

# Autistic Language or Language with Autism?

*A Discourse Analysis of the Preferences and Uses of  
Disability Language within the Dutch Autism Community*

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## Abstract

This MA thesis adds to a relatively small body of existing research concerning autism and language by focusing on the preferences and uses of disability language by members of the Dutch autism community. The methodology of this study consisted of two major parts: a critical discourse analysis based upon Fairclough's model (1995, 2010), and an online survey. The latter was used to find out what kind of disability language is more commonly used on Dutch medical and non-medical websites (N=6) in comparison to British medical and non-medical websites (N=6). In turn, the results showed that only instances of person-first language (PFL) were found on the Dutch websites, such as the frequently occurring phrase 'mensen met autisme' (*people with autism*). On the other hand, the British websites almost exclusively used identity-first language (IFL), like the phrase *autistic people*. These findings were then compared to the results from the survey. A total of 307 Dutch adults, of which 273 identified as (self-diagnosed) autistic, participated in the survey. The participants' responses to quotes from the aforementioned Dutch websites (N=12) as well as their ratings of Dutch autism-related terms (N=10) were analyzed. In contrast to the websites, the majority of the participants preferred the use of identity-first over person-first terms, including 'autistisch zijn' (*to be autistic*) and 'autist' (*autie*). This means that there is a disconnect between the disability language preferred by members from the Dutch autism community and its use on Dutch medical and non-medical websites. However, in comparison to findings from (non-)native English-speaking autism communities (Bury et al., 2020; Kenny et al., 2015), the autistic terms that were most endorsed in the present research partially resembled those prior findings. In other words, the highest and second highest rated terms in this study, 'autisme' (*autism*) and 'autistisch zijn' (*to be autistic*), corresponded to the highest ranked terms in Kenny et al.'s (2015) and Bury et al.'s (2020) studies, respectively.

## Acknowledgements

One of the most well-known autistic traits is that of special interests. Though I have had many during my twenty-six years on earth, I never imagined this thesis would become one of them. Starting as a concept in the summer of 2021, it has been a (relatively) long time in the making. This research is near and dear to me, and I hope to have adequately conveyed that throughout. Most importantly, I hope the present study properly demonstrates and/or confirms why autistic voices should be amplified and listened to. Autistic people play an important role in autism-related matters, including yet not limited to this thesis. To quote Charlton (1998) and Werner (1998), there should be “Nothing About Us Without Us”.

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## List of Abbreviations and Acronyms

Table 1 below includes a list of the various abbreviations and acronyms used throughout this thesis, excluding those belonging to references. Additionally, the page on which each abbreviation or acronym is first defined or used (in the main text of this MA thesis) is also provided.

**Table 1**

*Overview of Abbreviations and Acronyms Used in the Main Text of the Current Thesis*

<b>Abbreviation or Acronym</b>	<b>Meaning</b>	<b>Page</b>
ARC	Autism Research Centre	35
APA	American Psychological Association	16
ASD	Autism Spectrum Disorder	8
ASS	Autisme Spectrum Stoornis	53
BIPOC	Black, Indigenous, (and) People of Color	9
BMA	British Medical Association	35
CDA	Critical Discourse Analysis	24
CRAE	The Centre for Research in Autism and Education	22
CRPD	The Convention on the Rights of Persons with Disabilities	13
DSM	The Diagnostic and Statistical Manual of Mental Disorders	10
FDA	Foucauldian Discourse Analysis	24
HFA	High-functioning autism	53
IFL	Identity-First Language	16
LFA	Low-functioning autism	53
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual/Aromantic/Agender	9
NAR	Het Nederlands Autisme Register	21
ND	Neurodiversity	19
NHS	National Health Services	36
NVA	Nederlandse Vereniging voor Autisme	42
PDD-NOS	Pervasive Developmental Disorder-Not Otherwise Specified	11
PFL	Person-First Language	15
UCP	United Cerebral Palsy	12
UN	United Nations	13
VAB	Vanuit autisme bekeken	40
WHO	World Health Organization	8

## 1. Introduction

As a result of the disability rights movement, the last three decades have seen a growing trend towards participatory research; to design and execute research with and by the disabled people that are involved rather than on them. This MA thesis focuses on the relation between autism and disability language preferences, which has received considerable attention since the publication of Kenny et al.'s study in 2015. However, only the linguistic preferences of (non-)native English-speaking communities (Bury et al., 2020; Kenny et al., 2015) and one very specific Dutch subgroup (Wevers, 2020) have been investigated thus far. More specifically, the autistic participants in Bury et al. (2020)'s study were from the Australian autism community, whereas Kenny et al.'s (2015) participants were part of the British autism community. As such, the present study aims to add to this growing body of literature by performing a discourse analysis in order to determine what autism-related terms are preferred and used by the majority of Dutch autistic people.

The discourse analysis consists of two parts. The first part is a critical discourse analysis in which six Dutch and six British websites will be analyzed. Contrasting these findings allows for an estimation of what terms are commonly used by medical organizations and non-profit organizations, both of which have a major influence on the overall narrative surrounding autism. In turn, the second part of the discourse analysis is an online survey that features quotes from the Dutch websites as well as autism-related terms. 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. Together, the results from the critical discourse analysis and the survey allow for a comparison between the two to find out whether the discourse practices as shown on the websites resemble the linguistic preferences within the Dutch autism community.

The overall structure of this MA thesis takes the form of seven chapters, including the introduction. The second chapter is the theoretical background. It first provides general information about disabilities and Autism Spectrum Disorder (ASD) before diving into the history of the disability movement and the origins of disability language. The last section in the theoretical background describes the aforementioned research concerning autism and language in further details. In turn, the third chapter focuses on the main research question of this study and the sub-questions, whereas the fourth chapter is concerned with the two-part methodology. The results of both the critical discourse analysis and the online survey are presented in the fifth chapter. Consecutively, the sixth chapter is the discussion of the previously mentioned results, and the last chapter forms the conclusion of this thesis. The limitations as well as suggestions for future research are also included in the latter.

## **2. Theoretical Background**

### **2.1 General Information about Disabilities**

According to the World Health Organization (WHO), there are currently over 1 billion disabled people worldwide, which corresponds to approximately 15% of the world's total population (Inclusive City Maker, 2021; World Health Organization, 2011, 2021b). However, the actual numbers are likely to be higher, since disability-related data and information are not collected and/or published in every single country.

The term *disability* is defined as “the negative aspects of the interaction between individuals with a health condition (...) and personal and environmental factors” (World Health Organization, 2011, p. 7). This definition refers to disability being a human rights issue, because the rights of disabled people are still very often violated (Capewell et al., 2015; Hughes et al., 2012). At the same time, disabled people frequently face a variety of barriers; not just in their daily lives, but when accessing health-related services too. Examples of such barriers include yet are not limited to lack of consultation and involvement, inadequate

funding, and negative attitudes (World Health Organization, 2011, 2021b). As such, disabled people form a vulnerable minority population.

Furthermore, within this minority population, there are even more vulnerable groups of disabled people than others. Oluo (2019) explains that this occurs “[b]ecause the needs of the most privileged are usually the ones prioritized, they are often the only ones considered when discussing solutions to oppression and inequality. These solutions, not surprisingly, often leave the underprivileged populations in our movements behind” (p. 74). Specifically, disabled Black, Indigenous, (and) People of Color (BIPOC) voices are often excluded, talked over and silenced as a result of the institutionalized ableism and racism within contemporary society (Malik & Cooper, 2021). This leads to further marginalization, oppression and violence. Disabled members of the LGBTQIA community (Disability Rights Education & Defense Fund, 2018; Fredriksen-Goldsen et al., 2012) and disabled women (Davaki et al., 2013; Whitworth, 2021) are more at risk too.

All of these discriminatory behaviors and human rights violations<sup>1</sup> occur despite the fact that disability is part of the human condition. In other words, whether the disability is permanent or temporary, most people are likely to experience some form of disability at one or several points in their lives (World Health Organization, 2011, 2021b). On top of that, disability is extremely diverse, with various kinds existing, such as mental and physical disabilities (Inclusive City Maker, 2021). That also means that there are plenty of hidden or invisible disabilities; those that are not immediately noticeable by others. However, “the impact or the validity of a disability is not [and should not be] based on the ability of others to

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<sup>1</sup> Discrimination or prejudice against disabled individuals is also referred to as *ableism* (Merriam-Webster, 2022). Although highlighting ableism is not the direct focus of this MA thesis, it is important to provide and use the right terminology. Bottema-Beutel et al.’s (2021) article includes more information about ableism as a whole. Their article also includes examples of ableist language and alternative non-ableist suggestions. Additionally, some terms might be considered ableist by one group yet not by others; whether those terms are ableist depends on individuals’ perspectives.

perceive it or to know how to perceive it” (Accessibility, 2022). Last yet not least, it is important to acknowledge and recognize that a single person can have multiple disabilities, which may (not) affect them equally.

## **2.2 General Information about Autism Spectrum Disorder (ASD)**

Recent findings have estimated that on average one out of 100 children is diagnosed with Autism Spectrum Disorder (ASD) (World Health Organization, 2021a; Zeidan et al., 2022).

These numbers were previously reported to be much lower (World Health Organization, 2013), which indicates an increase in measured autism prevalence on a global scale.

According to Zeidan et al. (2022), this “[reflects] the combined effects of multiple factors including the increase in community awareness and public health response globally, progress in case [of] identification and definition, and an increase in community capacity” (p. 1). The reason for these numbers only including autistic children, rather than a combination of autistic children and autistic adults, stems from the fact that characteristics of ASD are often detected in early childhood. Nevertheless, ASD is often not diagnosed until much later in life, which is partially due to the absence of medical tests for diagnosing it (American Psychiatric Association, 2013; World Health Organization, 2013, 2021a).

*ASD* is an umbrella term for autism: a developmental disability caused by differences in the brain<sup>2</sup> (World Health Organization, 2021a). The term *ASD* was first introduced in the fifth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (American Psychiatric Association, 2013), which has become the global research standard for psychological disorders. The previous editions of the DSM-5 were the DSM-IV (American Psychiatric Association, 1994) and its text revised version; the DSM-IV-TR (American Psychiatric Association, 2000). Both of these manuals consisted of a multi-axial assessment,

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<sup>2</sup> Due to autism being primarily related to differences in the brain, it is often referred to as a neurological disability as well (Bottema-Beutel et al., 2021; Botha et al., 2020; World Health Organization, 2013).

which was usually the first step in the diagnostic process. Concerning autism diagnoses, this meant that autistic people would receive one of the following diagnoses: Asperger's Disorder; Autistic Disorder; Childhood Disintegrative Disorder; and PDD-NOS (Pietrangelo, 2021). These diagnostic types are no longer used in diagnostic processes; they have been merged into the single diagnosis of ASD. It is important to note that these terms might still be used by people in conversation, e.g. by autistic people that were diagnosed prior to the installment of the DSM-5. However, both the previous as well as the current dominant terminology could be seen as ableist too. Therefore, in the remainder of this section and the rest of this MA thesis, the term *autism* will be used instead. Previous research by Bury et al. (2020) and Kenny et al. (2015) has shown that this term is generally considered to be a more neutral option.

Moreover, although labeled as a developmental disorder by the World Health Organization (2013), autism is a very diverse disability that can influence how people behave, communicate, learn and socially interact. Similar to other disabilities or disabled populations, people diagnosed with autism are a heterogeneous group, despite often being described or presented as a homogeneous one. The heterogeneity of this group of people means that there is plenty of room for individuality and variety within that group; not only when it comes to their (specific) accommodations and needs, but also regarding their strengths. However, as will be shown in the next section, it has taken a substantial amount of time before those were even considered.

## **2.3 Historical Overview of the Disability Movement in the Twentieth and Twenty-First Centuries**

### ***2.3.1 The First Wave of the Disability Movement (1900-1945)***

At the beginning of the twentieth century, there was no opportunity for disabled people to advocate for themselves and exert control in their lives; they had no basic civil rights (Anti-Defamation League (ADL), 2018; Wehmeyer et al., 2000). In fact, disabled people were

commonly blamed for their social ills and feared. Hidden from and invisible to society, many disabled people were forcibly admitted to asylums and institutions, where most of them would spend the rest of their lives (Anti-Defamation League (ADL), 2018). Known as the first wave of the disability movement, and also referred to as the professionalism movement, the only people in a position of power at this time were medical professionals (Wehmeyer et al., 2000). The first wave lasted up until the midpoint of the twentieth century; up to the Second World War (Anti-Defamation League (ADL), 2018; Wehmeyer et al., 2000).

### ***2.3.2 The Second Wave of the Disability Movement (1946-1960s)***

The Second World War led to large numbers of disabled veterans, which caused a major change in the overall perception of disabled people (Anti-Defamation League (ADL), 2018; Wehmeyer et al., 2000). However, this change was not necessarily a positive one. As noted by Wehmeyer et al. (2000), “[p]eople with disabilities came to be viewed as objects to be fixed, cured or rehabilitated, and simultaneously pitied; they came to be viewed as ‘victims’ worthy of charity [as well]” (p. 107). Consequently, and in combination with the infamous baby boom that occurred after the war too, the second wave of the disability movement came into existence (Anti-Defamation League (ADL), 2018; Wehmeyer et al., 2000). This wave is also known as the parent movement, as families increasingly united to support one another (Wehmeyer et al., 2000).

Although the creation of these support networks was the original goal of the movement, it soon became much more than that. Parents started advocating for their children and for themselves, and this parental rebellion brought forth organizations (Anti-Defamation League (ADL), 2018; Wehmeyer et al., 2000). For example, the United Cerebral Palsy (UCP) is an American nonprofit health organization that was started in 1948; in the midst of the second wave of the disability movement (United Cerebral Palsy (UCP), 2018). As a result of the parent rebellion, medical professionals started acknowledging the significance of parents

in important decision-making processes related to their disabled children.

Therefore, whilst the face of the disability movement rapidly changed again between the 1950s and the 1960s, the amount of legislative protection as well as services quickly expanding alongside it. These major changes occurred in America first, but civil rights movements also took off on an international scale in the 1960s. These movements were then quickly joined by disability advocates from all over the world (Anti-Defamation League (ADL), 2018; Wehmeyer et al., 2000).

### ***2.3.3 The Third Wave of the Disability Movement (1970s-2000s)***

The importance of concepts such as self-advocacy and self-determination that stemmed from the second wave of the disability movement were catalysts for the third wave that developed during the 1970s and 1980s (Anti-Defamation League (ADL), 2018; Wehmeyer et al., 2000). This third wave, aptly named the self-advocacy movement, demanded increased anti-discrimination laws and civil rights protections for disabled people everywhere (Wehmeyer et al., 2000). With the first country to have introduced both types of legislation being Japan in 1970 (The Government of Japan, 1970), slowly but surely, more laws were passed worldwide (see Appendix A). For instance, the UK ratified a civil rights law for disabled people in 1970, and an anti-discrimination law in 1995 (Parliament of the United Kingdom, 1970, 1995). Nonetheless, most countries adopted civil rights laws for disabled people in the twenty-first century; after the international human rights treaty of the United Nations (UN).

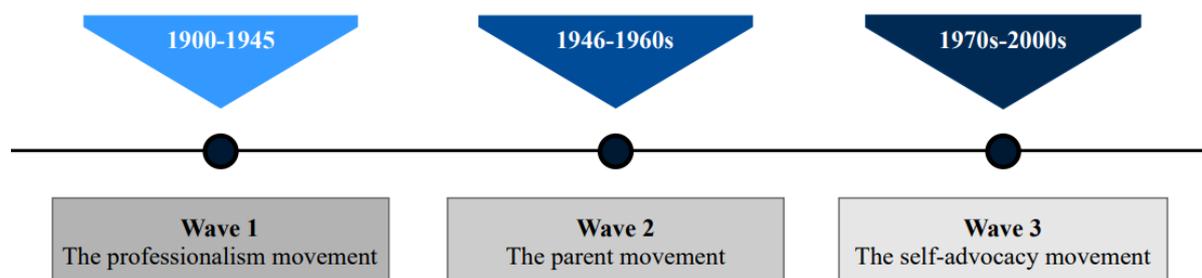
This treaty, called ‘The Convention on the Rights of Persons with Disabilities’ (CRPD), was passed on the thirteenth of December 2006 at the United Nations Headquarters in New York (United Nations, 2006, 2022). Accordingly, the purpose of the CRPD is: “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity” (United Nations, 2006). It entered into force on the third of May 2008. Some of the countries

that signed the international UN treaty in 2006, ratified it almost immediately after it went into effect, but most countries did not (United Nations, 2022). For example, the Netherlands signed the CRPD in 2007, yet it was only formally implemented relatively recently; in 2016 (Rijksoverheid, 2016). Even so, there were 164 signatories to and 185 ratifications of the CRPD at the beginning of 2022 (United Nations, 2022).

All in all, the disability movement has come an incredibly long way since the beginning of the twentieth century (see Figure 1 below). At the same time, there are still important steps that need to be taken; disability activism remains crucial, especially in contemporary times.

**Figure 1**

*The Three Waves of the Disability Movement in the Twentieth and Twenty-first Centuries*



## 2.4 Disability Language

### 2.4.1 Person-First Language (PFL)

In addition to the aforementioned expansion of legislation for disabled people, the self-advocacy movement also sparked the creation of the ‘Person First’ movement. This movement was formed in 1974; after the first self-advocacy conference in the USA (Wehmeyer et al., 2000). The ‘Person First’ movement was based upon the ideas and rationale of Wright. From the 1960s onwards, she had argued that people should never be equated with their disability or disabilities; the humanity of people should be emphasized instead (Wright, 1960, 1991). Thus, the movement aimed to demonstrate respect towards disabled people and,

in effect, to remove negative and offensive stereotypes regarding them. On top of the increased legislative measures, there was another key component for meeting these aims, namely the introduction of the term *person-first language*.

Person-first language (PFL) was first recommended by American advocacy groups in 1988 (Shepard, 1988). It refers to the structural form in which the descriptor, a phrase referring to a disability, follows the noun phrase that describes one or multiple individuals. As such, *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). According to Bulluss and Sesterka (2019), “this [linguistic distance] can soften the impact of a statement [from a semantic perspective], and might be employed to mitigate potentially negative reactions from others”. As a matter of fact, PFL was originally created to be applied to everyone; to disabled and non-disabled individuals (Gernsbacher, 2017). This has also led some researchers to state that reference to the disability should only be used when it is needed to describe the person, and that it can also be omitted, if unnecessary (Blaska, 1993; Hadley & Brodwin, 1988).

Dunn and Andrews (2015) explain the importance of the person-first approach, and of PFL, by providing the two main ideas behind it. Firstly, “the impact of multiple factors (...) means that one individual’s life with a given disability can differ markedly from that of another person with the same disability” (p. 258). This argument highlights the importance of promoting disabled people’s individuality as well as their homogeneity within groups. Every single person, whether disabled or not, has their own unique combinations of experiences, needs and strengths. Secondly, “no one with a disability should be referred to in monolithic terms (...), because doing so effectively objectifies the person by focusing only on the

impairment” (Dunn & Andrews, 2015, p. 258). In turn, such objectifying language results in disabled people coming to be perceived as ‘victims’ who are ‘suffering’, similar to what happened after the Second World War. Therefore, this second argument emphasizes disabled people’s autonomy; although they might need certain accommodations to assist them, disabled people (should) have control over their own lives. In sum, according to both the person-first approach and PFL, one’s disability should never be their defining characteristic or feature (Blaska, 1993; Bulluss & Sesterka, 2019; Dunn & Andrews, 2015; Vivanti, 2019).

As a result of its introduction in 1988, the use and development of PFL became more widespread throughout the 1990s. Initially, this only occurred in the USA, until PFL was picked up by several major publishers, amongst which the American Psychological Association (APA). The APA, one of the biggest publishers of scientific articles worldwide, first encouraged the use of PFL in the fourth edition of their publication manual (American Psychological Association, 1994). This endorsement to only use PFL lasted for over two decades; until the seventh edition was published in 2020 (American Psychological Association, 2020). Though the guidelines may have changed, it is fair to assume that PFL remains the standard or at least the dominant language choice in academia (Gernsbacher, 2017) and healthcare (Crocker & Smith, 2019). However, there are those that completely reject the use of PFL, in favor of *identity-first language*.

#### ***2.4.2 Identity-First Language (IFL)***

Identity-first language (IFL) refers to the structural form in which the descriptor, a phrase referring to a disability, precedes the noun phrase that describes one or multiple individuals. In effect, *autistic person* and *I am autistic* are both examples of identity-first language. No linguistic distance is created between the disability and the person in IFL; they are seen as essential to and inseparable from the individual’s identity (Botha et al., 2020; Bottema-Beutel et al., 2021; Bulluss & Sesterka, 2019; Sinclair, 2013; Vivanti, 2019). Furthermore, IFL

“allows the individual or group to ‘claim’ the disability as fact, as well as reframe it as a point of pride. Claiming disability means valuing disability” (Dunn & Andrews, 2015, p. 256-7). 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.

Though it is unclear who coined the term, Sinclair’s essay on why they dislike PFL was one of the first written texts about what would later be referred to as IFL (Sinclair, 2013). Originally written in 1999, Sinclair notes and elaborates on three reasons as to why they prefer using IFL language to talk about their autism diagnosis. Accordingly, the first reason for objecting to PFL is that it suggests autism can be separated from the individual (Sinclair, 2013). In actuality, autism is a neurological disability: it is caused by differences in the brain that manifest itself in specific (predominantly behavioral) patterns (Bottema-Beutel et al., 2021; Botha et al., 2020; World Health Organization, 2013). This means that autistic people can impossibly be separated from their autism (diagnosis); it is quite literally who they are. Various other disability scholars have reiterated this argument (Botha et al., 2020; McGuire, 2016; Vivanti, 2019).

Subsequently, the previous argument leads to Sinclair’s second reason. They further explain this argument by writing that “autism goes deeper than culture and learned belief systems. (...) If I did not have an autistic brain, the person that I am would not exist. I am autistic because autism is an essential feature of me as a person” (Sinclair, 2013). In other words, PFL is not used to describe characteristics that are considered central or fundamental to a person’s identity, like one or several disabilities. PFL creates a (linguistic) distance between the disability and the person only, despite its original intention to be used for everyone (Gernsbacher, 2017). In fact, Gernsbacher proved this point after searching over 180 million sources of scholarly writing. Her results show that PFL is predominantly used to refer to disabled children, and specifically to those whose disabilities are the most stigmatized,

including autism. Non-disabled children, on the other hand, are more frequently discussed using IFL. Gernsbacher concludes her research by noting that this linguistic discrepancy is likely to do more harm than good, even if the use of PFL by professionals and scholars is well-intended. In her own words, “rather than avoiding linguistic ‘bias against persons or groups’ on the basis of disability (...) scholarly authors may actually be imparting such bias” (Gernsbacher, 2017, p. 860). Thus, and in contrast to IFL, PFL seems to (further) stigmatize disabilities and disabled people as opposed to de-stigmatizing them.

Sinclair’s (2013) third and final reason for preferring IFL over PFL is that the linguistic framing of the latter suggests that autism is something bad, hence why it has to be (linguistically) separated from the person. They elaborate on this argument by noting that neutral and/or positive characteristics that are described using adjectives are commonly deemed acceptable. For instance, a person could be viewed as ‘kind’, which would make them *a kind person*; this person’s kindness is part of their identity, and mentioned as such. At the same time, it is very unlikely for that same person to be described using PFL; as *a person with kindness*. As noted by other disability scholars (Botha et al., 2020; Dunn & Andrews, 2015; McGuire, 2016), the linguistic framing of PFL leads to biases regarding that what is considered good and bad. Whereas the individual or people are commonly deemed to fit the former category, disabilities are more often than not considered bad. Although they are natural human occurrences (World Health Organization, 2011, 2021b), this villainization of disabilities is dangerous. It can lead to even more discriminatory behavior against disabled people, like acts of violence. Contrarily, since there is no linguistic separation between the disability and the person, IFL is seen as an overall better and safer alternative to PFL.

Another concept that is related to the aforementioned villainization of disabilities is *deficit-based* language, according to which individuals or groups are described in terms of deficiency and inadequacy (Fogarty et al., 2018; McCashen, 2005). Deficit-based language

“narrowly situates responsibility for problems with the affected individuals or communities, overlooking the larger socio-economic structures in which they are embedded” (Fogarty et al., 2018, vi). In other words, it only focuses on what people are missing or lacking, as opposed to addressing and acknowledging cultural differences, power imbalances and the like.

Consequently, any kind of discourse that incorporates deficit-based language equates individuals or groups with ‘the problem’<sup>3</sup>. Examples of deficit-based language are *delay(s)*, *issue(s)* and *problem(s)*. On the other hand, *strength-based language*, which is considered to be the opposite of deficit-based language, aims to invoke change by emphasizing people’s autonomy, capacities and uniqueness, among others (McCashen, 2005). This is done in context by examining the very same social dynamics that are (deliberately) overlooked in deficit-based language. Examples of strength-based language include *challenge(s)*, *difference(s)* and *difficult(y/ies)*.

Returning to the aforementioned reasons, all three of Sinclair’s (2013) arguments form the basis for the paradigmatic shift away from a pathological model that mandates the use of PFL towards a neurodivergent (ND) model. Initially coined by Blume and Singer in 1998 (Blume, 1998; Singer, 1998), the term *neurodiversity*<sup>4</sup> refers to the infinite biological diversity of humans. More specifically, the concept of neurodiversity acknowledges the existence of

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<sup>3</sup> Although a certain amount of overlap between the two cannot be disregarded, it is important to note that deficit-based language should not be confused with ableist language. As Resnick (2021) writes, “[a]bleism is centered around the notion that disabled people are imperfect and need fixing”. Thus, ableist language is predominantly used in relation to disabled people. This is not necessarily the case when it comes to deficit-based language. For example, Fogarty et al. (2018) studied the narrative used to talk about Aboriginal and Torres Strait Islander Australians’ health and overall well-being.

<sup>4</sup> Additional terms related to neurodiversity include the terms *neurodiverse*, *neurodivergent* and *neurotypical*. *Neurodiverse* is the adjectival form of *neurodiversity*, but it can only be used to describe a group of individuals. As noted by Shaw et al. (2021), “[g]rammatically speaking, one cannot be neurodiverse as an individual” (p. 654). Instead, one can use the term *neurodivergent*, which was coined by Asasumasu (Walker, 2021). *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). Finally, the term *neurotypical* is the opposite of *neurodivergent*.

people with differently functioning brains. It is important to note that the neurodiversity model stemmed from the term itself, but should not be confused with it; neurodiversity is not an activist or political movement in and of itself. Nowadays, however, the model is used by many disability activists, self-advocates and scholars, though there are many existing variations of it (Milton, 2019). The model has been linked to several movements, including the contemporary IFL movement that “reflect(s) the ever-growing push from autistic and disabled people for autonomy” (Botha et al., 2020, p. 3).

### ***2.4.3 Empirical Research on PFL and IFL in Autism Communities***

Despite the growth of support for replacing PFL with IFL, there has been a lack of empirical research on the subject, specifically in relation to autism communities. Only a few studies have researched the linguistic preferences of adult members within autism communities (Bury et al., 2020; Kenny et al., 2015; Wevers, 2020). Moreover, two of these have focused on people from (non-)native English-speaking autism communities. To further illustrate, Kenny et al.’s (2015) research examined which terms members of the British autism community (N=3,470) use and prefer to discuss autism. The participants in this study were further split up into four groups: autistic adults (N=502); family members of autistic people (N=380); parents of autistic people (N=2,207); and professionals (N=1,109). People who indicated that they were part of multiple comparable categories were only included once; resulting into a total of 3,470 participants. In turn, Bury et al.’s (2020) study investigated the linguistic preferences of autistic adults from the Australian autism community (N=198). The data from both studies were gathered through online surveys. However, despite this similarity in methodology, the results from both studies varied substantially (see Table 2 below).

#### **Table 2**

*Overview of the Participants’ Preferences of Terms Related to Autism in Bury et al.’s (2020) and Kenny et al.’s (2015) studies*

<b>Study</b>	<b>Most Preferred Autism-Related Terms</b>
Bury et al. (2020)	<i>autistic; autistic person; and person on the autism spectrum</i>
Kenny et al. (2015)	<i>autism; Autism Spectrum Disorder; and on the autism spectrum</i>

Table 2 shows that the participants in Bury et al.'s (2020) research varied in their linguistic choices; not everyone preferred using IFL over PFL for talking about autism. The data further displayed negative correlations amongst PFL and IFL, which "suggest that people who prefer person-first terms tend to perceive identity-first terms negatively, and vice versa" (Bury et al., 2020, p. 18). This same trend was found in Kenny et al.'s (2015) study, although PFL and IFL terms were not ranked as the most preferable ones to use when discussing autism. Still, the linguistic preferences of three participant groups were evident from the results. The professionals favored the use of PFL, which remained heavily endorsed by the American Psychological Association at that time (American Psychological Association, 2009), while autistic adults and family members had a clear preference for IFL. Altogether, the majority of the participants in Kenny et al.'s (2015) study favored the use of IFL over PFL for talking about autism. Nevertheless, it is important to note that the largest participant group, namely the parents of autistic people (N=2,207), was the most divided on the matter.

Likewise, there was no universal agreement amongst the autistic adults in Buijsman's BA thesis (Wevers, 2020). At the time of writing, their BA thesis is the only known research on this subject that was carried out in a country where English is not an official language; i.e. in the Netherlands. The student researcher collaborated with Het Nederlands Autisme Register (NAR) to look at the linguistic preferences of Dutch autistic employees, who were all participants of said registry. Even though the exact numbers are not available, Buijsman states that the total number of participants was close to five hundred, of which the majority preferred PFL. Yet, they note that "[their] study also very clearly shows that the preferences among the participants vary greatly" (Wevers, 2020). In fact, participants who had experienced discrimination and/or less self-stigma seemed to prefer IFL over PFL.

On the whole, and despite the lack of overall consensus within the three

aforementioned studies, their findings do exhibit one similar pattern: having a preference for either PFL or IFL is not as clear-cut for everyone who is part of any autism community. This pattern is likely influenced by cultural (and potentially geographical) differences, but whether it is solely the result of these differences, or whether it is due to other factors remains to be explored. That is to say, much uncertainty still exists about the relation between the linguistic preferences in autism communities and the factors that influence these preferences. The present study aims to fill in this research gap.

### **3. Current Research**

Having been the first study on autism and language preferences, Kenny et al.'s (2015) research was essentially ground-breaking; it provided greater insights into which terms the UK autism community preferred. On top of that, it also highlighted the linguistic dilemma that many people face when describing or discussing autism. The results showed that there were several discrepancies between, on the one hand, the language preferences of various subgroups within the UK autism community, and the rationale behind those, on the other hand. More accurately, the data indicated that the use of PFL by professionals, which included (medical) researchers and students, did not align with the preferences of most autistic adults and their family members.

As a result, it is fair to assume that Kenny et al.'s findings influenced the use of autism-specific language within professional settings, like on British medical websites. This line of reasoning partially stems from the researchers' backgrounds; they indicate correspondence(s) between multiple charities and educational institutions, including the UK's National Autistic Society (National Autistic Society, 2022b) and The Centre for Research in Autism and Education (CRAE) (The Centre for Research in Autism and Education (CRAE), 2021).

### **3.1 Main Research Question**

Taking into consideration the outcomes of the studies previously discussed (Bury et al., 2020; Kenny et al., 2015; Wevers, 2020), the current thesis aims to add to that relatively small body of literature by further analyzing the preferences and uses of disability language within the Dutch autism community. This will be done through a critical discourse analysis and through an online survey. The former will focus on British and Dutch medical and non-medical websites, since they have not been studied in this context before; they form (a) part of the research gap that this research aims to address. In turn, the contents of the survey will stem from the critical discourse analysis. As such, the main research question of the present study is as follows: *Does the language use on Dutch medical and non-medical websites mirror the Dutch autism community's preference(s) for PFL or IFL, and does this compare to British medical and non-medical websites as well as the prior findings from Bury et al.'s (2020) and Kenny et al.'s (2015) studies?*

### **3.2 Research Sub-Questions**

From the main question, additional sub-questions have been formulated, namely:

- I. Is PFL or IFL more prevalent on Dutch medical and/or non-medical websites compared to the British websites?
- II. If there is a lack of either PFL or IFL on the Dutch medical and/or non-medical websites, what other terms are commonly used?
- III. What specific terms do people from the Dutch autism community prefer using when describing and discussing autism?
- IV. Do these preferred terms align with the ones used on the Dutch medical and/or non-medical websites?
- V. If the Dutch participants prefer neither PFL nor IFL, what (other) terms are commonly used?

VI. Do the preferences of the Dutch autism community align with those of (non)-native English-speaking autism communities? What are the commonalities and differences?

## **4. Methodology**

### **4.1 Critical Discourse Analysis (CDA)**

#### ***4.1.1 Design***

As briefly mentioned in the previous section, this MA thesis included a two-part methodology, of which the first part was a critical discourse analysis. Commonly used for studying language within sociocultural settings, discourse analyses provide further insights into their interdependent relationship. This entails that the data gathered is predominantly qualitative in nature, though it can lead to additional quantitative data too. As such, there are various types of discourse analysis, including Foucauldian Discourse Analysis (FDA) (Arribas-Ayllon & Walkerdine, 2007) and Fairclough's Critical Discourse Analysis (CDA) (1995, 2010). The latter was used in the present study.

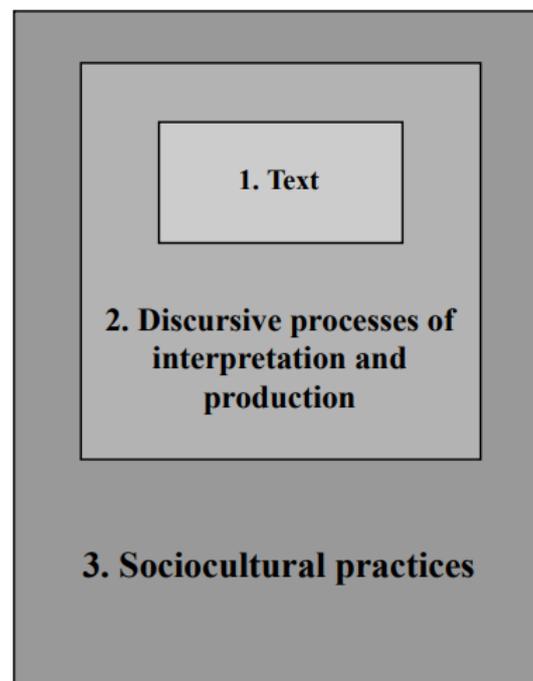
Accordingly, Fairclough (2010) states that his model aims to criticize and clarify "connections between properties of texts and social processes and relations (ideologies, power relations) which are generally not obvious to people who produce and interpret those texts, and whose effectiveness depends upon this opacity" (p. 131-2). This is why Fairclough's CDA model lend itself to this particular research; it allowed for autism to be (re)conceptualized as a construct that is simultaneously shaping and shaped by discourse (University of Leicester, n.d.). In other words, the discourse practices in which autism is rooted are where its identification, labeling and representation stem from. At the same time, it implies that this is how and where positive changes can be made, in favor of autistic voices.

In addition to the discursive processes of interpretation and production, the model entails two further dimensions: sociocultural practices and the text itself (see Figure 2 below). Although they are presented as separate dimensions, it is the combination of the discourse

practices and the sociocultural practices that led to the production of the text. In this particular model, a text is seen as any kind of language text, whether spoken or written (Fairclough, 1995, 2010). Together, the three dimensions form what is known as discourse, hence why they are also referred to as the dimensions of discourse.

**Figure 2**

*A Visual Representation of Fairclough's Dimensions of Discourse (Adapted from Fairclough, 1995, 2010)*



Thus far, the components of Fairclough's CDA model that have been elaborated on are those relating to the first two letters of the abbreviation; the 'Analysis' part has not been explained yet. Consecutively, there are three different stages that ultimately lead to a Critical Discourse Analysis. These stages have been configured into Table 3 below. The table also shows the type of analysis that is commonly carried out in each stage, and which dimension(s) of discourse each of these stages is related to. **Section 4.1.3** includes more information about the exact steps that belong to each of the stages.

**Table 3**

*Overview the Stages of Analysis as Part of Fairclough's CDA Model (Fairclough, 1995, 2010)*

<b>Analysis Stage</b>	<b>Analysis Type</b>	<b>Related to Which Dimension(s)</b>
A. Description.	Textual analysis.	Dimension 1.
B. Interpretation.	Processing analysis.	Dimensions 1 and 2.
C. Explanation.	Social analysis.	Dimensions 2 and 3.

#### **4.1.2. Materials**

The main criteria for the selection of the websites were the previously mentioned geographical and language-based ones, as well as the division between medical and non-medical websites. As for what is understood by *medical* and *non-medical*, medical websites are those created by medical organizations to offer information and support to their (autistic) patients. Alternatively, non-medical websites are those belonging to charities and nonprofit organizations, among others.

The following additional criterion was met by all websites selected: the organizations behind the websites had to focus on providing care in and throughout the entire country; not specifically in one municipality or region. The next step was to ensure that all the texts for the CDA were comparable; that they included similar content that could be analyzed. Therefore, web pages defining and/or describing what autism is, were selected. Consecutively, the final step in the selection process was to check whether the current versions of the websites or web pages had been updated at least some time after 2016; after the publication of Kenny et al.'s (2015) research.

Altogether, twelve websites were selected for the CDA, half of which were British websites. An overview of the twelve websites is shown in Table 4 below. All of them were produced by the charities or organizations themselves. Whether they were written by one or multiple authors and/or edited by one or several people was not further specified.

**Table 4**

*Overview of (British and Dutch) Websites (N=12) Included in the Critical Discourse Analysis*

<b>Website</b>	<b>Language</b>	<b>Website Type</b>
1. Autism Research Centre (ARC).	English.	Medical.
2. British Medical Association (BMA).	English.	Medical.
3. National Health Service (NHS).	English.	Medical.
4. Ambitious about Autism.	English.	Non-medical.
5. Autism Alliance.	English.	Non-medical.
6. National Autistic Society.	English.	Non-medical.
7. Antes.	Dutch.	Medical.
8. GGZ Standaarden.	Dutch.	Medical.
9. Het dr. Leo Kannerhuis.	Dutch.	Medical.
10. BijdeHand Zorg.	Dutch.	Non-medical.
11. Nederlandse Vereniging voor Autisme (NVA).	Dutch.	Non-medical.
12. Vanuit autisme bekeken (VAB).	Dutch.	Non-medical.

#### **4.1.3 Procedure**

Prior to performing the different analyses, the information from the websites was converted into twelve individual Word documents, which were used as corpora in AntConc (Anthony, 2022). This is an advanced text analysis software that allows for pattern analysis in one corpus or various corpora.

Returning to the different stages in Fairclough's (1995, 2010) CDA model, the first stage is comprised of a textual analysis that particularly focuses on grammar, text structures and vocabulary (Fairclough, 2001, 2010). To make this process slightly easier, the next step in the CDA process was to choose specific key terms. These were selected on the basis of two predetermined focal points, namely: disability language (PFL and IFL), and deficit- and strength-based language. To elaborate further, common examples of both were written down and then searched for in the texts using Antconc (2022). While going through the British texts, more word patterns were found and then translated into Dutch. Subsequently, this led to the creation of two separate lists; one with key terms for the British texts, and a similar one for the Dutch texts. Both lists, including indications of which key terms are considered

instances of deficit- and strength-based language, can be found in Appendix B.

Following the first stage with the textual analyses, the second stage of Fairclough's (1995, 2010) CDA model was entered (see Table 3). This stage consisted of processing analyses with three focal points each (Fairclough, 2001, 2010):

- Focal point 1: Looking at the text form. This involved finding out whether the text was spoken or written, and who had access to it;
- Focal point 2: Analyzing the text production. This included gathering information about the author(s) of the text, and how it was produced;
- Focal point 3: Evaluating the text structure. This involved finding out whether any borrowed language, quotes or references were used in the text. Since all of the texts were similar in terms of text form and production, this focal point was relevant for the CDA.

The final stage of Fairclough's (1995, 2010) CDA model consists of a social analysis, in which cultural norms and values within the text are examined (Fairclough, 2001, 2010). The results of the twelve social analyses will be presented at the end of **section 5.1.5**. If any of the texts revealed any information regarding certain cultural beliefs or traditions, the next step was to find out their scope; to determine whether these were examples of cultural norms and values held by one or more particular subcultures, or by the (dominant) national culture.

## **4.2 Online Survey**

### ***4.2.1 Design***

Another way of finding out the scope of specific cultural norms and values is through an online survey. That is to say, the CDA was supplemented with a survey, because it would provide additional information, primarily concerning the sociocultural practices related to the Dutch websites. As such, the two individual methods were combined to form the two-part methodology of the current thesis. Information about the layout of the survey can be found in Appendix D.

The target audience of the survey was specified first. In line with Kenny et al.'s (2015) research, the survey was meant for every Dutch(-speaking) adult who was involved with autism in one or multiple ways. Participants could select whether they identified as: (self-diagnosed) autistic adults; caregivers or parents of (self-diagnosed) autistic people; friends and family members of (self-diagnosed) autistic people; and/or (medical) personnel that assists and/or treats (self-diagnosed) autistic people<sup>5</sup>. The participants were able to select one or more categories from those options.

With regard to the layout of the survey, and apart from the consent form (see Appendix E), it consisted of a section with questions regarding the participants' background information, and two main parts<sup>6</sup>. The survey consisted of 37 questions in total, of which 24 were mandatory. After signing the consent form, the participants were asked two mandatory questions about their background information. The first question concerned their age at the time of filling out the survey. A drop-down menu that featured six options ranging from '18-24' to '65+' was provided to the participants. They were then asked to choose which one(s) of the four previously discussed categories they belonged to (see Figure 3 below).

### **Figure 3**

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<sup>5</sup> There are several reasons for including self-diagnosed autistic participants in this survey as opposed to only including people who have been formally diagnosed (Sarrett, 2016). One of the main reasons is that receiving an official diagnosis is a difficult and long process for most people. For example, it takes eight years (on average) for an adult living in the Netherlands to receive a formal autism diagnosis (Nederlandse Vereniging voor Autisme (NVA), 2021a).

<sup>6</sup> In its entirety, the survey was designed by adhering to Nicolaidis et al.'s (2020) suggestions for inclusive surveys (see Appendix C). Alternatively stated, the survey was designed to be as inclusive for autistic people as possible. Appendix C refers to examples of how Nicolaidis et al.'s (2020) suggested solutions were implemented in the survey. These references have been bolded and put in between brackets.

*Background Question (for All Participants) about Research Involvement*

**Op welke manier bent u betrokken bij dit taalonderzoek over autisme?**

Ik ben (zelf)gediagnosticeerd met autisme.

Ik ben een verzorger of ouder van iemand die (zelf)gediagnosticeerd is met autisme.

Ik ben een familielid of vriend(in) van iemand die (zelf)gediagnosticeerd is met autisme.

Ik ben medisch personeel dat (zelf)gediagnosticeerden met autisme begeleid en/of behandelt.

The two mandatory questions were followed by three optional ones that were meant for autistic people only. They were included in accordance with Botha et al.'s (2020) suggestions for future research, including yet not limited to studies similar to Bury et al.'s (2020) and Kenny et al.'s (2015) studies. Botha et al. (2020) write that “[r]eaching autistic populations at intersections with learning disabilities and situational mutism can be difficult, and the methods usually used are restrictive, and potentially exclude a representative sample” (p. 5). In effect, they highlight the importance of not assuming that autistic people who participate in surveys are, and always have been, typically verbal. At the same time, the assumption that those who are situationally mute and/or non-verbal would not have taken part should be abandoned (by researchers) as well.

Therefore, to create more distinction and nuance when referring to autistic people in this survey, two optional questions about verbality, and one about the co-occurrence of learning disabilities and situational mutism<sup>7</sup> were incorporated. The first verbality question asked how verbal the autistic participants considered themselves (to be) at the time of taking

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<sup>7</sup> The term *situational mutism* refers to “an anxiety-based mental health disorder which usually commences in early childhood. Those with [situational mutism] speak fluently in some situations but remain consistently silent in others” (Selective Mutism Information & Research Association (SMIRA), 2018). It was purposefully selected instead of *selective mutism*, because the latter suggests that there is always a choice involved. This is not the case, as those who are situationally mute do not make conscious decisions about when to talk; they find themselves physically unable to do so.

the survey, as indicated by a 5-point Likert scale ranging from 1 (*Never*) to 5 (*Very often*).

Using a similar scale, the second verballity question concerned their verballity as a child (see Figure 4 below). Lastly, the autistic participants were asked whether one or several learning disabilities and situational mutism had ever simultaneously occurred in their lives. This was a *Yes/No* question.

#### Figure 4

*Background Question (for Autistic Participants) about their Childhood Verballity*

Survey Completion  
0%  100%

Als u (zelf)gediagnosticeerd met autisme bent, hoe verbaal was u als kind?

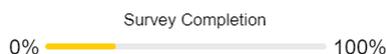
	Nooit.	Zelden.	Soms.	Vaak.	Heel vaak.
<b>Als kind was ik ... verbaal.</b>	<input type="radio"/>				

Als u **niet** bij deze (deel)groep hoort, kunt u deze vraag ook overslaan. Door op het pijltje rechtsonder en daarna op *Continue Without Answering* te klikken, gaat u door naar de volgende vraag.

Turning to the first main part of the survey, it was preceded by a paragraph that repeated its contents and what would be asked of the participants. The part itself included twelve quotes from the Dutch medical and non-medical websites (as discussed in **section 4.1.2**), of which the order was randomized (see Appendix F). Two quotes were selected from each website. Any further information about the websites was deliberately excluded to ensure that the participants would not be biased towards answering in one way or another. Each quote was presented alongside the question: ‘How do you evaluate the language use in the quote above?’ (see Figure 5 below).

#### Figure 5

*The First Quote in the Survey (Adapted from Het dr. Leo Kannerhuis (2022))*



**"Autisme uit zich bij iedereen anders. (...) Wel hebben alle mensen met autisme met elkaar gemeen dat ze moeite hebben om andere mensen goed te begrijpen en aan te voelen."**

Hoe evalueert u het taalgebruik in het bovenstaande citaat?

The second main part of the survey featured ten common Dutch autism-related terms that were based upon the ones from Kenny et al.'s (2015) research. Similar to the previous part, it was preceded by a paragraph with information and instructions regarding the upcoming questions. Table 5 below shows the terms presented in alphabetical order first, followed by the (randomized) order in which they occurred in the survey. Each of the terms was accompanied by the mandatory question: 'How likely are you to use or do you use the word below to talk about autism or someone diagnosed with it?' (see Figure 6 below). The participants were requested to answer using 5-point Likert scales that ranged from 1 (*Not at all*) to 5 (*Completely*). Furthermore, the optional comment boxes below each of the mandatory questions (see Figure 6) allowed the participants to elaborate on their answers, if they wanted to do so.

### Table 5

*Overview of Commonly Used Dutch Autistic Terms (N=10) for the Survey (Adapted from Kenny et al.'s (2015) Research)*

Survey Term	English Translation	Survey Order
<i>Autisme Spectrum Stoornis (ASS)</i>	'Autism Spectrum Disorder (ASD)'	Seventh.
<i>autisme</i>	'autism'	First.
<i>autisme hebben</i>	'to have autism'	Tenth.
<i>autist</i>	'autie'	Fourth.
<i>autistisch persoon</i>	'autistic person'	Eighth.
<i>autistisch zijn</i>	'to be autistic'	Sixth.

Survey Term	English Translation	Survey Order
<i>hoogfunctionerend autisme (HFA)</i>	'High-functioning autism (HFA)'	Third.
<i>laagfunctionerend autisme (LFA)</i>	'Low-functioning autism (LFA)'	Ninth.
<i>op het (autisme)spectrum</i>	'on the (autism) spectrum'	Fifth.
<i>persoon met autisme</i>	'person with autism'	Second.

**Figure 6**

*The First Mandatory Question (and Optional Question) from the Second Part of the Survey*

Survey Completion  
0%  100%

Hoe waarschijnlijk is het dat u het onderstaande woord gebruikt of zou gebruiken om over autisme of iemand met de diagnose te praten?

	Helemaal niet.	Niet.	Neutraal.	Wel.	Helemaal (wel).
<i>autisme</i>	<input type="radio"/>				

Waarom zou u dit woord wel of niet gebruiken?

#### 4.2.2 Materials

As discussed in the previous section, the survey was designed with Nicolaidis et al.'s (2020) suggestions for inclusive surveys in mind (see Appendix C). The first main part of the survey was composed of twelve quotes from the Dutch medical (Antes, 2019; GGZ Standaarden, 2018; Het dr. Leo Kannerhuis, 2022) and the Dutch non-medical websites (BijdeHand Zorg, 2020; Nederlandse Vereniging voor Autisme (NVA), 2021b; Vanuit autisme bekeken (VAB), 2019). Consecutively, the survey contents of the second main part were ten Dutch autism-related terms based upon those used in Kenny et al.'s (2015) study. The software that was used to design the survey was the 2020 version of Qualtrics (2020). It also allowed for the distribution of the survey as well as the data collection.

### **4.2.3 Procedure**

Prior to creating the survey, the quotes from the Dutch websites and the autistic terms were selected. Then all the questions were created in Qualtrics (2020), including yet not limited to the ones for the background information, those accompanying the quotes and the Likert scales. The last steps, before it was distributed, consisted of writing the introduction with the layout (see Appendix D), the consent form (see Appendix E) and the final page of the survey. It was distributed through various social media platforms; mainly through Facebook, Instagram and LinkedIn<sup>8</sup>. The survey was active for a month before it was closed and no further responses were collected. Finally, the data was analyzed using Antconc (Anthony, 2022) and Qualtrics (2020). The responses from the both main survey parts were turned into individual corpora, similar to the process described in **section 4.1.3**. Additionally, as the autistic terms were scored using Likert scales, their mean scores and standard deviations were calculated.

## **5. Results**

### **5.1 Critical Discourse Analysis (CDA)**

#### **5.1.1 British Medical Websites**

To compare the differences between the British and Dutch websites, as well as those between the medical and non-medical websites, the findings from the British medical websites are presented first. These can be found in Table 6 below.

#### **Table 6**

*Quantitative Data from the Autism Research Centre (ARC) (2020) (N=893), the British Medical Association (BMA) (2020) (N=460) and the National Health Service (NHS) (2021) (N=426) Texts*

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<sup>8</sup> The names of the Instagram accounts as well as the Facebook group that helped spread the survey are included in the acknowledgements.

English Key Term	Autism Research Centre (ARC)	British Medical Association (BMA)	National Health Service (NHS)
<i>ASD</i>	1	-	2
<i>autism</i>	25	8	13
<i>autistic</i>	9	-	16
<i>challenge(s)</i>	3	-	-
<i>deficit(s)</i>	-	-	1
<i>delay(s)</i>	2	2	-
<i>difference(s)</i>	10	-	-
<i>different</i>	-	2	4
<i>difficult(y/ies)</i>	2	-	-
<i>disabilit(y/ies)</i>	7	-	1
<i>disease(s)</i>	3	-	1
<i>disorder(s)</i>	7	4	2
<i>issue(s)</i>	-	3	-
<i>spectrum</i>	3	4	3
<i>strength(s)</i>	3	-	-

Starting with disability language in the Autism Research Centre (ARC) (2020) text, the results from the textual analysis showed that it included only two instances of PFL, and nine instances of IFL. The latter were mainly comprised of *autistic person* and *autistic people*, which appeared three times each. Moreover, as indicated by the frequent mentions of the nouns *challenge(s)*, *difference(s)* and *strength(s)* (see Table 6 above), the text was written using primarily strength-based language. With regard to text structure, there was only one reference to other studies in the form of: “some recent studies suggest these rates of co-occurring conditions are changing, with ID or language delay only being seen in 20-30% of autistic individuals” (Autism Research Centre (ARC), 2020). However, there was no additional information concerning which recent studies were (being) referred to.

The second medical text stems from the British Medical Association (BMA) (2020). As opposed to the previous one, no instances of either PFL nor IFL were found. Considering the number of criteria included in the website selection process (as described in **section 4.1.2**) as well as the fact that this is a British medical text, that is a rather interesting and unexpected outcome. Furthermore, not a lot of hits with regard to deficit-based and/or strength-based language were used in the text either (see Table 6). The only terms that could be classified as

the former were the nouns *delay(s)* and *issue(s)*, which appeared twice and thrice, respectively. Still, despite the low frequencies of these terms, it means that this particular text is considered as having been written from a deficit-based point of view. Additionally, the BMA text was formed and produced in a similar manner as the ARC text, but the text structure was different. A graph from the Department of Education dating back to 2018 was included. The graph itself showed information pertaining to the percentage of diagnoses that were issued in England within the set time frame of twenty weeks back then.

The third and final British medical text that was included in the CDA belongs to the National Health Services (NHS) (2020). The results from the textual analysis indicated that eleven instances of IFL were used in the text; all of which were examples of *autistic* people. In comparison, *everybody with autism* was the only mention of PFL. Besides that, this particular text was comprised of more strength-based than deficit-based language. It included two singular uses of the nouns *deficit(s)* and *disease(s)*, whereas the adjective *different* was incorporated four times (see Table 6). In terms of the text structure, the NHS text did not mention nor refer to any additional sources. There were also no cases of borrowed languages or quotes.

Altogether, two out of the three British medical texts (Autism Research Centre (ARC), 2020; National Health Service (NHS), 2021) contained examples of disability language. Three PFL and twenty IFL instances were included in these texts. No instances of either were found in the other British medical text (British Medical Association (BMA), 2020). In a similar vein, both the ARC and NHS texts were written from strength-based points of view, while the BMA text was written from a deficit-based perspective. Finally, only the ARC and BMA texts referenced additional information.

### **5.1.2 British Non-Medical Websites.**

The first British non-medical text stems from the website of Ambitious about Autism (2022).

The textual analysis revealed that it included twenty-two instances of IFL. Most of these, that is to say, seventeen of them, were mentions of *autistic people*. Conversely, PFL was not used in this text whatsoever. Moreover, the Ambitious about Autism text only contained cases of strength-based language (see Table 7 below). This was confirmed by the frequent occurrences of i.e. the adjective *different*. As for the text structure, two references were included. One was a clickable link about ‘interests’ that led to a different page on the website, and the other was a video in which some of the charity’s youth patrons talked about what it is like being autistic and how to support autistic people.

**Table 7**

*Quantitative Data from the Ambitious about Autism (2022) (N=667), the Autism Alliance (2020) (N=354), and the National Autistic Society (2022a) (N=930) Texts*

<b>English Key Term</b>	<b>Ambitious about Autism</b>	<b>Autism Alliance</b>	<b>National Autistic Society</b>
<i>autism</i>	5	14	4
<i>autistic</i>	23	2	31
<i>challenge(s)</i>	1	3	2
<i>difference(s)</i>	3	4	-
<i>different</i>	4	1	1
<i>difficult</i>	4	-	-
<i>difficult(y/ies)</i>	1	1	6
<i>disabilit(y/ies)</i>	2	1	1
<i>issue(s)</i>	-	-	2
<i>normal</i>	-	3	-
<i>spectrum</i>	2	1	2
<i>strength(s)</i>	-	-	1
<i>weakness(es)</i>	-	-	1

The second British non-medical text that was included in this CDA belongs to Autism Alliance (2020). Interestingly, only two PFL and two IFL instances were discovered in the text. It may be possible that the organization’s preference for either is made clear(er) on other pages of the website. However, within this particular text, the findings imply that there was no preference for either kind of disability language. On the contrary, it was written using primarily strength-based language. That is, nouns like *challenge(s)* and *difference(s)* occurred

more often than the adjective *normal* (see Table 7). As a matter of fact, the latter was the only mention of deficit-based language in the Autism Alliance text. No borrowed language, quotes and/or references were used either.

The third and final British non-medical text originates from the National Autistic Society (2022a). With regard to disability language, 30 IFL instances were included in the text; 24 of which were mentions of *autistic people*. On the other hand, no instances of PFL were found. In addition to the lack of PFL, this text only contained two examples of deficit-based language; the noun *issue(s)* and the noun *weakness(es)*. The former was used twice, whereas the latter was only used once (see Table 7). Conversely, more examples of strength-based language were included, which means that the text was written from a strength-based point of view (too). Nevertheless, it contained the most references out of all six British texts: a reference to Greta Thunberg and her “intense interest [of] protecting the environment” (National Autistic Society, 2020a); a quote from an autistic woman describing what a shutdown is, and what it feels like; and a video about autism created by the charity.

All in all, 52 instances of IFL were included in the three British non-medical texts (Ambitious about Autism, 2022; Autism Alliance, 2020; National Autistic Society, 2020a), but only the Autism Alliance text included two PFL instances. Additionally, all three texts were written from strength-based points of view. Last but not least, the texts from Ambitious about Autism and the National Autistic Society included references to further information, of which two were links to videos.

### **5.1.3 Dutch Medical Websites**

Following the same order in which the British texts were presented, this section starts with discussing the findings from the Dutch medical website Antes (2019). The text contained seven instances of PFL, but it did not contain any IFL instances. The phrase ‘mensen met autisme’ (*people with autism*) appeared the most; four times. Furthermore, although the

adjective ‘autistisch(e)’ (*autistic*) was used once, it occurred prior to the noun ‘stoornis’ (*disorder*). This means that it was not an example of IFL. Likewise, the text used few examples of deficit-based language, but there were several examples of strength-based language, including four uses of the adjective ‘verschillend(e)’ (*different*) (see Table 8 below). Therefore, this text was written from a strength-based perspective. Moreover, the Antes text included five references, of which four were clickable links that led to other pages on the website. The other reference was a link to a virtual reality video by the British National Autistic Society that aims to show what it is like being autistic as one walks through a shopping mall.

**Table 8**

*Quantitative Data from the Antes (2019) (N=562), the GGZ Standaarden (2018) (N=1275) and Het dr. Leo Kannerhuis (2022) (N=785) Texts*

<b>Dutch Key Term</b>	<b>English Translation</b>	<b>Antes</b>	<b>GGZ Standaarden</b>	<b>Het dr. Leo Kannerhuis</b>
ASS	‘ASD’	4	1	2
<i>autisme</i>	‘autism’	27	51	24
<i>autistisch(e)</i>	‘autistic’	1	1	-
<i>moelijk(e)</i>	‘difficult’	-	-	1
<i>proble(m)en</i>	‘problem(s)’	1	5	2
<i>spectrum</i>	‘spectrum’	-	1	-
<i>stoornis(sen)</i>	‘disorder(s)’	3	2	1
<i>verschil(len)</i>	‘difference(s)’	1	1	1
<i>verschillend(e)</i>	‘different’	4	1	1

The second Dutch medical text in this CDA belongs to GGZ Standaarden (2018).

Regarding disability language, it included 19 instances of PFL. Again, the phrase ‘mensen met autisme’ (*people with autism*) was used the most; a total of nine times. Similar to the previous text, no instance of IFL was discovered in this one either. The singular use of the adjective ‘autistisch(e)’ (*autistic*) preceded noun ‘stoornis’ (*disorder*) once more. Despite these similarities, this particular text was written using primarily deficit-based language (see Table 8). For example, strength-based language only occurred twice in the text: once in the

form of the adjective *verschillend(e)* (*different*), and once as the noun ‘verschil(len)’ (*difference(s)*). On the contrary, the noun ‘proble(e)m(en)’ (*problem(s)*) appeared five times. Additionally, the structure of the present text included fourteen references to other specified literature and six clickable links; five of which referred to other literature or led to different pages on the website. The remaining link referred to a different website, namely of the Dutch non-medical charity Vanuit autisme bekeken (VAB), which is also part of this CDA.

The third and final Dutch medical text stems from Het dr. Leo Kannerhuis (2022). The results from the textual analysis showed that eleven PFL instances were included in the text, of which nine were mentions of ‘mensen met autisme’ (*people with autism*). On the other hand, no instances of IFL were found. Moreover, this text included few overall hits with reference to deficit-based and/or strength-based language (see Table 8). In terms of the former, the noun ‘proble(e)m(en)’ (*problems*) was used twice. The only examples of the latter were two singular uses of the adjective ‘verschillend(e)’ (*different*) and the noun ‘verschil(len)’ (*difference(s)*). Consequently, as both kinds occurred the same number of times, it was not possible to determine the specific point of view from which the current text was written. The structure included three references to videos about how the brain processes information.

Altogether, no IFL instances were found in either of the three Dutch medical texts (Antes, 2019; GGZ Standaarden, 2018; Het dr. Leo Kannerhuis, 2022). In contrast, each of them did include instances of PFL; the total of which was 37 instances. Next, all three texts were written from different points of view. To elaborate, while the Antes (2019) text was written using primarily strength-based language, the GGZ Standaarden (2018) text consisted of more deficit-based language. In turn, the text from Het dr. Leo Kannerhuis (2022) included the same number of both deficit- and strength-based language examples, which meant it was not necessarily written from either perspective. On a final note, the processing analyses

revealed that all three of the Dutch medical texts referenced additional information; at least three references were included in each text.

#### **5.1.4 Dutch Non-Medical Websites**

The first Dutch non-medical text originates from the website of BijdeHand Zorg (2020). With regard to disability language, it contained thirteen PFL instances, yet no instances of IFL. The adjective ‘autistisch(e)’ (*autistic*) was used in the text once, but it occurred prior to the noun *denkstijl* (*way of thinking*); it should not be regarded as an example of IFL. The absence of IFL in this text resembled the pattern found in all three of the Dutch medical texts. On the contrary, the phrase ‘mensen met autisme’ (*people with autism*) occurred the most; it was used a total of six times. Next, with reference to deficit-based and strength-based language, there were few overall hits in the text (see Table 9 below). The only example of either was the singular use of the noun ‘proble(e)m(en)’ (*problem(s)*), which is an example of deficit-based language. It is possible that other pages or texts from the website would provide a clearer image about this matter. However, the current findings imply that this text was written from a deficit-based point of view. In terms of the text structure, the text from BijdeHand Zorg did not mention nor refer to any additional sources. There were also no cases of borrowed languages or quotes.

**Table 9**

*Quantitative Data from the BijdeHand Zorg (2020) (N=331), the Nederlandse Vereniging voor Autisme (NVA) (2021b) (N=535), and the Vanuit autisme bekeken (VAB) (2019) (N=840)*

*Texts*

<b>Dutch Key Term</b>	<b>English Translation</b>	<b>BijdeHand Zorg</b>	<b>Nederlandse Vereniging voor Autisme (NVA)</b>	<b>Vanuit autisme bekeken (VAB)</b>
<i>ASS</i>	‘ASD’	-	1	-
<i>autisme</i>	‘autism’	20	25	34
<i>autistisch(e)</i>	‘autistic’	1	1	2
<i>moeilijk(e)</i>	‘difficult’	-	-	1

Dutch Key Term	English Translation	BijdeHand Zorg	Nederlandse Vereniging voor Autisme (NVA)	Vanuit autisme bekeken (VAB)
<i>proble(e)m(en)</i>	‘problem(s)’	1	4	2
<i>spectrum</i>	‘spectrum’	-	1	-
<i>sterk(e) punt(en)</i>	‘strength(s)’	-	1	-
<i>stoornis(sen)</i>	‘disorder(s)’	-	5	1
<i>verschil(len)</i>	‘difference(s)’	-	-	3
<i>verschillend(e)</i>	‘different’	-	2	-

The second Dutch non-medical text stems from the Nederlandse Vereniging voor Autisme (NVA) (2021b) website. The textual analysis indicated that zero instances of IFL were used. On the other hand, ten PFL instances occurred in the text, and nine of those were ‘mensen with autisme’ (*people with autism*). The adjective ‘autistisch(e)’ (*autistic*) was only used once. However, it was not an example of IFL, because it preceded the noun ‘stoornis’ (*disorder*). Additionally, this particular text was comprised of slightly more deficit-based than strength-based language (see Table 9). For example, the noun ‘proble(e)m(en)’ (*problem(s)*) appeared four times. In contrast, the only examples of strength-based language in the NVA text were the adjective ‘verschillend(e)’ (*different*) and the noun ‘sterk(e) punt(en)’ (*strength(s)*), both of which were used once. Lastly, eleven references were included in the NVA text, of which eight referred to other pages on the website. The other three references consisted of an additional quote, an essay by Sinclair and a video. The quote was from a psychiatrist and professor on what autism is, and on behavioral characteristics that indicate vulnerability in specific areas. The essay by Sinclair that was mentioned was not the same one referred to in **section 2.2.2** of this thesis. Instead, the text referenced Sinclair’s essay titled ‘Don’t Mourn For Us’ (Sinclair, 2012), which was first published in 1993. As for the video, it was an informative video about autism created by the charity.

The third and final Dutch non-medical text that was included in this CDA belongs to Vanuit autisme bekeken (VAB) (2019). Seven instances of PFL were used in it, whereas no IFL instances appeared. Similar to all the other Dutch texts, the most common use of PFL was ‘mensen met autisme’ (*people with autism*), which occurred four times in total. Although the

adjective ‘autistisch(e)’ (*autistic*) was used twice in the VAB text (see Table 9), neither of those instances were examples of IFL; they appeared prior to the noun ‘gedragskenmerken’ (*behavioral characteristics*). Moreover, not a lot of deficit-based and/or strength-based language occurred, but the noun ‘verschil(len)’ (*difference(s)*) was used three times. As such, this particular text was written using primarily strength-based language. Its structure included two references to figures. The first provided information about different theories regarding autism, and the second was a timeline that showed when those theories were developed.

All in all, 30 PFL instances were found in the three Dutch non-medical texts (BijdeHand Zorg, 2020; Nederlandse Vereniging voor Autisme (NVA), 2021b; Vanuit autisme bekeken (VAB), 2019), but none included any instances of IFL. Furthermore, the BijdeHand Zorg (2020) text as well as the NVA text were written using primarily deficit-based language, while the VAB text was written from a strength-based points of view. Finally, although all three of the Dutch non-medical texts were similar with regard to their form and production, only the NVA and VAB texts included references to additional information.

### **5.1.5 Online Discourse Trends: British and Dutch Websites**

This section of the results focuses on patterns or trends within the twelve texts. To ensure the emphasis remains on those, only the key terms that were found at least five times in either the medical or non-medical texts or in both were included in the table(s) below. For example, the noun *disorder(s)* was used a total of thirteen times in the British medical texts, but was not used whatsoever in the British non-medical texts. In turn, the noun *issue(s)* was used thrice in the former and twice in the latter. Therefore, since both of these nouns occurred at least five times, they were incorporated in Table 10 below.

In addition to including the previously mentioned nouns, Table 10 also shows that more instances of the noun *autism* occurred in the British medical texts than in the British

non-medical texts. The opposite is true for the adjective *autistic*. Still, more examples of IFL were included in the texts altogether; the total of which was 74 instances. In contrast, and despite the high frequencies of the noun *autism*, only five PFL instances were found. Thus, as the text from the British Medical Association (BMA) (2020) did not include examples of either IFL or PFL, five out of the six British texts were written from identity-first perspectives (see Table 23 in Appendix G).

With regard to deficit-based and strength-based language, the majority of the key terms in the British texts were examples of strength-based language (see Table 10). In fact, the noun *difference(s)* was used the most; it occurred seventeen times across the British medical and non-medical texts. This means that five out of six British texts were written from strength-based points of view (as depicted in Table 23 in Appendix G). Again, the only exception was the text from the British Medical Association (BMA). Furthermore, though not regarded as examples of either deficit-based or strength-based language, the nouns *disability(y/ies)* and *spectrum* occurred relatively often in the six texts as well.

**Table 10**

*Common Key Terms Found on the British Medical Websites (N=1779) and the British Non-Medical Websites (N=1951)*

Key Term	Word Type	Amount of Hits on British Medical Websites	Amount of Hits on British Non-Medical Websites
<i>autism</i>	Noun.	46	23
<i>autistic</i>	Adjective.	25	56
<i>challenge(s)</i>	Noun.	3	6
<i>difference(s)</i>	Noun.	10	7
<i>different</i>	Adjective.	6	6
<i>difficult(y/ies)</i>	Noun.	2	8
<i>disabilit(y/ies)</i>	Noun.	8	4
<i>disorder(s)</i>	Noun.	13	-
<i>issue(s)</i>	Noun.	3	2
<i>spectrum</i>	Noun.	10	5

The processing analyses that were performed on the British texts exposed two minor patterns relating to their structures. These can be found in Table 23 in Appendix G. The first pattern was the fact that two British medical and two non-medical texts included references to other sources of information. Consecutively, slightly more references were found in the British non-medical texts as opposed to the medical ones. While the former included five references, the latter included two of them.

Turning to the data from the Dutch texts, Table 11 below shows which key terms were commonly included in them. On the whole, more instances of the noun ‘autisme’ (*autism*) occurred in the Dutch medical texts than in the Dutch non-medical ones. The opposite pattern was found for the adjective ‘autistisch(e)’ (*autistic*), although not many examples of it were included overall. In fact, none of the six Dutch texts included any IFL instances, whereas they all included instances of PFL; leading to 67 in total. This means that all of the Dutch texts were written from person-first perspectives (see Table 23 in Appendix G).

Next, in relation to deficit-based and strength-based language, the texts included thirteen examples of deficit-based language and fourteen examples of strength-based language (see Table 11). With reference to the latter, the noun ‘verschil(len)’ (*difference(s)*) was used six times, and the adjective ‘verschillend(e)’ (*different*) was used eight times. However, there was a lot of variation concerning the points of view from which the Dutch texts were written (as shown Table 23 in Appendix G). While two out of the three non-medical texts were written using primarily deficit-based language, all three of the Dutch medical texts were written from different points of view. That is, one of them was written from neither, because it included the same number of deficit-based and strength-based language examples. This was the text from Het dr. Leo Kannerhuis (2022). Moreover, and despite being neither examples of deficit-based nor strength-based language, the noun ‘stoornis(sen)’ (*disorder(s)*) was used an equal amount in both the medical and non-medical texts (see Table 11). It occurred a total

of 12 times in them.

**Table 11**

*Common Key Terms Found on the Dutch Medical Websites (N=2662) and the Dutch Non-Medical Websites (N=1706)*

<b>Key Term</b>	<b>English Translation</b>	<b>Word Type</b>	<b>Amount of Hits on Dutch Medical Websites</b>	<b>Amount of Hits on Dutch Non-Medical Websites</b>
<i>ASS</i>	‘ASD’	Noun.	7	1
<i>autisme</i>	‘autism’	Noun.	102	79
<i>autistisch(e)</i>	‘autistic’	Adjective.	2	4
<i>proble(e)m(en)</i>	‘problem(s)’	Noun.	8	5
<i>stoornis(sen)</i>	‘disorder(s)’	Noun.	6	6
<i>verschil(len)</i>	‘difference(s)’	Noun.	3	3
<i>verschillend(e)</i>	‘different’	Adjective.	6	2

The processing analyses that were performed on the Dutch texts showed that all three Dutch medical texts and two of the non-medical ones included references to other sources of information. More specifically, a total of 28 references were found in the medical texts, whereas eleven occurred in the non-medical texts. This information is also shown in Table 23 in Appendix G.

Finally, the last part of this section concerns the direct comparison of the British to the Dutch texts. The findings from the twelve textual analyses indicated that five key terms were found in all twelve texts, namely: *autism*; *autistic*; *difference(s)*; *different* and *spectrum*. The exact frequencies of these key terms are shown in Table 22 (in Appendix G). Considering the subject of this MA thesis, the fact that the first two terms and the final one appeared in all the texts is not surprising. However, the common occurrences of *difference(s)* and *different* are quite notable. This is especially the case for the Dutch texts, because not all of those were written from strength-based perspectives, whereas all six British texts were. They also primarily contained instances of IFL, while PFL dominated (in) the Dutch texts. In truth, there was no difference between the Dutch medical and non-medical texts; IFL was absent in all six of them.

Taken together, the textual and processing analyses helped (to) inform the social analyses, which are presented next. The fact that the British texts were written from identity-first and strength-based perspectives, showed that all six of them seemed to adhere to the neurodivergent model (as mentioned in **section 2.2.2**). At the very least, it suggests that (the authors of) the British texts purposefully steered away from the dominant pathological model that enforces the use of PFL, and that they did so on a national scope. At the same time, the opposite pattern was shown in the Dutch texts, as the majority of them were written from deficit-based points of view. In turn, all six were written from person-first perspectives, which implies that (the authors of) the Dutch texts adhered to that very same pathological model (as mentioned in **section 2.2.2**). Still, whether those cultural values are held by the dominant culture in the Netherlands or by (a) subculture(s) remains to be discovered. The results from the survey aim to shed light on their scope.

## **5.2 Online Survey**

### ***5.2.1 General Information about the Participants***

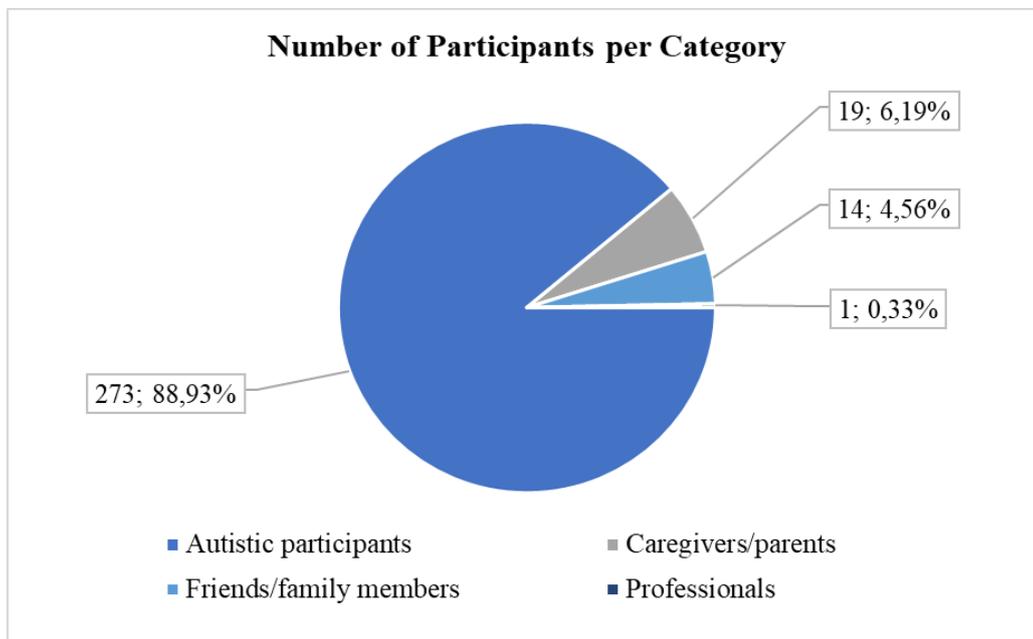
In total, 647 people responded to the online survey. Participants who did not answer all 24 of the mandatory questions were excluded from the dataset prior to analysis. Therefore, subsequent analysis was based on complete responses from 307 participants. These were divided among four different categories based upon Kenny et al.'s (2015) research (as previously discussed in **4.2.1**). Since the participants were able to choose multiple categories, a further division was made based upon which options they had selected. In total, 70 participants had picked several options. Considering the topic of the present thesis as well as the fact that autism cannot be separated from one's identity, any participant whose selected options included Category A was automatically put into this category. That is, if participants indicated that they were autistic then they were classified as autistic; as belonging to Category A. The remaining four participants that had picked several categories were then categorized

according to their first selected category. For example, two of them were included in Category B, because these participants indicated they belonged to Categories B through D.

Accordingly, most of the participants belonged to Category A; that is, 273 of the 307 participants (primarily) identified as (self-diagnosed) autistic adults (see Figure 7 below). The second biggest category was Category B, which consisted of nineteen caregivers or parents of (self-diagnosed) autistic people. The number of participants in Category B was closely followed by those in Category C, as fourteen participants indicated that they were friends and family members of (self-diagnosed) autistic people. Lastly, there was one person who identified as (medical) personnel that assists and/or treats (self-diagnosed) autistic people. In effect, this person made up Category D.

### Figure 7

*A Pie Chart with the (Overall) Number of Participants (N=307) and their Division among the Four Categories*

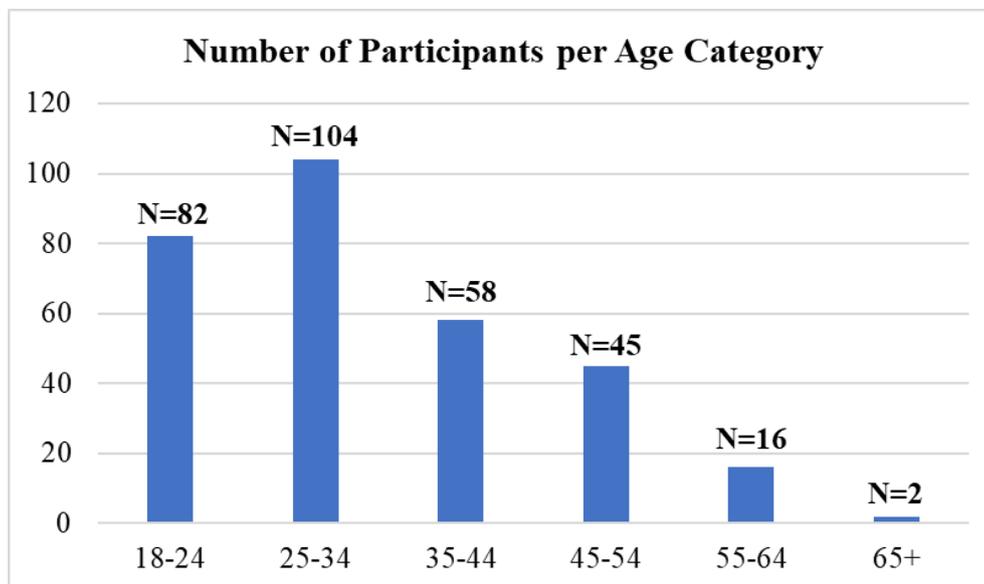


Apart from choosing one or multiple of the aforementioned categories, the participants were also asked to select what age category they belonged to. They were given six possible options from a drop-down menu. Figure 8 below shows that the majority of the participants

(N=186) denoted they were between the ages of 18 and 34 when they filled out the survey. More specifically, the age category that included the most participants as a whole was the option ‘25-34’; 104 participants chose that particular option. The other four categories were inversely related to the number of participants. In other words, the higher the age category, the fewer participants had selected it. Consequently, the option of ‘65+’ in the survey was chosen by the least number of participants (N=2).

### Figure 8

*A Bar Chart with the Number of Participants (N=307) and their Division among the Six Age Categories*



As previously discussed in **section 4.2.1**, the two questions about the participants’ research involvement and their age were followed by three optional questions. All three of them were explicitly meant for autistic participants. Thus, the remaining paragraphs in this section will concern information about the autistic participants (N=273) only. In line with the suggestions from Botha et al.’s (2020) study, the three questions focused on the participants’ verballity.

### Table 12

*Overview of the Autistic Participants’ (N=273) Overall and Childhood Verballity*

Likert Scale Options	Overall Verbality	Verbality as a Child
1. <i>Never</i> ('Nooit').	-	-
2. <i>Rarely</i> ('Zelden').	-	22
3. <i>Sometimes</i> ('Soms').	28	70
4. <i>Often</i> ('Vaak').	131	101
5. <i>Very often</i> ('Heel vaak').	114	80

Table 12 above shows that the autistic participants' verbality in general was high; the 4 (*Often*) and 5 (*Very often*) options/points were selected by 245 people. The remaining 28 participants indicated that they were sometimes verbal. A similar pattern was found in relation to childhood verbality. That is, although more participants (N=92) denoted that they were rarely or sometimes verbal during this period in their lives, the majority (N=181) indicated they were (very) often verbal when they were children. No non-verbal or non-speaking autistic participants were included in the current sample.

The final background question was concerned with the co-occurrence of learning disabilities and situational mutism. This was a *Yes/No* question. With regard to the results, 77 of the 273 participants replied with *Yes* to this question, whereas most people (N=196) answered *No*. Accordingly, the majority of the autistic participants had not simultaneously experienced situational mutism and one or multiple learning disabilities in their lives.

### ***5.2.2 Online Discourse Trends: Quotes from Dutch Medical and Non-Medical Websites***

This section presents quantitative data from the first part of the survey. The Antconc software (Anthony, 2022) was used to find individual responses with person-first and identity-first language within the dataset. As a result of this focus on individual answers, a response that consisted of e.g. multiple IFL instances was only counted as one (response) in favor of identity-first language. The participants' comments were made in reaction to twelve quotes from the Dutch texts (as mentioned in **section 4.2.1**). All twelve of the quotes, except for numbers VIII and IX, contained phrases with PFL (see Appendix F). In fact, nine of them included the same phrase: 'mensen met autisme' (*people with autism*). Therefore, answers with clear repetitions of these phrases were not readily regarded as responses with PFL. Table

13 below displays the quantities of PFL and IFL responses in the dataset.

**Table 13**

*Overview of Participants' Responses with PFL and IFL in Reaction to the Twelve Quotes from the Dutch Websites*

<b>(Website) Sources</b>	<b>Quotes (According to Survey Order)</b>	<b>Responses with PFL</b>	<b>Responses with IFL</b>
Antes.	Number VII.	20	48
Antes.	Number XI.	14	71
Het dr. Leo Kannerhuis.	Number I.	29	55
Het dr. Leo Kannerhuis.	Number V.	16	42
GGZ Standaarden.	Number III.	10	50
GGZ Standaarden.	Number X.	8	44
BijdeHand Zorg.	Number IV.	10	52
BijdeHand Zorg.	Number VIII.	6	16
Nederlandse Vereniging voor Autisme (NVA).	Number VI.	10	47
Nederlandse Vereniging voor Autisme (NVA).	Number IX.	8	21
Vanuit autisme bekeken (VAB).	Number II.	15	65
Vanuit autisme bekeken (VAB).	Number XII.	5	45
<b>Total</b>	-	151	556

The findings from the table above indicate that the dataset consisted of more participant responses with IFL compared to those with PFL. More specifically, almost four times the number of responses in favor of identity-first language were found in relation to the latter. The most common alternatives or suggestions for the PFL phrases, as used in the quotes, were 'autist(en)' (*autie(s)*) or 'autistische mensen/personen' (*autistic people*). However, some of the participants indicated that they preferred the former to be used by autistic people only. As for the rationale behind preferring (the use of) IFL as opposed to PFL, the participants provided three main reasons.

Firstly, although the use of PFL would suggest this, autism is not something inherently bad. It is a very diverse neurological disability that impacts every single autistic person differently. In turn, the linguistic distancing that is created by using PFL only increases discriminatory behaviors towards autistic people; they are stigmatized on the basis of their disability. In other words, and using one of the translated participants' responses as an

example, “[y]ou also don’t say ‘people with blindness’. Use ‘autistic’ as an adjective”. Thirdly and finally, autism is an intrinsic part of someone and helps form their identity. Besides the fact that it is impossible to do so, separating the person from the disability is harmful. It insinuates that autism only negatively affects autistic people, which is not necessarily true. Autism is the lens through which they experience the world; it influences everything autistic people experience, do and feel. As summarized by one autistic participant: “That’s who I am. It’s my identity. I’m proud of it. I don’t want to be more than an autie, because (...) that’s the most important thing I want to be”.

### 5.2.3 Online Discourse Trends: Dutch Autism-Related Terms

This section presents qualitative data from the second part of the survey. This part focused on ten Dutch autistic terms that were scored by the participants based upon how likely they were to use them to talk about autism in general or about someone diagnosed with it. The participant scored the terms using 5-point Likert scales that ranged from 1 (*Not at all*) to 5 (*Completely*). The average scores as well as the standard deviations for all ten terms are provided in Table 14 below.

**Table 14**

*Means and Standard Deviations of the Dutch Autism-Related Terms (N=10) Used in the Survey (as Scored by the Participants (N=307))*

Survey Terms	Person- or Identity-First	Means	Standard Deviations
<i>Autisme Spectrum Stoornis (ASS)</i>	Neither.	3.30	1.27
<i>autisme</i>	Neither.	4.57	0.64
<i>autisme hebben</i>	Person-first.	3.32	1.32
<i>autist</i>	Identity-first.	3.50	1.38
<i>autistisch persoon</i>	Identity-first.	3.21	1.39
<i>autistisch zijn</i>	Identity-first.	3.90	1.19
<i>hoogfunctionerend autisme (HFA)</i>	Neither.	1.84	1.10
<i>laagfunctionerend autisme (LFA)</i>	Neither.	1.46	0.81
<i>op het (autisme)spectrum</i>	Neither.	3.07	1.29
<i>persoon met autisme</i>	Person-first.	3.01	1.36

As shown in the table (and in Figure 9 below), the two terms that were condoned the least were the ones referring to (autism) functioning labels<sup>9</sup>: ‘hoogfunctionerend autisme (HFA)’ (*high-functioning autism*) and ‘laagfunctionerend autisme (LFA)’ (*low-functioning autism*). Conversely, the term ‘autisme’ (*autism*) was endorsed the most by the participants. The two alternative terms ‘Autisme Spectrum Stoornis (ASS)’ (*Autism Spectrum Disorder (ASD)*) and ‘op het (autisme)spectrum’ (*on the (autism) spectrum*) were neither strongly preferred nor strongly disliked.

The remaining five terms can be further divided into two categories: person-first and identity-first terms. The IFL terms were ‘autistisch zijn’ (*to be autistic*), ‘autist’ (*autie*) and ‘autistisch persoon’ (*autistic person*), whereas the PFL terms were ‘autisme hebben’ (*to have autism*) and ‘persoon met autisme’ (*person with autism*). Example quotes that indicate why the participants denounced and/or endorsed these terms can be found in Appendix H. The term that the participants condoned the most out of the remaining five was the identity-first term ‘autistisch zijn’ (*to be autistic*). As a matter of fact, all three of the IFL terms were preferred over their PFL counterparts. Thus, on top of ‘autistisch zijn’ (*to be autistic*) having a higher average score than ‘autisme hebben’ (*to have autism*), ‘autist’ (*autie*) and ‘autistisch persoon’ (*autistic person*) were also rated higher than ‘persoon met autisme’ (*person with autism*). The reasons for endorsing the examples of identity-first language were identical to those mentioned in the previous section.

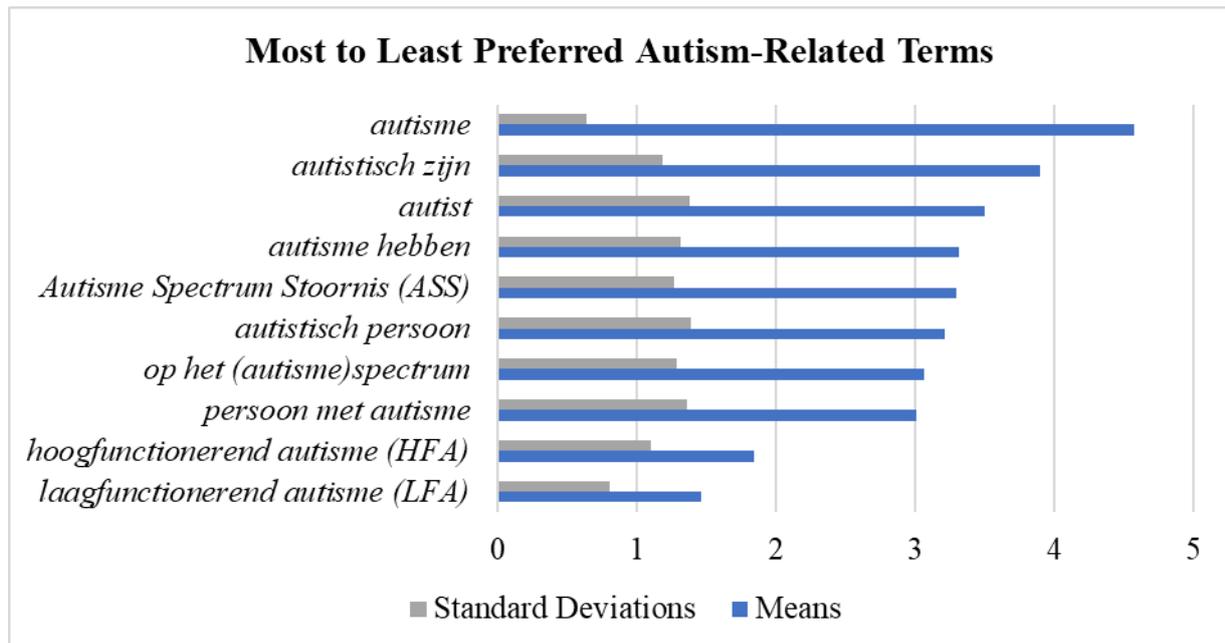
### Figure 9

*A Bar Chart of the Dutch Autism-Related Terms in Order from Most to Least Preferable (as*

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<sup>9</sup> The works of Thomas (2019) and Flynn (2018) provide more information about why 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’.

Scored by the Participants ( $N=307$ ) in the Survey)



## 6. Discussion

### 6.1 Sub-Questions I and II

The first sub-question of this MA thesis sought to determine whether PFL or IFL is more prevalent on the Dutch medical and/or non-medical websites as opposed to the British websites. If there was a lack of either PFL or IFL on the Dutch websites, the second sub-question concerned the use of other common terms.

Surprisingly, the findings from the CDA (as discussed in **section 5.1.5**) showed that none of the six Dutch websites included any instances of IFL. Therefore, the Dutch websites were written from person-first perspectives. More specifically, 37 out of the 67 PFL instances were found on the medical websites (Antes, 2019; GGZ Standaarden, 2018; Het dr. Leo Kannerhuis, 2022). This means that the other 30 originated from the Dutch non-medical websites (BijdeHand Zorg, 2020; Nederlandse Vereniging voor Autisme (NVA), 2021b; Vanuit autisme bekeken (VAB), 2019). In addition to the lack of identity-first language, this nearly even distribution of PFL among the medical and non-medical websites was unanticipated as well. To elaborate further, only the former were expected to include many

instances of PFL, because person-first language has been the standard language choice in healthcare for decades (Crocker & Smith, 2019). In effect, this might have impacted the language use on the non-medical websites. One possible reason as to why the non-medical websites contained almost the same number of PFL instances might be the (influence of the) leading narrative within the medical field.

In comparison, only five instances of PFL were found on the six British websites, of which three originated from the medical ones (Autism Research Centre (ARC), 2020; British Medical Association (BMA), 2020; National Health Service (NHS), 2021). Conversely, 54 out of the 74 IFL instances were included on the non-medical websites (Ambitious about Autism, 2022; Autism Alliance, 2020; National Autistic Society, 2022a). Especially the relatively small number of person-first instances was unexpected, on account of the PFL dominance in health services (as discussed in **section 2.2.2**). These results could be attributed to the increased awareness of models that actively criticize the pathological model, including yet not limited to the neurodivergent model. Alternatively, the findings from Kenny et al.'s (2015) research could have influenced the language use on the British websites. Still, the extent to which this may have occurred is unclear. On top of that, it is important to note that correlation does not equal causation. In other words, although Kenny et al.'s study showed that IFL is preferred by most members of the British autism community, those results might have not caused its prevalence on the websites.

## **6.2 Sub-Questions III and V**

The third and fifth sub-questions focused on the linguistic preferences of people from the Dutch autism community. Specifically, the third sub-question centered on what PFL and IFL terms they prefer using. Alternately, the fifth one concerned the use of other common autistic terms, if neither a preference for PFL nor IFL was found.

The survey results (as discussed in **section 5.2.3**) indicated that the participants in the present study, of which most identified as autistic, preferred IFL terms over their PFL equivalents. Thus, the terms ‘autist’ (*autie*) and ‘autistisch persoon’ (*autistic person*) were scored more favorably than ‘persoon met autisme’ (*person with autism*). Furthermore, ‘autistisch zijn’ (*to be autistic*) was endorsed more in comparison to the term ‘autisme hebben’ (*to have autism*). However, and in addition to the IFL terms, the participant condoned the use of other terms to discuss autism and autism-related subjects. An overview of the top five terms as scored by the participants is shown in Table 15 below.

**Table 15**

*The Five Most Preferred Dutch Autism-Related Terms from the Survey (as Scored by the Participants (N=307))*

Survey Terms	Person- or Identity-First	Means	Standard Deviations
1. <i>autisme</i>	Neither.	4.57	0.64
2. <i>autistisch zijn</i>	Identity-first.	3.90	1.19
3. <i>autist</i>	Identity-first.	3.50	1.38
4. <i>autisme hebben</i>	Person-first.	3.32	1.32
5. <i>Autisme Spectrum Stoornis (ASS)</i>	Neither.	3.30	1.27

The survey results contrast with previous findings among members of the Dutch autism community, as researched by Buijsman in their BA thesis (Wevers, 2020). Having investigated the linguistic preferences of close to 500 employed autistic adults, they concluded that the majority of their participants preferred PFL over IFL. On the other hand, their findings also indicated that those who had experienced discrimination and/or self-stigma preferred IFL more. This might have been the case for the participants in this MA thesis too, as reflected in their reasons for using identity-first language (see Appendix H). Alternatively stated, the autistic participants in the current study seemed to view (their) autism positively instead of negatively; as a strength rather than a deficit.

### 6.3 Sub-Question IV

The fourth sub-question revolved around whether the autistic terms used on the Dutch

websites resemble those preferred by the Dutch autistic adults. As mentioned in the previous sections and **section 5.1.5**, the results from the CDA revealed that none of the Dutch websites included any IFL instances. At the same time, the survey results indicated that the participants preferred identity-first language over person-first language (as discussed in **section 5.2.3**), so there is a disconnect between the linguistic preferences of members from the Dutch autism community and the language used on the Dutch websites. That is, the cultural norms and values of the autistic subculture(s) do not overlap with those stemming from the dominant culture within the healthcare industry. As mentioned in **section 4.1.2**, all of the websites for the CDA were selected on the basis of pre-established inclusion criteria. One of these criteria concerned content similarities; the selected web pages focused on defining and/or describing autism. This means that it is fair to assume that Dutch autistic people form a significant proportion of the target demographic for the Dutch websites.

Taking into account this information, there are various possible causes for the aforementioned disparity. The first one was also discussed in relation to sub-questions I and II. That is, although the guidelines have recently changed (as mentioned in **section 2.2.2**), the use of PFL was mandated for more than two decades. Given that those changes were made less than two years ago, it is likely that PFL remains the dominant or standard language choice at this point in time. Combined with the fact that most of the Dutch websites were last updated prior to these changes (as discussed in **section 4.1.2**), this is a probable reason as to why they were written from person-first perspectives.

Moreover, in their responses to the website quotes, a few participants noted that the quotes seemed to be stemming from neurotypical points of view. In other words, these participants suggested that the quotes were written by non-autistic people, which is possible. Assuming the writers only had good intentions, this might provide a further explanation as to why only PFL was used on the Dutch websites. That is to say, non-autistic people might not

be aware of the linguistic debate within autism communities regarding the use of person-first and/or identity-first language. As such, they might have opted to use PFL, because it is the (still) the most conventional language choice.

#### 6.4 Sub-Question VI

The final sub-question of this MA thesis asked whether the preferences of the Dutch autism community align with those of (non-)native English-speaking autism communities, as previously reported in Bury et al.'s (2020) and Kenny et al.'s (2015) studies. Table 16 below provides an overview of the most preferred autism-related terms in all three studies.

**Table 16**

*Overview of the Participants' Preferences of Terms Related to Autism in Bury et al.'s (2020) Study, Kenny et al.'s (2015) Study and the Current Thesis*

<b>Study</b>	<b>Most Preferred Autism-Related Terms</b>
This MA thesis (2022)	<i>autism; to be autistic; and autie</i>
Bury et al. (2020)	<i>autistic; autistic person; and person on the autism spectrum</i>
Kenny et al. (2015)	<i>autism; Autism Spectrum Disorder; and on the autism spectrum</i>

As shown in the table, the term 'autisme' (*autism*) was endorsed the most in the present study, similar to the most favored term in Kenny et al.'s (2015) research. The results further overlap with the findings from Bury et al.'s (2020). More specifically, one of the most preferred terms from their study corresponds to the second highest rated term in this research; the term 'autistisch zijn' (*to be autistic*).

Additionally, and despite the fact that the highest ranked terms in Bury et al.'s research consisted of one PFL term and two IFL terms, there was a lot of variation among the participants. In other words, those who endorsed PFL commonly denounced IFL, and vice versa. On the other hand, the most preferred terms in Kenny et al.'s (2015) study are neither PFL nor IFL terms. Still, their results indicated that autistic adults, parents and family members/friends favored the use of IFL, whereas professionals advocated for the use of PFL instead. This research further showed that while the IFL terms 'autistisch zijn' (*to be autistic*)

and ‘autist’ (*autie*) were rated higher than most of the PFL terms, the differences between their average scores were small (as shown in **section 5.2.3**). Thus, and with the exception of the overall agreement they displayed towards the term ‘autisme’ (*autism*), the participants in the current study also varied in their linguistic choices. Given the variation of constructions and terms one can use to discuss autism, this finding was not unexpected. Nevertheless, it is noteworthy that this pattern was found in all three studies.

In addition to the commonalities, there were (also) differences between the findings from this research and those from Kenny et al.’s study. The main differences relate to the terms *Autism Spectrum Disorder* and *(on) the autism spectrum*. Although both were two of the most preferred terms in Kenny et al.’s research, participants in this MA thesis generally preferred ‘autisme’ (*autism*) over the medical term ‘Autisme Spectrum Stoornis (ASS)’ (*Autism Spectrum Disorder (ASD)*). In turn, ‘op het (autisme)spectrum’ (*on the (autism) spectrum*) was not rated highly either; its average score only surpassed ‘persoon met autisme’ (*person with autism*) and the two terms about (autism) functioning labels. These dissimilarities are likely the result of different cultural norms and values. As exemplified by the discrepancies in the preferred autistic terms, the cultural norms and values of the autistic subculture(s) that Kenny et al. investigated do not completely align with those of the Dutch autistic subculture(s) in this study.

## **7. Conclusion and Recommendations**

### **7.1 Conclusion**

The main goal of the present study was to determine the linguistic preferences and uses of disability language by members from the Dutch autism community. Specifically, the aim was to investigate whether the community’s preference(s) for person-first language (PFL) or identity-first language (IFL) reflected the use of disability language on Dutch medical and non-medical websites. In turn, the results of this thesis and prior findings from Kenny et al.’s

(2015) study would be juxtaposed. Additionally, a comparison of the Dutch websites and an equal amount of British equivalents would be performed.

The first step was to analyze three Dutch medical websites and three non-medical ones through a critical discourse analysis (CDA), based upon Fairclough's model (1995, 2010). The same number of British medical and non-medical websites were examined in an identical manner. The results indicated that the Dutch websites only used PFL, whereas IFL is more commonly used on the British websites. There was no further difference between the medical and the non-medical websites.

The second step of the two-part methodology was to create and distribute an online survey that included quotes from the Dutch websites as well as common autism-related terms. Dutch(-speaking) adults who were involved with autism in one or multiple ways were asked to participate in this study. In total, 273 out of the 307 participants that completed the survey (primarily) identified as (self-diagnosed) autistic adults. Based on their responses to the website quotes and to the autistic terms in the survey, the findings suggested that this sample of participants preferred IFL over PFL.

All in all, this research has shown that there is a disconnect between the disability language preferred by members from the Dutch autism community and its use on Dutch medical and non-medical websites. That is, the latter do not include any instances of IFL, which the majority of the 307 participants in this study preferred.

## **7.2 Limitations and Suggestions for Future Research**

The most important limitation lies in the fact that a representative sample of autistic adults was not included in the current study. Despite the inclusion of background questions regarding learning disabilities and verblity (as discussed in **section 4.2.1**), this research was limited by the absence of non-verbal autistic participants. Additionally, only 77 out of the 273 autistic participants included in the sample indicated that they had simultaneously experienced

situational mutism and one or several learning disabilities. Furthermore, most of the 307 participants were between the ages of 18 and 44 when they filled out the survey; only 63 of them were 45 years or older.

Altogether, these factors make the findings of this study less generalizable to the whole Dutch autism community; they only apply to (highly) verbal 18- to 44-year-old Dutch autistic people. In other words, further research is required to determine the linguistic preferences and uses of Dutch autistic people at intersections with learning disabilities and situational mutism; of situationally mute Dutch autistic people who do not have learning disabilities; of non-verbal Dutch autistic people; and of Dutch autistic people ages 45 and older. Besides potentially highlighting differences between speaking and non-speaking Dutch autistic people and/or generational differences, future research that includes the entire autism spectrum also allows for a better understanding of the cultural norms and values within the Dutch autism community.

The second most important limitation is the fact that the participant sample of this thesis did not bear much resemblance to the one from Kenny et al.'s (2015) study. That is, despite the original aim to include four somewhat evenly distributed and adequately sized participant groups, the majority (N=273) belonged to the category of autistic participants. In other words, the present sample did not include many non-autistic participants that identified as caregivers/parents; those that as identified friends/family members; or professionals. However, considering the main research question and the sub-questions of the current research, it could be argued that the lack of non-autistic participants is not a limitation per se. For example, the autistic participants in Gillespie-Lynch et al.'s (2017) study were more inclined to depict autism as a neutral difference, as opposed to the non-autistic participants. On top of that, they provided more experiential and nuanced definitions of autism; reporting less overall stigma toward autism on the whole. These findings led Gillespie-Lynch et al. to

suggest that “autistic people should be considered ‘autism experts’ as they often build upon insights derived from the lived experience of being autistic by researching autism systematically” (p. 11). Besides helping produce a more accurate understanding of autism, the involvement of autistic people in research processes may also result in greater (overall) autism acceptance.

Altogether, and notwithstanding the aforementioned limitation(s), this study suggests highlights the importance of asking autistic people about their linguistic preferences. In line with Bottema-Beutel et al.’s (2021) recommendations, (autism) researchers should consider the majority preferences for particular language. This is not limited to the matter of person-first and/or identity-first language; it extends beyond that linguistic debate to include the potentially ableist implications of other terms and discourse, like the use of functioning labels. Additionally, “the specific arguments made by autistic community members when articulating their preferences, and existing recommendations by academic and professional organizations to respect the majority language preferences of the group being referred to” (Bottema-Beutel et al., 2021, p. 23) should be taken into consideration too. In addition to being important for (autism) researchers, these suggestions are equally applicable to those working for autism-related charities, medical organizations, and nonprofit organizations, including yet not limited to the ones mentioned in this MA thesis. After all, as Bulluss and Sesterka (2019) write

language and the nuances it engenders are critical to an inclusive discourse around autism. (...) For those on the autism spectrum, embracing our identities and establishing agency in the freedom to choose the appropriate language in developing our narratives is a critical step towards positive self-concept and well-being.

In other words, similar to what has been done in the present study, voices from the community need to be taken into account when writing about and contributing to the

discourse around autism, thereby shaping the narrative. That is, there is no authentic narrative without the representation of autistic voices.

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## APPENDICES

**Appendix A - Overview of Anti-discrimination and Civil Rights Laws from the Twentieth Century**

**Table 17**

*Overview of Anti-Discriminatory and Civil Rights for Disabled People Including Location(s) and Date(s)*

<b>Legislation</b>	<b>Anti-Discrimination</b>	<b>Civil Rights</b>	<b>Country</b>	<b>Year</b>
Chronically Sick and Disabled Persons Act	-	+	UK	1970
The Disabled Persons' Fundamental Law	-	+	Japan	1970
Rehabilitation Act	+	-	USA	1973
Comprehensive Protection System for the Disabled	+	+	Argentina	1981
Canadian Charter of Rights and Freedoms	+	-	Canada	1982
Canadian Human Rights Act	+	+	Canada	1985
The Americans with Disabilities Act	+	+	USA	1990
The Disability Discrimination Act	+	+	Australia	1992
The Disabled Persons Act	+	+	Zimbabwe	1992
The Human Rights Act	+	-	New Zealand	1993
Health and Disability Commissioner Act	+	+	New Zealand	1994
Disability Discrimination Act	+	-	UK & Northern Ireland	1995
The Persons With Disabilities Act	+	+	India	1995

*Note.* The information in this table stems from the following sources: Anti-Defamation League (ADL) (2018); Australian Government (1992); Government of Argentina (1981); Government of Canada (1982, 1985); Government of India (1995); Government of Zimbabwe (1992); New Zealand Government (1993, 1994); Parliament of the United Kingdom (1970, 1995); and The Government of Japan (1970).

## Appendix B - Overview of English and Dutch Key Terms for the CDA

**Table 18**

*List of English Key Terms (N=40) for the Critical Discourse Analysis*

<b>English Key Term</b>	<b>Word Type</b>	<b>Deficit- or Strength-Based Language</b>
<i>advantage(s)</i>	Noun.	Strength-based.
<i>ASD</i>	Noun.	Not applicable.
<i>asset(s)</i>	Noun.	Strength-based.
<i>autism</i>	Noun.	Not applicable.
<i>autistic</i>	Adjective.	Not applicable.
<i>benefit(s)</i>	Noun.	Strength-based.
<i>beneficial</i>	Adjective.	Strength-based.
<i>challenge(s)</i>	Noun.	Strength-based.
<i>deficit(s)</i>	Noun.	Deficit-based.
<i>delay(s)</i>	Noun.	Deficit-based.
<i>difference(s)</i>	Noun.	Strength-based.
<i>different</i>	Adjective.	Strength-based.
<i>difficult</i>	Adjective.	Strength-based.
<i>difficult(y/ies)</i>	Noun.	Strength-based.
<i>disabilit(y/ies)<sup>10</sup></i>	Noun.	Not applicable.
<i>disabled</i>	Adjective.	Not applicable.
<i>disease(s)</i>	Noun.	Deficit-based.
<i>disorder(s)</i>	Noun.	Not applicable.
<i>issue(s)</i>	Noun.	Deficit-based.
<i>normal</i>	Adjective.	Deficit-based.
<i>problem(s)</i>	Noun.	Deficit-based.
<i>spectrum</i>	Noun.	Not applicable.
<i>strength(s)</i>	Noun.	Strength-based.
<i>weak</i>	Adjective.	Deficit-based.
<i>weakness(es)</i>	Noun.	Deficit-based.

**Table 19**

*List of Dutch Key Terms (N=38) for the Critical Discourse Analysis*

<b>Dutch Key Term</b>	<b>English Translation<sup>11</sup></b>	<b>Word Type</b>	<b>Deficit- or Strength-Based Language</b>
<i>ASS</i>	‘ASD’	Noun.	Not applicable.
<i>achterstand(en)</i>	‘delay(s)’	Noun.	Deficit-based.
<i>autisme</i>	‘autism’	Noun.	Not applicable.
<i>autistisch(e)</i>	‘autistic’	Adjective.	Not applicable.

<sup>10</sup> Considering the fact that the nouns *disability* and *disorder* (as well as their plural forms) can be viewed as examples of either deficit-based or strength-based language depending on various factors, a conscious choice was made to disregard both from this categorization.

<sup>11</sup> As is the case in most languages, where one language has a lot of synonyms for a particular word, the translated language might commonly use one or two translations, and vice versa. For each of the Dutch key terms, the most fitting English translation was selected.

<b>Dutch Key Term</b>	<b>English Translation</b>	<b>Word Type</b>	<b>Deficit- or Strength-Based Language</b>
<i>belemmerd(e)</i>	'impeded'	Adjective.	Deficit-based.
<i>belemmering(en)</i>	'impediment(s)'	Noun.	Deficit-based.
<i>gehandicapt(e)</i>	'disabled person'	Adjective.	Not applicable.
<i>gunst(en)</i>	'favor(s)'	Noun.	Strength-based.
<i>gunstig(e)</i>	'favorable'	Adjective.	Strength-based.
<i>handicap(s)</i>	'handicap(s)'	Noun.	Not applicable.
<i>moeilijk(e)</i>	'difficult'	Adjective.	Strength-based.
<i>moeilijkhe(id)(en)</i>	'difficult(y/ies)'	Noun.	Strength-based.
<i>pluspunt(en)</i>	'asset(s)'	Noun.	Strength-based.
<i>proble(e)m(en)</i>	'problem(s)'	Noun.	Deficit-based.
<i>spectrum</i>	'spectrum'	Noun.	Not applicable.
<i>sterk(e) punt(en)</i>	'strength(s)'	Noun.	Strength-based.
<i>stoornis(sen)</i>	'disorder(s)'	Noun.	Not applicable.
<i>tekort(en)</i>	'deficit(s)'	Noun.	Deficit-based.
<i>tekortkoming(en)</i>	'shortcoming(s)'	Noun.	Deficit-based.
<i>verschil(len)</i>	'difference(s)'	Noun.	Strength-based.
<i>verschillend(e)</i>	'different'	Adjective.	Strength-based.
<i>voorde(e)l(en)</i>	'advantage(s)'	Noun.	Strength-based.
<i>voordelig(e)</i>	'advantageous'	Adjective.	Strength-based.
<i>zwak(ke) punt(en)</i>	'weakness(es)'	Noun.	Deficit-based.

## Appendix C - Overview of Inclusive Suggestions for the Survey (and Examples of Implementations)

**Table 20**

*Overview of Common Issues and Suggested Solutions for Inclusive Surveys (Adapted from Nicolaidis et al. (2020))*

Issues	Suggested Solutions
<ul style="list-style-type: none"> <li>• Ableist or offensive concepts and/or language.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Adding examples of such concepts and/or terms.</li> <li>➤ Adding hotlinks that define such concepts and/or terms.</li> </ul>
<ul style="list-style-type: none"> <li>• Anxiety related to not being able to answer with full accuracy.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Adding frequent reminders that there are no wrong answers (<b>Appendix D</b>).</li> <li>➤ Adding (optional) comment boxes that allow participants to elaborate on their answers (<b>Figure 6</b>).</li> </ul>
<ul style="list-style-type: none"> <li>• Complex sentence structures, confusing grammar and/or incomplete phrases.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Modifying items to simplify sentence structure (<b>Appendix D and E</b>).</li> </ul>
<ul style="list-style-type: none"> <li>• Imprecise response options.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Adding graphics to increase clarity of response options.</li> </ul>
<ul style="list-style-type: none"> <li>• Lack of items to fully capture the autism-specific aspects of a construct.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Adding new items related to autism-specific aspects of that construct.</li> </ul>
<ul style="list-style-type: none"> <li>• The use of confusing terms, difficult vocabulary and/or figures of speech.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Substituting confusing terms and the like with more simple and straightforward terms (<b>Appendix D and E</b>).</li> </ul>

## Appendix D - Layout of the Survey



### **Masterscriptie - Taalonderzoek over Autisme**

"Nothing about us without us." - James Charlton (2000)

#### **Informatie over het huidige onderzoek**

Dit onderzoek gaat over het gebruik en de voorkeuren van taal rondom autisme door leden van de Nederlandse (autisme)gemeenschap. Dit is namelijk nog **nooit** eerder onderzocht.

#### **De indeling van de vragenlijst**

In het eerste deel worden **12 citaten** van Nederlandse medische en non-medische websites weergegeven.

Per citaat wordt uw mening gevraagd.

In het tweede deel worden een aantal veelvoorkomende uitdrukkingen en woorden rondom autisme gepresenteerd. Wederom zal er per uitdrukking of woord om uw mening gevraagd worden. Bovendien wordt er steeds een korte toelichting van uw antwoord gevraagd, maar deze toelichting is **niet** verplicht. Mocht u de toelichting wél willen geven, dan kan deze uit één of meerdere woorden bestaan. Hele zinnen mogen ook gebruikt worden.

**Er zijn geen foute antwoorden.** Dit geldt voor zowel het eerste als het tweede deel van de vragenlijst.

#### **Inhoudswaarschuwing**

Sommige citaten, uitdrukkingen of woorden kunnen mogelijk als aangrijpend of onaangenaam ervaren worden. **Geen** van deze omschrijven en/of reflecteren mijn eigen standpunt(en).

### **Voor wie is deze vragenlijst bedoeld?**

Aan het begin van de vragenlijst worden wat algemene vragen aan u gesteld. Deze vragenlijst is zo inclusief mogelijk. **Iedereen die met autisme te maken heeft, wordt uitgenodigd om deze vragenlijst in te vullen.**

### **Duur van de vragenlijst**

In totaal bestaat de vragenlijst uit **37 vragen**. Het invullen hiervan zal ongeveer **15-20 minuten** duren.

### **Aanvullende informatie**

Uw deelname aan dit onderzoek is geheel **anoniem**.

Voor verdere opmerkingen en/of vragen kunt u contact opnemen met mij via e-mail. Dit kunt u op elk moment doen. Met andere woorden, u kunt mij **voor, tijdens óf na** het invullen van de vragenlijst een e-mail sturen.

Mijn e-mailadres is: [i.hiddink@students.uu.nl](mailto:i.hiddink@students.uu.nl).

- Imke Hiddink (UU)

## Appendix E - Consent Form

### Toestemmingsformulier

#### A. DOEL EN ACHTERGROND

Imke Hiddink (UU) doet onderzoek naar het gebruik en de voorkeuren van taal rondom autisme binnen de Nederlandse (autisme)gemeenschap. Zo hoop ik uit te (kunnen) vinden wat de (taal)wensen van de leden van de Nederlandse gemeenschap zijn.

#### B. PROCEDURES

Als u akkoord gaat met deelname aan dit onderzoek, krijgt u eerst wat algemene vragen te zien. Deze vult u in. Daarna begint het eerste deel van de vragenlijst.

Het eerste deel bevat **12 citaten** van verschillende Nederlandse medische en non-medische websites. Per citaat wordt er om uw mening gevraagd. De namen van de websites zijn in deze vragenlijst weggelaten. In het onderzoeksverslag zullen de citaten en de relevante websites naast elkaar weergegeven worden. **Let op: De uiteindelijke masterscriptie zal in het Engels geschreven zijn.**

Nadat dit eerste deel afgerond is, begint het tweede en laatste deel van de vragenlijst. Dit deel bestaat uit een aantal veelvoorkomende uitdrukkingen en woorden rondom autisme. Per uitdrukking of woord wordt er weer om uw mening gevraagd. Ook wordt u gevraagd om uw antwoord kort toe te lichten. Deze toelichting is echter **niet** verplicht.

**Voor beide delen van de vragenlijst geldt dat er geen foute antwoorden zijn.**

Wanneer u beide delen heeft afgerond, wordt u bedankt voor uw deelname. Mocht u dat willen, dan kunt u uw e-mailadres achterlaten om geïnformeerd te worden over de uiteindelijke resultaten. **Let op: De uiteindelijke masterscriptie zal in het Engels geschreven zijn.**

#### C. RISICO'S

Er zitten **geen** directe risico's aan dit onderzoek verbonden. Wel is er een **inhoudswaarschuwing** die telkens herhaald zal worden.

#### D. VERTROUWELIJKHEID

De gegevens uit dit onderzoek worden zo vertrouwelijk mogelijk behandeld. Er worden **geen** individuele identiteiten gebruikt in rapporten of publicaties die uit het onderzoek voortkomen. Onderzoeksinformatie wordt altijd in vergrendelde bestanden bewaard.

#### E. VOORDELEN VAN DEELNAME

Deelname aan dit onderzoek levert u **geen** direct voordeel op. Het verwachte voordeel is dat u bijdraagt aan een inclusief taalonderzoek om beter inzicht te krijgen over de (taal)wensen van de Nederlandse (autisme)gemeenschap.

#### F. VRIJWILLIGE DEELNAME

Uw beslissing om wel of **niet** deel te nemen aan dit onderzoek is **vrijwillig**. Deze keuze heeft verder **geen** invloed op uw relatie met de Universiteit Utrecht.

#### G. VRAGEN

Voor opmerkingen en/of vragen over het onderzoek kunt u mij **altijd** bereiken via e-mail. Mijn e-mailadres is: [i.hiddink@students.uu.nl](mailto:i.hiddink@students.uu.nl).

#### **TOESTEMMING**

U neemt een beslissing over meedoen aan dit onderzoek. Hierbij stemt u in met het volgende:

- U snapt dat uw antwoorden en gegevens **anoniem** gemaakt worden;
- U snapt dat uw antwoorden en gegevens gebruikt zullen worden voor mijn onderzoek;
- U snapt dat uw deelname aan dit onderzoek geheel **vrijwillig** is;
- U snapt dat er **geen** directe risico's verbonden zitten aan dit onderzoek;
- U snapt dat deelname aan dit onderzoek u **geen** direct voordeel oplevert;
- U snapt dat u mij **altijd** kunt bereiken door een e-mail te sturen naar [i.hiddink@students.uu.nl](mailto:i.hiddink@students.uu.nl).

Ik heb het toestemmingsformulier gelezen en ik ga hiermee akkoord.

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## Appendix F - Website Quotes Included in the Survey

**Table 21**

*Overview of Quotes from the Dutch Medical and Non-Medical Websites (N=6) from the Survey*

<b>Quotes</b>	<b>Sources</b>	<b>Survey Order</b>
1. “[M]ensen met autisme [kunnen] minder goed sociale contacten (...) leggen, de communicatie verloopt moeizamer.”	Antes.	Number XI.
2. “Mensen met autisme hebben een gedragspatroon dat zich herhaalt. Hun interesse en activiteiten kunnen gericht zijn op één onderwerp of een zeer beperkt aantal onderwerpen. Voor andere zaken tonen zij geen belangstelling.”	Antes.	Number VII.
3. “Daarnaast ervaren mensen met autisme ook vaak problemen met uitvoerend handelen met name op het gebied van plannen en organiseren.”	GGZ Standaarden.	Number X.
4. “Veel kinderen met autisme krijgen helaas vooral te horen wat niet lukt, zowel thuis als op school en in de hulpverlening.”	GGZ Standaarden.	Number III.
5. “Autisme uit zich bij iedereen anders. (...) Wel hebben alle mensen met autisme met elkaar gemeen dat ze moeite hebben om andere mensen goed te begrijpen en aan te voelen.”	Het dr. Leo Kannerhuis.	Number I.
6. “[Mensen met autisme] hebben een angstig en geobsedeerd verlangen naar gelijkblijvendheid en kunnen in paniek raken als er een detail in de omgeving verandert.”	Het dr. Leo Kannerhuis.	Number V.
7. “Ook het gevoelsleven, de waarneming en de senso-motoriek zijn bij mensen met autisme kwalitatief anders dan bij mensen zonder autisme.”	BijdeHand Zorg.	Number IV.
8. “Autisme wordt ook wel als contextblindheid gezien. Met context bedoelen we bijvoorbeeld een bepaalde omgeving, bepaalde personen of een bepaald tijdstip.”	BijdeHand Zorg.	Number VIII.
9. “Ook verwerken mensen met autisme informatie op een andere manier in de hersenen dan mensen zonder autisme. Dit geldt nadrukkelijk óók voor informatie die binnenkomt via de zintuigen. Veel	Nederlandse Vereniging voor Autisme (NVA).	Number VI.

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mensen met autisme hebben te maken met sensorische over- of ondergevoeligheid.”

10. “Steeds vaker wordt dan ook de vraag gesteld of autisme per definitie altijd een ‘stoornis’ of ‘beperking’ is. Volgens de zogeheten neurodiversiteitsbeweging gaat het in essentie om een andere manier van zijn.”	Nederlandse Vereniging voor Autisme (NVA).	Number IX.
11. “Alleen mensen met autisme zelf weten hoe het voor hen is om autisme te hebben.”	Vanuit autisme bekeken (VAB).	Number II.
12. “Hoewel autisme voor (zorg)professionals vooral een som van gedragskenmerken is, is het voor mensen met autisme vaak veel meer. [Het is bijvoorbeeld] een andere informatieverwerking en een andere beleving van en kijk op de wereld waar ook andere behoeftes bij horen.”	Vanuit autisme bekeken (VAB).	Number XII.

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*Note.* The information in this table stems from the following sources: Antes (2019);

BijdeHand Zorg (2020); GGZ Standaarden (2018); Het dr. Leo Kannerhuis (2022);

Nederlandse Vereniging voor Autisme (NVA) (2021b); and Vanuit autisme bekeken (VAB) (2019).

## Appendix G - Overview of Results from the CDA

**Table 22**

*Common Key Terms Found on the (British and Dutch) Websites (N=12)*

<b>Key Term</b>	<b>Word Type</b>	<b>Deficit- or Strength-Based Language</b>	<b>Amount of Hits on British Medical Websites</b>	<b>Amount of Hits on British Non-Medical Websites</b>	<b>Amount of Hits on Dutch Medical Websites</b>	<b>Amount of Hits on Dutch Non-Medical Websites</b>
<i>autism</i>	Noun.	Not applicable.	46	23	102	79
<i>autistic</i>	Noun.	Not applicable.	25	56	2	4
<i>difference(s)</i>	Noun.	Strength-based.	10	7	3	3
<i>different</i>	Adjective.	Strength-based.	6	6	6	2
<i>spectrum</i>	Noun.	Not applicable.	10	5	1	1

*Note.* The information in this table stems from the following sources: Antes (2019); Ambitious about Autism (2022); Autism Alliance (2020); Autism Research Centre (ARC) (2020); BijdeHand Zorg (2020); British Medical Association (BMA) (2020); GGZ Standaarden (2018); Het dr. Leo Kannerhuis (2022); National Autistic Society (2022a); National Health Service (NHS) (2021); Nederlandse Vereniging voor Autisme (NVA) (2021b); and Vanuit autisme bekeken (VAB) (2019).

**Table 23**

*Results from the Textual and Processing Analyses of the (British and Dutch) Websites (N=12)*

<b>Website</b>	<b>Website Type</b>	<b>Person- or Identity-First</b>	<b>Deficit- or Strength-Based</b>	<b>Text Structure</b>
1. Autism Research Centre (ARC)	Medical.	Identity-first.	Strength-based.	One reference.
2. British Medical Association (BMA)	Medical.	Neither.	Deficit-based.	One reference.
3. National Health Service (NHS)	Medical.	Identity-first.	Strength-based.	No references.

<b>Website</b>	<b>Website Type</b>	<b>Person- or Identity-First</b>	<b>Deficit- or Strength-Based</b>	<b>Text Structure</b>
4. Ambitious about Autism	Non-medical.	Identity-first.	Strength-based.	Two references.
5. Autism Alliance	Non-medical.	Identity-first.	Strength-based.	No references.
6. National Autistic Society	Non-medical.	Identity-first.	Strength-based.	Three references.
7. Antes	Medical.	Person-first.	Strength-based.	Five references.
8. GGZ Standaarden	Medical.	Person-first.	Deficit-based.	Twenty references.
9. Het dr. Leo Kannerhuis	Medical.	Person-first.	Neither.	Three references.
10. BijdeHand Zorg	Non-medical.	Person-first.	Deficit-based.	No references.
11. Nederlandse Vereniging voor Autisme (NVA)	Non-medical.	Person-first.	Deficit-based.	Eleven references.
12. Vanuit autisme bekeken (VAB)	Non-medical.	Person-first.	Strength-based.	Two references.

*Note.* The information in this table stems from the following sources: Antes (2019); Ambitious about Autism (2022); Autism Alliance (2020); Autism Research Centre (ARC) (2020); BijdeHand Zorg (2020); British Medical Association (BMA) (2020); GGZ Standaarden (2018); Het dr. Leo Kannerhuis (2022); National Autistic Society (2022a); National Health Service (NHS) (2021); Nederlandse Vereniging voor Autisme (NVA) (2021b); and Vanuit autisme bekeken (VAB) (2019).

## Appendix H - Autism-Related Terms and Example Quotes from the Survey

**Table 24**

*Overview of Autism-Related Terms and Example Quotes from the Survey with Positive, Mixed and Negative Connotations (N=307)*

<b>Autism-Related Terms</b>	<b>Connotations</b>	<b>Example Quotes</b>
'autisme hebben'	Positive.	<ul style="list-style-type: none"> <li>○ [Ik gebruik deze uitdrukking] alleen als ik met educatie- of medisch personeel praat.</li> <li>○ Zeer lage kans om iemand voor het hoofd te stoten en niet omslachtig op een irritante of geforceerde manier.</li> <li>○ [Ik] gebruik het om anderen tegemoet te komen en niet af te schrikken.</li> </ul>
	Mixed.	<ul style="list-style-type: none"> <li>➤ Ik gebruik uitdrukkingen zoals 'autisme hebben' en 'autistisch zijn' integraal.</li> <li>➤ Ik zou er geen punt van maken om 'autisme hebben' te gebruiken in plaats van 'autistisch zijn'. De uitdrukking 'autisme hebben' zit ondertussen ook al zo in het taalgebruik, dat ik er niet echt bij stilsta. Het is enkel [een probleem] wanneer mensen die zelf niet autistisch zijn, zeggen dat dit de enige juiste term is.</li> <li>➤ Als een ander zelf liever zo aangesproken wil worden, pas ik me daar uiteraard op aan.</li> </ul>
	Negative.	<ul style="list-style-type: none"> <li>● Nee, je hebt griep. Je bent autistisch. Autisme is geen ziekte.</li> <li>● Autisme is mijn kern. Je hoeft je niet te distantiëren.</li> <li>● Toch heb ik een kleine weerstand tegen deze uitdrukking, omdat niet-autisten ons vaak terechtwijzen en wij onszelf van hen geen 'autist' mogen noemen. (...) Wij mogen zijn wie we zijn en onszelf noemen wie/wat we zijn.</li> </ul>

Autism-Related Terms	Connotations	Example Quotes
'autist'	Positive.	<ul style="list-style-type: none"> <li>○ Het is een identiteitsclaim. Het is krachtig, direct en straalt trots uit.</li> <li>○ [Ik heb g]een duidelijke voorkeur voor 'autist' of 'met autisme', maar ik vind wel dat 'autist' positief nadruk legt op dat het een heel groot deel is van wie ik ben. Bij dat idee voel ik me wel fijn.</li> <li>○ Dat is wie ik ben. Het is mijn identiteit. Ik ben er trots op. Ik wil niet meer zijn dan een autist, want (...) dat is juist het allerbelangrijkste wat ik wil zijn.</li> </ul>
'autist'	Mixed.	<ul style="list-style-type: none"> <li>➤ Ik gebruik [het woord 'autist'] het liefst ook voor mijzelf, omdat ik vind dat ik niet apart sta van mijn stoornis. Het bepaald namelijk hoe ik de wereld beleef, dus het is wie ik ben. Ik heb er wel moeite mee als het uit context wordt geplaatst en dus als negatief woord wordt gebruikt.</li> <li>➤ Ik heb zelf geen probleem met [het woord 'autist'], zolang het respectvol gebruikt wordt en niet als scheldwoord.</li> <li>➤ Ik omschrijf mezelf wel als 'autist' (en mijn partner ook), maar zal dat over een ander niet snel zeggen omdat het hard en oordelend klinkt.</li> </ul>
	Negative.	<ul style="list-style-type: none"> <li>● Ik vind het persoonlijk niet netjes om ['autist'] te gebruiken. Het voelt voor mij meer als een stempel en daarbij zijn er genoeg onwetende mensen die dit woord gebruiken als grap.</li> <li>● Als het spottend wordt bedoeld, wat vaak gebeurt, vind ik dat onprettig.</li> <li>● [Een 'autist'] is niet het enige dat de persoon is. Je doet hiermee de persoon tekort.</li> </ul>
'autistisch persoon'	Positive.	<ul style="list-style-type: none"> <li>○ Ja, dit is IFL. Ik gebruik 'autistisch persoon' of 'autistische mensen' om in het algemeen over autisten te praten. Dit gebruik ik ook vaker dan het woord 'autist' wanneer ik met [niet-autisten]</li> </ul>

<b>Autism-Related Terms</b>	<b>Connotations</b>	<b>Example Quotes</b>
'autistisch persoon'	Positive.	<ul style="list-style-type: none"> <li>○ praat over autisten, omdat het woord 'autist' voor hen vaak nog heftig klinkt.</li> <li>○ Beter dan 'persoon met autisme', want het drukt meer uit dat het autisme onderdeel van de persoon is.</li> <li>○ Als variant op 'autist'.</li> </ul>
'autistisch persoon'	Negative.	<ul style="list-style-type: none"> <li>● Dit klinkt alsof je een ziekte hebt. Gebruik ik dus nooit.</li> <li>● Gebruik ik amper. Vind 'autist' of 'persoon met autisme' makkelijker en fijner in gebruik.</li> <li>● Ik gebruik 'autistisch' wel, maar niet zo gauw op deze manier. Dan zou ik eerder 'persoon met autisme' gebruiken. Ik vind dat toch iets sympathieker klinken.</li> </ul>
'autistisch zijn'	Positive.	<ul style="list-style-type: none"> <li>○ Autismen is onderdeel van je identiteit. Je bent autistisch, en dit klinkt niet als een belediging.</li> <li>○ Omdat ik autistisch ben en mijn autisme onlosmakelijk met mij is verbonden. Het maakt mij wie ik ben.</li> <li>○ Het is een neutrale en feitelijke beschrijving van de identiteit van de persoon.</li> </ul>
	Mixed.	<ul style="list-style-type: none"> <li>➤ Veel mensen gebruiken 'autistisch zijn' snel als een soort van scheldnaam als iemand een kleine handeling doet die refereert aan een stereotype beeld van autisme. Daarom ben ik er eigenlijk niet zo'n fan van, maar het is wel duidelijk.</li> <li>➤ Klinkt weer als een aandoening hebben. Ik gebruik het misschien wel, maar als ik het anders kan verwoorden doe ik dat.</li> <li>➤ Ik zeg het relatief vaak, maar [ik] vind deze [vraag] lastig. Het is een onderdeel van wie je bent, maar het hoeft niet je enige kenmerk te zijn.</li> </ul>
	Negative.	<ul style="list-style-type: none"> <li>● Dat is zo beperkend. De persoon is meer dan dat.</li> </ul>

Autism-Related Terms	Connotations	Example Quotes
'autistisch zijn'	Negative.	<ul style="list-style-type: none"> <li>• [De uitdrukking 'autistisch zijn'] klinkt voor mij negatiever dan autisme in het algemeen benoemen. Ik ben meer dan alleen het 'autistisch zijn'.</li> <li>• Roept vooral negatieve connotaties op omdat het vaak als stigmatiserende opmerking wordt gebruikt.</li> </ul>
'persoon met autisme'	Positive.	<ul style="list-style-type: none"> <li>○ Dit vind ik beter dan 'autist', omdat je [hiermee] laat blijken dat iemand niet alleen maar een autist is of uit autisme bestaat.</li> <li>○ Ik vind dit persoonlijk de meest nette manier van aangeven dat iemand autisme heeft. Voor mij voelt het dan niet als een standaard label.</li> <li>○ Geeft ook ruimte voor eigen karakter en gevormdheid buiten autisme om.</li> </ul>
	Mixed.	<ul style="list-style-type: none"> <li>➤ Ik gebruik 'persoon met autisme' en 'autistisch persoon' door elkaar. Ik ben persoonlijk met beide verwoordingen oké, maar zal wel altijd rekening houden met de voorkeuren van mijn gesprekspartner.</li> <li>➤ Al zal ik het zelf (bijna) altijd over 'autisten' hebben, vind ik het minder erg als andere mensen 'personen met autisme' zeggen. Het wordt eerder een probleem, wanneer andere mensen erop staan dat zij weten wat de juiste term is, terwijl ze zelf niet autistisch zijn.</li> <li>➤ Sommige mensen vinden het fijner om zo benoemd te worden, alleen dan zou ik het gebruiken. Het is aan de persoon zelf wat ze fijn vinden.</li> </ul>
	Negative.	<ul style="list-style-type: none"> <li>• [De uitdrukking] 'persoon met autisme' klinkt voor mij alsof er benadrukt moet worden dat ik ook nog een persoon ben naast mijn stoornis.</li> <li>• Dit scheidt de persoon van het autisme, en daarmee wordt geïnsinueerd dat autisme per definitie iets slechts is. Daar sta ik niet achter.</li> </ul>

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<b>Autism-Related Terms</b>	<b>Connotations</b>	<b>Example Quotes</b>
'persoon met autisme'	Negative.	<ul style="list-style-type: none"><li>• Je zegt ook niet 'personen met blindheid'. Gebruik 'autistisch' als adjectief.</li></ul>

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