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'A Lovely Safe Umbrella to Describe Yourself With' or 'Meaningless': An Online Survey of UK-Based Neurodivergent Adults' Views of Neurodiversity-Related Terminology

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Abstract

Background: Neurodivergence refers to people with ways of behaving and thinking that diverge from the norm. Examples include Autism, Attention Deficit Hyperactivity Disorder (ADHD), dyspraxia, dyslexia and Tourette syndrome. Neurodivergent people report being stigmatised, including by language. The language preferences of neurodivergent adults have been largely restricted to studies focused on single forms of neurodivergence, primarily Autism. **Methods:** We undertook an online survey with 901 neurodivergent adults from the UK, focused on their use of and thoughts about terminology related to neurodivergence, including terms such as 'neurodiversity' and 'neurodivergence'. Analysis utilised descriptive statistics and thematic analysis. **Results:** Almost all participants (98.8%) had heard of neurodiversity, and 74.8% used neurodiversity terminology. We developed three themes. First, 'an umbrella term', focused on the positive and negative aspects of how 'neurodivergence' incorporated multiple forms of neurodivergence. Second, 'understanding of neurodivergence (vs. neurodiverse)', centred around a lack of understanding of neurodiversity terminology. Third, 'stigma and identity' focused on neurodiversity terminology's potential to reduce stigma, and simultaneously increase stigma towards individual types of neurodivergence, including Autism and ADHD. **Conclusion:** Those providing services to neurodivergent people should generally use neurodiversity terminology correctly, but could also mirror the individual's language choices when communicating one-to-one.

Lay Abstract

What is Already Known About the Topic?

Neurodivergent people think and behave differently to neurotypical people. Examples of neurodivergence include Autism, Attention Deficit Hyperactivity Disorder (ADHD), dyspraxia, dyslexia and Tourette syndrome.

Previous research has asked Autistic and dyslexic adults what they think about words related to Autism and dyslexia. There hasn't been much research on views of words to do with neurodivergence, like 'neurodiversity' and 'neurodivergence' ('neurodiversity-related terminology').

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What This Paper Adds?

Our research asked 901 neurodivergent adults from the UK what they thought about neurodiversity-related terminology.

Our questions where people could tick a box showed that:

- Almost everyone had heard of 'neurodiversity' (98.8%)
- Nearly three quarters used words like 'neurodiversity' and 'neurodivergent' to describe themselves (74.8%)

However, when neurodivergent people wrote what they thought, they described pros and cons of using neurodiversity-related language. These fell into three themes:

- 'An umbrella term', described how neurodivergence terminology was used for multiple forms of neurodivergence, which could create a feeling of safety, but also was less clear than saying words like 'Autism'.
- 'Understanding of neurodivergence (vs. neurodiverse)', described a lack of understanding of neurodiversity terminology, which could be frustrating.
- 'Stigma and identity' focused on how neurodiversity terminology could reduce stigma, but how it may also increase stigma towards individual types of neurodivergence, including Autism and ADHD.

Implications for Practice, Research or Policy

Those providing services to neurodivergent people should:

- Mirror each individual neurodivergent person's language choices
- Use neurodiversity-related terminology correctly.

Keywords

neurodiversity, neurodivergence, stigma, disability, identity, label preference, language preference, terminology, neurodiverse, neurodivergent

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Introduction

Language is powerful; it can shape and reinforce views in society, including stigmatising underserved groups (Hall, 1997). Accordingly, the language used about and by neurodivergent people matters. From the 1970s, the disability rights movement argued for the use of non-pathologising language (Campbell & Oliver, 1996), and this suggestion has been reinforced by proponents of the neurodiversity movement (Kapp, 2020; Stenner et al., in press). The neurodiversity paradigm's central thesis is that societal structures are set up to favour neurotypical individuals, at the expense of neurodivergent people (Walker, 2021). This impacts all areas of life, including physical spaces, communication and the empathy shown towards neurodivergent people, impacting on wellbeing (Bertilsson Rosqvist et al., 2020). Accordingly, the neurodiversity movement argues robustly for a more equal society, where differences related to neurodivergence are normalised and accepted, including through the use of non-pathologising language (Kapp, 2020). However, medical model language, including words like 'disorder' within diagnoses, have been commonly used in neurodevelopmental diagnostic criteria (NICE, 2021; Stenner et al., in press). These medicalised discourses are then adopted in everyday discussion, including the media, greatly impacting the lives of neurodivergent people. For

example, using medical description and calls for intervention in discourses framing ADHD, can fuel concerns that interventions are required to change neurodivergent behaviour (Danforth & Navarro, 2001). This can also have impacts on the self-identity of neurodivergent people, as explored in relation to Autism by Anderson-Chavarria (2022).

The term 'neurodiversity' was developed by Autistic activists in the 1990s (Botha et al., 2024). It refers to the natural diversity in human minds, and has been described as a positive for society, akin to biodiversity (Chapman, 2020). The word 'neurodiversity' itself refers to all neurotypes and thus covers all humans. It can be sub-divided into 'neurotypical', accounting for the majority of the population whose minds function within the expected dominant norm, and 'neurodivergent', whose minds function in ways that are different to the dominant norm (Walker, 2021). The term 'neurodiverse' is sometimes incorrectly used to refer to those who are 'neurodivergent', which can result in 'poor and clumsy communication' of intended meanings, leading to confusion and perceptions that the person communicating is ignorant (Walker, 2021, p. 33). Considering the term 'neurodivergence' in more detail, it describes individuals whose way of communicating, processing, perceiving, moving, and interacting diverges from what might be considered 'typical' in a multitude of ways (Stenning & Rosqvist, 2021).

There is no universally accepted definition of who is considered neurodivergent, although neurodevelopmental diagnoses, including Autism, Attention Deficit Hyperactivity Disorder (ADHD), dyslexia, dyspraxia and dyscalculia, are commonly referenced (Stenning & Rosqvist, 2021). However, these communities, or individuals within them, may not all equally feel connected to the term, for example, Brown and Fisher (2023, p. 36) note that neurodiversity terminology can be associated with ‘gifted outliers’ rather than *all*, or even most, neurodivergent people. Moreover, Hobson et al. (2024) have suggested that those with Developmental Language Disorder are not yet connected to the neurodiversity movement and by extension neurodiversity-associated language. More recently, mental health conditions, including bipolar and borderline personality disorder (Wise, 2024), and other ‘neuro-minorities’ who are ‘marginalised by a “neuronormative” organisation of society’ (Chapman, 2020, p. 58) have been included in neurodivergence definitions by some.

The majority of research on neurodiversity terminology has been focused on Autistic people in English-speaking countries’ views of Autism terminology, with them showing a preference for identity first language (e.g., ‘Autistic’) rather than person first language (e.g., ‘person with Autism’) and the removal of terms like ‘disorder’ and ‘condition’, as they were deemed more offensive (Bury et al., 2020; Kenny et al., 2016; Taboas et al., 2023), although these studies reached unrepresentative samples of highly educated participants, limiting generalisability. By contrast, research from the Netherlands reports a strong preference in Autistic adults for person first language (e.g., ‘person with Autism’) (Buijsman et al., 2023), highlighting that neurodiversity language preferences are not universal. In addition, emerging evidence from Australia also suggests a preference among dyslexic adults for dyslexia-focused terminology, as opposed to less specific disability terminology (Wissell et al., 2025).

To date, there has been limited research on neurodivergent people’s views about neurodiversity-specific terminology. A survey of staff and students, including both those who were neurodivergent and neurotypical, from one USA university asked participants what does neurodiversity mean to you? (Accardo & Cormier, 2025). They found that the majority of open-text responses (71%) subscribed to a social model of disability, although a minority (16%) adopted a medicalised deficit model, and few (6%) referenced a neurodiversity affirming culture. Further research, undertaken with Autistic and non-Autistic people from a range of countries, found stronger identification with the neurodiversity movement was associated with a stronger preference for neurodiversity-terminology, including the terms ‘neurodiverse’, ‘neurodivergent’ and ‘neurominority’ (Dwyer et al., 2025). Accordingly, there is a need to better understand the views of language around neurodiversity from neurodivergent people.

Methodology

Our research adopted a cross-sectional approach. As such, we report our article following the Consensus-Based Checklist for Reporting of Survey Studies (CROSS) (Sharma et al., 2021).

Aim

The aim of this research is to explore the views and experiences of neurodiversity-related terminology among adults from the UK with developmental forms of neurodivergence.

Positionality

We are a collective of neurodivergent researchers specialising in neurodivergence research, working in the UK. We subscribe to social justice approaches to research (O’Dell et al., 2016). Our neurodivergence spans the majority of types of developmental neurodivergence covered by this study, although it does not include those with learning disabilities, Tourette syndrome and those who are non-speaking. Our research team incorporates scholars from a variety of academic backgrounds. Our group also includes those who are physically disabled, semi-speaking and from ethnic minorities. Whilst these differing positionalities influenced our analysis and interpretations, we have collectively chosen not to list identities and diagnoses, as a form of resistance towards the pathologisation of those with hidden disabilities (Samuels, 2017).

Data Collection Methods

Our online survey, hosted on Qualtrics, contained four main sections (see Appendix 1 for full instrument); participants were not required to answer any of the questions. First, demographics were collected (see Table 1). Second, closed and open questions were asked about each developmental neurodivergence, including ADHD, Autism, and dyslexia, that participants reported; these are reported separately (Pearson et al., under review). Third, participants were asked two closed questions on neurodiversity terminology and three open questions where they could write about neurodiversity terminology.

The closed questions were:

- Have you heard the word ‘neurodiversity’?
- Do you use words related to neurodiversity to describe yourself? For example, ‘I am neurodivergent’

They each had three responses: yes, no and not sure. Following this, we asked participants to ‘Write as much as you like’ in response to each of these open questions:

- Is there anything else you would like to tell us about neurodiversity and the words used?

Table 1. Participant Demographics.

Demographic		Closed Text Responses (n = 901)		Included Open Text Responses (n = 398)	
		n	%	n	%
Neurodivergence type	Autism	691	76.6	303	76.1
	ADHD	450	49.9	189	47.5
	Dyscalculia	89	9.9	44	11.1
	Dysgraphia	29	3.2	18	4.5
	Dyslexia	166	18.4	86	21.6
	Dyspraxia	202	22.4	78	19.6
	AAC users and non-speaking people	17	1.9	9	2.3
	Learning disability	8	0.9	2	0.5
	Pathological Demand Avoidance	98	10.9	45	11.3
	Sensory processing disorder	229	25.4	103	25.9
	Stuttering	20	2.2	6	1.5
	Tourette syndrome	28	3.1	11	2.8
Identify as disabled	Yes	837	92.9	372	93.5
	No	64	7.1	26	6.5
Does your condition reduce your ability to carry out day-to-day activities?	Yes a lot	337	37.4	151	37.9
	Yes a little	472	52.3	215	54.0
	Not at all	86	9.5	28	7.0
	Prefer not to say/ not disclosed	7	0.8	4	1.0
Gender	Female/woman	622	69.0	277	69.6
	Male/man	116	12.9	40	10.1
	Non-binary	137	15.2	70	17.6
	Other	5	0.6	4	1.0
	Questioning	19	2.1	6	1.5
	Not specified	3	0.3	1	0.3
Place of residence	England	746	82.8	321	80.7
	Scotland	90	10.0	43	10.8
	Wales	51	5.7	25	6.3

(continued)

Table 1. Continued.

Demographic		Closed Text Responses (n = 901)		Included Open Text Responses (n = 398)	
		n	%	n	%
	Northern Ireland	13	1.4	9	3.3
	Prefer not to say	1	0.2	—	—
Race & Ethnicity	White British and Irish	841	93.3	372	93.5
	Mixed race	31	3.4	15	3.8
	Asian and British Asian	10	1.10	5	1.3
	Black, African, Caribbean	3	0.3	—	—
	Any other background	16	2.6	6	1.5
Employment status	Full- time employed	310	34.4	134	33.7
	Part-time employed	206	22.9	91	22.9
	Self-employed	98	11.0	47	11.8
	Unemployed	71	7.9	28	7.0
	Retired	19	2.1	6	1.5
	Student	154	17.2	80	20.1
	Unable to work	125	13.9	53	13.3
	Carer	85	9.5	32	8.0
	Other	35	3.9	17	4.3

Please note: N may add up to more than total sample size as people could select more than one category for most demographics.

- How do you feel about the words (linked to your neurodiversity) used towards you by other people?
- Please feel free to give examples of language you liked and also language you didn't like in this study. You can choose to tell us about who uses language you like and who uses language you don't like, such as family, friends, health professionals, employers etc. You may also want to think about where, when and why.
- Autism
- Attention Deficit Hyperactivity Disorder (ADHD)
- Developmental language conditions such as stuttering
- Developmental Communication Disorder, and receptive and expressive language disorders
- Dyscalculia
- Dysgraphia
- Dyslexia
- Dyspraxia (Developmental Coordination Disorder)
- Global Developmental Delay
- Use assisted communication (i.e., are non-speaking or semi-speaking)
- Pathological Demand Avoidance (PDA)
- Sensory Processing Disorder
- Visual Processing Disorder (sometimes known as Irlen Syndrome) and/or Auditory Processing Disorder
- Tics or Tourette's

Participants and Inclusion Criteria

Eligible individuals were aged 18 years or older and lived in the UK. They were required to have at least one developmental form of neurodivergence (including both those diagnosed and self-identifying) from this list:

The neurodivergence-related inclusion criteria primarily focused on developmental forms of neurodivergence, for two reasons. First, because these were the more established types of neurodivergence. Second, because of the researchers' greater knowledge of, and research experience, relating to developmental forms of neurodivergence.

Recruitment

Data collection was undertaken between May and September 2022. We utilised convenience and snowball sampling. As we did not intend to run inferential statistics, only descriptive statistics, in this exploratory study, a sample size calculation would be impossible, and thus was not undertaken (Shreffler & Huecker, 2023). Our survey was shared via organisations who support neurodivergent people including: BoingBoing, North East Autism Society, Asperger's Voice, Burgess Hill (West Sussex) and Autistic UK. It was also shared via the researchers' personal networks, and was widely shared on social media (primarily Twitter (X) and Facebook) including neurodiversity related Facebook groups.

Ethical Considerations

Participants read an information sheet and provided informed consent in writing by ticking a box on the Qualtrics platform. Participants were assured of confidentiality, and we ensure anonymity in all outputs by removing identifying details. Participants were able to leave any questions unanswered and to leave the study at any point. The University of Sunderland Research Ethics Committee approved the study (reference: 010358). All aspects of the study were conducted in line with the 1964 Declaration of Helsinki.

Data Analysis

Descriptive statistics were generated using SPSS 27 and SPSS 29. Some demographics (such as gender) were presented as open text boxes in the survey to allow for greater flexibility around self-describing. These were then hand-coded into broad categories as presented in the demographics table (Table 1).

Open questions were subjected to reflexive thematic analysis (Bruan & Clarke, 2021) facilitated by NVivo (vR) by AG and AP. AG focused on the neurodiversity-related terminology questions and data reported in this paper, and AP on data relating to individual forms of developmental neurodivergence. The authors maintained a regular dialogue through a series of meetings and regular email contact, also involving JL and MB, to ensure consistency in analysis and to discuss the findings at each stage of the thematic analysis. The themes were discussed and agreed with all authors.

Findings

In total, 902 people took part in the full survey. Of these, 901 answered at least one closed question related to neurodivergence. 650 participants provided at least one open text response to the neurodiversity-related questions, with 398 participants commenting specifically about neurodiversity-related terminology and included in this analysis. The other responses were focused on Autism, ADHD and other forms of developmental neurodivergence, rather than language relating specifically to neurodiversity, and are reported on separately (Pearson et al., under review). By contrast, in the responses to questions focused on the individual forms of developmental neurodivergence (e.g.: dyspraxia, Autism, Tourette syndrome), there was no data discussing terminology related to a more global form of 'neurodivergence' or 'neurodiversity'. Our findings are presented as follows: demographic data; findings from closed questions related to awareness and use of neurodiversity-terminology; thematic analysis of open text data.

Demographics

The age of participants who answered the closed questions ranged from 18 to 80 ($M = 37.7$; $SD = 10.8$), with a narrower range of ages in the participants who provided qualitative data (range 19–64; $M = 38.4$; $SD = 10.97$). Table 1 shows demographics for both the closed ($n = 901$) and open ($n = 398$) responses. Some demographic variables had small amounts of missing data where participants chose not to report an answer. The most common neurodevelopmental forms of neurodivergence reported in the closed and open questions were Autism (76.6%/76.1%), ADHD (49.9%/47.5%), and sensory processing disorder (25.4%/25.9%). Participants reported a mean of 2.25 developmental forms of neurodivergence per person in both the sample answering the open and closed questions. Most participants identified as disabled (92.9%/93.5%) white (93.3%/93.5%) and as women or female (69.0%/69.6%). Overall, there was limited variation in demographics between the closed and open text responses.

Awareness and Use of Neurodiversity Terminology

Table 2 shows that the vast majority of participants across all forms of developmental neurodivergence had heard of neurodiversity (98.8%). When considered in relation to individual forms of neurodivergence, the lowest reported familiarity was among those with learning disabilities (85.7%) and Tourette syndrome (93.0%), but these were both small groups ($n = 7$ and $n = 28$ respectively).

Roughly three-quarters of participants across all forms of developmental neurodivergence used the word 'neurodiversity' or associated language to describe themselves (74.8%). Again, there was some variation by

neurodivergence type, with the seven participants with learning disabilities least likely (28.6%), followed by those with dyslexia (66.9%; $n=111$) and Tourette syndrome (71.4%; $n=28$). The developmental neurodivergence groups most likely to use neurodiversity-related terminology were those with dysgraphia (93.1%; $n=29$) and Pathological Demand Avoidance (89.7%; $n=97$).

Thematic Analysis

The thematic analysis is divided into three themes. First, we explore that neurodivergence was an umbrella term; this was viewed by participants both positively and negatively. Second, we consider understanding of 'neurodivergence' (vs. 'neurodiverse'), which primarily focused on widespread misunderstanding of the terms 'neurodiverse' and 'neurodivergence'. Additionally, some participants noted that the boundaries of neurodivergence were poorly defined. Third, we discuss stigma and identity. In general, participants felt that neurodiversity-related language reduced stigma. However, some Autistic participants felt that it could reinforce stigma directed towards Autistic people. In our reporting, we retain minor typographical errors within direct quotations.

An Umbrella Term. Many participants noted that neurodivergence included multiple types of neuro difference. This was viewed as both positive and negative.

Focusing on the positive first, neurodivergence was viewed by many as an 'umbrella', or a 'convenient shorthand'. For some, neurodivergence felt like an appropriately holistic term to identify with: 'It also reflects how I feel as a whole person, with OCD and joint hyper mobility in the mix'. This was important for participants who spoke about co-occurring disabilities, those who were not given a diagnosis they felt they should have and those who felt that the divisions between different forms of neurodivergence were incorrect: 'It helps make up for the fact that they have clearly drawn the dividing lines between autism, ADHD, dyspraxia, Tourette's, etc. in the wrong places'.

Others noted that using neurodivergent could make 'describing myself easier'. This included not needing to list several different forms of neurodivergence:

I also prefer the term/s Neurodivergent/ Neurodiverse/ ND¹ as it feels inclusive and can apply to a number of conditions, and it can be an effective way to cover multiple diagnoses/ conditions, without sounding like you have a laundry list of 'issues'. (white female, aged 40–49, ADHD, Autism, Dyslexia, Dyspraxia and Tourette's)

Furthermore, the use of 'neurodivergent' could be a way of avoiding people's misconceptions about individual forms of neurodivergence:

It tends to be people I interact with at work who don't understand the full extent of what dyslexia can effect. I hate it when people go well you just can't spell as it is so much more than that and effects everything, I think that's why I like the term neurodivergent so much more. (white female, aged 30–39, Dyslexia)

Using neurodivergence-related terminology also had the advantage of allowing a limited form of disclosure or 'outing', which could be a protective strategy when people felt unsafe or were talking to those they didn't know well: 'Neurodiversity is a good word because it doesn't force people to essentially out themselves with anything they are if they don't feel comfortable. It allows you to find comfort with other people'. If they received a positive response to this initial sharing, some participants noted that it could also lead to discussion about their communication or support needs: 'The term is broad which allows the individual to explain in lay terms how they are challenged in learning'.

For those who were self-identifying or on diagnostic pathways, saying that they were neurodivergent could feel more comfortable than claiming a self-identification of a single condition: 'I like "I am neurodivergent" because although I have only been diagnosed with ADHD, I am most definitely ND in other ways but still figuring it out'.

The 'umbrella' aspect of neurodivergence was also viewed as valuable because of the common 'shared experiences', providing a 'family of conditions' which 'promotes inclusion and intersectional solidarity' which 'treats us all as a family'. Some participants noted that this was valuable in bringing together those with other forms of neurodivergence:

I think it is helpful as it creates a community beyond autism and connects me to others who face similar issues in inaccessibility of society and also denotes that my thinking is not typical but that does not mean it is disordered or wrong or needs some sort of 'correcting' or 'cure'. (white non-binary person, aged 20–29, Autism)

By contrast, many of these consequences of neurodivergence being an 'umbrella' were viewed negatively by some participants. Some people felt that the term neurodivergence was 'so broad as to be useless', including that it 'covers too many disorders', 'loses detail and overgeneralises' and is therefore 'meaningless':

Recently a lot of people refer to themselves as 'neurodivergent' and a lot of things now seem to be included under the neurodiversity umbrella (E.g. now schizophrenia and bipolar disorder). I think we have moved too far away from its original purpose, as a way of thinking about disability. (white man, aged 30–39, ADHD, Autism)

Table 2. Awareness and Use of Neurodiversity Terminology.

Have You Heard of the Word Neurodiversity?							
	N (total)	Yes		No		Unsure	
		n	%	n	%	n	%
Total across all participants	898	888	98.8	6	0.7	4	0.4
Autism	688	686	99.7	2	0.3	0	0
ADHD	447	443	99.1	2	0.4	2	0.4
Stuttering	20	20	100	0	0	0	0
Dyscalculia	89	88	98.9	1	1.1	0	0
Dysgraphia	28	28	100	0	0	0	0
Dyslexia	165	159	96.3	3	1.8	3	1.8
Dyspraxia	201	201	100	0	0	0	0
AAC users and non-speaking people	17	17	100	0	0	0	0
Learning disability	7	6	85.7	1	14.2	0	0
Pathological Demand Avoidance	97	97	100	0	0	0	0
Sensory processing disorder	228	227	99.6	1	0.4	0	0
Tourette syndrome	28	26	93.0	1	3.5	1	3.5
Do You Use Words Related to Neurodiversity to Describe Yourself?							
	N	Yes		No		Unsure	
		n	%	n	%	n	%
Total across all participants	901	674	74.8	185	20.5	42	4.7
Autism	690	538	78.0	120	17.4	32	4.6
ADHD	449	375	83.5	56	12.5	18	4.0
Stuttering	20	15	75.0	3	15.0	2	10.0
Dyscalculia	89	74	83.1	13	14.6	2	2.3
Dysgraphia	29	27	93.1	2	6.9	0	0
Dyslexia	166	111	66.9	51	31.0	4	2.41
Dyspraxia	201	162	80.6	30	15.0	9	4.5
AAC users and non-speaking people	17	13	76.5	3	17.6	1	5.88

(continued)

Table 2. Continued.

Do You Use Words Related to Neurodiversity to Describe Yourself?							
	N	Yes		No		Unsure	
		n	%	n	%	n	%
Learning disability	7	2	28.6	2	28.6	3	42.9
Pathological Demand Avoidance	97	87	89.7	10	10.3	0	0
Sensory processing disorder	228	193	84.6	25	11.0	10	4.4
Tourette syndrome	28	20	71.4	6	21.4	2	7.1

This meant that some people did not identify with the label as it ‘says nothing about me’ or ‘encompasses so much it’s not really something I can comfortably apply to myself’. Others felt it was important to use specific terminology, such as ADHD, rather than the umbrella term which could be seen as hiding their identity or making it more palatable to others: ‘I used to use the term neurodivergent, to describe myself and sometimes say I was ND. I now much prefer to say I *am* autistic and ADHD. It’s bolder, stronger and people know what it means’.

Furthermore, some participants noted that the boundaries of what was and was not neurodivergent were blurry, so it could lead to misunderstandings. Other participants suggested that neurodivergence as a descriptor was ‘reductive’ and ‘doesn’t really explain anything’. As such, it was not viewed as helpful in conveying what support was needed for a particular neurodivergent person, and that it was thus ‘better to be more specific in most circumstances’. In addition, some participants felt neurodivergence was commonly focused on particular forms of neurodivergence (including Autism and ADHD) and thus excluded other forms of neurodivergence further marginalising those groups: ‘I have found the word has mostly been co-opted and gatekept specifically for autism. I fear backlash with using it for both Dyscalculia and PTSD side effects’.

Understanding of ‘Neurodivergence’ (vs. ‘Neurodiverse’). It was widely reported that ‘neurodivergence’ as a term was poorly understood: ‘It is almost always used wrongly’. Many respondents noted that people, ‘including neurodivergent people’, sometimes used ‘neurodiverse’ (i.e., everyone in the population) when they meant ‘neurodivergent’ (i.e., only those who are neurodivergent). This was often reported to be as a result of people being ‘confused’ or ‘mixed up’: ‘I think it’s a genuine mistake and it took me a while to understand the different sounds even though I understood the different meanings’. Other participants however, felt that these linguistic errors could be indicative of

people using ‘buzzwords’ whilst paying lip service to neurodiversity equality: ‘the word neurodiversity is to me rather hostile. Somewhat akin to all lives matter’. Accordingly, incorrect language usage could serve as ‘a red flag’.

For many respondents, other people’s incorrect neurodiversity terminology usage was very frustrating and something they would not want used about them by others: ‘people using “neurodiverse” to mean “neurodivergent” makes me want to hit somebody with a dictionary!!!’ Other participants noted that incorrect use of neurodiverse and neurodivergence was something they ‘really hate’, ‘intensely dislike’, or something that was ‘a pet hate’, ‘drives me nuts’ or that it made them feel ‘sick’, ‘irrationally annoyed’, and ‘extremely frustrated’.

Some participants noted that they themselves did not use neurodiversity-related terminology. For many this was because they expected that those they were talking to might not understand the word: ‘I don’t generally use the term neurodivergent because I think many people may need it to be explained’. This meant that the word was ‘not useful communicatively’. Additional barriers to use, resulting from the confusion, included that it might lead to ‘awkward’ conversations. Furthermore, it was felt that the concept of neurodivergence can be ‘harder to explain’ than talking about a single specific form of neurodivergence (like Autism). Finally, some people felt that they might ‘confuse people’ if they used this language, and could lead to others using the language inappropriately in the future.

Other participants did not feel confident with using neurodiversity language correctly themselves, or noted that they had previously got it wrong: ‘I get a bit confused at the difference between neurodiverse and neurodivergent but I tend to use neurodivergent frequently’. By contrast, a small group of neurodivergent participants purposely used ‘neurodiverse’ in place of ‘neurodivergent’, including because the ‘divergent’ part of neurodivergent sounded negative to them: ‘I think “divergent” makes it sound like I’m a mutant! But ‘diverse’ is a compliment’.

Several participants noted that incorrect language usage could result in conflict within neurodivergent (online) communities. This was viewed as divisive and not serving the needs of neurodivergent people:

the fetishising of language is such a stupid distraction from actual issues like employment, abuse, stigma etc, and in a community that supposedly encompasses dyslexic, learning disabled, etc people, to fetishise what is essentially just an issue of grammar and make it into some kind of shibboleth is f***ing insane (Jewish female, aged 30–39, Autism, Dyspraxia)

Stigma and Identity. Many participants said they felt neurodiversity-related terminology reduced stigma towards them, as it was an ‘inclusive description’ that was ‘neutral, factual... with no emotional or judgemental connotations’. This was often explicitly related to neurodiversity being seen through a strengths-based model rather than as a ‘perceived deficit’ or a ‘disorder’ or ‘condition’. It was noted: ‘it doesn’t have a hierarchy implication, it just says that everyone is different, no better, no worse. Different does not equate to wrong or bad’. Furthermore, some participants explicitly linked their thoughts to the neurodiversity paradigm and/or the social model of disability: ‘I would add that I don’t feel neurodivergence is a disorder but it is a disability due to the environments in which we have to function’.

It was thus suggested that people would not be judged by others when using neurodiversity terminology: ‘people are not prejudged and can explain their difference in a way that is suitable to them, if necessary’. Moreover, for some this led to feelings of community, belonging and empowerment: ‘it makes me feel like I belong more than “autistic” does’. However, one participant noted the opposite: ‘I use neuro divergent because it’s less stigmatised but I prefer autistic because it means something (to people who know what autism is)’.

By contrast, whilst most participants held these positive views, some participants suggested that using neurodiversity-related language could reinforce stigma. First, it was suggested that saying ‘neurodivergent’ could be done to avoid using stigmatised terms like ‘Autism’. This was viewed as a form of ‘cushioning of words some find offensive’ which could reinforce stigma directed towards some groups of neurodivergent people: ‘I feel using neurodivergent to cover ADHD and autism as lots of people do, really just drowns out autism. It’s as if it’s a bad word that people don’t want to say or acknowledge’. Furthermore, some participants felt that others saying neurodivergent delegitimised their identity relating to a specific type of neurodivergence: ‘When people hear that I’m autistic, some often try to distance themselves from the language I am using and refer to me as ‘neurodivergent’ because I don’t look like what they envision when they think of an autistic person’. Second, for a small number of

participants, neurodivergence could be viewed as a broader stigmatised category: ‘I prefer just “ADHD” and really dislike “neurodivergent” – it makes me feel like I’m lumped into one big category of “not normal”’.

Discussion

Our study aimed to explore the views and experiences of neurodiversity-related terminology among adults from the UK with developmental forms of neurodivergence. Over 900 people completed our survey, and the vast majority had heard of neurodiversity, and over two-thirds of all groups except those with learning disabilities used neurodiversity terminology to describe themselves. Alongside this, 398 of our participants left open text comments specifically relating to neurodiversity terminology, providing a rich dataset, with many strong feelings on terminology provided. Whilst findings from our closed questions suggest a reasonably high level of acceptability of neurodiversity terminology, the open question responses provide a more nuanced account. Of significant importance to many participants was people using the language correctly; by saying ‘neurodivergent/neurodivergence’ when they meant a person or group of people who are neurodivergent, rather than incorrectly using ‘neurodiverse’ (meaning all people) to refer to neurodivergent people (see Walker, 2021 for further details on correct usage).

Some of our participants specifically noted that language has the power to stigmatise, a concept well established in cultural (Hall, 1997) and disability (Shakespeare, 2004) studies. Neurodiversity terminology was often felt by participants to be less stigmatising than the use of specific neurodevelopmental diagnoses, which is unsurprising in the context of stigma arising from deficit narratives of ADHD (Visser et al., 2024) and Autism (Turnock et al., 2022), whilst simultaneously leading to stigmatising ‘superpower’ narratives of dyslexia (Wissell et al., 2025). Using neurodiversity terminology about themselves thus appeared to offer a safer form of partial disclosure in contexts that did not fully feel safe. That said, greater alignment with the neurodiversity paradigm has been associated with a preference for neurodiversity-terminology (Dwyer et al., 2025) and partial disclosure in minoritised sexualities has been associated with internalised homophobia (Berman et al., 2023). It may thus be that those who experience less internalised ableism find disclosure less challenging; the reasons behind partial disclosure should be explored in more depth in future research. Internalised ableism has impacts on physical and mental health (Jóhannsdóttir et al., 2022), and thus it is essential to create more accepting societies so that underserved groups can flourish.

In addition, some participants noted that using neurodivergence terminology could have the unintended consequence of adding stigma to individual forms of neurodevelopmental difference. This finding is not unique

to our population, with reducing use of the word ‘disability’ occurring alongside a context in which disabled people face stigma, discrimination and reduced public services (Andrews et al., 2019). Furthermore, some academics – who are more aligned with a medical model of disability – argue that it is the word ‘disability’ itself that is disabling (Mousavi et al., 2020). This view point is robustly contrasted by proponents of the social model of disability who argue that disability is caused by a social context in which the human rights of disabled people are systematically ignored (Shakespeare, 2004).

We also feel the use of medicalised language in relation to developmental forms of neurodivergence is worthy of note. Epistemic injustice occurs when marginalised persons or groups are either discredited as knowledge producers or are excluded from societal meaning-making practices and concept development (Fricker, 2007). One form of epistemic injustice is hermeneutic injustice, where the marginalised group does not have the societal resources – including language – available to describe issues because their experiences have been excluded during the development of such resources. Arguably, much of the other language used about and by neurodivergent people, including pathologizing medical model categorisations and language, including terms that include the word ‘disorder’, has been developed without our input. As the term neurodiversity was developed by neurodivergent (albeit mainly Autistic) people (Botha et al., 2024), it may be expected that it would reduce hermeneutic injustice. However, recent research with neurodivergent and neurotypical faculty and students shows that neurodiversity terminology does not necessarily result in thoughts aligned to the neurodiversity paradigm, with only a small number of those using neurodiversity terminology doing so in ways aligned to the neurodiversity movement (Accardo & Cormier, 2025). It may also explain why so many of our neurodivergent participants felt very strongly about neurodiversity terminology being used accurately; inaccurate use may feel like another form of epistemic injustice, testimonial injustice, where a minority group’s views are disregarded by the majority. This inaccurate usage of neurodiversity terminology may be evidence of a ‘euphemism treadmill’ – where new diversity-related words are constantly needed because newer words lose their positive meaning when more widely adopted, and become stigmatised once again (Pinker, 1994). Further study of neurodiversity-terminology and its relation to epistemic injustice and the euphemism treadmill would be beneficial.

Our participants also sometimes reported that neurodivergence terminology was not always useful because the terminology encompassed so many different neurotypes, and thus did not clarify their needs. Similar arguments have recently been seen in relation to Autism specific terminology, with some clinicians arguing to sub-divide Autism into ‘profound Autism’ and Autism, which has been robustly critiqued by many Autistic academics

(Bottema-Beutel et al., 2023; Natri et al., 2023). A major factor in such critiques is that the term ‘profound Autism’ does not say anything about that person’s support needs, and can imply that those who do not meet the criteria for ‘profound Autism’ cannot be profoundly disabled by being Autistic in a society that does not meet their needs. Our participants reported that using neurodivergence terminology could reduce clarity about their needs, which could be beneficial in terms of retaining privacy, but also obscured their needs which would be unhelpful when arguing for support and understanding. Regardless, the fact that most participants used neurodiversity terminology about themselves shows that having the *choice* was valuable. Furthermore, whilst our study focuses on terminology within the UK, the neurodiversity movement itself is a global one (Botha et al., 2024). As such, our findings can contribute to wider international debates about neurodiversity discourses (Quigley & Gallagher, 2025), even if the linguistic and cultural ideas differ across contexts. That said, it is important that global (Buijsman et al., 2023) and indigenous (Rose, 2024) perspectives on neurodiversity terminology are considered.

Strengths and Limitations

Our study is one of the first to consider neurodivergent people’s views of neurodiversity terminology. We, the authors, are a collective of neurodivergent people and our measures were developed with input from those with forms of neurodivergence that our group did not cover. However, it is relevant to note that our group did not include those who were non-speaking, had Tourette syndrome or learning disabilities. This may have influenced our analysis, and it is important that future studies more comprehensively include these communities as partners. Furthermore, we did not undertake user testing with a wider group of neurodivergent people and did not have input from those with learning disabilities in the development of the survey tool.

Our participants were not equally split across different forms of neurodivergence, with high proportions of data from those who are Autistic and have ADHD, and low representation of those with learning disabilities (0.8%). Moreover, the majority of our participants were female (69%), of white ethnicity (93.3%) and identified as disabled (92.9%). Thus, our research failed to reach underserved parts of the neurodivergent population, including people of colour, which has previously been identified as a result of systemic racism in Autism research (Jones et al., 2020). Our participants were recruited online and did not receive an incentive for taking part and were thus likely a highly motivated sample. The over-representation of women in online research has previously been identified (Becker, 2022), although the opposite is true in clinical research (Abbasi, 2023).

To date, there is a lack of large-scale epidemiological evidence comparing demographics with neurodivergence,

although Autism has been the most studied to date (see for example: Lai et al., 2015; Rydzewska et al., 2018). However, there are reliability issues when it comes to Autism diagnosis status being recorded in medical records (Heyl et al., 2023), which would impact the accuracy of data linkage studies. That said, research shows that women (Lai et al., 2015) and older people (Stewart & Happé, 2025) are less likely to be diagnosed as Autistic. This pattern may be true for other forms of neurodivergence, but regardless our sample was different to the UK population as a whole (ONS, 2022, 2023). Taken together, these issues reduce the generalisability of our findings. Future research should consider how to broaden samples in neurodivergence research to be more diverse, and more representative.

A further limitation is that less than half of our participants answered open text questions with comments related to neurodiversity terminology. Many of these were relatively detailed and conveyed very strong feelings relating to neurodiversity terminology, and it may be that participants with less strong feelings chose not to respond to these open text questions. Future research could usefully build on our findings by considering the use of neurodiversity terminology in other contexts and through the use of more in-depth interviews.

Conclusion

Language choices relating to disability are deeply personal. Whilst many of our neurodivergent participants used neurodiversity terminology themselves, there were strong feelings about the terminology being used incorrectly by others. For this reason, it is important that organisations and those providing services to neurodivergent people use neurodiversity terminology correctly when communicating publicly. However, because of variability of preferences expressed by participants, when communicating on a one-to-one basis, individuals may choose to mirror the language used by the individual neurodivergent person, including whether to use terminology associated with their particular form(s) of neurodivergence (e.g., dyscalculia, Tourette syndrome) or more general neurodiversity terminology (e.g., neurodivergent, neurodivergence).

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Ethical Approval and Informed Consent

This study received ethical approval from the University of Sunderland Research Ethics Committee (reference: 010358). All participants reviewed an information sheet prior to providing informed consent in writing by ticking a box on the qualtrics survey platform. This included permission for data to be used in publications. All aspects of the study were conducted in line with the 1964 Declaration of Helsinki.

Author Contributions

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Jennifer Leigh: Conceptualization, Methodology, Formal analysis, Writing – review & editing.

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Data Availability

No data from this research are available for secondary analysis.

Supplemental Material

Supplemental material for this article is available online.

Note

1. “ND” is used by some people to mean ‘neurodivergent’, ‘neurodivergence’ or ‘neurodiversity’, sometimes interchangeably.

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