

MAINSTREAM SCIENCE VS, TELEPATHY CLAIMS, AUTISTIC,
INTROVERTPEOPLE AND PHYSICIAN CLINICAL PRACTICES

Dr. Rafie Hamidpour*, PH.D. D.E. Dabfe, Dr. Soheila Hamidpour, MD



*Corresponding Author: Dr. Rafie Hamidpour

DOI: <https://doi.org/10.5281/zenodo.23031849>

How to cite this Article: Dr. Rafie Hamidpour*, PH.D. D.E. Dabfe, Dr. Soheila Hamidpour, MD. (2026). Mainstream Science Vs, Telepathy Claims, Autistic, Introvertpeople and Physician Clinical Practices. European Journal of Pharmaceutical and Medical Research, 13(10), 113–119.

This work is licensed under Creative Commons Attribution 4.0 International license.



Article Received on 02/09/2026

Article Revised on 22/09/2026

Article Published on 01/10/2026

ABSTRACT

The intersection of nonspeaking autism, neurodivergence (introversion), and alternative communication became a massive global focal point following the late 2024 viral release of the documentary podcast *The Telepathy Tapes* hosted by Ky Dickens. The series followed controversial research by psychiatrist Dr. Diane Powell, who claimed that nonverbal autistic children possess extraordinary telepathic abilities. While the general public was captivated, the scientific, medical, and autistic advocacy communities responded with severe criticism, sparking a crucial conversation regarding **clinical practice frameworks**, ethical care, and how the medical system interacts with **autistic and introverted patients**. The intersection of **telepathy, autism, introversion, and physician clinical practices** forms a complex dialogue between mainstream medical models, emerging neurodivergent frameworks, and controversial fringe science. The dynamics of how these concepts interconnect shape modern medical understanding and patient care.

1. The Discovery and Controversy of "Telepathy" in Autism

The narrative connecting autism to telepathy spiked in prominence following the viral documentary podcast *The Telepathy Tapes*. The project highlighted nonverbal or minimally verbal autistic individuals who seemingly demonstrated "anomalous cognition" or thought-reading during assisted communication trials.

- **The Fringes of Science:** A small subset of researchers, including neuroscientist Dr. Diane Powell, have investigated telepathy as a potential "savant skill" or an extension of heightened neural sensitivity in nonverbal individuals. Proponents view these phenomena as proof of an intense, untapped internal intellect.
- **The Medical & Scientific Consensus:** Major medical and speech-language associations heavily criticize these claims. Mainstream science firmly attributes "telepathic" breakthroughs to the **ideomotor effect**—unconscious physical or visual cueing by facilitators or parents during alternative communication practices like *Facilitated Communication (FC)* or *Spelling to Communicate (S2C)*.

Mainstream clinical providers view the promotion of telepathy as pseudoscience that risks exploiting vulnerable families and undermining evidence-based therapies.

2. Deconstructing the "Telepathic" Bond: Neurodiversity & Introversion

Rather than supernatural phenomena, medical professionals and psychologists explain the deep, seemingly "mind-reading" connection reported by introverts and autistic individuals through heightened cognitive and biological traits:

1. **Hyper-Observation & Micro-Cues:** Many autistic individuals and deep introverts possess an intensely observant nature. Because they may not focus heavily on verbal chatter, they become hyper-attuned to microscopic nonverbal cues—such as changes in breathing, muscle tension, pupil dilation, or rapid behavioral patterns—giving the illusion of telepathy.
2. **The Double Empathy Problem:** Historically, medicine viewed autism as a "deficit" in understanding others. Modern clinical models are shifting toward the Double Empathy Theory. Research shows that autistic individuals understand

and "read" other autistic minds with an accuracy commensurate to neurotypical-to-neurotypical communication. The communication breakdown occurs *across* neurotypes, not within the individual.

3. **Introversiion vs. Autism in Clinical Practice:** Clinicians are increasingly careful to distinguish introversion from autism. While an introvert possesses neurotypical social processing but simply prefers solitude to preserve energy, an

autistic individual faces organic, neurological differences in navigating neurotypical social frameworks.

4. **Impact on Physician Clinical Practices:** The convergence of the neurodiversity movement and unconventional communication claims has forced an evolution in how physicians, psychologists, and speech therapists handle care:

Clinical Domain	Historical Practice	Modern Paradigm Shift
Presumption of Competence	Equated lack of verbal speech with severe cognitive impairment.	"Presuming competence." Clinicians assume nonverbal individuals possess intact cognitive capacity and internal agency, regardless of verbal output.
Communication Tools	Heavy reliance on traditional speech therapy or controversial facilitated (touched) methods.	Prioritizing Augmentative and Alternative Communication (AAC) apps, independent keyboarding, and eye-tracking systems that ensure true independent authorship.
The Patient Relationship	Correcting "deficits" to make patients mask their traits or act neurotypical.	Neurodiversity-affirming care. Treating natural variations (like introversion or autistic traits) as differences rather than disorders to reduce clinical trauma and "masking" exhaustion.

Ultimately, while mainstream medical practices universally reject telepathy as a literal diagnostic or treatment tool, the surrounding cultural conversation has successfully pushed physicians to look past the surface of nonverbal behavior, reevaluate the intelligence of nonspeaking patients, and accommodate the unique internal worlds of introverted and neurodivergent individuals.

KEYWORDS: Alternative Communication Methods, Evidence-Based Clinical Practices; Neurological & Psychological Concepts. Telepathy, Autistic, Introvert people.

BACKGROUND

The historical background of how medicine, psychology, and the public have linked **telepathy**, **autism**, **introversion**, and **clinical practices** is rooted in a long history of trying to decode the human mind. Over the last century, this intersection has evolved from early psychoanalytic theories to highly controversial communication scandals, and finally to the modern neurodiversity movement.

Here is the chronological and cultural background of how these concepts intertwined:

1. The Early Clinical Roots (1940s–1970s)

When child psychiatrist Leo Kanner first identified "infantile autism" in 1943, and pediatrician Hans Asperger described "autistic psychopathy" in 1944, they noted a profound isolation in their patients.

□ **The Myth of the "Empty Shell":** For decades, mainstream medicine viewed nonverbal or minimally verbal autistic individuals through a deficit lens. Clinicians assumed that a lack of spoken language

meant a total lack of internal thoughts, intellect, or emotional capacity.

□ **Psychic and Occult Explanations:** Because traditional medicine could not explain the highly uneven skill profiles of some individuals—such as an inability to tie shoes paired with a photographic memory—fringe theories stepped into the vacuum. In the mid-20th century, parapsychologists occasionally framed autistic or highly introverted children as "indigo children" or "telepathic savants" to explain how they could sometimes anticipate actions or display sudden bursts of knowledge without verbalizing.

2. The Rise and Fall of Facilitated Communication (1980s–1990s)

The modern intersection of "telepathy" claims and physician clinical practices truly began with the introduction of **Facilitated Communication (FC)** in Australia and North America.

□ **The Breakthrough Illusion:** FC claimed that nonspeaking individuals could type sophisticated messages on a keyboard if a facilitator physically supported their hand or arm. Suddenly, individuals who had never spoken were typing complex poetry, deep emotional insights, and philosophical thoughts.

□ **The "Mind-Reading" Claims:** When facilitators were asked how they knew what the individual wanted to type, some claimed a deep, near-telepathic or intuitive bond with the patient, asserting they could "feel" the intent flowing through the person's muscles.

□ **The Scientific Exposure:** In the early 1990s, controlled scientific studies thoroughly debunked FC. Researchers realized that if the facilitator and the patient were shown different pictures, the patient always typed what the *facilitator* saw.

The scientific community proved this was caused by the **ideomotor effect** (unconscious muscle movements by the facilitator).

□ **Clinical Fallout:** Major organizations like the American Psychological Association (APA) and the American Speech-Language-Hearing Association (ASHA) issued strict positions against FC. This era left physicians deeply skeptical of any claims regarding "anomalous" or unverified communication channels in neurodivergent patients.

3. The Re-Emergence of the Debate (2010s–Present)

The debate resurfaced in recent years due to two converging factors: the viral spreading of fringe media and the legitimate evolution of autism advocacy.

□ **The Telepathy Tapes Era:** Documentaries and media features highlighted a small group of alternative researchers using brain-imaging and blind testing to claim that certain nonspeaking autistic individuals could read their mothers' or facilitators' minds. While these videos gained millions of views online, mainstream neuroscience universally dismissed them as poorly controlled experiments vulnerable to the same facilitator cueing found in FC.

□ **The Neurodiversity Shift:** Concurrently, the rise of the neurodiversity movement—championed by autistic self-advocates—began challenging traditional clinical structures. Thinkers like sociologist Damian Milton introduced the **Double Empathy Theory**, arguing that autistic people aren't lacking empathy; they simply communicate differently. This reframed the "intuitiveness" between neurodivergent peers not as magic or telepathy, but as a shared, distinct neurological language.

1. Mainstream Science vs. Telepathy Claims

Mainstream neuroscientists, psychologists, and speech-language pathologists offer definitive counterarguments against the existence of telepathy or anomalous cognition in autistic individuals.

[Mainstream Consensus] — (Counterargument) —▶ [Claims of Telepathy/S2C]	
—▶ Ideomotor Effect (Unconscious cueing)	—▶ Heightened neural sensitivity
—▶ Failed double-blind validation	—▶ Standard testing causes anxiety

□ **The Ideomotor Effect Explains the Phenomenon:** The strongest scientific counterargument is that "telepathic" breakthroughs are actually the result of the **ideomotor effect**. This occurs when a facilitator or parent unconsciously guides a nonverbal person's hand, eye movements, or typing rhythm. The facilitator genuinely believes the patient is communicating independently or "reading minds," but rigorous eye-tracking and video analysis consistently reveal that the patient is simply following subtle visual or physical cues from the helper.

□ **Failure Under Double-Blind Testing:** Mainstream researchers point out that whenever "telepathic" pairs are subjected to strict double-blind testing—where the facilitator is prevented from knowing the answer to a

4. Evolution of Physician Clinical Practices

As a result of this background, modern medical practices are caught in a delicate balancing act:

□ **Guarding Against Exploitation:** Because of the trauma caused by past communication hoaxes (which sometimes led to false abuse allegations due to facilitator typing), physicians and speech-language pathologists are trained to rigorously vet communication methods. They strictly mandate **independent authorship** using unassisted Augmentative and Alternative Communication (AAC) devices.

□ **Dismantling Introvert/Autism Stigma:** Clinicians have moved away from the historical idea that introversion or autism are "pathological states of isolation." Today's clinical protocols emphasize that deep introverts and autistic individuals possess rich, complex internal lives that simply require different environmental accommodations, rather than spiritual or pseudoscientific explanations to be deemed valuable.

Counterarguments

To fully understand this debate, it is necessary to examine the **counterarguments** from both sides of the spectrum. The primary conflict exists between **mainstream science** (which argues that "telepathy" is a dangerous illusion masking facilitator control) and **fringe researchers/alternative advocates** (who argue that mainstream science is too rigid to measure unique neurodivergent cognition). Additionally, there are crucial counterarguments regarding how medicine views **introversion and autism**.

question—the patient's ability to provide the correct answer drops to zero.

□ **The Risk of Stripping Patient Autonomy:** Clinicians argue that attributing telepathy or unverified text to a nonverbal individual is deeply unethical. If a facilitator is unconsciously generating the messages, the actual autistic person is being silenced and stripped of their true agency. Historically, this has led to devastating real-world consequences, including false legal allegations generated entirely by facilitators.

2. Alternative Advocates vs. Mainstream Medicine

Proponents of anomalous cognition studies and certain alternative communication movements (such as Spelling to Communicate) offer counterarguments against mainstream medical skepticism.

□ **Standardized Testing is Inherently Flawed:** Advocates argue that traditional, rigid scientific testing environments cause intense sensory overload and anxiety for autistic individuals. They claim that a double-blind laboratory setting disrupts the trust and emotional connection required for a nonspeaking person to demonstrate their full cognitive or perceptive abilities.

□ **The "Hyper-Sensing" Brain:** Some fringe researchers argue that mainstream medicine relies on an outdated, mechanical view of the brain. They hypothesize that because some autistic individuals have an intensely interconnected nervous system (the "Intense World Theory"), they may process electromagnetic or subtle behavioral frequencies that neurotypical brains completely filter out.

3. Neurodiversity Advocates vs. Traditional Clinical Pathologization

Outside of the telepathy debate, modern neurodiversity advocates offer strong counterarguments against how traditional physicians historically managed autism and introversion.

4. Direct Comparison of Clinical Perspectives

Topic	Mainstream Medical/Scientific View	vergent Counter-View
"Telepathic" Connections	Unconscious facilitator cueing (ideomotor effect).	Heightened, unmeasured cognitive sensitivity or emotional resonance.
Communication Validation	Requires strict, independent, double-blind verification.	Laboratory testing causes trauma and invalidates natural expression.
Social Withdrawal	A behavioral deficit requiring clinical intervention.	A valid energetic preference (introversion) or sensory processing boundary (autism).

Moral Dilemmas

The intersection of telepathy claims, autism, introversion, and physician clinical practices introduces profound **moral dilemmas**. These dilemmas force physicians, ethicists, and families to weigh the human right to communication against the strict ethical mandates of medical science.

When fringe or unproven communication methods are introduced into clinical spaces, professionals face several core ethical conflicts:

1. Autonomy vs. Beneficence: Who is Actually Speaking?

The most agonizing moral dilemma for a physician or speech therapist is determining the true source of a nonspeaking patient's message.

□ **The Dilemma:** If a clinician accepts an unverified or "telepathic" communication method (like Facilitated Communication or certain forms of assisted spelling), they risk validating a message that actually belongs to the facilitator, completely silencing the patient's true voice.

□ **The Ethical Conflict:** Clinicians are bound by *beneficence* (acting in the patient's best interest) and *autonomy* (honoring the patient's choices). If a patient appears to be typing brilliant insights or medical choices

□ **Against the "Deficit" Model of Empathy:** For decades, clinical practice taught that autistic people lacked a "Theory of Mind" (the ability to understand others' internal states). Neurodiversity advocates counter that this is flatly incorrect.

Through frameworks like the Double Empathy Problem, they argue that autistic individuals possess deep empathy but communicate via a different cultural and neurological dialect. The breakdown in understanding is a two-way street, not an individual deficit.

□ **Against Forced Socialization:** Traditional medical frameworks historically treated deep introversion and autistic social withdrawal as pathologies to be "cured" through forced socialization therapies. Modern psychologists counterargue that forcing an introvert or an autistic person to act gregarious or "mask" their traits causes severe burnout, clinical depression, and psychological trauma. They argue clinical practice should focus on environmental modification rather than behavioral modification.

via a facilitator, refusing to accept it feels cruel and dismissive. However, accepting it without double-blind proof means the clinician may be treating the facilitator's desires rather than the patient's.

2. The Burden of Proof vs. Emotional Harm

Mainstream medicine demands rigorous, empirical evidence before validating a treatment or communication framework.

□ **The Dilemma:** To prove a nonspeaking patient is communicating independently, scientists utilize double-blind testing (e.g., showing the patient and facilitator different objects). Advocates and families argue that this testing is sterile, adversarial, and **deeply traumatic** for a highly sensitive or introverted autistic individual.

□ **The Ethical Conflict:** Is it ethical for physicians to insist on rigorous testing if the process itself induces severe psychological distress or breaks the patient's trust? Conversely, is it ethical to bypass testing and risk leaving a vulnerable person entirely dependent on a proxy?

3. Medical Decision-Making and Informed Consent

In clinical practice, patients must provide informed consent for medications, surgeries, or psychiatric interventions.

□ **The Dilemma:** When a nonverbal patient "types" a major medical decision—such as refusing life-saving care, requesting gender-affirming therapy, or reporting physical pain—the stakes become absolute.

□ **The Ethical Conflict:** If a physician acts on an assisted message without absolute proof of independent authorship, they may violate their oath to **"do no harm."** If the message was unconsciously guided by the facilitator, the physician has performed a medical procedure on an individual without their actual consent. Yet, rejecting the message out of hand might mean denying a competent individual their medical agency.

4. Pathologizing Natural Traits vs. Overlooking True Medical Needs

The evolution of how medicine views introversion and autism creates a delicate diagnostic dilemma for modern physicians.

□ **The Dilemma:** Historically, medicine over-pathologized deep introversion and autism, trying to force patients out of isolation. The modern neurodiversity movement counters that solitude is a healthy boundary.

□ **The Ethical Conflict:** Clinicians must balance accepting a patient's introverted desire for isolation with the duty to ensure they are not withdrawing due to **undiagnosed clinical depression, catatonia, or physical pain.** Over-correcting by assuming all withdrawal is just "healthy neurodivergent introversion" can lead to medical neglect. Conversely, treating natural quietness as a medical defect causes severe psychological trauma.

Policies and their Effectiveness

The medical, clinical, and institutional policies regarding non-verbal autism, introversion, and unproven communicative or cognitive claims (like telepathy) are highly structured. Their effectiveness varies widely based on whether they are enforced in strict clinical settings or implemented in broader educational and home environments.

1. Clinical Policies on Assisted Communication

Because the "telepathy" and "mind-reading" claims popularized by *The Telepathy Tapes* rely entirely on facilitator-dependent methods, major medical and speech-language organizations have established definitive, restrictive policies.

□ **ASHA Policy Position:** The American Speech-Language-Hearing Association (ASHA) has explicit position statements strictly discouraging the use of Facilitated Communication (FC) and the Rapid Prompting Method (RPM)—also known as Spelling to Communicate (S2C).

□ **ASAT and NAC Frameworks:** Organizations like the Association for Science in Autism Treatment (ASAT) and the National Autism Center (NAC) mandate that treatments for autistic individuals must be rooted strictly in peer-reviewed, empirically validated methods. They explicitly classify facilitator-reliant letter boarding as non-evidence-based.

□ **The Clinical Directive:** Clinicians are prohibited from using or endorsing methods where a facilitator holds, moves, or prompts a board, due to the high risk of **unconscious facilitator bias** (the ideomotor effect).

2. Effectiveness of Clinical Policies

□ **High Effectiveness in Professional Care:** These policies are highly effective at protecting the standard of medical care. Clinics, hospitals, and licensed Speech-Language Pathologists (SLPs) strictly adhere to these guidelines to maintain licensure, ensuring that patients are provided with independent **Augmentative and Alternative Communication (AAC)** devices (such as eye-gaze tracking or unassisted iPad typing).

□ **Prevention of Harm:** By blocking unverified communication techniques, these policies successfully protect vulnerable, introverted, or non-verbal individuals from having messages falsely authored for them, mitigating the legal and psychological risks of false claims.

3. Policy Gaps and Real-World Friction

Despite strict clinical restrictions, a significant disconnect exists between institutional policy and public adoption.

□ **The Appeal to Families:** Because independent AAC devices require a long, difficult learning curve for individuals with severe apraxia or motor-planning challenges, many families turn to external practitioners of S2C or RPM. Parents frequently report a high subjective perception of "success," believing the clinical policies are overly rigid or exclusionary.

□ **Political and Policy Clashes:** The boundary between science and public policy remains fluid. For instance, grassroots advocacy groups like the National Council on Severe Autism (NCSA) fight against unscientific methods, yet federal advisory spaces occasionally see pushes from advocates seeking government coverage for assisted spelling training.

□ **The "Presuming Competence" Loophole:** Proponents of unscientific testing or parapsychological framing often claim that formal scientific testing is "stigmatizing" or restrictive. They use the ethical concept of "presuming competence" to bypass traditional clinical safety policies, leaving room for pseudoscience to propagate online and in private care spaces.

□ Effectiveness Summary Overview

Policy Area	Core Rule / Mandate	Effectiveness Status	Main Barrier
Speech-Language Pathology (ASHA)	Ban on facilitator-dependent boards (RPM/S2C).	Highly Effective in licensed medical facilities.	Lack of authority over private, un-licensed coaching spaces.
Evidence-Based Medical Care (ASAT / AAP)	Prioritization of independent, technology-driven AAC tools.	Moderately Effective; improves long-term genuine patient autonomy.	Requires intensive training and patience compared to "quick fix" methods.
Federal Disability Policy (IDEA)	Mandates free, appropriate, and accessible educational tools.	Highly Effective for funding standard therapies.	Ongoing legal battles between schools and parents over funding unproven methods.

CONCLUSIONS

The synthesis of **telepathy claims**, **autism**, **introversion**, and **physician clinical practices** underscores a pivotal moment in modern medicine. It highlights the tension between the strict, empirical demands of science and the evolving, humanistic push for neurodivergent liberation. Reflecting on the evidence, history, and ethical landscapes yields several definitive conclusions:

1. The Separation of Literal Telepathy from Extraordinary Perception

□ **Scientific Consensus Prevails:** Mainstream science and clinical medicine universally reject literal telepathy or supernatural thought-reading. Decades of double-blind testing confirm that "telepathic" communication breakthroughs are the result of the **ideomotor effect** and unconscious facilitator cueing.

□ **Hyper-Attunement is Real:** What laypeople and fringe researchers mistake for telepathy is often a highly sophisticated, organic form of **hyper-observation**.

Deeply introverted and autistic individuals regularly process micro-cues (such as minute changes in body language, breathing, and environmental patterns) that neurotypical individuals completely overlook.

2. The Sovereignty of Independent Communication

□ **The Danger of Proxies:** Accepting unverified, assisted communication methods out of a desire for a "miracle cure" poses a profound threat to patient autonomy.

When a clinician or parent unconsciously guides a nonspeaking person's hand or gaze, the patient's true thoughts are erased.

□ **The Imperative for True Autonomy:** The medical community must firmly commit to **independent authorship**. Clinical resources should be poured into robust, scientifically validated Augmentative and Alternative Communication (AAC) systems—such as eye-tracking software and unassisted keyboards—to ensure that when a patient speaks, the voice is indisputably their own.

3. A Paradigm Shift in Clinical Ethics

□ **Presuming Competence is Mandatory:** Modern medicine is successfully shedding the historical, harmful assumption that a lack of spoken words equals a lack of intellect. Clinicians now operate under the mandate to **presume competence**, treating nonspeaking individuals as thinking, feeling patients who possess full internal agency.

□ **The Double Empathy Validation:** The acceptance of theories like the Double Empathy Problem proves that neurodivergent social communication is not fundamentally "broken"—it is simply different. Medical frameworks are shifting away from trying to "fix" or cure natural traits like introversion and autism, focusing instead on environmental accommodations and reducing the trauma of forced behavioral modification.

Summary Outlook

Ultimately, the cultural fascination with "telepathic" autistic individuals serves as a mirror for a historical clinical failure. For decades, traditional medicine failed to recognize the deep internal worlds of nonspeaking and deeply introverted people. While science must continue to rigorously reject pseudoscience to protect vulnerable patients, physicians must also embrace neurodiversity-affirming care—proving that we do not need to believe in magic to honor, respect, and fight for the autonomy of every human mind.

Guarantor

The corresponding author is a guarantor of submission.

Conflict of Interest

Authors declare no conflict of interest.

REFERENCES

The primary scientific papers, investigative media, and historical consensus reviews that form the background of this discussion include:

1. Investigative Media & Fringe Science Explored

- **Dickens, K. (Host).** (2024–2026). *The Telepathy Tapes Apple Podcasts*. o *Context:* A highly publicized viral documentary podcast directed by filmmaker Ky Dickens that explored

alternative claims of telepathic communication, featuring interviews with proponents and families using assisted communication.

- **Powell, D. H.** (2008). *The ESP Enigma: The Scientific Case for Psychic Phenomena*. Walker Books. o Context: Neuropsychiatrist Dr. Diane Hennacy Powell outlines her hypothesis challenging materialist neuroscience, which later formed the theoretical framework behind her investigations into nonverbal autistic children highlighted in *The Telepathy Tapes*.
- **Wikipedia Contributors.** (2026). "The Telepathy Tapes." *Wikipedia, The Free Encyclopedia*.
- 2. **Mainstream Medical Consensus & The Ideomotor Effect**
- **Mostert, M. P.** "Facilitated Communication and Its Legitimacy: Twenty Years of Lack of Evidence." *Journal of Autism and Developmental Disorders*, 2001; 31(3): 287–313. o Context: A landmark meta-analysis confirming that "facilitated" methods reflect the thoughts and movements of the assistant rather than the patient due to the ideomotor effect.
- **American Speech-Language-Hearing Association (ASHA).** (2018). *Position Statement on Facilitated Communication and Spelling to Communicate*. o Context: Strict clinical directives reinforcing that because independent authorship cannot be verified, alternative methods that rely on physical guidance or prompt-cueing are restricted within accredited speech pathology practices.
- 3. **Neurodiversity & The Double Empathy Framework**
- **Milton, D. E.** "On the ontological status of autism: the 'double empathy' problem." *Disability & Society*, 2012; 27(6): 883–887. Context: Introduces the paradigm-shifting theory that communication barriers are bidirectional across neurotypes rather than an intrinsic "empathy deficit" within autistic individuals.
- **Mano, H., et al.** (2023). "Mindreading beliefs in same- and cross-neurotype interactions." *PubMed Central (PMC)*, PMC11191369. Context: A peer-reviewed study evaluating how autistic and non-autistic adults report their mindreading (empathy tracking) capabilities, strongly validating Milton's Double Empathy Problem over older pathological models.
- 4. **Advanced Clinical Guidance & Alternative Hypotheses**
- **American Academy of Family Physicians.** "AFP Clinical Answers." *American Family Physician*, 2024; 110(4): 345. Context Standard clinical review establishing data updates on neurodevelopmental risk reporting and objective metrics used by practicing family physicians.
- **Ark, S.** (2026). "The 'Telepathy, Autism, and the Hidden Power of Frequency' Theory." *ResearchGate*. Context: An example of modern, independent autistic advocacy exploring the personal sensation of non-verbal tracking and alternative perceptual theories.
- 5. **American Academy of Family Physicians.** AFP clinical answers: RSV, Testosterone therapy, prenatal medication risk, obstructive sialadenitis, conjunctivitis, gout. *American Family Physician*, 2024; 110(4): 345.
- 6. **American Speech-Language-Hearing Association.** (2018). *Facilitated communication* [Position statement]. asha.org
- 7. **Ark, S.** (2026). *The "telepathy, autism, and the hidden power of frequency" theory*. ResearchGate. researchgate.net
- 8. **Dickens, K.** (Host). (2024–2026). *The telepathy tapes* [Audio podcast]. Apple Podcasts. apple.com
- 9. **Mano, H., et al.** (2023). Mindreading beliefs in same- and cross-neurotype interactions. *PubMed Central (PMC)*, Article PMC11191369. nih.gov
- 10. **Milton, D. E.** On the ontological status of autism: The "double empathy" problem. *Disability & Society*, 2012; 27(6): 883–887. doi.org
- 11. **Mostert, M. P.** Facilitated communication and its legitimacy: Twenty years of lack of evidence. *Journal of Autism and Developmental Disorders*, 2001; 31(3): 287–313. doi.org
- 12. **Powell, D. H.** (2008). *The ESP enigma: The scientific case for psychic phenomena*.
- 13. **Walker Books.**
- 14. **The Telepathy Tapes.** (2026, May 14). In *Wikipedia*. wikipedia.org