Abstract:
Communication methods have improved drastically in recent decades, enabling minority groups to share ideas and information, and facilitating important networks for such groups. Past research into minority groups and language has focused on the way that language use can highlight different connotations of particular terms. This leads to consideration of the issue of how terminology can reflect the perceptions of people with Autism and Asperger’s Syndrome along with associated conditions. The focus of this research is how terminology is understood and used differently by the autistic community and those outside it. Words and phrases considered are: Autism and Asperger’s Syndrome together with the associated terms Pervasive Developmental Disorder, Autistic Quotient, Autie, Aspie, Neurotypical, Neurodiversity, Curebie and Idiot Savant. The conclusions of this research were reached as a result of an online questionnaire. It is found that the autistic community coins terms to describe both those within and outside the community, whereas the mainstream community create words to refer only to those in the
minority. Furthermore, terms coined within the autistic community are often unheard of outside their membership group. These conclusions reflect the varying recognition of relevant terminology displayed by the different groups of respondents. Results also indicate that the expression Idiot Savant, which was once an accepted medical term, has undergone a degree of semantic change following social developments, resulting in it now being used pejoratively within the media. Finally, connotations of the various terms also reflect different perceptions within the groups concerned, providing evidence of variances in attitude towards people with ASDs. In the case of connotations for Asperger’s Syndrome and Autism results confirm considerable confusion related to diagnostic criteria.  

A Minority Group

By Charlotte Stace

A minority group is viewed as a segment of society distinguished in some way from the remaining population by traits that are special and common between members. These distinguishing features unite the people concerned into a group that provides members with a sense of belonging (Tajfel 1978). The autistic community focused on here is considered to have affiliation due to ‘…a common identity…thrust upon a category of people because they are at the receiving end of certain attitudes and treatment from the “outside”’ (Tajfel 1978:6). This creates a sense of boundary between those within the minority group and those in the remainder of society, giving rise to the concept of an in-group and out-group (Tajfel 1978).

Labels associated with the ASDs under review are gained officially through medical diagnosis, although many people informally self diagnose. Medically this process is largely based on the current Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR (American Psychiatric Association 2000). Revised from previous editions it is produced as a clinical guide and teaching tool containing criteria classifying types of mental disorders, and it provides the basis of present medical understanding regarding the terms Autism, AS and PDD.

The idea of the autistic community as an in-group stigmatised by society is expressed by Kenney (2002) who, upon gaining knowledge of her son’s diagnosis, discovers the fundamental sense of fear within society, which she feels is partly due to the portrayal of autistic traits in films such as Rain Man, commenting: ‘You don’t want

1 A full copy of the original dissertation upon which this summary is based will subsequently be published in the Autonomy repository http://www.larry-arnold.net/Autonomy/index.php/Autarchive
that label. It's not socially acceptable’… [due to public]… ignorance about autistic spectrum disorders…” (Kennedy 2002:31, 163).

Murphy (1997) raises the issue of parallels between the social status of sexual minority groups and that of ethnic minorities, concluding that there are similarities in their category labelling. This aspect of her study resonates with autistic community issues prompting comparisons in respect of the researched terminology. Since this study investigates the use of terminology by people directly affected by ASDs, as well as those unaffected, the concept of groupings is of particular relevance. Tajfel (1978) discusses the strengthening of member affiliation as a characteristic of the minority groups he terms ‘in-groups’. Language terminology that originates and largely remains exclusive within a group of people may be symptomatic of this form of grouping. Related to this is an area of interest discussed by Swain and Cameron (1999) who parallel the presumption of heterosexuality in society with being non-disabled, observing that people are presumed to fall into those categories unless labelled otherwise.

Murphy (1997) highlights the polarization of terms into opposites, for example heterosexual and homosexual, and whether an identity label like bisexual may represent a mixture of the two opposites rather than a separate category. Identity labels can take the form of medical terms and Lane & Stratford (1985) consider this in connection with Down's Syndrome. They propose that medical labels can define a person as against their condition, resulting in them being reduced to a clinical entity. Zola (1993) also examines this theme, reflecting on the functions of medical labels and noting how the verbs to be and to have perpetuate different connotations when associated with terms. Using his reasoning, the expression “he is autistic” equates the person with the condition suggesting that the identity of the person consists of his Autism. Conversely, the phrase “he has Autism” signifies that Autism is just one aspect of the person’s identity. Another interesting observation made by Zola concerns the use of terms as rallying cries by groups seeking positive recognition. He points out that expressions including “Black is beautiful” may work well for an ethnic group, but when applied to disabilities, phrases like “Don't you wish you were blind” are inappropriate. The question of whether Autism related terms are perceived as disability or illness descriptions as against expressions of human diversity is therefore an important consideration.

Medical labels themselves can be misunderstood and in some cases confusion surrounds their actual meaning. Cashin (2006) investigates unclear semantic differences between the terms Autism and AS questioning the validity of having two words that have unclear delineation. Labels and terminology can be affected by outside forces such as politics. Corbett (1996) cites some early medical terms used to refer to people with impairments that have largely been replaced as a result of the Warnock Report (Warnock 1978). Terms including idiot and moron have been replaced with alternatives such as educationally sub-normal and Special Education Needs indicating that such replacements can result in semantic changes to the original terminology.

**Research questions**

Do/To what extent do minority groups such as the autistic community develop lexical terminology that is largely unheard of outside that community?

How do members of the minority autistic community describe both themselves and those outside their communities?

What connotations do terms associated with Autistic Spectrum Disorders have inside and outside the autistic community?
History and Meanings of the Words and Phrases

Pervasive Developmental Disorder(s)

This noun phrase was first introduced by the *DSM-III* as a medical term for a group of disorders (American Psychiatric Association 1980) and it continues to be used today. The term was selected to encompass Autism and other related disorders. The reasoning behind *PPDs* original use was to emphasize the prevalence of disturbance in development that occurs in many areas. The word *pervasive* was included due to the broad scope of disturbance that is affected during development (Volkmar & Cohen 1991). The adjective relates to the verb *to pervade* which concerns something that has the power or quality to spread or extend, in this case referring to numerous rather than specific parts of development (Oxford English Dictionary (OED) draft revision 2008). The adjective *developmental* relates to describing changes occurring in human development (OED second edition 1989). The noun *disorders* is added to the two adjectives and has the meaning of something, in this case development, that is disturbed outside its normal order (ibid).

Autistic Spectrum Disorder

Lorna Wing (2009, 1988), along with her colleague Judith Gold (Wing & Gold 1979), studied people with ASDs alongside the works of Asperger, Kanner and others. In an e-mail from her she explains:

‘…we first suggested that there was a wide range of autistic conditions… [and]…used the term “Autistic Continuum” [in 1986], but later on we thought the word “spectrum” was better. This is because “continuum” suggests a neat line from the most to the least severe but we felt that this was too simple an idea, Spectrum seemed a much better alternative. We first talked of the autistic spectrum but Prof Christopher Gillberg pointed out that is was much more grammatically correct to say *Autism Spectrum*. (Wing 2009a)

Autistic Quotient

The noun phrase *Autistic Quotient*, also known as *Autistic-Spectrum Quotient* or *Autism-Spectrum Quotient* was coined by Professor Baron-Cohen and colleagues in 2001. It was developed to identify the level of autistic traits revealed by an adult with a normal level of intelligence. It is a simple self-assessment test comprising of fifty questions, the answers to which provide a score indicating the degree to which a person displays autistic characteristics. It is not intended to be a medical diagnostic tool but does provide useful and interesting information (Baron-Cohen et al 2001).

Autism

Eugen Bleuler originally coined the term *Autismus*, derived from two Greek terms αὐτός *auto-* (meaning ‘self’) and the suffix –*ism*, Greek -ισμός (Klein 1971) combined with the Latin form –*ismus* which in this sense refers to a person or thing with regard to their condition (OED second edition 1989). The English translation of the word is *Autism* although as will be seen below Bleuler’s use of the word differed from its current usage.

The OED (second edition 1989) provides a quotation dated 1912 in *The American Journal of Insanity* as being the origin of the word although this is contested. Popik (2005) claims the origin as being in *The New York State Hospitals Bulletin* of the same year. Research for this study has however revealed that the term, in its original German form *Autismus*, is found in 1910 in a journal article concerning adults by Bleuler describing a symptom of Schizophrenia (Bleuler 1910). This was translated into English in 1912 (Bleuler 1912). His use of the word also had similarities with the word *autoeroticism* used by Freud in 1905 (Kuhn & Cahn 2004). Bleuler associated the word *Autism / Autismus* with a withdrawal into fantasies, and described the term as ‘detaching oneself from outer reality along with a relative of absolute predominance of inner life’ (Bleuler 1911 cited in Stotz-Ingenlath 2000:157). In 1916 he chose to abandon the term *Autism* due to confusion with egoism and the concept of self centeredness (Shorter 2005).
Over twenty years later, in 1936, Jean Piaget used *Autism* in a different sense to describe a child’s first stage of normal intellectual development arising from a sensory-motor phenomena that was undirected (autistic), before progressing to the next stage of development (Bender 1959).

In 1943, Leo Kanner used *Early Infantile Autism* to refer to a syndrome affecting children, unlike Bleuler who had only used it in relation to adults. Kanner referred to children who were addicted to routine, used limited, if any, verbal communication in a robotic manner, desired sameness and had a disability in relating to people. At the same time in Vienna, Hans Asperger, unconnected with the work Kanner was carrying out in America, researched similar children and reflected on Bleuler’s understanding of *Autism*. Asperger used *Autistic Psychopathy* which he differentiated from Bleuler’s symptom of schizophrenia proposing that his children ‘…are…not psychotic…[although] Autism is the paramount feature in both cases’ (schizophrenia and autistic psychopathy) (Asperger 1944 translated in Frith 1991:39). Asperger also refers to Bleuler’s concept of autistic thinking but explains its irrelevance to the children he is describing (ibid).

In 1967, Bruno Bettelheim blamed the difficulties of the children referred to above on their upbringing, and proposed that what he called refrigerator mothers who were emotionally distant, caused Autism (Shorter 2005). The first and second editions of the *DSM*, in 1952 and 1968 respectively, referred to autistic thinking as a symptom of schizoid personality mentioning children who are quiet, sensitive and retiring (Shorter 2005). It was not until the third edition in 1980 that it was entered as a separate condition under the name of *Infantile Autism*, similar to the title given by Kanner in 1943. It was described as being very rare, more prominent within males than females, and with main symptoms likened to those noted by Kanner and Asperger (American Psychiatric Association 1980). The *DSM-IV* of 1994 refers to *Autistic Disorder* and has more complex extensive diagnostic criteria which are essentially similar to those proposed by Asperger and Kanner (ibid).

**Asperger’s Syndrome**

AS was derived from the name of Hans Asperger by Lorna Wing (Shorter 2005) and it is combined with the noun * Syndr ome* to form the diagnostic term and noun phrase *Asperger’s Syndrome*.

The term was first used in 1992 in a psychiatric journal as one of a spectrum of autistic like conditions termed “disorders of empathy”. The original findings of Hans Asperger in the early 1940’s were largely ignored until 1981 when child psychiatrist Wing (1981) diagnosed a group of children as having AS. These children were very similar to those Asperger had described, although she disputed some of his findings (Gillberg 1992, Shorter 2005). Wing (1981) defined the term, referring to ‘…children and adults who have autistic features but who talk grammatically and are not socially aloof’ (Wing 1981:124). It was not until *DSM-IV* (American Psychiatric Association 1994) that AS was entered, termed as *Asperger’s Disorder*, within the section for *PDDs* along with diagnostic criteria (Shorter 2005). It remains within the latest revised edition, *DS-IV-TR* (American Psychiatric Association 2000).

**Idiot Savant**

This noun phrase was first used by Dr Langdon Down (better known in connection with Down’s Syndrome) in 1887 during a series of lectures in London (Treffert 2001). He defined the term to refer ‘…to children who, while feeble-minded, exhibit special faculties which are capable of being cultivated to a very great extent’ (Down 1887:256). He described children who had impeccable ability and talent in a field such as drawing, verbal memory, dates of events, maths or music but with no traceable genetic history of such talents within their family. However, aside from their specific talent, many of the children had epilepsy, an ASD or other medical problems meaning that outside their area of talent they had limited and below average abilities (Down 1887).
At the time of Down, the noun \textit{idiot} was an acceptable term for someone having an IQ of below 25 (Treffert & Wallace 2002). The term is now largely used in a derogatory sense to refer to a person whose mental ability means they are incapable of reasoning or conducting themselves in an ordinary way (OED second edition 1989).

\textit{Savant} derives from the French term for a learned man, and now refers to someone who is of science or learning often in a specific field (ibid).

The following words are used mainly by people within the autistic community and are typically found in spoken language and on forums, emailing lists and web sites used by members of this community (Mitchell 2003).

\textbf{Neurodiversity}

Judy Singer (1997, 2008), who has AS and is also the mother and daughter of people with AS, confirms her role in the coining of the word resulting from her personal experiences. In an e-mail from her she states that ‘…people who are “neurologically different” were oppressed in the same way as women, or gays, or ethnic minorities…misinterpreted and misunderstood. I thought [they] could benefit from a similar movement to the feminist, or gay, or anti-racist movements, and from similar social analysis rather that an exclusively medical analysis of everything that was wrong with them’ (Singer 2008)

The term is a blend of ‘…Neurological Diversity...’ (Singer 1997:64) and is intended to be used when representing those who are neurologically different (Singer 1997, 2008).

\textbf{Neurotypical}

The adjective form \textit{neurotypical} originated from America in 1994 and describes a person who exhibits ordinary neurologically typical behaviour compared to that exhibited by an autistic person with regard to their thinking and behaviour. The noun form is the name given to a person who exhibits NT behaviour and originated from America in 1996. It is a combination of the prefix \textit{neuro-} meaning having relation to the nervous system or the nerves, and the adjective \textit{typical} referring to a symbolic representation of a kind or class (OED draft entry Dec. 2008). NT was developed within Autism discussion forums and e-mailing lists with the intention of avoiding the word \textit{normal} when referring to people without ASDs (Mitchell 2003)

\textbf{Aspie}

This term refers to people with a diagnosis of AS (Mitchell 2003), and in an e-mail from Donna Williams she notes that ‘…apparently I'm credited with…either coining or popularising the word Aspie around 1994’ (Williams 2009). It is often used by people inside Autism e-mailing groups when referring to each other (Mitchell 2003).

\textbf{Autie}

Similarly, \textit{Autie} is used to refer to people with a diagnosis of Autism (Mitchell 2003). It is often used within the publications and website of Donna Williams (Williams n.d.) and in an email she acknowledges that ‘…I am credited with [the word] around 1991’ (Williams 2009). As with Aspie the term has developed from within the autistic community (Mitchell 2003) of which Donna Williams is an active participant.

\textbf{Curebie}

There is great controversy within the autistic community concerning whether people with autistic traits and diagnoses can be, or indeed should be, cured of their condition. The term \textit{Curebie} refers to a person inside or interested in the autistic community who wishes to ‘cure’ ASDs and any behaviour related to them (Rankin
2006). The earliest use of the word is unknown but it has been found in a forum message in 2002 (Jones 2002)

These histories and meanings form a helpful basis upon which to analyse and compare responses, connotations and perceptions from the research questionnaires.

Methodology

This study used an online questionnaire to assess the perceived connotations and denotations of the words and phrases: Autism, Asperger’s Syndrome, Pervasive Developmental Disorder, Autistic Quotient, Autistic Spectrum Disorder, Autie, Aspie, Neurotypical, Neurodiversity, Curebie and Idiot Savant. Comparisons were made between the lexical understandings and perceptions of groups differentiated in terms of respondents’ connections with ASDs. Intended meanings and definitions were used to make comparisons with questionnaire replies.

A questionnaire (Appendix 1) was distributed to people both within and outside the autistic community. To facilitate efficient distribution throughout the UK, particularly in respect of the autistic community, the questionnaire was constructed utilizing the online survey programme Questionpro (2009). Prior to distribution, a small pilot study was conducted using a group of university students and tutors along with representatives from the autistic community. Both males and females contributed and comments were considered with resulting adjustments before using the questionnaire for the final distribution. Potential respondents were made aware that their contributions would remain anonymous. Participation was requested only from people born and brought-up within the UK in order to curtail the effects of different cultural and language interpretations of the chosen words and phrases. People who had participated in the pilot study were asked not to take part and respondents were asked not to research their answers. Links to the questionnaire were distributed to several online forums specifically used by those within the autistic community, and to University staff and students along with other contacts.

Seventy-five usable responses were received.

Data collected from the questionnaires were divided into three groups: respondents confirming themselves as having AS, Autism or ASD who were classified as being within an in-group, i.e. as being part of the autistic community; a mid-group of participants who said they personally know a friend, relative or student, with AS, Autism or ASD; an out-group of the remainder who knew nobody personally with the conditions. The current paper focusses on data from the stigmatised in-group.

ANALYSIS AND RESULTS

It is important to bear in mind that results are respondents’ subjective accounts of their terminology use, which may not equate to the way they actually use the terms.

The proportion of males in the in-group was 61% in contrast to 13% for the mid-group and 37% for the out-group, reflecting the traditional view that the majority of people with ASDs are male (Fig 1)
The neologisms *neurodiversity*, *NT*, *aspie*, *autie* and *curebie* were considerably more recognisable for the in-group than for the out-group. The lexemes *aspie*, *autie* and *curebie* were all recognised by only 5% of the out-group in contrast to 94%, 83% and 50% respectively of the in-group. It is also interesting that results for the mid-group fall between the two extremes reflecting their contact with people with ASDs (Fig 2). The five terms listed above all originated from within the autistic community thus confirming the tendency for this minority group to develop their own terminology. Furthermore, the fact that respondents outside that group indicated a low recognition of the terms indicated that their use and understanding was largely restricted to within the autistic community. This combination of information strongly suggests that lexical terminology develops within a minority group such as the autistic community and that these terms are largely unheard of outside the community.
It is notable that of the terms coined within the autistic community: Aspie and Autie specifically refer to members of their own community whilst NT describes those outside. Curebie relates to people both inside and outside the community and Neurodiversity, although intended to be associated with the in-group, is open to confusion. Finally, the issue arises as to whether the out-group coins words to describe themselves, and on reflection it would have been beneficial to have included a question aimed at resolving this. However, a general search of the internet and a variety of documents indicates that no such term is in common use, with the possible exception of the much maligned word normal. Analysis therefore supports the notion that the autistic community coins terms to describe both themselves and the majority population whilst people outside the community only feel a need to describe those they see as being different to them.

The noun phrase Idiot Savant was largely denounced as a result of the the Warnock Report published in 1978, which is said to have had a lasting impact on the attitudes and terminology used professionally and educationally resulting in the replacement of words such as idiot (Corbett 1996). This impacted on the term IS, and in professional circles people with the condition are now largely referred to as Savants or Autistic Savants. Research indicates, however, that the phrase IS is still found in common use, often within the media, as a pejoration referring to famous people such as politicians and other iconic figures in a derogatory manner (McElvoy 2009; Aaronovitch 2006; Rawnsley 2000).

It has also been found that a complete lexical change by professions has not occurred and IS can still be found used in its original sense. In reference to brain functioning, the European Journal of Paediatric Neurology states:

‘Innumerable examples of so-called idiot-savants have been recorded…’

(Gordon 2008)

The questionnaire results show that IS is still widely recognized, particularly within the in-group. When it comes to semanticity the majority of in-group respondents have a clear understanding of the phrase which resembles
its origins, whilst a majority of the out-group expressed no knowledge on the subject. A small minority in all groups saw it as being obsolete with a similar number recognizing it as being derogatory. Some answers given by respondents provide an insight into how the term is viewed, suggesting that people recognize the polysemy associated with IS – on the one hand a term for a genuine neurological condition but on the other hand an insulting expression.

**In-group idiot savant:** ‘Due to political correctness the “idiot”…has been dropped resulting in a shift of the original meaning of Savant, to what was originally called an “idiot savant”. However the term is more often used (abused) in common parlance to refer to what otherwise have been called “splinter skills” in the autistic spectrum’

**Mid-group idiot savant:** ‘Society’s label for an individual with an extraordinary skill…’ ‘I think this is a horrid term…’ ‘I think it’s seen as derogatory mostly now’. ‘Mental person…’

**Out-group idiot savant:** ‘The crazy professor is a stereotype…’ ‘The fool on the hill. The noble savage’ ‘…s/he does not adopt society’s norms…’ ‘Knowing idiot’

There would therefore seem to be a mixed picture regarding any semantic change resulting from the Warnock Report (1978). IS has largely been replaced within the professions but at the same time its use as a derogatory expression has become common. The indication is that IS still retains much of its original meaning whilst its use has become more prominent in metaphorical terms.

Since the addition of the noun phrase Asperger’s Syndrome, ambiguity between the semanticity of it and Autism has been proposed by Cashin (2006). As part of the present study possible confusion has been investigated with reference to the current DSM-IV-TR (American Psychiatric Association 2000) within which a detailed explanation is given for each term followed by diagnostic criteria providing a differentiating definition. The ambiguity arises through the use of the phrase may be, particularly within the explanation for Autistic Disorder. In Differentiating between the two diagnostic terms it is stated that ‘Asperger’s Disorder can be distinguished from Autistic Disorder by the lack of delay or deviance in early language development’ (American Psychiatric Association 2000:74). However, in the explanation of Autistic Disorder, reference is made to language skills, stating that ‘there may be delay in, or total lack of, the development of spoken language’ (American Psychiatric Association 2000:70). This is just one of four possible communication impairments specified in section 2 for Autistic Disorder. Another possible impairment (Criterion A2d) is ‘lack of varied, spontaneous make-believe play or social imitative play appropriate to development level’ (American Psychiatric Disorder 2000:75) which makes no mention of language development. Since diagnosis is possible with only one of the four communication impairments it follows that language development impairment is not a requirement of Autistic Disorder thereby contradicting the differentiation requirement set out above. The result is that it is possible to be diagnosed with either Autistic Disorder (Autism) or Asperger’s Disorder (AS) with or without impairment of language development. Since there is no other significant requirement to differentiate between the two conditions, ambiguity and confusion inevitably arises.

This confusion is reflected in questionnaire results which showed an association of very similar meanings with both AS and Autism for all groups. Results relating to communication and language however reveal interesting statistics concerning the individual groups. A higher percentage of respondents within the in and mid-groups associate communication difficulties with Autism (39% of both groups) than with AS (17% of in-group, 16% of mid-group). This contrasts with the out-group of whom the same percentage (21%) connects communication difficulties with both conditions. More significantly, 28% of the in-group associate delayed language development with Autism but none of them do so for AS suggesting that a significant minority of the group recognise the differentiation requirement concerning language development delay claimed in DSM-IV-TR (American Psychiatric Association 2000). In contrast no respondents within the mid and out-groups identified language delay as a differentiating factor.
Furthermore, the majority of all groups perceive AS as referring to a mild type of Autism (Fig 4) indicating a common perception that AS and Autism are not so much separate conditions and terms as representations of the degree of severity. Comments made in answers confirm this:

**In-group Asperger’s Syndrome:** ‘Neurological condition [Autism as earlier]’

**Mid-group Asperger’s Syndrome:** ‘Another name for Autism’ ‘Alternative thought and action process to what society considers the “norm” [same in Autism]’

**Mid-group Autism:** ‘I believe someone who is autistic has the same difficulties outlined above, [for AS] and that Autism and Asperger’s are linked’

and results clearly contrast with the intention of the DSM-IV-TR (ibid) diagnostic criteria which position the two conditions as being separate although related. The difficulty with having two terms that are perceived as being essentially synonyms except in terms of degree is that there is no definitive point at which one condition finishes and the other starts. This can be illustrated by way of a continuum of human diversity extending from NT, through AS, to Autism (Fig 3)

Fig 3

![Neurotypical Asperger’s Syndrome Autism](image)

Further evidence is provided by the term *neurodiversity* which has again been shown to be a recent addition to terminology. Despite an intention for it to be used in connection with the neurologically different, questionnaire results highlight considerable confusion. Fig 4 shows that the in-group, for whom *neurodiversity* should be recognised as something of a rallying call, are equally split in understanding the term as including or not including NT (39% each). It is perhaps less surprising that 89% of the out-group had no knowledge of the term but the statistics clearly support the hypothesis and indicate confusion.
It is interesting that whilst none of the in-group see either AS or Autism defined as a physical illness, many of the out-group perceive this as being the case (21% for AS, 37% for Autism). It is also significant that only 17% of in-group respondents connote AS as referring to behaviour problems whereas 37% of the mid-group and 31% of the out-group make this association. This is even more evident for Autism for which just 11% of the in-group make a connection with behaviour but 32% of the mid-group and 37% of the out-group do so. Most revealing of all are perceptions of mental illness and it is highly significant that no in-group members define AS or Autism in this way. In stark contrast 53% of out-group participants understand AS in these terms and 63% do so for Autism. Alongside this a significant majority of in-group participants define both conditions as being part of human diversity in contrast to a minority of out-group respondents.

Furthermore, results for the neologisms, Aspie, Autie and Curebie, provide some insights concerning their use but since the majority of mid-group and out-group respondents expressed no knowledge of the terms it is not possible to make any significant conclusions. It is however helpful to consider samples from answers which indicate a mixed picture as to how they are perceived. There is a notable suggestion that Aspie and Autie can be understood as either affectionate or derogatory depending upon circumstances.

_Mid- group and in-group Autie_: ‘…used either supportively or pejoratively’ ‘Not universally liked or adopted…fairly common online… Coined by those within the community, and not commonly known or understood by those [outside] the community’ ‘Not a word I like or use’ ‘Affectionate term that denotes ownership of state’

_Mid- group and in-group Aspie_: ‘…can be used in a derogatory manner or a friendly way between people with the disorder or people close to those with the disorder’

‘…used either supportively or pejoratively’ ‘Not a word I like or use’ ‘Affectionate term that denotes ownership of state’
A slang term…usually used insultingly’ ‘Cutesie word for someone with AS; no surprise it was coined in America’

‘People seem to have a “marmite” reaction to the term they either love it or hate it’

In-group Curebie: ‘guessing wildly – someone who thinks they have been cured?’ ‘A usually derogatory term for an advocate of ‘curing’ autistic disorders’. Often rallied against by autistics who feel that their worth is being undermined’ ‘…used to refer to those who think of Autism as a terrible tragedy or illness and want to find or impose a cure for it’.

Conclusions

Past attitudes towards neurological conditions that set people apart from the rest of the population have been shown to have been typified by metaphors that make associations with fortresses and shells. The idea was that these people, and especially children, have withdrawn into themselves and that they need to be released in order to regain accepted normality. Medical advances and social changes have led to a greater acceptance of disabilities and minority groups along with an associated wider use of related terminology. Despite this, however, the use of terms such as Autism can engender varied and sometimes confused perceptions exemplified by more recent metaphors including puzzles and strangers.

Improved communication methods have facilitated the ability of people with shared experiences and interests to form cohesive communities that display the characteristics of in-grouping discussed by Tajfel (1978). In particular, research results have confirmed the largely exclusive use of certain lexemes within the autistic community contributing to, and reflecting, the strengthening of affiliations between the individuals concerned.

A significant lexico-semantic understanding of Asperger’s Syndrome and Autism displayed within the mainstream out-group is one of an illness (physical and/or mental) which inevitably carries an implication that the people affected require treatment and a cure. The majority of in-group individuals however have a different connotation of the terms that rejects the notion of an illness and embraces the idea of human diversity. AS and Autism also demonstrate how confusion can arise by the former term being introduced alongside the more established latter term. Results have confirmed a general perception that differences between AS and Autism largely relate to severity rather than to classification as discretely different conditions, and this is compounded by ambiguity in diagnostic criteria. A further feature concerning connotation highlighted in the research is the way in which semanticity can change as a result of outside forces such as politics, in the case of Idiot Savant resulting in pejoration. It has been observed that discouraging and largely abandoning the phrase Idiot Savant in professional circles has resulted in something of a bifurcation of understanding. Questionnaire results indicate a majority understanding of the original denotation whilst there is also a significant perception of the term as being derogatory as illustrated in the newspaper examples provided.

Above all, this study has revealed a widespread recognition of the principal medical terms and an indication of how language reflects attitudes, perceptions and social identity divisions. The findings are of relevance to all professionals coming into contact with people having ASDs if they are to understand how their language use can reveal much about their attitudes towards the people they are helping. It can be appreciated, for example, how someone with an ASD who regards themselves as just being different could be frustrated by a professional who regards them as being ill. People within the autistic community can also benefit from an insight into how the majority population denote and connote the terminology associated with them.

The research connected with these conclusions is limited in terms of the number of respondents and a much larger study would be required to confirm findings and conduct a deeper analysis of implications. Respondents have also been restricted to people born and brought up in the UK, and research encompassing different cultures would be very informative given the cosmopolitan nature of today’s society.
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