

Neurodiversity in the Voice Studio, Clinic, and Performance Space: Using a Neurodiversity Affirming Lens to Build More Inclusive Spaces for Singers

PART 1, CURRENT UNDERSTANDING OF NEURODIVERSITY

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INTRODUCTION

GROWING RECOGNITION AND ACCEPTANCE of neurodiversity in society at large has led to a rising awareness among voice professionals of how atypical learning may manifest in voice studios, clinics, and performance spaces. We are beginning to learn how behaviors and traits previously attributed to poor character, lack of discipline, or even mental deficiency may, in fact, be the result of neurodivergent individuals attempting to acculturate to voice studios, clinics, or performance spaces that were largely designed for neurotypical people. This burgeoning awareness is catalyzing a movement among voice professionals to gain a deeper understanding of neurodiversity in order to move from an accommodation model to an affirmation model in our voice spaces. Part One of this column will make explicit the current understanding of neurodiversity with an emphasis on the lived experience and opinions of neurodivergent individuals. Part Two will offer ideas for what it means to create more inclusive voice training, care, and performance spaces through a neurodiversity affirming lens.

THE VOCABULARY OF NEURODIVERSITY AS DEVELOPED BY NEURODIVERGENT PEOPLE¹

As the prevalence of online platforms and communication networks accelerated through the 2000s, voices of individuals from historically marginalized groups gained newfound influence and legitimacy.² This increased visibility provides unprecedented access to the voices of neurodivergent individuals, allowing for a perspective formerly assigned only to the largely neurotypical medical professionals and experts who purported to speak for the neurodivergent community.³ As we listen to the individuals who are experts on what it means to be neurodivergent, we find a neurodiversity vocabulary that requires explanation before further discussion of the topic at hand.⁴

NEURODIVERSITY

The term “neurodiversity” was coined by autistic sociologist Judy Singer,⁵ while writing her 1998 sociology honors thesis⁶ exploring the rise of a new social-political movement based on recognizing neurological diversity as a natural variation present in the human species.⁷ Recognizing and accepting that diversity exists in human brains in the same way that biodiversity exists throughout the earth and its ecosystems helps us release the constricting perspective that there is one “normal” or “healthy” way to perceive, learn, and behave. Thus, embracing the concept of neurodiversity moves us from a deficits-based to a strengths-based perception of learning and is a critical first step to building more inclusive voice studios, clinics, and performance spaces through a neurodiversity affirming lens.⁸

NEURODIVERGENT/NEURODIVERGENCE/ NEUROTYPICAL

Multiply neurodivergent neurodiversity activist, Kassiane Asasumasu coined *neurodivergence* in 2000⁹ as a value neutral term to encompass “any significant divergence from dominant cultural norms of neurocognitive functioning.”¹⁰ While the general public may equate neurodivergence with autism exclusively,¹¹ Asasumasu has repeatedly asserted that she intends the term to be as broadly inclusive as possible, covering every known “significant divergence,” including autism, ADHD, Tourette syndrome, dyslexia, synesthesia, epilepsy, obsessive-compulsive disorder, and many more.¹² She created the term neurodivergent (ND) to describe individuals with one or more forms of neurodivergence. The term “neurotypical” (NT)¹³ has been in use since the 1990s¹⁴ and is the opposite of neurodivergent in that it is defined as “having a style of neurocognitive development and functioning that falls within the dominant societal standards of typical.”¹⁵ It is important to note that neurotypical is not synonymous with “having a *normal* mind or brain,” but with a typical way of living, acting, and experiencing the world in relation to the “dominant culture’s standards of neuronormativity.”¹⁶

Taken together, these terms (neurodiversity, neurodivergence/neurodivergent, and neurotypical) represent a reframing of the concept of “normal” vs. “abnormal” in human brains and processing, removing the value

judgments that attribute deficit to neurotypes other than those of the dominant culture. This reframing changes perception (and thus, language) around neuro differences from that of exceptionality and pathology to that of affirmation and inclusivity. With that change in perception, we are no longer working with singers who are *exceptional* due to their *impairments* and who require voice professionals to provide *special considerations* to *help them fulfill their potential*;¹⁷ we are instead working with *humans who process differently* and who can thrive *when supported by affirming voice professionals who purposefully build inclusive studios, clinics, and performance spaces*.

THE VOCABULARY OF AUTISM AS DEVELOPED BY AUTISTIC INDIVIDUALS

Galvanized by the personal accounts of autistic writers such as Temple Grandin¹⁸ and Donna Williams,¹⁹ the autistic self-advocacy movement began gaining momentum and influence in the 1990s.²⁰ As autistic people came together in spaces designed by autistic people for autistic people, discussion and self-determination led to deeper understanding about the autistic experience and formation of new language to describe that experience.²¹ The vocabulary in this column is widely used and embraced by the adult autistic community,²² and any discussion of autism (or neurodiversity) that does not use it risks being less neurodiversity affirming than it could be.²³

Functioning Labels²⁴

Despite not being an official diagnosis (nor being mentioned in the *Diagnostic and Statistical Manual of Mental Disorders* [DSM-V]),²⁵ functioning labels such as *high functioning* and *low functioning* are often used by well meaning care givers, medical professionals, and even voice professionals to suggest an autistic individual’s support needs. Typically, the high functioning label is assigned to individuals who have no (or insignificant) speech or language delay, who communicate through speech, and/or who have average (or above average) cognitive ability. The low functioning label is typically assigned to individuals who do not use spoken language²⁶ and/or who have a cognitive disability.²⁷ The use of functioning labels²⁸ is largely rejected within the autistic community for three main reasons:

1. Functioning labels are often assigned arbitrarily (i.e., without testing or diagnosis), based solely on the assigner's assessment of how successfully an autistic person appears to function in society or in their everyday lives. In some cases, that assessment is based on perceived or actual cognitive ability and made with the assumption that autistic people with higher cognitive ability will function more successfully.²⁹ However, autistic people with above average cognitive ability often report that they do not feel they are functioning well in their everyday lives, even though they are perceived to be "high functioning." Conversely, autistic people with a cognitive disability often report that they function well in their everyday lives, even though they are perceived to be "low functioning."³⁰ In short, given that these labels often do not match the lived experiences of autistic people, they are not meaningful.
2. Functioning labels are intended to suggest the level of support an autistic person needs, but they do not clarify the *actual* support needs of the autistic people to whom they are assigned.³¹ Rather than describing an autistic person who speaks fluently and has an IQ of 90 as "high functioning," describing them as someone who has lower support needs—and including specific examples of those support needs—provides a more accurate and useful description upon which to build support systems.
3. Functioning labels perpetuate ableism by implying that there is a deficit-based binary that separates autistic individuals with many deficits from those with few deficits. Neurodiversity affirming culture describes autistic people in terms of their strengths and support needs, rather than in terms of their perceived deficits.³²

Reframing our perception of autistic people from a deficits-based to a supports-needs-based framework frees us from the tendency to stigmatize or infantilize the singers whom we perceive to be "low functioning,"³³ or to perpetuate autistic burnout by not offering supports to singers whom we perceive to be "high functioning."³⁴

ASPERGER SYNDROME³⁵

*Asperger syndrome*³⁶ was first included as a clinical diagnosis in the fourth edition of the *Diagnostic and*

Statistical Manual of Mental Disorders (DSM-IV), published in 1994. The diagnostic criteria included many of the same criteria used to diagnose *autism*,³⁷ leading some to question whether the diagnostic difference was significant enough for Asperger syndrome to be a separate diagnosis from autism.³⁸ The 2013 DSM-V folds several subtypes of pervasive developmental disorders (PDD), including Asperger syndrome and autism disorder, "into one unifying category with the concept of a continuum named autistic spectrum disorders (ASD),"³⁹ effectively removing Asperger syndrome as a clinical diagnosis.⁴⁰ Despite it not being considered a clinical diagnosis for nearly a decade, Asperger syndrome is often still used by caregivers and medical professionals (and, yes, voice professionals) as a proxy for high functioning autism,⁴¹ typically with the motivation of "softening the blow" of an autism diagnosis. The autistic community itself, however, largely rejects use of the term Asperger syndrome, especially when assigned by nonautistic people, for the same reasons it rejects the use of functioning labels (see above).⁴² Voice professionals interested in creating neurodiversity affirming studios, clinics, and performance spaces should examine their conceptions of what it means to have an autism versus an Asperger syndrome diagnosis, in order to check for stigma related to autism. In all cases, voice professionals should prefer the language of the neurodivergent singers with whom we work.

IDENTITY-FIRST VS PERSON-FIRST

*Person-first*⁴³ language is a structural form in which a noun referring to a person or persons precedes a term or phrase referring to a disability, disorder, or illness (e.g., an individual with autism, a person with AIDS, or a child with dyslexia).⁴⁴ This language developed in the light of advocacy movements that aimed to shift the perception of disabling or chronic conditions as moral failings or problems to be solved and to prefer the person ahead of their condition.⁴⁵ It also recognizes that the inability of people with these conditions to fully participate in society is due to systemic barriers rather than to their condition or conditions.⁴⁶ In terms of an autism diagnosis, person-first language is often used by well meaning caregivers, medical professionals, and voice professionals to describe autistic family members, patients, and singers.⁴⁷ The autistic community, however, largely prefers identity-first

language (i.e., an autistic person) to person-first language (i.e., a person with autism) because person-first language suggests that autism can be separated from an autistic person without changing the essence of who the person is.⁴⁸ However, autism does not exist outside of the autistic person. Inferring that it *should* by using person-first language, may suggest that there is something wrong with being autistic.⁴⁹ Autistic people assert that autism is part of their identity and, as such, is inseparable from who they are.⁵⁰ For many autistic people, identity-first language is an expression of pride and a way to reclaim negative perceptions of autism.⁵³

It is important to note that while identity-first language is typically preferred by autistic adults, as noted above, many parents and care givers of autistic children use person-first language. Voice professionals who wish to create more inclusive studios, clinics, and performance spaces, should endeavor to use whichever language the autistic person they are working with prefers.

CONCLUSION

Part One of this column makes explicit the current understanding of neurodiversity with an emphasis on the lived experience and opinions of neurodivergent individuals, largely through exploration of the language of neurodiversity. Part Two will build on the understanding developed in Part One, offering ideas for what it means to create more inclusive voice training, voice care, and performance spaces through a neurodiversity affirming lens.

NOTES

1. For a thorough discussion of the developing language of neurodiversity, see Nick Walker, "Part I: The Neurodiversity Paradigm," in Nick Walker, *Neuroqueer Heresies: Notes on the Neurodiversity Paradigm, Autistic Empowerment, and Postnormal Possibilities* (Fort Worth, TX: Autonomous Press, 2021), 11–80. The writings upon which the book is based may be found at <https://neuroqueer.com/essays/>.
2. Kathy Leadbitter et al., "Autistic Self-Advocacy and the Neurodiversity Movement: Implications for Autism Early Intervention Research and Practice," *Frontiers in Psychology*, April 12, 2021; <https://doi.org/10.3389/fpsyg.2021.635690>.
3. The autistic community largely rejects one of the world's largest and best known autism organizations, Autism Speaks, due, in part, to the fact that it has historically not consulted

the very people for whom it purports to speak. For more on the fractious history between Autism Speaks and the autistic community, see Matt Medina, "Autism hears no, sees no, speaks no evil," in "Misunderstood and Mistreated," *Embrace Autism*, March 20, 2020; <https://embrace-autism.com/misunderstood-and-mistreated/>. Also Tori Morales, "Autism Speaks is the Largest Autism Organization—So Why Don't Autistic People Like it?," *Medium*, March 14, 2022; <https://medium.com/artfullyautistic/autism-speaks-is-the-largest-autism-organization-so-why-dont-autistic-people-like-it-f7b3bd30dd5c>.

4. Walker, *Neuroqueer Heresies*. Nick Walker, an influential autistic writer and educator, further identifies the *neurodiversity paradigm* as a philosophic approach that embraces three fundamental principles: 1. "Neurodiversity is a natural and valuable form of human diversity"; 2. the "idea that there is one 'normal' or 'healthy' type of brain or mind, or one 'right' style of neurocognitive functioning, is a culturally constructed fiction"; and 3. "the social dynamics that manifest in regard to neurodiversity are similar to the social dynamics that manifest in regard to other forms of human diversity," such as diversity of ethnicity, gender, or culture (18–20, 36–37). She further identifies the *neurodiversity movement* as "a social justice movement that seeks civil rights, equality, respect, and full societal inclusion for the neurodivergent" (36–38). The writings upon which the book is based may be found at <https://neuroqueer.com/throw-away-the-masters-tools/>. For a brief overview of the history of the *neurodiversity paradigm*, see also Martin Silvertant, "The neurodiversity paradigm," *Embrace Autism*, September 10, 2019; <https://embrace-autism.com/the-neurodiversity-paradigm/>.
5. Judy Singer, "Biography," *Reflections on the Neurodiversity Paradigm*, n.d.; <https://neurodiversity2.blogspot.com/p/about.html> (accessed May 22, 2022).
6. Singer's original thesis, along with her reflections and additional notes may be found in, Judy Singer, *Odd People In: The Birth of Community Amongst People on the Autism Spectrum: A personal exploration of a New Social Movement based on Neurological Diversity* (Honours Thesis presented to the Faculty of Humanities and Social Science, 1998, the University of Technology, Sydney). The thesis may be accessed online at https://www.academia.edu/27033194/Odd_People_In_The_Birth_of_Community_amongst_people_on_the_Autistic_Spectrum_A_personal_exploration_based_on_neurological_diversity.
7. For Singer's most recent thoughts on neurodiversity, see Judy Singer, "Explaining Neurodiversity," *Reflections on the Neurodiversity Paradigm*, September 8, 2020; <https://neurodiversity2.blogspot.com/2020/08/neurodiversity-what-it-is-and-isnt.html>.

8. NOTE: *neurodiversity* is a descriptor of “the infinite variation in neurocognitive functioning within” the human species and is “not a trait that any individual possesses or can possess.” Walker, *Neuroqueer Heresies*, 34–35. Or see the writing upon which the book is based: <https://neuroqueer.com/neurodiversity-terms-and-definitions/>.
9. Kassiane Asasumasu, “PSA from the actual coiner of ‘neurodivergent,’” *Shit Borderlines Do: Tumblr*, 2016; <https://shitborderlinesdo.tumblr.com/post/121319446214/psa-from-the-actual-coiner-of-neurodivergent> (accessed May 22, 2022).
10. Walker, 48.
11. For discussion of the term “neurominority,” which Walker coined in 2014 to describe a population of neurodivergent people who share a similar form of neurodivergence, such as autism, dyslexia, or Down syndrome, see Walker, 41–42 (or <https://neuroqueer.com/neurodiversity-terms-and-definitions/>).
12. For a relatively comprehensive list of recognized forms of neurodivergence, see University of Glasgow, “Neurodiversity & Neurodivergent: What do they mean and how do they impact me as a PGR?,” *UofG PGR Blog*, March 31, 2021; <https://uofgpgrblog.com/pgrblog/2021/3/24/neurodiversity>.
13. In the same way that neurodivergent is not synonymous with autistic, neurotypical is not synonymous with not-autistic. Terms commonly used to refer to someone who is not autistic, but who may be neurodivergent in other ways are nonautistic or allistic. The writer of this article, for example, is not autistic but has ADHD, therefore referring to her as “neurotypical” is not accurate.
14. Walker, 56.
15. *Ibid.*, 40.
16. *Ibid.*, 57–58.
17. Ann Cravero, “Exceptional Students in the Voice Studio: Understanding and Training Students with Asperger’s Syndrome,” *Journal of Singing* 77, no. 2 (November/December 2022): 159–173. Cravero’s 2020 article, while offering some much needed discussion about neurodiversity in professional voice spaces, contains outdated terms and ideas, many of which the neurodivergent community find harmful.
18. Temple Grandin, *Emergence: Labeled Autistic* (Novato, CA: Arena Press, 1986). Grandin’s biography is widely regarded as the first autistic memoir. Her 2010 Ted Talk (Temple Grandin, “The world needs all kinds of minds,” *TED2010*, February 2010, *YouTube*; https://www.ted.com/talks/temple_grandin_the_world_needs_all_kinds_of_minds) has more than 6 million views at the time of writing. More information about Grandin and her work can be found on her website, www.templegrandin.com/.
19. For Williams’s personal account of her life, see Donna Williams, “About me,” *Donna Williams*; <http://www.donnawilliams.net/index185b.html?id=about> (accessed June 22, 2022). Williams’s groundbreaking 1992 autism memoir, *Nobody Nowhere: the Extraordinary Autobiography of an Autistic* (London and Philadelphia: Jessica Kingsley Publishers, 1999).
20. The first autistic-led and -founded community for autistic people, Autism Network International, was started in 1992 and led, two years later, to the first autistic-led listserv (ANI-L). For more information on the history of ANI, see Jim Sinclair, “History of ANI,” *Autism Network International*, January 2005; http://www.autreat.com/History_of_ANI.html. In 1996, Martijn Dekker started the first entirely self-run and self-hosted autistic community on the Internet, called Independent Living (InLv). For the history of InLv and its continuing advocacy, see Martijn Dekker, “From Exclusion to Acceptance: Independent Living on the Autistic Spectrum,” *Autistic Community and the Neurodiversity Movement* (2020): 41–49.
21. For a brief overview of the evolution of this language and the philosophies that underpin them, see Judy Singer, “Evolution of a new paradigm,” in *Neurodiversity: The Birth of an Idea* (n.p.: Amazon, 2017), 11–15.
22. It is important to note that many influential neurodiversity pioneers do not use the language preferred by the current autistic community. For a deeper understanding of how autistic pioneers such as Temple Grandin and Donna Williams fit into the current neurodiversity narrative, see Sarah Pripas-Kapit, “Historicizing Jim Sinclair’s ‘Don’t Mourn for Us’: A Cultural and Intellectual History of Neurodiversity’s First Manifesto,” in *Autistic Community and the Neurodiversity Movement: Stories from the Frontline* (Singapore: Palgrave MacMillan, 2019), 23–39; https://doi.org/10.1007/978-981-13-8437-0_2.
23. Jessica M. F. Hughes, “Nothing About Us Without Us—A White Paper on Increasing Neurodiversity in Disability and Social Justice Advocacy Groups,” *Autistic Self Advocacy Network*, 2013; <https://autisticadvocacy.org/wp-content/uploads/2016/06/whitepaper-Increasing-Neurodiversity-in-Disability-and-Social-Justice-Advocacy-Groups.pdf> (accessed June 22, 2022).
24. An oft quoted saying in the autistic community is, “High and low functioning’ is not how an autistic person experiences being autistic; it’s how society experiences the autistic person.” See Kat Williams, “The Fallacy of Functioning Labels,” *National Centre for Mental Health (NCMH)*, April 4, 2019; <https://www.ncmh.info/2019/04/04/fallacy-functioning-labels/>.

25. The three levels of autism described in the DSM-V are based on support needs of autistic individuals and are not considered functioning labels. For a short explanation, see Lisa Jo Rudy, "Understanding the Three Levels of Autism," *Verywell Health*, February 25, 2022; <https://www.verywellhealth.com/what-are-the-three-levels-of-autism-260233>.
26. For a discussion of why the autistic community prefers the adjective *nonspeaking* over *nonverbal*, see "Ask the Expert: 'Nonspeaking' vs. 'Nonverbal' and Why Language Matters (with Corrina Riggs)." *The Guild for Human Services*, November 29, 2021; <https://www.guildhumanservices.org/blog/ask-expert-nonspeaking-vs-nonverbal-and-why-language-matters>. For the viewpoint of nonspeaking autistics, see Various Nonspeakers, "On Using NonSpeaking, Minimally Speaking, Or Unreliably Speaking Over 'Non-Verbal': NonSpeakers Weigh In," *NeuroClastic*, August 14, 2021; <https://neuroclastic.com/on-using-nonspeaking-minimally-speaking-or-unreliably-speaking-over-non-verbal-nonspeakers-weigh-in/>.
27. Katherine KM Stabropoulos, "Should We Discard the Term 'High Functioning' in Autism?," *Psychology Today*, July 6, 2019; <https://www.psychologytoday.com/us/blog/neuroscience-in-translation/201907/should-we-discard-the-term-high-functioning-in-autism>.
28. To read a first-hand account of the autistic experience with functioning labels, see Emily Volz, "Why I'm Not a High-Functioning Autistic," *NeuroClastic*, October 6, 2019; <https://neuroclastic.com/why-im-not-a-high-functioning-autistic/>. To see how autistic people feel when they or their loved ones are labelled according to their perceived level of function, see Terra Vance, "Function Labels: And We're Supposed to be The Awkward Ones . . .," *NeuroClastic*, September 10, 2018; <https://neuroclastic.com/the-journey-begins/>.
29. Dalmeet Singh Chawla, "Large study supports discarding the term 'high-functioning autism,'" *Spectrum | Autism Research News*, July 3, 2019; <https://www.spectrumnews.org/news/large-study-supports-discarding-term-high-functioning-autism/>.
30. For recent research supporting this point, see Gail Alvares et al., "The misnomer of 'high functioning autism': Intelligence is an imprecise predictor of functional abilities at diagnosis," *Autism: The International Journal of Research and Practice* 24, no. 1 (2020): 221–232.
31. Kat Williams, "The Fallacy of Functioning Labels," *National Centre for Mental Health (NCMH)*, April 4, 2019; <https://www.ncmh.info/2019/04/04/fallacy-functioning-labels/>.
32. "Here's Why You Should STOP Using Functioning Labels," *Planning Across the Spectrum*, August 18, 2020; <https://planningacrossthespectrum.com/blog/why-stop-using-functioning-labels/>.
33. *Ibid.*
34. Francine Russo, "The costs of camouflaging autism | Spectrum," *Spectrum | Autism Research News*, February 21, 2018; <https://www.spectrumnews.org/features/deep-dive/costs-camouflaging-autism/>. This reframing may also help to remove the tendency to heroize or "exceptionalize" the singers we perceive as either overcoming their functioning deficits or having gifts that "make up" for those deficits. For a deeper understanding of the damage of heroizing people with disabilities, see Sarah Sweatt Orsborn, "My Child With a Disability Is Not My Hero," *HuffPost*, January 30, 2014; https://www.huffpost.com/entry/my-child-with-a-disability-is-not-my-hero_b_4689731.
35. Asperger syndrome is named for Austrian physician Hans Asperger, who is credited with being one of the first to recognize autistic traits and conceptualize autism as a condition. For an in-depth analysis of Asperger's life and controversial legacy, see Herwig Czech, "Hans Asperger, National Socialism, and 'race hygiene' in Nazi-era Vienna," *Molecular Autism* 9 (2018): 1–43; <https://doi.org/10.1186/s13229-018-0208-6>.
36. Also known as *Asperger disorder*, *Asperger's disorder*, and *Asperger's syndrome* (AS).
37. Known at the time as *autism disorder*.
38. For a comparison of diagnostic criteria for Asperger syndrome and autism in both the ICD-10 and DSM-IV, see Marc Woodbury-Smith et al., "Asperger's Syndrome: A Comparison of Clinical Diagnoses and Those Made According to the ICD-10 and DSM-IV," *Journal of Autism and Developmental Disorders* 35, no. 2 (2005): 235–240; <https://link.springer.com/article/10.1007/s10803-004-2002-x>. Susan Dickerson Mayes et al., "Does DSM-IV Asperger's Disorder Exist?," *Journal of Abnormal Child Psychology* 29, no. 3 (2001): 263–271; <https://link.springer.com/article/10.1023/A:1010337916636>.
39. Seyed Alireza Hosseini and Mohammed Molla, *Asperger Syndrome* (Treasure Island, FL: StatPearls Publishing, 2022); <https://www.ncbi.nlm.nih.gov/books/NBK557548/>.
40. The eleventh edition of the International Classification of Diseases (ICD-11) followed the example of the DSM-V and folded *Asperger syndrome* into *autism spectrum disorder* in 2018. See David Skuse, "Few people mourn Asperger syndrome's loss from diagnostic manuals," *Spectrum | Autism Research News*, May 9, 2018; <https://www.spectrumnews.org/opinion/viewpoint/people-mourn-asperger-syndromes-loss-diagnostic-manuals/>.
41. Academic texts and journal articles written before the 2013 release of the DSM-V regularly use *Asperger syndrome* and *high functioning autism* interchangeably, perpetrating the functioning deficits- and pathology-based conception of

- autism. For example, Frank J. Sansosti, Kelly A. Powell-Smith, and Richard J. Cowan, *High-Functioning Autism/Asperger Syndrome in Schools: Assessment and Intervention* (New York: Guilford Publications, 2010). Academic texts and journal articles published more recently tend not to use the terms interchangeably, especially those that are written by autistic researchers and/or by authors who consult with autistic people and respect the community's language preferences.
42. NOTE: many within the autistic community use the terms *autistic* and *aspie* (short for *Asperger syndrome*) "interchangeably and do not try to differentiate the two by any criteria." Terra Vance, "Function Labels: And We're Supposed to be The Awkward Ones. . . ." *NeuroClastic*, September 10, 2018; <https://neuroclastic.com/the-journey-begins/>.
 43. The terms "person-first" and "people first" may be used interchangeably; The author has chosen to use *person-first* in this column.
 44. Morton Ann Gernsbacher, "The use of person-first language in scholarly writing may accentuate stigma," *Journal of Child Psychology and Psychiatry* 58, no. 7 (2017): 859–861.
 45. For example, an *AIDS victim* becomes a *person with AIDS*, an *epileptic* becomes a *person with epilepsy*, *mentally ill people* become *people with mental illness*, and *diabetics* become *people with diabetes*.
 46. For in depth discussion of the evolution of disability language (including models used to characterize disability and people with disabilities) and use of person-first and identity-first language, see Dana S. Dunn and Erin E. Andrews, "Person-first and identity-first language: Developing psychologists' cultural competence using disability language," *American Psychologist* 70, no. 3 (2015): 255–264.
 47. For example: "My child suffers from autism" vs. "My child is autistic," "You are diagnosed with autism" vs. "You are autistic," and "My student has autism" vs. "My student is autistic."
 48. Jim Sinclair, autistic neurodiversity advocate and co-founder of Autism Network International (see: "History of ANI." *Autism Network International*, 2011; https://www.autismnetworkinternational.org/History_of_ANI.html) is credited with writing the original person-first language critique, "Why I dislike 'person first' language," in 1999; <https://autismmythbusters.com/general-public/autistic-vs-people-with-autism/jim-sinclair-why-i-dislike-person-first-language/>.
 49. Many autistic people go even further and assert that persons who use person-first language to describe autistic people are "autistophobic." For a strongly-worded essay to this effect, see Nick Walker, "Person-First Language Is the Language of Autistophobic Bigots," in Walker, 91–103. The writings upon which this section of the book is based may be found at <https://neuroqueer.com/person-first-language-is-the-language-of-autistophobic-bigots/>.
 50. For person-first vs. identity-first language accounts by autistic people, see Lydia Brown, "Identity-First Language," *Autistic Self Advocacy Network*, 2011; <https://autisticadvocacy.org/about-asan/identity-first-language/> (accessed June 20, 2022). Also Samdy Sam, "Person with autism or autistic person? My problem with 'person-first language' for autism," *NeuroClastic*, July 15, 2019; <https://neuroclastic.com/person-with-autism-or-autistic-person/>.
 51. For a concise guide to using person-first vs. identity-first language in writing, see American Psychological Association, "Bias-Free Language—Disability," *APA Style Guide*, 2021; <https://apastyle.apa.org/style-grammar-guidelines/bias-free-language/disability>.

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