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Language Preferences of the Autistic Community and Educators Living in Northern Ireland and the Republic of Ireland

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Abstract

The aim of our co-produced, multiple methods study was to explore the language preferences of the autistic community in Northern Ireland and the Republic of Ireland, as well as the preferences of educators supporting autistic learners in this region. A total of 111 participants completed the survey, which included both open- and close-ended questions. Ten of the participants were autistic educators, 35 were autistic non-educators, and 66 were non-autistic educators. Overall, autistic people preferred identity-first terms, such as *autistic*, *neurodivergent,* and *neurodiverse* over person-first terms (e.g., *person with autism*). Non-autistic educators showed no clear preference for any terms but acknowledged the importance of asking autistic people about their preferences. Based on our findings, it is recommended that educators respect the preferences of the individuals they support. When it is not possible to ask about preferences, educators should opt for identity-first and neuro-affirmative terms, while avoiding person-first terms.

Keywords: autism, identity-first language, person-first language, educators, inclusive education, Ireland

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According to Bottema-Beutel et al. (2021), ableism[1] shapes the way in which people think and talk about autism, insidiously perpetuating the idea that autistic people[2] are inferior to their non-autistic counterparts. Language serves to establish and further this agenda, ensuring that this narrative is firmly embedded in our social and cultural norms (Chown et al., 2017). Autism, a neurodevelopmental condition, is simultaneously a "real phenomenon" and a construct "constituted from social meaning, culture, language, and common understanding" (Botha et al., 2023, p. 871). Therefore, it is imperative that society consciously considers how it talks about autism.

Traditionally, the education of autistic children and young people has been influenced by the medical model of disability, focusing on the remediation of perceived deficits rather than building on existing strengths (Kapp et al., 2013; Schuck et al., 2022). Language choices have likely perpetuated this system, with terms such as *special schools, autism units,* and *pupils with autism spectrum disorder* (ASD) anecdotally being used in Northern Ireland (NI) and the Republic of Ireland (ROI). The neurodiversity movement aims to challenge these ableist notions by shifting the focus to a strength-based understanding of differences and diversity (Leadbitter et al., 2021). Through this lens, the autistic pupil is no longer seen as inherently disabled; rather, the educational environment is potentially disabling.

While some autistic pupils may require individualised supports to meaningfully participate in education (Hummerstone & Parsons, 2021), the right to inclusive education is championed and protected in the *United Nations Convention on the Rights of Persons with Disabilities* (UNCRPD; United Nations, 2006), as well as in the *Sustainable Development Goal 4* (United Nations, 2015). The UNCRPD acknowledges that while many autistic people will require tailored supports to access education

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[1] Ableism is defined as stigma, prejudice and discrimination experienced by individuals because of their disability or neurodivergence (Bottema-Beutel et al., 2021).

[2] This study uses identity-first language, based on the recommendations made by Bottema-Beutel et al. (2021) and the preferences of autistic individuals internationally (Keating et al., 2023).

in a manner that is equitable to their peers, societal barriers are still an important obstacle to inclusion (Jorgensen et al., 2023). Terminology and language choices, in particular, have a significant role to play in perpetuating or ameliorating such barriers, including the perception that autism can be cured, or that autistic pupils are somehow fundamentally inferior because of their diagnosis (Botha et al., 2023).

Language should serve to reduce stigma and enhance understanding and acceptance. However, "through common usage [new terminology can], become stigmatising in its own right" (Jorgensen et al., 2023, p. 99). Therefore, informed debate is warranted, and the perspectives of those with first-hand lived experience should be elevated. Central to the debate is the suitability of person-first (e.g., *person with autism*) and identity-first (e.g., *autistic person*) language. Person-first language was first introduced to reduce the stigmatisation and discrimination of disabled people (Bury, Jellett, Haschek, et al., 2023; Shakes & Cashin, 2019). Contemporary supporters of person-first language, typically clinicians and researchers (Crocker & Smith, 2019), argue that this linguistic framing reduces stigmatisation as it focuses on the humanity of the person rather than their condition (West et al., 2015). However, by linguistically separating the condition from the person, some argue that person-first language insinuates that autism is some type of deficiency, which only serves to perpetuate the stigmatisation (Botha et al., 2023; Bottema-Beutel et al., 2021).

Currently, there is no universally accepted term or language type that is preferred by the autistic community. Kenny et al. (2016) surveyed 3,470 individuals and found that autistic adults in the United Kingdom (UK) favoured *autistic* and *autistic person* (i.e., identity-first language) over *person with autism* (i.e., person-first language). However, this position was not unanimous. For example, 39% of participants in Kenny et al.'s (2016) study did not support the term *autistic* and over 60% did not support the term *autistic person*. Similarly, in a large-scale international study of 654 English-speaking people across 30 countries, Keating et al. (2023) determined that there was "no universally accepted way to talk about autism" (p. 406) and that preferences varied across the different countries. The overall conclusion was the importance of respecting personal preferences within a particular context.

Although Keating et al. (2023) included participants from Ireland and the UK, given the large-scale nature of the study, the reasoning underpinning preferences within these regions was not studied in-depth. Therefore, the aim of our study was to conduct a concentrated exploration of the language preferences of the autistic community living in NI and the ROI, using a multiple methods approach. By employing a combination of open- and close-ended survey questions, we sought to understand not only what the preferred terms of this community were, but also why these preferences were held. In addition, we wanted to compare these findings with the language preferences of educators supporting autistic pupils in the region, with a view of identifying consistencies and discrepancies. To the best of our knowledge, this type of comparison has not been made in previous studies.

Given the role of language choices in perpetuating or ameliorating barriers to inclusion, understanding the preferences of both the autistic community and educators supporting autistic pupils is critical to progressing inclusive education on the island of Ireland. Therefore, the aims of our study are timely and likely to be of interest to multiple stakeholders, including the autistic community, educators, policymakers, and autism bodies, in both NI and the ROI. Based on previous research in this area, we anticipated that most autistic adults would prefer identity-first terms, but we were unsure of educator preferences. Given the historical use of person-first language in clinical and research contexts, we expected potential divergence in preferences between the two groups.

Finally, we were cognisant of the fact that research continues to be conducted about autistic people, rather than with them (Chown et al., 2017), so we sought to meaningfully include members of the autistic community in all aspects of the study. Guided by the recommendations of Nicolaidis et al. (2019), our team included two non-academic autistic community members from the outset to conclusion.

Method

The study described below is part of a broader research project on language preferences for autism-related terminology and individualised education planning (IEP) for autistic learners in NI and the ROI. For the findings of our IEP study, please see Gormley et al. (2024). The pre-registration details for this research can be found at https://osf.io/zg2ap/.

Research Design

Community-Based Participatory Research

This study implemented a community-based participatory research (CBPR) approach, in line with the principles and guidelines of the *Academic Autism Spectrum Partnership in Research and Education* (AASPIRE; Nicolaidis et al., 2019). CBPR is a form of action research where academics and community members have equal power-sharing throughout the research process (Israel et al., 2008). In this study, the research process was co-owned and co-developed by all members of the research team, including one autistic academic, two autistic community members, and one non-autistic academic. All team members were considered co-principal investigators and had an equal partnership throughout the development, execution, and dissemination of the research project (Nicolaidis et al., 2019).

Convergent Parallel Design

This study employed a convergent parallel design (Creswell & Plano Clark, 2017), where the quantitative and qualitative data were collected concurrently. Both elements were weighted equally in the analysis, analysed independently, and then interpreted together.

Ethics

Ethical approval for this study was granted by the Research Ethics Committee (REC) in the School of Social Sciences, Education and Social Work at Queen's University Belfast (REF 184_2122), as well as the REC of Dublin City University (DCUREC/2022/170).

Participants

For recruitment purposes, two groups of stakeholders were identified: (1) adults who were either formally diagnosed or self-identified as autistic and lived in NI or the ROI, and (2) non-autistic educators who supported autistic learners in primary or post-primary schools in the same region. In keeping with a rights-based approach, we decided to include participants who self-identified as autistic because research has shown that a significant number of autistic adults lack formal diagnoses due to diagnostic biases related to gender, socioeconomic status, and individual characteristics such as intellectual functioning (AsIAm, 2023; British Medical Association, 2019; McDonald, 2020; Noctor, 2023; Rabbitte et al., 2017). For example, from a sample of over 1,000 adults across the United States of America, more than one-fifth (21.5%) self-identified as autistic, with the remainder having a formal autism diagnosis (McDonald, 2020). However, McDonald (2020) reported that both groups were similar with respect to their experiences of autism identity, stigma, and quality of life. In our study, all participants who had a formal diagnosis of autism (*n* = 45) also self-identified as autistic.

This study relied on convenience sampling in the early stages of recruitment and snowball sampling in the subsequent stages, particularly when recruiting members of the autistic community. The two academics were responsible for recruiting educators. They shared the recruitment flyer with their own research networks and colleagues through email, and they advertised the study on their social media networks (i.e., LinkedIn, Facebook, X). In addition, Author 1 contacted all primary, post-primary, and special schools located in the ROI via email, while Author 2 did the same for all schools located in NI. The two autistic community members recruited individuals from their community by sharing the recruitment flyer with personal contacts and autism-related groups on social media platforms (e.g., Facebook, X, Reddit).

Participant recruitment took place from February to May 2023, resulting in 123 survey responses. Nine participants did not complete the consent form questions, while three participants completed these questions, but did not complete any survey questions. This resulted in 111 participants whose responses were analysed. Participants were divided into three groups for data analysis: autistic educators, autistic non-educators, and non-autistic educators (Table 1). There were 10 autistic educators; six from the ROI, three from NI, and one did not specify their location. Of the 35 autistic non-educators, 30 were from the ROI and five from NI. Finally, 66 non-autistic educators completed the survey; 45 of them were from the ROI, while the remaining 21 were from NI. The ethnic diversity within the sample was very limited, with only three participants across all groups coming from non-white backgrounds.

TABLE 1

Participant Demographic Information

	Autistic educators (*N* = 10) *n* (%)	Autistic non-educators (*N* = 35) *n* (%)	Non-autistic educators (*N* = 66) *n* (%)
Age			
18-24 years	1 (10.0%)	10 (28.6%)	0 (0.0%)
25-34 years	3 (30.0%)	12 (34.3%)	13 (19.7%)
35-44 years	4 (40.0%)	9 (25.7%)	14 (21.2%)
45-54 years	1 (10.0%)	4 (11.4%)	27 (40.9%)
55-64 years	1 (10.0%)	0 (0.0%)	11 (16.7%)
65+ years	0 (0.0%)	0 (0.0%)	1 (1.5%)
Gender			
Woman	6 (60.0%)	18 (51.4%)	61 (92.4%)
Man	3 (30.0%)	7 (20.0%)	5 (7.6%)
Non-binary	1 (10.0%)	8 (22.9%)	0 (0.0%)
Transgender	0 (0.0%)	0 (0.0%)	0 (0.0%)
Prefer not to say	0 (0.0%)	2 (5.7%)	0 (0.0%)
Location			
Republic of Ireland	6 (60.0%)	30 (85.7%)	45 (68.2%)
Northern Ireland	3 (30.0%)	5 (14.3%)	21 (31.8%)
Missing	1 (10.0%)	0 (0.0%)	0 (0.0%)
Ethnicity			
White	10 (100%)	31 (88.6%)	64 (97.0%)
Mixed race	0 (0.0%)	3 (8.6%)	0 (0.0%)
Black	0 (0.0%)	0 (0.0%)	0 (0.0%)
Asian	0 (0.0%)	0 (0.0%)	0 (0.0%)
Missing	0 (0.0%)	1 (2.9%)	2 (3.0%)

Procedure

This study was part of a larger research project that involved a four-part survey, consisting of 42 close-ended questions and four open-ended questions (available on request) and requiring approximately 10-20 minutes to complete. Part 2 of the survey, relevant to the current study, included 10 close-ended questions and two open-ended questions.

Survey Development

Survey development was guided by Nicolaidis et al.'s (2020) recommendations, which included the following features: (1) advance access to the survey questions; (2) hotlinks within the information sheet to define key terminology; (3) different options for participation; (4) prefaces to enhance understanding; (5) simplified and concrete language, and (6) a text-to-speech option within the survey. Additionally, the information sheet and survey were evaluated by five independent members of the autistic community, who provided feedback on accessibility, clarity, and length. There was only one suggestion to use identity-first and person-first terms interchangeably within the materials.

Measure

Language preferences were assessed through a rating task of 10 close-ended questions and two open-ended questions. Participants were first provided with a list of six person-first terms (i.e., *person with autism/Asperger's; person on the autism spectrum; person is autistic; person has autism; person with ASD; person who lives with autism*) and four identity-first terms (i.e., *autistic person; Aspie; neurodivergent; neurodiverse*). Previous research (Bury, Jellett, Spoor, & Hedley, 2023; Keating et al., 2023; Kenny et al., 2016) guided the development of this list. The list was finalised based on the lived experiences of all members of the research team and further validated by five independent members of the autistic community. The list included more person-first than identity-first terms, which mirrored the approach taken by Bury, Jellett, Spoor, and Hedley (2023) and reflected the greater number of person-first terms in use in education and society more generally. For each term, the participants were asked to indicate their preference using a 7-point Likert scale, ranging from *1 = strongly dislike* to *7 = strongly like*. For the two open-ended questions, the participants were asked to name their most-preferred term and least-preferred term and explain the reasoning behind those choices. If their preferred terms were not listed, they had the option to provide them within their responses.

Survey Implementation

After providing consent, participants selected their preferred mode of participation: (1) completing the survey independently online via Microsoft Forms, (2) completing the survey over the phone with a member of the research team, or (3) completing the survey via Microsoft Teams with a member of the research team, with cameras turned off and the use of the chat feature, if needed. For the latter two options, the survey could be completed over several sessions and the responses were entered into the Microsoft Excel spreadsheet by the researcher. Only one respondent, a non-autistic educator, selected the Microsoft Teams option, while the remaining participants completed the survey through Microsoft Forms.

Data Analysis

Responses were analysed separately for the autistic educators, the autistic non-educators, and the non-autistic educators. We made this decision because autistic educators are qualitatively different to autistic people who are not educational professionals. Similarly, this group is qualitatively different to educators who are not autistic.

Quantitative Data

Responses to the demographic questions were analysed descriptively. Responses to the rating task were collated and the data distributions were analysed for each of the three participant groups. Given the relatively low participant numbers in each group compared to the number of Likert scale options, we collapsed the seven original Likert options into three new categories. The three new categories were: (1) *Overall dislike* = -1 (original scale options = 1-3), (2) *No opinion* = 0 (original scale option = 4), and (3) *Overall like* = 1 (original scale options = 5-7). The number of participants selecting each of these new categories was collated and used to represent the preferences of each group across each of the terms examined. These data are presented in Figures 1 and 2.

Qualitative Data

The open-ended responses were analysed by Authors 3 and 4 using thematic analysis (Braun & Clarke, 2006). The guidelines for collaborative qualitative analysis were also followed (Richards & Hemphill, 2018). Author 3 coded the responses of the autistic educators and autistic non-educators manually, while Author 4 independently coded the responses of the non-autistic educators using the QDA Miner software. Author 3 and Author 4 then met to discuss preliminary codes and themes and developed their initial codebooks. Following this, they switched datasets and exchanged codebooks, and independently re-coded the data. That is, Author 3 manually coded the responses of the non-autistic educators and Author 4 coded the responses of the autistic educators and autistic non-educators using QDA Miner. They then met again to compare their coding and discuss any discrepancies. Based on these insights, necessary modifications to the codebooks were made. The authors returned to their original datasets and used the adjusted codebooks to refine themes and identify illustrative quotations. Finally, the research team met to review and define the finalised themes.

Results

All data arising from this research have been deposited with the Open Science Framework (OSF) and can be viewed at https://osf.io/zg2ap/.

Quantitative Data

Figure 1 presents participants' preferences for each person-first term examined. Data show that most autistic non-educators indicated a preference for *person is autistic* (77%, *n* = 27), but many of them disliked *person with autism/Asperger's* (57%, *n* = 20), *person has autism* (46%, *n* = 16), *person with ASD* (60%, *n* = 21), and *person who lives with autism* (97%, *n* = 34). Sixty percent of autistic educators (*n* = 6) had a preference for the term *person is autistic*, while the rest disliked this term (40%, *n* = 4), as well as the terms *person with autism/Asperger's* (60%, *n* = 6), *person on the autism spectrum* (70%, *n* = 7), *person with ASD* (50%, *n* = 5), and *person who lives with autism* (80%, *n* = 8). Finally, the group of non-autistic educators had no clear preference for any person-first terms, but sizeable portions disliked the terms *person is autistic* (47%, *n* = 31), *person has autism* (47%, *n* = 31), and *person who lives with autism* (64%, *n* = 42).

FIGURE 1

Preferences for Each Person-first Term by Participants in Each Group

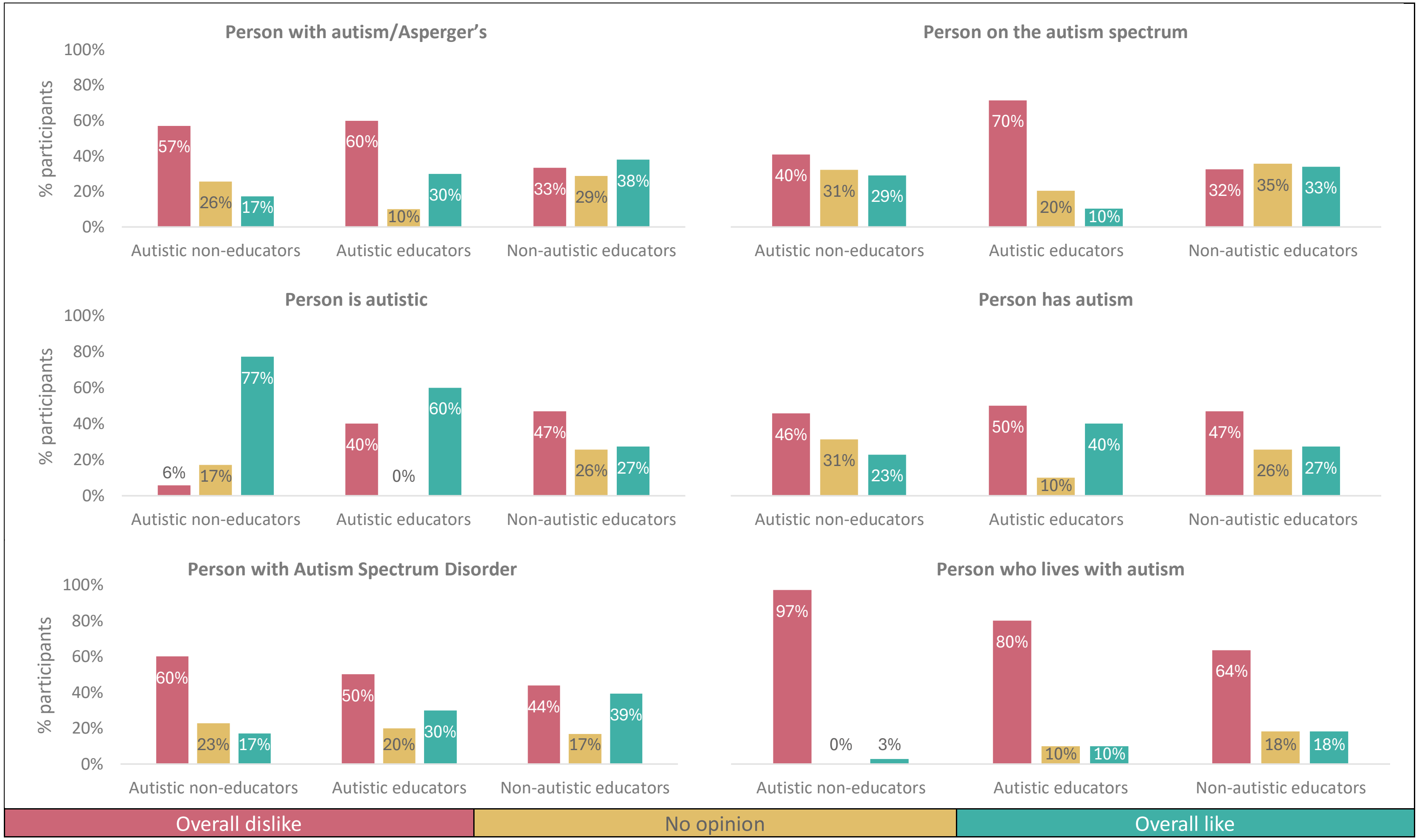


Figure 2 presents participants' preferences for each identity-first term examined. Data demonstrate that the majority of autistic non-educators showed a preference for the terms *autistic person* (89%, *n* = 31), *neurodivergent* (80%, *n* = 28), and *neurodiverse* (71%, *n* = 25). Most autistic educators also showed a preference for the terms *neurodivergent* (90%, *n* = 9) and *neurodiverse* (70%, *n* = 7). Data from the non-autistic educators indicated that this group had a preference for the identify-first term *neurodiverse* (47%, *n* = 31). Finally, the term *Aspie* was clearly disliked by all three participant groups.

FIGURE 2

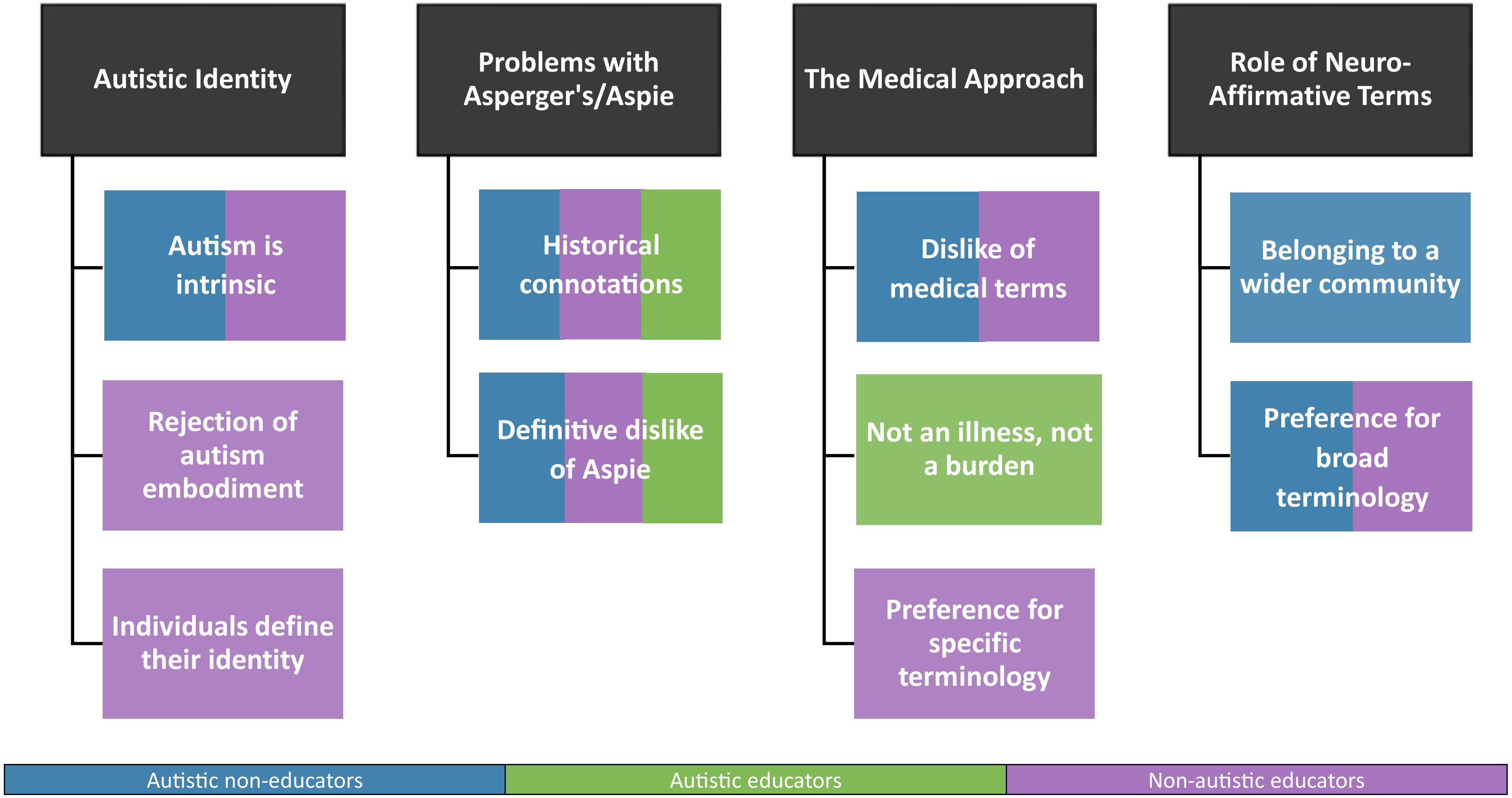
Preferences for Each Identity-first Term by Participants in Each Group

Qualitative Data

Thirty-four autistic non-educators, nine autistic educators, and 62 non-autistic educators responded to one or both open-ended questions. Thematic analysis revealed four themes across the three participant groups: autistic identity; problems with Asperger's/Aspie; the medical approach; role of neuro-affirmative terms (Figure 3). Colour coding in Figure 3 is illustrative of the groups whose data contributed to the identified themes and sub-themes.

FIGURE 3

Themes Identified Through the Thematic Analysis



The four identified themes are discussed next.

Autistic Identity

Both the autistic non-educators and non-autistic educators identified with this theme and thought *autism is intrinsic***.** The autistic non-educators acknowledged that being autistic was a distinct difference from neurotypicals and that it was embodied within themselves, as evidenced by the quote: "my autism is inseparable from who I am". Autistic non-educators disliked person-first terms using *with* because those suggested that autism was separate from the individual, "implying that there's a me that exists outside of my autism". They also reported that the term *autistic* was most appropriate because it was "straight to the point, no playing with words or demeaning my identity". Some of the non-autistic educators also appeared to dislike terms that separated autism from the individual. One participant expressed a dislike for *with* terms because "it is as if autism is a separate entity to the person". Another participant expressed their preference for identity-first terms because "autism is a part of who they are and is not something extra or deficient, just different".

Other non-autistic educators expressed a *rejection of autistic embodiment.* These participants preferred terms that defined an individual's identity outside of autism and allowed the person to be viewed as an individual. For example, one said: "the person is a person in their own right, they have a personality, they have a name". One non-autistic educator stated that identity-first language "preclude[s] other aspects of the person as a whole", while another stated that identity-first terms "make it sound like autism is all that they are" and that "[autism] should not define them".

Finally, some non-autistic educators believed that *individuals define their identity*. One participant said: "my most preferred term would be whatever the particular person is most comfortable with me using". Another respondent stated that the autistic community influenced their own preferred terminology as an educator: "I have read a few articles where it stated that autistic people like to be referred to in this way so [it] makes sense to take their advice on it".

Problems with Asperger's/Aspie

All groups disliked the term *Asperger's syndrome*, mainly due to its *historical connotations*. Among the autistic non-educators, references were made to Dr. Hans Asperger and his association with Nazism. One participant said: "his name should be forgotten"; while another stated: "the history of this term and its ties to eugenicism [sic] make it revolting to me". This group also felt that the term *Asperger's syndrome* "creates a hierarchy of autistic people" and an "unnecessary distinction" based on support needs. These participants felt that this divide implied that *Asperger's syndrome* was a "better form" of autism. One participant stated that "people with lower needs are not better than those of us with higher needs. We are all in this community together". This was also reflected in some of the responses from non-autistic educators. For example, one participant said: “Aspie is from the old DSM [Diagnostic and Statistical Manual of Mental Disorders] and was seen as a ‘better’ kind of autism”. Notably, *Asperger’s syndrome* was often indicated as the least preferred term by autistic educators, but this dislike was not always accompanied by references to eugenics, Nazism, or the functioning model of autism.

Participants across all three groups expressed a *definitive dislike of Aspie*, as there was a universal perception that the term *Aspie* was disparaging. For instance, autistic non-educators referred to the term as being “infantilising” and “childish”, while an autistic educator said the term “says nothing about me or my…struggles or strengths”. The non-autistic educators disliked the term due to its perceived colloquial nature, with one participant stating that it “sounds quite derogatory and almost like [giving] them a nickname”.

The Medical Approach

Both autistic non-educators and non-autistic educators expressed a *dislike of medical terms***.** Autistic non-educators rejected medicalised terms as they represented an underlying belief that autism is something “to be fixed” or is “curable”. For some of the non-autistic educators, words such as *disability, disorder,* and *illness* evoked feelings of “cold[ness]” and were described as “clinical”. One non-autistic educator stated that medicalised language created a “deficit medical picture of autism, [...] something to be cured or fixed, as opposed to a neurological difference”.

For autistic educators, autism was *not an illness, not a burden*, so they rejected any terms that framed autism in this way. For example, participants did not like medical terms that “make it seem as if I have a medical condition” or that “[make] out autism to be a problem and that I have to live with it”. One participant stated: “I’m not living with the difficulty of being autistic, I’m living with the difficulty of people not understanding [autism]”. These participants believed that “framing autism as a burden rather than a difference” is not something that should be done within the autism community itself or by non-autistic people.

Finally, a minority of non-autistic educators expressed a *preference for specific terminology*, especially medicalised terms. The term *ASD* was preferred by one participant because it was a “medical diagnosis with the least interpretation required”. Similarly, another participant did not like neuro-affirmative terms because they left more room for interpretation regarding the specific needs of the person. They felt these terms did “not specify the nature of the condition”.

Role of Neuro-Affirmative Terms

Some autistic non-educators preferred neuro-affirmative terms as they expressed a *belonging to a wider community.* One participant stated that the term *neurodivergent* "covers a wide base of disorders, including ADHD, dyslexia, etc. There is a big overlap in people on the spectrum with other disorders". Another participant expressed that neuro-affirmative terms established the idea that being autistic "reflects a different way of being, of which there are many".

Neuro-affirmative terms were preferred by autistic non-educators and non-autistic educators because they had a *preference for broad terminology*. For autistic non-educators, neuro-affirmative terms could "mitigate outdated stereotypical views" because the terminology "prompts sensible questions from people without the judgement [sic] that can come with stating you are autistic", whereas the non-autistic educators stated that by using broad terms, people were "less likely to immediately make assumptions about an autistic individual". It was argued that the absence of a specific label allowed for the individual's unique needs to be identified. More specifically, "[it] individualises the person, because the spectrum is so vast". Neuro-affirmative terms were seen as "an inclusive general term" not just for autistic individuals, but wider society, because they provided a "positive description of neurological differences amongst all people".

Discussion

The aim of this CBPR study was to explore the language preferences of the autistic community and educators supporting autistic learners in NI and the ROI. Ahead of conducting this research, we expected that most autistic adults would prefer identity-first terms, but we wanted to objectively test this hypothesis and learn more about the reasons behind these preferences. We were unsure of educator preferences, but expected there would be disagreements with autistic community members, particularly given the history of person-first language being used in clinical and research contexts. In addition to common person-first and identity-first terms, we also wanted to explore people's endorsement of neuro-affirmative terms, such as *neurodivergent* and *neurodiverse*.

Autistic participants in the current study showed an overall preference for identity-first language, particularly the terms *autistic person, neurodivergent,* and *neurodiverse*. Interestingly, the word *autistic* was preferred by many autistic participants in both identity-first (i.e., *autistic person*) and person-first (i.e., *person is autistic*) contexts. Traditionally, the word *autistic* has been used as a slur to dehumanise and marginalise autistic people (Keating et al., 2023). However, by self-labelling as autistic, the autistic community may be reclaiming and redefining this identity, leading to a sense of pride, empowerment, and community (Bosman & Thijs, 2024; Popa-Wyatt, 2020). It is notable that autistic participants from NI and the ROI did not place restrictions on the use of *autistic*. This differs from previous studies, where participants indicated that this term was only acceptable when used by members of the autistic community (Bosman & Thijs, 2024; Geelhand et al., 2023; Keating et al., 2023). Future research could explore whether these two terms (i.e., *autistic person* and *person is autistic*) tap into the same underlying construct for autistic people, irrespective of being identity-first or person-first language.

Previous research has found that identity-first language is more likely to be endorsed by those who see autism as central to their identity (Bury, Jellett, Haschek, et al., 2023; Keating et al., 2023). This is consistent with findings from the current study, which revealed a strong sense of embodiment among autistic non-educators who endorsed identity-first terms. Given that Keating et al. (2023) found a similar result among their Irish respondents, autism may play a significant role in identity formation among autistic people living in NI and the ROI. This is not to say that autistic people have not experienced stigma in Ireland. Rather, the endorsement of the term *autistic* and its positive association with personal identity may represent an attempt to challenge the ableist stigma present in these societies (Han et al., 2022). It is imperative to understand that linguistic framings are dynamic in nature and constantly evolving. Language preferences do not need to be static and can evolve with cultural shifts and changes. Through regular use, terminology that once reduced stigma can become stigmatising in its own right (Jorgensen et al., 2023).

It has been suggested that the effects of stigma are mediated when autistic individuals have a sense of pride and connection with each other (Bogart et al., 2018). This could further explain the preference for neuro-affirmative terms such as *neurodiverse* and *neurodivergent* among our autistic participants. Although this terminology may be considered a safe option that offers "perceived protection…to avoid outing someone or themselves as autistic" (Keating et al., 2023, p. 420), it also allows individuals to identify with a larger group (i.e., the neuordivergent community). Notably, the autistic non-educators in the current study reported that neuro-affirmative terms were important because they gave them a sense of belonging to the wider disability community.

Among the autistic participants, the least preferred terms were the following person-first options: (1) *person with autism/Asperger's*; (2) *person with ASD*, and (3) *person who lives with autism*. Notably, the latter two terms were disliked by a sizeable portion of non-autistic educators as well. These terms are thought to align with the medical model by separating the individual from their autism (Lei et al., 2021). The medicalised nature of these terms was highlighted within the qualitative findings among all three participant groups. While autistic educators were generally opposed to the term *person on the autism spectrum*, preferences for this term were not as clear among non-autistic educators and autistic non-educators. This is in contrast with previous findings; *person on the autism spectrum* was the most preferred term overall in Bury, Jellett, Spoor, and Hedley's (2023) study and in Kenny et al.'s (2016) study and was endorsed by 45% of autistic adults and 60% of professionals in Kenny et al.'s (2016) study. This preference was evident despite having similar comparison terms to those used in the current study (e.g., *person with ASD, autistic person, Aspie, person with* *autism*). Therefore, the recommendation to use *on the autism spectrum* by Bottema-Beutel et al. (2021) may not be suitable in NI and the ROI.

Of all the terms, *Aspie* was the least preferred across all three participant groups. Some of the reasons included the creation of a hierarchy of autistic people, Hans Asperger's involvement in the Nazi regime's eugenics, and the disparaging nature of the term *Aspie*. The stark rejection of this term is somewhat in contrast to Kenny et al.'s (2016) findings, who reported strong preferences for the terms *Aspie* and *Asperger's syndrome* among their sample of 502 autistic adults. Meanwhile, in their survey of 654 autistic adults, Keating et al. (2023) found that just under one-fifth endorsed the term *Aspie*. Notably, Kenny et al. (2016) conducted their research around the same time that the DSM-5 (American Psychiatric Association, 2013) consolidated several diagnoses, including *Asperger's syndrome*, into a single condition: *ASD*. While it is difficult to compare across geographical contexts, *Asperger's syndrome* (and its derivatives) may have gradually fallen out of favour as it is no longer recognised as a diagnosis, and it has become associated with the Nazi regime.

Finally, one of the most notable findings of this study was the lack of clear preference for any of the terms by non-autistic educators. Given the use of medicalised language in the educational context of NI and the ROI, there was some expectation that the educators would prefer person-first language. This was not the case, and the qualitative findings show that there were arguments for and against the use of person-first terminology. Unlike participants in Keating et al.'s (2023) study, the autistic participants in the current study did not feel like person-first language was imposed on them by non-autistic people. The non-autistic educators of this study were aware of the importance of language choices, and encouragingly, they acknowledged that their language preferences should be guided by the autistic community.

Given that some of the current findings are consistent with previous research, while other findings differ, we may never arrive at a consensus within empirical research regarding the best terminology to use. Language preferences seem to change depending on the language, region, and cultural context. Nonetheless, the linguistic framings used by non-autistic individuals should be guided by the autistic community (Botha et al., 2023). Researchers and educators have a duty to centre autistic voices within this conversation. This means directly asking autistic individuals which terms they prefer, and using language that respects those preferences. In situations where one cannot ask about personal preferences, they should use terms that are preferred by the autistic community in that region (Keating et al., 2023). Within the context of NI and the ROI, we recommend using identify-first and neuro-affirmative terms, while avoiding person-first terms such as *person with autism/Asperger's*, *person with ASD*, and *person who lives with autism*. The identity-first term *Aspie* should also be avoided.

Limitations

There were several limitations to the current study that must be acknowledged. First, while snowball sampling was necessary, this approach can result in a sampling bias that does not accurately reflect the autistic population. The recruitment of autistic participants was facilitated through social media and online fora, particularly Reddit. While Reddit helped to increase our numbers, this may have resulted in a more biased sample of autistic participants who had more interest in the language debate, and were more active in online discussions regarding this issue. It has been noted in previous research that the #actuallyautistic online community tends to prefer identity-first language (Shakes & Cashin, 2020). Furthermore, this recruitment method may have inadvertently resulted in a younger cohort of autistic respondents, which is seen in the demographics (Table 1). Younger autistic individuals may be more familiar with the neurodiversity movement, and as a result, more likely to prefer identity-first language. In contrast, the non-autistic educators, who were older, may have had less exposure to this discourse, which could have impacted their preferences or lack thereof.

Additionally, despite our efforts to promote the accessibility of our survey, we acknowledge that it was limited to a specific set of participants who could access the internet. Therefore, our sample may not reflect the full heterogeneity of the autistic community living in NI and the ROI. Our participants were also predominantly white, and more women completed the survey than any other gender. This does not reflect male-to-female diagnostic rates (Loomes et al., 2017), and the percentage of autistic individuals who are thought to be gender-diverse (Warrier et al., 2020). This is a common limitation within the literature, as autistic women tend to be more involved in online research (Kapp et al., 2013; Kenny et al., 2016).

Another limitation related to our choice is terminology. First, we presented two separate terms (i.e., *person with autism* and *person with Asperger's*) together within the survey as the term *person with autism/Asperger's*. Based on our qualitative findings, *Asperger's* was largely disliked by all three participant groups due to its historical context. This may have resulted in lower rankings for this survey option. It is possible that a stronger preference for *person with autism* exists, but this has not always been the case in previous studies. We also did not examine other nomenclature related to autism, such as its broader conceptualisation (e.g., disability, condition, disorder) and terminology related to the abilities of autistic people (e.g., functioning labels, deficits, differences). Keating et al. (2023) found that functioning labels are still frequently used within autism research, despite them being problematic and harmful to this population (Bottema-Beutel et al., 2021). The use and preference of different nomenclature could be examined in future studies within NI and the ROI. Further research could also examine societal views and prejudice of autistic people when certain language is used (Bottini et al., 2024).

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