

# Family Medicine

### **Inclusive Language**

Abithiny Selvarajah (she/her)





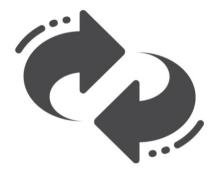
#### Land Acknowledgement

- McMaster University sits on the traditional territories of the Mississauga and Haudenosaunee nations and within the lands protected by the Dish With One Spoon wampum agreement.
- It represents a covenant with nature: take what you need, leave something in the dish for others, and keep the dish clean.
- Shared responsibility is important to take care of the land, its resources and all the creatures we share it with.



#### Things to Keep in Mind

- Inclusive language is constantly evolving
- Important for us to as stay as current and knowledgeable as possible
- The suggestions in this presentation are meant to offer some perspective and consideration about the language we use in professional and personal settings





#### **Disability-Inclusive Language**

- Use words that are factual, inclusive and non-emotional.
  - For example: "She uses a wheelchair" rather than "she is confined to a wheelchair."
- Avoid cliches that assume everyone is nondisabled
  - For example: "kick-start" or "put your best foot forward"
- Avoid using "see", "look", or "hear"
  - Use "refer to", "check" or "go to" instead
- If the disability is not relevant to the context, it is not necessary to write about it.

**Family Medicine** 



#### **Person-First vs. Identity-First Language**

	Person-First: The Social Model	Identity-First: The Minority Model
Intent	<ul> <li>Present disability as a neutral characteristic</li> <li>Disability cast as a social construction</li> <li>Not equating people with impairment</li> </ul>	<ul> <li>Portrays disability as neutral or even positive – human attribute, not a medical problem needing a cure</li> <li>Disability activist counterresponse to historical oppression of disabled people</li> </ul>
Example	-Person with a disability -Person with autism	-Disabled person -Autistic
Considerations	<ul> <li>-Prevents objectification of person or use of monolithic terms</li> <li>-Counteracts use of highly problematic terms (e.g., the mentally retarded)</li> <li>-It is possible a well-intentioned correction may be overcorrected in some ways</li> </ul>	-Disability represents difference, not deviance – focus on disability pride

Resource: Dunn and Andrews 2015



### **A Way Forward**

- Some advocates recommend:
  - Using both person-first and identity-first language flexibly when appropriate
  - Others suggest that Disabled is written with a capital "D" to signify allegiance to disability culture (e.g., Deaf refers to a culture, which is different from deaf which refers to a pathological term)
  - Ask people how they wish to be referred: learn about disability language choices made by different groups
  - Demonstrate cultural awareness of disability use identity first-language when working with clients in established therapeutic relationship and personfirst language if wishes of person or group are unknown

Family Medicine

Resource: Dunn and Andrews 2015

#### **Indigenous Peoples**

- Use "Indigenous Peoples" [uppercase] and avoid using "Aboriginal" or "Native."
- Avoid the common possessive construction "Canada's Indigenous Peoples."
  - This evokes a sense of paternalism and colonialism
  - Use "Indigenous Peoples in Canada" instead.
- Use "First Nation" or "community" instead of "reserve," unless the story is specifically about the tract of land allocated to a First Nation.

**Family Medicine** 

Resource: Words Matter - McMaster University's Editorial Style Guide

#### **Age-Related Language**

- Use "older" rather than "elderly"
- Give a person's age (e.g., 8, 38, 88) rather than using imprecise and potentially derogatory terms such as youngster, middle-aged, retiree, senior citizen, elderly



Resource: Words Matter - McMaster University's Editorial Style Guide

#### **Gender-Neutral Language**

- You've received a fellowship to work on your masterpiece about the plant kingdom?
- The English language is so steeped in the history of **mankind** that we barely notice.
- Use academic and professional titles, but avoid using Mr., Ms., Miss, Mrs.
- Use gender-neutral terms to describe occupations:
- Examples: Police officer, firefighter, mail attendant
- Pronouns: Where possible, reword your sentence to avoid the "he-she/him-her" gender binary
- "They/them/their" are increasingly acceptable alternatives to single pronouns. (This also recognizes there are those who do not identify as either male or female.)



Resource: Words Matter - McMaster University's Editorial Style Guide

#### **Members of Racialized Communities**

- Current best practice is "racialized person" or "racialized group" instead of the more outdated and inaccurate terms of "racial minority," "visible minority," "person of colour," etc.
- 'BIPOC' which stands for Black, Indigenous and People of Colour is commonly used - systemic racism continues to oppress, invalidate, and deeply affect the lives of Black and Indigenous people in ways other People of Color may not necessarily experience.
- Terms like 'BIPOC' and 'POC' can group distinct identities together unnecessarily sometimes. Whenever possible, use the most specific language.

Family Medicine



# Something to Think About: Use of the Term 'Vulnerable'

- Terms like 'vulnerable groups' often vaguely defined or left undefined
  - Readers may turn to false and damaging narratives
  - Vagueness can serve political function of obscuring power relationships and limiting discussion of transformational change

### **Obscuring Power**

- If you use the word, clearly identify the sources of vulnerability
- 'Vulnerable' can serve to confuse or misattribute nature of public health problems—help to justify the ways in which society is currently structured
- Readers may assume that root of problem lies at site of study: the clinic, the program, the members of the 'vulnerable' people

**Family Medicine** 



There may not be a right and wrong, language is constantly evolving. It's important for us to stay current and as knowledgeable as possible.



#### Resources

- Words Matter: McMaster University's Editorial Style Guide- Notes on Inclusive Language <u>https://accessibility.mcmaster.ca/app/uploads/2021/04/writing-guidlines.pdf</u>
- Dunn, D. S.; Andrews, E. E. Person-First and Identity-First Language: Developing Psychologists' Cultural Competence Using Disability Language. *American Psychologist* 2015, 70 (3), 255–264. https://doi.org/10.1037/a0038636.
- Katz, A. S.; Hardy, B. J.; Firestone, M.; Lofters, A.; Morton-Ninomiya, M. E. Vagueness, Power and Public Health: Use of 'vulnerable' in Public Health Literature. *Critical Public Health* 2020, 30 (5), 601–611. <u>https://doi.org/10.1080/09581596.2019.1656800</u>.
- <u>https://www.canada.ca/en/employment-social-</u> <u>development/programs/disability/arc/words-images.html</u>
- <u>https://riic.ca/the-guide/on-the-air/lexicon-and-terminology/</u>





## Family Medicine

Department of Family Medicine Michael G. DeGroote School of Medicine Faculty of Health Sciences

> fammedmcmaster.ca @McMasterFamMed