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Editorial Perspective: The use of person-first language in scholarly writing may accentuate stigma

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The use of person-first language in scholarly writing may accentuate stigma

Person-first language is the structural form in which a noun referring to a person or persons (e.g. person, people, individual, adults, or children) precedes a phrase referring to a disability (e.g. person with a disability, people with blindness, individual with intellectual disabilities, adults with dyslexia, and children with autism). Person-first language contrasts with identity-first language; in identity-first language, the disability, serving as an adjective, precedes the personhood-noun (e.g. disabled person, blind people, intellectually disabled individual, dyslexic adults, and autistic children).

Numerous style guides, including those issued by the American Psychological Association, the American Medical Association, the American Psychiatric Association, the American Speech-Language Hearing Association, and the Associated Press, prescribe that writers and speakers use only person-first language and avoid completely identity-first language. For example, the Publication Manual of the American Psychological Association (2010, p. 72) and the American Medical Association Manual of Style (2007, p. 416) explicitly tell writers to ‘put the person first.’

Person-first language was created as a leveler – an equalizer – to be applied to everyone. To correct for the past, in which persons with disabilities were labeled differently than persons without disabilities, person-first language prescribes that everyone – not just persons with disabilities but also persons without disabilities – should be referred to using person-first language. Therefore, person-first language specifically mandates against using terms such as typical children because such terms do not put the person first. Instead, person-first language mandates using terms such as children without disabilities or children with typical development because ‘the personhood identifier, presented as a noun’ must always ‘precede the designation’ (Burgdorf, 1991, p. 414).

Despite style guides mandating person-first language, several disability scholars object to person-first language. These scholars argue that the way person-first language is commonly used fails to uphold its core principle: Not everyone is treated as a person first. Rather, these

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scholars suggest that person-first language seems to be used more often for persons with disabilities than for persons without disabilities; more often for children with disabilities than for adults with disabilities; and most often for disabilities 'deemed by most people to be undesirable' (St. Louis, 1999, p. 1).

I recently tested these arguments by examining the use of person-first language in scholarly writing (Gernsbacher, 2016). I analyzed multiple sources for corroborating evidence: all Web of Science articles were searched for language use in their titles; all PubMed articles for language use in their abstracts and titles; all Google Scholar articles for language use in the full texts of scholarly articles; and the full texts of all Google NGram books for language use in predominantly scholarly books. More than 5 million books, 25 million abstracts, and 150 million articles were searched (all details of these analyses are available in Gernsbacher, 2016).

Person-first language is used more frequently to refer to children with disabilities than to refer to children without disabilities

Across all Web of Science titles, PubMed abstracts and titles, Google Scholar articles, and Google NGram books, person-first language is in fact used considerably more frequently to refer to children with disabilities than to refer to children without disabilities. On average, the person-first terms children with (a specific disability) are used in scholarly writing 100 times more frequently in PubMed abstracts and NGram books, 200 times more frequently in Google Scholar articles, and 700 times more frequently in Web of Science titles than the person-first terms children without (that disability).

In addition, within the same Web of Science titles, PubMed abstracts and titles, and Google Scholar articles, person-first language is used considerably more frequently to refer to children with disabilities while identity-first language is used more frequently to refer to typically developing children. Even when scholarly writing uses abbreviated terms, person-first language is used considerably more frequently to refer to children with disabilities (e.g. children with ASD), while identity-first language is used more frequently to refer to typically developing children (e.g. TD children).

In fact, only 11% of all PubMed abstracts use person-first language both for children with disabilities and for children with typical development. Similarly, only 10% use identity-first language both for disabled children and for typically developing children. The vast majority of scholarly abstracts, nearly 8 of 10, use person-first language for children with disabilities and identity-first language for typically developing children. Thus, scholarly writing does indeed use person-first language more frequently to refer to children with disabilities than to refer to children without disabilities.

Person-first language is used more frequently to refer to children with disabilities than to refer to adults with disabilities

Over the past 20 years, the use of person-first language to refer to children (e.g. children with disabilities) has become increasingly more common, while the use of identity-first language to refer to children (e.g. disabled children) has become less common. In contrast, the use of identity-first language to refer to adults (e.g. disabled people) has remained as common as the use of person-first language (e.g. people with disabilities).

For example, since 1985, the percent of Google NGram books that use the person-first child-term children with disabilities has increased over time, while the percent of books that use the identity-first child-term disabled children has decreased. In contrast, over the same period of time, the percent of books that use the person-first and identity-first adult-terms people with disabilities and disabled people has increased similarly. As another example, since 1985, the percent of scholarly books that use the person-first child-term children with autism has increased over time, while the percent of books that use the identity-first child-term autistic children has decreased. In contrast, the percent of books that use the person-first and identity-first adult-terms people with autism and autistic people has increased similarly. The same patterns appear in Web of Science titles and PubMed abstracts and titles.

Person-first language is used most frequently to refer to children with the most stigmatized disabilities

Studies with participants of all ages, including professionals and scholars, consistently demonstrate that developmental disabilities (e.g. intellectual disability and autism) are more stigmatized than physical disabilities and sensory disabilities. In Web of Science titles, PubMed articles and titles, and Google Scholar articles, person-first language is used most frequently to refer to children with the most stigmatized disabilities (an average 93% for intellectual disability and 75% for autism); person-first language is used less frequently to refer to children with less stigmatized disabilities (18% for deafness; 28% for blindness; 32% for physical disability), and person-first language is used least frequently to refer to children with the least stigmatized condition (<1% for giftedness).

Furthermore, children with more stigmatized disabilities are more likely to be referred to with gifted person-first terms (e.g. gifted children with autism), whereas children with less stigmatized disabilities are more likely to be referred to with gifted identity-first terms (e.g. gifted blind children). For children with two disabilities, the more stigmatized disability is more likely to be referenced with person-first language (e.g. blind children with autism, 94%), whereas the less stigmatized disability is less likely to be referenced with person-first language (e.g. autistic children with blindness, 6%).

Recommendations for reducing stigma in scholarly writing

Undoubtedly, scholarly writers' use of person-first language is well intended. Perhaps, scholarly writers' differential application of person-first language to children with disabilities (and most frequent application to children with the most stigmatized disabilities) is also well intended (e.g. to effect positive social change, beginning with the individuals who are most stigmatized, or to protect specifically individuals who are the most stigmatized). However, the core principle of person-first language mandates that persons with disabilities be treated, linguistically, the same way as persons without disabilities.

Therefore, rather than avoiding linguistic ‘bias against persons or groups’ on the basis of disability, as the American Medical Association directs scholarly authors to do (2007, p. 412), scholarly authors may actually be imparting such bias. As numerous disability scholars have argued, person-first language ‘may have overcorrected to the point of further stigmatizing disability’ (Andrews et al., 2013, p. 237). By ‘call[ing] attention to a person as having some type of “marred identity”’ (Vaughan, 2009), person-first language may do ‘the exact opposite of what it purports to do’ by signaling ‘shame instead of true equality’ (Jernigan, 2009); it may ‘reinforce the notion that it is “bad” to have a disability’ (La Forge, 1991, p. 51).

Ironically, when the major professional organizations prescribe the use of person-first language in scholarly writing, they explain that they do so to reduce not increase stigma. For example, the American Psychological Association ‘endorse[s] the person-first perspective in an effort to reduce stigma, stereotyping, and prejudice toward people with disabilities.’ The American Speech-Language Hearing Association proposes that person-first language ‘is less stigmatizing’ than identity-first language, and the American Psychiatric Association explains that person-first language ‘can help reduce stigma.’ However, person-first language appears to stigmatize, rather than de-stigmatize, persons with disabilities, particularly children and particularly children with developmental disabilities.

What can authors, editors, professional organizations, and scholarly journals do to truly reduce linguistic bias? First, all parties can become better educated about the core principle motivating person-first language: Everyone is a person first, not just children with disabilities (and definitely not just children with developmental disabilities). As the American Speech Hearing-Language Association suggests, ‘do the same thing for both positive and negative attributes.’ Refer to all persons, both those with and without disabilities, with person-first language.

Conversely, authors, editors, professional organizations, and scholarly journals could begin to embrace identity-first language, both for persons with and without disabilities. Some disability scholars encourage the use of identity-first language from a disability rights, equality, and diversity framework. In fact, identifying with a disability is empirically demonstrated to be associated with improved well-being, self-esteem, and quality of life for persons with a wide range of disabilities, which is why identify-first language for persons with disabilities is often preferred. At the least, scholarly writing should endeavor to not use linguistic constructions that accentuate rather than attenuate the stigma associated with disabilities.

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References

American Medical Association. AMA manual of style: A guide for authors and editors. 10th. Oxford, UK: Oxford University Press; 2007.

American Psychological Association. Publication manual of the American Psychological Association. 6th. Washington, DC: Author; 2010.

Andrews EE, Kuemmel A, Williams JL, Pilarski CR, Dunn M, Lund EM. Providing culturally competent supervision to trainees with disabilities in rehabilitation settings. Rehabilitation Psychology. 2013; 58:233–244. [PubMed: 23978081]

Burgdorf RL Jr. The Americans with Disabilities Act: Analysis and implications of a second-generation civil rights statute. Harvard Civil Rights Civil Liberties Law Review. 1991; 26:413–522.

Gernsbacher MA. Analyses of person-first language in scholarly writing: Technical report. Open Science Framework. 2016; Advanced online publication. doi: 10.17605/OSF.IO/982AJ

Jernigan K. The pitfalls of political correctness: Euphemisms excoriated. Braille Monitor. 2009 Mar.52 Available from: http://www.nfb.org/images/nfb/Publications/bm/bm09/bm0903/bm090308.htm [last accessed 9 January 2017].

La Forge J. Preferred language practice in professional rehabilitation journals. Journal of Rehabilitation. 1991; 57:49–51.

St Louis KO. Person-first labeling and stuttering. Journal of Fluency Disorders. 1999; 24:1–24.

Vaughan CE. People-first language: An unholy crusade. Braille Monitor. 2009 Mar.52 Available from: http://www.nfb.org/images/nfb/Publications/bm/bm09/bm0903/bm090309.htm [last accessed 9 January 2017].