

When speaking of disability, let people define themselves

*As more and more companies adopt inclusion initiatives, the language they use around disability acquires greater importance. How they refer to disabled employees may bring unintended consequences, sometimes increasing marginalisation instead of eliminating it. **Jasmine Virhia** stresses the importance of listening to how people define themselves. When in doubt, simply ask.*

Have you considered how discourse surrounding disability manifests, and how disabled people have faced a history of negative stereotypes, increased marginalisation and internalised negative self-belief perpetuated by language use?

Not everyone will identify with the term disabled. For instance, some people who use British Sign Language identify as part of the Deaf community (note the capitalised 'D'), where some will refer to themselves as "Deaf and disabled" and the majority reject the term "hearing impaired" as they do not perceive the inability to hear as a deficit.

Many neurodiverse individuals may use the term "neurodiverse" or prefer identity-first language such as "autistic person" or "disabled person." Dr Louisa Thomas is an autistic researcher at the Centre for Autism (University of Reading), and she encourages leaders to create a language statement. She is an advocate of using identity-first versus person-first language when speaking about autism (i.e., "autistic person" or "on the autistic spectrum" rather than "person with autism"), unless referring to an individual who explicitly states that they have different language preferences. Louisa stated that for her, "use of the word 'with' implies that my autism is something that can be taken away [...] interestingly, I'm unsure of how to refer to having ADHD, I can't say I'm an ADHD-er so say 'my ADHD'."

There is a wide preference for identity-first language, used to show allegiance and pride in disability or neurodiverse culture ([Brueggemann, 2013](#)) much like aspects of identity such as gender, race or sexual orientation ([Andrews et al., 2013](#)). But it is important to consider individual preferences as some people find that using the phrase "disabled person" leads people to ignore other identifiable characteristics of someone's identity ([Wright, 1983](#)). Person-first language (such as "person with disabilities") focuses on someone's identification as a person prior to their disability, but others suggest that the emphasis on personhood is in itself dehumanising ([Sinclair, 2013](#)).

Differences in identification can be based on the variety of disabilities within disability culture and people's personal experiences (visible and/or non-visible, being born into disability culture or entering later in life; [Andrews et al., 2019](#)). An insightful infographic from [Bottema-Beutel et al., \(2021\)](#) (see Figure 1 in the paper) highlights that the way in which we talk and write about disability influences the way people think about disability, thus perpetuating negative stereotypes. For example, strict medical perspectives often use dehumanising language placing disability within a normal/abnormal binary, further implying that "something... needs to be fixed" ([Andrews, 2016](#)). In contrast, a social perspective highlights how a distinction must be made between challenges related specifically to disability or neurodiversity, and those due to biased societal attitudes and values.

Many of the terms used to refer to disability also present any difference from a perceived "norm" as a negative, whereas many can be reframed as differences. Refrain from using phrases such as "person suffering from," "afflicted with" and "physically challenged." Although terms such as "differently abled," "special needs," and "handicapable" ([Hojati, 2012](#)) have been used in the past in attempts to counteract negative associations of disability they are considered euphemisms in disability culture and are not championed by disability advocates. In many instances, references to disability are included when no such reference is necessary. Rather, focus on language relevant to the topic of conversation. An example: "disabled toilet" vs "accessible toilet", the toilet itself is not disabled and use of the term "accessible" instead highlights the provision of facilities for all.

The following questions have been adapted from [Bottema-Beutel \(2021\)](#) for you to consider when writing or speaking:

1. Would I use this language if I were in a conversation with a disabled or neurodiverse person?

2. Does my language suggest that disabled and neurodiverse people are inherently inferior to non-disabled and neurotypical people, or assert that they lack something fundamental to being human?
3. Does my language suggest that disability and/or neurodiversity is something to be fixed, cured, controlled, or avoided?
4. Does my language unnecessarily medicalise disability or neurodiversity when describing reasonable adjustments or educational supports?
5. Am I using particular words or phrases solely because it is a tradition, even though disabled and/or neurodiverse people have expressed that such language can be stigmatising?
6. Does my language unnecessarily “other” disabled and/or neurodiverse people by suggesting that their characteristics bear no relationships to characteristics of non-disabled or neurotypical people?

Not sure how to refer to someone and/or their disability? Listen to how people define themselves and when in doubt, simply ask how someone would like to be described, refraining from making any assumptions. Self-identification is essential to the formation of a positive disability identity and is resultantly associated with increased self-esteem and well-being ([Bogart, 2014](#); [Darling & Heckert, 2010](#); [Nario-Redmond et al., 2013](#)).



Notes:

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