

Autism & Language – What’s the Best Word?

Autism has enjoyed greater visibility and awareness in Ireland in recent years. There is nevertheless some uncertainty within wider society over what language is appropriate to use when talking about it and those on the autism spectrum themselves.

In 2016, the National Autistic Society (NAS), the Royal College of General Practitioners and the UCL Institute of Education conducted a study of people connected to autism across the UK. Its purpose was to enquire about preferences regarding the use of language¹. Amongst the autistic adults that it surveyed, “*autistic person/people*” was the most commonly preferred phrase. The most preferred term amongst families and professionals, on the other hand, was “*people on the autism spectrum.*”

Which is the best way to talk about Autism?

The UK study showed that there are different ways to talk about autism. The two most common ways of doing so are through:

- **identity-first language** (“*autistic person/people*”) and;
- **person-first language** (“*person/people with autism or on the autism spectrum.*”).

Between the two options, there is no right or wrong way to use when discussing autism or referring to persons living with the condition. Different people will have their own reasons for preferring one over the other.

Within ASIAm, however, we have found that many within Ireland’s autism community have indicated a preference for using identity-first language when talking about themselves and their condition. That is to say that they might refer to themselves as “*autistic*” instead of “*I have,*” or “*I’m living with autism.*” This is often because they see their autism as an integral part of their personal identities and as a difference, rather than strictly as a disability. It is important to acknowledge this and good practice to follow their example when interacting with autistic individuals in daily life.

To reflect these feelings, ASIAm therefore follows a policy of using identity-first language when discussing autism and those on the spectrum within our campaigns and literature.

If ever in doubt, **it is always best practice to ask an autistic person how *they* would like to be referred to.** If the autistic person in question is non-verbal or cannot express their preference through alternative communication, ask their families instead. Asking for their opinion in either instance demonstrates an active interest in the individual’s participation, as well as setting a positive precedent for building on an inclusive ethos among fellow colleagues.

What should be avoided?

Many misconceptions still exist about autism, often negative and personally offensive. What is perhaps most alarming is that a number of non-autistic people will use degrading language about

¹ Kenny, Lorcan et al. (2016) ‘Which terms should be used to describe autism? Perspectives from the UK autism community.’ *Sage Journals*. Vol.20 (4). Pgs. 442-462. Online. Accessed: December 2018. Available at: <https://journals.sagepub.com/doi/abs/10.1177/1362361315588200?journalCode=auta>

autism without realising it in the first place, even those with the best of intentions and who directly work with autistic people.

When referring to autistic people in a way they would like to be referred to, **it is also good practice to watch out for and, if necessary, address stereotyping language used to refer to autism.** Key terms to be especially mindful of include the following:

Avoid	Why?	Alternative
<p>“Has”, “Suffers from” or “is a victim of” autism</p>	<p>Despite medical professionals’ close involvement in diagnosing autism and developing strategies in addressing its challenges, many autistic people feel very strongly about how the condition is often referred to in clinical terms.</p>	<ul style="list-style-type: none"> • “. . . <i>is autistic.</i>” • “. . . <i>is on the autism spectrum.</i>” • “. . . <i>lives with autism.</i>”
<p>“Autism is a <i>disease/illness</i>”</p>		
<p>Autism Spectrum Disorder² (ASD)</p>	<p><i>“Disorder”</i> implies that there is something innately wrong with autistic people, simply because their brains process their surroundings differently from their non-autistic peers.</p>	<p>“Autism” or “Autism Spectrum.”</p>
<p>“High-Functioning” or “Low-Functioning”</p>	<p>Autism is a spectrum where no two people will experience exactly the same challenges. Simplifying autism into two categories between those who allegedly appear more or less capable than others only feeds negative and untrue stereotypes.</p>	<p>“Autistic people each have their own strengths and weaknesses. Some may require more support in some areas of their development than others.”</p>
<p>“Asperger’s Syndrome is a <i>mild/high-functioning/rare form</i> of autism.”</p>	<p>Asperger’s Syndrome is complex. Thinking of it in terms of ‘rare’ or ‘mild’ only complicate a proper understanding of how it functions. The challenges linked to it are as varied and diverse as those living with it.</p>	<p>“Asperger’s Syndrome is one of many aspects found on the autism spectrum.”</p>

² Whilst the term ‘ASD’ is often used by educational and medical professionals, one may prefer to use the term ‘autism spectrum condition’ or ‘on the autism spectrum’ because it avoids the negative connotations of ‘disorder.’

<p>Backward/Deranged/ Handicapped/Retarded</p>	<p>Understanding of mental health and disabilities have grown in recent years. Terms used to refer to people living with these conditions have become outdated and even offensive in many cases.</p>	<ul style="list-style-type: none"> • “People with a learning disability”; • “People with a developmental disability”; • “People with an intellectual disability.”
<p>“Normally developing children/adults”</p>	<p>Using “normal” when referring to non-autistic people implies that those who are on the spectrum are somehow abnormal or defective.</p>	<p>“Neurotypical,” or “non-autistic children/adults.”</p>