2.2: CHAPTER 2- WHAT’S IN A NAME?

The Impact of Names Beyond the Hurt Feelings: Implications for Service and Support

... Language to AVOID

**Key Points for Caregivers**

1. Avoid describing persons with intellectual disability as all the same. For example, avoid using the word *the*, as in *the intellectually disabled*, when talking about individuals with intellectual disability. This form of description treats persons with disability as objects and interferes with recognizing each person’s uniqueness.

2. Avoid referring to individuals as particularly remarkable or interesting because they are persons with intellectual disabilities. Language that sets individuals or groups apart as somehow *special* or unusual because of their disability actually reduces their value as human beings. This includes praising someone as *brave* or *courageous*, simply because that person has an impairment.

3. Avoid using language that expresses pity for a person with disability or for their family. For example, avoid comments such as “It’s just so unfair (or “What a shame” or “What a pity” or “How awful”) that your son has to live with such a disability.”

4. Avoid polite terms or language that is vague and confusing. Though some terms sound sensitive, such as *differently abled* or *developmentally challenged*, those terms only indicate that a disability exists. They do not actually identify the disability.
5. Avoid using language that labels a person with intellectual disability as someone who suffers from, is a victim of, or is afflicted with the disability. These descriptions give negative suggestions about the person with the disability.

6. Avoid using language that describes persons with intellectual disabilities as having lower status. For example, by describing persons without disabilities as normal, individuals with disabilities are suggested to be abnormal. This can suggest that persons with disability are not good enough to belong to the preferred group, normal.

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... Language To USE

Key Points for Caregivers

1. Use language that is respectful, caring, and kind, and that communicates that the person is valued.

2. Use language that is appropriate to age and culture. For example, when meeting an older adult, a common custom may be to use a greeting such as: “I am pleased to meet you Mr. Dodge. May I call you Henry?” rather than presuming that Mr. Dodge can be called Henry simply because he has intellectual disability.

3. Use language that is preferred by the person living with the disability. For example, members of the People First self-advocacy organization in Great Britain prefer to say that they experience “learning difficulties” instead of saying that they have intellectual disability, or a learning disability.

4. Use the person’s name and discuss issues in the same way that you would discuss issues when talking with or talking about someone who does not live with intellectual disability.

5. Treat each person as a person first, and with the understanding that using diagnostic labels is required only rarely and only in highly specific situations.