Neurodivergence Terminology Guide

Why do we have this guide?

This guide aims to raise awareness and understanding of some of the issues around neurodivergent terminology and why these issues are debated. It aims to encourage deeper consideration and appropriate use of inclusive and affirmative language. Terminology and language use perspectives are always evolving and can vary across countries and cultures, so don't worry or feel bad about getting it 'wrong'. If you are actively trying to understand the issues around language use and why this is important, and you are more aware of your language and how it may affect others, then you are helping create a wider culture of neuroinclusivity. Thank you!

Background

Many of the terminology issues stem from the Medical vs Social model debate, which originated in the disability rights movement but has also extended to include neurodivergence more widely. Much of the debate comes from the autistic community but also applies to ADHD and other neurodevelopmental conditions.

- The Medical model uses 'medicalised' terms that are argued to uneccessarily and unhelpfully pathologise neurodevelopmental conditions (autism in particular). It is argued to make some individuals seem to others and feel to themselves 'less than' or 'devalued' compared to the neuromajority (i.e., 'neurotypical' individuals). The Medical model places the emphasis on the individual and what they cannot do, is sometimes called a 'deficit' model, and attempts to 'cure' or 'treat' the individual to behave and think in line with neurotypical norms. For autism especially this is now seen as often causing more harm than good, and there are very strongly held concerns about the use of ABA (Applied Behaviour Analysis) therapy in autism (e.g. see here).
- The Social model on the other hand considers more carefully the social, cultural, and physical environment in which neurodivergent people can face particular challenges and barriers to functioning in ways that are healthy and comfortable for them. The

Social model places more onus on ways in which societal structures and practices can improve to be more inclusive of individual differences – this can provide a lot of benefits to people and communities and why this model receives a lot of support.

- It is argued that the Medical model may serve to reinforce the stigma surrounding disabilities and neurodivergence. It is not the goal here to argue for one or the other model but to acknowledge that both of these exist and develop best practice guidelines in how we communicate neurodivergence in our teaching, research, and work environments that minimises potential harm to neurodivergent individuals and communities that often face stigma.

Terminology: This guide has been adapted from this source and this source, as well as from broader engagement with neurodivergent individuals and communities. It was co-created with the School of Psychology Neurodiversity Consultancy Board, a group of 12 neurodivergent undergraduate and postgraduate Psychology students.

Use	Rather than	Why?
Difference	Deficit	It avoids a solely negative association (medical model).
Characteristics or Traits	Symptoms	Symptoms make it sound as though the neurodevelopmental condition is a disease. The Social model encourages people to also see positive things about an individual rather than only focus on deficits.
Condition	Disorder, Suffering from, Disease	Words and phrases like 'disorder' and 'suffering from' often cause strong reactions from neurodivergent people and families. Many feel this devalues who they are or implies that there is often or always something wrong with them. 'Condition' is becoming the most widely accepted, for example many prefer Autism Spectrum Condition (ASC) over Autism Spectrum Disorder (ASD). Note, the term 'disability' is also widely used, including by autism charities, but some neurodivergent people do not see or label themselves as disabled. In the past there was an assumption that autism is a 'learning disability', but it is not (and neither is ADHD). Some neurodivergent people may also have an additional learning disability but these are separate. The term 'learning difficulties' however is used to describe reduced ability for *specific* forms of learning (e.g., in dyslexia, dyscalculia, dyspraxia). Here is a useful information source on these terminologies.
Neurotypical / neurodivergent	Normal / abnormal	The concept of 'normal' comes from the Medical model. It is more appropriate to consider human characteristics and behaviour as a spectrum. The term 'allistic' is also sometimes used to describe someone who is not autistic (that is anyone who is neurotypical or neurodivergent but not autistic).

Use	Rather than	Why?
Strengths	Superpower	Classing a neurodivergent person as having a superpower may seem positive but many think it is too much and can devalue or invalidate their experiences.
Autistic person/individual or person on the autism spectrum	Person with autism	This is a sensitive issue in the autism community, as many autistic people see autism as a part of who they are rather than something separate they 'live with'. The use of identity-first language* ('I am autistic') affirms this. Research shows that there isn't a single way which is accepted by everyone. Autistic and on the autism spectrum were the preferred terms among most autistic adults and families. The general advice is to default to identity-first, but use whatever the autistic person themself uses when referring to or discussing them. *Note that identity-first language is specific to autism.
Autism or Autism Spectrum or Autism Spectrum Condition (ASC)	Autism Spectrum Disorder (ASD)	Autism Spectrum Disorder (ASD) is the official (DSM) way of describing autism but many autistic people and families feel that the term 'disorder' is too negative for everyday discussions. Autism is widely considered a difference rather than a disorder. The words autism and autism spectrum are widely accepted by autistic people and their families, as is Autism Spectrum Condition (ASC).
Variable support needs. **Can also use 'levels of autism'.**	High or low functioning or Asperger syndrome or being 'a little bit autistic'.	Using high or low functioning is confusing and isn't liked by many autistic people and families as it is too simplistic and does not reflect the range of more specific strengths and difficulties. The degree to which autism can cause difficulties and require support can vary over time and by context and is not always visible to others. In clinical settings (based on the DSM-5-TR) the level of support required is rated on 4 levels across a range of different characteristics (e.g., social communication): none, mild, moderate, severe.

Document created by Dr Madge Jackson, in collaboration with the staff/PGR Neurodiversity Steering Group and the student Neurodiversity Consultancy Board, School of Psychology, University of Aberdeen. Last updated February 2024. *Note this is a working document and will be updated annually to reflect any evolution of related language.*

		Asperger syndrome is no longer an appropriate alternative for high functioning and should only be used when talking about someone with this diagnosis. People no longer get diagnosed with Asperger syndrome – though if they are already diagnosed with it then that won't change.
Use	Rather than	**Why?**
ADHD (Attention Deficit Hyperactivity Disorder) **Person with ADHD**	ADD (Attention Deficit Disorder)	ADD is an outdated term and now considered factually incorrect, some people with ADHD have hyperactive traits and some don't, but ADHD is the term used nowadays. A person 'with ADHD' is used and accepted widely, the identity-first debate is mostly related to autism currently. Note however some people are using the term 'ADHDer' to reflect identity ('I'm an ADHDer').
ADHD presents in 3 ways	There are 3 types of ADHD	The 3 presentations are all classed as ADHD: (1) Inattentive, (2) Hyperactive, (3) Combined Inattentive/Hyperactive.
Person with dyslexia, dyscalculia, dysgraphia, dyspraxia	Dyslexic, dyspraxic etc person / individual	Identity-first language is (currently) specific to autism. Dyslexia and these other neurodevelopmental conditions are not considered to define a person's identity.
Developmental Language Disorder (DLD)	Specific Language Impairment (SLI)	An international consensus study replaced SLI with DLD to better reflect that this is a neurodevelopmental condition. Here is more information on the DLD project.

Note: An individual can be neurodivergent, while a group can be neurodiverse. An individual cannot be neurodiverse.

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