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A Rapid Review Informing Disability Policy About the Use of Inclusive Autism, ADHD, and Neurodivergence Terminology

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Damian Mellifont [1]

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ABSTRACT

Research is needed to identify prevailing terms respectively used in relation to autism and ADHD in a scholarly context, along with broader academic understandings and disagreements surrounding neurodivergence terminology. This rapid review thus aims to inform about scholarly reporting involving: a) prevailing terms positioned under the umbrellas of autism and ADHD; b) neurodivergence terminology; and c) neurodivergence-related terms that remain contested. To address the above-stated research aims, the author carried out a rapid review of the scholarly literature. While highlighting the broad nature of terms as respectively positioned under autism, ADHD, and neurodivergence, this review also revealed strong disagreements concerning ideological underpinnings and general applications of these terms. According to the scholarly literature, particularly contentious areas encompass those of: a) medical model persistence versus inclusive neurodivergence-based terms; b) the terms warranting inclusion under an umbrella term of neurodivergence; c) the use of identity first versus person first language; and d) the terms potentially holding ableist tones. This exploratory study provides an evidence-based disability policy roadmap towards advancing the use of inclusive autism, ADHD, and neurodivergence terminology.

[1] Corresponding Author: Centre for Disability Research and Policy, Faculty of Medicine and Health, The University of Sydney, Australia. Email: damian.mellifont@sydney.edu.au

1. INTRODUCTION

Language, as a socially constructed phenomenon, helps to not only reflect but to shape reality (Au, 1983; Lao, Liang, et al., 2024). Language therefore holds power in the sense that it can mould and reinforce societal views about autism (Grant et al., 2025; Hall, 1997). Autism is a type of neurodivergence which is primarily linked with socially valued variances in functioning (Bottema-Beutel et al., 2021; Ljubicic et al., 2025). Terminology used in relation to autism is considered highly controversial (Dwyer et al., 2025). Terms applied in describing autistic people remain at the core of continuing debate among individuals on the autism spectrum, professionals, and others within the autism community (Bottema-Beutel et al., 2021; Martinez et al., 2025; Taboas et al., 2023).

Historically, terms depicting autism were centred around diagnostic criteria (Bottini et al., 2024; Kapp et al., 2013). Aligning with the medical model, autism-related terminology is dominated by pathology and deficit discourse (Bottini et al., 2024). According to Walker (2026), a pathology paradigm assumes one correct type of neurocognitive functioning. Ableism underlies medical model endorsed measurements of autism leaving autistic people inherently entwined in deficit discourse (Botha, 2021). This discourse, which is disparaging of autistic people, can harm their wellbeing (Dwyer et al., 2022). Autism is nevertheless spoken about in many different ways meaning that the terms used in relation to autism are diverse (Lao, Dai, et al., 2024). Disability discourse is influenced by the social model of disability which defines disability as a societal creation of restrictions as opposed to individual deficits (Oliver, 1998; Shakespeare, 2006). The arrival of the neurodiversity paradigm also challenged medically based, autism terminology to instead emphasise natural variation across human neurology (Bottema-Beutel et al., 2021; Martinez et al., 2025).

Tensions between biomedical model deficit-focused discourse and neuro-inclusive language continue to reflect struggles involving power, voice and epistemic authority. Deficit-laden, pathologising terms are increasingly challenged through a valuing of the voices and lived experiences of neurodivergent activists and scholars to create new and empowering perspectives surrounding whose language counts (Arnold, 2013; Davidson & Orsini, 2013; Woods et al., 2018). Debates over identity-first versus person-first language are understood within disability studies as political and cultural struggles (Haller et al., 2006). Academics are moving away from deficit-oriented person-first language (e.g., person with autism) together with dehumanising and false theories of autism to empowering identity-first language (e.g., autistic person) (Botha, 2021). Academics also recognise that disability labels and associated discourse are not neutral but instead shaped through the intersectionality of class and race (Annamma et al., 2013). Throughout the last decade, the term neurodiversity has assisted in the understanding and descriptions of human differences (Urquhart et al., 2025). While general agreement exists that the neurodiversity paradigm offers an alternative to medicalised and deficit-focused discourse, widespread debate continues about neurodiversity-related terms and their meanings (Livingstone et al., 2023; Urquhart et al., 2025).

Through this deliberate positioning, the study will: a) problematise dominant biomedical definitions of disability rather than reproducing them; and b) inform a research gap generated by epistemological tensions between competing medical deficit-oriented language, neuro-inclusive discourse, and the lived experience of neurodivergence. This research thus aims to inform about scholarly reporting involving: a) prevailing terms which are positioned under the umbrellas of autism and ADHD; b) neurodivergence terminology; and c) neurodivergence-related terms that remain contested.

Literature Review

Neurodiversity-related terms - autism and Attention-deficit Hyperactivity Disorder

Attention-deficit Hyperactivity Disorder (ADHD) is a neuro-behavioural disorder that is characterised by inattention, hyperactivity, and impulsiveness (Paling, 2020; Raad & Ghafar, 2025). The presence of ADHD has substantially increased globally over recent decades (Abdelnour et al., 2022; Cortese et al., 2023; Tran et al., 2025). ADHD is a frequently diagnosed mental health disorder, particularly among a younger demographic within developed countries (Ford & Ramchandani, 2009; Gray et al., n.d.). The term ADHD itself captures all underlying types, including hyperactive-impulsive, inattentive, and combined types (Madden, 2024). With ADHD founded in the medical domain, this base influenced the use of related terminology (Saad & Lindsay, 2010). ADHD terminology typically applies activity in describing behavioural components of the disorder (e.g., 'low energy') (Miller, 2018). ADHD is thus commonly described using terms derived from a dominant biomedical model, which are focused upon circumstances and behaviours (Gray et al., n.d.). Hence, similar to autism, medical deficit discourse remains prevalent across terminology describing the ADHD population (Venkatesan & Tolani, 2025). Recognising that ADHD terminology is comparatively new (Kewley et al., 2024), together with a general lack of knowledge regarding the use of such terminology (OL, 2013), Hill et al. (2025) called for further investigation into this pressing topic.

This study adopts a critical disability studies conceptual framework, which critiques deficit-focused accounts of disability. Aligning with this perspective, disability is understood to be shaped through social, economic, and political dynamics rather than impairment. The study is further informed by the neurodiversity paradigm, which positions neurological differences, including autism and ADHD, as natural variations in ways of thinking among individuals rather than personal deficits.

Research to date has examined various terminology-related topics, including autism-focused linguistic intricacies (Lao, Liang, et al., 2024), language preferences among neurodivergent people (Bury et al., 2025), as well as personal experiences with neurodiversity-related terms (Grant et al., 2025). Research is therefore needed to identify prevailing terms that are respectively used in relation to autism and ADHD in a scholarly context, along with broader academic understandings and disagreements surrounding neurodivergence terminology.

2. RESEARCH METHOD

To address the above-stated research aims, the author carried out a rapid review of the scholarly literature. The review aligned with the research phases as prescribed by Khangura et al. (2012). These phases included: a) constructing the research enquiry (i.e., study aims); b) developing a search strategy; c) designing selection criteria; d) assessing scholarly texts; e) summarising the results; and f) and reporting upon the study findings. With the study aims clearly established, the author obtained scholarly publications from a Google Scholar query whereby the following search terms were applied, "neurodivergence related terms" OR "autism related terms" OR "ADHD related terms". The inclusion criteria consisted of: document type = scholarly article OR thesis dissertation; AND language = English; AND publication date = all years; AND scholarly document informs about neurodivergence-related terms, autism-related terms or ADHD-related terms in alignment with addressing the study aims. The study conformed to qualitative quality principles by focusing on relevance to the research aims and the credibility of all publications as reflected through the application of peer-reviews. The use of thematic analysis was appropriate to the study's aim of closely examining discourse and meaning within a specific context, allowing for in-depth analysis of neurodivergent terms.

Google Scholar was purposefully chosen as it is recognised to be well-suited to the undertaking of rapid reviews as a result of its strong search capacity (Deakin University, 2021). Having run the searches and applied the inclusion criteria, the author applied inductive thematic analysis to the included publications to identify themes associated with each of the study aims. Included publications were uploaded into NVivo 14 to assist with the thematic coding. The coding process was iteratively followed the Braun and Clarke (2006) defined approach in which the author of this paper: a) read and reviewed the included scholarly documents; b) identified themes within; c) named and recorded themes; d) revised themes; and e) reported on the finalised themes.

The researcher's positionality as a neurodivergent male was acknowledged and considered reflexively throughout the analysis to support transparency and interpretive rigour.

3. RESULTS AND DISCUSSION

Results

From a total of 109 publications retrieved from the Google Scholar search and after removing 2 duplicates, 107 publications were then screened. Having applied the selection criteria, 15 scholarly publications were included from the rapid review (see Figure 1).

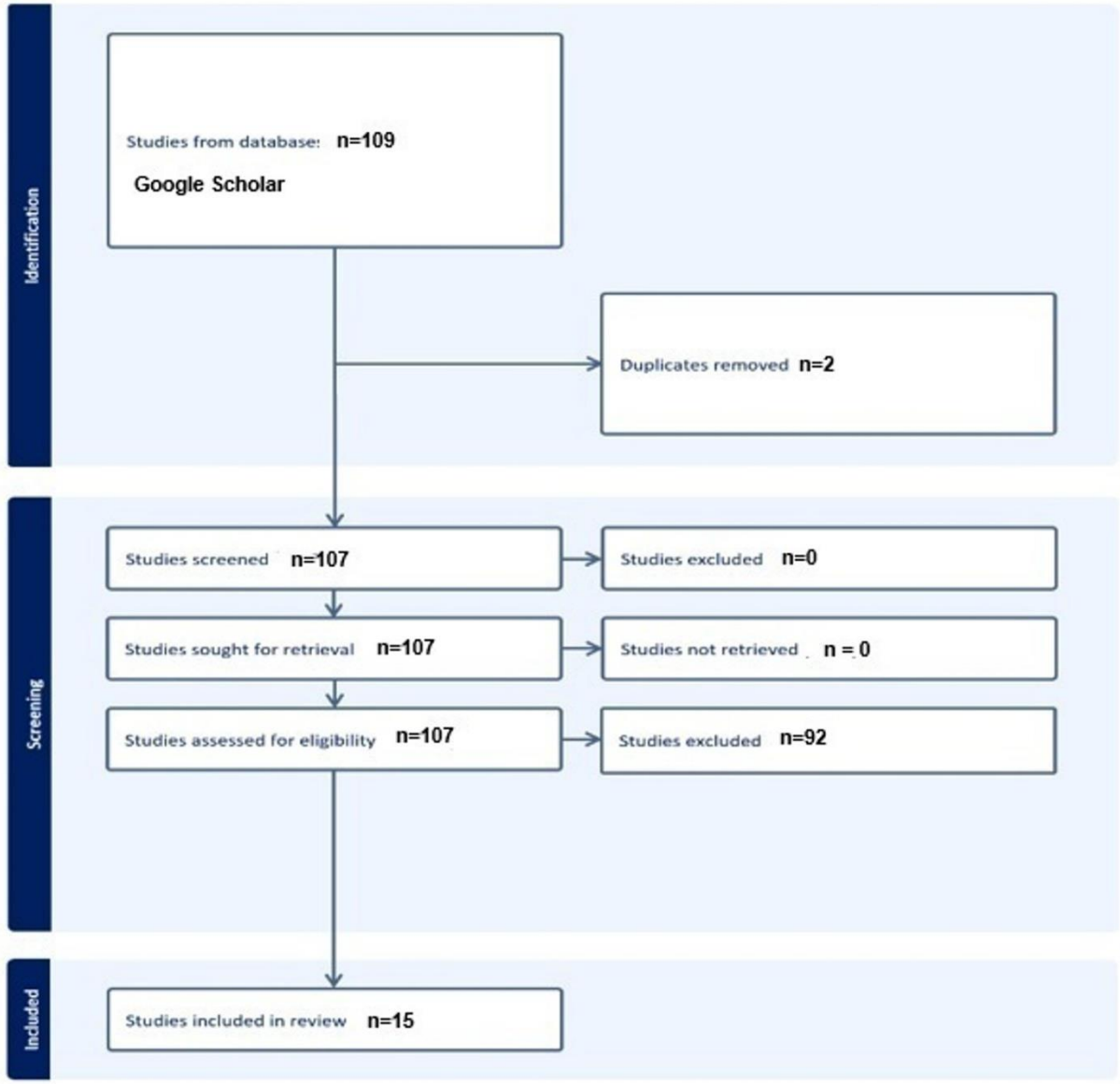

Figure 1. PRISMA diagram. Source: Mellifont (2025).

Publication details (i.e., id; author/years, title, type of publication, type of method, method description, and study locality) are depicted in Table 1.

Table 1. Included publication details.

ID	Authors/ year	Title	Pub type	Method type	Method description	Study locality
1	Chan (2023)	The role of performance-based measures and informant-rating scales of executive	thesis	qualitative	narrative review	UK

ID	Authors/ year	Title	Pub type	Method type	Method description	Study locality
		functions in identifying attention deficit hyperactivity disorder				
2	Claussen et al. (2024)	All in the family? A systematic review and meta-analysis of parenting and family environment as risk factors for attention-deficit/hyperactivity disorder (ADHD) in children	article	qualitative	systematic review	United States
3	Galloway (2025)	Examining How Perceived External Stigma Mediates the Relationship Between Rejection Sensitivity and Depression, Anxiety, and Stress for Neurodivergent Adults	thesis	quantitative	statistical analysis	United States
4	Geelhand et al. (2023)	Autism-related language preferences of French-speaking autistic adults: An online survey	article	mixed method	statistical and comments analysis	France
5	Hiddink (2022)	Autistic Language or Language with Autism? A Discourse Analysis of the Preferences and Uses of Disability Language within the Dutch Autism Community	thesis	qualitative	discourse analysis	Netherlands

ID	Authors/ year	Title	Pub type	Method type	Method description	Study locality
6	Keating et al. (2023)	Autism-related language preferences of English-speaking individuals across the globe: A mixed methods investigation	article	mixed method	statistical and thematic analysis	UK
7	Lao, Dai, et al. (2024)	Unveiling the perceptions of autism-related Chinese language among the autism community and the general public	article	quantitative	cluster analysis	China
8	Niedźwiecka and Pisula (2024)	Autism Spectrum-Related Terms Preferred by Polish-Speaking Persons on the Autism Spectrum and Participants Without a Diagnosis of Autism Spectrum Conditions	article	quantitative	statistical analysis	Poland
9	Ogle et al. (2020)	Does poverty moderate psychosocial treatment Efficacy for ADHD? a systematic review	article	qualitative	systematic review	United States
10	Pákozdi (2025)	Sort of People: Considerations About the Ontogeny of Autism in the Dewey Decimal System, 1942–2023	article	qualitative	historical review	UK
11	Patel et al. (2025)	Investigation of Sentiment Analysis for the Diagnosis of ADHD	article	quantitative	metrics analysis	India

ID	Authors/ year	Title	Pub type	Method type	Method description	Study locality
12	Pryor et al. (2025)	Examining Large Language Models Within Autism-Related Contexts: A Systematic Review of Bias and (Mis) Representation	article	qualitative	systematic review	US
13	Singer et al. (2023)	A full semantic toolbox is essential for autism research and practice to thrive	article	qualitative	commentary	US
14	Storebø et al. (2016)	Association between insecure attachment and ADHD: environmental mediating factors	article	qualitative	scoping review	Denmark
15	Zolyomi and Tennis (2017)	The autism prism: A domain analysis paper examining neurodiversity	article	qualitative	domain analysis	US

Source: Mellifont (2025).

Terms situated under the autism and ADHD umbrellas in a scholarly context.

Themes representative of terms positioned under the respective umbrellas of autism and ADHD, illustrative quotes and references are shown in Tables 2 and 3.

Table 2. Autism related terms.

Theme	Illustrative quote(s)
Allistics	"when talking about people without a diagnosis of autism (Allistic people, Allistics)" (Keating et al., 2023, p.409).
Asperger's Disorder	"Asperger's Disorder: DSM-IV diagnosis that was superseded in DSM-V with 2.1.1 Autism Spectrum Disorder" (Zolyomi & Tennis, 2017, p.16).
Asperger Syndrome	"Asperger syndrome (functioning label)" (Lao, Dai, et al., 2024, p.10).

Theme	Illustrative quote(s)
	"…terms that are not scientifically valid and not precise enough (e.g., Asperger Syndrome, neurodivergent)" (Geelhand et al., 2023, p.286).
Aspie	"French-speaking autistic adults disliked terms that conveyed a sense of hierarchy (among the autistic community and between autistic people and neurotypical people, e.g., Aspie, deficits)" (Geelhand et al., 2023, p.286).
Autie	"…the terms 'autist' (autie) and 'autistisch person' (autistic person) were scored more favorably than 'person met autisme' (person with autism)" (Hiddink, 2022, p.56).
Autism	"…autism is defined by the American Psychiatric Association in its Diagnostic and Statistical Manual 5.0 as a "mental disorder" involving clinically significant impairments in the social communication domain and restricted behaviors" (Singer et al., 2023, p.499). "Regarding the name of the condition, 'autism' and on the autism spectrum' are favored by the autism community" (Niedźwiecka & Pisula, 2024, p.2).
Autism Movement	"Autism Movement: Advocacy for the rights of autistic people demanding acceptance" (Zolyomi & Tennis, 2017, p.23).
Autism Spectrum Condition	"Autism Spectrum Condition: (ASC) - Equivalent to 2.1.1 Autism Spectrum Disorder with a preference the more inclusive term, 'condition" (Zolyomi & Tennis, 2017, p.16)
Autism Spectrum Disorder	"Autism Spectrum Disorder (ASD): The official DSM-5 diagnosis, 299.00. Equivalent to 2.1. Autism with an emphasis that symptoms manifest in varying levels among different people" (Zolyomi & Tennis, 2017. p.15). "Autism Spectrum Disorder encompasses a wide variety of symptoms, impairments, biological underpinnings, cooccurring conditions, effective interventions, supports and risks" (Lord et al., 2020; Singer et al., 2023, p.499).
Autistic person	"Further, they preferred to talk about a person with a diagnosis using terms in line with the ideas of IFL, that is, linguistic expressions that conveyed autism as an inherent part of their personhood (e.g., autistic person, is autistic)" (Geelhand et al., 2023, p.286).

Theme	Illustrative quote(s)
	"On top of general terms like autism, a further distinction is made between person-first and identity-first language; between terms such as person with autism and autistic person, among others" (Hiddink, 2022, p.7).
High-Functioning Autism (HFA)	"…functioning labels are harmful towards (all) autistic people; towards those who would be considered 'high-functioning' as well as those who would be considered 'low-functioning'" (Hiddink, 2022, p.53). "…classifying someone as high functioning can be seen as erasing the real and consequential issues faced by all people on the spectrum" (Kenny et al., 2016; Zolyomi & Tennis, 2017, p.11).
Low-Functioning Autism (LFA)	"Labeling someone as low functioning is a limiting judgment on someone's abilities and contributions (Zolyomi & Tennis, 2017, p.11).
On the autism spectrum	"…'autism' and 'on the autism spectrum' are favored by the autism community" (Niedźwiecka & Pisula, 2024, p.2). "person on the autism spectrum" (Hiddink, 2022, p.21).
Person with autism	"On top of general terms like autism, a further distinction is made between person-first and identity-first language; between terms such as person with autism and autistic person, among others" (Hiddink, 2022, p.7).
Pervasive Developmental Disorder (PDD-NOS)	"The terms Asperger's and Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) were included due to the historical usage of these terms within autism-related scholarly works" (Pryor et al., 2025, p.878).
Self-diagnosed	"Self diagnosed: An individual who identifies with an autistic identity without an official diagnosis" (Davidson & Orsini, 2013; Zolyomi & Tennis, 2017, p.21).

Source: Mellifont (2025)

Table 3. ADHD related terms.

Theme	Illustrative quote(s)
Attention Deficit Disorder (ADD)	"The name was revised as Attention Deficit Disorder in its third edition (American Psychiatric Association, 1980) and the major features of the disorder were distinguished as

Theme	Illustrative quote(s)
	inattention, impulsivity and hyperactivity" (American Psychiatric Association, 1980; Chan, 2023, p.13).
Attention Deficit Hyperactivity Disorder (ADHD)	"Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder that affects people from every age group. It has several characteristics such as inattention, hyperactivity, and impulsivity" (Patel et al., 2025, p.1). "Attention-deficit/hyperactivity disorder (ADHD) is a neurobehavioral condition, characterized by challenges with regulation of attention, emotion, and behavior" (American Psychiatric Association, 2013; Claussen et al., 2024, S250). "Classified as primarily Inattentive, Hyperactive, or Combined types, ADHD is characterized by persistent deficits in attention (e.g., inability to attend to a particular task for a sustained period of time, poor ability to ignore distractions), hyperactivity (i.e., fidgeting, frequent motion), and impulsivity (e.g., interrupting during conversation, blurting out answers…)" (Ogle et al., 2020, p.1377).
Combined types	"Classified as primarily Inattentive, Hyperactive, or Combined types, ADHD is characterized by persistent deficits in attention" (Ogle et al., 2020, p.1377).
Hyperactivity	"Hyperactivity ADHD patients have issues with sitting still for long periods. They might fidget and squirm, be constantly on the go and talk excessively. Some keywords regarding hyperactivity are hyperactivity, restlessness, fidgeting, excessive movement, can't sit still, always on the go, boundless energy, talkativeness, blurting out, racing thoughts, impulsive speech, overactive, moving constantly, unable to relax, agitated, interrupting" (Patel et al., 2025, p.6).
Hyperkinetic Reaction of Childhood	"Hyperkinetic Reaction of Childhood first appeared in the second edition of Diagnostic and Statistical Manual of Mental Disorders (DSM; American Psychiatric Association, 1968), solely describing extreme overactivity in children" (American Psychiatric Association, 1968; Chan, 2023. p.13).
Hyperkinetic Syndrome of Childhood	"A different label, Hyperkinetic Syndrome of Childhood, was used to describe children with the same features, under the chapter of behaviour disorders in childhood in the eighth version of International Classification of Diseases" (Chan, 2023, p.13).

Theme	Illustrative quote(s)
Impulsivity	"Impulsivity - People with ADHD may interrupt others to act without thinking and have difficulty waiting their turn. Some keywords that we will be using to count these words in sentences written by the user are impulsive, acting without thinking, interrupting, hasty decisions, impulse control, trouble waiting, instant gratification, impatience, irritability, poor planning, making rash decisions, spending impulsively, trouble with self-control, reckless, risky behaviour" (Patel et al., 2025, p,6).
Inattention	"Inattention - ADHD patients have trouble paying attention to detail, lack concentration, lack of following instructions and fail to complete tasks. They get easily distracted, struggle with organization and time management lose things frequently, some examples regarding inattention are attention, focus, concentration, forgetfulness, distraction, procrastination, daydreaming, easily distracted, zoning out, losing things, and forgetting" (Patel et al., 2025, p.6).
Minimal brain disorder	"…as well as ADHD-related terms such as minimal brain disorder, hyperactivity, and attention deficit disorder" (Higgins & Green, 2008; Storebø et al., 2016, p.3).
Primarily inattentive	"Classified as primarily Inattentive, Hyperactive, or Combined types, ADHD is characterized by persistent deficits in attention" (Ogle et al., 2020, p.1377).

Source: Mellifont (2025).

Reporting of neurodivergence terminology in a scholarly context

Themes that are representative of neurodivergence terminology along with illustrative quotes and references are shown in Table 4.

Table 4. Neurodivergence related terms.

Theme	Illustrative quote(s)
Neuro-affirming language	"…use the term "neuro-affirming language" to denote the alternative to the medical language. This involves using terms referring to needs, strengths, differences, and challenges and avoiding ableist language" (Bottema-Beutel et al., 2021; Keating et al., 2023; Niedźwiecka & Pisula, 2024, p.2).
Neuro-curious	"An individual is exploring their neurodiversity identity." (Zolyomi & Tennis, 2017, p.21).

Theme	Illustrative quote(s)
Neurodivergence	"Neurodivergence describes people whose brains and cognitive processes differ from the general population" (Galloway, 2025, p.2).
Neurodivergent	"Neurodivergent means having or related to a type of brain that is often considered as different from what is [considered] usual by societal standards" (Cambridge Dictionary, 2022; Hiddink, 2022, p.19). "Having a brain that functions in ways that diverge significantly from the dominant societal standards of 'normal'" (Walker, 2025; Zolyomi & Tennis, 2017, p.14).
Neurodiverse	"A group of people is neurodiverse if one or more members of the group differ substantially from other members, in terms of their neurocognitive functioning" (Walker, 2025; Zolyomi & Tennis, 2017. p14). "Neurodiverse is the adjectival form of neurodiversity, but it can only be used to describe a group of individuals" (Hiddink, 2022, p.19).
Neurodiversity	"The whole of human mental or psychological neurological structures or behaviors, seen as not necessarily problematic, but as alternate" (Armstrong, 2011; Zolyomi & Tennis, 2017, p.14). "The umbrella term 'Neurodiversity' was first coined by autistic sociologist Judy Singer in 1998 as a non-medical term that shifts the focus from deficit to the variety of human neurology and was quickly and enthusiastically embraced by the majority of the autistic community" (Pákozdi, 2025p, 617).
Neurodiversity Paradigm	"Neurodiversity Paradigm: A perspective that recognizes neurodiversity as a naturally-occurring form of human diversity, like cultural diversity, racial diversity, gender diversity, diversity of physical ability, and diversity of sexual orientation" (Walker, 2025; Zolyomi & Tennis, 2017, p.23).
Neurominority	"Neurominority: Population of neurodivergent people whose neurodivergence, (1) largely innate and that is inseparable from who they are, constituting an intrinsic and pervasive factor in their psyches, personalities, and fundamental ways of relating to the world, and (2) one to which the neurotypical majority tends to respond with some degree of prejudice, misunderstanding, discrimination, and/or oppression (often facilitated by classifying that form of neurodivergence as a

Theme	Illustrative quote(s)
	medical pathology). Examples: autistic, bipolar, dyslexic, and schizophrenic people" (Walker, 2025; Zolyomi & Tennis, 2017, p.14).
Neurotypical	"Having a style of neurocognitive functioning that falls within the dominant societal standards of "normal." Neurotypical is not synonymous with non-autistic" (Walker, 2025; Zolyomi & Tennis, 2017, p.14). "The term neurotypical is the opposite of neurodivergent" (Hiddink, 2022, p.19).
Predominant neurotype	"An equivalent term to neurotypical is predominant neurotype" (Zolyomi & Tennis, 2017. p.11).

Source: Mellifont (2025).

Neurodivergence terminology where disagreements persist in a scholarly context

Themes acknowledging topics where scholarly contentions continue about neurodivergence terminology along with exemplary quotes and references are shown in Table 5.

Table 5. Term-related areas where disagreements persist.

Theme	Illustrative quote(s)
Disagreement on the use of medical model versus neurodiversity-based terms	"In addition, access to vital research grants has been compromised due to a misunderstanding that applications must use certain preferred terminology. For example, students and early-career investigators, observing regular attacks on researchers whose language and work do not fit the neurodiversity paradigm, are expressing hesitation about remaining in the field of autism research and have shared grave concerns about presenting autism findings at public conferences for fear of retribution and retaliation" (Singer et al., 2023, pp.499-500). "Many French-speaking autistic adults disliked terms that conveyed a sense of hierarchy (among the autistic community and between autistic people and neurotypical people, e.g., Aspie, deficits) as well as terms that are not scientifically valid and not precise enough (e.g., Asperger Syndrome, neurodivergent)" (Geelhand et al., 2023, p.286).

Theme	Illustrative quote(s)
	"In academic writing, there has been a shift from the medical language to a more inclusive, neurodiversity-oriented language" (Bottini et al., 2024; Niedźwiecka & Pisula, 2024, p.2). "Recently, it has been suggested that researchers and practitioners avoid using certain words to describe the difficulties and impairments experienced by individuals with ASD to reduce stigma" (Singer et al., 2023, p.497). "They detest those words for the same reason other groups detest talk of 'curing gayness' or "passing for white," and they perceive the accommodation of neurological differences as a similarly charged civil rights issue. If their diversity is part of their makeup they believe it's their right to be accepted and supported 'as-is.' They should not be made into something else - especially against their will - to fit some imagined societal ideal" (Robinson, 2013; Zolyomi & Tennis, 2017, p.11). "There does not need to be a battle between the two viewpoints around autism vocabulary; there is room across the spectrum to acknowledge that autism can be a state of being for some, an impairing condition for others and somewhere in between for many" (Singer et al., 2023, pp.498-499).
Disagreement on the use of person-first language versus identity-first language	"…debate is rife regarding person-first and identity-first language amongst activists and scholars…" (Keating et al., 2023, p.407). "Some prefer identity-first language (e.g., 'autistic person'), while others prefer people-first language (e.g., 'person with autism')" (Pryor et al., 2025, p.877). "…person with autism and this individual has autism are both examples of person-first language. The linguistic distance between the person and the disability that is created in the prior examples is done with the intention of increasing the focus on the individual, instead of on their disability" (Blaska, 1993; Bulluss & Sesterka, 2019; Crocker & Smith, 2019; Hiddink, 2022, p.15). "Person-first language, which is often used in clinical and research environments (e.g., Crocker & Smith, 2019), is argued to place significance on the person rather than their disability by acknowledging a distinct separation (Maio, 2001; Wright,

Theme	Illustrative quote(s)
	1983)" (Keating et al., 2023, p.407; Maio, 2001; Wright & Wright, 1983). "In the case of autistic people, the choice of IFL may be used to emphasize the significance of the(ir) autistic identity, and to convey pride towards it" (Hiddink, 2022. p.17). "…the paradigmatic shift away from a pathological model that mandates the use of PFL towards a neurodivergent (ND) model" (Hiddink, 2022, p.19; Sinclair, 2013). "However, many individuals argue that, by emphasizing this separation, person-first language inadvertently accentuates stigma…perpetuating the notion that autism is a 'defect' that must be removed from the individual (and indirectly suggesting that disability is inherently bad" (Andrews et al., 2019; Botha et al., 2023; Gernsbacher, 2017; Jernigan, 2009; Keating et al., 2023, p.407; La Forge, 1991; Vaughan, 2009). "Altogether, and notwithstanding the aforementioned limitation(s), this study highlights the importance of asking autistic people about their linguistic preferences" (Hiddink, 2022, p.62).
Disagreement about what terms should be included under the umbrella term of neurodivergent	"The term 'neurodivergent' encompasses a range of other conditions (e.g., ADHD, dyslexia, etc.) and therefore is not specific to autism" (Keating et al., 2023, p.424). "That is, the meaning of neurodivergent is (too) broad and encompasses more diagnoses than just autism" (Geelhand et al., 2023, p.283).
Disagreement regarding the use of terms that might hold potentially ableist associations	"Additionally, some terms might be considered ableist by one group yet not by others; whether those terms are ableist depends on individuals' perspectives" (Hiddink, 2022, p.9). "…potentially ableist implications of other terms and discourse, like the use of functioning labels" (Hiddink, 2022, p.62). "Another location of bias in terminology is the distinction of low and high functioning in the autism spectrum diagnosis. "Low" versus "high" is considered by some to be a false dichotomy since a person is neither high nor low functioning in all aspects of their life. Labeling someone as low functioning is a limiting judgment on someone's abilities and contributions. On the other hand, classifying someone as high functioning can be seen as erasing the real and consequential

Theme	Illustrative quote(s)
	issues faced by all people on the spectrum" (Kenny et al., 2016; Zolyomi & Tennis, 2017, p.11). "Recently, some autism community members have urged a dramatic lexical shift concerning ASD - namely, that the field should dispense with language that connotes impairment, pathology or suffering, in favor of "neutral" terminology reflecting an understanding of autism not as a medical issue, but rather as a form of human diversity" (Singer et al., 2023, p.497).

Source: Mellifont (2025).

As detailed in Table 5, themes and illustrative quotes, disagreements about the use of medical model versus neurodiversity-based terms do not indicate the dominance of a single neutral perspective, but rather an increasingly contested space. Across themes, both medical and neurodiversity-based discourse are actively challenged, with authors expressing concern about the consequences of enforcing any singular, 'preferred' terminology, including professional risk, exclusion, and the silencing of alternative viewpoints.

Disagreements between medical and neurodiversity-based terms reflect competing claims to epistemic authority, wherein clinical, activist, scholar and neurodivergent perspectives each assert legitimacy. Similarly, debates over person-first versus identity-first language indicate that choices are not neutral and involve negotiations over identity, stigma, and self-determination, with a growing emphasis on respecting neurodivergent individuals' stated preferences. Disagreements concerning the scope of the term 'neurodivergent' further reveal tensions between medical labelling and broader, inclusive understandings of neurodivergence. Finally, disputes persist regarding potentially ableist terms, such as functioning labels. These debates reveal of how language seen to be inoffensive by some can be constructed by others as attempts to limit a neurodivergent person's abilities.

Discussion

This review is guided by a normative commitment to social justice, understood as reducing stigma, avoiding harm, and supporting meaningful inclusion of neurodivergent people in research, policy, and everyday contexts. From this perspective, terminology is not treated as neutral, but rather according to its social and ethical impacts. These impacts include whether particular language confirms or undermines lived experiences of neurodivergence, enables participation, or reproduces exclusion and epistemic injustice. This normative position does not require a single preferred lexicon, but instead prioritises self-identification, contextual sensitivity, and the minimisation of harm when navigating contested discourse.

The rapid review identified details about the scholarly reporting of terminology relating to autism, ADHD and neurodivergence which should be of interest to disability policymakers and practitioners. While highlighting the broad nature of these terms across each of the three topic areas, this review also revealed strong disagreements concerning ideological underpinnings as well as the general applications of these terms. According to the scholarly literature, particularly contentious areas encompass those of: a) medical model persistence versus inclusive neurodivergence-based terms; b) the terms warranting inclusion under an umbrella term of neurodivergence; c) the use of identity first versus person first language. And finally d), the terms potentially holding ableist tones. Each of these tensions is to be critically examined below, not as a matter of preference, but as a set of constructions where power, legitimacy, and social justice outcomes are actively negotiated.

The literature indicated disagreement concerning the use of medical model aligned, deficit-based discourse or inclusive neurodiversity-affirming language. Singer et al. (2023) warned that academics who conduct autism studies dominated by medical terminology are not only failing to align with the neurodiversity paradigm, but they are also placing their research careers at risk. However, it is appropriate to realise that for many people whose think in ways that differ significantly to the norm, lived expertise can encompass experiences of impairment. For these people, the need to use medical terminology in describing their experiences together with the conducting of medical research endeavouring to remove or reduce mental challenges can be justified. Nonetheless, following a recent shift in the discourse as applied not just in academic settings, but also in social applications, non-medical language is reportedly growing in acceptance (Niedźwiecka & Pisula, 2024). This shift in the use of terminology is endorsed by people who are proud to identify as neurodivergent and who are offended by any suggestions of a need to be 'cured' (Zolyomi & Tennis, 2017). However, as Singer et al. (2023) elaborated, a middle ground involving use of medical model and neurodiversity paradigm associated terminology can be attained. This middle ground reflects a shared disability policy space whereby the prideful use of neurodivergence terminology, as well as medically oriented terms that capture the realities of impairment as experienced, are both welcomed.

The literature highlighted disagreement concerning terms to be included under a neurodivergence umbrella. On one hand, the literature acknowledges various 'conditions' (e.g., ADHD, dyslexia) as part of neurodivergence terminology (Keating et al., 2023). In contrast, the literature also raised concerns regarding pathologising terms (e.g., dyslexic, bipolar, autistic) (Zolyomi & Tennis, 2017). According to Walker (2025) terms centred around pathology or disorder are incompatible with the neurodiversity paradigm. Hence, while Zolyomi and Tennis (2017) constructed 'condition' as an inclusive term, this position is not endorsed by the neurodiversity paradigm. Mellifont (2022) nevertheless called for an inclusive neurodiversity paradigm through which personal freedoms to use medical model or neuro-affirming terminology to describe their lived experience is broadly welcomed and respected.

This study revealed contention regarding the use of person-first and identity-first terms. Here, a need for disability policymakers to remain inclusive of various

lived experiences is repeated. For some individuals, person-first language (e.g., person with autism), which focuses upon broader personal experiences, is desired over terminology that narrowly focuses on medical conditions (Hiddink, 2022). Nonetheless, for others, pride is attained through neurodivergent identity and an accompanying strong preference for identity-first language terminology (e.g., autistic person) (Hiddink, 2022; Pryor et al., 2025). In this paper, I also argue of the need for disability policy to recognise and to encourage respect for the dynamic nature of identity. Terms chosen by an person at particular point in time might shift in accordance with changing personal circumstances (Mellifont & Smith-Merry, 2021). For example, an individual might elect to identify as neurodivergent when in receipt of workplace accommodations and disabled should such accommodations be removed. Moreover, as stressed by (Hiddink, 2022), it is appropriate to recognise personal preferences involving identity by politely asking individuals about how they wish to identify, and then consistently using the preferred terminology.

This study further revealed disagreement around terms holding potentially ableist associations. Particular scholarly attention was placed on the risks of using functionally based terminology (i.e., low-function and high-function). The term low-functioning was said to dismiss people's abilities, while the term high-functioning was criticised as overlooking real challenges experienced (Hiddink, 2022; Zolyomi & Tennis, 2017). Stigma-related risks associated with applying these medically oriented terms in the workplace and elsewhere are significant. Examples included employees who are labelled in this way having their neurodivergent abilities overlooked (i.e., low-function application) or missing out on much-needed mental health supports (i.e., high-function application). With these risks in mind, and appreciating reported shifts away from impairment-focused terminology (Singer et al., 2023), Hiddink (2022) the role of individual perspectives was elevated in ascertaining the extent to which terms are ableist or not. Following on from an inclusive disability policy perspective, any attempt to simplistically assign function-based terminology as ableist is misplaced.

Taken together, the reviewed literature demonstrates that terminology relating to autism and ADHD and are actively negotiated rather than neutrally positioned. Disputes over medical versus neurodiversity-affirming language reveal how deficit-based terminology has historically held epistemic authority, while neurodiversity discourse has emerged as a response to experiences of stigma, pathologisation, and 'cure' related narrative construction. The literature also cautions against replacing medical discourse with inflexible alternatives, as the enforcement of neuro-inclusive language is reportedly associated with exclusion, fear of retaliation, and confined academic inclusion, highlighting the pragmatic and political consequences of policing language. These dynamics align with concepts of epistemic injustice, whereby neurodivergent people are not treated as authorities on their lived experiences, and with linguistic harm, where functioning labels can overlook support needs or diminish perceived abilities. Rather than presenting competing paradigms as equivalent, the evidence supports an inclusive framework which prioritises harm minimisation and epistemic justice and that recognises neurodivergence can be experienced as identity, impairment, or both depending on lived experiences.

Evidence-based disability policy implications

Disability policy recommendations as informed by this research, and which are supportive of the use of inclusive autism, ADHD, and neurodivergence terminology, are shown in Box 1.

Box 1. Evidence-based disability policy recommendations supporting the application of inclusive terminologies.

Recommendation 1. Co-develop a shared disability policy space whereby medical terminology capturing realities of living with disability and neurodivergence terminology reflecting prideful and ability focused lived experiences can co-exist.

Recommendation 2. Conduct a national educational campaign that encourages respect for personal choice involving the use of person-first or identity-first terms.

Recommendation 3. Invest in research to examine ways in which to make the neurodiversity paradigm more inclusive (e.g., inclusive of medical oriented terminology so as to respect individual choices).

Recommendation 4. Widely promote the message of disability identity as not being fixed and that terms describing identity can be fluid (e.g., a person who identifies as neurodivergent when in supportive and inclusive settings and disabled when experiencing exclusion and ableism).

Recommendation 5. Invest in studies to test popularly purported and yet untested positions that specific autism terms are ableist in nature (e.g., critically examine the commonplace rejection of functioning labels).

From a policy perspective, language does not merely describe neurodivergent populations but functions as a governing mechanism that shapes access, legitimacy, and social and economic participation. Terminology used in policy contexts can define whose lived experiences are valued and legitimised, while also structuring expectations surrounding normality and impairment. In this context, policy language functions as an instrument of power that can reproduce social injustice when it relies on deficit-based, pathologising discourse. Conversely, when policy language centres self-identification, avoids ableist framing, and recognises the diversity of neurodivergent lives, it holds potential to challenge exclusionary ideas and practices and to advance social and economic participation.

4. CONCLUSION

Notwithstanding the abovementioned limitations, this exploratory rapid review generates critical insights into how terminology relating to autism, ADHD, and neurodivergence functions in the context of power, contestation, and ethical considerations, as opposed to neutral or value-free language. By revealing areas of disagreement, the study highlights that language choices are deeply political, shaping whose identities are legitimised, whose knowledge is recognised, and whose participation in research is enabled or constrained. Debates over medical model versus neurodiversity paradigm-affirming terms, identity-first versus person-first

language, and potentially ableist labels reveal how terminology can reproduce stigma, exclusion, and epistemic injustice when it promotes constraining norms. This study contributes to disability studies scholarship by bringing together contemporary debates about autism, ADHD, and neurodivergence terminology and showing, in practical terms, how language choices affect power, inclusion, and daily outcomes for neurodivergent people.

Being exploratory, this study is confined to the search terms applied and the scholarly database accessed. A reliance on a primary database might introduce bias and confine the breadth of perspectives as captured in the findings. Further, it is openly acknowledged that the review process was conducted by a single reviewer. Future studies are therefore needed to test and to build upon the solid foundation as constructed by this rapid review. Finally, as a rapid review, this study is limited to secondary analysis and does not include direct participation from neurodivergent communities. While the review draws on scholarship informed by lived experience, it cannot substitute for co-designed primary research, and such future studies could help to address this limitation.

From a policy standpoint, these findings underscore the need for governments and institutions to embed inclusive, reflexive language practices into disability policy co-design, implementation, and review. This includes centring self-identification in policy documents, avoiding deficit-based and stigmatising discourse, and genuinely involving neurodivergent people in the co-production of policy language itself. Conversely, failure to recognise language as a structural policy issue risks perpetuating social and economic exclusion and ableism.

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