American Speech-Language-Hearing Association

Resource on Person-First Language

The Language Used to Describe Individuals With Disabilities

John Folkins, ASHA Publications Board

December 1992

This statement of principles is intended as a resource for editors and authors. It is advisory only; that is, none of the principles given should be considered to be binding rules for material published by ASHA.

- Principle One: Person-First Language

- Principle Two: Disability Versus Handicap

- Principle Three: We All Like to Think of Ourselves as Normal

- Principle Four: Avoid Terms That Project an Unnecessary Negative Connotation

- Principle Five: Don't Overdo It

- References

Principle One: Person-First Language

Use person-first language. Disabilities are not persons and they do not define persons, so do not replace person-nouns with disability-nouns. [1][2]

Avoid:

- the aphasic

- the schizophrenic

- stutterers

- cleft palates

- the hearing impaired

Further, emphasize the person, not the disability, by putting the person-noun first.

Use:

- people with cleft palate

- the lawyer who has dyslexia

- persons who stutter

- the speech of children with language impairment

- the speech of individuals who stutter

Avoid:

- cleft palate children

- the hearing impaired client

- the dyslexic lawyer

- the retarded adult

Is there a difference between *to be* and *to have*? Between saying a person "with a hearing loss" and saying a person "is hearing impaired"? Some have suggested that *to have* may imply possession and *to be* may imply identity. [3] Thus they argue that it is less stigmatizing to use *have* than *be*.

"The deaf" and "the speech of the deaf" also violate the person-first rule. However, the community of persons who are deaf prefer to use deaf with a capital D to denote the Deaf culture and the Deaf community, not the hearing loss. As a general rule, we may wish to follow the preferences of a disability group, even if it violates other principles. The problems with following the desires of different groups occur when one doesn't know what the members of a group want or when the preferences of individuals in a group differ.

In my opinion, "stuttered speech" is okay. "Stuttered" describes the speech. "Cleft palate speech" is not okay, because the person (not the speech) has the cleft. However, "deaf speech" violates this rule; yet many people believe that "deaf speech" is acceptable.

Person-first language makes sentences more complicated. The consensus of the Publications Board on November 19, 1992, was that deviations from person-first language should be allowed in cases when the only alternative is awkard sentence structure. When publishing research reports in ASHA journals, it is important to describe individuals with sensitivity. There are no absolute rules in regard to what language is sensitive and what language is not sensitive. Clearly, the most appropriate approaches may differ across different circumstances and different types of publications.

The clarity of research papers may be affected if one is required to use person-first language every time a group of subjects from a specific population is mentioned. One approach may be to describe populations with

person-nouns first in the initial description of the subjects. Then one can refer to these descriptions throughout the rest of the paper. It is more important to use person-first language when describing individuals making up a group than when referring to the group. That is, although it may be preferable to say "the group of individuals who are dysarthric" than to say "the group of dysarthrics," when stylistically necessary, it may be appropriate to use "the dysarthric group." *The general rule is that person-first language is more important than group-first language.*

There are many examples in which we do categorize people and omit the person-noun and the person-first position; for example, the audiologist (as opposed to "the person who performs audiological services"), the speech-language pathologist, the professor, the professional, the teacher, the grandparent, the leader, the pacifist, the hypocrite, et cetera. One could make the case that we should not categorize the person by these attributes. Yet, "the person who grandmothers" is difficult to support as an alternative to "grandmother."

When the categorizing is negative, person-first language might be preferable. "The person with a criminal record" may be better than "the criminal." However, we may need to do the same thing for both positive and negative attributes. If we use person-first language only for negative attributes, then person-first language could take on a negative connotation. The way out of this is to assert that it is proper for society to categorize people without person-first language in many instances, but that disabilities are not one of them. Disabilities need not be defining characteristics in the way that a profession or role in society is. There are many circumstances in which it may be appropriate to use the terms *disability*, *disorder*, or *impairment*. One needs to be sensitive to when it is, and when it is not, appropriate to use terms with a negative connotation.

Return to Top

Principle Two: Disability Versus Handicap

Disabilities, disorders, or impairments can be caused by birth defects, illnesses, or injuries; but disability is a possible result of, not a synonym for, the birth defect, illness, or injury. [4][5] The public may have negative connotations for sickness and disease (e.g., diseases are sometimes contagious, disabilities are not). Inability differs from disability in that inability implies a total loss. The World Health Organization has explicit definitions that distinguish among disabilities, disorders, and impairments; however, for most purposes these terms are synonymous. Further, people have disabilities, not handicaps. Handicaps are social or environmental obstacles imposed by society on those with disabilities.

To summarize:

- Disability, disorder, and impairment can be synonyms.
- Disability does not equal inability.

- Disability does not equal birth defect, illness, disease, or injury.

- Disability does not equal handicap.

- People do not have handicaps; society imposes them.

- Handicap is a useful term in golf and horse racing.

Some writers don't like "birth defect" and "congenital anomaly." [6] Congenital disability can be substituted if appropriate. A disabled computer, light switch, or bomb are objects that do not work at all. Here disability really does imply inability.

<div align="right">Return to Top</div>

Principle Three: We All Like to Think of Ourselves as Normal

Individuals with disabilities are "normal" in many ways. Referring to persons without disabilities as normal implies that persons who have disabilities are abnormal. [3] The term abnormal has a pejorative flavor. At the least, *normal* should be used only in regard to explicitly defined limits for specific attributes.

Avoid:

- normals

- normal speakers

- the speech of individuals who are normal

Use:

- the speech of individuals with no history of speech, language, or hearing impairment

- individuals who were judged to show no speech, language, or hearing impairment

- children with normally developing speech and language

- normal-hearing

- hearing sensitivity within normal limits

- normal speech (can be used when speech sounds normal and it can be produced in some instances by individuals with speech impairments)

- normal-language group ("group-first" language is not always necessary)

<div align="right">Return to Top</div>

Principle Four: Avoid Terms That Project an Unnecessary

Negative Connotation

It is desirable to avoid language that projects struggle, pain, or suffering when it is not necessarily part of the circumstances being described. When suffering is a part of the message to be conveyed, it is appropriate to use the term for example, "tinnitus sufferer." However, this may not always be clear-cut. For example, some groups (e.g., the Commission of Persons with Disabilities [6] version 2 and presumably Self Help for Hard of Hearing People, Inc.) prefer "hard-of-hearing" to either "hearing impaired" or "hearing loss."

Some authors have suggested avoiding the term *dysfluency*. [7] They prefer to use "disfluency." They claim that "dys" has more of a pathological flavor. The prefix "dis" means apart from. The prefix "dys" means "difficult, painful, bad, or disordered." This is clearly a judgment call, and there is presently little consistency among authors. [7][8]

In general, avoid the following: [1][2][4][6][9]

- patient ("Use client for most recipients of clinical services because patient may denote sickness or medical intervention. Patient is appropriate for individuals who are patients in a hospital.)

- confined to a wheelchair, restricted to a wheelchair, wheelchair bound (People receive mobility from wheelchairs, not confinement.)

- victim (This implies a desire for sympathy.)

- cripple, crippled, the crippled, lame, the lame

- deformed (may imply ugly)

- deaf and dumb, deaf mute (needs no justification)

- afflicted with, stricken with, suffering from (say the person has...)

- invalid (not valid)

- courageous, brave, inspirational (Not all people with disabilities have these traits.)

- unfortunate, pitiful, poor (condescending when used in reference to a disability)

- incapacitated (There are still capacities.)

- retardate, mongoloid, idiot, moron, mentally deficient, mentally defective, imbecile, feeble minded (Use "persons with mental retardation" or children with developmental delay.")

- mentally deranged, mentally ill, mentally deviant, maniac, crazy, lunatic, mad (Use "persons with a mental disorder.")

- deafening silence, blind rage, blind faith, turned a deaf ear, lame excuse (Avoid metaphors with pejorative connotations.)

- fit (Use "seizure" when applicable; "fit" may be an appropriate synonym for tantrum.)

- spastic (Use only to describe muscular spasticity. Not all types of cerebral palsy involve spasticity. Muscles are spastic not people.)

- hare lip (Does not compliment people or rabbits. Use cleft lip.)

Return to Top

Principle Five: Don't Overdo It

Be careful with the term *special*. In some respects, we are all special. From another perspective, people with disabilities are not necessarily special even if they are enrolled in "special education."

"Language challenged" or "hearing challenged" may imply that people need to try harder than they are trying at present.

Blatant euphemisms (differently hearing, physically different, differently abled, speech inconvenienced, vertically challenged, horizontally challenged, chronologically gifted) don't hide disability, but they can produce confusion. It is not more sensitive to refer to individuals who are physically within normal limits as temporarily ablebodied (TABs) or momentarily ablebodied (MABs). [3]

Return to Top

References

1. National Easter Seal Society. (undated). *Portraying people with disabilities in the media*.

2. Language awareness. (1985, March). *National Rehabilitation Association Newsletter*.

3. The language of disability: Problems of politics and practice. (1988). *Journal of the Disability Advisory Council of Australia, 1(3)*, 13-21.

4. Monjar, S. (undated). *What do you say after you see they're disabled?* Rehabilitation Institute of Chicago.

5. National Easter Seal Society. (undated). *Awareness is the first step toward change: Tips for disability awareness*.

6. Commission of Persons with Disabilities, Iowa Department of Human Rights. (undated). *Use words with dignity*. (There are two different versions of this handout.)

7. Quesal, R. (1998). Inexact use of "disfluency" and "dysfluency" in stuttering research." *Journal of Speech and Hearing Disorders, 53*, 349-350.

8. Bernstein Ratner, N. (1988). Response to Quesal: Terminology in stuttering research. *Journal of Speech and Hearing Disorders, 53*, 350-351.

9. National Easter Seal Society. (undated). *Awareness is the first step toward change: Tips for portraying people with disabilities in the media.*

Return to Top