



**SOCIAL  
DEVELOPMENT  
CANADA**

# A Way with Words and Images

Suggestions for the portrayal  
of persons with disabilities



Social Development Canada    Développement social Canada

Canada  
SDDP-001-03-03E

Everyday Canadians rely on programs and services provided by the Government of Canada. To find out more about Government of Canada services for you:

- Call the toll-free telephone number:  
1 800 O-Canada (1 800 622-6232), Monday to Friday from 8 a.m. to 8 p.m., Eastern Time. If you are hearing-or speech-impaired, you can use the TTY number: 1 800 465-7735.
- Click on the Canada site: [www.canada.gc.ca](http://www.canada.gc.ca)  
If you don't have Internet access at home, call 1 800 O-Canada to find out where there is free Internet access in your community.
- Visit a Service Canada Access Centre.  
Call 1 800 O-Canada to find out if there is a centre near you. You can also visit the Web site [www.service-canada.gc.ca](http://www.service-canada.gc.ca) and click on "In Person" and then on your province or territory on the map of Canada.

This guide is also available in large print, on audio cassette, in Braille and on computer diskette by calling 1 800 O-Canada.

Ce document est également disponible en français sous le titre *Le pouvoir des mots et des images*

© Her Majesty the Queen in Right of Canada 2002  
Cat. No.: MP80-10/2002E  
ISBN: 0-662-32297-5

# Introduction



Language is a powerful and important tool in shaping ideas, perceptions and ultimately, public attitudes.

Words are a mirror of society's attitudes and perceptions. Attitudes can be the most difficult barrier persons with disabilities face in achieving full integration, acceptance and participation in society.

Thoughtful presentation of information about persons with disabilities can help overcome negative attitudes and shape positive ones. Demeaning, belittling or negative words can be a barrier to greater understanding and can trivialize genuine support given by a community to persons with disabilities.

Language use is changing as persons with disabilities participate more fully in all aspects of Canadian society.

Dated and disparaging words are being replaced with precise, descriptive terms which have specific meanings that are not interchangeable.

Persons with disabilities are asking Canadians and the media, in particular, to use respectful terms when writing and speaking about them or about issues that affect their lives. They are also asking that images chosen to portray them are respectful and do not reinforce outdated stereotypes.

Individuals with disabilities are working to achieve equality, independence and full participation in learning, work and community life. Using proper terminology and images, and changing the ways in which issues are reported can help persons with disabilities reach these goals.



## Purpose

This booklet suggests current and appropriate terminology to reflect the increased participation by Canadians with disabilities in our society. This booklet is intended to encourage and promote a fair and accurate portrayal of persons with disabilities.

## Content

This booklet has two sections and a removable insert. **GENERAL GUIDELINES** has information on terminology and images of persons with disabilities.

**MEDIA COVERAGE OF PERSONS WITH DISABILITIES** deals with reporting on the issues of concern to persons with disabilities.

The **CENTREFOLD** provides appropriate terminology and images.

## General guidelines

It is important to remember that each word in today's terminology has a precise meaning and that the words are not interchangeable.

A disability is a functional limitation or restriction of an individual's ability to perform an activity. The

word “disabled” is an adjective, not a noun. People are not conditions. It is therefore preferable not to use the term “the disabled”; but rather “persons with disabilities.”

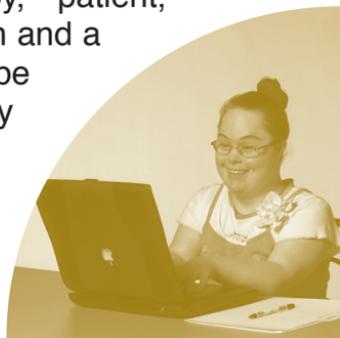
The following are suggested guidelines on appropriate terminology to be used when speaking or referring to persons with disabilities.

Focus on the issue rather than the disability. If the disability is not relevant to the story, it is not necessary to report it.

Try to avoid categorizing persons with disabilities as either super-achievers or tragic figures. Choose words that are non-judgemental, non-emotional and are accurate descriptions. Avoid using “brave,” “courageous,” “inspirational” or other similar words that are routinely used to describe a person with a disability. Try to focus as much on abilities as disabilities.

Remember that the majority of persons with disabilities have similar aspirations to the rest of the population and that words and images should reflect their inclusion in society, except where social isolation is the focal point.

Similarly, references which cause discomfort, guilt, pity or insult, should be avoided. Words like “suffers from,” “stricken with,” “afflicted by,” “patient,” “disease” or “sick” suggest constant pain and a sense of hopelessness. While this may be the case for some individuals, a disability is a condition that does not necessarily cause pain or require medical attention.



Avoid the use of words such as “burden,” “incompetent,” or “defective,” which suggest that persons with disabilities are inferior and should be excluded from activities generally available in the community.

Be particularly careful with terminology used in headlines. Remember that headlines make the first impression.

Persons with disabilities are comfortable with the terminology used to describe daily living activities. Persons who use wheelchairs go for “walks,” people with visual impairments “see” what you mean, etc. A disability may just mean that some things are done in a different manner; however, that does not mean the words used to describe the activity must be different.

Remember that, although some disabilities are not visible, it does not mean they are less real. Individuals with invisible disabilities such as epilepsy, hemophilia, mental health and learning or developmental disabilities also encounter barriers and negative attitudes.

## Media coverage of persons with disabilities

### Researching, writing and reporting

Too often, when a person with a disability is featured in a story that has several possible angles, the human-interest story line dominates (e.g., how the individual has overcome great odds).



There are few examples of in-depth coverage of issues of particular importance to persons with disabilities (e.g., lack of physical access to facilities, employment and poverty).

Persons with disabilities are seldom asked for their views on stories dealing with transportation, the environment, child care, etc.

The media can help create and reinforce positive attitudes towards persons with disabilities. Progress has been made in recent years and media professionals are asking advice from organizations of persons with disabilities on how to report on, discuss and write about disability.

## **Bridging the communications gap—guidelines for interviews**

Here are some suggestions to improve communications with persons with disabilities.

When talking with a person with a disability, speak directly to him/her, rather than through a companion or an interpreter/intervenor who may be there.

Relax. Be yourself. Do not be embarrassed if you happen to use accepted, common expressions such as “See you later” or “Got to be running along” that seem to relate to the person’s disability.

Offer assistance to a person with a disability if you feel like it, but wait until your offer is accepted BEFORE you help. Listen to any instructions the person may want to give.



## INSTEAD OF...

## PLEASE USE...

---

Using images that isolate or call special attention to persons with disabilities unless appropriate to the subject matter.

*Use images that show persons with disabilities participating in society.*

---

Using actors or models without disabilities to represent persons with disabilities.

*Use actors or models with disabilities to portray persons with disabilities.*

---

Always depicting the super-achieving individual to represent all persons with disabilities.

*Whenever possible, the typical individual who has a disability.*

---

Birth defect, congenital defect, deformity

***Person born with a disability, person who has a congenital disability***

---

Blind (the)  
Visually impaired (the)

***Person who is blind, person with a visual impairment***

---

Confined to a wheelchair, wheelchair-bound

***Person who uses a wheelchair***

Wheelchair user for individuals with mobility impairment, a wheelchair is a means to get around independently.

---

Cripple, crippled, lame

***Person with a disability, person with a mobility impairment, person who has a spinal cord injury, arthritis, etc.***

---



# A Way with Wo

## INSTEAD OF...

## PLEASE USE...

Hard of hearing (the),  
hearing impaired

***Person who is hard of hearing***

These individuals are not deaf and may compensate for a hearing loss with an amplification device or system.

Deaf-mute, deaf  
and dumb.

***Person who is deaf***

Culturally-linguistically deaf people (that is, sign language users) are properly identified as “the Deaf” (upper-case “D”). People who do not use sign language are properly referred to as “the deaf” (lower-case “d”) or “people who are deaf.”

Epileptic (the)

***Person who has epilepsy***

Fit, attack, spell

***Seizure***

Handicapped (the)

***Person with a disability***, unless referring to an environmental attitudinal barrier. In such instances “person who is handicapped by” is appropriate.

Handicapped parking,  
bathrooms

***Accessible parking,  
bathrooms***

# Words and Images



## INSTEAD OF...

## PLEASE USE...

Insane (unsound mind)  
Lunatic  
Maniac  
Mental patient  
Mentally diseased  
Neurotic  
Psycho  
Psychotic

***Persons with a mental health disability, person who has schizophrenia, person who has depression***

It is important to remember that the development of appropriate terminology is still in progress: however, the above terms are currently in use. The term “insane” (unsound mind) should only be used in a strictly legal sense. Obviously words such as “crazy,” “demented,” “deviant,” “loony,” “mad” and “nuts” should be avoided.

Invalid

***Person with a disability***  
*The literal sense of the word “invalid” is “not valid.”*

Learning disabled,  
learning disordered,  
the dyslexics

***A person with a learning disability or persons with learning disabilities***

## INSTEAD OF...

## PLEASE USE...

Mentally retarded  
Defective  
Feeble minded  
Idiot  
Imbecile  
Moron  
Retarded  
Simple  
Mongoloid

***Person with an intellectual disability***

One can say a person with Down's Syndrome only if relevant to the story.

Normal

***Person without a disability***

Normal is only acceptable in reference to statistics (i.e. the norm).

Patient

***Person with a disability***

Unless the relationship being referred to is between a doctor and client.

Physically challenged

***Person with a disability***

Spastic

***Person who has spasms***

Spastic should never be used as a noun.

Suffers from  
Afflicted by  
Stricken with

***Person with a disability, person who has cerebral palsy, etc.***

Having a disability is not synonymous with suffering.

Victim of cerebral palsy,  
multiple sclerosis, arthritis,  
etc.

***Person who has cerebral palsy, multiple sclerosis, arthritis, etc.***

Person with a disability.  
Person with a mobility

Be considerate of the extra time it might take for a person with a disability to get things done or said. Let the person set the pace in walking and talking.



It is appropriate to shake hands when introduced to a person with a disability. People with limited hand use or who wear an artificial limb do shake hands.

Avoid putting persons with disabilities on a pedestal and using patronizing terms. Interview a person with a disability as you would any other person.

Do not unnecessarily emphasize differences. Having a “one of them” versus a “one of us” attitude only serves to reinforce barriers.

In visual treatments (e.g., television and photographs), do not dwell on technical aids or adaptive devices unless, of course, the purpose is to introduce or discuss a particular aid or device.

Following an interview, ask yourself:

“Am I writing this piece because it involves a person with a disability or because the issue and related circumstances are relevant to the general population?” and “If it did not involve a person with a disability, would I still want to write it?”

Is a reference to a disability necessary to the story? If it is, am I using the correct terminology (e.g. “uses a wheelchair” and not “confined to a wheelchair”)? Is this piece accurate and unbiased? Have I avoided sensationalism?

# Conclusion

Journalists can contribute to a more positive and accurate image of persons with disabilities. The information provided to the general public, and the ways in which this information is presented, often create a framework for the attitudes people have and the ways in which they interact with individuals with disabilities. If the coverage of disability-related issues is done in a non-emotional, factual and integrative manner, the public will no doubt begin to question the prejudices and stereotypes that still exist.

The images and language used to portray people with disabilities are vitally important in attempting to change perceptions. While negative stereotypes still exists towards persons with disabilities, society has a responsibility in initiating change to eliminate such stereotypes. Choosing words and images which help shape positive attitudes will result in the promotion of the person rather than the disability.



# References

Freelance Editors Association of Canada. *Editing Canadian English*.

“Guidelines for Reporting and Writing About People with Disabilities.” *Archalert*, volume 4, number 7.

Interep Research Division. *Persons with disabilities and the Advertising community*.

National Easter Seal Society. *Portraying People with Disabilities*. Chicago, Illinois.

North Carolina Office on Disability and Health. *Accessible Communication*.

Office for Disabled Persons, Government of Ontario. *Word Choices. A lexicon of preferred terms for disability issues*.

Ontario March of Dimes. Words with Dignity. “Re-imagining the (Dis)Able Body.” *Journal of Medical Humanities*, volume 22, number 3 (Fall 2001).

House of Commons Standing Committee on the Status of Disabled Persons. *No News is Bad News*.

Department of the Secretary of State of Canada. Status of Disabled Persons Secretariat. *Worthless or Wonderful: The Social Stereotyping of Persons with Disabilities*.

STRONG, FRANCES. “Watch Your Language, Words Shape Attitudes.” *Rehabilitation Digest* (Winter 1989).

# Organizations consulted

Canadian Association for Community Living (CACL)  
4700 Keele Street, Kinsmen Building  
Toronto, Ontario M3J 1P3  
(416) 661-9611

Canadian Association of the Deaf (CAD)  
251 Bank Street, Suite 203  
Ottawa, Ontario K2P 1X3  
(613) 565-2882

Canadian Council of the Blind (CCB)  
396 Cooper Street, Suite 200  
Ottawa, Ontario K2P 2H7  
(613) 567-0311

Canadian Hard of Hearing Association (CHHA)  
2435 Holly Lane, Suite 205  
Ottawa, Ontario K1V 7P2  
VOICE (613) 526-1584  
TTY (613) 526-2692

Canadian Mental Health Association (CMHA)  
2160 Young Street  
Toronto, Ontario M4S 2Z3  
(416) 484-7750

Canadian National Institute for the Blind (CNIB)  
1929 Bayview Avenue  
Toronto, Ontario M4G 3E8  
(416) 486-2500

Canadian Paraplegic Association (CPA)  
1101 Prince of Wales Drive, Suite 230  
Ottawa, Ontario K2C 3W7  
(613) 723-1033

Council of Canadians with Disabilities (CCD)  
926-294 Portage Avenue  
Winnipeg, Manitoba R3C 0139  
(204) 947-0303

Learning Disabilities Association of Canada (LDAC)  
323 Chapel Street, Suite 200  
Ottawa, Ontario K1N 7Z2  
(613) 238-5721

People First of Canada  
294 Portage Ave., Suite 926  
Winnipeg, Manitoba R3C 0B9  
(204) 943-1046

National Educational Association of Disabled Students  
(NEADS)  
4th Level Unicentre  
Carleton University  
Ottawa, Ontario K1S 5B6  
(613) 526-8008

One Voice, the Canadian Seniors Network  
350 Sparks Street, Suite 1005  
Ottawa, Ontario K1R 7S8  
(613) 238-7624

Society for Depression and Manic-Depression of  
Manitoba  
4-1000 Notre-Dame Avenue  
Winnipeg, Manitoba R3E ON3  
(204) 786-0987

Schizophrenia Society of Canada  
75 Donway W., Suite 814  
Don Mills, Ontario M3C 2E9  
(416) 445-8204







