People with disabilities constitute our nation’s largest minority group. It’s also the most inclusive: all ages, genders, religions, ethnicities, sexual orientations, and socioeconomic levels are represented.

Yet the only thing people with disabilities have in common is being on the receiving end of societal misunderstanding, prejudice, and discrimination. And this largest minority group is the only one that anyone can join, at any time: at birth, in the split second of an accident, through illness, or during the aging process. If and when it happens to you, how will you want to be described?

Words matter! Old and inaccurate descriptors perpetuate negative stereotypes and generate an incredibly powerful attitudinal barrier—the greatest obstacle facing individuals with disabilities. A disability is, first and foremost, a medical diagnosis, and when we define people by their diagnoses, we devalue and disrespect them as individuals. Do you want to be known primarily by your psoriasis, gynecological history, or the warts on your behind? Using medical diagnoses incorrectly—as a measure of a person’s abilities or potential—can ruin people’s lives.

Embrace a new paradigm: “Disability is a natural part of the human experience...” (U.S. Developmental Disabilities/Bill of Rights Act). Yes, disability is natural, and it can be redefined as a “body part that works differently.” A person with spina bifida has legs that work differently, a person with Down syndrome learns differently, and so forth. People can no more be defined by their medical diagnoses than others can be defined by gender, ethnicity, religion, or other traits!

A diagnosis may also be used as a sociopolitical passport for services, entitlements, or legal protections. Thus, the only places where the use of a diagnosis is relevant are medical, educational, legal, or similar settings.

People First Language puts the person before the disability, and describes what a person has, not who a person is. Are you “cancerous” or do you have cancer? Is a person “handicapped/disabled” or does she “have a disability”? Using a diagnosis as a defining characteristic reflects prejudice, and also robs the person of the opportunity to define himself.

Let’s reframe “problems” into “needs.” Instead of, “He has behavior problems,” we can say, “He needs behavior supports.” Instead of, “She has reading problems,” we can say, “She needs large print.” “Low-functioning” or “high-functioning” are pejorative and harmful. Machines “function”; people live! And let’s eliminate the “special needs” descriptor—it generates pity and low expectations!

A person’s self-image is tied to the words used about him. People First Language reflects good manners, not “political correctness,” and it was started by individuals who said, “We are not our disabilities!” We can create a new paradigm of disability and change the world in the process. Using People First Language is right—just do it, now!

A Few Examples of People First Language

Say:

Children/adults with disabilities.
He has a cognitive disability.
She has autism.
He has Down syndrome.
She has a learning disability.
He has a physical disability.
She uses a wheelchair.
He receives special ed services.
People without disabilities.
Communicates with her eyes/device/etc.
Congenital disability/Brain injury
Accessible parking, hotel room, etc.

Instead of:

Handicapped, disabled, special needs.
He’s mentally retarded.
She’s autistic.
He’s Down’s/mongoloid.
She’s learning disabled.
He’s a quadriplegic/crippled.
She’s confined to/wheelchair bound.
He’s in special ed; a special ed kid.

Normal or healthy people.
Is non-verbal.
Birth defect/Brain damaged
Handicapped parking, hotel room, etc.

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