

Suggested APA style reference: McCoy, V. A., & DeCecco, P. G. (2011). *Person-first language training needed in higher education*. Retrieved from http://counselingoutfitters.com/vistas/vistas11/Article_05.pdf

Article 5

Person-First Language Training Needed in Higher Education

Paper based on a program presented at the 2011 American Counseling Association Conference and Exposition, March 23-27, 2011, New Orleans, LA.

Vickie Ann McCoy and Paul G. DeCecco

McCoy, Vickie Ann, is an Assistant Professor in the Department of Counselor Education at West Chester University of Pennsylvania. Prior to her position at WCU, Dr. McCoy worked at the Institute for Disability Studies at the University of Southern Mississippi and was the Coordinator of Counseling and Testing Services for Students with Disabilities at Monmouth University in New Jersey.

DeCecco, Paul G., is a Graduate Student in the Department of Counselor Education at West Chester University of Pennsylvania. He has a passion for Disability Studies and plans to be a researcher, practitioner and advocate for students with disabilities.

The present study was conducted to examine whether or not college students use person-first language to describe persons with disabilities. Two hundred and forty-three respondents completed self-report measures of their demographics as part of a larger data collection. Respondents were also asked to list “a type of person with a disability” on one of the instruments used for the larger data collection and these responses were examined and categorized as person-first language or not. The results revealed that the majority of the students used stigmatizing language, rather than the more empowering person-first language. Though the findings of this simple study revealed a problem with the language choices used by college students to describe persons with disabilities, it does not address why the students used inappropriate descriptors for persons with disabilities. The authors acknowledge that more detailed studies exploring language choice and attitude toward disabilities are needed. However, the results of this relatively simple analysis are discussed in regard to social stigma, language sensitivity, and the training of college students majoring in human services professions.

Why Language?

In reflecting upon the importance of person-first language in creating healthy ways to talk about persons with disabilities, it is understood that respectful language paves the way for respectful attitudes and behaviors. Conversely, moments of linguistic disrespect, even in the guise of humor, can pave the way for disrespectful attitudes and behaviors. Seemingly small phrases can carry large meaning. In March 2009, President Barack Obama made a noteworthy comment during an interview on the Tonight Show

with Jay Leno. It was billed as the first appearance of a sitting President on a late night talk show and thus had a large audience. In response to what was a clear opportunity to play down his pre-election comment to rip out the White House bowling alley and install a basketball court, he mockingly told Leno, “No no... I have been practicing... I bowled a 129... It’s like---it was like, Special Olympics, or something” (Akers, 2009, para. 3). Understandably, there was a media backlash.

This distinctly derogatory remark spread like wildfire over the Internet, across evening news broadcasts, fueling the bi-partisan fires for conservative talk radio hosts and throwing the White House spin team into third gear. A formal apology was quickly issued by White House Deputy Press Secretary, Bill Burton, who stated to reporters, “He thinks that the Special Olympics are a wonderful program that gives an opportunity to shine to people with disabilities from around the world” (Akers, 2009, para. 6). The act of issuing an immediate apology for the President’s gaffe exemplifies that mocking disability has become taboo in present day U.S. culture. Taboos mirror the fixations of the societies in which they occur and in a culture such as ours, where these fixations focus on physical and emotional flawlessness, the most basic principle of U.S. society, that all people are created equal, has yet again become difficult to uphold (Aronoff, 2007).

Language and Civil Rights

The battle to stop insensitive disability-related language in our society does not stand alone as a point in time. It follows on the heel of related civil rights battles. There once was a time when it was acceptable to insensitively stereotype gender, race, creed, and nationality. For proof, one need only look at the many key examples of U.S. art and entertainment of the past two and a half centuries which depict minority groups in discriminatory fashion. Nineteenth century portrait artists painted women in the confinement of their homes portraying them as helpless captives, illustrating the fact that men of that time believed women to be inferior beings. Art depicting Native Americans as ferocious warriors contributed to the stereotype that all Native Americans were demonic savages who must be contained and pushed out of American society. Early television broadcasts and films such as *Amos & Andy* and *Birth of a Nation* depicted African-Americans as intellectually inferior to whites and rationalized the acts of the Ku Klux Klan as necessary to re-establish the post-Civil War south. Those ideas were deemed distinctly prejudice and were long ago considered to be unacceptable depictions of these peoples. Our culture has evolved and sought out the politically and morally correct replacements for derogatory characterizations of each of these groups and integrated them into popular culture. President Obama’s poorly chosen comment at the expense of a minority group brings to the surface of American society an issue that has been slipping into the realm of the taboo; what is acceptable and what is not, when referring to people with disabilities?

U.S. culture had more or less condoned the unequal treatment of people with disabilities up until the passing of the Americans with Disabilities Act of 1990. This was due in part to the stigmatizing terminology that had long been used and accepted when referring to this group of people in the medical, legal, and social realms of society. The movement to seek change for broader inclusion into society began with the Independent

Living Movement (Bickford, 2004). A primary goal of the group was to diminish the stigmas regarding disabilities that had been built up over decades through the use of derogatory terms like “retard” and “deaf and dumb.” These terms are dehumanizing and serve to further disable those individuals who have disabilities (Bickford, 2004). People with disabilities comprise the most diverse minority group in the country. Members include people from every race, creed, sexual orientation, socioeconomic class, and gender. Some are born into this minority and others join later in life. Like members of all groups, persons with disabilities have many characteristics and, thus, it is overly simplistic and erroneous to stigmatize an individual based on only one factor.

“Disabling language” has been defined by its ability to create and carry on stigmas about people with disabilities, by the use of nouns instead of adjectives, and use of archaic words (Patterson & Witten, 1987). The importance of language as a tool of manipulation of a group of people cannot be overstated. Language is an integral tool used to characterize, generalize, and stigmatize (La Forge, 1991). Language is the seed of thought. When the language used to describe a group of people becomes inconsistent, people begin to avoid the issue of referring to the group whenever possible (Aronoff, 2007). Disability has moved into this territory.

The Person First and the Disability Second

For this reason, the stability of language when referring to people with disabilities must be addressed. It is imperative to launch a cohesive effort in the U.S. to break down the barriers of stigmatization caused by decades of using and accepting disability-first language. Examples of offensive disability-first language are terms such as “handicapped” and “crippled.” Generally considered somewhat less offensive, but still erroneous, are terms that label an individual such as “schizophrenic,” “autistic,” and “dwarf.” Person-first language aims to put the disability second to the “person with” the difference. This shifts the mind’s focus from the disability to the person, thus preventing the brain from first identifying the person as being different. In order to emphasize that people with disabilities are, in many ways, similar to the general public, our language should reflect that these people are first and foremost similar and then different, not vice versa. This difference is substantial. There have been many modern endorsements for person-first language as a result of much research and many findings showing that disabling language strips people of their dignity. For example, the *Publication Manual of the American Psychological Association* (5th ed., 2001) strongly recommends, “the guiding principle for non-handicapping language is to maintain the integrity of individuals and human beings. Avoid language that equates persons with their condition...” (p. 69). This support for person-first language is a step in the right direction but, as this paper demonstrates, does not prevent the usage, even by persons in the helping fields, of outdated terms for people with disabilities.

The Americans with Disabilities Act of 1990 (ADA) gave people with disabilities legal rights in three primary areas, which they had been denied up to that point. The three primary sections of the bill were as follows: Title I mandated that employers were no longer permitted to ignore applications of people with disabilities because they had special needs; Title II specified that every public place would be responsible for ensuring that the infrastructure of the property was accommodating to the needs of persons with

disabilities; and Title III mandated these same stipulations for private businesses, schools, and government properties (Colker, 2005). The overarching goal of this bill was to limit discrimination against people with disabilities.

Prior to the Americans with Disabilities Act, terms like “cripple” and “handicapped” were more commonly used and more socially acceptable terms for individuals with disabilities. Though the purpose of the bill was to address certain legal rights of people with disabilities, it also had the effect of making American society more aware that there was a need to change the common vernacular used to refer to this group. This is evident by the many organizations established to help individuals with disabilities which filed to change their names after 1990. What was once recognized as the “Society for Crippled Children and Adults” has been renamed “Easter Seal Society”. The acronym I.C.D. has taken the place of what was formerly known as the painfully derogatory “Institute for Crippled and Disabled” (Manus, 1975). These and many organizations like them had been unintentionally stigmatizing their constituencies for years. It was after the passing of the ADA that these groups realized their names should reflect what has become the new standard in political correctness when referring to people with disabilities.

Research has demonstrated that person-first language is favored over disabling-language by some test groups, but by a narrow margin. Lynch, Thuli, and Groombridge (1994) examined the general public’s preference for person-first and disability-first language. The authors determined that 60% of respondents found person-first language to be preferable. There was no significant difference in selection of person-first or disability-first language based on education, employment status, or knowledge of the ADA. These results run counter to the argument that higher education results in positive correlation with the preference of politically correct language. It has been consistently shown that higher education does not imply a preference for person-first language.

In order to change misconceptions and stigmas, negative attitudes must be understood at their root: the language which enables such negative ideas to form. In 1980 the World Health Organization defined the term “handicap” as “a disadvantage for an individual resulting from an impairment or disability that limits or prevents fulfillment of a role for that individual” (WHO, 1980, p. 14). The report went on to specify that the word “focuses on the person as a social being and reflects the interaction with and adaptation to the person’s surroundings” (p.15). Terms such as this one were constructed with the intent to label and discredit the moral character of individuals with perceived differences (Bogdan & Taylor, 1989). The adverse effects of such social labels are two-fold. One is that the general, non-disabled public creates social distance from what is perceived as abnormal. The older definitions of handicap and like terms become the catalyst for this separation. The second negative effect of social labeling is that the self-worth of the labeled person is weakened as a result of this distance from what are deemed societal norms. A cycle of self-fulfilling prophecies develops as people within this minority group begin to act in accordance with what is expected from them, in essence justifying to themselves the stigma that has been attached to them in the first place (Eayrs, Ellis, & Jones, 1993).

Proponents for person-first language within the community of people with disabilities argue that people with disabilities are people first and that this should be reflected in the language used in referring to them (Tallent, 2007). Pam Henry, a

pioneering female news reporter and the first person with a disability to work as a television reporter in Oklahoma stated, “Personally, the word ‘crippled’ makes my stomach turn...I am glad that the term [crippled] is not used as much as it was in decades past” (p. 33). Outdated terms such as this one have significant impact on our perceptions of people with disabilities. It is to be hoped that the derogatory effects associated with use of the word ‘crippled’ be worked out of existence as the word itself becomes used less frequently.

Counselor Language Use

Ideally, we should aim to look past disability and use the name of a person whenever possible. There should be no need to address the fact that a person has a disability if speaking to, or introducing him/her. It is only when absolutely necessary that politically correct language in the form of person-first language should even be used to refer to somebody with a disability. It is probable though, that a shift in the language alone will not be enough to deal with stigmas that have built up over many decades. For true change to occur people must want to change these negative attitudes, not because it is politically correct, but because we realize that discriminatory words, thoughts, and actions prevent our culture from evolving and living up to our ideals of equal rights for all people. This fight to change perceptions of large groups of people has been a long standing area of difficulty for nearly every minority group. Language is what binds us together, acting as the common bond which describes our thoughts and experiences. The first step to implementing change is agreeing to use language which gives dignity and value to people with disabilities. To this end, it is imperative that counselors and other helping professionals model appropriate, empowering language when speaking to, and about, their clients and students with disabilities.

In an attempt to understand whether such person-first language is being used by college students to describe persons with disabilities, the present study was conducted to examine the self-reported descriptors for persons with disabilities from college students enrolled in introductory-level human services courses in psychology, behavioral science, and social and rehabilitative services. It is the opinion of this investigator that demonstrating a need for person-first language may prove to be vital in training future human services professionals.

Method

This study was designed to examine college students’ use of person-first language to describe persons with disabilities, using self-report measures. The data was gathered as part of a much larger project, but analyzed separately to illustrate a trend in the failure to use person-first language.

Participants

A total of 243 undergraduate students (male= 88, female=155) participated in this study. The majority of participants (237) were traditional college age students ranging from 18-23 years, while only 6 were non-traditional students who ranged in age from 24 to 56 years old. The ethnic breakdown of respondents was as follows: Caucasian

Americans=155, African Americans=41, Asian Americans=5, Hispanic/Latino Americans=4, International Students=1 and Other (biracial)=7. The sample contained 142 freshman, 50 sophomores, 30 juniors, 15 seniors and 6 participants who identified themselves as non-matriculating or other. A total of 176 participants identified their academic interest areas (whether a declared major or an intent to declare) as human services, while 67 reported an interest in other areas of study.

Instruments

The instruments used in this study were a demographic survey designed by the principal author and the Relationships with Disabled Persons Scale (Satcher & Gamble, 2002).

Demographic Survey (DS). The demographic survey was used to determine the academic interest area of each participant, thereby allowing the comparison of human services and non-human-services students. It was also used to gather data pertaining to gender, race/ethnicity, age and academic year.

Relationships with Disabled Persons Scale (RDPS). The Relationships with Disabled Persons Scale (RDPS; Satcher & Gamble, 2002) is a relatively new measure of affective responses to persons with disabilities. Respondents are initially asked to describe the first “type of person with a disability” who comes to mind when the word “disability” is mentioned. Keeping this person with a disability in mind, they rate their level of comfort on a 6-point scale to each of five interpersonal situations with persons with disabilities. It is the response to the initial request to list a “type of person with a disability” that is of interest to this study.

Data Analyses

The simple nature of the question proposed in this study required that only the most basic descriptive statistics be used. Basically, the responses were categorized as person-first language or non-person-first language.

Results

Analysis indicated that only 57 (23%) of the respondents used person-first language to describe a person with a disability, and 13 (5%) left this item blank. The remaining 173 (71%) respondents used non-person-first language to describe a person with a disability.

Discussion

The major finding of this study was that the majority (71%) of college students responding used non-person-first language to describe a person with a disability. The non-person-first responses ranged from the incorrect (blind, schizophrenic, epileptic) to the offensive (crippled, gimp, retard, seizure-girl, head-case).

Implications of Findings

Though the passage of the ADA has made it illegal to discriminate overtly against persons with disabilities, the prevalence of negative attitudes as subtle forms of

discrimination are still preventing individuals with disabilities from realizing their full potential. Refusal to use person-first language is a subtle yet disempowering form of discrimination. Surprisingly, the source of such subtle discrimination can sometimes be the very professionals to whom persons with disabilities often look for assistance. If we address this tendency toward non-person-first language early in the training of helping professionals, we can try to correct the tendency through training in our programs and produce a generation of helping professionals who use empowering, person-first language to describe their clients, patients and students.

Limitations of the Study

The findings of this study may be limited for a number of reasons. First, though the data were gathered at three different colleges differing in demographic make-up, all three were located in the Mid-Atlantic region. As a result, the present sample may not be representative of undergraduate students, in general. A second potential limitation is that the results are based on self-report data, which may be suspect.

Future Directions and Recommendations

Because of the limitations of the present study, readers must interpret the results with caution. The current study merits replication in other geographic areas with, at a minimum, a more diverse sample and a less obvious measure of the use of person-first language. Also, a study which addresses the underlying attitudes that perpetuate disempowering disability related language would be welcomed. By addressing these limitations, it is hoped that researchers will be able to explain in greater detail why such disempowering, non-person-first language persists. Researchers must expand upon the current knowledge base by examining other variables which might explain poor language choices when describing persons with disabilities.

Research has shown that the problem of discrimination against people with disabilities may not be solved simply by changing the terminology used to refer to people with disabilities; the problem is more complex than the words we use to describe people. While attitudes towards some disabilities are consistently found to be positive, others are evaluated negatively. This indicates a hierarchy of preference for certain disabilities over others based on the general public's perception of what is deemed socially acceptable (Abroms & Kadera, 1979). A survey by the (British) Disability Rights Commission discerned that prejudice is still prevalent against people with disabilities, predominantly those whose disabilities were "invisible", or non-physical in nature (Occupational Health, 2007). The majority of people responded that they would not think of schizophrenia as a disability. Close to one third of respondents would classify someone temporarily on crutches with a broken leg as disabled. Seventy percent of people would not feel comfortable if a person with schizophrenia became their neighbor, and more than half of the surveyed population stated that they would not be comfortable with a person with depression becoming a neighbor ("Mental Illness Not Recognized as a Disability", 2007). These findings suggest that a deep bias against mental disabilities still exists when compared to physical disability and our language choices reflect this.

Interviews with students with disabilities conducted at a Midwestern college (Beilke & Yssel, 1999) revealed that the students with clear physical disabilities felt unwelcome in their classrooms. Students with non-visible disabilities sensed an even

more hostile climate. These students were charged with the task of convincing skeptical faculty that they did indeed have a disability. For this reason, it is understandable that students with visible physical disabilities reported a more rewarding classroom experience than students with non-visible disabilities. These findings are important when considering the impact, or lack thereof, that person-first language could have on the overall treatment of people with disabilities, depending on the nature of the disability. If opinions are formed on the basis of whether a disability is visible or not, then the task of lessening stigmatization will prove even more arduous than attempting to effect a massive change in commonly used terminology.

Furthermore, there are advocates both for and against person-first language within the population of persons with disabilities. The discord within the group this debate is intended to empower only creates further confusion about which terms are acceptable and which are not. It is disappointing that relatively few empirical studies have been conducted to determine whether or not there is a clear preference between person-first and disability-first language among the population of people with disabilities. Most of the literature regarding endorsements for person-first language comes from academicians who are without disability (Bickford, 2004). In fact, the findings of some existing literature often support disability-first language. With regard to psychological disabilities, research has yielded self-report survey answers from persons with disabilities such as, “I don’t mind the term handicapped as long as you don’t put the mental behind it or in front of it” (Eayrs, Ellis, & Jones, 1993, p. 125).

Laforge (1991) examined the language preferences of people with disabilities. His study concluded, “We do not even have data to support the claim, and beliefs, that those who are disabled themselves prefer what is now called non-disabling language” (p. 51). This finding was reinforced by Millington and Leierer (1996) demonstrated that the perceptions of rehabilitation counselors towards their clients were more positive when using disability-first language than with the person-first terminology. The study also found that the clients did not mind the usage of disability-first language because they received such high quality care. These findings indicate a need for more research as well as a movement to initiate alternative methods to change the public perception of people with disabilities. If we look at the history of our country’s battles for civil rights, we can see that it was shifts in group interactions and not the language used to describe them that brought about equality.

In summary, the results of this simple inquiry revealed that the majority of the students participating (including those in human services majors) used stigmatizing language, rather than the more empowering person-first language. The findings of this simple study revealed a problem with the language choices used by college students to describe persons with disabilities. Refusal to use person-first language is a subtle, yet disempowering form of discrimination. Surprisingly, the source of such subtle discrimination can sometimes be the very professionals to whom persons with disabilities look for assistance. If we address this tendency toward disempowering language during the training of helping professionals, we can train a generation of helping professionals who will use empowering, person-first language to describe their clients, patients and students.

References

- Abroms, K., & Koder, T. (1979). Acceptance hierarchy of handicaps: Validation of Kirk's statement, "special education often begins where medicine stops". *Journal of Learning Disabilities*, 12(1), 25-26. doi: 10.1177/002221947901200104
- Akers, M. (2009, March 19). Obama likens his bowling game to Special Olympics. *Washington Post*.
- American Psychological Association. (2001). *Publication manual of the American Psychological Association* (5th ed.). Washington, DC: Author.
- Aronoff, M. (2007). In discussing disabilities, are we linguistically disabled? *Chronicle of Higher Education*, 53(47), 55.
- Beilke, J., & Yssel, N. (1999). The chilly climate for students with disabilities in higher education. *College Student Journal*, 33(3), 364-372.
- Bickford, J. (2004). Preferences of individuals with visual impairments for the use of person-first language. *Re:View*, 36(3) 121-122.
- Bogdan, R., & Taylor, S. (1989). Relationships with severely disabled people: The social construction of humanness. *Social Problems*, 36(2), 135-148.
- Colker, R. (2005). *The disability pendulum: The first decade of the Americans with Disabilities Act*. New York. New York University Press.
- Eayrs, C., Ellis, N. & Jones, R. (1993). Which label? An investigation into the effects of terminology on public perceptions of and attitudes towards people with learning difficulties. *Disability, Handicap & Society*, 8(2), 111-113.
- La Forge, J. (1991). Preferred language practice in professional rehabilitation journals. *The Journal of Rehabilitation*, 57(1), 49-51.
- Lynch, R., Thuli, K., & Groombridge, L. (1994). Person-first disability: A pilot analysis of public perceptions. *Journal of Rehabilitation*, 60(2), 18-21.
- Mental illness not recognised as a disability. (2007). *Occupational Health*, 59(3), 7.
- Manus, F. (1975). Is your language disabling? *Journal of Rehabilitation*, 41(5), 35.
- Millington, M., & Leierer, S. (1996). A socially desirable response to the politically incorrect use of disability labels. *Rehabilitation Counseling Bulletin*, 39(4), 276-282.
- Patterson, J., & Witten, B. (1987). Disabling language and attitudes toward persons with disabilities. *Rehabilitation Psychology*, 32(4), 245-248.
- Satcher, J. & Gamble, D. (2002). Attitudes of law students toward persons with disabilities. *Journal of Applied Rehabilitation Counseling*, 33(2), 13-16.
- Tallent, R. (2007). Putting people 1st. *Quill*, 95(6), 32-36.
- World Health Organization (WHO). (1980). *International classification of impairments, disabilities and handicaps*. Geneva: Author.

Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: http://counselingoutfitters.com/vistas/VISTAS_Home.htm