

Language guide for talking about neurodiversity, and neurodivergent people in conference materials, social media, website and press releases.

This language guide was designed with the aim of prioritising the wellbeing of neurodivergent people who will attend the ITAKOM conference or see conference materials. The guide was co-produced with members of the Neurodiversity Squad who have been advising the conference Chairs and is informed by published academic literature.

Please note that this is not meant to be a comprehensive list of all terminology that might be used when talking about neurodiversity or neurodivergent people. Instead, we simply want to help everyone at the conference to be:

- Informed about preferred language options, while recognising that nothing is universally endorsed
- Thoughtful when selecting the vocabulary they will use in their presentation

We acknowledge and respect the preferences of any neurodivergent person who describes themselves with language that differs from the suggestions in this guide. Our goal is not to police those personal choices, but to offer guidance when talking about neurodiversity and neurodivergence in general terms.

Finally, we recognise that terminology preferences vary with culture and language spoken – the guidelines below are based on English language and UK preferences. We ask everyone at the conference to try to look beyond specific vocabulary used by a presenter, to the attitude and intention of the speaker.

Preferred Options	Other Options	Often Disliked / Considered Incorrect	Meaning and Explanatory Notes
neurodivergent people	neuro-atypical people people in a neuro-minority ND people (<i>if character count is limited</i>)	neurodiverse person	“neurodivergent” is used to refer to individuals who are not neurotypical. This could include autistic people, dyslexic people, people with a learning disability, people with ADHD etc. “neurodiverse” is used to refer to groups of people rather than individuals.
neurotypical people	NT people (<i>if character count is limited</i>) typically developing typically developed non-autistic people	normal people healthy people	Remember always that while we presume neurotypical people are in the majority, that doesn’t mean they are correct, better, normal etc. Neurodivergent people may sometimes refer to neurotypical people as “allistic”, but this is not considered an appropriate term for neurotypical people to use to describe themselves. Terms like “non-autistic” can be used when specifically referring to people who are not autistic – however remember that a non-autistic person could still be neurodivergent e.g. have ADHD

It Takes All Kinds of Minds: language guide

Sue Fletcher-Watson, Jan 2023

neurodiverse group neurodiversity			Neurodiverse should only be used to refer to groups, including the entire human race!
dyslexic people	people with dyslexia		There is variability in the use of identity-first and person-first language depending on the group being referred to. On the whole identity-first is better, but it might not work grammatically – an “attention deficit hyperactivity disorder person” makes no sense. Think of diabetes as a comparison – we might say “diabetic person” or “person with diabetes” but never “diabetes person”
people with ADHD	ADHD-er(s)		
autistic people	people on the autism spectrum people on the autistic spectrum	autistics people with autism	Some autistic people might say “autistics” to refer to themselves, but it is not considered appropriate for neurotypical people to use this term in the same way. Person-first language (“person with autism”) is still taught as best practice but is out of step with the best evidence on UK autistic community opinions.
autism, dyspraxia, ADHD, dyslexia, <i>etc.</i>		Autism spectrum disorder (ASD) Developmental Co-ordination disorder (DCD) <i>etc.</i>	These disliked terms may be correct for clinical use but if you can find a way to simplify and drop the “disorder” part that is ideal.
Down syndrome Tourette syndrome fragile x syndrome		Down’s syndrome Tourette’s syndrome Fragile X Syndrome	Avoid suggesting ownership of the syndrome by a long-dead physician – don’t use “apostrophe s” if you can avoid it. Don’t capitalise a diagnostic label if it isn’t a proper name (Tourette) or an acronym (ADHD).
people with a learning disability (LD)	people with an intellectual disability (ID)	mental retardation mental handicap people with learning disabilities	“people with learning disabilities” suggests each person has many, but a learning disability is a specific clinical label, not a constellation of challenges. In the UK we use “learning disability” specifically to refer to people with a diagnosed disability relating to IQ test score “Intellectual disability” is used in the USA for the same thing - there the term “learning disability” is much broader and includes things like dyslexia – things we used to call <i>learning difficulties</i> in the UK.
autistic people with high support needs	autistic people with additional needs autistic people with a learning disability	High-functioning Low-functioning	Functioning labels over-simplify the differences between people, and deny some kinds of challenges, while also lacking precision.
has an autism diagnosis		suffers from autism	Avoid language which is associated with disease* (e.g., disorder, disease, treatment, etc). Neurodivergence is not a disease.
diversity differences	challenges difficulties	impairments problems symptoms*	The key when using these kinds of medical terms is to be precise. Disease, cure, treat etc may all be appropriate when talking about, for example, the physical health of neurodivergent people.

It Takes All Kinds of Minds: language guide

Sue Fletcher-Watson, Jan 2023

	features (as in “diagnostic features”)	disease*	“problems” can be ok in some contexts e.g. “many autistic people have problems finding suitable housing” – situating the problem clearly outside the person.
support	intervene	cure* treat* tackle* beat*	
supports tools	interventions	treatments	
distress	distress behaviour	challenging behaviour	This section gives a few examples from common aspects of a neurodivergent person’s experience. If you’re talking about one of these or something similar, just try to take a moment to reflect on any inherent stigma in the terminology which might have been used traditionally, and see if you can find an equally-accurate but less judgemental alternative.
sensory processing differences	different sensory needs	sensory behaviour	
stimming	stimming behaviour	stereotyped behaviour	
special interest particular interest passion		obsessive interest unusual interest	

* Language associated with disease (patient, symptom, treat, etc.) may be appropriate in some contexts where a clear co-occurring disease or health condition is present. For instance, an autistic person who has generalised anxiety disorder might be a ‘patient’ at a mental health clinic.

Notes on language:

- Imagine reading your text out loud to an autistic colleague at your place of work – would you feel comfortable?
- There are big differences of opinion between disabled and / or neurodivergent people and no form of language is universally preferred
- When speaking with an individual, or writing / talking about them (with their permission) you should always ask about their preferred language form and use this.
- Person first (e.g. person with autism) was historically preferred and came out of an early disability rights movement – the goal is to put the person first, before the disability. Many parents of younger children and practitioners may expect this form of language. However, identity-first language (autistic person) is now considered best practice, especially among neurodivergent people themselves