

Structural Violence and State Protective Obligations How Work-Centered Social Systems Predictably Make Neurodivergent People Ill

*(A structural-theoretical analysis using the example of
Citizen's Benefit / Basic Income Support in international
comparison)*

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Abstract

This paper examines work-centered social systems such as the German *Bürgergeld* and the planned *Grundsicherung* as forms of institutionally organized structural violence. At its core is the thesis that these systems are not merely burdensome for neurodivergent people, but structurally hazardous to health and therefore legally unreasonable. Illness thus appears not as individual failure, but as a predictable system effect of a normative architecture of work and performance that systematically fails to accommodate neurodivergent modes of existence.

The analysis is based on a longitudinal auto-ethnographic and artistic-research dataset that has developed over more than thirteen years (“Speed’s Work”), encompassing documented interactions with multiple job centers, medical institutions, social courts, and administrative bodies, and covering various reform phases of work-centered social systems (Hartz IV, *Bürgergeld*, transition to *Grundsicherung*). The aim is not statistical representativeness, but the reconstruction of structurally invariant mechanisms of effect.

The evaluation identifies six central empirical findings: (1) an institutionally invariant escalation structure that is reproduced independently of individual behavior; (2) systematically enforced masking as an existential adaptation performance; (3) pathologization as a secondary system reaction to structural overload; (4) the independence of health-related harm from individual cooperation or refusal; (5) the resulting structural predictability of health damage; and (6) the epistemic added value of an autistic epistemic position for capturing implicit normative mechanisms of violence.

On this basis, an expanded concept of violence is developed that integrates structural, administrative, classist, and ontological violence. The findings are contextualized constitutionally (Art. 1 and Art. 2 of the Basic Law), in terms of human rights (UN Convention on

the Rights of Persons with Disabilities), and internationally. The paper argues that work-centered social systems which systematically force neurodivergent people into illness-producing adaptation violate state protective obligations. Illness functions here as an indicator of a systemic misdesign that cannot be remedied through individual case corrections, but only through a structural reconfiguration of welfare-state security.

The concepts of work as relational practice and of an autistic epistemic position used here were theoretically elaborated in earlier works by the author (cf. *Speeds Arbeit / Speed's Work; Radical Worker*) and are not redeveloped in this paper, but employed functionally for the analysis of institutional violence:

Speed, T. (2025). SPEED'S WORK - An Autistic Intervention in the Concept of Work In the Age of AI and Robotics. Zenodo. <https://doi.org/10.5281/zenodo.17826640>

Speed, T. (2025). REPRESENTATIONAL VIOLENCE — A Manifesto How normative fields erase non-representational ontologies (Version 1). Zenodo. <https://doi.org/10.5281/zenodo.17826435>

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Speed, T. (2025). Radical Worker: Autonomous Labour as Reality-Maintaining Practice (Version 1). Zenodo. <https://doi.org/10.5281/zenodo.17801563>

Speed, T. (2025). Veridical Mapping as the Foundation of a Second Science. Rosetta Operator — An Invariance Theory of Consciousness, Work, and World. (2 English). Zenodo. <https://doi.org/10.5281/zenodo.17857039>

1. Introduction: Work-Centered Social Systems, Disability, and Structural Harm

Over the past three decades, social systems in Western industrialized states have undergone fundamental transformation. Subsistence-securing benefits have increasingly been tied to work-centered conditions: labor-market orientation, willingness to adapt, duties of cooperation, and market employability have since been treated as central criteria of social participation. In Germany, this development initially manifested in the Hartz IV system, continued with the *Bürgergeld*, and is currently being carried forward within the framework of the planned restructuring toward *Grundsicherung*. Comparable systems can be found across large parts of Europe, in the United Kingdom, in North America, and in Australia, and follow similar structural logics.

Politically and legally, these systems are predominantly legitimized as activating, efficient, and fiscally necessary. Negative consequences for benefit recipients are often treated as unintended side effects, as the result of individual problem situations, or as outcomes of faulty administrative practice. Health-related deteriorations in particular are regularly individualized and pathologized, rather than examined as possible structural effects of the systems themselves.

On the basis of a longitudinal auto-ethnographic and artistic-research dataset that has developed over more than thirteen years, this paper advances a divergent thesis:

Work-centered social systems such as *Bürgergeld* and *Grundsicherung* do not merely produce burdensome effects for neurodivergent people, but structurally health-endangering and therefore legally unreasonable effects.

These effects are not accidental, not limited to individual cases, and not primarily attributable to administrative misjudgments, but arise from the fundamental architecture of these systems.

In contrast to normative or policy-advisory analyses, this paper does not aim to evaluate welfare-state goals, but to reconstruct structurally invariant mechanisms of effect. At the center are empirically identifiable dynamics of escalation, adaptation, and harm that reproduce themselves independently of individual actors, regional jurisdictions, or reform cycles.

1.1 Workfare as Structure – Not as Administrative Error

The prevailing legal and political defense of work-centered social systems rests on the assumption of structural neutrality. Performance requirements, duties of cooperation, and sanctioning mechanisms are accordingly regarded as generally reasonable and uniformly applicable. Deviations, overload, or health-related damage are interpreted as individual exceptions that could be corrected through individual case review, medical certificates, or special compensatory measures.

This perspective, however, fails to recognize that workfare systems constitute a coherent structural regime whose health-related effects are consistently observable over more than a decade in the present dataset and invariant in their escalation patterns. Their functional logic is oriented toward a specific image of the human being: toward linearly available labor power, toward representable performance capacity, toward adaptability to standardized requirements, and toward the separability of person, body, work, and value. Deviations from this model are not recognized as alternative forms of productive existence, but are treated as deficits, risks, or aberrations.

For neurodivergent people—particularly autistic persons, people with ADHD, and individuals with complex sensory or cognitive profiles—this results in a structural incompatibility. Their ways of working, perceiving, and generating meaning are often non-linear, non-representational, and not permanently maskable. Requirements that may be experienced by neurotypical persons as burdensome but compensable unfold a qualitatively different effect for neurodivergent persons: they enforce continuous adaptation efforts that cannot be stabilized and lead to chronic overload.

1.2 From Individual Burden to Structural Harm

Central elements of work-centered social systems—such as permanent availability requirements, standardized forms of communication, repeated legitimation of one’s own entitlement to exist, sanction-based steering, and the implicit suspicion of insufficient willingness to perform—do not operate in isolation. They interlock and produce for certain groups enduring double-bind structures in which neither adaptation nor refusal leads to stable subsistence security.

While adaptation is accompanied by progressive self-denial, masking, and health-related decompensation, non-adaptation results in sanctions, material insecurity, and social stigmatization. This constellation is well known in stress, trauma, and systems theory as disease-generating. What is decisive here is not the subjective burden of individual situations, but the persistence and irresolvability of the structural demands.

The paper therefore argues that the observable psychological and somatic illnesses are not individual maladaptations, but necessary system effects. The harms are predictable, reproducible, and avoidable—however, only through structural changes, not through mere individual case corrections.

1.3 Research Aim and International Relevance

The aim of this paper is to systematically disclose this logic of structural harm. The basis is a longitudinal auto-ethnographic dataset drawn from artistic and theoretical research that documents interactions with social systems, medical institutions, and courts over a period of 13 years (2013–2025). This analysis is complemented by a structural-theoretical evaluation of central features of work-centered social systems in international comparison.

The focus on the German *Bürgergeld* and *Grundsicherung* does not serve a national indictment, but an exemplary analysis. The underlying mechanisms can be found in comparable form in numerous Western social systems. The paper is therefore explicitly addressed to an international scholarly audience in law, social policy, disability studies, and critical social research.

At the center is the question of whether and to what extent state social systems that predictably produce health-damaging effects on disabled people are compatible with constitutional protective obligations, human rights standards, and fundamental principles of the rule of law.

2. Methodology and Data Basis: Artistic Research, Longitudinal Analysis, and Structural Invariance

This paper follows a deliberately non-positivist methodology. It does not aim at statistical prevalence measurement, but at the reconstruction of structural mechanisms of effect that necessarily produce health-damaging effects under certain conditions. The central question is not how frequently these effects occur, but why they must occur once specific structural constellations are given.

The methodological foundation of this paper consists of a combination of artistic research (*Artistic Research*), auto-ethnographic longitudinal analysis, and structural-theoretical model building. This approach is particularly appropriate where institutional violence does not operate punctually, but over long periods of time, and where its effects become visible only through repeated interaction, accumulation, and escalation.

Furthermore, it must be emphasized that this research is the work of an autistic researcher. This is not to be understood as a biographical marginal note, but as an epistemically relevant prerequisite. Neurodivergent, and particularly autistic, epistemic practices are characterized by an increased sensitivity to structural invariances, implicit norms, and non-representational mechanisms of effect. Precisely where institutional systems do not exercise their violence openly, but unfold it through procedures, atmospheres, and repeated demands for adaptation, this perspective proves analytically superior.

While neurotypical-dominated research contexts tend to individualize structural harm, normalize it, or interpret it as administrative deviation, the autistic epistemic position enables a more precise perception of systemic fault lines, as it is less dependent on social coherence, implicit legitimation, and narrative smoothing. The analysis presented here is therefore able to make institutional violence visible as a structural phenomenon not despite, but because of its neurodivergent epistemic position.

In this sense, the paper does not represent a special case of subjective affectedness, but a necessary correction of epistemic distortions that arise when social systems are examined exclusively from the perspective of their normative majority architecture.

2.1 Artistic Research as an Epistemic Method

Artistic research is not understood in this paper as an illustrative or supplementary procedure, but as an independent epistemic method. It makes it possible to capture dimensions of experience, interaction patterns, and implicit normative structures that elude classical quantitative instruments. Particularly where institutional processes operate not primarily through explicit decisions, but through atmospheres, implicit expectations, threat potentials, and logics of repetition, such a method is analytically required.

The underlying dataset comprises texts, interventions, audiovisual works, administrative correspondence, legal disputes, and theoretical reflections that emerged over a period of 13 years. These materials were not retrospectively reconstructed, but were produced and documented in the very course of the confrontations themselves and document the ongoing interaction between individual modes of existence and institutional structure.

What is decisive here is that the artistic research does not focus on subjective states, but on relational patterns: recurring demands, escalation loops, communication breakdowns,

pathologizations, and sanctioning logics. These patterns are reproducible independently of the respective individual case and point to structural conditions.

2.2 Auto-Ethnographic Longitudinal Analysis (n = 1)

The empirical basis of this paper is a longitudinal auto-ethnographic dataset (n = 1) (*Speed's Work* / <https://doi.org/10.5281/zenodo.17826640> / ISBN: 3819277358 English or ISBN: 3819249281 German), covering the period of these 13 years. This form of qualitative data collection is not understood here as a limitation, but as a methodological advantage. While cross-sectional studies provide snapshots, longitudinal analysis enables the observation of cumulative effects, particularly where health-related harm does not arise abruptly, but gradually and through repeated institutional interventions.

The analysis does not focus on singular events, but on invariances: structures that persist across different institutions, time periods, and political reforms. These include, among others:

- the repeated questioning of the legitimacy of one's own existence,
- the compulsion toward permanent self-representation and justification,
- the pathologization of resistance and deviation,
- the escalation of pressure alongside the refusal of structural alternatives.

These invariances occur independently of specific caseworkers, regional jurisdictions, or reform cycles. Precisely this independence from individual actors supports the thesis that these are not administrative errors, but systemic effects.

2.3 Structural Invariance Instead of Representativeness

The paper makes no claim to statistical representativeness. Instead, it follows a structural-theoretical logic as established in the social sciences, legal studies, and systems sciences. A structural mechanism is considered substantiated when it:

1. is reproducible under the same conditions,
2. occurs independently of individual actors,
3. produces predictable effects,
4. and can only be abolished through a change of the structure itself.

In this sense, the present dataset functions as a case reconstruction of a general mechanism. The single case does not serve generalization in the statistical sense, but the visualization of a structural logic that is in principle transferable to other contexts. Comparable descriptions can be found in international studies on workfare systems, sanction regimes, and the health-related burden of disabled benefit recipients, even if these works often remain at an aggregated level.

The present analysis does not claim universal generalization in the sense of statistical necessity. Its object is not the assertion that all neurodivergent people inevitably fall ill under work-centered social systems, but the demonstration that under given structural conditions, illness-producing effects for neurodivergent persons are systemically probable, predictable, and not avoidable without structural change.

2.4 Methodological Limits and Scientific Integrity

The methodological openness of this approach requires a clear naming of its limits. The paper does not claim to make statements about prevalences or probabilities in the quantitative sense. Nor does it assert that all neurodivergent people must inevitably fall ill. Rather, it shows that under certain structural conditions the probability of health-related harm is significantly increased, and that these conditions are systematically present in work-centered social systems.

It is precisely this limited but precise objective that gives the analysis its strength. It makes it possible to address legal and human rights questions at the level of structural responsibility without relying on speculative generalizations.

2.5 Central Empirical Findings from the Longitudinal Analysis (“Speed’s Work”)

The present study is based on an auto-ethnographic and artistic-research dataset that has grown continuously over more than thirteen years and is summarized under the title *Speed’s Work*. This dataset encompasses documented interactions with multiple job centers, medical institutions, social courts, as well as administrative and political bodies, and extends across various reform phases of work-centered social systems.

The following findings are based on the systematic evaluation of documented interactions (including administrative correspondence, administrative files, court proceedings, medical assessments, and artistic research artifacts) that were produced in the very course of the institutional confrontations themselves. They constitute the central empirical results of this analysis.

(1) Invariance of the Escalation Structure

Across all examined contexts, a stable escalation logic of institutional interaction becomes apparent. It follows a recurring pattern:

1. initial demands for adaptation and cooperation,
2. questioning of the legitimacy of one’s own subsistence security (e.g., doubts regarding willingness or capacity to work),
3. increasing pathologization or moralization of deviation,
4. construction of a latent or explicit potential for sanctions and threats,
5. health-related decompensation (psychological, somatic, or both).

This escalation structure occurs independently of whether the affected person acts cooperatively, resistively, communicatively, or reservedly. The reproducibility of this pattern across different institutional contexts clearly argues against its interpretation as an individual case or administrative error.

(2) Institutionally Enforced Masking as a System Effect

A central finding of the analysis is the systematic production of masking. In the dataset, masking does not appear as a voluntary adaptation strategy, but as an existential necessity that is directly coupled to access to life-sustaining resources.

The analysis shows that masking is enforced in particular through the following institutional mechanisms:

- standardized communication requirements (forms, interviews, expert assessments),
- implicit expectations regarding emotional self-presentation,
- standardized proofs of performance and cooperation,
- permanent evaluation of one's own "reasonableness."

Masking increases with the duration of system exposure and is not limited to individual situations. What is decisive is that this adaptation performance cannot be stabilized. The cumulative effect leads to progressive exhaustion, disintegration, and health-related harm.

(3) Pathologization as a Secondary System Reaction

Another central finding concerns the role of medical and psychiatric diagnoses. Contrary to the widespread assumption that mental illness constitutes the starting point of welfare-state intervention, the dataset reveals an inverse pattern:

Psychological and psychosomatic diagnoses appear subsequently as a reaction to systemically produced overload. Illness thus functions as a retrospective explanation for structurally unreasonable demands. Pathologization replaces structural analysis with individualization and shifts responsibility from the system to the affected person.

This dynamic stabilizes the system by rendering the causes of illness invisible while simultaneously providing medically utilizable categories that enable further administrative steering.

(4) Independence of Harm from Individual Behavior

A finding of particular relevance for legal assessment is the extensive independence of health-related harm from individual behavior. The analysis shows that neither a high willingness to cooperate nor consistent refusal leads to stable relief in the long term.

Cooperation leads to continued masking and gradual overload, while resistance results in sanctions, escalation, and existential insecurity. Both forms of behavior ultimately converge in comparable patterns of strain and illness.

This refutes the thesis that health-related damage is primarily attributable to individual misconduct or insufficient adaptation. Rather, it constitutes structurally induced harm that occurs independently of the subjective scope of action.

(5) Legally Relevant Predictability of Harmful Effects

The repeated reproduction of the described patterns over a long period of time renders the health-damaging effects of work-centered social systems not only explicable, but predictable.

Predictability here is not to be understood in a statistical sense, but in a structural one: under given conditions, certain effects occur with high regularity.

This predictability is central to legal assessment. It exceeds the threshold of accidental side effects and establishes structural responsibility. Illness thus appears not as an individual risk, but as an anticipable system effect that is inevitably reproduced under an unchanged architecture.

(6) Epistemic Value of the Autistic Epistemic Position

In conclusion, it must be noted that these findings could only become visible against the background of the author’s specific epistemic position. The autistic mode of perception and cognition functions here not as a biographical context, but as an analytical instrument that enables structural invariances, implicit norms, and escalation logics to be captured with high precision.

While neurotypical-dominated research contexts tend to normalize or individualize institutional violence, this position allows for a differentiated reconstruction of systemic mechanisms of harm that elude standardized instruments of data collection.

2.6 Empirical Findings and Their Legal Relevance

The following findings unfold their relevance not only at an analytical level, but possess immediate legal and human rights significance. The table assigns the central empirical results of the present study to their respective normative and legal implications.

Table 1: Empirical Findings and Legal Implications

| Empirical Finding (Section 2.5) | Legal / Human Rights Relevance |
|--|---|
| Invariant escalation structure across different job centers, reform cycles, and actors | Refutation of the single-case and administrative-error thesis; establishment of structural responsibility of the state |
| Institutionally enforced masking as an existential adaptation performance | Violation of the protective obligation under Art. 2(2) of the Basic Law (physical and psychological integrity); unreasonableness of duties of cooperation |
| Pathologization as a secondary system reaction | Violation of the prohibition of discrimination and the human rights prohibition of disability aggravation (UN CRPD) |
| Independence of health-related harm from individual behavior | Refutation of fault- and behavior-based attribution; inadmissibility of sanction-based steering |
| Structural predictability of health-related harm | Triggering of state protective obligations; legal relevance of omission despite known endangerment |
| Epistemic added value of the autistic epistemic position | Correction of epistemic distortions in institutional research; relevance for the interpretation of reasonable accommodation under the UN CRPD |

Section 2.7 Triangulation and External Convergence

The structurally invariant patterns identified in this study are based on an $n = 1$ longitudinal design and do not claim statistical generalization across persons. Their analytical robustness instead derives from the reconstruction of stable mechanisms of effect under varying institutional conditions.

In order to minimize the risk of a purely idiosyncratic interpretation, the findings are triangulated with existing qualitative studies on neurodivergent benefit recipients and work-centered social systems. These works document comparable patterns of sanction-based adaptation, enforced masking, pathologization, and health-related decompensation across different individuals and in different national contexts.

The convergence between the invariance structure reconstructed here and external qualitative findings suggests that this is not a singular isolated case, but systemic mechanisms of effect that recur reproducibly under comparable structural conditions. The present study therefore does not provide a substitute for large-scale comparative studies, but rather a high-resolution structural reference case that sharpens such studies theoretically and methodologically.

Transition to Section 3

The following sections now turn to the theoretical framing. First, an expanded concept of violence is developed that is suited to analytically capturing state-organized harm through social systems.

3. Violence, Classism, and Ontological Harm: An Expanded Concept of Violence

The health-related harms observable in work-centered social systems cannot be adequately captured by a narrow, criminal-law-oriented concept of violence. Such a concept is oriented toward immediate physical force and individual perpetrators and obscures those forms of violence that do not operate punctually, but structurally, administratively, and over extended periods of time. In order to analytically understand the mechanisms of effect of the *Bürgergeld* and *Grundsicherung* systems, an expanded concept of violence is therefore required.

This paper follows the distinction established in the social and legal sciences between direct, structural, and symbolic violence, and supplements it with the concept of ontological violence, or representational violence, in order to capture those harms that operate at the level of the mode of existence itself.

3.1 Structural Violence in Work-Centered Social Systems

The concept of structural violence denotes social arrangements in which basic needs or life possibilities are systematically restricted without a concrete act of violence being identifiable. Violence here does not arise through individual aggression, but through the institutional organization of access to resources.

Work-centered social systems embody structural violence insofar as access to subsistence-securing benefits is tied to conditions that are not equally fulfillable by all people. In particular, where work capacity, communication style, resilience, and adaptability are set as implicit

norms, systematic exclusions emerge. These exclusions are not accidental, but follow a normative image of work and the human being that has developed historically and politically.

For neurodivergent people, this structural violence manifests in the persistent threat to existential security as soon as their ways of working, communicating, or organizing deviate from normative expectations. The violence here does not lie in the individual administrative act, but in the coupling of subsistence security with normed performance capacity.

3.2 Administrative Violence and Sanction-Based Steering

Beyond the structural level, work-centered social systems operate through administrative violence. This form of violence does not unfold through physical coercion, but through formalized procedures, deadlines, documentation requirements, threat scenarios, and sanctioning mechanisms. Its effects are nevertheless real, as it intervenes directly in living conditions, housing security, nutrition, medical care, and psychological stability.

Characteristic of administrative violence is its depersonalization. Decisions appear as rule-bound necessities, and responsibility is shifted onto procedures and algorithms. It is precisely this depersonalization that makes the legal and political attribution of responsibility more difficult, while the impacts for those affected remain highly personalized.

In the context of *Bürgergeld* and *Grundsicherung*, sanctions do not function primarily as exceptional instruments, but as a structural threat potential that shapes the entire interaction with the system. Even where sanctions are formally suspended or reduced, the sanction-based logic remains operative, as it sets behavioral norms and renders deviations sanctionable.

3.3 Classism as the Normative Core of the Structure of Violence

The forms of violence described are not politically neutral. They are based on a classist foundational pattern that recognizes certain ways of living and working as legitimate, productive, and valuable, while marking others as deficient, suspicious, or burdensome. Classism here manifests not only in social devaluation, but in the institutional enforcement of a normative concept of performance.

Historically, work-centered social systems were explicitly designed as disciplinary instruments. Political guiding terms such as “support and demand,” “activation,” or “personal responsibility” convey a moral semantics in which deviation appears not as structural difference, but as individual failure. This semantics legitimizes harshness and shifts responsibility for systemically produced harm onto those affected themselves.

For neurodivergent people, this classism has an intensifying effect, since their deviation is not only social, but ontological: their ways of existing, working, and generating meaning do not fit into the dominant grid without self-damage.

3.4 Ontological Violence: Harm to the Mode of Existence

The concept of ontological violence (*representational violence*) denotes that form of harm which is not primarily directed at behavior or performance, but at a person’s mode of existence. Ontological violence is present when individuals are systematically forced to deny or distort

their fundamental ways of perceiving, thinking, feeling, or working in order to gain access to life-sustaining resources.

In the case of neurodivergent people, ontological violence manifests in particular in the compulsion to mask. Masking here does not denote mere social adaptation, but a profound, continuously maintained self-deformation that affects sensory, cognitive, and affective processes. This adaptive performance is not indefinitely compensable and, under sustained exposure, leads to exhaustion, disintegration, and illness.

Work-centered social systems produce ontological violence by not merely facilitating masking, but structurally enforcing it. Those affected are confronted with the choice of either distorting their mode of existence or risking existential loss. This choice is not free, but is coerced through the coupling of subsistence security with normed adaptation.

3.5 Violence as a Predictable and Avoidable System Effect

The forms of violence described in this section do not operate additively, but reinforce one another. Structural, administrative, classist, and ontological violence interlock and produce for neurodivergent people a persistent configuration of strain that not only enables health-related harm, but makes it likely.

What is decisive here is the predictability of these effects. Neurodivergence is recognized as a form of disability, the consequences of masking are scientifically documented, and the stress effects of sanction and pressure regimes have long been known. Under these conditions, health-related harms cannot be treated as unintended side effects, but must be understood as predictable and avoidable consequences of structural decisions.

This shifts the question from individual responsibility to structural responsibility—and forms the basis for the legal and human rights analysis developed in the following sections.

Transition to Section 4

In the next section, this structure of violence is concretized by showing how it becomes operative in the everyday functioning of work-centered social systems and why it culminates in illness-generating double-bind constellations.

4. Illness-Producing Structures: Double Binds, Compulsory Masking, and Systemic Overload

After the previous section developed an expanded concept of violence, this section turns to the question of how this violence becomes concretely operative in the everyday life of work-centered social systems. The focus here is not on the individual experience of particular situations, but on the structural logic through which repeated interactions with the system are translated into health-damaging dynamics.

The paper argues that work-centered social systems systematically generate double-bind constellations for neurodivergent people that, through compulsory masking and persistent overload, lead to psychological and somatic illness.

The analysis does not deny that work-centered social systems can also produce burdensome effects for neurotypical people. What is decisive, however, is that a qualitatively different

dynamic of harm emerges for neurodivergent persons: while precarization often functions as a gradual burden for neurotypical persons, it produces structural double binds for neurodivergent persons in which adaptation itself becomes illness-generating.

The double-bind structure described here is not limited to neurodivergent persons. Work-centered social systems can also generate contradictory demands for neurotypical benefit recipients that operate as a persistent psychological burden. What is decisive, however, is the qualitative difference in effect: while precarization for neurotypical persons often remains experienceable as a gradual burden within compensable spaces of adaptation, it produces structural double binds for neurodivergent persons in which adaptation itself becomes illness-generating.

For neurodivergent people, the usual compensation mechanisms collapse under these conditions. The simultaneous obligation to norm-conforming adaptation, social self-representation, and economic exploitability compels permanent masking that does not have a stabilizing effect, but a destructive one. Illness here is not an accompanying risk, but the logical consequence of an irresolvable structure.

4.1 Double Binds as a Structural Principle of Work-Centered Systems

The concept of the double bind refers to situations in which contradictory demands apply simultaneously and no course of action leads to stable resolution. What is decisive here is not the individual paradoxical demand, but the persistence and inescapability of the constellation.

In work-centered social systems, such double binds are structurally embedded. Benefit recipients are simultaneously called upon to

- disclose their individual situation openly,
- present themselves as flexible, resilient, and adaptable,
- assume responsibility independently,
- and at the same time strictly comply with standardized requirements.

For neurodivergent people, this constellation is significantly intensified. Openness about one's own limits often leads to pathologization or devaluation, while adaptation to normative expectations is accompanied by progressive self-denial. Neither complete adaptation nor consistent refusal enables stable subsistence security.

Against this background, resistance acquires a specific meaning. For neurodivergent persons, refusal of normative adaptation demands often does not constitute an expression of unwillingness to cooperate, but a form of existential self-protection. The clear "no" functions here as a boundary against further health-related harm, in particular against the continuation of permanent masking and overload.

The institutional logic of work-centered social systems, however, is not capable of recognizing this form of self-protection. Resistance is systematically interpreted as refusal to work, unwillingness, or lack of cooperation and triggers automated sanction mechanisms. In this way, the system intensifies precisely those protective reactions that arise out of health-related necessity.

The double-bind structure can therefore be summarized as follows:

- **Adaptation leads to masking, overload, and health-related decompensation.**

• **Non-adaptation—as a form of self-protection—leads to sanctions, existential insecurity, and social stigmatization.**

This constellation is not situational, but systemic. It reproduces itself across measures, interviews, assessment procedures, and reform cycles and eludes individual resolution. Resistance is not understood as an indication of unreasonableness, but as a trigger for further disciplining.

4.2 Masking as Enforced Adaptation Performance

Masking here denotes the permanent adaptation of neurodivergent persons to neurotypical expectation structures. This does not involve superficial behavioral adjustment, but a profound, continuously maintained modification of perception, communication, affect regulation, and self-organization.

Work-centered social systems produce compulsion to mask at multiple levels:

- through normed forms of communication,
- through implicit expectations regarding emotional presentation,
- through standardized proofs of performance,
- and through permanent evaluation of one's own legitimacy as a benefit recipient.

These adaptation demands are not temporally limited for neurodivergent people, but permanent. Unlike short-term adaptation performances in everyday social life, they cannot be compensated through withdrawal or recovery, since subsistence security itself is tied to their fulfillment.

Empirically, it is well documented that long-term masking is associated with increased rates of exhaustion, anxiety disorders, depression, burnout, and somatic complaints. What is decisive, however, is not the statistical frequency of individual symptoms, but the structural impossibility of sustainably maintaining masking under these conditions.

For many autistic persons, an additional escalation mechanism is added to this persistent burden: the impossibility of psychologically closing off evident institutional injustice. Autistic cognition is often characterized by a strong need for coherence, regularity, and normative consistency. Arbitrary decisions, contradictory demands, and constantly changing justifications cannot, under these conditions, be set aside as mere “inconveniences,” but compel ongoing cognitive and affective processing.

The result is a permanent loop of structural irresolvability. Bureaucratic violence does not operate here punctually, but inscribes itself into the psychological structure through repeated interactions, objection procedures, and existential threat situations. In particular, the experience of institutional arbitrariness produces deep and enduring psychological injuries that do not operate episodically, but chronically, and can take on a traumatic quality.

This dynamic is documented in detail in the present longitudinal analysis (*Speed's Work*) and shows exemplarily how work-centered social systems do not merely overburden autistic persons situationally, but block them in the long term, make them ill, and prevent autonomous life conduct. Illness arises here not solely through overload, but through the enforced permanent confrontation with irresolvable institutional injustice.

4.3 Systemic Overload and Cumulative Effects

The health-damaging effect of work-centered social systems does not arise from individual measures, but from the accumulation of burdens. Repeated appointments, deadlines, documentation requirements, evaluations, and threat potentials generate a permanent activation of stress responses. For neurodivergent people, whose sensory and cognitive processing is often less filtering and more strongly context-dependent, this sustained activation is particularly burdensome.

In addition, the systems provide hardly any stable spaces of relief. Recognition of special needs usually occurs only temporarily, conditionally, and subject to renewed review. Relief thus itself becomes another adaptation performance, which in turn requires legitimation, communication, and justification.

This dynamic leads to a vicious circle:

- overload reduces adaptability,
- reduced adaptability increases pressure and sanctions,
- increasing pressure intensifies health-related harm.

The resulting illnesses are subsequently individualized and medicalized without addressing the underlying structural causes.

4.4 Illness as a Necessary System Effect

It therefore becomes clear that illness in the context of work-centered social systems cannot be understood as individual failure or insufficient adaptability. Rather, it constitutes a necessary system effect resulting from the structural incompatibility between neurodivergent modes of existence and normed requirements of work, organization, and performance.

What is decisive here is that the forms of work and organization implicitly presupposed in work-centered social systems—particularly permanently representation-based, linearly timed, socially normative, and masking-dependent wage labor—are for many neurodivergent people not merely burdensome, but structurally hazardous to health and therefore unreasonable. These forms of work presuppose a continuous violation of sensory, cognitive, and affective integrity boundaries that is not sustainably compensable. The assumption that they constitute a generally reasonable reference framework therefore fails to recognize their specifically illness-producing effect for neurodivergent persons.

This renders the central premise of job center logic itself questionable. Where work and performance requirements have predictably health-endangering effects for a protected group, they cannot legally be regarded as reasonable duties of cooperation. Under these conditions, the obligation to adapt is transformed into a compulsion toward continuous self-deformation through masking.

The system thus does not produce illness accidentally or as an unintended side effect, but as a direct consequence of its normative settings. It forces neurodivergent people to choose between ontological self-denial in order to secure subsistence and the endangerment of that very subsistence through sanctions and exclusion. That health breakdowns occur under such conditions is neither surprising nor avoidable as long as the system architecture remains unchanged.

This insight is central to the legal analysis that follows. If illness is predictable, reproducible, and structurally produced, it can no longer be treated as an individual risk or an administrative marginal problem. Rather, it becomes an indicator of a systemic misdesign that fundamentally calls into question the assumptions of reasonableness underlying work-centered social systems.

Transition to Section 5

The next section builds on this and examines the legal and human rights consequences of these findings. At the center is the question of whether work-centered social systems that predictably produce health-damaging effects on disabled people are compatible with state protective obligations and international human rights standards.

5. State Protective Obligations, Human Rights, and Structural Responsibility

The preceding sections have shown that work-centered social systems such as *Bürgergeld* and *Grundsicherung* produce structurally illness-generating effects on neurodivergent people. These effects are neither accidental nor attributable to individual maladaptation, but arise from predictable and reproducible mechanisms of effect. Against this background, the central legal question arises as to whether state social systems operating under these conditions are compatible with constitutional protective obligations and human rights commitments.

This section argues that where state structures predictably generate health-related harm and fail to provide effective systemic protective mechanisms, a violation of state protective obligations is present. This responsibility is structural and cannot be reduced to individual administrative action.

5.1 Protective Obligations under the Basic Law

According to the settled case law of the Federal Constitutional Court, fundamental rights establish not only defensive rights against state interference, but also state protective obligations. In particular, Art. 1(1) of the Basic Law (human dignity) and Art. 2(2) of the Basic Law (the right to life as well as physical and psychological integrity) oblige the state to actively counter threats to these legal interests.

Protective obligations apply in particular where dangers are:

- predictable,
- structurally generated,
- and subject to state influence.

The illness mechanisms analyzed in the present paper meet these conditions. The health-damaging effects of work-centered social systems are neither speculative nor unknown. Neurodivergence is recognized as a form of disability, the consequences of masking are scientifically documented, and the stress effects of sanction-based steering have been the subject of social-scientific and medical research for years.

Against this background, the state cannot invoke the argument that individual harms were unforeseeable or attributable solely to the sphere of responsibility of those affected.

5.2 Unreasonableness and Structural Overload

A central aspect of the doctrine of protective obligations is the question of reasonableness. State requirements must not place affected persons in a situation in which they are forced to permanently endanger their physical or psychological integrity in order to secure basic *жизн* necessities.

For neurodivergent people, work-centered social systems produce precisely such a situation. The structurally enforced adaptation performance (masking) is not compensable and leads to health-related harm under sustained exposure. These requirements therefore exceed the threshold of reasonableness.

It is particularly problematic that the system does not recognize this overload as a structural problem, but individualizes it. Relief—if it occurs at all—is temporary, conditional, and subject to renewed justification. A sustainable adjustment of the structure itself remains absent.

5.3 The UN Convention on the Rights of Persons with Disabilities and Reasonable Accommodation

The UN Convention on the Rights of Persons with Disabilities (UN CRPD), which is binding law in Germany, obliges States Parties to ensure the full and effective participation of persons with disabilities. Central to this is the concept of reasonable accommodation, which goes beyond formal equal treatment and requires structural adjustments.

Work-centered social systems that systematically disadvantage neurodivergent modes of existence violate this obligation when they:

- treat work and performance norms as universally reasonable,
- pathologize or sanction deviations,
- and provide no structural alternatives for subsistence-securing participation.

The mechanisms described in the paper suggest that the *Bürgergeld* and *Grundsicherung* system, in its current configuration, does not provide reasonable accommodation for neurodivergent people. Instead of inclusion, adaptation is enforced; instead of protection, burden is intensified.

5.4 Predictability, Responsibility, and State Omission

A central legal point is the predictability of the harms. Violations of protective obligations do not require intent. It is sufficient that the state fails to adequately address known dangers or allows avoidable risks to persist.

In view of longstanding public debates, scientific findings, and documented individual cases, it must be assumed that the health-damaging effects of work-centered social systems on neurodivergent people are known or ought to be known. If these structures are nevertheless maintained without implementing effective protective mechanisms, a case of state omission is present.

This responsibility cannot be individualized. It concerns the design of the system itself and thus affects both the legislature and the executive implementation structures alike.

5.5 International Dimension and Comparable Systems

The legal problems outlined are not limited to the German context. Comparable workfare systems in other Western states exhibit similar structural features and face comparable human rights challenges. International reports on sanctions, activation measures, and the health consequences of coercive labor systems suggest that this constitutes a systemic problem of modern welfare statehood.

The question of state protective obligations thus acquires a transnational dimension. The analysis presented in this paper can therefore contribute not only to the further development of national law, but also to the international discussion on human-rights-compliant forms of subsistence-securing social policy.

Transition to Section 6

The concluding section draws the consequences from the analysis and discusses which structural changes are required in order to fulfill protective obligations and avoid health-damaging effects.

6. Consequences and Perspectives: Structural Change Instead of Individual Case Correction

The preceding analysis shows that the health-damaging effects of work-centered social systems are not attributable to misapplications, individual hardship cases, or insufficient communication. Rather, they are structural effects that result from the fundamental architecture of these systems. Accordingly, the resulting legal, human rights, and social policy consequences cannot be limited to individual case corrections.

This section formulates the central conclusions of the analysis and outlines perspectives for a systemic re-evaluation of subsistence-securing social policy.

The paper explicitly does not understand itself as a policy blueprint, but as a structural risk analysis. The development of concrete social policy alternatives requires a normative decision that lies outside the scope of this investigation.

6.1 Limits of Individual Exception Regulations

Current reform approaches to work-centered social systems often rely on punctual relief measures: reduced sanctions, temporary grace periods, individual compensatory adjustments, or medical certificates. These measures, however, fall short, as they leave the underlying structure untouched.

For neurodivergent people, such exception regulations often entail additional burden. They require renewed disclosure, justification, and adaptation to administrative procedures that are themselves part of the burdensome system. Relief thus becomes conditional and reversible, while the structural pressure to adapt remains in place.

From a legal perspective, this does not satisfy state protective obligations. If health-related harm is predictable and systemically produced, it is not sufficient to provide temporary relief to individual persons. What is required instead is structural prevention that addresses the illness-producing mechanisms themselves.

6.2 Structural Responsibility and System Design

The central consequence of the analysis is the shift from individual responsibility to structural responsibility. State protective obligations do not relate solely to the conduct of individual administrative employees, but to the design of the systems within which they operate.

Work-centered social systems that couple subsistence security to normed performance and adaptation requirements generate systematic risks for certain groups. These risks cannot be remedied through better training, more empathetic communication, or stricter individual case review. They require a re-evaluation of the normative foundations of welfare-state security.

In particular, the narrow concept of work that sets wage labor as the primary measure of social participation proves to be a central risk factor. As long as subsistence security remains bound to this standard, neurodivergent and other non-normative modes of existence will be structurally disadvantaged.

6.3 Human Rights Minimum Requirements for Social Systems

From a human rights perspective, several minimum requirements can be derived from the analysis that work-centered social systems would have to meet in order to satisfy protective obligations:

1. Decoupling subsistence security from normed performance capacity, at least for disabled people.
2. Recognition of diverse modes of existence and work beyond linear wage labor.
3. Renunciation of sanction-based steering where it predictably produces health-damaging effects.
4. Permanent structural accommodations instead of temporary exceptions.
5. Shifting the burden of proof so that it is not those affected who must demonstrate unreasonableness, but the system that must demonstrate its reasonableness.

These requirements do not arise from political preferences, but from the state's own legal and human rights obligations.

6.4 International Applicability and Reform Perspectives

Since work-centered social systems exhibit comparable structures in many Western states, the analysis developed here is internationally applicable. Reform debates in different countries reveal similar lines of conflict between activation, control, and social protection.

The paper therefore understands itself not as a nationally confined critique, but as a contribution to a broader international discussion on the future of welfare-state security systems. Models of subsistence-securing basic income, low-conditionality transfer payments, or more care-oriented social policy offer possible points of connection, without a specific political model being prescribed here.

What is decisive is the insight that social systems are not neutral, but can produce or destroy health. This effect must be systematically taken into account in their design.

6.5 Concluding Remark

The analysis of this paper leads to a clear, albeit uncomfortable, insight:

Work-centered social systems such as *Bürgergeld* and *Grundsicherung* are, in their current form, associated with substantial structural risks for neurodivergent people. These risks are predictable, avoidable, and legally relevant.

A constitutional state that takes seriously the protection of human dignity and of physical and psychological integrity cannot ignore these findings. The question, therefore, is not whether individual affected persons can adapt or protect themselves, but whether the structure of the system itself meets the legal and human rights requirements that the state has imposed upon itself.

The paper does not provide a statistical proof of individual causality, but a structural proof of systemic endangerment that is decisive for the assessment of state protective obligations.

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