

Tips to Start Using the Language

1. In general, the language used to describe a community at large should be based on what the community asks others to use.
 - a. The community is asking not to use words like “spectrum” or “person with autism.” The respectful request is to use statements like “autistic community” or “autistic person.”
2. Individual work should start with asking people what language fits best to describe their neurotype.
 - a. This is when a client says, “I like to use Asperger’s,” when the majority of the community no longer uses that term.

It is pivotal that therapists continue to learn from and adapt to the changes the community is making. This includes moving away from personfirst language (a person with autism) and using identity-first language (an autistic person). This shift originated from the disabled community members who expressed discomfort with person-first language. Although well-intentioned, person-first language ended up diminishing the experience of being disabled by society as though it was an accessory a person carried with them. In contrast, identity-first language shows how society disables those humans. Until the next iteration of societal learning occurs, settings such as professional websites, trainings, and general communications should use identity-first language to honor the macro-level community preference.



While many professionals attend training on neurodiversity, there still seems to be confusion in the field with repetitive questions on language. It can become exhausting for folks in the community to be in spaces where they must teach supporters about affirming language. If people are still questioning terminology or how to use it, they may benefit from self-reflection on the barriers that have deterred them from fluency. It is important to note that the language discussed here is current, and some of these words may shift in the future. For now, the following language can be used when referencing the ND community.

Lived experience: Knowledge gained by first-hand experience. This is a professional who is ND and works with the ND population. They have lived experience in the ND world versus an ally who does not have lived experience as an ND human.

Neurotype: Describing the concept that all brains work differently (Stimpunks, 2024). Each brain has its own neurotype; from neuro-typical to ND and everything in between.

Neurodiversity: To describe “the diversity of human minds” (Walker, 2021). Our brains are as diverse as our fingerprints. By using the word neurodiversity, one is simply referring to the fluctuations of human brains we encounter in our world.

Neurodiverse: This word is used to describe groups of people. There are two ways that this word can be used:

1. To describe a group of people that have various neurotypes, including neurotypical.
2. To describe a mixed group of people that are all neurodivergent

Neuro-typical or Neuroconforming: When describing a brain “that falls within the dominant social standards of ‘normal’” (Walker, 2021). This brain works in a way that society expects or understands. Neuro-typical is more widely used and known. Neuroconforming can be used when unsure what a person’s neurotype could be.

Neurodivergence: An experience of an innate or acquired brain that operates

differently than the dominant societal standards. Neurodivergence is used mostly when describing experiences within the community at large or a group (Wise, 2019).

Neurodivergent: This describes a singular person's neurotype. It specifically describes a brain that is different from dominant society standards.

Neurodivergent people can be diagnosed, self-realized, innate, or acquired. These include but are not limited to: obsessive-compulsive disorder (OCD), dyslexia, plurality, intellectual disabilities, or dyspraxia.

Innate neurodivergence: When an individual is born with a neurodivergent brain (Edgar, 2024). Examples of innate neurodivergence include but are not limited to ADHD and Autism.

Acquired neurodivergence: An experience where an individual develops neurodivergence through a medical condition or an event (Edgar, 2024). Examples include—and are not limited to—stroke or traumatic brain injury (TBI).

Multi or Multiple Divergent: When a person has multiple neurodivergent experiences. For example, a bipolar person who is also dyslexic would be considered a multidivergent or multiple-divergent neurotype.

Masking: Suppressing needs, movements, and emotions in attempt to camouflage with neurotypical expectations of socializing (Storey & Holmes, 2023). Masking is associated with trauma and negative mental health effects. An individual may hold back stimming behaviors due to societal shame and judgment as a form of masking. When professionals hold back asking clarifying questions about an instructed task to understand what they are being asked to do, they are masking because neurotypical society treats questions as challenges or attacks to the requester. This can leave the ND individual at risk of confrontation due to asking questions.