Communicating Humanness: Attitudes and Language

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Abstract

Each of us can be described in many ways, by many characteristics or qualities, but we are all people first. When describing individuals, the fact that we are all people comes first, and then, when it is relevant, comes a describing characteristic. This article is about communicating respect and positive attitudes, humanness, and ability and about people who happen to have disabilities. The article is intended to educate for the use of person-first terminology and is based on truths about language, about behavior, about attitudes, and about people.

Keywords: person-first language, attitudes, communication

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Communicating Humanness: Attitudes and Language

(Or “The Spirit Behind the Americans with Disabilities Act”)

People are people
The loss of sight
The loss of vision
The loss of use of legs
Painful emotional problems
Lack of speech
Lack of brilliance

Does not detract from the humanness of the individual.

-Jahoda-

Each of us can be described in many ways, by many characteristics or qualities, but we are all people first. When describing individuals, the fact that we are all people comes first, and then, when it is relevant, comes a describing characteristic. This article is about communicating respect and positive attitudes, humanness, and ability to and about people who happen to have disabilities. The article is intended to educate for the use of person-first terminology, especially in light of the Americans with Disabilities Act, and is based on the following truths about language, about behavior, about attitudes, and about people:

- Language shapes reality.
- Behavioral change precedes attitude change.
- Behaviors and attitudes that we express toward each other affect the quality of our lives.
- We want our attitudes and behaviors to express respect.
- We are willing to examine ourselves for potentially offensive behaviors.
- Insensitive terminology is one offensive behavior.
- We are willing to change.

This article is not so much about people with disabilities as it is about respect, about communicating respect to and for people who happen to have disabilities. For that reason, this article does not require its readers to have educational background in therapeutic recreation or other allied health professions. It has one requirement of its readers: a genuine desire to express to all people attitudes that demonstrate respect, sensitivity, and humanness.

Humanness

As leaders and facilitators, our philosophies and beliefs about the value of recreation and leisure experiences, our perceptions about people with and without disabilities, our humanness is demonstrated through the programs that we develop and provide. Do you believe, for example, that participation in leisure experiences is essential to being human or just a trivial option in life?
How does the following statement from Kelly (1990) fit into your philosophy and beliefs about the value and delivery of recreation and leisure experiences?

If leisure is a profoundly human phenomenon and not just a trivial option in life, then no person should be arbitrarily cut off from it. No condition of life can be allowed to render impossible anything essential to being human (p. 384).

But there are individuals who are arbitrarily cut off from this profoundly human phenomenon known as leisure as well as other less than trivial options (e.g., housing, transportation, employment). As a group, people with disabilities represent approximately 43 million individuals. What is the problem? What barriers exist that keep some individuals with disabilities from enjoying a full and satisfying leisure lifestyle?

The barriers that are most easily recognized, most easily removed, and the most concrete (sometimes literally!) are architectural in nature. Barriers designed and constructed by other humans. There is, however, another type of barrier that is more abstract, more difficult to recognize, more difficult to remove, and more hurtful, more frustrating to people with disabilities.

As sensitive professionals and humans, we are called upon to advocate for accessibility, to make sure that the programs that we offer are available to everyone. We are challenged to make sure that no one is arbitrarily cut off from the experiences that we develop and deliver. It’s good to be concerned with physical access to facilities and programs, but the greater challenge is to become advocates for positive attitudes, for attitudes that demonstrate respect and humanness, for attitudes free of prejudice of all kinds. It is less difficult to remove two steps up to the entrance of a facility than to remove years of prejudice and less than sensitive, less than positive language planted inside us by the media, by authority figures in our lives, by our cultures. It is perhaps more important, however, to remove the prejudice and change our language behaviors. As with the removal of the steps, a tool will be needed.

**Person-First Terminology**

Person-first terminology advocates for communication to and about people with disabilities with sensitive terminology; terminology that focuses on the person first and communicates attitudes of respect, dignity, and individual worth. It is based on the assumption that language is a learned behavior and so can be changed. It is also based on the assumption that behavioral change precedes attitudinal change; that is, if one changes a behavior (e.g., language), then one’s attitude will eventually change to match the behavior. Person-first terminology, then, is a behavior, a language behavior, that can begin to affect our attitudes and perhaps even the attitudes of those around us. The impact can be immediate, and with continuous, habitual use, can be lasting.

Person-first terminology is not just another politically correct behavior. Rather, it is a communication technique with nearly twenty years of history. In 1974, a group of former residents of the Fairview State Hospital and Training Center in Salem, Oregon, named their self-
advocacy organization People First. Then in 1983, an organization called TASH (The Association for the Severely Handicapped) changed its name to The Association for Persons with Severe Handicaps. This organization at the international level has an official policy regarding the use of person-first terminology. Since that time, President Reagan has signed Executive Order 12640 establishing the President’s Committee on Employment of the Handicapped as The President’s Committee on Employment of People with Disabilities, and Public Law 94-142 (Education for All Handicapped Children Act) of 1975 has been amended and is now entitled the Individuals with Disabilities Education Act. And in 1990, President Bush signed the Americans with Disabilities Act. Changes in language; changes in attitude.

Employing person-first terminology involves an examination of our own language for potentially offensive terms, terms that are less than positive, less than sensitive. It assumes that we want our behaviors to reflect respect and that we are willing to change behaviors (i.e., language) that may be potentially offensive when communicating to and about individuals with disabilities. This examination often results in a list of terms (e.g., special population, disabled person, an epileptic, CP, MD, afflicted with, victim of, feeble-minded, crazy) that we can begin to consistently identify as less than sensitive, less than positive. It is helpful, then, for us to understand why a term might have the potential to offend might make it to this list.

Some terms are considered insensitive because they focus on differences rather than similarities and in so doing, encourage people to treat individuals with disabilities differently (e.g., special population, special child, special recreation, special education). Each of us is different - each of us has special or unique characteristics. In this situation, however, that “specialness,” that “difference” is used to separate individuals from those with whom they also share many similarities. This is about exclusion, and that is not what humanness is about; that is not what the delivery of recreation and leisure services is about.

Some terms are used as adjectives to describe or label a person and in so doing, emphasize the disability more than the person and, above all, other characteristics that the person may have (e.g., mentally retarded person, disabled person, blind person). The disability is used as an adjective to describe the person, and not just an adjective, but the adjective. I have blonde hair, blue eyes, a healthy sense of humor, southern roots, several degrees, average athletic ability, a quick temper, and an unusual sense of fashion. Using any one of these characteristics as an adjective to label or describe me emphasizes that characteristic as being more me than any one of the others when, in fact, they are all me.

Some terms place people into groups according to some medical diagnoses (e.g., the blind, the disabled, a retardate, an arthritic, an epileptic), emphasizing the disabilities and grouping individuals as if all people with a particular diagnosis are similar. Some terms are acronyms and so emphasize the condition rather than the person (e.g., MR, CP, MS, MD). These acronyms often create confusion and cause people to feel ignorant because they are not aware of the meaning of the acronym and are, therefore, not only insensitive to the individual with the disability but often to the individuals with whom we are communicating.

Other terms are insensitive because they communicate sympathy or infer pain or suffering (e.g., afflicted with, victim of, suffering from, confined to a wheelchair, wheelchair bound, a drain, a
These terms are used frequently by the media in order to sensationalize a story. Others communicate ideas of deviancy, helplessness, and other negative traits (e.g., imbecile, lunatic, deaf and dumb, feeble-minded, dummy, crazy, moron). These terms are generally from our past and, hopefully, were left there.

So how is one supposed to remember all of this? Are there a few, simple rules to follow when we are trying to make these sensitive terminology decisions? Absolutely! The National Easter Seals Society and United Cerebral Palsy have both made statements about sensitive terminology and suggested guidelines to apply when trying to choose the most sensitive, most positive term. I have reduced the guidelines to four rules and one bottom line.

1. Never use a disability or diagnosis as an adjective (e.g., the deaf person; the blind woman).
2. Never use a disability or diagnosis as a noun referring to a person (e.g., the epileptic, the paraplegic, the disabled).
3. Use a disability or diagnosis only as a noun referring to a condition (e.g., a person with intellectual disability; people with disabilities).
4. Handicap is not a synonym for disability. Disability is, without exception, the preferred terminology.
5. Bottom line: Use people, person, citizens, human beings, individuals first, and the condition second, if at all, and only when it is relevant.

**Conclusion**

So what’s the big deal? Does language really matter? Some believe that language is indeed quite powerful, that it shapes our behavior, our reality. “What’s the big deal?” is a good question and an understandable one. I have given that question a great deal of thought and have decided that even though it is a question often asked, that as a person without a disability, I can’t answer it. But as a female, I can explain the “big deal” with chick, babe, or little lady. And as a southerner, I can address the “big deal” with redneck or ignorant southerner. It’s a good question. I am just not sure that we, as individuals without disabilities, can answer it or even have the right to ask it.

Here’s the bottom line. It doesn’t matter what language behaviors and attitudes you had prior to learning about person-first terminology. In reality, an individual is not entirely responsible for his or her present way of thinking, of communicating. It is more likely that one’s parents or guardians, the authority figures throughout one’s life, the media, society, the culture and time period into which one was born and grew up all played a part in the shaping of one’s language, one’s attitudes. But it matters now because you have some information and especially if you profess the belief that no one should be arbitrarily cut off from the opportunity to participate in those experiences which are less than trivial to being human.

Some 43 million individuals would be quite pleased if, after reading this article, we are a bit haunted; if as we move in and out of buildings, outdoor and wilderness areas, conversations, TV shows, newspapers, news broadcasts, and meetings that we become more sensitive to what is
going on around us, more aware of even the most subtle attitudinal and architectural barriers, that we become more willing to examine ourselves, our profession, and the world in which we live. If this article has done its job, then you have been placed in an ethical dilemma. What will you do?

The Americans with Disabilities Act has been with us for over twenty years. It is a piece of legislation that is intended to equalize opportunities and legislate specific actions. Its spirit is one of respect, humanness, and perhaps even boldness for it asks us to be bold and sensitive professionals, bold and sensitive individuals.

George Murphy-Wilkins is Dr. Wilkins’ son. In this video, George participates in an interview with Dr. Wilkins, giving a 5th grade perspective on person-first language.

http://tinyurl.com/9uyemer

References

Jahoda. Source Unknown.