

## Dr. Janice Emerzian and Leo Orange, MS

Individuals with disabilities are first and foremost “people” just like us. The words we use and the way we communicate and portray people with disabilities reveals our opinions of them as a “disabled person” and not as a “person” with a disability. Language can portray a person with disability in imprecise, stereotypical, and devalued ways. When one is communicating with a person with a disability it is important to keep in mind some of the following principles:

- A. Refer to the person first and the disability second, language should convey a person’s intended meaning, for example a woman with a learning disability, a man with a physical disability, a child with a visual disability, a girl with a hearing disability etc. **vs** a learning disabled woman, a paraplegic man, a blind child, a deaf girl etc. When we refer to their disability first, we write off the entire person as someone who cannot function; however, when we refer to the person first, we respect them as a functioning individual who happens to have a specific disability in one or more areas. Language that expresses unwanted, surplus meanings or treats opinions as fact should be avoided. Objective language does not carry biases.
- B. Emphasize their abilities and not their disabilities, such as a person who uses a wheelchair, a person who uses a service animal, a person who uses alternate communication such as American Sign Language (ASL), or assistive technology, etc. **vs** a wheelchair bound person, a service animal user, an ASL or assistive technology user etc. Emphasis should always be on the person, not the disability, persons with disabilities should be portrayed as actively going about the business of living as others do, not as passive victims, tragic heroes, or super-heroes.
- C. Do not use degrading or condescending language such as “challenged”, “differently abled”, “handicapped”.
- D. Do not use hurtful language such as “retarded”, “imbecile”, “cripple”, “psycho”, “limited”, “abnormal”.
- E. Do not use language that creates negative images about persons with mental illness or psychiatric disabilities such as “suicide victim”, “schizophrenic”, “addict”, “insane”, **vs** “a person who died by suicide”, “a person with schizophrenia”, “a person with mental illness”, “a person with substance use”, and “a person with alcohol or drug problem”.
- F. Ask the person if they are willing to reveal their disability and to whom, do not assume all persons want to share information about their disability especially in the case of invisible disabilities, such as learning disabilities, mental health disabilities and others.

G. Do not speak for or rush a person with a **speech disability**. Be patient, listen attentively, and do not finish their sentences. Try to ask questions that allow short answers and allow them the time to respond.

H. When interacting with a person with a **physical disability**, speak directly to them and not to an aide, assistant or someone accompanying them. If possible, position yourself at their eye level and do not lean on their wheelchair, walker etc.

I. When communicating with a person with a **visual disability**, call him/her by name and identify yourself by name so that they know you are speaking to them. Do not speak in abnormal tones, assuming they have a hearing or developmental disability. Face them when you speak and ask questions that encourage verbal responses vs. nodding of the head or other visual responses. It is allowable to use words such as “see” or “look” since these are common words used in communication. Touch the person gently when needing to gain their attention and let them know when you are leaving the conversation or room. If the person uses a service animal do not pet the animal unless given permission since the animal is working. Finally, remember to communicate orally any written information that is given to the person.

J. A person with a **hearing disability** may use an alternate form of communication such as ASL, or an assistive communication device such as the UBI DUO. When speaking to the person look directly at them and not at the ASL interpreter or into the assistive device. Remember that your facial expressions are an important part of your language. Tap the person gently on their shoulder or wave your hand when you want to speak and wait for the ASL interpreter to interpret your verbal comments and allow the person with the hearing disability to respond to you through his/her interpreter or communication device. Many persons with hearing disabilities read lips, if so, face the individual when speaking and do not use abnormal speech tones or exaggerated facial movements and keep your mouth clear of chewing, cigarettes or other distractions. When calling on the telephone, utilize telecommunication devices and/or relay systems and pause for interpretation and responses.

K. People with **intellectual or cognitive disabilities** may need additional time to understand and/or communicate. Be patient and open minded when speaking to them. Speak clearly using plain language and directly to the person and not someone who may accompany them. Pause frequently, to not overload the person with words, rephrase questions, if the person appears confused, and try to communicate in the least distracting environment. If the person is an adult do not speak to them as a child. If the person has limited or no language skills be sensitive to their desired mode of communication.

L. A person with **mental health disabilities** may need you to listen closer and be aware of nonverbal communication such as changes in voice tones or body language. Do not try to analyze them or their disability; however, verbally acknowledge their feelings and express care and concern about what they are trying to communicate without being judgmental or dismissive.

In conclusion, when communicating with a person with a disability, remember “people **first**”. Words are powerful and impactful. Positive language toward people with disabilities usually result in positive behavior and increased interaction. Negative language result in bias and discriminatory behavior and attitudes. Discriminatory attitudes and practices create barriers that prevent persons with disabilities from full participation in society.

Counselors and other practitioners in the field of disability services need to use “nondisabling language” when referring to people with disabilities. This person can set the tone of the working relationship by the language used in addressing the person with the disability. The ADA strongly encouraged the use of language that places the person first and the disability second. Think before you speak and enjoy communicating!

***About the authors***, Dr. Janice Emerzian is the former District Administrator for State Center Community College District Disability Programs and Services in Fresno California. She is an ADA consultant for Higher Education and Business, conference presenter, founding member of California Association of Postsecondary Education and Disability, University Lecturer, and serves on numerous state and national commissions for persons with disabilities. She can be reached at [drjaniceemerzian@gmail.com](mailto:drjaniceemerzian@gmail.com).

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