

Person-First Language: Difficulties and Solutions with Putting People First

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## **I. Abstract**

Person-first language is often labeled as the gold-standard method for writing about and addressing people who have disabilities. The goal of person-first language is to put a person before their disability and emphasize other aspects of who a person is beyond their disability. This goal offers a more appropriate option in lieu of using some of the insensitive and offensive terminology that often has been used to describe individuals with disabilities. Though thought of as a neutral and respectful method of referencing individuals with disabilities, there are still many flaws and objections to its use. A different method, disability-first language, involves calling someone a “disabled person” rather than a “person with a disability.” This method of reference contends with person-first language as many people with disabilities feel that it reflects the fact that their impairment is part of who they are. Preference between person-first and disability-first language varies across disability groups. The debate remains whether people should opt to use person-first language or disability-first language. No preference has been documented yet amongst people with intellectual and developmental disabilities, but interviews conducted in this study show that person-first language might be an appropriate option to use in general with this population.

## II. Introduction

### A. The Power of Language

Language is a powerful tool, conveying intention, meaning, attitude, and emotion. It has the power to compliment or to insult, empower or hurt. According to Whorf (1956), as elaborated in his linguistic relativity theory, linguistic determinism states that language can influence the way people think. Linguistic relativity contends that the words people use actively limit or expand one's view of the world they live in. For example, the Eskimo language, Inuit, has many different words for snow, whereas the English language has few; thus, Eskimos can distinguish amongst many varieties of snow, while English speakers cannot describe different types of snow due to their limited vocabulary. As a result, the snow an English speaker describes all seems to be the same even if individuals who speak Inuit are able to compare and convey the difference between two types of snow. To use the context of language referencing minority groups, if someone is only familiar with impolite words that are associated with a minority group, then these are not only the words they will opt to use, but also these words and their connotations could influence the speaker in the way they view an individual from the minority group.

Minority groups from diverse races, ethnicities, sexual orientations, and gender identities experience problems with the language society uses to talk about them. For example, "Hispanic" and "Latino" seem to be used as exchangeable adjectives, yet there are in fact geographic and sociopolitical differences implied by using one word instead of another (Yankauer, 1987). Some words associated with minority groups are used as derogatory insults. Consider the use of the word "nigger." According to Capone and Mey (2016), the word "nigger" is a slur associated with African Americans and derived from a history where white slave-owners lynched and abused enslaved Africans. The history behind the word adds a negative, insulting connotation to it, thus

people currently use the word as an insult. Even so, Croom (2011) makes the interesting observation that when the word is used between African American people, rather one African American individual directed to another, it does not necessarily need to have the insulting connotation that the word may intend in other conversations. The word can be used either colloquially or as an insult within the minority group, but outside the minority group it is viewed as an insult. Moving past race and ethnicity, negative language is also present in describing sexual orientation. The terminology referencing sexual orientation and gender identity has changed to try to eliminate slurs and insults. Homophobic words, like “faggot,” or the negative tendency to use words colloquially, like “that’s gay,” parallel the casual use of the word “nigger.” The acronym LGBTQ has gained popularity in recent years for its inclusivity, rallying a community together in the face of the stigma that perpetuates insulting use of words like “faggot.” It offers a community for individuals who are lesbian, gay, bisexual, transgender, or questioning to identify with in the face of significant discrimination and prejudice (Dunn & Andrews, 2015). While this term offers inclusivity, it also can prevent individuality; identifying as transgender is very different from being lesbian, but both categories are lumped together under the LGBTQ label. Similarly, there is a lot of variation among people with disabilities, in type of disability, race, gender, sexuality, etc.

There is a culture and identity associated with being part of the disability community that is not necessarily understood by people in society who do not have a disability. The “Minority Model” of disability incorporates this membership to evaluate disability as an element of diversity. It is a natural part of who someone is and has an accompanying cultural and social experience (Dunn & Andrews, 2015). “Outsiders,” or people who do not have disabilities, do not necessarily have this understanding. Considering this model in the context of society’s treatment of disability, people have been and may be discriminated against because of this unique,

individual difference, as occurs with other demographic minorities.

### **B. Language about Disabilities**

Just as different slurs like “nigger” or “faggot” marginalize and insult African American and LGBTQ minority groups, language that insults people with disabilities exists. Using language that victimizes an individual with a disability changes how that disability may be perceived. Saying “an individual with cerebral palsy who uses a wheelchair” is markedly different in tone and meaning than using deficit-focused word choice, like a person “suffering” from cerebral palsy “confined to” a wheelchair, which conveys a much more negative image. The latter creates an image of distress and pity even though the person being described may contentedly and independently function. Loftus and Palmer (1974) showed that priming people’s recall of memories with words that were biased towards more negative outcomes changed their memory of events. In her study, asking participants if cars “smashed” into each other, as opposed to if they simply “hit” each other, made participants report that cars they saw in a video were traveling much faster than they really were. In using biased or charged victimizing language in describing disabilities, people may promote an “ableist” perspective where people with disabilities are seen as needing of help and thus become objects of pity. The Arc Media Center states that using words like “bound,” “confined,” “afflicted,” “suffering,” “pitiable,” or “victimized” perpetuates the negative stereotypes that individuals with disabilities are abject, frightening, miserable, or helpless. These words put weight on people’s lack of abilities, effectively causing others to look down upon individuals with disabilities when they are described this way.

People who have disabilities are sometimes thought of as special, inferior, or “other” because of the visible differences associated with a disability. This may cause them to be treated differently. Because they are sometimes thought of as less than equal, words describing

individuals with disabilities that are associated with medical diagnoses have often come to have negative connotations. Consider “mental retardation;” though this word was once commonly accepted and neutrally used in medical evaluation, “retard,” or the R-word, has become an insulting and offensive word, causing a more politically correct, alternative diagnosis name to become “intellectual or cognitive disability” (Yeatts, 2013). Mental retardation was the commonly accepted way of classifying an intellectual disability throughout the 20<sup>th</sup> century, even being used in the Diagnostic Statistical Manual IV for use in formal clinical diagnoses. Only recently was retardation replaced with the new “intellectual disability” terminology in the DSM-V (Yeatts, 2013). The word “retard” began to be used casually as an insult when people did things seen as different, dumb, or thoughtless. Just as people called each other “nigger” as discussed before, people called each other “retard” with offensive intentions. Calling something “retarded” fulfilled a similar negative descriptive function as calling something “gay.” This perpetuates the idea that, subsequently, individuals with intellectual disabilities are different, dumb, or thoughtless, a degrading comparison at best. “Imbecile,” “moron,” and “midget” are other examples of words viewed as offensive, yet they are still sometimes used in casual conversation with negative connotations. Just as Croom (2011) discussed using the slur “nigger” between African Americans may not carry a negative connotation, using the word “retard” between individuals with intellectual disabilities may not be viewed as insulting. Even so, the word “retard” has adopted an offensive meaning and association in general, causing a need to replace the word with something else.

Older, politically incorrect terminology has been replaced by an extensive list of alternatives. The Association of University Centers on Disabilities (2011) asserts that using terminology that has adverse connotations or that focuses on lack of ability to refer to individuals with disabilities encourages violence, discrimination, abuse, and harmful stereotypes towards

these individuals that is undeserved and unfounded. Appendix 1 has a list, provided by the Association of University Centers on Disabilities (2011), that draws comparisons between labels that stereotype or devalue a person and more acceptable ways of describing people with disabilities. The Appendix uses person-first language, a referencing strategy that is intended to address the need for an alternative to language that victimizes, belittles, or depersonalizes.

### **C. Person-First Language and its Benefits**

To circumvent discriminatory language, person-first language is a way of talking about someone with a disability. Person-first language is intended to focus on abilities and thus stress empowerment and capability (Arc Media Center). Labels can categorize people and dehumanize them, putting more emphasis on a diagnosis and the associated group of symptoms than on personalized characteristics and qualities. Person-first language takes phrases dominated by diagnostic labels, like “epileptic person,” “autistic person,” or “Down’s person” and makes the labels secondary to the person by saying “person with (disability, diagnosis, feature, quality, etc.)” It may address the need for an alternative to language that victimizes, belittles, or depersonalizes. The idea behind person-first language is to humanize an individual so they are not thought of as simply a label (Collier, 2012). The disability is seen as secondary to the person who has it, only one facet to who they are.

### **D. History of Language about Disabilities**

Individuals with intellectual disabilities themselves developed the new philosophy of person-first language and putting people before their disability. In 1974, people with intellectual disabilities came together to hold the first convention of “People First” in Salem, Oregon (Arc of West Virginia, 2015). The group had originally been members of a self-help hospital; the people with intellectual disabilities present had drawn inspiration from a civil rights movement in Sweden, where parents wanted to have more of a voice for their children. The group of people in

Salem was motivated to organize their own convention on civil rights modeled after the empowerment demonstrated in Sweden. According to the Arc of West Virginia (2015), when the group was deliberating what to call their new organization, one individual said, “I’m tired of being called retarded. We are people first.” In direct opposition to derogatory, disability-focused language, this convention’s name represents the importance of emphasizing a person’s humanity while still acknowledging their disability. The name “People First” is incorporated into the title of “person-first” language, now widely used (Arc of West Virginia, 2015).

As time progressed, the efforts of disability rights advocates caused many other organizations to adopt and mandate person-first language into their required practice. The American Psychological Convention and UN Convention on the Rights of Persons with Disabilities have rules in their bylaws that require text and presentations to be written with person-first language, editing out any language deemed pejorative (Schur et al., 2013). TASH, “The Association for the Severely Handicapped,” changed its name in 1983 to “The Association for Persons with Severe Handicaps” (Wilkins, 2012). In 1992, the Association for Retarded Citizens of the United States changed its name to the Arc of the United States, recognizing the offensive nature of the word “retard” and the need to show their sensitivity to individuals with disabilities by eliminating the word from their nationally recognized name (Arc Media Center).

Organizations changed their mandates on language, but national policies also reflect the need for person-first language. President Reagan’s Executive Order 12640 changed the name of the “President’s Committee on Employment of the Handicapped” to the “President’s Committee on Employment of People with Disabilities” in order to stop setting an undesirable example with the use of the label “handicapped” (Wilkins, 2012). In fact, according to MacFarland (2015), person-first language came about as a result of the inclusion and nondiscrimination called for by Public Law 94.142, or IDEA, requiring every child to be guaranteed a free appropriate public

education. Passed in 1975, IDEA was originally named the Education for All Handicapped Children Act, but was amended in 1997 to be called the Individuals with Disabilities Education Act (Wilkins, 2012). According to the U.S. Department of Education (2010), the policies called for in this legislation asserted that all individuals with disabilities deserve the same rights as individuals who do not have disabilities. IDEA provided over one million children with disabilities, who had previously had no access to education, with the opportunity to attend school. Over half of all children with disabilities in the United States had limited access to education, but IDEA mandated their right to a comprehensive and effortful education, creating a precedent for improving access and rights (U.S. Department of Education). The Americans with Disabilities Act followed when President Bush signed it into effect in 1990 (Wilkins, 2012). The ADA provided civil rights protection to individuals with disabilities and prevented discrimination on the basis of disability. These legislative efforts, working toward creating equal opportunity and reduction of discrimination, generated a need for politically correct language to be mandated.

Laws that explicitly require person-first language have only come about in the last ten years. T.J. Sutcliffe of the *Office of Disability Rights* describes the “People First Respectful Language Modernization Act of 2006” as requiring federal law, regulations, and publications to incorporate person-first language. Many resources and guides have been published for people to reference, like the *Guidelines for Reporting and Writing about People with Disabilities* (Lawrence, 2008), which offers guidance to professional journalists. One of the most recent and impactful undertakings in person-first language is President Obama’s passing of Rosa’s Law in 2010, removing “mental retardation” and replacing it with “intellectual disability” in all federal policies (*Congress.gov*). There is still a significant amount of development that needs to be done to increase the amount of people who opt to use person-first language and decrease the public

use of derogatory words, but historical events and policies have set the path towards more politically correct, inclusive language use.

The presence of appropriate language in policies, laws, and publication creates an important example to follow, as vocabulary and connotations may actually influence the way people feel about the content that is being shared. Language may change society's perception of people with disabilities.

### **E. Disability-First Language and its Benefits**

The role of society in evaluating disability language becomes very important when considering the marginalization and discrimination that people with disabilities may experience. The sociopolitical model of disability states that the person him or herself is not necessarily disabled, but rather that a disability is the consequence of the environmental, societal, and governmental attitudes and policies that are responsible for the disabling effect upon the person (Schur et al., 2013). Examining disability as an element of diversity, people of with other diverse qualities, like race and gender, also experience discrimination from society because of their differences (King, 2016). Acknowledging someone's disability acknowledges the discrimination or difficulties someone with a disability has experienced because of the differences that their disabilities present, whether they be physical, sensory, or cognitive differences.

Disability-first language, also known as identity-first language, is a different method of talking about someone's disability that takes this societal issue into account. Individuals who analyze person-first language from the sociopolitical model feel that the language structure implies that the disability lies with the person instead of with society. According to Kraus (2008), person-first language indicates that disabilities are individuals' own personal issues, not one of the general public. This argument against person-first language centers on the ownership of disability; the sociopolitical model dictates that society is responsible for disability, but

person-first language is argued to place the disability with the person (Schur et al., 2013).

Person-first language may actually create an unintended negative image to some people according to this sociopolitical model. It could enforce the idea that impairments are “medicalized” and need to be normalized in contexts where more focus is placed on a disability than would otherwise be necessary (Matsuda, 2007). The logic behind disability-first language, on the other hand, supports the idea that impairment does not need to be changed; society instead needs to change its treatment of it.

Disability-first language involves calling someone a “disabled person” rather than a “person with a disability.” While this method is frowned upon by users of person-first language because “disabled” is placed before the mention of the person, the organization Scope (2016) explains that the impairment associated with a disability belongs to a person and is inseparable, yet the disabling nature of the impairment, or the disability, belongs to society. Someone is only “disabled” when physical barriers, societal expectations, or social attitudes create a limitation, otherwise a disabled person would function typically. This places ownership of a disability with society, rather than with a person (Kraus, 2008). Identifying as a disabled person is also associated with membership within a larger group, providing fortification, unification, and communication (Gill, 1995).

Society’s perspective and role seems to be critically important. In the 20<sup>th</sup> century, many words that are now offensive were once acceptable words to use, like “retard” as discussed. With this logic, mental retardation was not initially perceived as offensive, but over time accrued offensive connotations because of the contexts in which it was used. Collier (2012) describes this cycle as the opposite of Whorf’s linguistic determinism; society influences language instead of language influencing society. In order to prevent this loop of creating a neutral word to replace an outdated, offensive one, only to find that the new word eventually absorbs negative

connotations, stigma and discrimination in society itself needs to be addressed in the future.

Disability-first language asserts the challenge to society to change the way disability is viewed and treated negatively. Changing the stigma of a disability as being pitiful or undesirable would change the way people interpret words associated with disabilities, subsequently making calling something disabled not viewed as negative at all. Words themselves do not start out as deleterious, adverse descriptors; society shapes them to be viewed and received a particular way because of the way the words are used, including their context and the tone of delivery.

#### **F. Person-First Language Disadvantages**

Though person-first language encourages neutral representation of individuals with disabilities, there are strong barriers to its use. Some of these reasons include awkward and lengthy form, lack of consistency, and disapproval from individuals in the disability community. As discussed, journal authors are often required to use person-first language by the publication for which they are writing. The American Psychological Association (2012) released a statement that recommends using person-first language specifically, as it “maximizes” focus on a person. Even so, journal articles sometimes require a page-length or word-count limit, discouraging writers from spending valuable extra space on adhering to person-first language. Requiring person-first language may prevent people who do not support it from reading or publishing their publications. For example, *Adapted Physical Activity Quarterly*'s mandate of person-first language is actually a limitation to readers who do not prefer that terminology and has reduced the number of people who read the publication (Peers, 2014). This widely used mandate may need to change in the future. Vaughan (2009), an activist against use of person-first language in reference to blind individuals, describes written person-first language as being cumbersome and repetitive. Vaughan also argues that the extra words that accompany person-first language actually function to draw extra attention to an individual's disability. The extra wording, when

considering the additional attention and word count it draws, could discourage people from more widely electing to use person-first language.

Putting the person literally in front of the disability as is prescribed by person first language may feel awkward and unnecessarily wordy at first, as it uses “disability” as an adjective to follow the noun “person.” Compare the phrasing “autistic person” and “person with autism.” In English, adjectives are usually put directly before the noun, whether these adjectives are negative or positive. Though it opposes the English language’s conventional grammatical structure, moving the “disability” adjective afterwards instead of before “person” could further emphasize the person-first principle that other languages seem to naturally incorporate (Brown, 2011). Consider Spanish, where a “person with autism” can be described as “persona con autismo.” The “autism” descriptor follows the rules of person-first language in both cases. “Autistic person,” on the other hand, translates to “persona autística” in Spanish, showing how either option in Spanish puts the person first in order, yet the adjectives fit into a natural sentence form. Part of the reason person-first language seems problematic in English is due to the nontraditional adjective placement making it seem awkwardly worded. Brown also points out that saying “person with autism” seems to create a parallel with negative phrases like “person with cancer” while positive adjectives are usually placed directly before the noun. This makes a disability seem more like a deficit rather than a neutral or even positive aspect of someone’s identity. Wilder (2006) argues that, even though person-first language is viewed as a best practice, it may contribute to further stigmatization and uncertainty about disabilities because people do not know how to use it properly. The division between person-first and disability-first language may also unintentionally threaten the collaboration of disability rights activists and detract them from pursuing more pertinent goals.

### **G. Disability-First Language Disadvantages**

Users of person-first language oppose the use of disability-first language as it puts labels before the mention of a person. This opposition may stem from monolithic word choice, or leaving the person out of the description altogether and equating the disability with who someone is using a single word. This may objectify and marginalize people (Dunn & Andrews, 2015). For example, saying “the diabetic” or “the autistic” leaves out every other part of a person beyond their disability. By only using someone’s impairment to describe them, leaving out their individuality, an impairment is placed as equivalent and summarizing to their identity. This significantly limits how someone may be treated or viewed in society. While a disability may be an important part of someone’s identity, it is not necessarily the only aspect of who someone is. While users of disability-first language do not leave out the person from their description as is done in monolithic word choice, they do use labels put in front of the person, which may cause people to think of the person only in terms of their impairment or diagnosis.

### **H. Disability-First or Person-First Language: Which is Society Using?**

The more people that use person-first language or disability-first language, the less outdated and derogatory words will be used; however, when examining the number of people who decide to use person-first language and disability-first language as well as the way the general public feels about these methods’ use, there lacks a significant uniformity.

Person-first language is not used all the time as the absolute, accepted method of reference. In a study by Feldman et al. (2002), counselors showed that 38% of the group used person-first language in every instance, 20% of participants used no person-first language, and 64% used it at least 50% of the time. St. Louis (1999) did a study where he compared people’s opinions about words used to label people with their opinions on person-first language. His survey showed that people favored person-first language as a more positive option of reference

in just 2% of the comparisons made. St. Louis pointed out that stigmatizing words, like moron or imbecile, mental illness labels, like psychosis, or feared diseases, like leprosy, led individuals to clearly prefer person-first language. Beyond these three categories, however, people showed no significant preference for person-first language in its ability to alleviate negative reactions to wording. Haller et al. (2006) analyzed language used in the *New York Times* and *Washington Post*. Between 1995 and 2005, there was a decrease in the use of “handicapped,” increase in the use of person-first language, and increased use of “wheelchair-bound.” Journalists did not report understanding some people’s issues with the monolithic terminology “the disabled.” This shows that while person-first language increased, negative words still persisted. Journalists’ wording reaches widespread audiences and sets an example, making their awareness about the words they choose imperative. There is definitely still a need for more appropriate language awareness among the public.

Disability-first language contends with person-first language in its prevalence. LaForge (1991) found that periodicals that recommend person-first language over disability-first language still seem to use ambiguous language and switch between the two methods. McCoy and DeCecco (2011) did a survey on a college campus to see what kind of wording was being used, finding that 23% of undergraduate students surveyed used person-first language, 5% did not respond, and 71% used either incorrect or offensive language to describe an individual with a disability. In this study, disability-first language was interestingly categorized as incorrect language. In other words, a significant number of people are still using outdated language and need some instruction in more appropriate methods of referencing people with disabilities. The question remains, however, if that method is person-first language, disability-first language, or something else. Torkelson et al. (1994) gathered data on public perception and opinion of descriptors of disability using three surveys. Analysis showed 60% of people surveyed preferred

person-first language to disability-first language, though 26% of the sample reported that “disabled person” and “person with a disability” were considered to be equal. In a more private setting, Arokiasamy and Strohmer (1994) analyzed the difference in relationships between clients and their counselors who used either person-first or disability-first language. They found that there were no differences in attitudes and perceptions between clients and counselors, regardless of the terminology used between them. Again, while this study is over 20 years old, it also supports a combination of using disability-first and person-first language. Interpretations and reactions to person-first language must be established and tested in order to find a form of preferred language that individuals with and without disabilities alike will approve of and select to use. Attitudes may have changed in the 20 years since this study was done, but it showed strong evidence that using both person-first and disability-first language could be feasible.

### **I. Preferences within Specific Disability Groups**

Though person-first language offers a generalized approach to referring to individuals with disabilities, there are certain groups of people with disabilities who prefer not to be addressed using person-first language. La Forge (1991) tried to examine the use of person-first language and made the assertion that data is needed to establish if person-first language is even accepted by individuals with disabilities themselves. Some people with autism or who are Deaf notably wish to be referred to by their labels with disability-first language as it emphasizes their perceived identity and culture. Collier (2012) talks about how there is a definite culture associated with being Deaf. Deaf individuals have a highly developed community, being brought together by pride in their group and in their means of communication through sign language. They do not see their deafness as a disability and, as such, do not wish to be referred to as being disabled or according to person-first language because it implies a disability’s presence through its structure. Disability-first language takes on a better definition of identity-first language with

this in mind, as deafness is seen as part of Deaf people's identity and membership in their culture.

Some individuals with autism reject person-first language because they do not like the way it separates the disability from the person. Collier states that many people with autism feel that their autism is important in defining who they are as part of their identity and thus they actually prefer to be called "autistic people." This preference for disability-first language incorporates a disability as an integral part of the person. Aboglo and Downing (1990) interviewed 51 people with visual impairments to find what their preferences were among 11 ways of referencing their disability. Researchers found no statistically significant preference, though participants who opted for person-first language justified their answers by stating that they wanted ability stressed and more normalcy. This study is 25 years old. A more recent study by Bickford (2004) found that, of 100 participants with visual impairments and of the 63% of subjects who had a preference, 15 people (24%) preferred person-first language and 48 people (76%) preferred disability-first language. This shows a heavy preference for disability-first language in visually impaired individuals. There are not many recent articles that have survey data on preferences, so this one, though limited to individuals with visual impairments, provides valuable data showing a clear preference for disability-first language. There are certain groups of people within the community of people with disabilities that prefer to be identified with disability-first language, in opposition to person-first language.

#### **J. Person-First Language and Cognitively-Based Disabilities**

As was discussed earlier, there are many problems with person-first language. It is tedious, wordy, and some people object to the way it paints their disabilities. It is still worth acknowledging the value of person-first language, however, when considering stigma. An old proverb contends that people fear what they do not understand. According Sartorius (2007),

stigma is a mindset that causes people to fear, shame, socially reject, and shun things that are seen as “other” or “different.” Disability is highly stigmatized in society; recall the logic behind disability-first language asserts people are “disabled” by society’s treatment of them.

Not all disabilities are stigmatized the same way or even to the same degree. Laat, Freriksen, and Vervloed (2013) conducted a study to test differences in attitudes, both positive and negative, about a variety of disabilities. Their findings showed that participants had significantly less positive attitudes about people with intellectual disabilities when compared with blind, deaf, or paralyzed individuals. An older study by Furnham and Gibbs (1984) supported these findings, as they found people had more negative attitudes about people with intellectual impairments than about people with physical disabilities. While Laat et al. (2013) did not explore the reasons that the participants had less positive attitudes about people with intellectual disabilities, they did speculate on a few possibilities. When considering the “visibility” of each of these disabilities, or how obvious by appearance alone a disability is, deafness and blindness are much less visible than paralysis or intellectual disabilities (Laat et al., 2013). Individuals with paralysis may use assistive technology or have gait differences that indicate the nature of their disability. Individuals with intellectual disabilities sometimes have physical characteristics, like facial features associated with Down syndrome or fetal alcohol syndrome, but may also have behavioral differences. The more obvious the differences are, the easier it is for people to perceive someone as “different,” in turn increasing stigma. These behavioral differences, according to Laat et al. (2013), can be interpreted by observers as less socially or culturally appropriate. Interestingly, Laat et al. discussed juxtaposing psychiatric and mental health disorders with intellectual disabilities because of the similar societal attitudes about behavior. The behavior of both groups is not always understood and can subsequently be perceived as unpredictable and dangerous. These attitudes may, in turn, influence the language

that people choose to use when describing people with mental health disorders or intellectual disabilities. On the other hand, it may be the case that, like Whorf's linguistic determinism theory maintained, language may actually influence attitudes.

The research on language's stigmatization with mental health disorders can inform the conversation on language regarding intellectual disabilities. These disabilities are both based in the brain and mind and both have offensive slurs that have risen from descriptions of their diagnoses. Just as people with intellectual disabilities may be described inappropriately as "retarded," people with mental health disorders may be described as "the mentally ill." Granello and Gibbs wanted to see how this language changed people's attitudes (2016). They surveyed three groups of people, including students, adults, and counselors, in order to see if using the phrasing "the mentally ill" instead of "people with mental illness" influenced the level of tolerance participants expressed. Interestingly, all three groups, even the counselors who work with people with psychiatric disorders on a daily basis, had large differences in tolerance between the two types of phrasing. They perceived people described as "the mentally ill" as much more dangerous, inferior, childlike, and worth distancing oneself from. Granello asserted that this is proof that the language people use can be detrimental to tolerance levels and how people are treated, making a strong case in favor of advocating for more appropriate language.

Treatment of people with disabilities throughout history has not been honorable, especially people with intellectual disabilities. People with intellectual disabilities were once institutionalized as a common practice, with the most famous atrocities of institutions being documented at Willowbrook State School. Geraldo Rivera (1972) interviewed a doctor and documented the inhumane treatment of people who were institutionalized. The doctor advocated for community-based programs that included people with intellectual disabilities instead of keeping them tucked away out of sight, saying that the programs gave people purpose and jobs

so they could contribute instead of being a “drag on society.” Unfortunately, the idea that people with intellectual disabilities are “drags on society” still persists. Some people do not accept the accommodations or adaptations that help them be more independent as they see these supports for independence as unnecessary and expensive. Geraldo Rivera said in his documentary that society treats people with intellectual disabilities as “less than people.” Perhaps this is why the use of person-first language has so much merit. The idea that it places emphasis on a person’s humanity combats the stigma and inhumane treatment that people with intellectual disabilities have faced.

#### **K. Preferences within the Group with Intellectual and Developmental Disabilities**

Individuals with intellectual and developmental disabilities (IDD) were once referred to as “retarded” as a medical diagnosis. As discussed, the word “retard” has come to be viewed as an insult in society. This creates a need for higher awareness about other ways of talking about disabilities, like person-first or disability-first language, to avoid using “retard” to describe people with intellectual disabilities. Person-first language has been seen as relevant to use with this population in order to emphasize the parts of who they are beyond their label as intellectually disabled. While this logic in using person-first language is based in the intention of promoting better social inclusion and treatment of people with intellectual disabilities, there is currently no research study that statistically supports whether or not people with intellectual disabilities prefer person-first language or disability-first language. Darcy Granello, one of the few researchers exploring language preferences, expressed her shock that there have not been more studies trying to establish preferred disability language (Grabmeier, 2016).

Preferences of Deaf people and visually impaired people have been discussed briefly in this paper; however, there are no studies that have tried to establish what individuals with intellectual disabilities prefer. Indeed, this population does not often have the opportunity to

voice their opinions because people tend to speak for or on behalf of them. Unless a person has their own guardianship, caretakers, professionals, and family members make important decisions for individuals with intellectual disabilities. However, this does not mean that individuals with intellectual disabilities do not have a preference or cannot share this preference. On the contrary, a study done by Feudtner and Brosco (2011) asserted that research with people with intellectual disabilities should be encouraged because they have been underrepresented thus far.

One self-advocate, Harland (2016), expressed her ability to proclaim her own preference “despite” having autism, demonstrating how people with developmental disabilities can in fact share their opinions. She stated that while she prefers person-first language in regards to herself, she will use disability-first language when talking to people she knows prefer that method, always adhering to the preferred language of each person who is talking. When she switches to talking about herself in a conversation, she reverts back to person-first language, then back to disability-first language when talking about her peers. This is a prime example of how different people with intellectual and developmental disabilities have different preferences, but each of these personal choices can still be honored.

More information about if there is a heavy preference for person-first or disability-first language among people with intellectual and developmental disabilities would give people more confidence in selecting the correct referencing strategy. As is the case with Deaf individuals who have made their preference for disability-first language clear, finding out if there is any clear recommendation in a preliminary study may help arm people with comfort in using one method over another. This study aims to try to find out more about whether or not individuals with intellectual and developmental disabilities prefer person-first language, disability-first language, or something else. It is hypothesized that individuals with intellectual and developmental disabilities will, depending on age, prefer person-first language because of the historical

advocacy and movement towards person-first language to replace offensive words. Trends in language use, as discussed with the changing DSM, have changed over time. The word “retard” may, in fact, not be viewed as negative by a younger generation because it has become more commonplace in conversation.

### **III. Methods**

#### ***Participants***

Eleven people with intellectual and developmental disabilities (IDD) were recruited from local disability organizations advertised as serving people with IDD. Criteria for inclusion comprised having an intellectual or developmental disability and being over the age of 18. Flyers and emails were used for recruitment. The majority of participants were male (73.7%, n=8; female 27.3%, n=3). Because the subjects interviewed represent a convenient sample with many demographic limitations, these results are not generalizable but may inform a larger future study. Ages ranged between 19 years to 45 years old, with an average age of 31.8 years old. In examining living situations, eight subjects lived with family members, two with foster families, and one in independent living. All subjects reported having a DDD (Department of Developmental Disabilities) support coordinator in order to verify that they had an intellectual or developmental disability. Subjects were interviewed at their convenience at a mutually agreed upon time and location that they felt comfortable in. Subjects who had their own guardianship were able to give consent, while subjects who had a legally authorized representative (LAR) had to have their LAR give consent.

#### ***Interview***

Subjects were interviewed at their convenience at a mutually agreed upon time and location that they felt comfortable in. The interview process received full approval by the

Institutional Review Board governing Human Subjects research. Each interview lasted between 15-45 minutes.

After being asked about demographic information, subjects were asked how they would like someone to introduce them to a new person or stranger. They were asked to select at least three words. This question targeted seeing how subjects perceived themselves, and whether or not disability was mentioned.

The interview contained three opportunities for subjects to compare and select between person-first language and disability-first language. In order to help make the abstract concept of the different language options more concrete, person-first language and disability-first language were both incorporated into sentences within scenarios. Subjects were all given the same three scenarios. Scenario 1 compared “person with autism” with “autistic person,” a specific disability diagnosis (Appendix 2). Scenario 2 compared “people with disabilities” with “disabled people,” a more general comparison across disability categories without a specific diagnosis (Appendix 2). Scenario 3 asked subjects to think about which wording they personally preferred between “person with an intellectual disability” and “intellectually disabled person” if someone was talking about them in particular (Appendix 2). This scenario then carried the extra significance of a personal preference rather than a preference for use in general. In each scenario, subjects could pick either person-first language or disability-first language exclusively, or opt to pick both as acceptable, neither one, or express no preference. Subjects were asked to justify their answer and explain why they picked the answer they picked so as to avoid the possibility that subjects may just pick the last answer offered. The sequence of person-first language and disability-first language’s presentation in each scenario was scrambled from subject to subject.

Following comparisons between person-first and disability-first language in these scenarios, a series of questions about perception of the word “retard” were asked. Not all

participants opted to answer these questions (n=2 opted out). One scenario concerned the use of “retard” to describe inanimate things, while another scenario involved the use of “retard” to describe people. Subjects were asked if they were familiar with the word, what their initial perception of the word was, and how they felt about its use in each of the scenarios.

The final step of the interview asked subjects to suggest any general strategies or tips that people could use to guide their use of disability language.

#### IV. Results

##### *Introductory Descriptions*

All the words that subjects provided to describe themselves were positive. None of the words were directly related to disabilities. While this does not mean that the subjects did not perceive their disability as an integral part of their identity, it does show that it is not something they opted to portray as a first impression. Some words that subjects used to describe themselves in the event that they met someone new are included in Table 1. Interestingly, both “helpful” and “work hard/hard worker” showed up three times each. These adjectives directly oppose the idea that people with disabilities are helpless or incapable; these people with IDD see themselves as strong and engaged.

**Table 1:** Answers to question: “When you meet someone new or see people who may not know you well, how do you want someone to introduce you? (Pick three words).”

Adjectives subjects use to introduce themselves:	
Friend, Good person, Friendly	Friendly, Kind, Loving
Work hard	Talented, Lovable, Flexible
Nice, Helpful, Talented	Likes sports, Helpful, Understanding
Work hard, Helpful, On time	Nice, Happy
Swell, Reliable	Talkative, Social, Hard worker

***Person-First Language vs. Disability-First Language***

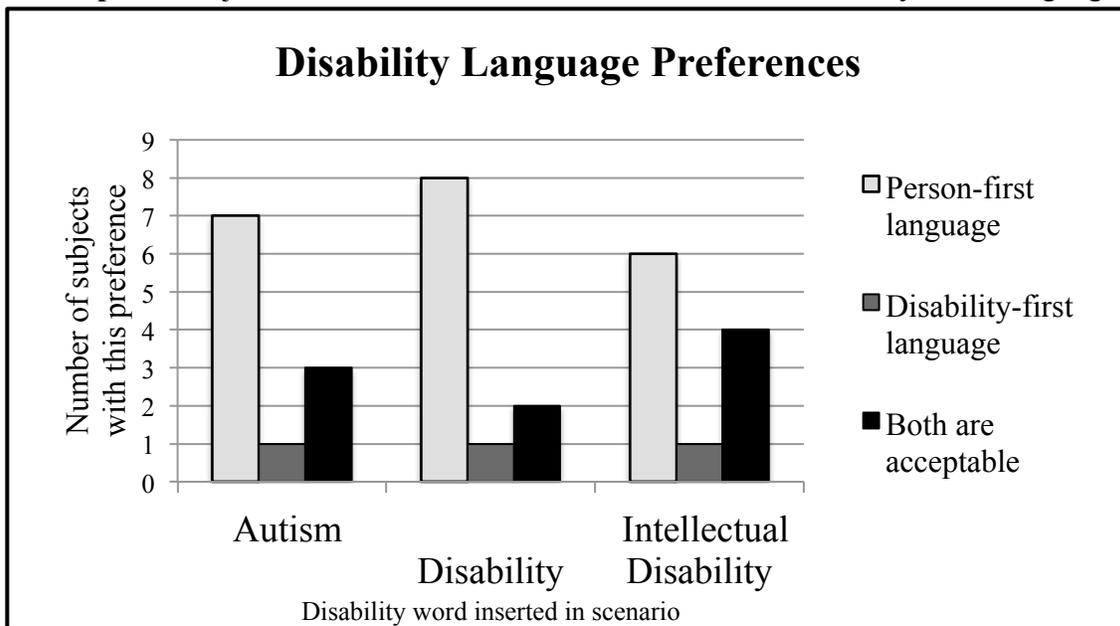
The overarching goal of these interviews was to find out if there was a preference for person-first language or disability-first language amongst subjects with IDD. Subjects selected their preferences between person-first language and disability-first language in three scenarios, shown in Appendix 2. Using three different disability types, including a specific diagnosis (autism), general category (disability), and personal category (intellectual disability), gave a spread of different situations that the language options may be used in. Across all three scenarios, there was a heavy preference for person-first language, as shown in Table 2 and Graph 1. Only one subject in each scenario preferred disability-first language, but this preference was not consistently reported by a single subject. One subject preferred disability-first language in Scenario 2 and 3, but not in Scenario 1, while another subject preferred disability-first language in Scenario 1, but not in Scenario 2 and 3. Both subjects justified these differing choices by saying disability-first language “sounded better” in one scenario but person-first language “sounded better” in others. No subjects selected the “Prefer neither one” or “Don’t care” options, so those choices are not reflected within the data analysis.

Some of the justification that subjects provided for their consistent preference for person-first language again included comments on the way it sounded better in the sentence, but also comments on how it sounded more empowering. Comments on person-first language preference justification are included in Table 3. Some subjects chose both options as equally acceptable in each scenario. Only one subject kept the choice of “both” consistent across all three scenarios. Other subjects changed their choices to either person-first or disability-first language. Justification comments for selecting both language options are included in Table 4.

**Table 2:** Subjects' Preferences between Person-First and Disability-First Language

	Scenario 1	Scenario 2	Scenario 3
	<b>Autism</b>	<b>Disability</b>	<b>Intellectual Disability</b>
<i>Person-first language</i>	7 (64%)	8 (73%)	6 (55%)
<i>Disability-first language</i>	1 (9%)	1 (9%)	1 (9%)
<i>Both are acceptable</i>	3 (27%)	2 (18%)	4 (36%)

**Graph 1:** Subjects' Preferences between Person-First and Disability-First Language



**Table 3:** Subjects' Justification of Person-First Language Choices

"People are born that way."
"It sounds much better."
"Saying people with disabilities makes it sound like people can get jobs more."
"Disabled people doesn't have the word 'with' in it, it doesn't sound right to me."
"Definitely this one, having the word 'with' really helps."
"Flipping the words makes a difference."
"It is because we are people of all kinds."
"Saying disabled person is more confusing, I understand person with a disability much better."
"It is different in a good way."
"This one has 'with' in it, it is what my friends would say."

**Table 4:** Subjects' Justification for Selecting Both Options

"They are both comfortable."
"Sound similar but a little different."
"They are the same."
"I just like both."

***Use of the R-Word***

While the general reaction to the use of the word “retard” was negative, some subjects were okay with its use, either because they had not heard it used before or did not associate the word with a bad connotation. After hearing the scenarios framing the word “retard,” subjects were asked how they felt about it. In Scenario 4, describing an inanimate thing (specifically a joke) as “retarded,” 3 subjects felt this description was okay while 6 subjects felt offended. In Scenario 5, describing a person as “retarded,” only one subject felt this was okay and this subject had not associated “retard” with a negative connotation. Interestingly, there was not a divisive spread between the ages of subjects who felt the use was okay in Scenario 4 and the subjects who did not like the word (averages of 29.3 years of age and 33 years of age comparatively), as shown in Table 5. Both groups included subjects between ages 19 and over 40. This data is not drawn from a large sample and has many limitations, so it cannot be generalized at this time that the perception of “retard” varies with age.

Even though the limitations prevent a judgment on age being made, the qualitative comments provided still support a need for reducing use of “retard.” The comments subjects provided to justify their answers provided strong statements in favor of “retard” being an offensive word. Subjects equated this word with “hurt feelings” and being “stupid.” Multiple comments called for use of “retard” to stop, as shown in Table 6.

**Table 5:** Age and Perception of the R-Word

	Average Age (years)	Scenario 4 (Thing)	Scenario 5 (Person)
Okay with Use	29.3	3	1
Offended by Use	33	6	8

**Table 6:** Comments on the Negative Connotations of the R-Word

"It is a bad word and hurts feelings."
"Retard means stupid. It makes me feel sad when people say it."
"I don't like it when people say that."
"It really hurt."
"It hurts people's feelings more than if it was a thing."
"It is worse if it is used to talk about a person."
"It is just not nice."
"Don't put that word in there, you don't know what you are saying."

### *Strategies and Tips*

At the conclusion of the interview, subjects suggested strategies and tips for the general public to use if they are unsure, uncomfortable, or uninformed as to which language option they should be using. Strategies elected by subjects are shown in Table 7. Common themes include asking a person if you are unsure, starting with person-first language as a default strategy, and only mentioning a disability if it is relevant.

**Table 7:** Strategies and Tips for Language Suggested by Subjects

"I don't mind if you ask. You want to say good things and not bad things."
"You not need talk about disability. Use person-first but disability is a part of it."
"I never thought about it. You don't need to bring up disabilities, but it is a part of me at the same time. Use person-first language first because they are a person. We are people! No one knows it, but we are people. Person-first language shows that more."
"Start by saying I am a person with an intellectual disability, I like that better."
"Asking is okay!"
"I think it is more appropriate to use person-first language."
"I would be okay if someone came up to me to ask what to say, they can ask me directly and do not need to just talk to my mom. If they want to know, they do not need to be afraid to ask."

## V. Discussion

The results in this study suggest that person-first language is the preferred language option amongst the subjects with IDD interviewed. Results from Scenario 1 and 2 showed heavy preference for person-first language. As Scenario 2 involved the general description “disability” and person-first language was the dominant preference, this shows that within this group person-first language was the default strategy. The *Strategies and Tips* section showed similar results, as many subjects elected person-first language as the language option that people should start with if they are unsure what to use. As the dominant preference in the general disability category and in the strategies, person-first language seems to be viewed as the default way to talk about disabilities appropriately.

A few subjects said that starting with person-first language was a good idea, but acknowledged the importance of asking someone about their personal preference. This seems to connect the findings between the general disability category in Scenario 2 and the personal category in Scenario 3. Scenario 3 involved a personal choice, as the question posed to subjects asked them to reflect on which language option they wanted people to use to talk about them personally. In this scenario, person-first language was still dominant, but there was also an increase in the number of people who liked both language options. In general, subjects recommended person-first language, but when asked personally about their intellectual disability, subjects either preferred person-first language strongly or felt both person-first and disability-first language were equally acceptable. Personal preferences, in this case, did not necessarily align with preferences in the general category.

In examining the results from the section of the interview concerning the use of the word “retard,” many comments verify that it is still seen as offensive. While not all the subjects heard it before or knew that it could be used in a negative context, the majority of subjects disapproved

of its use. They commented on its hurtful nature. Interestingly, this perception seemed to be independent of age in this study, though there were not enough subjects interviewed to make a statistically significant judgment.

### ***Limitations***

This study is limited in that subjects were recruited in a convenient sample locally. The number of subjects interviewed was too small to run statistical analyses and the subjects were not randomly selected. The subject pool does not offer a comprehensive representation of all people with intellectual and developmental disabilities. As the subjects were predominantly male (n=8 of 11) and lived at home with their families (n=8 of 11), this could confound the data. Interviewing a larger group of people with IDD would improve the reliability and validity of data.

The recruitment method of advertising within local disability organizations could also possibly confound the results. As discussed, the Arc and AUCD are both disability organizations that have policies mandating person-first language. If people interviewed in this study received services from an organization that has a policy either mandating person-first or disability-first language, this could actually influence their preferences because they have been exposed more heavily to one language option over another.

### **VI. Conclusion**

When writing or talking about a minority group, using the language that the people of the minority group prefer acknowledges their point-of-view (Drummond, 2016). As disability can be viewed as a quality of a minority group, it is essential to respect the wishes of a person with a disability and use the type of language that they prefer if you are talking about their disability. Ignoring someone's preference acts to further silence and marginalize them (Wilder, 2006).

Often, a conversation had with or about someone with a disability does not center around or even incorporate someone's disability unless it is pertinent to the conversation topic. Dunn and Andrews (2015) recommend that written text and spoken word use both person-first and disability-first language interchangeably in order to appeal to groups of disabled people with different preferences. This may make articles and conversations more inclusive. The National Center on Disability and Journalism (Altavena et al., 2012) makes this recommendation as well, asking writers to consider whether talking about someone's disability is even relevant to the topic being written about. Suggestions from subjects in this study aligned with this recommendation, as multiple subjects, shown in Table 7, did not feel that their disabilities needed to be brought up in every conversation.

Even though there is a debate about what kind of language should be used, it is important not to allow differing viewpoints to cause people to lose sight of the goal of using sensitive, neutral language. Person-first language intends to convey the idea that disability is not the single defining characteristic of individuals who have a disability. Different people prefer different descriptions or methods of references, and each of these preferences should be respected (Bickford, 2004). The National Center on Disability and Journalism recommends always asking people how they prefer to be described, but if it is not clear what someone prefers, using person-first language is the recommended option (Altavena et al., 2012). Findings in this study support this default option, though it is also okay to simply ask someone how they would like their disability referenced.

### References

- Aboglo, P. A., & Downing, J. (1990). Using labels: A study of client preference. *Journal of Visual Impairment & Blindness*, 84(5), 218-222.
- Altavena, L., Axelrod, J., Dalton, R. J., Geller, J., Gilger, K., Loftus, L., Poulson, T. (2012). Style guide. *National Center on Disability and Journalism*. Retrieved from <http://ncdj.org/wp-content/uploads/2012/08/NCDJStyleGuide2015.pdf>
- American Psychological Association. (2012b). Guidelines for assessment of and intervention with persons with disabilities. *American Psychologist*, 67(1), 43–62.
- The Arc Media Center. (n.d.). What is people first language?. *The Arc*. Retrieved from <http://www.thearc.org/who-we-are/media-center/people-first-language>.
- The Arc of West Virginia staff. (2015). History of people first. *The Arc of West Virginia*. Retrieved from <http://www.thearcfwv.org/people-first/about/history.html>.
- Arokiasamy, C. V., & Strohmer, D. C. (1994). Effects of politically correct language and counselor skill level on perceptions of counselor credibility. *Rehabilitation Counseling Bulletin*. 37(4), 304-315.
- Association of University Centers on Disabilities staff. (2011). Portrayal of people with disabilities. *Association of University Centers on Disabilities*. Retrieved from <http://www.aucd.org/template/page.cfm?id=605>.
- Bickford, J. O. (2004). Preferences of individuals with visual impairments for the use of person-first language. *Rehabilitation Education for Blindness and Visual Impairment*, 36, 120–126.
- Brown, L. (2011). Identity-first language. *Autism Self Advocacy Network*. Retrieved from <http://autisticadvocacy.org/i-identity-first-language/>.

- Capone, A., & Mey, J. (2016). *Interdisciplinary studies in pragmatics, culture and society*. New York: Springer International Publishing. p. 793.
- Collier, R. (2012). Person-first language: Noble intent but to what effect? *CMAJ: Canadian Medical Association Journal*. 184(18). Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3519177/>.
- Croom, A., M. (2011). Slurs. *Language Sciences*. 33(3).
- Drummond, S. (March, 2016). How language of special education is evolving. *NPR ED*. Retrieved from: <http://www.npr.org/sections/ed/2016/03/17/469792061/how-the-language-of-special-education-is-evolving>
- Dunn, D.S., & Andrews, E.E. (2015). Person-first and identity-first language: Developing psychologists' cultural competence using disability language. *American Psychologist*, 70(3).
- Feldman, D., Gordon, P.A., White, M.J., & Weber, C. (2002). The effects of people-first language and demographic variables on beliefs, attitudes and behavioral intentions toward people with disabilities. *Journal of Applied Rehabilitation Counseling*, 33.3:18.
- Feudtner, C., & Brosco, J. P. (2011). Do people with intellectual disability require special human subjects research protections? The interplay of history, ethics, and policy. *Developmental Disabilities Research Reviews*, 17, 52–56.
- Furnham A., & Gibbs, M. (1984). School children's attitudes towards the handicapped. *Journal of Adolescence*, 7 (1984), pp. 99–117.
- Gill, C. J. (1995). A psychological view of disability culture. *Disability Studies Quarterly*, 15, pp. 15–19.
- Grabmeier, J. (2016) Why you should never use the term 'the mentally ill.' *The Ohio State University*. Retrieved from <https://news.osu.edu/news/2016/01/26/person-first/>

- Granello, D. H., & Gibbs, T. A. (2016). The power of language and labels: “The mentally ill” versus “people with mental illnesses.” *Journal of Counseling and Development*, 94.
- Haller, B., Dorries, B., & Rahn, J. (2006). Media labeling versus the US disability community identity: a study of shifting cultural language. *Disability & Society*, 21(1), pp. 61-75.
- Harland, L. (2016). I have autism, but I have autistic friends. *The Mighty*. Retrieved from [http://themighty.com/2016/01/i-have-autism-but-i-have-autistic-friends/?utm\\_source=Facebook&utm\\_medium=Mighty\\_Page&utm\\_campaign=AUTISM](http://themighty.com/2016/01/i-have-autism-but-i-have-autistic-friends/?utm_source=Facebook&utm_medium=Mighty_Page&utm_campaign=AUTISM)
- King, B. J. (2016). Disabled: Just #SayTheWord. *NPR*. Retrieved from [http://www.npr.org/sections/13.7/2016/02/25/468073722/disabled-just-saytheword?utm\\_campaign=storyshare&utm\\_source=facebook.com&utm\\_medium=social](http://www.npr.org/sections/13.7/2016/02/25/468073722/disabled-just-saytheword?utm_campaign=storyshare&utm_source=facebook.com&utm_medium=social)
- Kraus, A. (2008). *The sociopolitical construction of identity: A multidimensional model of disability*. Retrieved from [https://books.google.com/books?id=quqZ\\_Okc-aQC&dq=downside+of+person+first+language+scholar&source=gbs\\_navlinks\\_s](https://books.google.com/books?id=quqZ_Okc-aQC&dq=downside+of+person+first+language+scholar&source=gbs_navlinks_s).
- Laat, S. D., Freriksen, E., & Vervloed, M. P. (2013). Attitudes of children and adolescents toward persons who are deaf, blind, paralyzed or intellectually disabled. *Research in Developmental Disabilities*, 34(2), 855-863.
- La Forge, J. (1991). Preferred language practice in professional rehabilitation journals. *The Journal of Rehabilitation*, 57 (1):49-51.
- Lawrence, K.S. (2008) *Guidelines for reporting and writing about people with disabilities* (7<sup>th</sup> ed.). University of Kansas.
- Loftus, E.F. & Palmer, J.C. (1974) Reconstruction of auto-mobile destruction: An example of the interaction between language and memory. *Journal of Verbal Learning and Verbal Behaviour*, 13, 585 -589.

- MacFarland, S. (2015). *Introduction SERP415/515*. The University of Arizona.
- Matsuda, K. (2007). *Counter-hegemonic discourse on the experience of disability retrieving the voices of female students with disabilities who are involved in the juvenile justice system*. Greensboro, N.C.: University of North Carolina at Greensboro.
- McCoy, V. A., & DeCecco, P. G. (2011). Person-first language training needed in higher education. *VISTAS Online*. Retrieved from [http://counselingoutfitters.com/vistas/vistas11/Article\\_05.pdf](http://counselingoutfitters.com/vistas/vistas11/Article_05.pdf)
- Peers, D., Spencer-Cavaliere, N., & Eales, L. (2014). Say what you mean: Rethinking disability language in Adapted Physical Activity Quarterly. *Adapted Physical Activity Quarterly*, 31, 265–282.
- Rivera, G. (1972). *Willowbrook: The Last Great Disgrace*. WABC-TV.
- S.2781 - Rosa's Law (n.d.). *Congress.gov*. Retrieved from <https://www.congress.gov/bill/111th-congress/senate-bill/2781/text>.
- Sartorius, N. (2007). Stigmatized illnesses and health care. *Croatian Medical Journal*, 48(3), 396–397.
- Schur, L., Kruse, D., & Blanck, P. (2013). *People with disabilities: Sidelined or mainstreamed?*. London: Cambridge University Press.
- Scope staff. (2016). The social model of disability. *Scope*. Retrieved from <http://www.scope.org.uk/about-us/our-brand/social-model-of-disability>.
- St. Louis, K. (1999). Person-first labeling and stuttering. *Journal of Fluency Disorders*, 24. Retrieved from [http://www.csun.edu/~ainslab/readings/Audrey/St%20Louis\\_1999\\_Person-first%20labeling%20and%20stuttering.pdf](http://www.csun.edu/~ainslab/readings/Audrey/St%20Louis_1999_Person-first%20labeling%20and%20stuttering.pdf).
- Sutcliffe, T.J. n.d. People first language. *Office of Disability Rights*. Retrieved from <http://odr.dc.gov/page/people-first-language>.

- Torkelson, L. R., Thuli, K., & Groombridge, L. (1994). Person-first disability language: A pilot analysis of public perceptions. *Journal of Rehabilitation*, 60(2).
- U.S. Department of Education staff. (2010). Thirty-five years of progress in educating children with disabilities through IDEA. *U.S. Department of Education*. Retrieved from [http://www2.ed.gov/about/offices/list/osers/idea35/history/index\\_pg10.html](http://www2.ed.gov/about/offices/list/osers/idea35/history/index_pg10.html).
- Vaughan, E.C. (2009). Person first language: An unholy crusade. *Braille Monitor*. Retrieved from <https://nfb.org/images/nfb/publications/bm/bm09/bm0903/bm090309.htm>.
- Whorf, B.L. (1956). The relation of habitual thought and behavior to language. In Carroll, J.B. *Language, Thought, and Reality: Selected Writings of Benjamin Lee Whorf*. Cambridge, Massachusetts: MIT Press. pp. 134–159.
- Wilder, E. (2006). *Wheeling and dealing: Living with spinal cord injury*. Nashville, Tenn.: Vanderbilt University Press. pp. 10-12.
- Wilkins, V. (2012). Communicating humanness: Attitudes and language. *Social Advocacy and Systems Change Journal*, 3(1). Retrieved from [http://journals.cortland.edu/wordpress/sasc/files/2012/10/Wilkins\\_Communicating\\_Humanness.pdf](http://journals.cortland.edu/wordpress/sasc/files/2012/10/Wilkins_Communicating_Humanness.pdf).
- Yankauer, A. (1987). Hispanic/Latino: What's in a name?. *American Journal of Public Health*, 77, 15–17.
- Yeatts, S. (2013). Significant changes from the DSM-IV to the DSM-5. *The Prosecutor*. 43(6).

**Appendix 1: AUCD List of Suggested Person-First Language**

## HOW DO YOU TALK ABOUT PEOPLE WITH DISABILITIES?

<b>People-First Language</b>	<b>Labels that Stereotype and Devalue</b>
<ul style="list-style-type: none"> <li>• people/individuals with disabilities</li> <li>• an adult who has a disability</li> <li>• a child with a disability</li> <li>• a person</li> </ul>	<ul style="list-style-type: none"> <li>• the handicapped</li> <li>• the disabled</li> </ul>
<ul style="list-style-type: none"> <li>• people/individuals without disabilities</li> <li>• typical kids</li> </ul>	<ul style="list-style-type: none"> <li>• normal people/healthy individuals</li> <li>• atypical kids</li> </ul>
<ul style="list-style-type: none"> <li>• people with intellectual and developmental disabilities</li> <li>• he/she has a cognitive impairment</li> <li>• a person who has Down syndrome</li> </ul>	<ul style="list-style-type: none"> <li>• the mentally retarded; retarded people</li> <li>• he/she is retarded; the retarded</li> <li>• moron, idiot, imbecile</li> <li>• he/she's a Downs kid; a Mongoloid; a Mongol</li> </ul>
<ul style="list-style-type: none"> <li>• a person who has autism</li> </ul>	<ul style="list-style-type: none"> <li>• autistic</li> </ul>
<ul style="list-style-type: none"> <li>• people with a mental illness</li> <li>• a person who has an emotional disability</li> <li>• a person with a psychiatric illness/disability</li> </ul>	<ul style="list-style-type: none"> <li>• the mentally ill; the emotionally disturbed</li> <li>• he/she is insane; crazy; demented; psycho; a maniac; a lunatic</li> </ul>
<ul style="list-style-type: none"> <li>• a person who has a learning disability</li> </ul>	<ul style="list-style-type: none"> <li>• he/she is learning disabled</li> </ul>
<ul style="list-style-type: none"> <li>• a person who is deaf</li> <li>• he/she has a hearing impairment/loss</li> <li>• a man/woman who is hard of hearing</li> </ul>	<ul style="list-style-type: none"> <li>• the deaf</li> </ul>
<ul style="list-style-type: none"> <li>• a person who is deaf and cannot speak</li> <li>• a person who has a speech disorder</li> <li>• he/she uses a communication device</li> <li>• he/she uses synthetic speech</li> </ul>	<ul style="list-style-type: none"> <li>• he/she is deaf and dumb</li> <li>• a mute</li> </ul>
<ul style="list-style-type: none"> <li>• a person who is blind</li> <li>• a person who has a visual impairment</li> <li>• a man/woman who has low vision</li> </ul>	<ul style="list-style-type: none"> <li>• the blind</li> </ul>
<ul style="list-style-type: none"> <li>• a person who has epilepsy</li> <li>• people with a seizure disorder</li> </ul>	<ul style="list-style-type: none"> <li>• an epileptic, a victim of epilepsy</li> <li>• a spaz</li> </ul>
<ul style="list-style-type: none"> <li>• a person who uses a wheelchair</li> <li>• people who have a mobility impairment</li> <li>• a person who walks with crutches</li> </ul>	<ul style="list-style-type: none"> <li>• he/she is wheelchair bound</li> <li>• he/she is confined to a wheelchair</li> <li>• a cripple</li> </ul>
<ul style="list-style-type: none"> <li>• a person who has quadriplegia</li> <li>• people with paraplegia</li> </ul>	<ul style="list-style-type: none"> <li>• a quadriplegic; a quad</li> <li>• a paraplegic</li> </ul>
<ul style="list-style-type: none"> <li>• he/she is of small or short stature</li> </ul>	<ul style="list-style-type: none"> <li>• a dwarf</li> <li>• a midget</li> </ul>
<ul style="list-style-type: none"> <li>• he/she has a congenital disability</li> </ul>	<ul style="list-style-type: none"> <li>• he/she has a birth defect</li> </ul>
<ul style="list-style-type: none"> <li>• accessible buses, bathrooms, etc</li> <li>• reserved parking for people with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• handicapped buses, bathrooms, etc</li> <li>• handicapped parking</li> </ul>

**Appendix 2: Interview Language Preference Scenarios 1-3**

## Person-First Language vs. Disability-First Language

**Scenario 1:** You are at the doctor's office and are listening to the doctor talk to someone. He says, "Autistic people can sometimes have problems with sensory input." You hear another doctor say "People with autism can sometimes have problems with sensory input." Do you like "autistic person" or "person with autism" better?

**Scenario 2:** Let's consider a different story with different words. Let's think about being at school. A teacher says she really likes working with "disabled people." Working with "people with disabilities" makes her happy. Do you like when a teacher says she teaches "disabled people" or "people with disabilities" better?

**Scenario 3:** There are many ways people can talk about an intellectual disability. Some people may say you have an intellectual disability. Would you prefer that they say you are a "person with an intellectual disability" or an "intellectually disabled person?"

For each Scenario, subjects could answer that they preferred either:

- [Disability-first language]
- [Person-first language]
- Both are okay
- Don't like either one
- Don't care

**Appendix 3: Interview Language Preference Scenarios 4-5**

## Use of the R-Word

**Scenario 4:** You are hanging out with some of your friends. You tell them a funny joke that you heard. One of your friends calls the joke retarded. When someone calls something, a thing like your joke, “retarded,” how do you feel?

**Scenario 5:** Let’s suppose you are at the grocery store. You look down the aisle and see two children chasing each other. Their older brother yells, “Stop acting so retarded!” The kids stop running and laughing and quiet down. When someone calls another person, “retarded,” how do you feel?