

UTA Libraries Advocates for Disability and Accessibility Committee Notes on the Evolution of Language Around Disability

Overview of Terms

Language around any community evolves over time, and the disability community is no exception. The below list of terms is by no means comprehensive and will certainly require updates over time but should be a good starting place for anyone who is wanting to understand how certain terms have changed in recent times.

Past Term	Current Term
Handicap/Handicapped	Disability/Disabled
Differently abled	Disabled
Special Needs	Disability/functional needs
Handicapped Stall/Parking Spot	Accessible Stall/Parking Spot
Crippled	Disabled
Wheelchair-bound/confined to a wheelchair	Wheelchair User
Mentally challenged/"slow"	Cognitively/intellectually disabled
Normal/abled	Non-disabled
"Suffers from"/"victim of"/"stricken with"	"has"
Dwarf, midget	Little Person, person of short stature
Addict/junkie/alcoholic	substance user/misuser
Brain damaged	person with a brain injury, person with a traumatic brain injury, disabled
Shrink	mental health professional (use appropriate title when possible)
Mongoloid	Person with Down syndrome
Multiple Personality Disorder	Dissociative Identity Disorder
Rehab/detox	Treatment center

Colloquial Terms

There are also some terms that have evolved colloquially to mean something other than what they were originally intended, but still carry harm in the disability community. It's important to reflect upon how these terms appear in our own vocabulary and determine how we can be the best advocates by modeling the most accessible/least harmful language.

Terms to adapt	Why	Replacements
Retard, retarded; stupid; feeble, feeble-minded	These terms dehumanize intellectually disabled individuals and have been historically used to harm and disenfranchise these individuals in our society.	intellectually disabled (if referring to a person); lacks merit, ridiculous, unfounded
Schizo, mad, crazy, insane, psycho, disturbed, bipolar (as an adjective), OCD (as an adjective)	These terms dehumanize mental illness disabilities.	someone who has a mental illness/mental illness disability or name the illness/disability, neurodivergent (if referring to a person); wild, ridiculous, ludicrous, out of line, inappropriate, harmful
Cripple, crippled	These terms dehumanize physically disabled individuals, particularly those with mobility-related disabilities.	physically disabled (if referring to a person); hindered, out of touch, disconnected
Dumb	This term dehumanizes those with speech and/or communication disabilities.	speech/communication disability (if referring to a person); ridiculous, thoughtless, frustrating
Spaz, Spastic	This term dehumanizes those with disabilities that cause jerky or stiff movements, such a cerebral palsy.	someone with [name of disability] (if referring to a person); unreliable, goofy, unfocused
Demented, senile	This term dehumanizes those who live with dementia.	someone with dementia (if referring to a person); confusing, out of step, disconnected
High-functioning/low-functioning	These terms do not accurately represent the spectrum of abilities they are attempting to classify, especially autistic individuals.	describe an individual's abilities and challenges, rather than using less-specific labels
Lame	This term dehumanizes those who have experienced leg injuries or conditions that resulted in mobility-related disabilities.	mobility disability (if referring to a disability/person); uncool, square, insufficient

Appropriate Terms

There are also plenty of terms that exist in the disability community that validate the lived experiences of disabled or similarly marginalized people.

Appropriate Terms

Disabled/disability
d/Deaf or hard-of-hearing
Blind, low vision
Addiction/substance use disorder
Autistic

Neurodivergent/Neurodiversity
Chronic illness
Service animal/guide animal/assistance animal

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Complex Terms/Terms in Conversation

Person-First v. Identity-First Language

In the 1980s and 1990s, advocacy both from affinity groups and those adjacent to disabled populations pushed to change the language around disability to focus on what we call “Person-First Language” (PFL). This required a shift in language from “handicapped” or “disabled” to “person with a disability,” with the aim to consider the person first, not their disability.

While the idea behind this linguistic shift is a well-intended one, many in the disability community—particularly those in the autism, deaf, and blind communities—have pushed back against PFL in recent years, preferring instead Identity-First Language (IFL). This would look like, “disabled person,” “Autistic child,” or “Deaf friend” in practice, and reflects the understanding that a disability or adjacent identity cannot be separated from the identity of the person.

A quote from Autistic Self Advocacy Network intern Lydia Brown explains this well:

“...you would think we would support the use of person-first language, because we want to be seen as people with equal rights, value, and worth to non-Autistic people. But we don’t. Because when people say ‘person with autism,’ it does have an attitudinal nuance. It suggests that the person can be separated from autism, which simply isn’t true. It is impossible to separate a person from autism, just as it is impossible to separate a person from the color of his or her skin.”

The Association on Higher Education and Disability made a statement on language in 2020, stating that they are, “adopting identity-first language across all communication, information and materials...[because] it is one way to model new thinking on disability that we see reflected in disability studies and in the disability rights community.”

Dr. Sarah Rose, Director for the UTA Disability Studies minor and Associate Professor in History, reiterates this:

“Disability is the nation’s and world’s largest minority, and the only minority we can—and likely will—join at some point in our lifetime. Using identity-first language respects the lived experience, knowledge, and skill of disabled people—a knowledge accrued by having to constantly adapt and navigate a world designed around normative bodyminds. Identity-first language also reflects the fact that disability can—and often is—a point of pride, a culture, a key element of diversity, and a generative, creative perspective and force, not a source of stigma nor something to be minimized via euphemisms. As a historian, disability studies scholar, and disabled person myself, I would also add that disabled people have rarely been able to choose the terminology by which we describe ourselves; therefore, it is crucial to follow and respect the terminology preferred by each individual.”

Based on the above, UTA Libraries’ Advocates for Disability and Accessibility Committee uses IFL in its communications. We are also working on trainings/workshops to provide education on this shift to staff, as we recognize that not all are aware of this shift in language and see it as our responsibility to provide this context to our colleagues.

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Nonverbal vs. Nonspeaking

Historically, those who are unable to speak have been described as “nonverbal.” However, there has been a push in recent years to adopt “nonspeaking” instead, as “nonverbal” assumes that the person is unable to understand language or form sentences, when often, they simply cannot vocalize language. Making this shift in label allows for a more nuanced understanding of nonspeaking disabilities and more accurately describes the lived experiences of those with these disabilities.

Conclusion

Again, these lists are not comprehensive (and should be expected to continue to evolve). These should merely serve as a starting point to understand where language stands in the community today and a reminder that we as a committee need to consistently engage with the community to maintain an accurate vocabulary.