this phenomenon, constituting a notable segment of modern-day myths (e.g. Javalgekar, 2018; Artamonov & Frolova, 2020; Pratiwi et al., 2023). They often consist of simple images or phrases (first-order signs) that are collectively imbued with complex connotations. This process creates a shared cultural shorthand that functions as a Barthesian myth. Memes are inherently intertextual, drawing from shared cultural literacy and evolving through the repetition and modification of familiar formats across various contexts. Short-form video platforms, including TikTok and Instagram Reels, have facilitated more fluid, complex expressions of myth through multimodal density and platform-specific affordances. Additionally, the proliferation of these myths is predominantly driven by users' stratified participatory culture, which is largely dependent on affect rather than logic (Papacharissi, 2015). As such, shared feeling becomes a notable dimension of discourse and identity. In this context, myths prevail through emotional resonance, offering simple narratives that “feel true” regardless of their factual basis, thereby increasing the likelihood that misinformation takes hold.

In the digital information sphere, particularly regarding misinformation, the two predominant definitions of myth, as a foundational, explanatory narrative and as a widely held false belief,

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<sup>2</sup> Memes are “a group of digital components that share common characteristics of content, form and/or expressed position, which are created with the awareness of correspondence to each other and have been disseminated, imitated and/or transformed through the Internet by many users” (Shifman, 2013, p. 363).

have effectively merged. While myths retain their classical function as culture-bound stories that provide meaning for phenomena beyond immediate comprehension, their iteration within the misinformation sphere often detaches this function from any requirement for objectivity. This gives rise to what Marcel Danesi (2023), a professor of semiotics and linguistic anthropology, terms the “mythic lie”: a fabricated, metaphor-driven narrative<sup>3</sup> that naturalises falsehoods by tapping into deep-seated, archetypal cognition. Danesi’s framework melds several theoretical traditions. It draws, firstly, on Jung’s (1959) concept of archetypal stories, which derive their believability from their resonance with the collective unconscious. Secondly, it incorporates Barthes’ (1972) theory of myth as a mechanism whereby culturally specific beliefs are presented as self-evident truths. Thirdly, it builds on the work of Lakoff and Johnson (1980), who argue that human cognition and political discourse are fundamentally structured by metaphors, allowing people to use their knowledge from direct physical and social experiences to understand the abstract. Finally, it reflects the Orwellian insight that central, governing metaphors can become so embedded in cognition that their power to shape thought and behaviour operates largely unnoticed (Danesi, 2023). Elements of similar synthesised approaches are evident across the scholarship on myth and misinformation, as well as those of myth and conspiracy theories, including representative works from Imke Henkel (2021), a scholar of Journalism and Media studies at the University of Leeds, about “Disinformation and the Eurosceptic Myth that Shaped Brexit,” or from Tatiana Iskanderova (2024), a media analyst and researcher from the AMBIS University (Czech Republic), applying Roland Barthes’ theory to fake news, alongside authors such as Algirdas Julien Greimas and Charles Sanders Peirce.

The scholarly and practical approach to myth within misinformation studies is also undergoing a significant paradigm shift. For years, the prevailing model treated myths as synonymous with fake news, known as discrete pieces of false content that could be countered through fact-checking and debunking. This content-centric approach, however, has proven at least partly insufficient in a post-truth environment (Çömlekçi, 2022; Berger et al., 2025), characterised by a disregard for facts and the emphasis on narrative appeal, emotion, and

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<sup>3</sup> A metaphor-driven narrative is a story shaped by an underlying conceptual analogy that structures how ideas relate to one another, determines the moral or emotional orientation of the plot, and directs interpretation toward a specific worldview.

personal identity in shaping public belief (McIntyre, 2018). Consequently, the focus is moving beyond debunking. Scholars increasingly understand these myths as a form of discourse infrastructure, co-created and produced between systems with distributed agency among agents, messages, and interpreters. (Wardle & Derakhshan, 2017). Apart from possible adverse effects, such as harm and stigma (Ononuju and Ujari, 2025), studies have found that these systems also help to organise social identity, provide a sense of community, and offer descriptive, explanatory solutions to complex problems (Wardle & Derakhshan, 2017; Madisson & Ventsel, 2023). Their function is sustained and amplified by media polarisation and the commercial interests of the platforms, which often “align imperfectly, if at all, with the public interest” (Benkler et al., 2018, p. 375), rewarding engagement over accuracy. As such, a semiotic, context-sensitive analysis offers a more robust alternative to the misinformation genre, examining not just the content but also the syntactic (structural), semantic (meaning), and pragmatic (effect on the interpreter) dimensions of a message.

This power of myth to function as a harmful, widely-held falsehood, one that carries significant real-world consequences and ought to be corrected by empirical evidence, finds another potent application in the public and scholarly discourse surrounding autism. Especially prevalent in psychological and public health research, scholars focus on identifying and refuting falsehoods about vaccines, the stereotypical portrayal of autistic individuals, and the belief in alleged “cures” (e.g., John et al., 2018; Paynter et al., 2019). Consequently, myth becomes a barrier to public understanding, a driver of stigma, and a justification for harmful practices. As such, it is brought forward only to be disproven and dismissed. This makes academic inquiry the final destination of a myth, before it is converted into a counterargument that reinforces scientific consensus. A more critical strand within autism studies, particularly in connection to disability studies and the philosophy of medicine, analyses how the pathology paradigm itself functions as a myth (e.g. Chapman, 2019; see chapter “1.2.2. The Neurodiversity Paradigm”), albeit this framework is rarely made explicit. Scholars in this tradition argue that the medical model constructs a hegemonic narrative of autism as an inherent deficit or disorder, naturalising culturally specific norms of communication and behaviour as biological facts (ibid). This approach seeks to highlight the ideological work that renders particular descriptions of autism self-evident, roughly corresponding to Barthes’ idea of naturalisation, an essential function of myth. Meanwhile, a similar pattern is also evident in

the neurodiversity paradigm: firstly, as it is built upon the idea of “natural variation,” and secondly, as it forms a community that re-politicises the sign, reframing it as an identity marker of minority belonging and a challenge to biomedical authority (Kapp et al., 2013). Consequently, myth is either a target for empirical correction or, in more theoretical accounts, an implicit apparatus that exposes the value-laden processes which drive meaning. This thesis belongs to the latter, with the difference that it is built from myth, not around it.

At the University of Tartu (UT), the approach to “myth” varies by disciplinary context, with different uses across topics and fields of study. When employed outside the Institute of Philosophy and Semiotics, myth frequently conveys the meaning of a falsehood. This descriptive tendency appears, for example, in the Department of Psychology, where it anchors misconceptions about health (e.g., Raudnagel, 2021); in the Department of Journalism and Communication, supporting analyses of media portrayals (e.g., Keisk, 2010; Külv, 2010); and in the Department of Social Studies, underpinning investigations into beliefs surrounding violence (e.g. Paju, 2016; Väandra, 2015). Within the Institute of Philosophy and Semiotics, the use of “myth” is generally more theoretical. Although some instances employ the concept, in passing, as a false belief (e.g. Velychko, 2015; Guledani, 2016), it is more commonly approached as a second-order signification system (e.g. Juzgenbayev, 2025; Tryl, 2021) or as a traditional story (e.g. Morais, 2025), showcasing how disciplinary context can determine its epistemic function. The definitional breadth of “myth” also allows for a range of topical applications from, for example, the mythologization of the other in the context of Semicide (Fatehi, 2022) to the analysis of green mythology within packaging and ecological discourse (Ranniku, 2022). When it comes to digital media, Barthes’ ideas from *Image-Music-Text*, specifically in UT media studies, receive an honourable mention in numerous works (e.g. Horm 2013; Varik 2014; Tõugu 2024), whereas his concept of myth only appears in a selected few (e.g. Juzgenbayev, 2025; Tryl, 2021). This limited uptake may stem from the context-specific and theoretically demanding character of *Mythologies*, or, possibly, from the *Image-Music-Text* being perceived as more applicable. To bridge this gap, the present study extends the semiotic inquiry of myth into the digital domain, affirming its analytical value within modern media research.

This section demonstrated how, in digital media and misinformation studies, myth operates through affective circulation and platform architectures that naturalise meaning and sustain belief. Within autism studies, it has two uses. Most often, it holds an operational value, introduced for refutation. It can also function in the Barthesian sense, shaping representations of autism within the pathology and neurodiversity paradigms. At the University of Tartu, its treatment ranges from empirical correction of falsehoods to semiotic analyses of second-order signification, situating this thesis within that interpretive tradition. The following section traces how the pathology and neurodiversity paradigms construct competing mythic representations of autism.

## **1.2. Conceptualising Autism**

Our understanding of autism has been shaped by a combination of historical, medical, and cultural beliefs, stabilised through diagnostic classification and institutionalisation within medical epistemology. In this context, behavioural and cognitive traits are treated as diagnostic markers through a discursive practice that redefines unique ways of being into medical data. This move rests on the medical model's foundational distinction between health and disease, referred to here as the pathology paradigm. One influential articulation of this paradigm is the biostatistical theory, a naturalist account that defines health as the absence of disease (Boorse, 1975). On this view, a condition qualifies as a disease when a bodily or psychological process fails to perform its species-typical function, relative to an appropriate reference class, in ways tied to survival and reproduction (ibid.). Following this logic, autism is categorised as a mental disorder; a deviation from typical cognitive processes, suggesting an underlying dysfunction. However, no such dysfunction has been consistently identified in empirical research (Lang, 2025a, pp. 13-14).

This trajectory has been reinforced and repeatedly re-articulated throughout the history of psychiatry. Eugen Bleuler first described “autism” as a symptom of schizophrenia in 1911; Grunya Sukhareva identified it as a distinct childhood psychopathy in the 1920s; Leo Kanner introduced the category of “infantile autism” to Western psychiatry in 1943; and Hans Asperger outlined a profile characterised by communicative difference and high cognitive

ability, later termed “Asperger syndrome” in the 1930s (Lang, 2025b; Pellicano & den Houting, 2022). Each of these stages produced new second-order signifieds for the same signifier, shifting autism from symptom to disorder to spectrum. All while retaining its position within the medical model of disease (Lang, 2025b). At present, autism is classified in diagnostic manuals such as the DSM-5 (American Psychiatric Association, 2013) and ICD-11 (World Health Organization, 2019) as “Autism Spectrum Disorder,” described in terms of social communication differences and repetitive behaviours.

In contrast, the neurodiversity paradigm presents an alternative framework. Emerging in the 1990s through the work of autistic activists and theorists such as Judy Singer and Jim Sinclair, it describes autism as one form of human variation within a broader range of cognitive types. Unlike traditional models that focus on deficits, the neurodiversity paradigm aligns with the social model of disability, suggesting that disability arises from the interaction between individual characteristics and social contexts (Lang 2025a, pp. 31-37). As such, it can be read as a counter-myth<sup>4</sup>, mobilised against ontic and epistemic injustice when medical classifications misrepresent autistic experience and autistic voices are excluded from knowledge production. (ibid.).

While often cast as oppositional, the pathology and neurodiversity paradigms can be examined relationally as mutually implicated, yet distinct, systems of meaning. Both start from the same primary signifiers, namely behaviours and traits evident from early development, but transform them into different second-order signs by organising them into competing accounts of what autism is and what it implies. They also converge on embodiment: autism is not only talked into being but also lived across physical, cognitive, emotional, and social dimensions. The pathology paradigm approaches this through clinical measurement and deficit-oriented interpretation, whereas the neurodiversity paradigm foregrounds experiential accounts. These differences have tangible consequences: diagnostic classification provides access to services and legal recognition, while neurodiversity discourse facilitates identity formation and social recognition (Botha et al., 2021). In practice, autistic individuals often navigate both, drawing on diagnosis to obtain support while adopting

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<sup>4</sup> A counter-myth is a second-order signification that subverts or reinterprets a dominant myth, re-politicising its naturalised meanings to assert an alternative ideological or cultural perspective.

identity-based interpretations that contest stigma. Their coexistence generates a continuum of interpretive positions, ranging from naturalist accounts grounded in biology to constructivist and phenomenological approaches that foreground lived experience. Accordingly, the relation between the paradigms can be oppositional, when the medical model defines autism through deficit and neurodiversity affirms diversity; complementary, when diagnostic recognition supplies support and identity discourses confer meaning; hierarchical, when medical institutions retain authority and neurodiversity is positioned at the margins; or dialogical, when critique from neurodiversity prompts modifications in medical discourse, such as greater attention to social determinants of health.

The following will take a closer look at the two paradigms. Subchapter 1.1 analyses the pathology paradigm, centred on the medical model, positivism, and naturalist disease theory; Subchapter 1.2 examines the neurodiversity paradigm through disability studies, phenomenology, and constructivist approaches. Together, they show how autism is made meaningful and how overlapping paradigms shape both scholarship and lived experience.

### **1.2.1. The Pathology Paradigm**

The pathology paradigm, which treats autism as something that biomedicine can locate, define, and act upon, can be seen as a historically rooted “myth” in the Barthesian sense, naturalising contingent meanings as fact. The signifier “autism” denotes an ostensibly objective disease “thing,” localisable in bodily substrates (Nadesan, 2005, pp. 20-23). As a result, its connotations of defect, deviation, and dysfunction appear common sense. In this process, the diagnostic manual functions as a metasemiotic device. In addition to cataloguing symptoms, it defines their boundaries and authorises interventions, based on the idea of a species-standard norm (Chapman, 2019). Berend Verhoeff, an academic researcher of autism, shows in his historical accounts (2013b; 2014) that such stabilisation has never been the simple outcome of cumulative scientific discovery, but has, instead, required continual re-editing of the sign system itself, shifting autism’s designation from “infantile psychosis,” through a proliferation of subcategories, to the present consolidation of a spectrum in DSM-5 (American Psychiatric Association, 2013). Each revision re-coded which behaviours qualify

as autistic and how they were to be grouped, in an ongoing effort to negotiate a consensus. The illusion of a stable entity is created by narrating these shifts in classification as refinements, supported by a rhetoric of linear scientific progress and the presumption of invariant core features. As such, they shadow the reality of its historical flux and underlying discontinuities. The myth of autism thus operates on two distinct levels: first, through the naturalisation of individual symptoms as signs of a defect; and second, at a meta-level, where the historical and institutional fluidity of the diagnostic system is presented as continuous and stable.

The paradigm reflects a trend observed in nineteenth-century positivist medicine, where disease is conceptualised as a distinct entity and experiences are organised into observable, measurable signs (Nadesan, 2005, pp. 21–23). In this context, autism is recognised primarily through a collection of “key psychiatric symptoms” or “biogenetic defects,” a view that, as Nadesan, a professor of communication at Arizona State University, (*ibid.*, pp. 180, 194) observes, turns the mind into a set of symptoms, making personal experiences secondary to underlying problems. The result is a naturalised equivalence. For instance, a behaviour such as reduced eye contact (denotation) is interpreted as indicative of abnormal social interaction (connotation), thereby establishing a causal narrative linking this behaviour to neural substrates (myth). While cultural factors shape these connections, the practice of codifying experiences often obscures the impact of that influence.

To understand codification, we can compare three key ideas discussed in the literature. First, the DSM-5 (American Psychiatric Association, 2013) outlines a definitional dyad consisting of two key components: “persistent deficits in social communication and social interaction” and “restricted, repetitive patterns of behaviour, interests, or activities.” These characteristics, which must be present from early childhood and lead to impairments in daily functioning, consolidate diverse presentations of autism under the umbrella term “Autism Spectrum Disorder (ASD).” This categorisation has expanded to include what were previously recognised as distinct conditions, such as autistic disorder, Asperger’s disorder, childhood disintegrative disorder, Rett’s disorder, and Pervasive Developmental Disorder - Not Otherwise Specified (Hens, 2021). Second, Verhoeff (2014, 2015) argues that this unification of the autism category was not the result of identifying specific biomarkers, but rather a

negotiated response to enduring heterogeneity and the lack of identifiable disease-specific markers. The category was “fortified” by relocating explanations to neurodevelopmental pathways while relaxing demands for concrete biological indicators. Lastly, Kristien Hens (2021, pp. 12, xii, 22), a research professor with a background in philosophy and ethics, highlights that the diagnostic process is centred on behavioural observations and assessed impairments, noting that it is defined as a “psychiatric diagnosis based on assessing behaviour” with clinical relevance in “social, occupational, or other important areas.” This approach inherently introduces value judgments into the entry criteria. Thus, while the DSM-5 suggests a foundation in biological evidence, Verhoeff (2014, 2015) points out that such grounding has yet to materialise in practice. Meanwhile, Hens (2021) argues that the practical implications of the category are influenced significantly by these value judgments.

Codification also organises a broader regime of accepted knowledge. Histories of psychiatry and childhood that Hens (2021, pp. 23–24, 56–57) reconstructs, such as declining child mortality, the invention of “childhood” as a supervised stage, the rise of compulsory education, and the emergence of child psychiatry, expanded the institutional capacity to identify and categorise deviations in behaviour. Eyal’s deinstitutionalisation thesis, as outlined in Hens (2021, pp. 58-59), provides further insight by noting that when children with intellectual disabilities transitioned from residential care into family settings, parents became proactive participants in seeking explanations and assistance. In practice, this led to collaboration between parents and various professionals, such as paediatricians, psychiatrists, psychologists, and speech therapists, who in turn relied on emerging diagnostic scales and behavioural checklists, thereby making the diagnosis a practical mediator between families and professionals. Nadesan (2005, p. 150) points out that framing autism in biomedical and genetic terms is also a way to attract funding, as private investors are inclined to support research that promises practical applications, thereby reinforcing biomedical approaches. Verhoeff (2014) shows how these pressures shape research perspectives, with scholars increasingly apt to classify autism as a distinct disease entity. This aligns with a broader style of thought that privileges molecular and neurological explanations. When the search for a single biological cause fails, the idea of autism as a spectrum provides a flexible framework that keeps scientific, institutional, and political agendas aligned and stable (*ibid.*). Ultimately,

the medical model, consistently reinforced across clinical practices, academic literature, and familial contexts, begins to be perceived as an inherent aspect of nature.

Still, the consensus, while outwardly coherent, reveals instability upon closer conceptual analysis. Verhoeff (2013a) explores the mechanistic property cluster (MPC) model developed by Kendler, Zachar, and Craver (2011), which aims to maintain the perspective that psychiatric diagnoses can be understood as “natural kinds.” This model shifts away from the pursuit of a singular essence or biomarker for mental disorders. Instead, it defines a disorder as a collection of properties that group due to overlapping biological and psychological mechanisms. This approach allows for conditions like autism to be viewed as “real” entities, even in the absence of a unifying cause. However, Verhoeff (*ibid.*) highlights that this framework does not adequately address a deeper issue: determining which characteristics belong to this clustering requires distinguishing between what is considered normal and what is deemed pathological. As such, although the MPC model facilitates research without requiring a single causal explanation, it remains ambiguous about where to draw the line between variation and disorder. Hens (2021, pp. 12, xii, 34) points out that the threshold is ultimately reflected in the DSM’s impairment clause and the broader societal expectations concerning social functioning. In a complementary analysis, Nadesan (2005, pp. 20-25) notes that while the “visual-spatial-topological” imaginary of a disease centre promises eventual localisation, this expectation has consistently gone unmet. Between the permissiveness of the MPC model and the ongoing search for underlying causes lies diagnostic practice itself, built upon institutional agreement.

To better illustrate the persistence of these negotiated arrangements, consider two emblematic signifiers and their layered connotations, as examples:

- a. Hens (2021, p. 22) notes that “appropriate eye contact” remains part of assessment. Denotatively, this is a visible behaviour; connotatively, it indexes reciprocity, interest, and even empathy by tacit cultural codes. The signified “deficit” depends on a hardly universal norm, yet once inscribed into nosology, it acquires a “natural” status.
- b. DSM’s insistence on “clinically significant impairment” is the decisive factor in classifying a behaviour as a disorder (Hens 2021, p. xii). It imports social valuations,

while presenting them as medical thresholds. Here, myth does its strongest work, presenting social judgments as biological necessity.

The concept of looping effects, originated by philosopher Ian Hacking (1995), posits that as societal categories evolve, so too do the experiences and behaviours of individuals aligned with those categories. This creates a dynamic interplay wherein experts propose classifications backed by causal hypotheses, generating “kinds of people,” who, in turn, adjust their self-perceptions and behaviours in response, thereby altering the kind itself and prompting experts to revise criteria and interventions. This cycle reinforces existing causal claims and definitions while also allowing them to be redefined (*ibid.*). Tsou (2007) elaborates on this theory by distinguishing between interactive kinds, influenced by their classifications, and indifferent kinds, which remain unaffected. Psychiatric diagnoses such as autism, which Hacking (1995, pp. 377-378) himself used as an example of looping effects, are considered interactive because classification shapes not only the self-understanding of those diagnosed but also the expectations and behaviour of those around them. Haslam (2016) refers to this as a vortex: the concept of mental disorder proliferates both horizontally, as it incorporates newly recognised phenomena, and vertically, as thresholds for classification are lowered.

In expanding diagnostic criteria and critiques from abolitionist and post-psychiatric perspectives, scholars like Timimi (2014) raise important questions regarding the proliferation of psychiatric diagnoses. Firstly, on the matter of validity, it is noted that psychiatric diagnoses lack specific tests or biomarkers that can definitively confirm them. This issue is compounded by high rates of comorbidity and the variability of prevalent diagnoses within individuals. This leads to the conclusion that these categories do not accurately reflect the complexities of mental health (*ibid.*, pp. 209–210). Secondly, regarding usefulness, diagnostic labels often fail to guide treatment. In some cases, the application of such labels may even be linked to stigmatisation and can result in poorer long-term outcomes for individuals (*ibid.*). Lastly, regarding the potential harms, reification can turn clinical descriptions into “things,” thereby confining individuals to restrictive forms of understanding and limiting their personal narratives. The implications here are profoundly political (Hens et al., 2018). Conversely, advocates of the medical model often present several key arguments in its favour. First, they assert that diagnosis helps to “make challenges real” for patients and their families by

transforming disputed differences into acknowledged needs (Hens, 2021, p. 29). Second, classification can serve as the “starting point for services and support,” thereby structuring access to necessary interventions (ibid., p. 34). Additionally, many parents seek curative pathways and look to biomedical frameworks for a sense of agency, even in the face of their limitations (Nadesan, 2005, p. 194-195). Reiheld (2010) further contends that medicalisation can have a demarginalising effect: by characterising autism as a medical condition, families and children who were previously excluded from social participation gain access to educational accommodations and caregiving support. And lastly, it has been argued that medicalisation can legitimise the experiences of both families and autistic individuals, reframing these challenges not as individual shortcomings but as outcomes of a recognised condition (ibid.).

The account presented here situates autism within the pathology paradigm as a historically rooted myth that naturalises conditional meanings as fact. The following section will undertake a parallel analysis of the neurodiversity paradigm, which defines autism as a form of human variation. Together, they establish the dominant discourses through which autism is most frequently interpreted, brought into dialogue in the empirical chapters.

### **1.2.2. The Neurodiversity paradigm**

The epistemic underpinnings of neurodiversity emerged in the late twentieth century, deriving, in part, from the social model of disability, which distinguishes impairment (bodily or neurological differences) from disability (barriers erected by social and institutional structures). Proponents extend this model to autism, arguing that many challenges autistic people face are not intrinsic deficits but consequences of misalignment between cognitive style and social environment (Jaarsma & Welin, 2012; Leadbitter et al., 2021). Building on this, the neurodiversity paradigm operates on the premise that autism is largely a social construct, a position explicitly articulated by Nadesan (2005). She argues that the social factors involved in the “identification, representation, interpretation, remediation, and performance” of autism are the “most important factors in the determination of what it means to be autistic, for individuals, for families and for society” (ibid., p. 2). Nor can autism be

disentangled from the ethical practices through which it is defined (Hens, 2021). While Nadesan (2005, p. 212) acknowledges that biological processes do play a role, she argues that this “brute facticity is rendered visible and intelligible within social-symbolic institutional matrices.” She (ibid., p. 202) suggests that a socially constructed standard of normalcy determines what is considered pathological, a process that localises “the source of the child’s difficulties in the child, ... [not] the educational system.” This fundamental divergence in understanding informs the distinct obligations that arise from each paradigm.

The political force of neurodiversity manifests most clearly in activism and advocacy. Nadesan (2005, p. 10) notes that individuals who identify with their biologically inscribed differences “challenge the vectors that lead from biological abnormality to stigmatisation and exclusion.” This act directly inverts what Roland Barthes described as the process of depoliticisation in his *Mythologies*. In the context of autism, the medical models’ classification of it as a value-neutral, biological “disorder” is an act of depoliticisation, presenting it as an inert, ahistorical fact. Meanwhile, the neurodiversity paradigm, through its activists and advocates, actively re-politicises this sign. As such, autism consolidates a political identity that contests biomedical authority and demands social transformation (Kapp et al., 2013). Achieved by re-infusing the sign “autism” with the very history, struggle, and political meaning that the pathological model sought to erase, it is moved back into the realm of contested social discourse. This process is similar to how “queer” was used pejoratively against LGBTQ people in the late 19th century, later reclaimed as a neutral or positive self-description.

The reclamation of “autism” is also evident in the re-evaluation of the language used to describe it. The debate between person-first language (PFL) and identity-first language (IFL) is an ideological struggle over the relationship between an individual and autism. Botha and colleagues (2021, p. 870) argue that language has “material consequences for autistic people, including stigmatisation, dehumanisation, and violence.” As such, the signifiers themselves actively shape social reality, possibly perpetuating harm. PFL separates the person from the “condition,” treating autism as an external attribute or an illness one has (Leadbitter et al., 2021). Conversely, IFL, favoured by many self-advocates, treats “autistic” as an inseparable adjective, functioning similarly to “gay” or “Japanese.” Claiming autism as an inherent part of

the self is a form of self-determination, an act of re-signification that seeks to dismantle its pathological connotations by replacing them with a positive, identity-based meaning (Leadbitter et al., 2021; Kapp et al., 2013). Declassifying homosexuality from the DSM-III serves as a historical parallel for the neurodiversity movement's project of challenging established nosologies (Baron-Cohen, 2017).

The neurodiversity movement also changes how we interpret the meaning of everyday behaviours. Recognising different ways of communicating and being substitutes for the pathologisation of such actions as symptoms. Eye contact avoidance, for example, as discussed in the previous chapter, is no longer interpreted as a signifier of deficient social cognition but is re-signified as an authentic component of the "autistic way of being." A distinct communicative style, not a pathological deviation. Autism's connotation is inverted, and its social meaning is naturalised as legitimate variation. This is still an ideological move, just a different one. While this new myth serves a destigmatising function, it also risks obscuring the suffering, dependency, and impairment that autistic people might experience. Therefore, the neurodiversity paradigm should not be viewed as a neutral corrective but as an ideological re-articulation, carrying the weight of its own exclusions and oversimplifications.

Autistic phenomenology, often mediated through social media and especially popular in neurodiversity discourse, forms lived experience into a shared vocabulary that can empower collective knowledge-making (Green & Shaugessy, 2023). It also risks being reductive and rigid. Online, the principle of standpoint epistemology, the idea that knowledge is socially situated and that marginalised groups can generate unique insights into communication and power structures (Hens, 2021), is operationalised on a massive scale. Autistic individuals, by sharing their specific experiences of sensory processing, social perception, and communication styles, collectively build a new type of knowledge about autism, which in turn will impact their (and others') perception of it, linking back to the looping effect. These accounts take embodiment and intersubjectivity as primary evidence, which, in turn, produce recurrent descriptors such as sensory pain, masking, shutdown, and the reciprocity of misunderstanding, captured by the double-empathy problem<sup>5</sup>. Social media turns these

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<sup>5</sup> The double-empathy problem suggests that communication difficulties between autistic and non-autistic individuals stem from a two-way lack of mutual understanding, rather than a deficit in empathy on one side (Milton, 2012).

descriptors into repeatable, meaningful units (or mythemes) that others can quickly recognise and reuse. While this common vocabulary helps to repair the testimonial injustice gap (an individual is given a credibility deficit because of their social identity) and hermeneutical injustice gap (structural wrong where a group's significant experiences are obscured from collective understanding due to identity-based prejudice in our shared interpretive resources) by giving both speakers and audiences a precise lexicon (Hens, 2021), it also poses risks of hardening experiences into fixed categories; prompting the community to police "authentic" descriptors, and, thus, marginalise atypical narratives; and advance performativity, as people feel pressured to narrate or display symptoms to fit legible tropes, among other possible downfalls. Despite this, phenomenology supplies the comparative method needed to keep both discourses from mistaking their myths for nature.

Douglas W. Maynard, an Emeritus Professor of Sociology, has also highlighted potential limitations in the terminology of neurodiversity. He (2024, p. 91) critiques the terms "neurodiverse" and "neurotypical" because they reinforce a "cognitive approach that mystifies what is actual and real about human activity in everyday life." Instead of focusing on reified, internal cognitive states, which are not directly observable, he (ibid.) proposes that human diversity is "manifest or observable" in "dynamic interactional practices." From this viewpoint, autism is a collection of social and communicative practices, not internal "brain wiring." Maynard's (ibid.) analysis of "autistic talk" as a "turning away from the ordinary social world" reframes it as a social practice observable in many people. He (ibid.) argues that the concept of a "condition" can "individualise social difficulties rather than appreciating that they are always about diverse social actions-in-interaction." This critique suggests that while the neurodiversity paradigm rightly challenges one problematic paradigm (the medical model), it may inadvertently create another one that still locates difference in an internal, reified essence ("neurotype") rather than in the fluidity and observability of social interaction. This tension manifests in highly charged concepts, such as "cure." In the pathology discourse, the meaning of "cure" is understood through a biomedical lens, signifying the restoration of health by eliminating disease from the body (Boorse, 1975). Disease is thus something undesirable, in need of correction or counteraction. Culturally, this perspective embodies notions of benevolence, progress, and medical success, suggesting a sense of care and concern for those affected. However, from a neurodiversity perspective, this interpretation is

inadequate. Here, “cure” denotes the elimination of identity, the autistic mode of being. As such, it connotes violence, erasure, and negation. It implies aggression toward the very existence of neurodiverse, or, in the context of this work, autistic subjectivity. According to Ortega (2009), activists recode cure narratives as acts of violence against difference. Cure-seeking is also sometimes viewed as a biopolitical project, which aims to manage populations by attempting to prevent or eliminate atypical, undesirable neurological types (ibid.). As such, it aligns with the logic of eugenics, anchored in normalisation agendas.

Variations in how “cure” is signified correspond to the stances different groups take toward autism. Empirical evidence has found that autistic self-advocates largely endorse the neurodiversity paradigm, while parents and professionals often remain aligned with medical models (Kapp et al., 2013). This split is partly rooted in the varying institutional and personal meanings associated with autism. For medical professionals, the pathological framework of “disorder” and “deficit” is simultaneously a descriptive model and a tool that confers institutional power and professional legitimacy, enabling practices of intervention and management. Conversely, as autistic self-advocates reclaim “autism,” they transform it from a medical myth into a politically charged symbol of difference. Meanwhile, parents, as external observers and caregivers, are caught between these two poles. Their engagement is mediated by a practical, often utilitarian, relationship with autism, which may explain the inclination toward the pathology paradigm. It provides a pragmatic language to explain their child’s differences and secure the necessary access to support; offers a coherent explanation for their child’s atypical development; and may hold out the promise of rehabilitation.

Autism is polysemous, with its meaning shaped by multiple interconnected fields (Hens, 2021). While the neurodiversity paradigm challenges the pathology paradigm, it is not a neutral corrective but an ideological project with its own assumptions and limits, visible in disputes over language and the revaluation of traits. The two paradigms, therefore, coexist relationally, sharing concerns along with disagreements. Understanding these paradigmatic relationships sets the stage for analysing them in discourse.

## **2. Methodology**

This chapter establishes the procedural basis for the analysis, adopting a qualitative approach<sup>6</sup>, apt for analysing meaning in media culture, due to its contextual sensitivity (Silverman, 2020; Denzin & Lincoln, 2023) and political orientation, centering power and positionality in a socially constructed reality (Denzin & Lincoln, 2018, p. 10; Brennen, 2017, p. 4). Section 2.1 outlines this orientation, introducing discourse and myth analysis as the primary analytical frameworks; Section 2.2 summarises TikTok's affordances; Subsection 2.1.1 details the sampling procedure; and Section 2.3 addresses ethics and researcher positionality.

### **2.1. Discourse Analysis**

"...everything can be a myth provided it is conveyed by a discourse." (Barthes, 1972, p. 107)

As Bakhtin (1981, p. 677) observes, words acquire the "taste" of the contexts in which they have lived a socially saturated life, populated by intentions. This makes discourse an ideal object of inquiry in semiotic media research. Following Schiffrin and colleagues (2001, p. 1), definitions of discourse analysis generally fall into three categories: (1) anything beyond the sentence, (2) language use, and (3) discourse as social practice, including non-verbal and multimodal forms. It allows investigating a "...wide variety of ways that interlocutors draw upon the symbolic resources of language to accomplish the many different tasks of social life" (p. 10). This methodological versatility has made discourse analysis a valuable tool in autism studies, spanning a range of topics and applications, including communication (O'Reilly et al., 2015; Maciejewska, 2019), identity construction (Bagatell, 2007; Davidson & Henderson, 2010; Morgan, 2021), neurodiversity advocacy (Hughes, 2015; Sochacka, 2022), and autistic representation (Moore et al., 2024; Vidal et al., 2024; Shakes & Cashin, 2019).

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<sup>6</sup> Defined as "the study of the nature of phenomena," including "their quality, different manifestations, the context in which they appear or the perspectives from which they can be perceived," but excluding "their range, frequency, and place in an objectively determined chain of cause and effect" (Philipsen & Vernooij-Dassen, 2007, as cited in Busetto et al., 2020).

In line with Brennen's (2017) suggestions, this study adopts a tailored strategy that aligns with its specific research questions and theoretical orientation. The employed method synthesises Roland Barthes' (1972) theory of myth, Norman Fairclough's (1995) Critical Discourse Analysis (CDA), and the ideas presented in Teun van Dijk's work *Discourse as Social Interaction* (1997).

While Barthes's *Mythologies* (1972) is not a conventional methodological text, it provides a productive analytical toolkit that can be adopted. The two-tier sign model functions as a practical lens for multimodal TikTok data, enabling the researcher to systematically trace how a straightforward sign (e.g., an image of a child) is repurposed to carry a broader, culturally resonant ideological meaning (e.g., the trope of "innocence harmed by vaccines"). Accordingly, the analysis proceeds in two operational steps:

1. First-order deconstruction: inventory of the basic forms (words, visuals, audio, on-screen text, captions/hashtags) and their literal denotations in context.
2. Second-order construction: trace how framing, juxtaposition, and circulation cues re-signify these forms into stabilised mythic claims about autism, and situate each claim in relation to the pathology or neurodiversity paradigms.

To move from Barthes's semiotic theory to a concrete, procedural method, this study combines it with Norman Fairclough's (1995) three-dimensional model of CDA, a systematic approach linking textual features to their production, circulation, and social-ideological embedding. Together, these approaches yield a method that is both theoretically grounded and operational. Fairclough's (1995) model examines discourse at three interrelated levels: the text, the discursive practice, and the socio-cultural practice. Here's a breakdown on how each was applied in the context of this thesis. The textual dimension focuses on the linguistic features of the media artefact itself. It is the close, descriptive analysis of the words, grammar, and visual elements that constitute the text. Drawing on the Barthesian first-order sign system, the researcher identifies the basic signifiers and signifieds. The analysis at this level investigates: vocabulary and word choice (What specific terms, metaphors, or euphemisms are used?), grammar and syntax (How are sentences structured to emphasise certain actors or processes?), and visual signification (How do images, colours, and layout contribute to the

meaning of the text?). The dimension of the discursive practice examines the processes of text production and consumption. It analyses how the media artefact is created, distributed, and received. This level of analysis is crucial for understanding how the second-order sign systems (myths) are normalised. It asks questions such as: How does the medium itself shape the discourse? What are the established conventions or genres of the discourse? And how do producers of the discourse draw upon existing intertextual elements to build their argument? As the medium under study is TikTok, with its short-form video content, this dimension will be covered as an overarching theme rather than on a case-by-case basis. This dimension of the socio-cultural practice connects the discourse to the broader context in which it occurs. This macro-level analysis allows the researcher to trace how discourse reflects and reproduces power relations and ideologies. Here, the Barthesian concept of naturalisation proves to be particularly useful. The analysis at this level considers how the discourses under investigation relate to broader social and political struggles (e.g., declining trust in scientific authority); what are the underlying ideological assumptions and power relations that the myth serves to legitimise or challenge, and how does the discourse contribute to the naturalisation of certain beliefs about autism? Some of these aspects were already discussed in Chapter 1.1, while others will unfold during the analysis.

By applying this three-dimensional model, the study will systematically explain how autism-related myths are constructed at the textual level, circulated through specific discursive practices, and embedded within a broader socio-cultural context to achieve their naturalising effect. This approach ensures that the analysis is not only descriptive but also critically engaged with the ideological work of the discourse.

This study also incorporates elements from Teun van Dijk's (1997) socio-cognitive approach to CDA to link local textual/visual choices to shared mental models, such as collective knowledge, beliefs, and attitudes, through which ideology operates. Central to this is the Ideological Square, a heuristic for uncovering how groups manage their self-representation in discourse through in- and out-group representation: accentuate our good, accentuate their bad, mitigate our bad, and mitigate their good (see Figure 2). Operationally, this includes: annotating actor labels (Who is being labelled, and in what exact terms? What alignment, evaluation and agency does the label encode?); determining who is given agency and blame

(How are parents, activists, and autistic people in the autism-related discourse portrayed?); outlining evidentiality and stance (What evidence is invoked and how is it attributed? How strong is the commitment to the claim? How is the speaker positioned toward the claim?); and classifying each annotation as an in-group or out-group strategy.

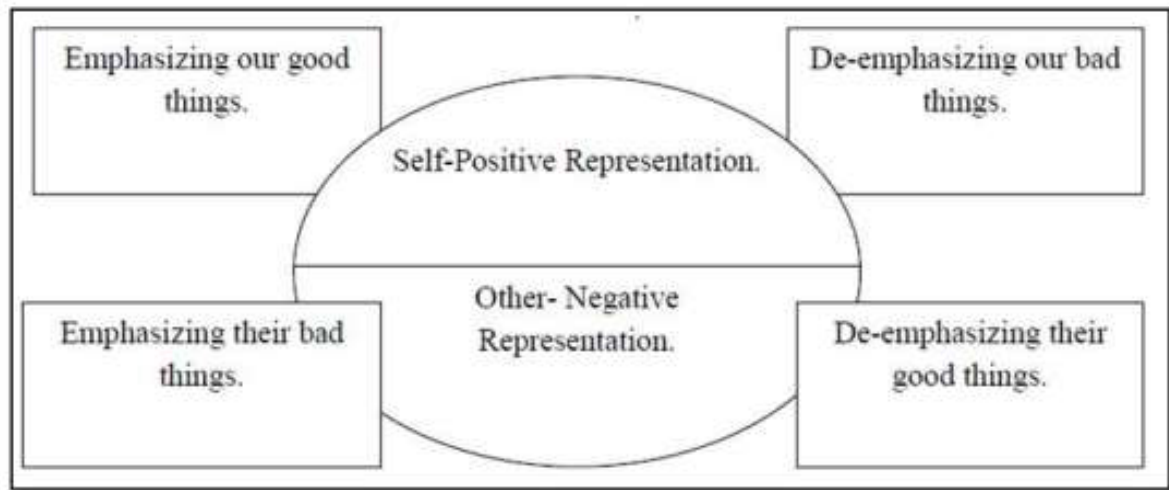


Figure 2. van Dijk's Ideological Square as illustrated by Al-Qaysi and Mehar Singh (2024)

Applying van Dijk's framework, the study will investigate the cognitive strategies underlying audience perception. Each comment was also assigned a theme (typically multiple, relative to each video, e.g. diet, personal anecdote, parental narrative), a paradigm (neurodiversity, pathology, neutral), and a sentiment (positive, negative, neutral). The latter was assessed based on the comment's overall affective valence, analytically distinct from whether the person agreed or disagreed with the video's content.

For each selected video, the analysis proceeded in two stages: data preparation and three-level interpretation. Data preparation involved full multimodal transcription of each TikTok video (linguistic, visual, and auditory elements) and collection of captions, hashtags, and the top 100 comments per video to capture audience reception. The interpretive phase began with descriptive textual analysis of sign-relations and meaning (lexis and tone, visual representation strategies, narrative structure), from which first-order signs were identified to trace recurring patterns. It continued with discursive and socio-cognitive analysis, examining genre conventions and audience engagement, complemented by van Dijk's Ideological Square, while linking the first-order signs to the second-order myths. Finally, the findings

were situated in a broader socio-cultural context by examining how the identified myths relate to existing power structures and whether they contribute to looping effects in social understandings of autism. After analysing all three videos, overarching patterns and themes were synthesised through amalgamation and discussion.

## **2.2. TikTok and Empirical Material**

TikTok, a leading short-form video platform launched by ByteDance in 2017, has since become a significant space for creating and sharing audiovisual content. The platform's stated mission (TikTok, 2025) emphasises creativity, joy, community, and "authentic stories," yet its operational logic privileges rapid, trend-driven consumption, which often minimises narrative complexity while maximising user engagement. This produces a participatory media culture in which meaning is stabilised through repetition, affect, and collective uptake, making it highly suitable for studying discursive mythologization. The overview of TikTok's platform architecture is methodologically relevant as it situates the object of study and establishes the context from which the data for this thesis was sourced.

At the heart of the TikTok experience is the "For You" page (FYP), an algorithmically curated feed that delivers personalised content tailored to user engagement patterns (Cusnir, 2025). This feed is presented through a clean, minimalist interface that utilises full-screen vertical video and gesture-based navigation to maximise user focus. The platform is also designed to support complex multimodal expression, drawing on various coexisting sign-systems such as "visual-graphic, visual-verbal-graphic, verbal-sound, and sound-musical" (Pardo Abril, 2023, p. 1), through an integrated suite of video creation and editing tools, including an extensive audio library. Furthermore, features such as "Duet" and "Stitch" enable users to replicate and integrate existing content, fostering collaborative content production and discursive uptake (Cusnir, 2025). These affordances, however, are constrained by several factors, including the proprietary and opaque nature of the FYP algorithm, which complicates the study of content visibility and circulation; rapid trend cycles and content ephemerality challenge the stability of longitudinal data; platform moderation policies can suppress certain discourses; and interface limits, such as truncated captions, restrict contextual information. The resulting

discourse is therefore subject to a range of structural constraints and affordances that shape its substance, including key drivers such as repetition, affect, and collective participation.

### **2.2.1. Case Selection**

With autism myths as its central focus, this study examines three TikTok videos: one addressing an alleged cause of autism (CA), one depicting characteristic traits (CH), and one promoting purported cures (CU). The tripartite division reflects a structural logic common in medical myths and misinformation, following a content-based problem-definition-solution schema, previously introduced in the article “How misinformation about autism spreads across the spectrum” (Koronen, 2025).

The videos were discovered and captured on 22.10.2025 (Europe/Tallinn, UTC+3), using a sock-puppet account designed to simulate an online identity susceptible to autism-related myths. The account was configured at the start of the window with fixed behaviours (seed follows/likes, no comments, no uploads) to stabilise the FYP. Selection decisions and captures were made within this window, in accordance with the inclusion criteria below. For reproducibility and temporal auditability, each item is archived with the URL/handle, TikTok post timestamp, capture timestamp, caption, hashtags, and like/view counts at capture (see Annexe 1). Here is a list of criteria that guided the material selection:

1. The video explicitly or implicitly advances claims and/or narratives about autism’s causes, characteristics, or cures that are stereotypical, contested, or myth-like (i.e., naturalising or simplifying complex phenomena).
2. The video employs a range of visual elements, including colour, line, shape, texture, composition, and perspective, to support analysis of visual rhetorical strategies.
3. The video employs symbolic, culturally loaded, or iconographic elements that contribute to persuasive or affective appeal within participatory media contexts.
4. The video is clear in both audio and image quality, allowing detailed inspection and accurate transcription.
5. The video falls within the 30- to 120-second range.

6. The video is posted from a publicly accessible account, enabling open-source discourse research and traceable attribution.
7. The video has received at least 1,000 views at the time of capture or exhibits evidence of circulation within identifiable communities of practice or belief, such as anti-vaccination groups or autism-related groups.
8. The primary audio and/or on-screen text of the video is English.

Although this methodological approach could be employed to source a larger sample, it was applied here only to select the three videos central to this analysis. Given the small sample size, it must be considered strategic and illustrative, not statistically representative.

The material is limited to English-language videos surfaced from an Estonian-based feed (Europe/Tallinn), targeting transnational Anglophone discourse. This scope underrepresents non-English spheres and region-specific affordances, so transferability beyond the current context should be treated as analogical, not generalisable. The language constraint is already an inclusion criterion; here, it is stated as a limitation of external validity.

The material selection was guided by the principle of including creators with varied positionalities regarding autism. This heterogeneity is purposive, yet somewhat vague at this qualitative level, as it cannot account for within-group variability. Accordingly, role labels are analytic conveniences, not population categories; they frame the comparative reading of myths rather than claims about prevalence or typicality. Transferability relies on the metadata provided for each item (see Annexe), enabling readers to assess the contextual fit beyond this sample.

A minimum engagement threshold (views at capture) is used only as a proxy for salience in circulation to prioritise artefacts already moving through public attention, which may overweight amplified pieces and under-sample pre-amplification “myths.” No causal attributions are made to algorithmic components.

### **2.3. Ethics and Self-Reflection**

Research is a process of contextual inquiry, shaped by theoretical, methodological, and material choices that reflect the author's commitments and perspectives. Following Barthes (1972, p. 11) view that critique is inherently ideological, this work recognises the sociopolitical conditions under which it operates. While the thesis was obtained individually and voluntarily, mitigating external pressures like funding, the resulting knowledge nonetheless bears the mark of its maker. This section, therefore, serves as an affirmation of accountability, acknowledging that knowledge is never produced from nowhere.

The degree of affinity researchers have with their subject can simultaneously enhance access and interpretive nuance while introducing potential bias and ethical concerns, particularly when the researcher is part of the community under study (Dwyer & Buckle, 2009). Thus, I note that I received an autism diagnosis at the age of 23. This biographical fact conditions my personal experiences and ingrained assumptions, which, in turn, shape this research. As both an investigator and a community member, I worked reflexively and in close dialogue with my supervisors, using their ongoing critique to refine my analytic choices and enhance interpretive clarity.

Furthermore, my professional background as a fact-checker (2024.06-2025.05) aligns with a specific epistemic position relevant to this study. Working at a newsroom focused on mitigating the harm caused by misleading online discourse, I collaborated directly with TikTok. I drew on this operational literacy, together with the analytic training it entailed, to shape the methodology and target the material of this work. Such experience can simultaneously reinforce professional commitments to evidence and transparency while also foregrounding normative obligations, such as deference to consensus science and liberal-democratic ideals of reason. Accordingly, the analysis moves beyond verification to a more nuanced account of knowledge production and interpretation in social media contexts.

Beyond positionality, data collection adhered to the ethical responsibility of public-platform research (ALLEA, 2023). Materials were restricted to publicly accessible posts; creators are pseudonymised (CA-A, CH-A, CU-A and CU-B) in the thesis body, and direct URLs are confined to the Annexe (Table 1, 2) for verification. Personal identifiers were not reproduced.

### **3. Analysis of Autism-Related Myths in TikTok**

This chapter analyses three TikTok videos (CA, CH, and CU) concerning the causes, characteristics, and cures of autism. Each case study (Sections 3.1–3.3) begins with an analytical multimodal transcription, focusing on features relevant to the subsequent analysis (see Annexe for full transcripts), before examining second-order signification, linguistic and ideological patterns, and audience reception. Section 3.4 synthesises these findings, operationalising the framework and methodology established in Chapters 1 and 2 to provide the empirical foundation for the concluding discussion.

#### **3.1. Video on the Causes of Autism**

This section examines the TikTok video uploaded by user CA-A on 15 February 2024, which centres on the causes of autism. Positioned as an exposé through its caption, “The Truth About Autism Explain By [speaker’s name and a shocked face emoji],” and hashtags<sup>7</sup> such as #holistichealth and #naturalfood, the 60-second video establishes a didactic atmosphere. The speaker, a black American man<sup>8</sup> wearing a button-down shirt, appears in a medium close-up while seated in a studio. He talks directly to someone outside the frame, underscored by the low-frequency synthetic harmonics of “Blade Runner 2049” by Synthwave Goose. His tone is explanatory and confident, accompanied by active gesturing and a neutral facial expression. The opening frame features the title “The truth about autism,” utilising a sharp colour contrast with the first two words in green and the last in red. Once this frame passes, the title disappears, and the subtitles become the sole textual anchor; occasionally, employing the

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<sup>7</sup> Hashtag is a word or phrase preceded by the symbol “#” that categorises content on social media. It functions as a metadata tag, allowing users to follow specific topics and increase the visibility of their posts.

<sup>8</sup> This person self-describes himself as a detox specialist, certified plant-based nutritionist, exercise physiologist, and Doctor of Pharmacy, who uses “plant-based foods, herbal medicine, and holistic techniques to help others restore their well-being” (2025, Holistic ReEngineering). In addition to short- and long-form video content, he sells alternative health books and detox kits.

same colour-emphasis method to highlight specific key terms throughout the video. The editing alternates between talking-head explanations and illustrative inserts that visually reinforce the speaker's points, giving the impression of an educational explainer video. For instance, as he asserts that autism “develops around two and the age three,” the background switches to a glowing illustration of the brain. When he pivots to “when you start to think about the type of toxicity they're getting in the type of foods they're getting” the frame intercuts an AI-generated image of baby formula and purees in glass containers featuring green, yellow, and orange tones, along with spoons and a piece of broccoli, as he proceeds to claim that “it starts with baby formula.” The author goes on to talk about how “most people unfortunately aren't breastfeeding no more,” explaining how breastfeeding enforces the baby's immune system, and how it is being replaced with “food that isn't natural.” This is illustrated by a sequence showing a child under the age of two, eating from a high chair, followed by an image of a colourful bowl of cereal. When explaining that processed food affects adults differently than children, the speaker justifies this by claiming adults have “a developed detoxification organ” and a “developed immune system,” a point visually reinforced by a clip of a young man eating pizza and drinking soda. He then adds a metaphor of vulnerability: “It's like setting all your wealth out on the porch—you're bound to lose something,” while the frame changes to a dark silhouette of a seated person leaning forward with their head resting on their hand. The video concludes by displaying images of stocked pantry shelves as the speaker laments the “unfortunate” classification of “food in box, cans, jars, bags” as actual sustenance. He rejects this notion, asserting that “they are not [food]” and that “we've been duped into thinking that it is.”

### **3.1.1. Second-order signification**

Drawing on the multimodal transcript, this section analyses how CA organises its first- and second-order signs into a coherent myth. The speaker, a male, employs a calm, neutral tone, constituting the signifier of the first-order sign. This perceived calmness and neutrality account for the signified. The sense of reliability and stability, which they evoke, is closely linked to the perception of rationality, constituting the second-order signifier: a well-founded,

rational man. A notion also supported by his smart-casual style. This image is further reinforced by the complementary connotation of masculinity, mythically implying reason and authority. The man becomes a so-called truth-teller, informing the public of “hidden” knowledge, and hence, saving them from deception. To an extent, he embodies truth itself, perpetuating the cultural myth that male neutrality equates to epistemic authority. This belief constitutes the emotional and rational undercurrent of the video, supporting each claim made.

On the level of the first-order signifier, the video is accompanied by a title, “The Truth About Autism,” displayed in red and green. Signified is a phrase announcing information about autism, visually emphasised by two contrasting colours. Denotatively, it signals the intention to inform or to explain something factual. Once viewed within a cultural context, the visual and linguistic elements acquire connotative meanings well beyond this perceived intent. “Truth,” in green, suggests authenticity, health, and the natural order of things. “Autism” in red signals danger, error, and something to be aware of. The combination constructs a binary opposition. The declarative title (a first-order sign) becomes the form, which is conceptually filled with the idea of hidden truth and revelation. Firstly, the title connotes autism itself, as mediated through existing knowledge systems, as something that has been misunderstood at large, with its “true nature” partly hidden or concealed, providing it a sense of mystery and conspiratorial appeal. Secondly, it naturalises the belief that the “real truth” about autism is hidden by and from the mainstream, reinforcing the necessity of alternative insight and lending it the reliability of honesty, similarly to the speaker’s self-presentation, explained in the previous paragraph. He speaks to those who see through the facade of legitimacy that conformist knowledge systems perpetuate, offering the viewer a sense of self-righteousness.

The third first-order sign is the claim that autism “develops around two and the age three,” comprised of the linguistic phrase as the signifier and the biomedical description of developmental onset as the signified. This assertion conflates the typical detectability of behavioural signs with the biological emergence of autism. While behavioural indicators often become visible during this period, this is largely because early childhood is characterised by increasing social and communicative demands. This moment of detection, however, is distinct from the biological origin of autism, which is understood to be prenatal. Connotatively, the phrasing “develops around” implies temporal causation, that autism is something acquired

rather than innate. This structure naturalises and reinforces a culturally embedded notion of loss, suggesting that a “typical” child is unexpectedly changed by an external event, becoming “different.” It also introduces a social dimension—autism becomes “real” only as it is noticed through behavioural changes. Its existence relies on the observer. This rhetorical move effectively transforms autism from a neurodevelopmental difference into a condition defined by a specific, perceivable origin point, thereby sustaining causal myths and legitimising interventionist or restorative discourses aimed at “recovery.” The claim is accompanied by a visual of a glowing brain (the first-order signifier), which depicts neural activity, intelligence, or mental energy (the first-order signified). In its literal meaning, as a first-order sign, it is simply a representation of the organ associated with thinking or mental function. It is the details of this image that offer information about its context-specific function. The glow, in the context of holistic or alternative medicine, may connote enlightenment, discovery, and activation, whereas the brain generally symbolises knowledge, intellect, science, and truth. Together, they produce the concept of illumination, rational insight, and scientific revelation, which fills the form. As such, it can mythically naturalise two ideologies. First, that complex neurodevelopmental phenomena are discoverable secrets, accessible through illumination or insight. Second, considering the brain as a metonym for the self, its radiance can also connote the locus of pathology or toxicity, while its brightness might signal healing.

The subtitles are colour-coded, framing the discourse and guiding affective response. Red for danger or negation ( e.g. “toxicity,” “isn’t natural”), yellow for caution (e.g. “baby formula,” “processed food”), and green for approval, certainty or benefit (e.g. “immune system,” “it is food,” “it’s different”). They each naturalise different ideas: red the myth of contamination, casting the modern world as inherently toxic and, hence, dangerous; yellow the concept that synthetic substitutes need to be watched out for, as they harm natural growth and, as a result, the natural order of things; and green connotes inherent certainty and naturalness in the definitive claims made by the speaker. The colour-coding helps visually define the boundaries that separate the binary of natural versus artificial, equated with safe versus dangerous or good versus bad. This segregation implies that that which is artificial can not be natural, and, additionally, that progressing from natural to artificial (or rather regressing, in the context of food and autism) is the root of the problem (autism). Hence, it promotes the myth of a return to nature, suggesting salvation and authenticity lie in rejecting industrial modernity and

returning to organic origins. Although the colour-coding can only say as much, these links become visible when assessed in the wider discursive context.

The speaker's discussion of “the type of toxicity... [and] foods they're getting” is paired with an imagery of pastel hues (yellow, green, orange), purées in glass bowls, and fresh broccoli. This creates a connection between two complementary yet contrasting first-order signs: a bright-coloured image of infant food and a verbal observation about diet and health. While united by nutrition, these signs convey the two opposite ends of it: health (image) and toxicity (verbal). Starting with the linguistic, the speaker's use of the word “type” implies an attempt to categorise and differentiate, a characteristic of systematic knowledge, including diagnostic precision. It positions him as an authority capable of discerning subtle distinctions within an otherwise complex system of causes. It also reinforces the binary between toxic and non-toxic, as each is associated with different “types” of food. Toxicity connotes not only chemical but also moral and social pollution, corruption, and danger. Meanwhile, the phrase “foods they're getting” implies passive consumption and reinforces the notion of parental responsibility. It also suggests that people are given contaminated food to begin with, evoking feelings of helplessness and systemic harm. All while constructing a common enemy: the system providing these “types” of unhealthy food. Autism, in this view, is a symptom of societal contamination. Healing requires a return to nature through a balanced diet and a detox. The verbal claim, as mentioned above, is contrasted and simultaneously softened by the accompanying visuals. The imagery depicts the concepts of healthy, child-friendly food. For example, using glass bowls rather than plastic conveys cleanliness and transparency, while broccoli is a common symbol of a healthy diet and lifestyle. It is also the vegetable most often portrayed in popular media as unappealing yet virtuous, something children resist yet need, as it embodies the notion of short-term discomfort for long-term benefit. Both the glass containers and the broccoli conform to the established visual grammar of wellness media and infant nutrition. The mellow-toned palette, in contrast with “toxicity” and the highly saturated image of cereals to follow, suggests naturalness (or purity) and warmth. It further neutralises the ideology that natural is good, while artificial is not, raised by the colour-coded subtitles. The visual rhetoric of nurture also aligns the speaker's alarming message with a sense of parental responsibility and protective action. This interplay, between alarm and comfort, re-signifies biomedical concern as a form of moral hygiene. The parent

who provides “natural” food is cast as a guardian of innocence against corrupt modernity, infused in colourful cereal.

Building on this myth of purity and contamination, the speaker specifies a causal origin point, stating, “I mean it starts with baby formula,” followed by the observation that “most people unfortunately aren’t breastfeeding no more.” This statement functions as a first-order signifier, pointing to an implied signified: a biomedical explanation of causation wherein autism is a consequence of early feeding practices. The phrasing is laden with nostalgia and a sense of moral regression. The phrase “Starts with baby formula...” implies that autism is the result of an external, contaminating event. Choosing the “artificial option” of formula is thus positioned as the inaugural step in a chain of decline, a surrender to the modern, industrial world, at the cost of children’s health. This moral evaluation is intensified by the adverb “unfortunately” and the colloquial “no more,” which casts the shift away from breastfeeding as a fall from a virtuous past. This, again, reinforces the rigid hierarchy between natural purity (breastfeeding) and artificiality (formula), implying that a baby is only safe when provisioned directly from the mother’s body. The fact that “Most people aren’t breastfeeding” is presented as a moral failure, attributing responsibility for the perceived decline directly to mothers, effectively erasing the complex structural, economic, and contextual factors that shape infant feeding choices. It positions the mother’s body as the moral frontier between purity and decay. Autism is consequently re-signified as the biopolitical consequence of deviating from “natural law,” fusing gendered guilt with themes of bodily control. This discursive sequence establishes the central causal and moral framework that underpins the video and shapes its reception.

It is reinforced through visual material as the video alternates between a child in a high chair eating porridge or some kind of puree and a man sitting behind a table while eating pizza and drinking a soda. The binary opposites between child versus adult (temporal structure), developed versus undeveloped (potential), healthy versus unhealthy (moral sphere, situating the story), and being fed versus feeding (agency) provide additional building blocks for the myth of moral decline. At the denotative level, these are simple depictions of nourishment. At the connotative level, they establish an opposition. While the child is being fed, symbolising purity, naturalness, and dependence, the adult is consuming fast food, symbolising industrial

consumption, indulgence, and contamination. Eating is thus an expression of one's moral alignment. The myth is reinforced through the visual progression from child to adult, a metaphor for humanity's descent from purity to industrial decadence. From a high chair to a low chair. Processed food, the form, is filled with the concepts of bodily harm and moral and cultural degradation. However, while adults are held responsible for children's purity (i.e., feed the baby "right," the question of agency), they are implicitly less culpable for their own consumption, as their "fully developed" systems can supposedly digest the artificial. This very idea, that children are not "fully developed," links back to autism by framing it as a so-called stop in that development. Autism, thus, becomes a state of not "fully being," strongly reinforcing the pathology paradigm.

The visual of a dark silhouette, a seated figure with its head in its hand, the first-order signifier, operates as a symbol of despair. At the denotative level, it depicts a person in distress (the first-order sign), an image of fatigue, regret, or grief (the first-order signified). The faceless, shadowed nature of the figure generalises this emotion, allowing it to stand for any sufferer rather than a specific individual. At the connotative level, the posture evokes themes of shame and negative consequence. The bowed head can signify burden or introspection, while the hand-to-head gesture evokes mental struggle. The darkness frames the figure as both victim and penitent, suggesting that their pain results from a moral or existential error, universalised by the absence of detail. It visually conveys melancholia, naturalising the idea that despair is the inevitable outcome of deviation, thereby sustaining the myth of loss. Autism, in relation to it, is portrayed as a punishment for straying from the natural order, a visible mark of this transgression, and a tangible consequence of having betrayed nature.

The shelf of boxed and canned food, shown shortly before the end of the video, functions as a metaphor for artificial abundance. It articulates the tension between material plenty and existential emptiness. Stripped of ideological meaning, it presents an ordinary pantry scene: rows of neatly arranged packaged goods (the first-order sign). Order and supply. Domestic security and modern convenience. At the connotative level, however, considered in relation to context, the uniformity and packaging signify "fakeness" and deception. The standardised, branded containers are coded as opaque; by hiding their contents, they metaphorically conceal

the “truth,” drawing a sharp contrast with the implied virtues of freshness and authenticity of the so-called real food (unpackaged, unprocessed, and unhidden). As mentioned before, the image also enacts the myth of false plenty: the idea that modernity substitutes genuine with an illusion. Abundance is, hence, a spectacle of prosperity, concealing inner depletion. Consumer capitalism is packaged as a deceptive system that feeds people with empty, unsustainable promises of nourishment. The pantry, often a symbol of care and stability, is turned into a shrine to “fake food.”

The vocabulary deployed in CA grounds the discourse by drawing from two distinct, intersecting semantic fields: biology and nutrition. Terms like “develop(s),” “fully developed,” “brain,” “gut,” and “immune system” establish a biological schema of maturation, set in direct relation to a nutrition lexicon, which includes terms including “food,” “processed food,” “baby formula,” “breastfeeding,” “natural,” and “cereal.” The repeated pairing of these two fields drives the video’s narrative structure and causal framing, reinforced by a third semantic field: risk and contamination. Terms like “toxicity” and “detoxification” introduce a persistent sense of threat and harm. This is also illustrated through the direct risk metaphor: “[feeding processed foods to a child is like] setting all your wealth out on the porch — you’re bound to lose something.” It accomplishes two things. First, it equates early food choices with an inevitable loss, implying that harm will take something valuable from the child, rendering the “harmed” child as less than. Second, it attributes this to parental failure. Placing wealth outside is generally considered irresponsible. Hence, the metaphor suggests that feeding processed foods is negligent, a failure to protect the child from the predatory outside world.

The video’s grammar and syntax also convey a high degree of certainty, while its colloquial markers (“I mean,” “aren’t,” “no more”) create space for conversational relatability. The declarative clauses, coupled with a paratactic chain (e.g., “box, cans, jars, bags”), foster an instructive rhythm of accumulated evidence. There is also a notable absence of mental processes, meaning the speaker does not use verbs such as “I think” or “I believe,” thereby removing epistemic negotiation and presenting the information as an objective fact. Credibility is also asserted through categorical claims (“food in box, cans, jars, bags, that’s

not food”), which imply high epistemic commitment and delegitimise entire food categories, and a pseudoscientific lexis to construct epistemic authority (“detoxification organ”).

This grammatical framing strategically distributes agency while defining its primary actors. By indexing the in-group through the collective pronoun “we,” it binds the speaker and audience into a shared subject position. This group is simultaneously attributed with competence (e.g., “We have a developed immune system”) and framed as victims through the passive voice (e.g., “We’ve been duped”). Conversely, the agency of the out-group (“them”) is often suppressed, which fosters a sense of conspiratorial implicature. Additionally, blame is obscured elsewhere. For example, the use of the impersonal “It” in “It starts with baby formula” obscures the human agency of parents, markets, or policymakers. Although children are cast as active actors (“go straight into processed food”), the effect is largely dramatic, foregrounding motion while backgrounding causal responsibility (e.g., the providers of the food). Finally, autism itself is presented as an agentless, intransitive process (“autism develops”), a biological inevitability to which the vulnerable in-group is subjected by the harmful actions of a concealed, powerful out-group.

The ideological beliefs outlined in this section converge through the logic of the pathology paradigm and the unifying force of the myth. Their persuasive power is further reinforced by two tools, perhaps less obvious but equally important: sound and montage. The “Blade Runner 2049” soundtrack, with its synthetic, ominous tones, frames the discourse as a revelation, set against a backdrop of futurist unease. Denotatively, it creates a slow-building electronic atmosphere; connotatively, it evokes themes of technology and dystopia. The speaker’s message thus unfolds as a disclosure of hidden truths about a corrupted civilisation. The synthetic timbre also connotes the mechanised and inhuman, resonating with fears of dehumanisation through science and modernity. The listener is invited to experience paranoia as a form of enlightenment, a virtue. This creates a cycle in which the lines between critical thinking and critical distrust are blurred, with the latter becoming an act of redemption. A logic reinforced by editing. Marked by a rhythmic alternation between the speaker and digital renderings, it resembles the educational or documentary formats intended to clarify complex information, mimicking the visual grammar of science. By pairing human explanation with illustrative imagery, it generates an impression of analytic rigour, relying on the metaphor that

seeing equates to knowing, demonstrably evident. The result is an anti-institutional message that naturalises its claims through the very authority it seeks to negate.

Together, these intertwined myths form a coherent semiotic system in which autism is displaced from the realm of biology into that of ideology. Within this grammar, modernity signifies corruption and nature signifies virtue, thereby rendering the pathology paradigm a moral one.

### **3.1.2. Audience reception**

At the centre of the reception to CA is the parental responsibility myth, imputing causation to parental conduct, thereby moralising aetiology and directing corrective responsibility toward the family. The comment section (n = the first 100 comments shown under the video) acts as a space where this assigned culpability is either accepted, acted upon or vehemently declined. The logic structuring these conversations is, in the majority, problem-centric and deficit-focused, overwhelmingly attributable to the pathology paradigm (41% comments were categorised as explicitly reflecting the pathology paradigm, while only 6% reflected the neurodiversity paradigm). A large portion, 53% comments, remained “neutral,” meaning their content was too vague or brief to be definitively categorised. It is also important to note that seven comments were promotional, focused on marketing services such as holistic healing and alternative medicine, and did not contribute to substantive discussion, meaning they were largely unengaged with, offering herpes cures and likely originating from bots. They do, however, mark a noteworthy part of the discourse as a whole.

Those who accept the premise tend to either express gratitude for the information shared or reflect on how to correct their “wrongdoings” and cure their children. An example of the latter includes one of the top comments, which had received 29 replies and 78 likes at the time of capture. It reads “My son formula definitely had metal in it. No food for the first year, I had to detox my kid for real.” (CA01) Here, “formula” (with “metal”) is re-signified as industrial contamination and parental “wrongdoing,” while the “detox” is refilled with connotations about purification and maternal redemption. The following discussion thread, under the

comment, is characterised by agreement, parallel detox testimonies (e.g., “I detoxed my son too and put in on a plant based diet. Huge change!” (CA01.1) and requests for protocols and supplements (“Can you direct to the diet & herb please” (CA01.2)). The latter contributes to bringing other users into the praxis, asking for specific guidance (“Then I’m on the right track I just have to make sure nobody gives them food also what was the detox you did” (CA01.3)) or identifying their own children as candidates for the intervention (“I gotta try this my daughter has high lead and aluminum”(CA01.4)).

However, coming back to the causation between breastfeeding and autism, the majority of commenters negate it. This is a direct, collective rejection of the video’s proposed myth and the ideology it entails. The primary discursive strategy to do so is using the authority of lived experience, employing personal anecdotes about children who either were not breastfed and did not “get autism” or, more commonly, were breastfed and still “got it.” These comments, written almost exclusively by mothers, challenge this myth by nullifying the link between the signifier and the signified. For instance, one of the comments states (CA76), “My baby drank breast milk only for 2 years... however she was diagnosed with autism regardless,” rejecting the act as preventive. Another commenter (CA17) describes how her “breastfed baby has autism and my formula-fed doesn’t [facepalm emoji].” The use of the facepalm emoji here performs an exasperation that frames the video’s premise not just as incorrect, but as absurd. This rejection is further globalised by another comment (CA35): “I disagree. My baby breastfed.. never did formula till he was 2yrs. He had organic foods from the village in Kenya and symptoms manifested before he turned 2. There are ASD kids and teens in Africa,” strategically dismantling the idea that autism is purely a product of Western processed diets by pointing to Kenya (East Africa) as a non-Western context where autism is still prevalent.

Rejecting the video’s specific claim about feeding choices does not necessarily equate to rejecting the underlying pathology paradigm. A sub-discourse, which emerged in the comment section, disputed the autism-toxin link, only to attribute causation to a different external pathogen: vaccines. This discursive pivot merely swaps the signifier for “contamination,” while the myth’s core function remains intact. The act, while deflecting blame, also illustrates the persistence of the search for a singular, external cause. One comment (CA71) uses temporal proximity as a rhetorical proof: “my autistic son was breast

fed until he was 18mths...then all natural food. He changed within 48hrs of his MMR vaccine!!” Another (CA79) employs heavy sarcasm to make a similar point: “They’re vaccinated in the womb through the mother and then vaccinated all throughout their childhood. But I wonder what causes autism?????” In this way, the debate for many is not if autism has an external, preventable cause, but simply what that cause is.

In the comment section, the boundaries of in-group and out-group are drawn not by gender or familial role (they are mostly mothers), but by how they assign blame, view autism (pathology vs. a neurotype), and where they place authority (lived experience vs. “holistic” theory). Those who accept the video’s premise form a redemptive in-group, bonding over confessed wrongdoings and the shared praxis of detoxing their children from industrial impurities. An opposing faction, the out-group, utilises the authority of personal history to dismiss the specific dietary myth as absurd. Ultimately, this negotiation of moral culpability centres almost entirely on the parent rather than the autistic individual. There are only two people among those in the extracted comments who identify themselves as autistic, and both of them use identity-first language. However, at least 20% of commenters explicitly mention having an autistic child, showcasing a mix of identity- and person-first language. This disparity underscores how the discourse functions as a site for parental anxiety and intervention. It structurally marginalises the very subjects of its discussion.

The overall sentiment leans slightly toward the “negative,” a descriptor for the emotional tone (e.g., frustration, anger, sarcasm) rather than a specific stance, with the majority of comments categorised as neutral, due to their descriptive and anecdotal nature. However, compared to the other two videos, CA has the most purely emotional comment reactions. Usually in the form of emojis, they account for roughly a third of the comments. These reactions were not uniform, ranging from supportive heart-face emojis (CA47-52), heart emojis (CA65-68), and applause emojis (CA62-63) to shocked-face emojis (CA41-46), laughing-hard emojis (CA53-60), and grinning-face emojis (CA69-70). These signal affective participation. Overall, the reception of CA reflects how the claims made in the video are negated by personal anecdotes, reframed through links to vaccines, and used to promote services and products.

### 3.2. Video on the Characteristics of Autism

This section examines the 113-second TikTok video by user CH-A, uploaded on 3 April 2024, and pinned<sup>9</sup> to the creator's profile at the time of data collection. The title reads: "The Dangers of Self-Diagnosing Autism: Debunking TikTok Trends. Discover the alarming trend of self-diagnosing autism on TikTok and its potential consequences. Join us as we debunk this dangerous behavior and shed light on the importance of consulting medical professionals for accurate diagnoses," followed by hashtags, such as #AutismAwareness, #MentalHealthMatters, and #AvoidSelfDiagnosing, among others (see Annexe). The speaker<sup>10</sup>, a white American man of Irish and Swedish descent, is performing stand-up comedy in the spotlight of a dimly lit stage, the video alternating between three camera angles of him. He speaks in a friendly, conversational manner with no background audio, while bold white subtitles track the performance and momentarily change colour as each word is spoken.

The video opens with the line, "I'm making none of this up," suggesting that the clip is taken from a longer skit and may continue a joke that began earlier. The speaker then establishes a shared frame of reference and sets up the joke: "There's a whole trend on TikTok right now where people are self-diagnosing themselves autistic." He continues, "No doctor [using a sweeping gesture, while raising his eyebrows], not one medical professional consulted," which results in a few laughs rippling through the audience. Here, he shifts tension by introducing a contrast that destabilises the initial setup, explaining how it is "just" the person making the claim of being autistic, looking "right down the barrel," followed by another short pause<sup>11</sup> to allow for audience reception, filled with amusement. He proceeds with "they have motivational music playing [slight pause for laughter; a gesture of dancing], and then they put text above their heads that they point to [pointing up with the hand, and then the index finger] in like a really smug, shitty way." He then demonstrates the behaviour he described, using exaggerated physical cues: he swings his head rhythmically while pointing upward, his face contorting into a composite of raised eyebrows, a frown, and a slight, side-eyed sneer. This act

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<sup>9</sup> A pinned video is one the creator has placed at the top of their profile so it is always the first video visitors see. This function is used to draw attention to specific content.

<sup>10</sup> The speaker is an American stand-up comedian, actor, and radio personality. His comedic skits are usually conversational and often feature strong impressions. He also relies a lot on pop-culture references, and while he does engage in dark humour, it is usually with contextual clarity.

<sup>11</sup> Pauses are often used in skits to control the pacing and expectations, enhancing cognitive contrast and emotional payoff (Schwarz, 2010).

of physical humour receives a loud, collective response. Continuing with the grimaces throughout, he then proceeds to explain how it is all “regular shit, like I used to be afraid of large crowds [pause], I thought I was socially awkward [pause], turns out, I’ve been masking my autism. [pause; strong uproar of laughter] For 27 years [longer pause as people laugh]. I’m autistic.” He then transitions into the second phase of the joke, delivering an unexpected yet internally coherent resolution to the incongruity introduced before: “What if... what if we only use the word retarded for those people, [pause] that’s it, [pause] that’s it,” a line that triggers an uproar of laughter and an applause. He clarifies that the term “retarded” should never be used for someone with “a disability or anyone with a special need.” Instead, “any time someone is like ‘Yeah, I’m self-diagnosed autistic’, you can be like: ‘Oh you’re fucking retarded.... They’ll be like, ‘yeah,’ ’cause they’re full of shit,” closing the joke.

### **3.2.1. Second-order signification**

Drawing on the multimodal transcript, this section analyses how CH transforms the discourse of medical authority into a comedic performance that both reproduces and ridicules it. To begin, the phrase “The Dangers of Self-Diagnosing Autism: Debunking TikTok Trends” in the video title functions as a first-order signifier. The signified is a warning about the potential risks of self-diagnosing autism on TikTok and a promise to refute misinformation. This description employs language commonly used in information integrity initiatives, positioning the video as educational content with an underlying focus on raising awareness. Together, it amounts to the first-order sign. The title presents the content as neutral, rational, and public-spirited, but it also carries strong cultural and moral connotations. Firstly, the word “dangers” connotes harm and threat, situating self-diagnosis as a significant risk, while subtly building a case against the “target” through an accusation. The underlying logic is that if self-diagnosis is dangerous, those who engage in it are perpetrators of a harmful act. Secondly, “self-diagnosing,” in this context, establishes the object of discussion, later imbued with connotations of illegitimacy and amateurism. Thirdly, “debunking” implies that the video will present an evidence-based, factual argument to expose the falsity of “TikTok trends.” It claims authority, positioning the speaker as a gatekeeper of legitimate knowledge. The

binaries at play are those of an expert and a layperson, truth versus trend. The prefix “de” most commonly refers to “away from,” “off,” or “down,” creating distance from what was claimed. It can also mean to reverse or undo an action, or, in this case, a return to truth. However, the title’s declarative gravity contrasts sharply with CH’s comedic content, creating a sense of deliberate absurdity. The caption’s style may also serve to draw in viewers interested in the topic, justify the video’s presence on the platform, or provide a (thin) veil of social acceptability for the provocative content that follows. However, this semiotic dissonance between the two also destabilises the myth of epistemic authority encoded in the title by exposing its arbitrariness. While parodying the stylistic conventions of medical debunking, CH draws attention to the performative nature of truth-telling itself, turning institutional knowledge into an object of irony. This discursive act becomes fully apparent once the performance begins, as the comedian adopts the very rhetorical posture of truth-telling that the title invokes.

The skit starts with the phrase “I’m making none of this up,” which, under analysis, reveals a significant divergence between its first-order denotative meaning and its second-order pragmatic function. Denotatively, the statement is an absolute, personal assertion of factuality. The speaker (“I’m”) explicitly takes responsibility for the veracity of the information, while the idiom “making... up” refers to the act of fabrication or invention. The use of the absolute quantifier “none” applied to the referent “this” (the object in discussion, i.e., the self-diagnosing autistic people on TikTok) frames the claim as absolute, admitting no part of the information to be false. This first-order meaning is, therefore, an unambiguous guarantee of truth. The second-order analysis, however, addresses why such a declaration is deemed necessary by the speaker. Without context, the statement’s purpose is simple: to defend against anticipated scepticism. However, in this instance, it is also a deliberate rhetorical strategy that highlights and amplifies the perceived absurdity of the situation. The reaction the speaker anticipates is that of disbelief. He uses this phrase precisely because the content is so bizarre that it ought to sound like an invention. By preemptively acknowledging his audience’s potential doubts or reservations, he creates a brief, implicit alignment with the listener. He validates them. It is a way of communicating, “I am also fully aware that this sounds unbelievable.” Having secured the shared ground of disbelief and reinforced the in-group, the speaker introduces the supposed object of this absurdity: the self-diagnosing TikTok user.

The subsequent claim “There’s a whole trend on TikTok right now where people are self-diagnosing themselves autistic” situates this absurdity within a broader cultural frame. At the denotative level, the phrase refers to an observable pattern of self-identification with autism on a social media platform. It functions as a descriptive statement about current online behaviour, appearing factual and neutral in tone. However, in a broader cultural context, it activates evaluative associations that frame self-identification as superficial and misguided. The term “trend” on TikTok is associated with fleeting, faddish, and unserious content, including dances, challenges, content formats, and popular sounds. They are activities that people choose to participate in, often for entertainment or social validation. Using it in the context of “self-diagnosis” implies that these individuals are not genuinely autistic. Instead, they are performing an identity because it is popular. The latter also implies that the behaviour of self-identifying is spreading as a result of peer pressure or social mimicry. It helps to portray the out-group (self-diagnosing autistics) as inauthentic and socially conformist. The redundancy of “self-diagnosing themselves” overstates autonomy to the point of absurdity, implying error or overreach, while the reference to “TikTok” evokes youth culture, emotionality, and unseriousness. They produce a connotative field in which self-diagnosis is equated with naivety and vanity. Lived experience is reduced to an attention-seeking fad. The myth of collective delusion. Self-diagnosing is presented as an act of overstepping medical boundaries because, while the term “diagnosis” presupposes expertise, the prefix “self-” negates it, producing a perceived paradox. The phrase naturalises the idea that young people’s engagement with autism is irrational and contagious, and should not be taken seriously, mapping it out as a symptom of cultural decline. It also implicitly restores institutional medicine as the site of “truth,” positioning social media users as a misled mass, as further seen in the following insistence.

The construction of self-diagnosis as a collective delusion is reinforced through conceptual repetition. The speaker states that, as people self-diagnose, there is “No doctor... not one medical professional consulted.” The reiteration of medical absence amplifies the perceived recklessness of the act, mirroring the redundant phrasing in “self-diagnosing themselves.” This verbal pattern is further accentuated by a sweeping hand gesture, which visually enacts exclusion and strengthens the rhetorical force of his claim. At the first-order, the sign merely states that there were no experts involved. A factual statement, accompanied by comic

exaggeration. But at the second-order, it becomes the myth of medicine, where the figure of the doctor transcends the individual to embody reason, science, and order. This myth is built on the implicit premise that an individual, particularly an autistic one, lacks the necessary self-awareness to accurately describe or identify their own condition, thus requiring an external, institutional figure to validate their experience. The comedian's gesture, sweeping exclusion of the unqualified, purifies the social space. It restores the frontier between the knowing and the unknowing, the sane and the credulous, completed through laughter. Once this boundary between legitimate and illegitimate knowledge is firmly drawn, the focus shifts to its personification. The self-diagnoser becomes a caricature.

The phrase "I used to be afraid of large crowds, turns out, I've been masking my autism for 27 years" is a caricature of a self-diagnosing TikTok creator, accompanied by exaggerated grimaces and gestures. On a first-order, denotative level, the statement functions as a narrative of self-discovery for this persona. It takes a common experience (what the comedian calls "regular shit," like being "afraid of large crowds") and retroactively reframes it as a key symptom of autism. The persona's use of "masking" is crucial to this literal claim, providing a built-in explanation for their "autism" having gone unnoticed for "27 years." However, the second-order, pragmatic analysis, which accounts for the comedian's satirical intent, reveals a complete subversion of this literal meaning. The speakers' exaggerated facial expressions and grimaces, in constructing the "smug and shitty" other, constitute an excessive physical performance that ridicules the persona. At the same time, the joke's verbal structure is a deliberate *reductio ad absurdum*, intentionally juxtaposing a so-called common trait with a "profound" diagnosis. His choice of example, the fear of large crowds, is very relatable to a general, neurotypical audience, who might experience it in relation to social anxiety, shyness, or a simple dislike of being jostled. As such, it is positioned as a common feeling, undermining the lived experience of autistic people and oversimplifying diagnostic criteria. While aversion to crowds is not a diagnostic criterion, related concepts, such as "hyper- or hyporeactivity to sensory input" (American Psychiatric Association, 2013) and "social communication impairments" (ibid), which may be experienced in this context, are. By having the persona co-opt the term "masking," referring to the (sub)conscious suppression of autistic traits, the comedian implies that people use it to sound profound or to retroactively justify their "socially awkward" past, mocking the language of the community. He also

implies that if autism has not been diagnosed before adolescence or early adulthood, it has likely never existed. Hence, it perpetuates the belief that an autism diagnosis is only viable when it is externally obvious to onlookers, while trivialising the experiences of late-diagnosed autistics. By satirising the perceived trend of medicalising “normal” personality traits, the speaker portrays the self-diagnoser as a narcissistic performer, someone deserving of ridicule, which he makes explicit in the punchline.

On a first-order, denotative level, the punchline of the joke proposes a deliberate and specific reallocation of the pejorative term “retarded.” The comedian explicitly advocates for ceasing the word’s use as a slur against individuals with disabilities (“someone with a disability or anyone with a special need”) and restricting its application only to the specific group he has spent the skit caricaturing: “any time someone is like ‘Yeah, I’m self-diagnosed autistic.’” This literal proposition is then capped by the assertion that this group, being “full of shit,” would not or could not mount a defence. The second-order, pragmatic analysis reveals this as a calculated comedic transgression designed to generate a strong, cathartic audience response. The joke’s mechanism relies on a “permission structure.” First, the comedian establishes the self-diagnosers as a “deserving” target of ridicule, framing them as inauthentic and absurd. Second, by explicitly excluding people with disabilities, he sets a boundary, a moral safeguard. This allows him to perform a rhetorical transference: he attempts to strip the slur of its ableist connotations by redirecting it from its traditional target (people with cognitive disabilities) to his newly constructed target (inauthentic self-diagnosers). As a result, the audience feels morally justified in participating in the transgression. “Retarded” becomes a justified insult against a fraudulent group, not an indiscriminate attack on a vulnerable one. The uproar of laughter, hollers, and vigorous applause signals that the audience has accepted this premise, finding cathartic release in the comedian’s willingness to violate a significant social norm to punish a target they, too, have been led to find deserving of mockery. This completes the narrative arc from mockery to moral order.

This comedic skit ultimately promotes a paternalistic medical model of disability, reinforcing the ideology that institutional medical professionals are the sole arbiters of diagnostic legitimacy. The entire joke is premised on the “common sense” assumption that self-diagnosis, by definition lacking this external authority (“No doctor... not one medical

professional consulted”), is inherently fraudulent and absurd. It allows the comedian to engage in ableist boundary policing, positioning himself as the arbiter who can distinguish “real” disability (which he explicitly protects) from the “fake” disability he mocks. By granting a moral pass to “anyone with a special need,” he creates a specific permission structure for the audience to re-weaponise the slur “retarded” against the self-diagnosers, who are framed as “illegitimate” and “full of shit.” It suggests that when used against the “other,” it is no longer a slur but a justified and accurate punishment for their perceived inauthenticity. The act naturalises the belief that the able-bodied have the right to gatekeep disability. These ideological effects are materially sustained by tone, delivery, and reception. The speaker’s friendly, conversational manner establishes an in-group rapport that lowers the audience’s defences. Against that affiliative baseline, his exaggerated physical caricature of self-diagnosers reads as even more absurd. The audience then validates this interactional sequence. As laughter builds from soft chuckles to a loud, collective response, it signals shared alignment with the dehumanising ridicule and actively endorses ableist boundary policing: the targets are positioned as worthy of mockery. Key editorial choices, like cutting to wider shots during the biggest laughs, provide social proof for the viewer. Across these layers, from the declarative title to the embodied performance, the video effectively reproduces the myth of medical authority, reframing a complex social phenomenon as simple, performative narcissism that deserves social condemnation.

The vocabulary in this video is defined by a central, strategic register, explicitly split between its caption and the speaker’s spoken delivery. The caption, which accompanies the post as text, adopts a formal, institutional register and draws on the semantic field of medicine, using terms such as “dangers,” “debunking,” “consulting medical professionals,” and “accurate diagnoses.” It frames the video as a legitimate, almost public-service-oriented critique, aligning its stated purpose with an established, authoritative medical worldview. This formality, however, is set in direct and jarring contrast to the speaker’s stage delivery, which is informal, coarse, and vulgar. The spoken layer is dominated by a semantic field of evaluation and insult, featuring terms like “smug,” “shitty,” “full of shit,” and the deliberately provocative use of the derogatory slur “retarded.” Amplified by intensifiers like “fucking,” this colloquial register builds a sense of shared contempt for the out-group, directly contradicting the caption’s detached, institutional tone.

The speaker's core argument is built on first describing and then satirising a specific online genre. To do this, he draws on a meta-platform lexicon to identify his target: a TikTok trend. He methodically lists the trend's key sound and visual conventions, such as the use of motivational music and creators pointing to text above their heads. He also references the camera-specific idiom of looking "straight down the barrel," a term for the direct-address style typical to the platform. By itemising these tropes, the speaker establishes his credentials as an observer of the platform's culture, positioning himself and the audience as an ideological in-group, qualified to objectively assess its participants, the ideological out-group. This description of platform conventions sets the stage for the ridicule to follow. The attack itself focuses on what he portrays as a disconnect between the trend's serious presentation and its inauthentic content. He does this by strategically borrowing the term "masking" from identity discourse. Typically used within the neurodiversity paradigm, it is appropriated by the speaker to mock the self-diagnosing individuals by highlighting the negative actions (misuse of specialised language) of the out-group. This ties back to the lexical split between "legitimate" (e.g. "medical professional," "special need") and "illegitimate" self-use of terms, a perceived inauthenticity which is labelled with the disgust/inauthenticity metaphor "full of shit." It frames the entire act as an empty, deceptive performance.

This detailed setup leads to the video's central rhetorical move, lexical weaponisation: the speaker proposes to use the word "retarded" as a social sanction specifically for self-identifying autistic people, the out-group. Mitigating the negative actions of the in-group, he attempts to manage this provocation through careful, euphemistic boundary setting, explicitly laying down an exclusion rule: the slur is never for someone with a disability or special need. This is a critical safety manoeuvre, isolating the "legitimate" disabled community (the officially diagnosed, the in-group) from the "illegitimate" targets of his contempt ("smug," "shitty" self-diagnosers, the out-group). The tension between these two registers drives the video's entire comedic and ideological force.

### 3.2.2. Audience reception

The reception of CH (top 100 comments) centres on the contestation of legitimacy raised in the comedic skit: who has the right to claim an autistic identity, and on what grounds. The discussion is divided between those who perceive self-diagnosis as a performative act and those who defend it as a necessary response to structural barriers in access to healthcare. The overall tone is polarised, with approximately 60% of comments expressing a negative sentiment. 60% of comments also explicitly reflect the pathology paradigm. The dominant discourse is anchored in scepticism toward self-identification, often couched in ridicule and moral judgment. It is also important to note that 23 comments engaged in meta-commentary on the comedy format or the TikTok platform itself, or consisted solely of emotional reactions.

The first theme, self-diagnosis as a performative identity, is marked by accusations of attention-seeking and narcissism. Many commenters depict public self-identification (denotation) as a form of social performance, a symptom of a broader culture of exhibitionism fostered by social media (connotation). As one user writes, “Every idiot says they have autism adhd and some other phobia now. All for attention” (CH54), while another asserts, “It’s the attention grabbing narcissism that has been planted and groomed into most social media personalities” (CH88). Similar comments mock perceived exaggeration and dramatisation: “Look at me I move my hands a lot. Above all else LOOK AT MEEEEEE” (CH48), or medicalise the behaviour itself through irony: “Yeah we have a word for people who do this and it’s a Hypochondriac. Everyone all of a sudden think they are Trans and Autistic. No, you’re an attention seeking hypochondriac who are Google Doctors” (CH77). These comments collectively construct self-diagnosed individuals as insincere, performative subjects whose claims to neurodivergence are driven by vanity rather than need. Treating the visibility of autistic identity as evidence of narcissism, this discourse reasserts the social boundary between the “genuinely ill” and the “attention-seeking other.”

The second theme centres on contesting the legitimacy of diagnoses while reasserting professional medical authority. Commenters repeatedly foreground the need for formal evaluation and clinical expertise: “My girlfriend has been telling me I’m ADHD for 5 years,

she was a nurse but like again not a doctor lol” (CH42) and “I think I could be undiagnosed autistic I have never said I am and I’ve never excused any of my actions due to feeling as though some of my habits could be related to such because NEED DOCTOR” (CH36). Some even go further, arguing that a diagnosis given in adulthood is invalid, as “you also can’t get officially diagnosed as an adult. you can have a doctor say ‘yeah makes sense’ but it has to be observed in childhood” (CH16). This claim oversimplifies diagnostic criteria. Although autistic traits must be present throughout life, parent or subject testimony is sufficient for a valid diagnosis. In effect, these statements reinforce institutional authority by implicitly discrediting experiential knowledge. “The doctor” and “the official diagnosis” are re-signified as mythic arbiters of truth, sanctified with exclusive power to validate identity through their clinical function.

A related sub-discourse focuses on the rise in autism diagnosis and the perceived trendification of the label. The most liked comments channel this anxiety through humour and reduction: “First it was ADHD, then OCD, now it’s Autism that everyone has” (CH52); “TikTok has 100% turned autism into a trend” (CH59). Others frame the apparent inflation as definitional creep or a misreading of what “spectrum” means: “The spectrum has been expanded to encompass 97% of the human population” (CH51); “because autism is classified as a spectrum, that means everyone is autistic, some more than others” (CH75). This move collapses nuance into hyperbole, flattening a diagnostic continuum into an all-or-nothing claim. It also sustains the idea that increased visibility necessarily entails a dilution of authenticity.

Autism-related behaviours are also trivialised or reframed as ordinary quirks, a strategy that delegitimises the condition by aligning it with everyday traits. One user writes, “The whole 18–24 crowd is confusing personality and quirky traits with autism and whatever neurodivergence is” (CH67), while another parodies the popular self-diagnosis trend: “or it’ll be like ‘signs you might have ADHD: you’re late to things sometimes’ and everyone in the comments is like YES I KNEW I HAD ADHD!!” (CH03). This oversimplification merges diagnostic discourse with lifestyle content, reducing neurodivergent traits to exaggerated or self-inflicted behaviours, a reframing that reflects underlying ableism. It also highlights a semiotic struggle, where a behaviour (the first-order sign) is caught between two competing

myths: “normalcy” (which frames it as a “quirk”) and “diagnostics” (which frames it as “autism”). Commenters’ frustration stems from the perceived collapse of that boundary, prompting them to police it by accusing self-diagnosers of illegitimately pathologising “normal” traits. In other comments, the moral register takes over. Neurodivergent identity claims are framed as excuses for incompetence or a lack of accountability. Examples include “the comments on videos that say, ‘My autism/ADHD/OCD/BIPOLAR would NEVER!’ piss me off” (CH43), “people just love hiding behind diagnoses to make excuses for their lack of personal development” (CH53), and “well Gen Z is competing in the victim Olympics” (CH57). Together, these comments exemplify the trope of “victimhood culture,” where the diagnosis serves as a means to evade responsibility.

A smaller but clearly articulated sub-discourse defends self-diagnosis as a pragmatic necessity, highlighting structural, economic, and systemic barriers: “Well it can take months or even years to get a diagnosis and it’s very expensive to get diagnosed” (CH12) and “An autism diagnosis is thousands of dollars. This joke should be about how we’re gatekeeping mental disorders with money” (CH61). Others appeal to scientific legitimacy, referencing studies that purportedly validate self-assessment: “A recent study showed that self-diagnosis using RAADS-R... is AS EFFECTIVE as a doctor” (CH71) and “They just did a study and people who are self diagnosing are almost always correct” (CH86). Alongside appeals to scientific authority, several draw on personal experience, linking self-identification to relief or even survival: “My self diagnosis of ADHD led to a Dr. diagnosis... after 15 years being diagnosed bipolar” (CH06) and “Had to report this... self diagnosis is valid, and the ND community sees you” (CH72). These instances situate self-identification as an act of autonomy and resistance against medical inaccessibility.

Roughly 60% of comments explicitly align with the pathology paradigm, 18% with the neurodiversity paradigm, and 22% remain neutral. In the dominant register, self-diagnosis is cast as fraudulent performance and cultural contagion; in the smaller counter-register, it is defended as recognition within an exclusionary healthcare system. Yet even across these positions, the framing largely defaults to pathology: a condition requiring verification, or a label being misused. Neurodiversity surfaces mainly in minority voices.

### 3.3. Video on the Cures of Autism

This section analyses the 75-second TikTok video by user CU-B, uploaded on 21 April 2023. The caption includes promotional information related to the user, with the title “If you looking for a life or spiritual coach or someone to help you heal, please feel free to visit my website for details about my services. I offer a 15m free introductory session.” The video is a screen recording of a TikTok originally posted by another user, CU-A, who uploaded it twice: first in April 2023 and again in August 2024. The visual in these videos shows a blue, radiating light pattern resembling speed lines or rays that move uniformly and continuously. The overlaid text in bold white and black fonts reads: “[Speaker's name] on Autism [a puzzle piece emoji and a dark blue heart emoji]” from the original video and “Can AUTISM be healed? YES!” by the person who reposted the screen-recording of the video. Additional text includes the account handle of CU-B, accompanied by a lotus emoji and a blue “Follow” button. There’s also a tribute to the speaker. At the bottom, a smaller section displays the TikTok account of the original poster, and a caption that begins, “This is not meant to be political or controversial but rather an ope...” Because this caption is not fully visible in the analysed material, the complete title of the original screen-recorded video is provided in the Annexe. A soundtrack titled “Clouds” by Aitan A.I. is quietly playing in the background, as two speakers engage in a conversation subtitled in white, with some words highlighted in dark blue.

The speaker 1<sup>12</sup>, a white American woman, begins by asking speaker 2<sup>13</sup>, a man of unknown race and descent, if his son had “shots [blue], when he was little,” referring to vaccination. As speaker 2 confirms with “yes” highlighted in dark blue, speaker 1 goes on to explain that “these doctors [blue] that I work [blue] with say it goes back to those shots [blue]” making a causal link between vaccinations and autism. She then proceeds to console the man, stating that it is not his “fault, this is just the way it... things [blue] have... happened.” To further explain why, she describes that “they [children] get these shots [blue] when their immune system is too... it’s not developed enough to handle all those chemicals and this can cause [blue] the autism [blue].” Her knowledge is purportedly derived from knowing “a doctor

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<sup>12</sup> This person is an American author, and a self-trained hypnotherapist with a focus on reincarnation. She was a leader of the New Age movement and a promoter of fringe theories relating to UFO’s, “Extra-Terrestrials” and alternative realities. She passed in 2014, hence the recording has to predate this time.

<sup>13</sup> This person identifies himself as a father of an autistic child.

[blue] who had left [blue] the medical profession [blue word pair], because he couldn't take it anymore." According to speaker 1, the mentioned doctor "has his own medical health clinic [the last three words in blue] and he is specialising in autism [blue]." While so far, speaker 1 is primarily talking about the causes of autism, she now claims that this doctor "discovered that it can be cured. Doesn't matter what the doctors say [last four words in blue], it can be cured. And the cure [blue] is with diet [blue]." Here, speaker two agrees, stating "it's right," as speaker one continues to talk over him, explaining that it works [blue] by eliminating certain foods from the diet [blue], reiterating the point, and adding that it is the parents [blue] who have to do it. She ends her speech by declaring that "Even one day makes a huge difference, if they follow what [blue] he tells them to do. So it can be worked [blue] with."

### **3.3.1. Second-order signification**

The video's vocabulary distinguishes between a harmful out-group associated with mainstream medicine and a hopeful, empowered in-group of parents, with the speaker serving as their guide. This is achieved by drawing on two conflicting semantic fields: a biomedical field to describe the cause of autism, and a therapeutic field to offer a solution. The out-group, those who perpetuate harm and are, hence, considered dangerous, is constructed through the lexicon of aetiology and biomedicine, which also underpins the cleansing or contamination myth evoked in this video. This includes terms such as "shots," "doctors," "the immune system," and "chemicals." By linking these with autism, the speaker emphasises the negative impact of the medical out-group. She then reinforces this portrayal through soft impugnation, using phrases like "doesn't matter what the doctors say" to delegitimise "their" authority.

In direct contrast, the in-group aligns with the semantic field of therapy and healing, encompassing terms such as "healed," "cure(d)," "diet," and "rebalance." By rejecting conventional medical authority, the speaker risks losing epistemic legitimacy. To resolve this, she invokes a liminal figure, a doctor who has defected from the medical establishment, to open his own clinic focused on autistic people. Through this appeal, the speaker's authority shifts from the medical out-group to an alternative source, positioning the in-group above the out-group while paradoxically borrowing legitimacy from it. She further consolidates her

bond with the in-group through euphemistic absolution, consolidating the father of the autistic child (speaker 2) by stating that it is “not your fault.” This act mitigates the adverse effects of in-group bias (parental guilt) and repositions parents as capable, proactive actors. The user who reposted this video leverages the framework in her caption and add-ons, using a promotional register and clear calls to action (follow button, website, free introductory session), designed to convert the in-group into clients. Finally, the dark blue highlighting on key terms (“shots,” “doctors,” “cause,” “autism,” “cure,” “diet,” and “parents”) visually organise the entire argument, reinforcing the link between the out-group (doctors, shots) and the problem (autism) and the in-group (parents, diet) and the solution (cure).

The speaker's argument unfolds in a simple, four-part sequence, immediately grounded in an appeal to alternative authority: “These doctors that I work with say it goes back to those shots.” This claim establishes the “harmful act,” identified by the colloquial euphemism “shots (blue),” which detaches the procedure from its medical authority. Next, she provides a pseudo-scientific mechanism by identifying the “flawed victim”: the child whose immune system is “not developed enough.” This step explains how the “shot” caused harm by taking advantage of and overwhelming a vulnerable body. Medical interference is, hence, an act of aggression, simultaneously absolving the parent of potential blame (of vaccinating their child or of having an autistic child altogether). Third, with the victim and the act established, the speaker introduces the harmful agent: “all those chemicals (blue),” a strategically vague and emotively loaded term that is difficult to refute. Finally, this sequence arrives at its highlighted conclusion: this process “can cause (blue) the autism (blue).” By visually underscoring both “cause” and “autism,” the video reinforces this link as its central claim, completing a pathologising narrative foundational to its subsequent claims of a “cure.”

The video also consists of three main layers related to amplification and marketing. The first layer is the title attributed to the original content from CU-A: “This is not meant to be political or controversial, but rather an open conversation from the research X and her close colleagues discovered. The importance is remembering that everything CAN be healed. X always spoke about the body being a miraculous machine that with the right treatment, can rebalance the body. [dark blue heart emoji].” It names the speaker (X), a well-known New Age figure, who pre-emptively frames the content of the video as part of an “open

conversation.” It also implies that the claims made in this video are backed by research and discovery. These discursive elements serve multiple purposes. By naming the speaker and mentioning her colleagues, the discourse is placed in the realm of New Age and alternative medicine. The mention of a group (colleagues) adds weight to the claim. Next, by positioning it as a discussion, it preempts potential viewer criticism, especially regarding its possible “political or controversial” connotations. However, the mention of “research” conducted by multiple people suggests that the content is nevertheless methodologically grounded and, hence, trustworthy. Additionally, the term “open” opposes a “closed” system, namely, mainstream medicine. Although the full title is not visible in the repost, it is an important part of the discourse, as it was visible to the reposter and may have shaped the repost’s framing, captioning, cropping, or commentary. The second and most crucial layer involves the reposter, CU-B, who adds a definitive, high-stakes framing question, “Can AUTISM be healed? YES!” to the visual frame of the video, removing all ambiguity and positioning autism as a condition in need of a remedy. She then uses it as a personal marketing strategy, first, by adding a visual call-to-action to the video itself, including her creator handle and an animation for a follow, and second, by providing the viewer with commercial context in the caption of the video (“If you looking for a life or spiritual coach...”), which she, again, ends with a direct call-to-action (“15m free introductory session”). As a result of these modifications and the selection of hashtags (e.g., #holistichealing, #mentalhealthawareness, and #trauma), the video now functions as a lure, attracting a specific audience seeking an alternative cure or support for autism. The TikTok platform itself provides the third layer, as features like screen recording allow CU-B to co-opt CU-A’s and the speakers’ authority, superimposing her own brand to build an audience.

The video’s aesthetics are also a calculated choice. At the first order of denotation, the signifier is the multi-sensory combination of the blue, radiating light pattern, the pulsating blue rays, and the quiet, ambient “Clouds” soundtrack. The signified is the immediate concept it evokes: a meditative, quasi-spiritual atmosphere, with a distinct aesthetic of energy healing or meditation. The resulting denotative sign is therefore an abstract, spiritually coded digital environment. This entire sign, defined by its crucial visual absence of people and abstract, dehumanised composition, becomes the form for the second-order mythological system, actively shifting the viewer's frame of reference. By decoupling the audiovisual experience

from any empirical, human, or medical context (such as a doctor's office or a laboratory), it evokes the concept of disembodied spiritual truth. The viewer is encouraged to move beyond critical or scientific scrutiny and to rely on intuition and emotion instead. This aesthetic primes them for a receptive, trusting state, leading them to accept the speaker's words as a "higher truth" rather than a medical claim in need of fact-checking. This myth of disembodied truth decontextualises the claim from empirical scrutiny. The message is positioned as a universal, non-human principle. Ultimately, it naturalises gnostic, anti-scientific ideology, suggesting that intuitive knowing is a more legitimate path to understanding the body than material-bound, data-driven medicine.

The speaker's opening question, "Did your son have shots when he was little?," functions as an entry point for a predetermined, false causal narrative. The denotative sign, a personal inquiry about inoculation, becomes a deliberately crafted form for the connotative sign. Using the colloquial euphemism "shots" (rather than "vaccines"), the speaker negates the procedures' medical and scientific authority, while "when he was little" establishes the child as innocent and vulnerable, amplifying the emotional stakes. This form promotes folksy, shared suspicion. Through dialogue, the medical establishment is implicitly left out of the discussion, positioned as an untrustworthy other. Rhetorically, this question functions as a causal trap. By posing a question to which the answer is almost universally "yes," the speaker secures the listener's participation and uses that "yes" as an anchor point to draw a direct line to her conclusion (autism), allowing her to compose the subsequent disinformation as an explanation. It naturalises populist, anti-expert ideology, privileging personal anecdotes over scientific data.

To justify her claims, the speaker hinges her validation on an appeal to a renegade authority figure, a classic conspiratorial trope, identified as "a doctor who left the medical profession." The figure's insider status as a doctor lends the claims a veneer of medical expertise. At the same time, his act of leaving is meant to prove his trustworthiness and moral superiority over the amoral system he fled. The denotative sign, a former medical professional, evokes the signified of the righteous whistleblower, an individual whose insider status grants him legitimacy, while his leaving proves his moral integrity. The resulting myth posits that decadent institutions actively suppress knowledge, which can only be revealed by brave

individuals who sacrifice their careers to share it. It naturalises a conspiratorial, anti-institutional ideology, making it seem natural (in a Barthesian sense) to distrust all mainstream systems of consensus (such as medicine) and direct that trust to isolated figures.

This challenge culminates in the statement, “Doesn’t matter what the doctors say, it can be cured,” an act of epistemic dismissal that functions as the climax of the speaker’s anti-institutional argument. It explicitly invalidates the entire medical profession, honing the us-versus-them binary. It positions “what the doctors say,” the combined weight of medical consensus and scientific evidence, as an irrelevant, invalid obstacle to the speaker’s competing “truth” (“it can be cured”). It also empowers the listener by offering a solution and hope, which the established authorities explicitly deny. This denotative sign, a direct contradiction of medical authority, becomes the signifier for a second-order myth. The form of this defiant, oppositional statement evokes the signified of suppressed gnostic truth. It implies that doctors are either ignorant of, or actively concealing, a simple truth accessible to the speaker. The resulting myth is that of the depraved institution, inherently deceitful and flawed. True, life-changing knowledge can, hence, exist only outside of it.

The proposition that the cure lies in diet is rhetorically compelling because it feels natural, leveraging the natural-versus-synthetic binary; accessible, requiring no medical credentials to implement; and empowering, as it places control and responsibility directly in parents’ hands. This concept, combined with the recurring repetition of phrases like “work” and “parents,” attributes the solution to personal action. Healing is reframed as a systematic process, which requires redemptive effort, or, in this case, parental dedication and sacrifice. The outcome is thus made dependent on virtue, obedience, and perseverance, rather than on chance, genetics, or medicine. The denotative sign, diet as a treatment, becomes the form of the second-order myth. This form, a “natural,” parent-controlled cure requiring “work,” evokes the concept of purification through effort, invoking the myth of redemptive healing — the belief that health is a moral state that can be earned through personal sacrifice and virtuous dedication. It naturalises meritocratic ideology, in which health (or healing) is seen as a reward for moral will and hard work. Failing to “cure” is, as a result, seen as a personal or moral failing of the parents.

The closing reassurance, “Even one day makes a huge difference,” is a form of psychological persuasion. It uses the classic “foot-in-the-door” technique to overcome the listener’s immediate resistance to the proposed “cure,” which involves the potentially overwhelming task of a strict, parent-enforced diet. Minimising the required commitment to “even one day” makes the monumental task a small, low-risk experiment. Simultaneously, it provides an oversized, immediate reward: a “huge difference.” This primes the parent for confirmation bias, encouraging them to actively search for any small, ambiguous, or coincidental change in their child’s behaviour as “proof” that the method works. It launders subjective hope into objective data and endorses the core arguments presented in the video. This manufactured “quick win” provides a hit of hope, converting a sceptical viewer into an active participant who is now far more receptive to seeking help from alternative healers, dieticians, and product sellers to continue the “work.”

### **3.3.2. Audience reception**

The reception of CU revolves around the myth of contamination, the view that autism is an externally induced, toxic condition that can be both prevented and healed through purification, or, more specifically, detoxification. Within this discursive field, vaccination and diet merge under a single explanatory framework: both are portrayed as potential sites of contamination and redemption. It is a subdiscourse of the pathology paradigm, which rearticulates social anxieties around industrialisation, biomedicine, and parental control into self-evident biological truths, strategically co-opting the authority of natural science to make the claims appear more legitimate. It is also a discourse in which most of the reception operates.

The comment section (first 100 comments) is dominated by the causal link between vaccinations and autism, attracting slightly more engagement than dietary explanations. The two converge through the recurring sign of heavy metals, which functions as a bridging mythic signifier. As one user claims, “autism is due to heavy metal poison in the body. Some children born with it as they inherit from parents. shots have them too so they can develop it” (CU92). Heavy metals operate as a polyvalent symbol, simultaneously indexing

contamination, modernity, and moral decay. This multifaceted appeal broadens the explanatory scope of the myth, enabling users to project the same causal logic onto other conditions such as ADHD (“I heard this also for ADHD” (CU11)), eczema (“Eczema also...” (CU14)), allergies (“I think rhinitis allergies also come. from the shots” (CU26), and infertility (“It’s also causing infertility now!” (CU77)). By grouping disparate phenomena through the unifying logic of a single sign, the argument demonstrates mythic expansion.

Many comments simply reaffirm belief in the vaccine-autism causal link through brief declarative or affective expressions (“I BEEN SAYING ITS THE SHOTS !!!!!!!” (CU63); “i believe you” (CU36); “yes!! I’ve been saying for years...” (CU89)). This collective repetition and affective unanimity support the formation of conviction. The few dissenting voices, labelling the claims made in the video as “bullshit!” (CU98) or “Crock of shit” (CU93), are comparatively marginal. The mythic narrative of harm and cure has discursive dominance. Alongside these declarative statements, comments also employ religious rhetoric, with users mentioning prayer, asking for help from God, and utilising the praying hands emoji. This sentiment, however, is primarily positive, expressing hope, agreement with the video's premise, and a shared readiness to contribute to change (e.g. “1000 percent thank you lord Jesus Christ holy Spirit...” (CU51) or “I pray in the mighty name of Jesus Christ the son of the true God healing for all these children [praying hands emoji]” (CU50)). Here, religion provides an unassailable authority (God) that transcends corrupt human institutions. As such, it offers a supernatural path to the so-called healing that institutional medicine denies.

Within this affective and spiritual consensus, users move from belief to praxis, as evidenced by a recurring pattern of protocol-seeking. At least fourteen comments request specific instructions, from “what foods to remove??” (CU08) to “Where do we find the list?” (CU07). These exchanges transform the thread into a participatory space in which parents proactively and collectively take responsibility for addressing “the problem” of autism through action. This shift to praxis also establishes the foundation for food to acquire a distinct moral value. Specific foods and substances are emptied of their material meaning (a first-order sign) and are refilled with a new, mythic one (a second-order sign). “Clean” foods, such as “fresh carrot and cabbage juice” (CU09), are transformed from mere produce into signifiers for purity, nature, and redemption. In contrast, “heavy metals” or processed foods are no longer just

elements but signifiers for contamination, immorality, and illness. In this way, the protocol itself becomes a moral ledger, allowing participants to cleanse the “problem” by consuming, or, to be more exact, by making their autistic children consume “good” substances and purging the “bad.” The absence of autistic voices strengthens this reliance on parental agency.

While the CA and CH videos had a few, no explicitly self-identified autistic individuals appear in the CU video's comments section. The overwhelming use of person-first language (“children with autism” (CU57) or “have autism” (CU37)) and the dominance of parental voices further situate the discourse within the pathology paradigm. Testimonies by mothers recur throughout, consolidating experiential knowledge as an alternative epistemology that simultaneously challenges and reproduces biomedical authority. Anecdotes, similarly to CA, substitute for empirical verification while mimicking its rhetorical form.

Comments also frequently cite authority figures to validate claims. For example, some point to medical professionals, suggesting, “A very good doctor recommends fresh carrot and cabbage juice! Look into it” (CU09), while others reference influencers like the “Medical Medium” for advice on “how to get heavy metals out” (CU52). Additionally, appeals are made to alleged whistleblowers, such as the claim that “Dr William Thompson senior CDC scientist on the MMR admitted the link between MMR and autism and then admitted scientific fraud by destroying 10k docs” (CU80). The perceived moral status of the source validates the authoritative stance of these agents. The so-called good doctor (CU09) is authoritative because he is aligned with “nature,” not “Big Pharma.” The so-called whistleblower (CU80) is authoritative because he is perceived as brave and penitent, in contrast to the corrupt institution he exposes. They are the truth-tellers. This effectively creates a self-referential system of proof: the myth is validated by a curated set of authorities, who are themselves only considered authoritative because they confirm the myth. The process insulates the belief structure from any external, data-driven critique, as the sources of that critique have already deemed corrupt. Relying on the “truth-tellers” directly enables the thread’s wider saviour rhetoric.

Institutional systems, such as the government (“yes!! I’ve been saying for years it’s the injections the government wants the kids to have...” (CU89) or the medical field, are cast as

antagonists. The myth constructs a polarity in which authority is portrayed as vice-ridden, malicious and deliberately deceptive. Set against an innocent victim, this opposition reproduces the moral binary of an aggressor versus a victim, characteristic of conspiracy discourse. The ambiguous and often implicit “they” (“It has been proven by wellness scientists over and over, but keep from the public.” (CU31) or “Why do they force the shots on us? a new born taking like six shots b4 6 months this has to stop.” (CU97)) serves as a signifier of oppression, while lending the narrative structural cohesion. “They” deceive and “we” awaken, while the “truth-teller” functions as the key witness. However, not all users agree.

Disagreement is expressed through direct rejection (“Crock of shit” (CU93); “bullshit! mom from the world, dont listen this crap”(CU98)), arguing for the genetic origin of autism (“autism is something their born with yeah shots are probably not good to a extent but ... we’d all be autistic If shots caused it” (CU99); “Autism is hereditary, nothing to do with shots.” (CU64)) or defending it as a neurological condition (“Are you people for real [face with open mouth emoji] shots do not cause autism it’s a neurological condition get your facts right [thinking face emoji]xx” (CU100)). Multiple people also turn to the power of an anecdote, fitting the general frame of thought and using their experience as a measure to debunk (“...There are many many autistic people who never had any vaccines.” (CU69)) or question the premise (“My cousins son has autism and is unvaccinated? What about unvaccinated kids?” (CU68)). One comment also highlights distrust of the platform, stating, “Don’t believe everything on tik tok” (CU82). While these contributions challenge the dominant narrative, they do not significantly redirect the discussion.

The reception of this video shows how biomedical uncertainty is compressed into a moral narrative of contamination and redemption. Here, autism becomes a symbolic repository for anxieties about modern life, from processed foods and vaccines to institutional failure. It is framed as the symptom of a corrupt environment, driven by a desire to assign blame and find a cure. “Detoxification” advances this logic by recasting structural problems, including healthcare inaccessibility, as matters of personal responsibility. The payoff is agency. Parents are invited to believe that, through redemptive purification, their children can be “cleansed” of the world’s toxicity and restored to “normality.”

### 3.4. Discussion

This subchapter synthesises the three case studies to show what they reveal about autism-related myths on TikTok and how they derive their substance from the paradigms of neurodiversity and pathology. It also outlines practical implications and directions for future research. It will address the research questions by showing how myths are constructed (RQ1), how they mobilise knowledge frameworks (RQ2), and how they reproduce ideology (RQ3).

The analysis showed that autism myths in the corpus were largely organised through affect, consistent with Papacharissi's (2015) concept of affective publics. In CA, the ominous synth soundtrack and documentary-like montage cultivate unease and suspicion, positioning the claim as a "revelation" and directing viewers' anxiety toward modern systems. Simultaneously, images coded as nurture and purity channel anxiety into parental guilt and urgency for corrective action, which is reflected in reception through gratitude, confession-like self-blame, and determination to "detox," alongside shock, sarcasm, and other explicitly emotional reactions (often emoji-only). In CH, viewers are invited to share contempt toward the self-identifying autistic target, gaining the pleasures of shared superiority and belonging; this affect is cued through insult-heavy delivery, exaggerated grimacing, and laughter-timed pauses. Comment responses largely reproduced the comedian's evaluative stance, marked by ridicule and anger. In CU, the dialogue manages affect by absolving parental guilt while offering hope and perceived control through diet and detox, which the comments echo through prayer, gratitude, and emphatic declarations of belief. Across the corpus, the discourse articulated anxieties concerning modernity, industrial food systems, medicine, institutional trust, and parental responsibility. The prevalence of fear-inducing language points to an engagement strategy that leverages negative affect, a pattern also noted in quantitative studies on autism content, and one that can leave new users more receptive to conspiracy narratives (de Morales Silva et al., 2025). The myths generated in response offered totalising explanations that reduced uncertainty, rendering social complexity legible.

The pathology paradigm functions as the dominant, axiomatic framework across the corpus, dictating how knowledge about autism is constructed and maintained, consistent with earlier findings by Lang (2025a). In CA, autism is framed as an externally induced, toxic state

precipitated by vaccines and industrial food, which were also among the most frequent themes in the quantitative corpus of de Moraes Silva and his colleagues (2025). Here, the dangerous agents were both generalised (e.g., using “vaccines” instead of a specific reference to a particular vaccine), leaving room for interpretation, and specific (e.g., attributing causation to breast milk), thereby directing the discussion. It creates the narrative of contamination, presenting autism as the tragic consequence of avoidable exposure. The autistic child serves as a visceral marker of biological failure and parental negligence. In CH, the paradigm shifts from causation to classification. Autism is depicted as a rare, clinical disorder identifiable only by medical professionals, a phenomenon Reiheld (2010) has theorised as expert control. This stands in deliberate opposition to self-diagnosis, which the corpus trivialises as a fleeting social trend. By centring professional authority, the discourse decides whose suffering is “pathological” while simultaneously delegitimising the lived experiences of others, resulting in testimonial and hermeneutic injustice, which Lang (2025a) has highlighted among the core issues of pathology-based understandings. In CU, autism was treated as a defect to be removed, with a non-autistic, purified state implied as the desired norm, aligned with the core definition of the pathology paradigm, as established by Chapman (2019). This ideological framing is reinforced by specific semiotic choices that ground it in the fabric of the text. Lexically, autism was associated with terminology related to disease, damage, symptoms, prevention and cure. Syntactically, causal chains linked specific agents, such as “shots,” “chemicals,” or “type of foods,” to autistic outcomes, foregrounding human responsibility and blame. Visually, the contrast between pure and contaminated bodies, or between natural and artificial foods, reinforced the myth of moral decline. The corpus thus functions as a closed circuit of pathologisation, in which every lexical and visual choice reaffirms the dominance of the medical model over lived experience.

In the causes and cures videos in particular, the pathology-aligned myths were present not only at the level of vocabulary but also in how meaning was organised. Both videos pair aetiology with proposed interventions in a coherent problem-solution schema. They suggest that harmful factors such as “toxicity” or “chemicals” generate autistic symptoms, which can then be “healed” or “cured” through detoxification, dietary change or spiritual regression. This line of reasoning treats autism as an illness in need of correction. It mirrors traditional medical logic, even as the videos explicitly reject institutional and clinical authority. At a

deeper level, they repeat the same linear cause-and-effect reasoning found in biomedicine. Signs are taken to point to hidden lesions, which are then grouped into disease categories and matched with targeted interventions to restore a “normal” body. What changes is not the model of disease, but who is held responsible. Instead of doctor-led treatment plans, parents are cast as the main agents of healing. They are tasked with identifying the correct causes, implementing appropriate healing strategies, and monitoring progress. The focus shifts from structural and developmental uncertainties to personal agency, all while maintaining the illusion of a potential return to “normalcy,” an arc which resonates strongly with the parents of autistic children. The idea that everyday challenges and support needs could be reversed brings emotional relief and sustains a hopeful view of the future.

At the same time, the videos implicitly marginalise autistic perspectives. This is explicit in the fact that across all cases, autistic voices were largely absent or ignored, shadowed by parental anxiety and social norms. This is not accidental. Many autistic people do not experience their neurology as something that should be eradicated, nor are they actively searching for cures. Hence, they are not the intended audience. To the extent that autism is a social disability, the most acute discomfort is often felt by those who do not know how to live with or relate to autistic people, rather than by autistics themselves, for whom these modes of perception and interaction are natural. In this way, the pathology paradigm centres the wishes and worries of non-autistic viewers. Autistic subjectivities remain largely unvoiced, yet still positioned as the object of corrective intervention. The same paradigm proves highly resilient and adaptable, as it comfortably accommodates both biomedical and alternative “cure” narratives, organises blame around mothers and institutions, and offers emotionally compelling explanations. Understanding the prevalence of autism-related misinformation on TikTok is essential for addressing its persistence and preventing harm.

The neurodiversity paradigm, predominantly apparent in the reception of these videos, represents a systemic attempt to relocate<sup>14</sup> the “problem” from the individual to the environment. This shift is most pronounced in the CH comment section, where autistic

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<sup>14</sup> However, opposition was not limited to neurodiversity-aligned perspectives. Some users rejected specific claims, such as formula causing autism, while endorsing other pathology-based narratives, such as vaccine causation. Others expressed affective rejection without advancing an alternative account. Dissent therefore cannot be equated with neurodiversity critique; resistance was internally heterogeneous and often inconsistent.

individuals and allies contest the exclusivity of clinical diagnosis. By framing self-identification as a necessary response to structural barriers, these actors pivot the discourse from biological deficit to systemic exclusion and diagnostic gatekeeping. In CA and CU, this neurodiversity-aligned resistance is characterised by a rejection of cure rhetoric and the assertion of epistemic authority over lived experience. Conversely, within the CH video content itself, the paradigm is framed as an attribute of an ideological adversary. By targeting specific markers of identity, such as “masking,” and characterising self-diagnosis as performative, the discourse weaponises information to preclude the formation of a valid autistic identity. This suppression reinforces the myth that difference is synonymous with disorder, discrediting the conceptual tools required to sustain non-pathological understandings of autism—an example of how the pathology paradigm may systemically co-opt or mobilise the marginal myths of neurodiversity, to reinforce its dominance.

The three videos analysed also present a range of ideologically charged concepts related to autism. A predominant theme is the moralised ideology of parental responsibility, which positions families, and particularly mothers, as the main sources of blame for the condition. This view suggests that the focus should be on correcting perceived mistakes made in child-rearing, echoing discredited theories such as the “refrigerator mother” concept from the 1950s, which claimed that autism was caused by a mother’s emotional coldness (Waltz, 2015). In these videos, anecdotes surrounding the so-called “incorrect choices” frame caregiving as an ongoing evaluation of past and present actions. The overarching implication is that if a child is diagnosed with autism, it indicates some form of wrongdoing, positioning autism itself as an undesirable state. This reflects an ableist ideology of normalcy that operates subtly in the background, treating autism as a deviation from the “proper” developmental path, which should be prevented, reduced or, if possible, undone. The videos do not present detailed arguments; rather, they perpetuate these ideas through repetition, emotive storytelling, and alignment with familiar cultural scripts, thereby making the underlying assumptions highly resilient. Even when specific claims, like those linking autism to formula feeding, are rejected, the search for an external cause remains. Although parents were typically held responsible, the problem itself was framed as supra-individual, with causality attributed to external agents provided or sustained by a malicious institutional other. The path to redemption is framed around purity-based self-governance, contrasting clean and

toxic binaries through dietary changes or “natural” living practices. This reflects a neoliberal perspective on responsibility, alongside anti-institutional and populist ideologies, presented through rhetorical questions, humour, and renegade “truth-teller” figures. Institutional consensus becomes questionable, raising the problem of medical-scientific epistemic authority within the analysed material.

Questions of epistemic authority run through all three case studies. In CA, what stands out is the absence of institutional science in the top comments, even among those who oppose the detox myth. No scientific authorities were quoted. Instead, counter-arguments come from personal and familial experience, producing a clash between lay experiential authority and lay experiential authority, with institutional science largely offstage. In CH, the opposition between “knowing” and “unknowing” is organised differently. Here, epistemic authority is claimed through proximity to “real” autistics and professional diagnostic practice, used to delegitimise self-diagnosed or TikTok-native knowledge. A boundary is drawn between legitimate and illegitimate knowledge, but again, the appeal is not to named studies; it is to position and experience. In CU, authority shifts toward intuitive and embodied knowing, largely affect-based. Institutional science appears as something that has refused to recognise this truth. Across the corpus, scientific discourse is present in the background, typically in terminology, as comments rely primarily on personal and relational experience. In that sense, the myths renegotiate who counts as a credible knower of autism: parents, comedians, “insiders,” rather than researchers or autistic people themselves. This helps explain why factual correction alone has limited traction in this environment. The authority of a claim is tied less to its scientific backing and more to its affective force and experiential plausibility.

Regarding TikTok, it is also important to note how the multimodal elements work in conjunction to naturalise particular myths. While the verbal text provided the denotative proposition, it was often the non-verbal elements that supplied the connotative proof required to naturalise these assertions. In CA, the use of “educational” graphics, the presenter’s polished appearance and self-presentation, and the use of biomedical terminology work together to signal expertise. The claims were packaged as if empirically grounded. CH employed embodied performance techniques, including exaggerated grimaces and vocal tone, to caricature autistic traits in ways that a purely textual critique could not achieve without

appearing overtly ableist. Finally, CU took a different route, incorporating abstract, disembodied visuals that created a serene, transcendent atmosphere. Across all three, multimodality allows for strong assertions while bypassing the rigour typically associated with written evidence. The signifiers that carry the heaviest mythic load are often visually and sonically redundant, such as bold typography, colour contrasts, and repeated gestures. While discourse-specific phrases act as ready-made interpretive keys that can be quickly recognised and reapplied, facilitating the spread of mythic elements across contexts. The videos anchor their myths in sensory affect, making them feel convincing before critical assessment.

Within this environment, mitigation cannot be limited to factual correction at the level of first-order signification. Simply providing accurate information does little to address the moral and affective functions that the analysed myths fulfil. Any meaningful countermeasure must therefore propose alternative scripts for agency and belonging. For example, the theory of monotropism effectively displaces the medicalised myth of “restricted and repetitive behaviours” by offering an alternative script of “interest-based attentional resources,” thereby reframing autistic intensity as a valid cognitive style characterised by deep flow (Murray, Lesser, & Lawson, 2005). Another example is the double empathy problem, which, by emphasising the lack of mutual rather than one-sided understanding, helps restore social and epistemic legitimacy to autistic voices (Milton, 2012). Moreover, if official communication about autism remains abstract, risk-oriented, or detached from lived experience, it leaves a vacuum that is easily filled by more narratively satisfying but epistemically fragile myths. Acknowledging uncertainty, disparities in access, and the legitimacy of autistic voices yields a different effect, as alternative myths related to autistic experience become more plausible.

Myth analysis is critical to discourse analysis, misinformation studies, and autism research, as it foregrounds the form through which meanings, identities, and conflicts are organised, irrespective of the truth of claims. The insights from this work can inform platform governance, clinical communication, and autistic advocacy by targeting the underlying cultural codes that make misinformation affectively and morally compelling. Future research could integrate semiotic analysis with autistic-led projects and computational methods to enrich discourse analysis with systematic evidence of patterns, networks, and platform effects, thereby improving generalisability, comparability, representativeness, and bias control.

## **Conclusion**

This thesis aimed to clarify how myths about autism are constructed and maintained in digital media, how they naturalise competing epistemic frameworks, and which values they reproduce, focusing on three TikTok videos as case studies.

Across the corpus, autism is mythically constructed through multimodal signifiers that, using the neurodiversity and pathology paradigms as conceptual reservoirs, are filled with ideological connotations, transforming into second-order myths. The research demonstrated that the pathology paradigm functions as the dominant, axiomatic framework of this mythscape, while neurodiversity appears only in marginal or ambivalent ways, often utilised to reinforce and naturalise pathology-based understandings.

The analysis indicates that myth-making relies largely on affect, familiar tropes, and platform affordances, co-created and sustained through audience reception, as viewers share testimonies, exchange practical tips, pass moral judgment, and wield emojis to signal affective response. Consequently, epistemic authority is secured through affective force and in-group allegiance rather than technical argument. The perceived authenticity and trust in populist expertise lie in the rejection of institutional science, dismissed as inherently fraudulent due to its perceived role in systemic harm. Informational credibility becomes affectively “intuitive,” guided by the (often) unacknowledged ideological underpinnings of autism-related myths.

The analysed videos utilise biomoralism, conspiratorial tropes, and populist epistemology to legitimise ableist ideals of “recovery” and “normalcy,” intensify parental guilt and responsabilisation, and regulate epistemic authority by delineating who is entitled to define autism. Ultimately, the mythic reordering of medical meaning around autism constitutes a risk of its own, as it naturalises moralised causal certainties that legitimate stigma, displace structural responsibility onto families, and steer attention toward coercive “fixing” logics rather than accommodation and epistemic pluralism. Autism is relocated to the moral realm.

## **Limitations**

There are scope and sampling limits that condition what the study can and cannot claim. The corpus is small and purposive, consisting of three English-language TikTok videos. Each of them was sampled within a defined window and captured from a single platform. This qualitative design prioritises depth over breadth, allowing for a close analysis of mythic construction while limiting its transferability across languages, regions, platforms, and contexts. The engagement threshold biases the material toward already amplified artefacts, potentially under-representing quieter counter-discourses. The same protocol run at a different time could surface entirely different clips; hence, reproducibility is temporal. Finally, creator roles are analytically functional but cannot fully account for within-group heterogeneity at this scale.

There are also specific methodological and theoretical framing limits. The combined approach of CDA and mythology is optimised for interpretive explanation rather than for estimating incidence, effect sizes, or causal impacts on belief and behaviour. Findings, therefore, should not be considered statistical or experimental. Furthermore, engagement measures are treated as circulation cues rather than indicators of persuasion or attitude change. The analysis proceeds at the level of text-image-sound articulation and intertextual patterning; as such, it foregrounds ideological naturalisation and rhetorical form while offering only indirect leverage on mechanisms, such as the contribution of specific affordances to ranking outcomes. The present design does not constitute an algorithm audit and cannot assign causal weight to recommendation, moderation, or trend pipelines. The Barthesian “myth” approach, while relevant for revealing structures of naturalisation, risks over-unifying heterogeneous practices. To mitigate this, the reading is constrained by thick metadata and an explicit delimitation of what the study does not claim (no prevalence, no behavioural causality, no cross-platform generalisation without analogy).

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## Resümee

Magistritöö käsitleb autismiga seotud müütide diskursiivset konstrueerimist TikToki lühivideotes, keskendudes autismi põhjuste, omaduste ja ravimeetodite temaatikale. Töö teoreetiline ja metodoloogiline raamistik toetub R. Barthes'i müüdianalüüsile, mille kohaselt on müüt ideoloogilise funktsiooniga sekundaarne semioloogiline süsteem, mis näitab ajaloolise juhuse poolt määratud kui ainuvõimalikku. Kombineerituna Teun A. van Dijki kriitilise diskursusanalüüsiga aitab see uurida, kuidas luuakse ja säilitatakse autismi-teemalist teadmist; millised epistemoloogilised raamistikud neid teadmisi organiseerivad; ning milliseid eeldusi ja väärtusi need müüdid endas kannavad.

Uurimuse esimeses osas kontseptualiseeris autor esmalt müüdi ning seejärel autismi mõiste, andes põgusa ülevaate ka mõlema valdkonnaga seotud asjakohastest teadustöödest. Autismi puhul käsitles autor eraldi neurodiversiteedi ja patoloogia paradigmat. See teoreetiline osa vastab ennekõike uurimisküsimusele 2, andes ülevaate müütide vormi täitvast mõistete ja informatsiooni reservuaarist. Analüüsi teises osas keskendus autor töö empiirilise materjali, ehk kolme ingliskeelse TikToki video, analüüsile. Esmalt loodi igale videole multimodaalne transkriptsioon, mis võeti seejärel müüdi ja diskursusanalüüsi abil osadeks, et uurida tähistaja ja tähistatava vahelisi suhteid sekundaarses süsteemis. Seda täiendas põhjalik vastuvõtule suunatud analüüs, mis hoomas iga video sadat esimest kommentaari.

Töö tulemused näitavad, et autismi-teemalist teadmist luuakse läbi afekti, tuttavate troopide ja platvormi pakutavatele lubavuste, mida jõustab ning taasloob publiku vastuvõtt. Sel teadmiseväljal domineerib patoloogia paradigma, samas kui neurodiversiteedi paradigmat johtuvad uskumused kerkivad sageli esile kas marginaalselt või üksnes selleks, et patoloogiapõhiseid arusaamu kinnistada. Vastavasisulised müüdid propageerivad biomoralistlike tõekspidamisi, legitimeerivad võimekuspõhiseid „taastumise” ja „normaalsuse” ideaale, süvendavad vanemate süütunnet ja vastutust ning reguleerivad epistemoloogilist autoriteeti, piiritledes, kellel on õigus autismi defineerida.

## Annexe

ID	Creator handle	Post date	Capture date	Duration	Likes, views, and comments at capture	Archived URL
CA	@flemingfruitfit (CA-A)	15.02.2024	30.10.2025	60s	Likes: 21 700 k Views: Comments: 1021	<a href="https://web.archive.org/web/20251102142707/https://www.tiktok.com/@flemingfruitfit/video/7335636413414788382?_r=1&amp;_t=ZN-9018N4wE5Ek">https://web.archive.org/web/20251102142707/https://www.tiktok.com/@flemingfruitfit/video/7335636413414788382?_r=1&amp;_t=ZN-9018N4wE5Ek</a>
CH	@killcomic (CH-A)	04.03.2024	30.10.2025	113s	Likes: Views: Comments:	<a href="https://web.archive.org/web/20251102142134/https://www.tiktok.com/@killcomic/video/7342281773948112171">https://web.archive.org/web/20251102142134/https://www.tiktok.com/@killcomic/video/7342281773948112171</a>
CU	@riseofanima (CU-B) (original video by @qqhtofficial (CU-A))	21.04.2023	30.10.2025	75s	Likes: 3996 Views: 123 200 Comments: 346	<a href="https://web.archive.org/web/20251030153018/https://www.tiktok.com/@riseofanima/video/7224604787839421702?_r=1&amp;_t=ZN-8zMcqSS2urm">https://web.archive.org/web/20251030153018/https://www.tiktok.com/@riseofanima/video/7224604787839421702?_r=1&amp;_t=ZN-8zMcqSS2urm</a>

Table 1. Metadata. Creator handle and access to URLs are provided for academic verification; redistribution beyond scholarly use is not intended.

ID	Caption	Hashtags
CA	The Truth About Autism Explain By Dr Bobby Price [shocked face emoji]	#health #nutrition #diet #food #holistic #holistichealth #holisticwellness #healing #lifestyle #naturalfood #fakefood
CH	<p>The Dangers of Self-Diagnosing Autism: Debunking TikTok Trends.</p> <p>Discover the alarming trend of self-diagnosing autism on TikTok and its potential consequences. Join us as we debunk this dangerous behavior and shed light on the importance of consulting medical professionals for accurate diagnoses.</p>	#AutismAwareness #MedicalProfessionalConsultation #SeekingExpertAdvice #MentalHealthMatters #TikTokTrends #AvoidSelfDiagnosing #AccurateDiagnosis #DangersOfSelfDiagnosis #MentalHealthEducation #BeInformed
CU	<p>My company info: [website link]</p> <p>If you looking for a life or spiritual coach or someone to help you heal, please feel free to visit my website for details about my services. I offer a 15m free introductory session. My website: [webiste link]. To book your free 15m “get to know me” session: [webiste link].</p> <p>If you have any questions you can email me at [email], [12 red heart emojis], [webiste link]</p>	#psychichealing #spiritualcoach #lifecoach #medium #channeller #hypnotherapy #iloveyou #loveyourself #psychic #healing #medium #chakrabalancing #qhht #hypnotherapy #spiritualcoach #lifecoach #medium #channeller #selfempowerment #psychicreading #pastliferegression #pastlifetherapy #mentalhealth #psychichealing #mindfulness #meditation #wellness #selflove #spiritualgrowth #holistichealing #postivevibes #mentalhealthawareness #iknow #itisdone #adhd #trauma #depression #lifecoach #spiritualcoach

Table 2. Metadata: caption and hastags.

## Full Multimodal Transcript of CA

The TikTok video by user CA-A (all creators are pseudonymised), uploaded on 15 February 2024, runs for 60 seconds and has received approximately 682,800 views, 21,700 likes, and 1,021 comments at the time of capture. The caption reads: “The Truth About Autism Explain By [speaker’s name and a shocked face emoji]” followed by hashtags: #health #nutrition #diet #food #holistic #holistichealth #holisticwellness #healing #lifestyle #naturalfood #fakefood. The title positions the content as an exposé, a corrective revelation. In the video, the speaker, a black American man appears in a medium close-up, talking directly to someone outside the frame. His tone is explanatory, confident, and didactic, accompanied by active gesturing and a neutral facial expression throughout the video. He is wearing a button-down shirt and sitting in a well-lit studio-like setting. While the first clip covers only his torso and face, the latter also includes his legs and some of the background.

The introductory clip also includes the title “The truth about autism,” with the first two words in green and the latter in red. As the frame changes, the title disappears, and the only textual anchor left is the subtitles in the middle of the video, in bold white font, which continue till the end. As the man continues his conversation, claiming that autism “develops around two and the age three,” the background switches to a digital illustration of the brain, with a dark background and a light shining from the organ (~3 seconds). The third frame, where the speaker makes the point of “when you start to think about the type of toxicity [this word is subtitled in red] they’re getting in the type of foods they’re getting,” the frame switches back to him, followed by an AI-generated image of baby formula, featuring several glass containers of purees in green, yellow, and orange tones, along with spoons and broccoli (~2 seconds), as he proceeds “I mean it starts with baby formula [this word pair is subtitled in yellow].” When the author goes on to talk about how “most people unfortunately aren’t breastfeeding no more,” the video first cuts to him before showing a close-up digital rendering of red blood cells moving through a blood vessel (~4 seconds). Continuing with the talk about how breastfeeding “enforces their [the baby’s] immune system [this word pair is subtitled in green], and how replacing it with “food that isn’t natural [this word pair is subtitled in red] — formula — for the first year” the frame progresses to a clip of a child under the age of two, eating from a high chair (~4 seconds). As the speaker makes a point about children going

“straight into processed food [this word pair is subtitled in yellow],” there is an image of a highly colorful bowl of cereal (~2 seconds), before returning to him. Explaining how processed food had a different impact on children and adults, the frame shows a video of a young man eating pizza and drinking coca cola while sitting in front of a laptop (~4 seconds), and then moves back to the speaker as he explains that “ for an adult like us it’s different [this word pair is subtitled in green], eating that. We have developed detoxification organ, we have a developed immune system [this word pair is subtitled in yellow; here, the video changes to a semi-transparent digital illustration of a human torso with a visible spine and arms, overlaid with red circular shapes symbolizing blood cells, ~2 seconds], we have a fully developed brain [video changes to a digitally rendered human figure with illuminated neural and circulatory pathways in shades of purple, blue, and orange, featuring glowing eyes, ~2 seconds].” He goes on to explain that if “you’re eating this [processed foods] before your brain has even developed, your gut has fully developed, your immune system has is fully developed [the last three words are subtitled in red; the frame changes to a dark silhouette of a seated person leaning forward with their head resting on one hand against a light blue sky background, ~4 seconds] it’s like setting all your wealth out on the porch — you’re bound to lose something.” In the last ~6 seconds of the video he proceeds to talk about how it is “unfortunate” we think about “food in box [these three words are subtitled in green], cans, jars, bags [with an image that shows two shelves filled with assorted pantry items, such as Miracle Whip, Planters peanuts, Ken’s Ranch dressing, Green Giant corn, and Campbell’s soup]” as foods because they are not, highlighting this point with red subtitles, and that “we’ve been duped into thinking that it is food [the last three words are subtitled in green]” before the video cuts off. Throughout the video, the speech is also accompanied by a soundtrack playing in the background titled “Blade Runner 2049” by Synthwave Goose, often used in alternative health or conspiracy-related videos, especially the types that make some kind of a “revelation.” It creates a tense, ominous, cinematic atmosphere, with its low-frequency pulse and synthetic harmonics. In summary, the editing alternates between talking-head explanations and illustrative digital renderings, giving the impression of an educational explainer video

## Full Multimodal Transcript of CH

The TikTok video by user CH-A, uploaded on 3 April 2024, spans 113 seconds and has received approximately 836,500 views, 76,000 likes, and 880 comments at the time of capture. It is also pinned as the first video on the creator's profile. The caption reads: "The Dangers of Self-Diagnosing Autism: Debunking TikTok Trends," followed by further explanation: "Discover the alarming trend of self-diagnosing autism on TikTok and its potential consequences. Join us as we debunk this dangerous behavior and shed light on the importance of consulting medical professionals for accurate diagnoses," and hashtags: #AutismAwareness #MedicalProfessionalConsultation #SeekingExpertAdvice #MentalHealthMatters #TikTokTrends #AvoidSelfDiagnosing #AccurateDiagnosis #DangersOfSelfDiagnosis #MentalHealthEducation #BeInformed. The speaker, a white man, is performing stand-up comedy, holding a microphone. The room is dimly lit, while the spotlight falls on the stage. The man speaks in a friendly, conversational manner. There is no background audio. The visual material alternates between three camera angles: a close-up of his face from the right diagonal, a mid-shot from the left that includes his torso, and a wider shot from the same side showing most of his body along with the silhouettes of about three audience members seated near the stage. The wide shot appears three times, with the first two accommodating the biggest audience laughs, and the last slightly before the end, before cutting off. Throughout the video, the dialogue is shown as bold white subtitles that momentarily change to green or yellow as each word is spoken.

The video opens with the line, "I'm making none of this up," suggesting that the clip is taken from a longer skit and continues a joke that began earlier. The speaker opens by establishing a shared frame of reference and setting up the joke: "There's a whole trend on TikTok right now where people are self-diagnosing themselves autistic." This line draws a few soft chuckles. He then continues, "No doctor [using a sweeping or dismissive gesture, also used as a gesture of negation or closure, often used to indicate "nothing," or "no more," or to physically "wipe away" an idea or statement, while raising his eyebrows, as in a surprise], not one medical professional consulted [pointing his index finger up]" which results in a few more laughs rippling through the audience. Here, he shifts tension by introducing contrast that destabilises the initial setup, creating cognitive tension as the audience anticipates a resolution. The

speaker explains how it is “just” the person making the claim of being autistic, speaking to a camera, looking “right down barrel,” i.e. straight into the lens, followed by a short pause (~2 seconds) to allow for audience reception, which is filled with a wave of amusement. He proceeds with “they have motivational music playing [slight pause for laughter; a gesture of slightly raising and lowering his hand, as in dancing], and then they put text above their heads that they point to [pointing up with the hand, and then the index finger] in like a really smug, shitty way.” The whole time he is speaking, there is slight laughter in the background. He then demonstrates the behaviour he described, using exaggerated facial expressions: he rolls his eyes slightly, looks to the side, points upward, and makes two distinct grimaces. First, he lifts one corner of his mouth while rhythmically swinging his head side to side. Then, turning his head the other way, he repeats the motion of turning the corner of his mouth and rhythmically swinging his head side to side, while simultaneously frowning, raising his eyebrows, and opening his mouth. This act introduces a layer of physical humour, receiving a loud, collective response. He also laughs. He then proceeds to explain how it is all “regular shit, like I used to be afraid of large crowds [pause; continuing with the grimace], I thought I was socially awkward [pause; switching grimace and pointing to the other side], turns out, I’ve been masking my autism. [Switching grimace again; strong uproar of laughter] For 27 years. [Longer pause as he continues to make grimaces without talking, while people laugh.] I’m autistic.”

By using facial expressions that may convey scepticism, unease, or uncertainty, he transitions into the second phase of the joke, delivering an unexpected yet internally coherent resolution to the incongruity he introduced before. He then proposes, “What if... what if we only use the word retarded for those people, [pause] that’s it, [pause] that’s it,” a line that triggers an uproar of laughter, hollers, and strong applause from the audience. He clarifies that the term “retarded” should never be used for someone with “a disability or anyone with a special need.” Instead, “any time someone is like ‘Yeah, I’m self-diagnosed autistic’, you can be like: ‘Oh you’re fucking retarded.’” After a brief pause filled with laughter, he concludes, “They’ll be like, ‘yeah,’ ’cause they’re full of shit,” which closes the joke, signals a transition to the next one, and marks the point where the clip ends.

## Full Multimodal Transcript of CU

The TikTok video by user CU-B, uploaded on 21 April 2023, runs for 75 seconds and has received approximately 132,200 views, 3996 likes, and 346 comments at the time of capture. The caption includes promotional information related to the user, with the title “If you looking for a life or spiritual coach or someone to help you heal, please feel free to visit my website for details about my services. I offer a 15m free introductory session.” The video is not stitched or duetted; it is a screen recording of a TikTok originally posted by another user, CU-A. The latter has uploaded it twice: first on the 20th of April 2023, gaining ~46000 views, and then again on the 1st of August 2024, reaching ~8609 views. The visual in these videos shows a blue, radiating light pattern resembling speed lines or rays that move uniformly and continuously. The overlaid text in bold white and black fonts reads: “[Speaker's name] on Autism [a puzzle piece emoji and a dark blue heart emoji]” from the original video and “Can AUTISM be healed? YES!” by the person who reposted the screen-recording of the video. Additional text includes the account handle, which reshared the footage with a lotus emoji, added manually and accompanied by a blue “Follow” button with a hand icon moving to it on repeat. They appear near the centre of the image. There’s also a tribute to the speaker. At the bottom, a smaller section displays the TikTok account of the original poster, and a caption that begins, “This is not meant to be political or controversial but rather an ope...” While this caption is not fully visible in the material analysed in this thesis, the complete title of the original screen-recorded video continued with “...open conversation from the research Dolores and her close colleagues discovered. The importance is remembering that everything CAN be healed. Dolores always spoke about the body being a miraculous machine that, with the right treatment, can rebalance the body. [dark blue heart emoji].” A soundtrack titled “Clouds” by Aitan A.I. is quietly playing in the background, as two speakers engage in a conversation subtitled in white, with some words highlighted in dark blue.

The speaker 1 (woman) in the material begins by asking speaker 2 (man) if his son had “shots [blue], when he was little,” referring to vaccination. As speaker 2 confirms with “yes” highlighted in dark blue, speaker 1 goes on to explain that “these doctors [blue] that I work [blue] with say it goes back to those shots [blue]” making a causal link between vaccinations and autism. She then proceeds to console the man, stating that it is not his “fault, this is just

the way it... things [blue] have... happened.” To further explain why, she describes that “they [children] get these shots [blue] when their immune system is too... it’s not developed enough to handle all those chemicals and this can cause [blue] the autism [blue].” She explains that her knowledge is derived from knowing “a doctor [blue] who had left [blue] the medical profession [blue word pair], because he couldn’t take it anymore.” According to speaker 1, the mentioned doctor “has his own medical health clinic [the last three words in blue] and he is specialising in autism [blue].” While so far, speaker one is primarily talking about the causes of autism, she now claims that this doctor “discovered that it can be cured. Doesn’t matter what the doctors say [last four words in blue], it can be cured. And the cure [blue] is with diet [blue].” Here, speaker two agrees, stating “it’s right,” as speaker one continues to talk over him, explaining that it works [blue] by eliminating certain foods from the diet [blue]. She reiterates the point, adding that it is the parents [blue] who have to do it. She ends her speech by declaring that “Even one day makes a huge difference, if they follow what [blue] he tells them to do. So it can be worked [blue] with.”

## **Lihtlitsents lõputöö reprodutseerimiseks ja üldsusele kättesaadavaks tegemiseks**

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“The Mythology of Autism on TikTok.”

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**12.01.2026**