Person-First vs. Identity-First Language

Exerpted from an article by Ray Perry on ACCESSATE.com

There are two general models when describing a person with a disability: person-first and identity-first language. Both are valid, and ultimately up to the individual with the disability. Remember, whenever you're unsure what to say, it's best to ask. Here, we'll dive into each language model, and the importance of asking.

Person-first language is defined as a linguistic practice that puts a person before a diagnosis, describing what a person "has" rather than asserting what a person "is". This avoids using labels or adjectives to define someone, e.g., "person with diabetes" instead of "a diabetic person". Person-first language aims to separate a trait – such as a disability – from the person, as putting the descriptor first can reinforce a sense of inherent inferiority to people without disabilities, and/or a sense of permanence, which is not always the case with all disabilities. Putting the descriptor first can reinforce stereotypes and/or lead to discrimination or otherwise unwanted different treatment. **Person-first language emphasizes that a person with a disability is, first and foremost, and person like everyone else. It articulates that the disability is a secondary attribute, not the core or whole of the person's identity.** Person-first language is generally considered to be standard etiquette and a safe guess for many circumstances, including general terms like "people with disabilities". However, if a person prefers identity-first language, you should respect that preference.

Not all people with disabilities prefer to use the person-first language model for their specific cases. **Identity-first language puts the descriptor first, and is more common among specific disability communities.** One such example is the deaf community, where "deaf person" is generally preferred over "person with deafness". **This linguistic model positions disability as an identity category – something that is embraced, and describes membership within a wider cultural group.** Identity-first language is largely born of the Disability Pride movement, asserting that disability is nothing to be ashamed of. This model also posits that a phrase like "disabled person" still contains the word "person", and that person-first language can feel like trying to sidestep the fact that someone has a disability. For that reason, it asks if a person is truly, completely "seen" if you don't acknowledge their disability.

Language evolves and changes over time, and it's everyone's responsibility to try their best to keep up and be respectful. The many terms that now exist around disabilities, including the difference between person-first and identity-first language, can seem confusing. **When in**

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doubt, it's best to just politely ask. Asking can sometimes feel awkward or invasive, but people with disabilities prefer to be asked for the sake of being identified correctly, rather than someone taking a guess and risk being disrespectful. It's also important to try not to become frustrated or defensive if corrected on a term – think of it as a learning opportunity, and an opportunity to better understand your friends and colleagues!

Medical Model vs. Social Model of Disability

Identity first language is often embraced by those who subscribe to the social model of disability, rather than the medical model of disability, arguing that person first language frames a disability as a disease, diagnosis, or deficit.

SCOPE, a community of disabled and non-disabled people with a shared vision of equality based in the UK describes the difference in this way:

> The **_medical model_** looks at what is 'wrong' with the person, not what the person needs. We believe it creates low expectations and leads to people losing independence, choice and control in their lives.
>
> The **_social model_** of disability is a way of viewing the world, developed by disabled people. The model says that people are disabled by barriers in society, not by their impairment or difference. Barriers can be physical, like buildings not having accessible toilets. Or they can be caused by people's attitudes to difference, like assuming disabled people can't do certain things. The social model helps us recognise barriers that make life harder for disabled people. Removing these barriers creates equality and offers disabled people more independence, choice and control.

Further information and description of these two models can be found in this resource from the University of California:
https://odpc.ucsf.edu/clinical/patient-centered-care/medical-and-social-models-of-disability

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