



# Talking about autism

The terminology around autism is complex, changing and often discipline-specific. This guide to 'talking about autism' has been prepared with input from our expert advisory group (autistic staff, students, alumni and collaborators). These are their preferences – and reflect those of the majority of autistic adults – but we recognise that there is no unanimous agreement. If in doubt, be guided by the preferences of the autistic person(s) you are speaking to and ask them what terminology they prefer to use.

## Person with autism or autistic person?

The majority of autistic adults prefer identity-first language (autistic person) rather than person-first language (person with autism).

- Autism is an integral part of who they are – it is not a separate (or a negative) add-on.
- A UK survey found that 61% of autistic adults endorsed the term 'autistic' but only 22% the term 'person with autism' (Kenny et al 2016).
- Research shows that the use of person-first language may actually increase stigma rather than reduce it (Gernsbacher MA, 2017).

## What about functioning labels?

The majority of autistic adults object to the use of functioning labels – that is, describing a person as 'low functioning' or 'high functioning.' Autism is a spectrum and all autistic people have unique strengths and challenges.

- 'Low functioning' underestimates strengths.
- 'High functioning' underestimates challenges.

## Disorder or condition?

The DSM5 (diagnostic manual used by health professionals) uses the term 'Autism Spectrum Disorder'.

- The majority of autistic adults object to the term 'disorder' – autistic people are different not damaged.
- The term 'Autism Spectrum Condition' is more acceptable, and many people are comfortable with the more generic 'autism spectrum'.

## Other useful terms

**Augmentative and Alternative Communication (AAC)** – Devices, systems, strategies and tools that replace or support natural speech.

**Aspergers/Aspie** – Under the previous diagnostic manual (DSM IV) Asperger's Disorder was a separate condition, which has now been merged with 'Autism'. While there are a number of controversies around the term, it is still widely used by those diagnosed under this earlier classification.

**Masking** – Artificially performing social behaviour that is deemed to be more socially acceptable, or hiding behaviour that might be viewed as socially unacceptable.

**Meltdown** – An intense response to an overwhelming situation; when a person becomes overwhelmed and temporarily loses control of their behaviour.

**Neurotypical (or NT)** – Having neurocognitive functioning that is considered typical.

**Sensory Processing Disorder (SPD)** – Difficulties with organising and responding to information that comes in through the senses. Autistic people may be oversensitive to sensory input, undersensitive or both.

**Stimming** – Self-stimulatory behaviours, usually involving repetitive movements or sounds, that help autistic people manage emotions and cope with stimuli.

**Trigger** – A factor that causes distress or overwhelm and may lead to a meltdown – such as sensory overstimulation, anxiety, change to routine.