



Disability vs. Disorder vs. Difference

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When discussing autism, it's important to understand (1) how we describe it and (2) how our history with both the medical and social models of disability shape our language. This tip sheet is designed to define and distinguish between the terms "disability," "disorder," and "difference" with respect to autistic individuals.

❑ **Autism is often discussed as a disability, disorder, or a difference.**

Although these terms may seem interchangeable, they all carry their own meanings that can impact how we view autism.

Term	Definition	Pros	Cons
Disability	Any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them.	Highlights the difficulties autistic people face in a realistic way.	May not always presume competence (i.e., assumes the individual isn't capable of learning) and emphasizes struggles rather than strengths.
Disorder	A derangement or abnormality of function; characterized by functional impairment and a disruption to the body's normal function and structure.	Can be used to fund services in a medical model (see below).	Makes it seem like the autistic person needs to be "cured" and/or that autistic characteristics need to be "fixed"/ "corrected" because they aren't "normal".
Difference	A point or way in which people or things are not the same.	Recognizes that variation is natural and does not come across as a good or bad thing.	Can undermine the difficulties that autistic people face and make it seem like changing behavior is optional or a choice.

- ❑ **When looking at these terms, there are a few takeaway points we can use to drive the conversation on neurodiversity and how we talk about autism.**
 - » Autism itself is more of a *disability* than a *disorder*.
 - » The skills and behaviors of autistic individuals may be considered *different* rather than *disabling*.
 - » Although autistic individuals may *function* in ways that are *different* than allistic (non-autistic) individuals, it is the *response* to these differences as well as *societal expectations* that makes autism itself a *disability*.

“Autism may be a *disability* and a *difference*, with one of those more important in individual cases than others, yet both need supports. I think we can support both without sacrificing either.”

~Dave Caudel, self-advocate

Language used in the field and in the autism community must emphasize strengths, value differences, and recognize an individualized need for support and services. A lot of our current language is influenced by the standards set by the social and medical models of disabilities.

Social Model vs. Medical Model Overview:	
Social Model	Medical Model
Societal barriers and attitudes need to change, not the person	Disability is a problem that exists in a person to be “fixed” or “cured”
Comparison: The <i>medical model</i> defines disability based on the characteristics of an individual while the <i>social model</i> defines disability based on the situation, context, and/or environment	

- ❑ **Services and support for autistic individuals are still rooted in the medical model.**

A medical diagnosis is often necessary to receive funding for services. The medical model focuses on deficits because that is what justifies what referrals are made for a variety of supports designed to improve that person’s quality of life.

“In general, I very much like the idea of autism as a ‘*disability*’ here, as the concept of disability implies that a person will have access needs in some situations (this is as opposed to describing it as a ‘*difference*,’ which can sometimes gloss over those needs).”

~Zack Williams, self-advocate

Although there are ways to navigate this environment with a neuro-inclusive mindset, relying solely on a medical model still reinforces the harmful belief that for autistic individuals to succeed, they must work on the characteristics that make them different.

❑ **Under the social model, we can recognize that autism is both a difference and a disability.**

Because the neuromajority is allistic, the way they communicate and process information are set as the standard. Although autistic individuals may communicate and process information differently, what is disabling is when “masking” is necessary to succeed professionally and socially (see “[Masking and Self-Advocacy](#)” for more information).

Even though ideally our society should change so that barriers (like the need to mask) are unnecessary, it takes a long time for these systemic changes to occur in cultural practice.

“There is movement in the broader disability community *to move away from the term [disability]*, and we need to be on the forefront of this movement.”

~Lyn Bingham, self-advocate

❑ **Summary:**

Autism has previously been discussed as a disorder under the medical model of disability. Under the social model, we view it as both a disability (because of societal barriers) and as a difference. The community is moving more towards the social model and our language should adopt this change. Autism in itself is not a bad thing or disabling. However, until the societal barriers are removed, it's important to recognize that autism is more than a difference.

❑ **Additional Resources:**

- » [Annual Research Review: Shifting from ‘Normal Science’ to Neurodiversity in Autism Science](#)
- » [Autism is me: an Investigation of How Autistic Individuals Make Sense of Autism and Stigma](#)
- » [Deficit, Difference, or Both? Autism and Neurodiversity](#)
- » [Evidence-Based Support for Autistic People Across the Lifespan: Maximising Potential, Minimising Barriers, and Optimising the Person–Environment Fit](#)
- » [Neurodiversity and the Social Ecology of Mental Functions](#)
- » [Reconciling the Seemingly Irreconcilable: The WHO’s ICF System Integrates Biological and Psychosocial Environmental Determinants of Autism and ADHD](#)

This resource was created with direction, input, and feedback from TRIAD’s Advisory Committee. For more information about this committee, please visit our website on [Community Informed Practice](#).