



PERSON-FIRST LABELING AND STUTTERING

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Four groups of subjects, speech-language-hearing impaired clients, parents of clients, speech-language pathology students, and the general public, reacted to 28 words used to label individuals. Twelve words were either person-first (e.g., "Stutterer") or direct labels (e.g., "Person who stutters") and 16 were identical anchor labels in alternate forms of questionnaires. Nine labels identified speech, language, or hearing disorders. Highly variable subjects groups were surprisingly similar in judgments about their own personal impressions and experiences as well as the appropriateness of use by others for all the labels. Person-first labeling was regarded as significantly more positive in only 2% of the comparisons, and all of these in favor of "Person with leprosy" or "Person with psychosis" over "Leper" or "Psychotic." Person-first labeling did not make a difference in any of the speech-language terms, including variants for "stuttering" or "stammering." Overall, person-first terminology did little to lessen negative beliefs and attitudes for the speech-language pathology labels assessed. This study draws into question recent policies promoting person-first labeling. © 1998 Elsevier Science Inc.

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INTRODUCTION

Person-first labeling refers to identifying someone first, and most importantly, as a person and second, and less importantly, by a descriptive word or phrase. The rationale for such labeling is to make it clear that the individual is being labeled is regarded primarily as a "person" and secondarily as a member of some descriptive class. It is often used for the purpose of showing as much sensitivity as possible to a person who has an identifiable condition or characteristic that is deemed by most people to be undesirable. Such conditions or characteristics are known to result sometimes in behavior or attitudes of others toward the person that are belittling, unfavorable, derogatory, or even stigmatizing. For example, the term "person who stutters" is purported to communicate less implicit negative judgment, prejudice, or disrespect to a person who manifests the disorder of stuttering than the direct label "stutterer."

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Advocating person-first labeling began in the field of special education in the 1980s, an area that has struggled to use labels that do not carry unintended negative meanings. For example, the terms “idiot” and “moron” were originally descriptive terms referring to various levels of intelligence similar to severe or moderate “mental retardation,” “mental impairment,” “cognitive impairment,” and so on. As terms have acquired unintended negative meanings beyond the original usage, professionals in this area have tended to suggest less pejorative alternatives. Person-first labeling is one form of linguistic “deperjoration” and in the past several years has spread to other areas, including speech-language pathology in general and stuttering in particular. Following the lead of some in the stuttering self-help movement, the American Speech-Language-Hearing Association (ASHA) began to advocate the use of first-person labeling. Since 1991, ASHA has recommended that authors use person-first terminology in all ASHA publications for the purpose of demonstrating that speech-, language-, or hearing-disordered individuals are recognized as persons first and communicatively disordered second. In 1993, ASHA adopted this as a policy for all documents and publications (Executive Board Meeting Minutes, 1993). But the recommended changes did not stop there. A short article, presumably written by those in charge of editorial policy appeared in ASHA’s house organ, *Asha*, entitled, “Person First, Please” (ASHA News, 1994). In addition to recommending person-first language, the article suggested that authors use terms such as “disability” or “disorder” but avoid terms like “impairment” and “handicap.” It also recommended using the term, “disfluent” but avoiding “dysfluent,” presumably because the prefix “dys” connotes abnormality and “dis” connotes difference. “Older” was recommended, but “old,” “aging,” and “elderly” were not.¹

There has been very little public debate—and indeed little research (but see Robinson & Robinson, 1996 below)—to justify the adoption of such a policy by professional associations or individuals. For these reasons, this study was undertaken to determine the extent to which person-first versus direct-label terminology affects beliefs and attitudes associated with fluency disorders and selected other speech-language disorders.

¹As of this writing, the policy of the *Journal of Fluency Disorders* is ambiguous relative to person-first language. The editor has maintained an author preference policy with respect to using person-first terminology (Gene J. Brutton, personal communication, April 23, 1998). Authors may use the term “stutterer” or “person (child) who stutters” at their own discretion. Nevertheless, beginning with the last issue of Volume 20 in 1995, the “Information for Authors” section references the Fourth Edition of the *Publication Manual of the American Psychological Association* (American Psychological Association, 1994) as guidelines for authors. The manual directs authors to do the following: “1. Put people first, not their disability” (e.g., preferring “person with [who has] a disability” to “disabled person”) and “2. Do not label people by their disability or overextend its severity” (e.g., preferring “individuals with epilepsy” to “epileptics”) (pp. 59–60). Although many articles now are written with person-first labels, and whereas some editorial consultants firmly believe the *Journal* should insist on such nomenclature, the policy is currently unclear.

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