

NCDJ STYLE GUIDE

Revised 2018

As language, perceptions and social mores change at a seemingly faster and faster rate, it is becoming increasingly difficult for journalists and other communicators to figure out how to refer to people with disabilities. Even the term “disability” is no longer universally accepted. This style guide, developed by the National Center on Disability and Journalism at Arizona State University, is intended to help. It covers almost 200 words and terms commonly used when referring to disability, most of which are not covered in The Associated Press style guide.

But first some basic guidelines:

- Refer to a disability only when it’s relevant to the story and when the diagnosis comes from a reputable source, such as a medical professional or other licensed professional.
- When possible, use people-first language unless otherwise indicated by the source.
- When possible, ask the source how he or she would like to be described. If the source is not available or unable, ask a trusted family member or relevant organization that represents people with disabilities.
- Avoid made-up words like “diversability” and “handicapable” unless using them in direct quotes or to refer to a movement or organization.

Of course, our sources don’t always speak the way we write. That’s OK. You may end up using a derogatory term in a direct quote, but be certain that it’s fundamental to the story. Otherwise, paraphrase and use a more acceptable term.

In this guide, we urge reporters and other communications professionals to refer to a disability only when it’s relevant to the story being told. But what is “relevant” is not always clear. Should a story about residents complaining about noisy airplanes flying over their houses note that one of the residents who is complaining uses a wheelchair? Should someone who is blind be identified as such in a story about people who have been stranded while hiking and had to be rescued?

In the first case, we suggest the answer is “no.” The fact that someone uses a wheelchair does not make the airplane noise any more or less irritating. In the second case, the answer is “maybe.” If the hiker’s blindness contributed to him or her getting stranded, making note of that fact is relevant. If the person’s sight had nothing to do with the situation, leave it out.

When in doubt, ask the person involved. People living with disabilities often complain that their disability is mentioned even when the story has nothing to do with their disability.

– Amy Silverman, NCDJ board member

Able-bodied

Background: This term is used to describe someone who does not identify as having a disability. Some members of the disability community oppose its use because it implies that all people with disabilities lack “able bodies” or the ability to use their bodies well. They may prefer “non-disabled” or “enabled” as being more accurate.

NCDJ Recommendation: The term “non-disabled” or the phrase “does not have a disability” or “is not living with a disability” are more neutral choices. “Able-bodied” is an appropriate term to use in some cases, such as government reports on the proportion of able-bodied members in the work force. In some cases, the word “typical” can be used to describe a non-disabled condition, although be aware that some in the disability community object to its use.

AP style: Not addressed

Abnormal/abnormality

Background: “Abnormality” is a word used to describe a condition that deviates from what is considered normal. It can be appropriate when used in a medical context, such as “abnormal curvature of the spine” or an “abnormal test result.” However, when used to describe an individual, “abnormal” is widely viewed as derogatory. The phrase “abnormal behavior” reflects social-cultural standards and is open to different interpretations.

NCDJ Recommendation:

The words “abnormal” or “abnormality” are acceptable when describing scientific phenomena, such as abnormalities in brain function. However, avoid using such words to describe a person. Referring to someone who does not have a disability as a “normal person” implies that people with disabilities are deviant or strange. “Typical” can be a better choice. Be cautious when using the term “abnormal behavior.” Explain what it means in the context in which it is being used.

AP style: Not addressed

Addict/addiction

Background: Addiction is a neurobiological disease, according to the [American Academy of Pain Medicine](#). Its development is influenced by environmental, cognitive and genetic factors. Addiction can be characterized by “impaired control over drug use, compulsive use, continued use despite harm and/or craving.” Addiction often implies dependence on substances other than alcohol, although alcoholism is essentially alcohol addiction.

The [American Psychiatric Association](#) recommends avoiding the word addict (and [alcoholic](#) – see entry below), suggesting instead the use of the phrase “someone experiencing a drug/alcohol problem.” The association also discourages using the term “junkie,” which specifically refers to someone who misuses heroin.

According to the U.S. Department of Health and Human Services' [Center for Substance Abuse Treatment](#), the word "addiction" is acceptable for uncontrollable, compulsive use of substances as well as acts such as gambling, sex, working, etc., in the face of negative health and social consequences. The center states that addiction differs from dependence in that dependence only accounts for health problems, whereas addiction denotes use, despite health and social problems (this same distinction applies to alcohol dependence and alcoholism). The center also recommends using the word "misuse" in place of "abuse" when describing harmful drug usage.

It's best to avoid using "clean" and "dirty" with regard to drug test results, according to the Center for Substance Abuse and Treatment. The terms are considered derogatory because they equate symptoms of illness to filth. When referring to a drug test, state that the person "tested positive for (drug)."

NCDJ Recommendation: It is preferable to refer to someone who harmfully uses drugs as "someone with a drug addiction." Use "recovering" or "in recovery from" to refer to someone trying to overcome active addiction, that is, "someone recovering from a methamphetamine addiction."

Conforms to AP style, which states that addiction is an acceptable term, although some clinicians prefer "substance abuse disorder." AP also suggests avoiding words like "abuse" or "problem" in favor of the word "use" with an appropriate modifier such as "risky," "unhealthy," "excessive" or "heavy." "Misuse" also is acceptable. Don't assume all people who engage in misuse have an addiction.

Afflicted with/stricken with/suffers from/victim of

Background: These terms carry the assumption that a person with a disability is suffering or has a reduced quality of life. Not every person with a disability suffers, is a victim or is stricken.

NCDJ Recommendation: It is preferable to use neutral language when describing a person who has a disability, simply stating the facts about the nature of the disability. For example: "He has muscular dystrophy."

Conforms to AP style that suggests avoiding "descriptions that connote pity."

Albino/albinism

Background: According to the Mayo Clinic, "albinism typically refers to oculocutaneous (ok-u-low-ku-TAY-nee-us) albinism (OCA) — a group of inherited disorders that results in little or no production of the pigment melanin. The type and amount of melanin your body produces determines the color of your skin, hair and eyes. Melanin also plays a role in the development of optic nerves, so people with albinism have vision problems. Signs of albinism are usually apparent in a person's skin, hair and eye color, but sometimes differences are slight. People with

albinism also are sensitive to the effects of the sun and are at increased risk of developing skin cancer. Although there's no cure for albinism, people with the disorder can take steps to protect their skin and eyes and maximize their vision.”

According to the National Organization on Albinism and Hypopigmentation (NOAH), there is debate over whether albinism is a disability, but it is often referred to as one because of the relationship to issues associated with vision. Also, according to NOAH, the term albino has been used throughout history in a hateful way; therefore many prefer the people-first term, “person with albinism.”

NCDJ Recommendation: Refer to a person with albinism, rather than an albino.

AP style: The stylebook refers, without comment, to albino, albinos

Alcoholic/alcoholism

Background: An alcoholic is someone who has the disease of alcoholism. Alcoholism is characterized by a loss of control in alcohol use, according to the [American Psychiatric Association](#). The [Center for Substance Abuse Treatment](#) recommends using people-first language when referring to alcoholism, such as “someone with alcoholism” or “someone with an alcohol problem.”

NCDJ Recommendation: Refer to someone who harmfully uses alcohol as “someone with an alcohol problem” or “someone with alcoholism” rather than alcoholic because it identifies someone solely by their disease. Use “recovering” to refer to someone with the disease of addiction, as in “someone recovering from alcoholism.”

Conforms to AP style

Alcoholics Anonymous

Background: Alcoholics Anonymous was founded in 1935 by Bill W. and Dr. Bob S. in Akron, Ohio, according to the [AA General Service Office](#). AA is “a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism,” according to the group’s preamble. AA members do not pay dues or fees; rather, it is supported through contributions. AA is unaffiliated with any outside organizations or institutions and does not endorse, finance or oppose any causes. The AA program is focused on 12 steps to achieve sobriety.

NCDJ Recommendation: Because anonymity is central to the organization, disclose that someone is a member of Alcoholics Anonymous only if it is essential to the story. When covering AA, consider referring to members by their first name only unless official references or context requires otherwise. These same considerations apply when covering other 12-step programs, such as Narcotics Anonymous or Gamblers Anonymous.

AP style: AA is acceptable on second reference.

Americans with Disabilities Act (ADA)

Background: The [Americans with Disabilities Act](#) is federal civil rights legislation that was signed into law in 1990 to address discrimination on the basis of disability in employment, public accommodations, transportation and telecommunications as well as state and local government services.

NCDJ Recommendation: Use Americans with Disabilities Act on first reference; ADA is acceptable on second reference.

AP style: Not addressed

American Sign Language (ASL)/signer/interpreter

Background: American Sign Language is a complete language that utilizes “signs made by moving the hands combined with facial expressions and postures of the body,” according to the National Institute on Deafness and Other Communication Disorders. Many people in North America who are deaf or hard of hearing use it as a primary means of communication.

The terms “signer” and “interpreter” often are used interchangeably but mean different things. A signer is “a person who may be able to communicate conversationally with deaf persons but who may not necessarily possess the skills and expertise to accurately interpret complex dialogue or information,” according to the Massachusetts Department of Health and Human Resources. “To become an interpreter, an individual must not only display bilingual and bicultural proficiency, but also have the ability to mediate meanings across languages and cultures, both simultaneously and consecutively. This takes years of intensive practice and professional training.”

NCDJ Recommendation: Specify American Sign Language on first reference, capitalizing all three words. ASL is acceptable on second reference. Use “interpreter” only for those who have completed advanced training. [The Registry of Interpreters of the Deaf has a searchable database of registered interpreters.](#)

AP style: Not addressed

See also Deaf

Amputation/amputee

Background: [Amputation](#) refers to the removal of a bodily extremity, usually during a surgical operation, for a variety of reasons, according to Johns Hopkins Medicine. Amputee is the

acceptable term for someone who has undergone an amputation. Some people have a physical characteristic that is not a result of an amputation.

NCDJ Recommendation: “Someone with an amputation” or amputee are both generally considered acceptable.

AP style: Not addressed

Attention-deficit disorder (ADD)/attention-deficit hyperactivity disorder (ADHD)

Background: ADD and ADHD refer to attention-deficit disorder and attention-deficit hyperactivity disorder, respectively. Both are common mental disorders that manifest primarily in children, according to the [National Institute of Mental Health](#). Common symptoms for both disorders include restlessness, difficulty in focusing or staying organized, and impulsivity. Those with an ADHD diagnosis also exhibit difficulty sitting still or engaging in quiet activities. Some debate exists as to the accuracy of an ADHD or ADD diagnosis as an actual disorder.

NCDJ Recommendation: Refer to someone as having attention-deficit disorder or attention-deficit hyperactivity disorder only if the information is relevant to the story and if a licensed medical professional has formally diagnosed the person. Use “attention-deficit disorder” or “attention-deficit hyperactivity disorder” on first reference; ADD and ADHD, respectively, are acceptable for each disorder on second reference.

AP style: Not addressed

Autism/autism spectrum disorder/autistic

Background: [Autism spectrum disorder](#) is a group of complex disorders related to brain development, according to the National Institute of Mental Health. Common symptoms of autism spectrum disorder include difficulties in communication, impaired social interaction and restricted and repetitive patterns of behavior, interests or activities, according to the National Institute of Mental Health. However, symptoms vary across the spectrum. Some experts classify autism as a developmental disorder rather than a mental illness.

Prior to 2013, subtypes of autism such as Asperger’s syndrome, autism disorder and childhood disintegrative disorder were classified as distinct disorders. The fifth edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders consolidates all autism disorders under the larger autism spectrum disorder diagnosis.

Opinions vary on how to refer to someone with autism. Some people with autism prefer being referred to as “autistic” or an “autistic person.” Others object to using autistic as an adjective. [The Autism Self Advocacy Network details this debate.](#)

NCDJ Recommendation: Refer to someone as having autistic spectrum disorder only if the information is relevant to the story and if a licensed medical professional has formally diagnosed the person. Ask individuals how they prefer to be described. Many prefer to be described as autistic, while others prefer to be described as “an autistic person” or a person with autism.

AP style: The stylebook states that it’s acceptable to use the word autism as “an umbrella term for a group of developmental disorders.” It does not address the use of autistic as an adjective.

Additional material: “I Don’t Have Autism, I’m Autistic,” Lenny Letter

Bipolar disorder

Background: Bipolar disorder is a mental illness believed to be caused by a combination of genetic factors and neurological functioning, according to the [National Institute of Mental Health](#). It is characterized by unusually intense shifts in emotion, energy, behavior and activity levels in what are called “mood episodes.” Such episodes are usually classified as manic, hypomanic, depressive or mixed episodes. Bipolar disorder often develops during late adolescence or early adulthood.

NCDJ Recommendation: Refer to someone as having “bipolar disorder” only if the information is relevant to the story and a licensed medical professional has formally diagnosed the person. Do not use “bipolar” as an adjective for something other than a medical condition when referring to something that rapidly or drastically changes.

AP style: Not addressed

See entries on Depression and Mental illness/mental disorder

*Additional material: National Institute of Mental Health:
<https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>*

Birth defect

See entry on Defect/birth defect

Blind/legally blind/limited vision/low vision/partially sighted/visually impaired

Background: According to the [American Foundation for the Blind](#), the term “legally blind” denotes a person with 20/200 visual acuity or less. Therefore, “blind” or “legally blind” is acceptable for people with almost complete vision loss. Many people with vision loss are not considered blind. The foundation recommends that, unless the person refers to himself or herself as legally blind, the terms “low vision,” “limited vision” or “visually impaired” should be used.

NCDJ Recommendation: Use “blind” only when the person has complete loss of sight and “legally blind” when the person has almost complete loss of sight. Other terms also may be acceptable. It is best to ask the person which term he or she prefers and take that into consideration. Commonly used terms include:

- Limited vision: Acceptable when a person is not legally or completely blind
- Low vision: Acceptable when a person is not legally or completely blind
- Partially sighted: Used most often in British publications but acceptable if a person is not legally or completely blind
- Visually impaired: Similar to the term “[hearing impaired](#),” some may object to it because it describes the condition in terms of a deficiency.

AP style: The AP stylebook describes blind as “a person with complete loss of sight” and suggests using the terms “visually impaired” or “person with low vision” for those who have some sight.

Brain injury/traumatic brain injury (TBI)

Background: From the University of Kansas Research & Training Center on Independent Living: “Brain injury describes a condition where there is long-term or temporary disruption in brain function resulting from injury to the brain. Difficulties with cognitive (thinking remembering, learning), physical, emotional and/or social functioning may occur.”

NCDJ Recommendation: Use “person with a brain injury” or “person with a traumatic brain injury” rather than “brain damaged,” which is considered derogatory.

AP style: Not addressed

Caregiver/caretaker

Background: A caregiver is an individual who assists another, including a person with a disability, with his or her daily life, according to Merriam-Webster. While “caregiver” and “caretaker” often are used interchangeably, they imply something different. As retired clinical psychologist and disability advocate Katherine Schneider notes, “You take care of property... To people you give care.” [The Alzheimer’s Reading Room](#) makes a similar point, recommending the exclusive use of “caregiver.”

NCDJ Recommendation: “Caregiver” is preferable to “caretaker” when referring to the care of people.

AP style: Not addressed

Catatonia/catatonic

Background: Catatonia is a state in which a person does not move and does not respond to others. According to *Psychology Today*, it is a rare condition that may be associated with other disorders, such as schizophrenia. It is often used informally to describe someone who is in a stupor-like condition.

NCDJ Recommendation: Refer to someone as “catatonic” only if it is part of a medical diagnosis. Avoid using it casually as it may be offensive and inaccurate.

AP style: Not addressed

Cerebral palsy

Background: Cerebral palsy refers to a number of neurological disorders that appear in infancy or early childhood and permanently affect body movement and muscle coordination, according to the [National Institute of Neurological Disorders and Stroke](#). It is not caused by problems in the muscles or nerves but by abnormalities in parts of the brain that control muscle movement. People with cerebral palsy can exhibit a variety of symptoms. Spastic cerebral palsy is a common type of cerebral palsy in which the movements of people with the disorder appear stiff and jerky.

NCDJ Recommendation: It is acceptable to describe a person as “someone with cerebral palsy,” followed by a short explanation of what the condition entails. It is acceptable to refer to someone as “having spastic cerebral palsy,” but it is derogatory to refer to someone as “spastic” or “a spaz.” When describing specific symptoms, it is always best to ask the person what terms they prefer.

AP style: Not addressed

Chemical and/or electrical sensitivities

Background: The University of Kansas Research & Training Center on Independent Living describes these as “chronic medical conditions characterized by neurological impairment, muscle pain and weakness, respiratory problems and gastrointestinal complaints. Reactions for those with chemical sensitivities are triggered by low-level exposure to everyday substances and products, including pesticides, solvents, cleaning agents, new carpeting and adhesives, and fragrances and scented products. Electrical sensitivities are triggered by electromagnetic fields from electrical devices and frequencies. These conditions also are called “toxicant-induced loss of tolerance,” “environmental illness” or “sick-building syndrome.”

NCDJ Recommendation: Use “person with chemical intolerance” or “people with environmental illness.” Do not use “chemophobic” as it is considered derogatory.

AP Style: Not addressed

Chronic disease/chronic illness

Background: A chronic illness is defined by the [National Health Council](#) as a health condition lasting three months or longer and includes conditions such as cancer or heart disease. Many illnesses, such as diabetes or multiple sclerosis, are life-long conditions.

There is debate about when someone with a chronic illness is considered to have a disability.

NCDJ Recommendation: When referring to a person with a chronic illness, only refer to the condition if it is pertinent to the story and the person has been diagnosed by a medical professional. Ask the person how he or she wants to be described and, when in doubt, use people-first language such as “person with diabetes” rather than “a diabetic.”

AP Style: Not addressed

Cleft palate or lip/hare lip

Background: The University of Kansas Research & Training Center on Independent Living describes this as a specific congenital disability involving the lip and gum. The center recommends again using the term “hare lip” as it is anatomically incorrect and stigmatizing.”

NCDJ Recommendation: Use “person who has a cleft palate.”

AP Style: Not addressed

Cochlear implant

Background: A cochlear implant is an electronic device that can improve understanding of speech for some people who are deaf or hard of hearing. The device does not fully restore hearing, but it gives a representation of sounds to help a person understand speech. It has been criticized by some in the Deaf community who are concerned that [the device could threaten Deaf culture](#). However, advocates support the device for suitable candidates. (There are physical considerations that rule out cochlear implants for some.)

NCDJ Recommendation: When referring to a cochlear implant, avoid describing it as a corrective device or one that would restore a deaf person to mainstream society. Instead, define it as an electronic device that can assist a person who is deaf or hard of hearing in understanding speech.

AP style: Not addressed

See also Deaf

Congenital disability

Background: Congenital is defined as “existing at or dating from birth.” A person who has a congenital disability has had a disability since birth. Common congenital disabilities include Down syndrome and heart-related medical conditions. “Congenital” is not interchangeable with “genetic,” as a genetic condition is present from birth but a congenital condition is not necessarily genetic.

NCDJ Recommendation: It is preferable to state that someone is “a person with a congenital disability,” “a person living with a congenital disability,” “has had a disability since birth,” or “was born with a disability.” Name the specific disability if possible. Avoid using “defect” or “defective” when describing a disability because they imply the person is somehow incomplete or sub-par.

AP style: Not addressed

Crazy/loony/mad/psycho/nuts/deranged

Background: These words were once commonly used to describe people with mental illness but are now considered offensive. They are still used in a variety of contexts but should be avoided when referring to mental illness.

NCDJ Recommendation: Do not use these words when reporting on mental illness unless they are part of a quote that is essential to the story.

Conforms to AP style

See also Insane/mentally deranged/psychopathology

Entry

Cripple/crip

Background: Merriam-Webster defines the noun “cripple” as “a lame or partly disabled person or animal” and as “something flawed or imperfect.” It is also used as a verb. The word dates back to Old English, where it was related to words that meant to creep or bend over. According to the blog grammarphobia.com, it became offensive in the early 20th century and was replaced by “handicapped” and then by “disabled.”

Recently, some disability activists have reclaimed the word. A new online publication, [Cripple Magazine](#), bills itself as “run by and run for young disabled creatives.” In a tweet, the magazine wrote, “Why choose the term, ‘Cripple’? We chose the term as a way to reclaim the history of the word, & use it as a method to empower the disability community! In a way, we wanted to take back the negative association around Cripple and turn it into a better comeback – a positive one.” But even Cripple Magazine spells cripple with an asterik – “Cr*pple.”

While other activists have embraced the word, adopting hashtags such as “#criplit” and “#cripthevote,” others are very much against its use. [Keah Brown](#), a writer and disability activist, tweeted in 2018: “I just really can’t stand the word cripple, so whenever I see it I block it out. I legit ignore every notification with the word in it.”

NCDJ Recommendation: Ask the person how he or she would like to be described; otherwise, avoid using “cripple” as either a noun or verb.

AP style: Considered offensive when used to describe a person who is disabled.

Deaf

Background: Some people with mild or moderate hearing loss may affiliate themselves with the Deaf community and prefer to be referred to as “deaf” instead of “hard of hearing.” Alternatively, some who are deaf and don’t have a cultural affiliation to the Deaf community may prefer the term “hard of hearing.”

“Deaf” and “hard of hearing” became the official terms recommended by the [World Federation of the Deaf](#) in 1991. Many people in the Deaf community prefer the use of a lowercase “d” to refer to audiological status and the use of a capital “D” when referring to the culture and community of Deaf people. [The National Association of the Deaf](#) has not taken a definitive stand on this issue.

NCDJ Recommendation: Lowercase when referring to a hearing-loss condition or to a deaf person who prefers lowercase. Capitalize for those who identify as members of the Deaf community or when they capitalize Deaf when describing themselves. “Deaf” should be used as an adjective, not as a noun; it describes a person with profound or complete hearing loss. Other acceptable phrases include “woman who is deaf” or “boy who is hard of hearing.” When quoting or paraphrasing a person who has signed their responses, it’s appropriate on first reference to indicate that the responses were signed. It’s acceptable to use the word “said” in subsequent references.

AP style: The stylebook uses “deaf” to describe a person with total hearing loss and “partially deaf” or “partial hearing loss” for others. It calls for use of a lower case “d” in all usages.

Deaf-blind

Background: Indicates a person who has some loss of vision and hearing. This also is referred to as deaf-blindness, according to the National Center on Deaf-Blindness.

NCDJ Recommendation: Both deaf-blind and deaf-blindness are appropriate.

AP style: Not addressed

Deaf and dumb/deaf-mute

Background: “Dumb” was once widely used to describe a person who could not speak and implied the person was incapable of expressing himself or herself; it eventually came to be synonymous with “silent.”

“Deaf-mute” was used to refer to people who could neither speak nor hear. People with speech and hearing disabilities are capable of expressing themselves in writing, through sign language and in other ways. Additionally, a person who does not use speech may be able to hear.

NCDJ Recommendation: Avoid these terms as they often are used inaccurately and can be offensive. It is acceptable to refer to someone as deaf or hard of hearing. If possible, ask the person which is preferable. Mute and dumb imply that communication is not possible. Instead, be as specific as possible. If someone uses American Sign Language, lip-reads or uses other means to communicate, state that.

Conforms to AP style

Defect/birth defect

Background: A defect is defined as an imperfection or shortcoming. A birth defect is a physical or biochemical abnormality that is present at birth. Many people consider such terms offensive when describing a disability as they imply the person is deficient or inferior to others.

NCDJ Recommendation: Avoid using “defect” or “defective” when describing a disability. Instead, state the nature of the disability or injury.

AP style: Not addressed

Deformed/deformity

Background: A deformity is a condition in which part of the body does not have the typical or expected shape, according to [Merriam-Webster Dictionary](#). Physical deformities can arise from a number of causes, including genetic mutations, various disorders, amputations and complications in utero or at birth. However, the word “deformity” has a negative connotation when used in reference to those living with disabilities.

NCDJ Recommendation: Avoid using “deformed” as an adjective to describe a person. “Deformity” can be used in some contexts, such as a “deformed limb,” although it’s preferable to describe the specific disability or cause.

AP style: AP medical stories tend to refer to a specific deformity or deformities rather than describing an individual as “deformed.”

Dementia/senility

Background: “Dementia” is “a general term for a decline in mental ability severe enough to interfere with daily life,” according to the [Alzheimer’s Association](#). Dementia is not a specific illness; it refers to a wide range of symptoms. Alzheimer’s disease is the most common form of dementia. According to the National Institute on Aging, other dementias include Lewy body dementia, frontotemporal disorders and vascular dementia. The institute states, “It is common for people to have mixed dementia – a combination of two or more types of dementia. For example, some people have Alzheimer’s disease and vascular dementia.”

Other medical diagnoses associated with dementia include Creutzfeldt-Jakob disease, Huntington’s disease, Parkinson’s disease, and Wernicke-Korsakoff syndrome (previously known as “wet brain”).

Common symptoms across forms of dementia include memory loss, difficulty performing complex tasks, communication difficulties, personality changes and paranoia, according to the [Mayo Clinic](#). In addition to their cognitive component, many types of dementia include physical symptoms, such as the abnormal eye movements of Huntington’s disease or the tremors associated with Parkinson’s disease.

Some organizations suggest avoiding the terms “demented,” “dementing,” “dements,” “senile” or “senility” to refer to someone with dementia. The terms “senility” and “senile” denote conditions brought on by aging and often are used incorrectly to denote dementia.

NCDJ Recommendation: Refer to someone as having dementia only if the information is relevant to the story and a licensed medical professional has formally diagnosed the person. Use people-first language when describing someone with dementia, such as “a person with dementia” or “a person living with dementia.” Avoid describing someone as being “demented” or “senile.” When possible, reference the specific disease, such as “someone with Huntington’s disease.” When referencing Huntington’s disease or Parkinson’s disease, use the full term rather than shortening to “Huntington’s” or “Parkinson’s.”

AP style: Not addressed

Depression

Background: Depression is characterized by a loss of interest in activities, persistent fatigue, difficulty in concentrating and making decisions, persistent feelings of emptiness or hopelessness, and abnormal eating habits, according to the [National Institute of Mental Health](#). Its proper name is “major depressive disorder.” The institute says that related diagnoses include seasonal affective disorder (characterized by the “onset of depression during the winter

months”), psychotic depression (a combination of psychosis and depression), and postpartum depression (sometimes experienced by mothers after giving birth). Bipolar disorder used to be referred to as “manic depressive illness,” but no longer is.

NCDJ Recommendation: Refer to someone as having depression only if the information is relevant to the story and the person has been formally diagnosed by a licensed medical professional. Specify the type of disorder if it is known. The terms “depressed,” “depressing” and “depressive” are acceptable in other contexts when the person being referenced does not have a medically diagnosed condition. For example, “He found the election results depressing.”

AP style: Use lower case unless referring to the Great Depression.

See entries on Bipolar disorder and Mental illness/mental disorder

Developmental disabilities/disability

Background: The [Centers for Disease Control](#) defines [developmental disabilities](#) as “a group of conditions (that arise) due to an impairment in physical, learning, language or behavior areas. These conditions begin during the developmental period of life, may impact day-to-day functioning and usually last throughout a person’s lifetime.”

Developmental disabilities usually manifest before age 22, and those with such disabilities often require lifelong or extended individual support. Examples of developmental disabilities include autism spectrum disorder, cerebral palsy, hearing disabilities, intellectual disabilities and visual disabilities. Legal definitions vary from state to state. A developmental disability can include a long-term physical or cognitive/intellectual disability or both.

NCDJ Recommendation: While it is acceptable to use the term “developmental disabilities,” it is preferable to use the name of the specific disability whenever possible.

AP style: Not addressed

Differently-abled

Background: This term came into vogue in the 1990s as an alternative to “disabled,” “handicapped” or “mentally retarded.” Currently, it is not considered appropriate (and for many, never was). Some consider it condescending, offensive or simply a way of avoiding talking about disability. Others prefer it to “disabled” because “dis” means “not,” which means that “disabled” means “not able.” But particularly when it comes to referring to individuals, “differently abled” is problematic. As some advocates observe, we are all differently abled.

NCDJ: “Person with a disability” is a more neutral term than “differently-abled.”

AP Style: Not addressed

See also Disabled/disability

Disabled/disability

Background: “Disability” and “disabled” generally describe functional limitations that affect one or more of the major life activities, including walking, lifting, learning and breathing. Various laws define disability differently.

The hashtag “#disabledandcute” became popular after Keah Brown, a writer who has cerebral palsy, began using it on Twitter.

NCDJ Recommendation: When describing an individual, do not reference his or her disability unless it is clearly pertinent to the story. If it is pertinent, it is best to use language that refers to the person first and the disability second. For example: “The writer, who has a disability” as opposed to “the disabled writer.” When possible, refer to a person’s specific condition.

Disability and people who have disabilities are not monolithic. Avoid referring to “the disabled” in the same way that you would avoid referring to “the Asians,” “the Jews” or “the African-Americans.” Instead, consider using such terms as “the disability community” or “the disability activist.”

Conforms to AP style

See also Disabled people/people with disabilities

Disabled people/people with disabilities

Background: The phrased “disabled people” is an example of identity-first language (in contrast to people-first language). It is the preferred terminology in Great Britain and by a growing number of U.S. disability activists. Syracuse University’s Disability Cultural Center says, “The basic reason behind members of (some disability) groups’ dislike for the application of people-first language to themselves is that they consider their disabilities to be inseparable parts of who they are.” For example, they prefer to be referred to as “autistic,” “blind” or “disabled.”

Several U.S. disability groups have always used identity-first terms, specifically the culturally Deaf community and the autistic rights community.

NCDJ Recommendation: Ask the disabled person or disability organizational spokesperson about their preferred terminology. If that is not possible, use people-first language.

AP Style: Not addressed

Disfigurement/disfigured

Background: According to the University of Kansas Research & Training Center on Independent Living, “disfigurement refers to physical changes caused by burns, trauma, disease or congenital conditions.”

NCDJ Recommendation: Do not call someone “disfigured” as it is considered derogatory. Refer specifically to the physical changes.

AP Style: Not addressed

Dissociative identity disorder/multiple personality disorder

Background: Dissociative identity disorder is characterized by the emergence of two or more distinct personality states or identities in a person’s behavior or consciousness, according to the [National Alliance on Mental Illness](#). These personalities, medically known as “alters,” can exhibit different speech patterns, mannerism, attitudes, thoughts, gender identities and even physical characteristics. Other symptoms include memory problems, emotional issues, disorientation and the development of other mental disorders.

NCDJ Recommendation: Refer to someone as having “dissociative identity disorder” only if the information is relevant to the story and if the person has been formally diagnosed by a licensed medical professional. Use the term “dissociative identity disorder,” not “multiple personality disorder”, and avoid the acronym “DID.” Use people-first language, such as “a person with dissociative identity disorder.”

AP style: Not addressed

Diversabled / Diversability

Background: “Diversability” is a term coined by Tiffany Yu, a disability advocate. Described as “an award-winning global movement to rebrand disability,” the goal of using the term is to get people to consider disability “as a core part of the diversity conversation...and celebrate disability pride and empowerment,” according to [mydiversability.com](#).

NCDJ Recommendation: When writing about Tiffany Yu’s group, use “Diversability” as a proper name. Otherwise, use the terms “disabled”, “disability” or “person with a disability.”

AP Style: Not addressed

Down syndrome

Background: [Down syndrome](#) is a congenital condition caused by the presence of an extra full or partial copy of chromosome 21 in an individual's cell nuclei. It was first reported in 1866 by Dr. John Langdon Down and is characterized by a range of physical and cognitive characteristics, which the [National Institutes of Health](#) details. Down syndrome is the most common chromosomal condition.

Other terms commonly used to refer to people with Down syndrome include "intellectually disabled," "developmentally disabled" and a person who has a "cognitive disability" or "intellectual disability." The Global Down Syndrome Foundation considers all of these terms acceptable, while the National Down Syndrome Society suggests using "cognitive disability" or "intellectual disability." Down syndrome also can be referred to as Trisomy 21. Historically it was called "mongoloidism," and people with it were called Mongoloids; this is now considered very offensive.

NCDJ Recommendation: The proper term for the disorder is Down syndrome, not Down's syndrome or Down's Syndrome. (The proper terminology in the United Kingdom is Down's syndrome.) Use people-first language, stating that someone is "a person with Down syndrome," "is living with Down syndrome" or "has Down syndrome." Avoid using terms such as "suffers from" or "afflicted with" in association with the condition.

The terms "intellectually disabled," "developmentally disabled," "cognitive disability" and "intellectual disability" are acceptable when used in a people-first context to describe someone with Down syndrome, such as "the person has a developmental disability." However, it is more accurate to refer specifically to Down syndrome when that is the medically diagnosed condition.

Conforms to AP style

See entries on [Mentally retarded](#) and [Mongoloid](#)

Dwarf/little person/midget/short stature

Background: Dwarfism is a medical or genetic condition that results in a stature below 4'10," according to [Little People of America](#). The average height of a dwarf is 4'0."

Use of the word "dwarf" is considered acceptable when referring to the genetic condition, but it is often considered offensive when used in a non-medical sense.

The term "midget" was used in the past to describe an unusually short and proportionate person. It is now widely considered derogatory.

The terms "little people" and "little person" refer to people of short stature and have come into common use since the founding of the Little People of America organization in 1957. The appropriateness of the terms is disputed by those within and outside of the organization. However, [Little People of America](#) recommends using the descriptors "short stature," "little person" or "someone with dwarfism."

NCDJ Recommendation: Only refer to a person’s short stature if it is relevant to the story. It is best to ask people which term they prefer to describe them. Use the term “dwarf” only when applied to a medical diagnosis or in a quote. Avoid the terms “vertically challenged” and “midget.”

AP style: Dwarf is the “preferred term for people with a medical or genetic condition resulting in short stature.” “Midget” is considered offensive. The plural of “dwarf” is “dwarfs.”

Dyslexia/dyslexic

Background: Dyslexia is a learning disability characterized by problems identifying speech sounds and learning how to connect them to letters and words, according to the [Mayo Clinic](#). Its chief symptoms include difficulties with spelling, reading, pronunciation of words and processing auditory information. It is a common learning disability among children, although adolescents and adults with dyslexia often exhibit symptoms as well.

The term “dyslexic” is used by some organizations as a noun and as an adjective in a non-pejorative way; however, using the word as a noun (describing a person as a “dyslexic”) appears to be falling out of use.

NCDJ Recommendation: Refer to someone as having dyslexia only if the information is relevant to the story and if the person has been formally diagnosed by a licensed medical professional. Use people-first language, stating that someone “has dyslexia” rather than referring to him or her as “a dyslexic person.” Avoid using “dyslexic” as a noun, as in, “She is a dyslexic.”

AP style: Not addressed

Epilepsy/epileptic/epileptic fit

Background: Epilepsy is a chronic neurological and developmental disorder characterized by “recurrent, unprovoked seizures,” according to the [Epilepsy Foundation](#). Originally called “falling sickness” in English, the word has roots in Greek and Latin.

Epilepsy manifests differently in individuals: The severity of epileptic seizures, their occurrence rates and the emergence of other health problems differ from person to person. Epilepsy is most commonly treated with medication but also can include use of medical devices, surgery, diet and emerging therapy methods.

The website [WebMD](#) explains the difference between epilepsy and seizures in this way: “Seizures, abnormal movements or behavior due to unusual electrical activity in the brain, are a symptom of epilepsy. But not all people who appear to have seizures have epilepsy, a group of related disorders characterized by a tendency for recurrent seizures.”

NCDJ Recommendation: Refer to someone as having [epilepsy](#) only if the information is relevant to the story and if the person has been formally diagnosed by a licensed medical professional. Use people-first language, stating that someone “has epilepsy” or “has been diagnosed with epilepsy” rather than referring to him or her as an “epileptic.” The term “seizure” is preferred when referring to the brief manifestation of symptoms common among those with epilepsy. Avoid stating that the person “had a fit” or “an epileptic fit.”

AP style: Not addressed

See also Seizure

Facilitated communication

Background: Facilitated communication is a widely criticized communication technique that was popular in the 1990s in American schools, according to [an article in the American Academy of Pediatrics](#). The technique was originally developed to help those living with severe developmental disabilities, such as some forms of autism and cerebral palsy. A nonverbal person would theoretically communicate with the help of a facilitator by typing on a keyboard, pointing to an image, or pointing to letters on an alphabet board. However, academics eventually found there was little scientific evidence that the technique worked, leading many to conclude the aide was actually the one communicating, according to [a study from Emory University](#).

In an official position statement, the American Speech-Language-Hearing Association warns that any messages extracted from facilitated communication “should not form the sole basis for making any diagnostic or treatment decisions.” Other organizations, including the [American Psychological Association](#) and the [International Society for Augmentive and Alternative Communication](#) also oppose facilitated communication.

It is important to note that “augmentative and alternative communication” – a general term used to refer to alternative methods that allow for written and spoken expression – is considered very different from facilitated communication. It is widely viewed as legitimate and important.

NCDJ Recommendation: Avoid language that may legitimize facilitated communication. When writing about it, specify that major disability organizations do not recognize facilitated communication a valid communication technique.

AP style: Not addressed

Freak/freak show

Background: The Merriam-Webster dictionary defines “freak” as “one that is markedly unusual or abnormal, such as a person or animal having a physical oddity and appearing in a circus sideshow.” This particular [use of the word](#) dates to the middle of the 19th century.

NCDJ Recommendation: Do not use the term “freak” to describe a person with a disability as it is considered derogatory.

AP style: Not addressed

Genetic defect/genetic disorder

Background: According to the National Human Genome Research Institute, a genetic disorder is “caused in whole or in part by a change in the DNA sequence away from the normal sequence. Genetic disorders can be caused by a mutation in one gene (monogenic disorder), by mutations in multiple genes (multifactorial inheritance disorder), by a combination of gene mutations and environmental factors or by damage to chromosomes (changes in the number or structure of entire chromosomes, the structures that carry genes).”

A genetic condition is congenital, but a congenital condition is not necessarily genetic. [The Genome Research Institute](#) offers comprehensive information about different genetic conditions, genetic testing and other pertinent topics.

NCDJ Recommendation: Avoid terms like “disorder” or “defect,” which are considered derogatory. Instead use the word “condition” and try to identify the specific diagnosis if possible.

AP style: Not addressed

Gifted/twice exceptional

Background: According to the [National Association for Gifted Children](#), “Giftedness may manifest in one or more domains, such as intellectual, creative, artistic, leadership or in a specific academic field such as language arts, mathematics or science.” The association goes on to say that it’s difficult to estimate the number of gifted children because “the calculation is dependent on the number of areas, or domains, being measured and the method used to identify gifted children. However, many consider children who are in the top 10 percent in relation to a national and/or local norm to be a good guide for identification and services. It is important to note that not all gifted children look or act alike. Giftedness exists in every demographic group and personality type. It is important that adults look hard to discover potential and support gifted children as they reach for their personal best.”

Others, including the authors of “Great Minds and How to Grow Them,” [question whether there is such a thing as a gifted child.](#)

Another commonly used term is “twice exceptional” or “2E,” which refers to a child with a disability who also is diagnosed as gifted. According to the National Association for Gifted Children, “Twice-exceptional learners are students who give evidence of the potential for high achievement capability in areas such as specific academics, general intellectual ability, creativity, leadership and/or visual, spatial or performing arts and also give evidence of one or more

disabilities as defined by federal or state eligibility criteria, such as specific learning disabilities, speech and language disorders, emotional/behavioral disorders, physical disabilities, autism spectrum or other health impairments, such as ADHD. Twice-exceptional students represent a unique group of learners with diverse programming and emotional needs due to the fact that they may have both gifts and disabilities.”

NCDJ Recommendation: Avoid describing someone as “gifted” or “twice exceptional” unless he or she has been diagnosed by a professional.

AP style: Not addressed

Additional material: National Association for Gifted Children,
<https://www.nagc.org/resources-publications/resources/what-giftedness>

Handicap/handicapped/handicapable

Background: The [Oxford English dictionary](#) defines a handicap as “a condition that restricts a person’s ability to function physically, mentally or socially.” The term has fallen out of favor in the disability community. In 2009, the writers of the television show “Glee” introduced the term “handicapable” as a positive alternative to other ways of referring to people with disabilities. However, its use is relatively rare.

NCDJ Recommendation: Avoid using “handicap” and “handicapped” when describing a person. Instead, refer to the person’s specific condition or use “person with a disability.” The terms are still widely used and generally acceptable when citing laws, regulations, places or things, such as “handicapped parking,” although many prefer the term “accessible parking.” Avoid “handicapable” as it will not be understood by many.

Conforms to AP style with regard to “handicap” and “handicapped.” The stylebook does not address “handicapable.”

Hard of hearing

Background: The term “hard of hearing” may be used to refer to people who have a mild to moderate hearing loss that may or may not be corrected with amplification. Those who are hard of hearing usually use speech to communicate.

“Deaf” and “hard of hearing” became the official terms recommended by the World Federation of the Deaf in 1991. Many people in the Deaf community and organizations, including the [National Association of the Deaf](#), support the use of these terms.

Some people with mild or moderate hearing loss may affiliate themselves with the Deaf community and prefer the term deaf. Alternatively, some who are deaf and don’t have a cultural affiliation to the Deaf community may prefer the term “hard of hearing.” Additionally, “hard of

hearing” may refer to any hearing condition that can be helped by an auditory device, according to the [University of Washington](#).

NCDJ Recommendation: “Hard of hearing” is almost always acceptable. However, use the term the person prefers if it’s possible to ask.

AP style: Not addressed

See also Deaf

Hearing impaired/hearing impairment

Background: The terms “hearing impaired” and “hearing impairment” are sometimes used to describe people with hearing loss that ranges from partial to complete. Many dislike the terms because, like the word “handicap,” “hearing impaired” describes a person in terms of a deficiency or what they cannot do. [The World Federation of the Deaf](#) has taken the stance that “hearing impaired” is no longer an acceptable term.

NCDJ Recommendation: For those with total hearing loss, “deaf” is acceptable. For others, “partial hearing loss” or “partially deaf” is preferred. It is best to ask the person which term he or she prefers.

AP style: The stylebook uses “deaf” to describe a person with total hearing loss. For others, it recommends using “partial hearing loss” or “partially deaf.” It does not address use of the term “hearing impaired.”

See also Deaf

High functioning/low functioning

Background: “High functioning” and “low-functioning” are terms used to describe ability levels for people with a variety of conditions, including neurodiversity, intellectual disabilities and mental illness. Many people who live with Down syndrome and their families consider these terms to be dismissive or reductive of a person’s abilities. For example, “emotional intelligence” also is important when considering a person’s overall intelligence, according to the [American Psychological Association](#).

Journalists should consider other ways of describing a person’s ability to function in society. For example, they might say that an individual with Down syndrome lives with minimal or no special assistance.

The term “high-functioning autism” is widely used but is not a medical diagnosis, and some consider it offensive.

NCDJ Recommendation: Avoid using the terms “high functioning” and “low functioning.” Instead, use medical diagnoses and describe an individual’s abilities and challenges, rather than using less-specific labels.

AP style: Not addressed

Identity-first language

Background: Identify-first language contrasts with people-first language. With identity-first language, the disability is mentioned first. For example, “Down syndrome girl” or “autistic boy.” An example of people-first language is “a girl with Down syndrome” or “a boy with autism.” Generally speaking, people-first language is preferred, but in some cases – most notably in the Deaf community and among autistic people – identity-first language is preferred.

NCDJ Recommendation: Ask the person with the disability or a spokesperson for the organization representing a disability for preferred terminology. When that is not possible, use people-first language.

AP style: Not addressed

See also People-first language

Infantile paralysis/poliomyelitis/polio/post-polio syndrome

Background: Infantile paralysis is shorthand for poliomyelitis and was commonly used in the past to describe polio. Its symptoms include muscle weakness and paralysis. Jonas Salk introduced the polio vaccine in the 1950s and drastically reduced cases of polio in the U.S.

According to the [University of Kansas Research & Training Center on Independent Living](#), “post-polio syndrome is a condition that affects some persons who have had poliomyelitis (polio) long after recovery from the disease. It is characterized by new muscle weakness, joint and muscle pain and fatigue.”

NCDJ Recommendation: Use the term polio rather than infantile paralysis. It is preferable to say, “He had polio as a child” or “She contracted polio as an adult” or “He has post-polio syndrome” rather than “He suffers from polio” or “He is a victim of polio.”

AP style: The preferred word is “polio.”

Injury/injuries

Background: “Injury” is commonly used to describe any harm, damage or impairment to an individual as the result of an accident or other event. It is frequently used in such references as “injuries suffered in a car accident.”

NCDJ Recommendation: Refer to injuries as being “sustained” or “received,” rather than “suffered,” as “suffer” implies that an injured person is a victim or somehow less than a person who has not been injured. Use of “sustain” or “receive” removes the implied judgment.

AP style: Disagrees with AP style, which states that injuries are “suffered,” not “sustained” or “received.”

Insane/insanity/mentally deranged/psychopathology

Background: The terms “insane,” “insanity” and “mentally deranged” are commonly used informally to denote mental instability or mental illness but can be considered offensive. The medical profession favors use of the terms “mental disorder” or “psychopathology.” In U.S. criminal law, insanity is a legal question, not a medical one.

NCDJ Recommendation: Use the terms “mental illness” or “mental disorder” instead of “insane” or “mentally deranged,” except in a quote or when referring to a criminal defense.

AP style: Not addressed

Insane asylum/mental health hospital/psychiatric hospital

Background: Hospitals that cared for people with various mental illnesses, often for long periods of time, were once commonly referred to as insane asylums. The term has largely gone out of use and is now considered objectionable and inaccurate.

NCDJ Recommendation: “Mental health hospital” or “psychiatric hospital” are the preferred terms to describe medical facilities specifically devoted to treating people with mental health conditions.

Conforms to AP style

See also Insane/insanity/mentally deranged/psychopathology

Intellectual disabilities/intellectually disabled

Background: An intellectual disability is a disability involving “significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills,” according to the [American Association on](#)

[Intellectual and Developmental Disabilities](#). There is debate over how significant IQ tests are in making a diagnosis.

According to the [National Institutes of Health](#), intellectual disabilities develop in individuals before the age of 18 and affect cognitive abilities.

NCDJ Recommendation: Use people-first language, stating that someone is “a person with an intellectual disability” rather than referring to the person as intellectually disabled

AP style: Not addressed

Invalid

Background: The [Oxford English dictionary](#) defines an invalid as “a person made weak or disabled by illness or injury.” It is probably the oldest term for someone living with physical conditions that are considered seriously limiting. However, it is such a general term that it fails to accurately describe a person’s condition and is now widely viewed as offensive in that it implies that a person lacks abilities.

NCDJ Recommendation: Avoid using “invalid” to describe a person with a disability except in a direct quote.

AP style: Not addressed

Invisible disabilities

Background: The majority of disabled people have disabilities or chronic illnesses that are invisible or hidden. Although many in the general public associate disability only with people using wheelchairs or white canes or who are missing limbs, more people have conditions that can’t be seen but are defined as disabilities under the 1990 [Americans with Disabilities Act](#).

For example, millions of Americans have hearing difficulties, but most do not use sign language and many do not use hearing aids. Mental health conditions are a prevalent invisible disability. Many chronic health conditions also are considered invisible disabilities, depending on their severity and impact on daily living.

Chronic illnesses such as Parkinson’s disease, diabetes, lupus or Crohn’s disease may fall into the category of invisible disabilities. Research from [Cornell University’s Employment and Disability Institute](#) reports that between 2005 and 2010, the most prevalent conditions of people filing employment disability discrimination charges with the Equal Employment Opportunity Commission (EEOC) were invisible disabilities.

NCDJ recommendation: Do not apply the term “invisible disability” to a person without asking what he or she prefers. Many people with chronic illnesses do not consider themselves disabled

and thus may be offended by the term. If a preference is unknown, specify the condition rather than referring to it as a “hidden disability,” which is vague and open to interpretation.

AP style: Not addressed

Lame/lamebrain

Background: “Lame” is a word commonly used to describe difficulty walking as the result of an injury to the leg. Some people object to the use of the word to describe a physical condition because it is used in colloquial English as a synonym for weak, as in “That’s a lame excuse.”

The Merriam-Webster dictionary defines “lamebrain” as “a dull-witted person.”

NCDJ Recommendation: Avoid using “lame” or “lamebrain” to describe a person with a disability except in a quote. In the case of a leg injury, explain instead that an injury resulted in difficulty walking.

AP style: Not addressed

Learning disability

Background: According to the [University of Kansas Research & Training Center on Independent Living](#), learning disability “describes a neurologically based condition that may manifest itself as difficulty learning and using skills in reading (called dyslexia), writing (dysgraphia), mathematics (dyscalculia) and other cognitive processes due to differences in how the brain processes information. Individuals with learning disabilities have average or above average intelligence, and the term does not include a learning problem that is primarily the result of another cause, such as intellectual disabilities or lack of educational opportunity.”

NCDJ Recommendation: Use “learning disability” when the condition has been medically diagnosed. Do not substitute “slow learner” or another derogatory term like “retarded.”

AP style: Not addressed

Little person/little people

See entry on Dwarf, little person/people/midget/short stature

Mental illness/mental disorder

Background: “Mental illness” is an umbrella term for many different conditions that affect how individuals act, think, feel or perceive the world. Mental illnesses also are known as mental disorders. The most common forms of mental illness are anxiety disorders, mood disorders and

schizophrenia disorders. Severity and symptoms vary widely. For more information on mental illness, see the [National Institute for Mental Health](#).

Because of perceived stigma, some people are calling for an end to the use of the term “mental illness,” suggesting instead “a person diagnosed with a psychiatric disorder” or “a person with a mental health history.” Some advocates suggest using the term “mental health experience.” However, the term “mental illness” still is widely used within the medical and psychiatric professions.

The [American Psychiatric Association](#) offers a useful media guide on use of appropriate terms. The association recommends using people-first language to describe mental illness in order to avoid defining a person by his or her disability. “She experiences symptoms of psychosis” is preferable to “She is psychotic;” “He is living with bipolar disorder” is preferable to “He is bipolar.”

The terms “mental illness” and “mental disorder” are not interchangeable. [Healthyplace.com](#) has a [good discussion](#) of the differences.

NCDJ Recommendation: Refer to an individual’s mental illness only when it is relevant to the story and the diagnosis comes from an authoritative source. Whenever possible, specify the specific illness a person has rather than mental illness in general. Always refer to someone with a mental illness as a person first. Use quotes when officials or family members use a term such as “a history of mental illness” to refer to an individual and indicate when appropriate that the diagnosis has not been confirmed.

Conforms to AP style: The stylebook cautions against describing an individual as mentally ill unless clearly pertinent to a story and the diagnosis is properly sourced. Specific disorders should be used and the source of the diagnosis identified whenever possible. The stylebook also warns against drawing a connection between mental illness and violent crime and recommends that any source used to characterize a criminal suspect’s mental health history should have the authority to speak on the matter. Finally, it cautions against “using mental health terms to describe non-health issues. Don’t say that an awards show, for example, was schizophrenic.”

Mental health professional/shrink

Background: There are a number of types of mental health professionals. The following broad definitions are sourced from [Psychology Today](#):

- Psychiatrist: A mental health professional able to prescribe psychotropic medications. Some provide emotional therapy as well as medication management.
- Psychoanalyst: A specific type of psychotherapist trained to work with both an individual’s unconscious and unconscious mind. The field was founded by Sigmund Freud.
- Psychologist: A mental health professional trained in the discipline of psychology and who often does psychological testing and research.
- Psychotherapist: An umbrella term for mental health professionals trained to treat

people for their health problems.

NCDJ Recommendation: Ask the professional how he or she should be identified, based on his or her formal training. Avoid using the word “shrink” in reference to a mental health professional except in a quote.

AP style: Not addressed

Mentally retarded

Background: The terms “mentally retarded,” “retard” and “mental retardation” were once common terms that are now considered outdated and offensive. In 2010, President Barack Obama signed a measure known as “[Rosa’s Law](#)” that replaced the term “mental retardation” with intellectual disability in many areas of government, including federal law.

From “My Heart Can’t Even Believe It: A Story of Science, Love and Down Syndrome,” (Amy Silverman, Woodbine House, 2016):

“The word retarded has a slang-free history. For a long time, it simply meant slow.

According to the Oxford English Dictionary, it’s derived from the Italian word *ritardato*, and the first definition of the adjective version is ‘held back or in check; hindered, impeded; delayed, deferred.’

It’s traced to religion in 1636 (‘he to his long retarded Wrath gives wings’); to medicine in 1785 (‘Polypus, sometimes obstructs the vagina, and gives retarded labour’); and later to politics (‘Arguably, the legacy of communism manifests itself most acutely in the retarded economic development of the east’).

It also means ‘characterized by deceleration or reduction in velocity,’ as in a 1674 reference: ‘When it hath passed ye vertex ye motion changeth its nature, & turneth from an equably accelerated into an equably retarded motion.’

Actual references to retarded intelligence did not come until the turn of the 20th century, with the advent of the IQ test. Then numbers were assigned to words – not just ‘mentally retarded,’ but also terms like imbecile, idiot and moron.”

NCDJ Recommendation: Always try to specify the type of disability being referenced. Otherwise, the term “intellectually disabled” is acceptable. Use people-first language. Ask the person which terms they prefer.

At times, words that are considered outdated may be appropriate because of the story’s historical context. In those cases, attribute the term or note its historic use. For example, “The doctor said he was retarded, a term widely used at the time.”

AP style: “Mentally retarded” should be avoided. The stylebook suggests using terms such as “mentally disabled,” “intellectually disabled” and “developmentally disabled.”

See also Intellectual disabilities/intellectually disabled

Midget

See entry on Dwarf, little person/midget/short stature

Mongoloid

Background: The term was commonly used in the late 19th century to refer to people who had Down syndrome, due to the similarity of some of the physical characteristics of the disorder to Eastern Asian people, who were called Mongoloid, according to the [Oxford English dictionary](#). It is considered highly derogatory to describe someone with Down syndrome as being “mongoloid.”

NCDJ Recommendation: Always avoid the use of “mongoloid” to refer to someone with Down syndrome.

AP style: Not addressed

See also Down syndrome

Multiple personality disorder

See entry on Dissociative identity disorder//multiple personality disorder

Muscular dystrophy (MD)

Background: Muscular dystrophy could refer to any of more than 30 genetic conditions characterized by progressive weakness and degeneration of the muscles that control movement, according to the [National Institute of Neurological Disorders and Stroke](#). Onset could be infancy, childhood, middle age or later.

NCDJ Recommendation: It is acceptable to describe a person as “someone with muscular dystrophy” or “someone living with muscular dystrophy,” followed by a short explanation of what the condition entails. Avoid saying a person “suffers from” or “is afflicted with” the disease. MD is acceptable on second reference.

AP style: Not addressed

Non-disabled

Background: “Non-disabled” refers to someone who does not have a disability.

According to the University of Kansas Research & Training Center on Independent Living, “Non-disabled is the preferred term when the context calls for a comparison between people with and without disabilities. Use ‘nondisabled’ or ‘people without disabilities’ instead of healthy, able-bodied, normal or whole.”

NCDJ Recommendation: “Non-disabled” or “does not have a disability” are acceptable terms when referring to people who do not identify as having a disability. In general, avoid using “able-bodied” except in a quote.

AP style: Not addressed

See also Able-bodied

Neurodiversity

Background: The Oxford dictionary defines neurodiversity as “the range of differences in individual brain function and behavioral traits, regarded as part of the normal variation in the human population (used especially in the context of autism spectrum disorders).” The word was coined in the late 1990s.

[Neurodiversity](#) basically means that brains operate differently – and that that’s not a bad thing. There is an advocacy movement around this concept, and discussion of the “neurodiversity paradigm.” From the blog [neurocosmopolitan.com](#): “The idea that there is one ‘normal’ or ‘healthy’ type of brain or mind, or one ‘right’ style of neurocognitive functioning, is a culturally constructed fiction, no more valid...than the idea that there is one ‘normal’ or ‘right’ ethnicity, gender or culture.”

“Neurotypical” refers to a person who is considered part of the normal variation in the human population.

NCDJ Recommendation: “Neurodiversity” can be used as a way of describing someone on the autism spectrum, but because it’s a relatively new term, consider offering the definition when you use it, particularly in work meant for a mainstream audience.

AP style: Not addressed

Obsessive-compulsive disorder (OCD)

Background: Obsessive-compulsive disorder is an anxiety disorder characterized by unreasonable thoughts and fears that lead to repetitive and often ritualized behaviors or compulsions. OCD may exhibit as a fear of contamination, disarray or intrusion, according to the

[Mayo Clinic](#). People with OCD usually exhibit both obsessions and compulsions but sometimes exhibit only one or the other. OCD is often treated with pharmaceutical drugs, psychotherapy methods, or a combination of the two.

NCDJ Recommendation: Refer to someone as having OCD only if the information is relevant to the story and the person has been formally diagnosed by a medical professional. Do not use OCD as an adjective for someone who obsesses over certain things but has not been formally diagnosed with the disorder. Use “obsessive-compulsive disorder” on first reference; OCD is acceptable in second reference.

AP style: Not addressed

Paraplegia/paraplegic

Background: Paraplegia is defined as the impairment or loss of movement in the lower extremities and torso. It is typically caused by a spinal cord or brain injury. Referring to someone as a “paraplegic” is offensive to some as it implies that their condition defines them.

NCDJ Recommendation: Avoid referring to an individual as a paraplegic. Instead, say the person has paraplegia. Sometimes people with paraplegia refer to themselves as a “para.” In those cases, use the word in quotes.

AP style: Not addressed

Partial hearing loss/partially deaf

Background: “Hard of hearing” is the most common term for those who have a mild to moderate hearing loss that may or may not be corrected with amplification.

NCDJ Recommendation: Ask the individual what term he or she prefers. Otherwise, “hard of hearing” is almost always acceptable.

AP style: The stylebook recommends using “partial hearing loss” or “partially deaf” for those who have some hearing loss.

See also entries on Deaf; Cochlear implant and Hard of hearing

Patient/sick

Background: Members of the disability community argue that characterizing people with a disability as “sick” or referring to them as “patients” signals there is something unwell about them or that they are need of medical attention, when, in fact, that may not be the case.

NCDJ Recommendation: Avoid referring to someone with a disability as “sick” or to their disability as a “sickness.” If a person is receiving medical treatment, then the word “patient” is appropriate; however, it should be avoided outside of a medical context.

AP Style: Not addressed

People-first language

Background: People-first language avoids defining a person in term of his or her disability. In most cases, this entails placing the reference to the disability after a reference to a person, as in “a person with a disability,” or “a person living with a disability,” rather than “the disabled person.”

The National Center on Birth Defects and Developmental Disabilities of the Centers for Disease Control & Prevention offers an easy-to-follow [guide](#) on people-first language.

People-first language is not preferred by all people with disabilities. Specifically, some members of the autism and Deaf communities prefer identity-first language.

NCDJ Recommendation: Ask the person with a disability or a spokesperson for the organization representing a disability for preferred terminology. When that is not possible, use people-first language.

AP style: Not addressed

See also Identity-first language

Posttraumatic stress disorder (PTSD)

Background: Post-traumatic stress disorder is an anxiety disorder usually caused by an extremely emotional traumatic event, according to the [National Center for PTSD](#). Such events may include assault, war, sexual assault, natural disasters, car accidents or imprisonment. Symptoms may include reliving the traumatic event, avoidance of certain behaviors, negative emotions or physical symptoms such as dizziness or nausea.

NCDJ Recommendation: Refer to someone as having PTSD only if the information is relevant to the story and the person has been formally diagnosed by a medical professional. “Posttraumatic stress disorder” is correct on first reference; use PTSD on second reference. Many medical organizations do not use a hyphen when spelling “post-traumatic;” however The Associate Press still does. The term “flashback” may be used to denote reliving an event that triggered the PTSD.

AP style: Post-traumatic stress disorder is a type of mental illness. PTSD is acceptable on second reference.

Prelingually deaf/postlingually deaf/late-deafened

Background: “Prelingually deaf” refers to individuals who were born deaf or became deaf prior to learning to understand and speak a language, according to Gallaudet University, a university for the education of the deaf and hard of hearing in Washington, D.C. “Postlingually deaf” or “late-deafened” describes a person who lost hearing ability after he or she learned to speak a language.

NCDJ Recommendation: All the terms are acceptable, although explanation is required for a general audience.

AP style: Not addressed

See also Deaf

Psychotic/psychosis

Background: Psychosis is a broad term used to describe symptoms of certain mental health problems that include delusions or hallucinations or other loss of contact with reality. People with psychosis are described as psychotic. In common usage, “psychotic” often is used in the same way as the word “crazy,” and thus can be offensive and inaccurate.

NCDJ Recommendation: Use the words “psychotic” and “psychosis” only when they accurately describe a medical experience. Avoid using “psychotic” as an adjective to describe a person; instead refer to a person as “having a psychotic condition” or “experiencing a psychosis.” Avoid using the terms colloquially.

AP style: Not addressed

See also Mental illness/mental disorder

Quadriplegia/quadruplegic

Background: Quadriplegia is defined as the paralysis of all four limbs as well as the torso. It often is caused by a spinal cord or brain injury and is characterized by the loss of sensory and motor function. Paraplegia is similar but does not affect the arms. People with these conditions often are referred to as “quadriplegics” and “paraplegics,” but these terms are considered offensive by some. “Tetraplegia” is used interchangeably with “quadriplegia.”

NCDJ Recommendation: Use people-first language, such as “a person with quadriplegia,” or “a person living with quadriplegia” rather than “quadriplegic”, since the latter implies that the

condition defines them. Sometimes people with quadriplegia refer to themselves as “quads.” In these cases, use in quotes.

AP style: Not addressed

See also Tetraplegia/tetraplegic

Retarded

See entry on Mentally Retarded

Schizophrenia/schizophrenic

Background: Schizophrenia is a severe and chronic mental illness characterized by distorted recognition and interpretations of reality, affecting how an individual thinks, feels and acts, according to the [National Institute of Mental Health](#). Common symptoms include visual and auditory hallucinations, delusional and disordered thinking, unresponsiveness, a lack of pleasure in daily life and other social issues. It does not involve split personalities. Less than one percent of the general population has schizophrenia, and it is treated mostly through the use of pharmaceutical drugs.

NCDJ Recommendation: Refer to someone as having schizophrenia only if the information is relevant to the story and if the person has been formally diagnosed by a licensed medical professional. Use people-first language, stating that someone is “a person with schizophrenia,” “a person living with schizophrenia,” or “a person diagnosed with schizophrenia” rather than a “schizophrenic” or “a schizophrenic person.” Do not use the word “schizophrenic” colloquially as a synonym for something inconsistent or contradictory.

AP style: Schizophrenia is classified as a mental illness. The stylebook cautions against using mental health terms to describe non-health issues. “Don’t say that an awards show, for example, was schizophrenic.”

Seizure

Background: According to the Mayo Clinic: “A seizure is a sudden, uncontrolled electrical disturbance in the brain. It can cause changes in your behavior, movements or feelings, and in levels of consciousness. If you have two or more seizures or a tendency to have recurrent seizures, you have epilepsy. There are many types of seizures, which range in severity. Seizure types vary by where and how they begin in the brain. Most seizures last from 30 seconds to two minutes. A seizure that lasts longer than five minutes is a medical emergency. Seizures are more common than you might think. Seizures can happen after a stroke, a closed head injury, an infection such as meningitis or another illness. Many times, though, the cause of a seizure is unknown.”

NCDJ Recommendation: Do not assume that a person who has had a seizure has epilepsy. Use the term only when there has been a medical diagnosis.

AP style: Not addressed

See also Epilepsy/epileptic/epileptic fit

Service animal/assistance animal/guide dog/Seeing Eye dog

Background: Service animals are trained animals, usually dogs, that provide services to people with disabilities. They also are sometimes called “assistance animals,” “guide dogs,” or “Seeing Eye dogs.”

The federal definition of a “service animal” applies to “any guide dog, signal dog or other animal trained to do work or perform tasks for the benefit of an individual with a disability.” This may include animals that guide individuals with impaired vision, alert individuals with impaired hearing to intruders or sounds, provide minimal protection or rescue work, pull a wheelchair or fetch dropped items. If they meet this definition, animals are considered service animals under the ADA, regardless of whether they have been licensed or certified. For more information, consult the U.S. Department of Justice Civil Rights Division [Disability Rights Section](#).

NCDJ Recommendation: The terms “service animal,” “assistance animal” and “guide dog” all are acceptable. Avoid use of “Seeing Eye dog” as Seeing Eye is a registered trademark of The Seeing Eye school in Morristown, N.J. Be aware that licensure and/or certification of service animals is a contentious issue in the disability community, so it may be best to refer to the federal definition.

AP style: There is no entry for service animal. The stylebook notes the Seeing Eye dog trademark and suggests that “guide dog” be used instead.

Short stature

See entry on Dwarf/little person/midget/short stature

Spastic/spaz

See entry on Cerebral palsy

Special/special needs/functional needs

Background: The term “special needs” was popularized in the U.S. in the early 20th century during a push for special needs education to serve people with all kinds of disabilities. The word “special” in relationship to those with disabilities is now widely considered offensive because it euphemistically stigmatizes that which is different.

The term “special education” is still widely used when referring to public school programs, although some government entities use titles like “exceptional student services.”

NCDJ Recommendation: Avoid using these terms when describing a person with a disability or the programs designed to serve them, with the exception of government references or formal names of organizations and programs.

It is more accurate to cite the specific disability or disabilities in question. The term “functional needs” is preferred when a term is required. For example, “addressing the functional needs of people with disabilities” could be used when referring to a facility or program.

AP style: Not addressed

Spina bifida

Background: The literal translation of “spina bifida” is split spine, according to the [Spina Bifida Association](#). The condition is a neural tube defect that occurs when the spinal column does not close all the way in the womb. It is the most common neural tube defect in the U.S. There are four types of spina bifida. For a complete definitions, visit the [Spina Bifida Association website](#). Complications from spina bifida range from minor physical problems to significant intellectual and physical disabilities.

NCDJ Recommendation: It is acceptable to describe a person as “someone with spina bifida” or “someone living with spina bifida,” followed by a short explanation of what their condition entails, if it is pertinent to the story.

AP style: Not addressed

Stuttering/stammering

Background: Stuttering is a speech disorder characterized by repeated or prolonged words, sounds or syllables that affect the flow or fluency of speech, according to the [National Institute on Deafness and Other Communication Disorders](#). Stuttering often is involuntary and can be accompanied by rapid blinking or lip tremors. Stuttering symptoms typically manifest in early childhood. While many children outgrow stuttering, a small percentage of adults stutter as well. The [American Speech-Language-Hearing Association](#) notes that most stuttering can be treated by behavioral therapies.

There is some ambiguity about the difference between stuttering and stammering and which term is appropriate in different contexts. However, organizations such as the [National Institute on Deafness and Other Communication Disorders](#), the [Mayo Clinic](#) and the [National Stuttering Association](#) generally use the term “stuttering” to refer to the speech disorder. The [Diagnostic and Statistical Manual of Mental Disorders](#) debuted the new term “childhood-onset fluency

disorder” to refer to stuttering, along with a few new criteria for its diagnosis. However this term is not yet widely used.

NCDJ Recommendation: The word “stuttering” is preferred over “stammering.” Do not refer to an individual as “a stutterer.” Rather, use people-first language, such as “a person who stutters.” Refer to stuttering only if it is relevant to the story.

AP style: Not addressed

Suffers from/victim of/afflicted with/stricken with

Background: These terms carry the assumption that a person with a disability is suffering or has a reduced quality of life. Not every person with a disability suffers, is a victim or is stricken.

When renowned scientist Stephen Hawking died in 2018, media accounts referred to him as “finally free” of the wheelchair he used for decades. The references angered disability advocates who argued that Hawking achieved remarkable success while using a wheelchair and a computerized voice system, not despite those devices.

NCDJ Recommendation: It is preferable to use neutral language when describing a person who has a disability, simply stating the facts about the nature of the disability. For example: “He has muscular dystrophy” or “he is living with muscular dystrophy” and avoiding characterizing those conditions as afflictions.

Conforms to AP style that suggests avoiding “descriptions that connote pity.”

Suicide

Background: [The World Health Organization](#) recommends avoiding language that sensationalizes or normalizes suicide or presents it as a solution to problems. For example the terms “failed attempt” or “successful” or “completed attempt” depict suicide as a goal, project or solution. Some argue that the term “commit” implies that suicide is a criminal act, while others view the term “commit” is neutral.

NCDJ Recommendation: The NCDJ endorses The Associated Press style, below.

AP style: Avoid using “committed suicide” except in direct quotations from authorities. Alternate phrases include “killed himself,” “took her own life” or “died by suicide.” The verb “commit” with “suicide” can imply a criminal act. Laws against suicide have been repealed in the United States and many other places. Do not refer to an “unsuccessful suicide attempt.” Refer instead to an “attempted suicide.” “Medically assisted suicide” is permitted in some states and countries. Advocacy groups call it “death with dignity” or “right-to-die,” but AP does use those phrases on their own. When referring to the legislation whose name includes “death with dignity,” “right-to-die” or similar terms, say the law or proposal allows “the terminally ill to end

their own lives.” If the term is in the name of a bill or law, make that clear. “Euthanasia” should not be used to describe “medically assisted suicide” or “physician-assisted suicide.”

Survivor/battle

Background: Some use the term “survivor” to affirm their recovery from or conquest of an adverse health condition. Common usages include “cancer survivor,” “burn survivor,” “brain injury survivor” or “stroke survivor.” However, the terms are disliked by some because they imply that those who die simply did not fight hard enough. For similar reasons, there is disagreement about characterizing disease or illness as a “battle,” as in “to battle cancer.” These [arguments surfaced](#) after U.S. Senator John McCain died in the summer of 2018.

NCDJ Recommendation: Terms such as “battle” and “survivor” are still widely accepted and understood, but the user should be aware that they could offend some people.

AP style: Not addressed

Tetraplegia/tetraplegic

Background: Tetraplegia, used interchangeably with quadriplegia, is defined as the paralysis of all four limbs as well as the torso. It often is caused by a spinal cord or brain injury and is characterized by the loss of sensory and motor function. Paraplegia is similar but does not affect the arms. People with these conditions often are referred to as “quadriplegics” and “paraplegics,” but these terms are considered offensive by some.

NCDJ Recommendation: Use people-first language, such as “a person with tetraplegia” rather than tetraplegic, since this implies that the condition defines them.

AP style: Not addressed

See also [Quadriplegia](#)

Trigger

Background: Psychological triggers are words, images or sounds that activate phobias, panic attacks or flashbacks to unpleasant events or trauma. The concept of triggering originated with early psychoanalytical diagnoses of posttraumatic stress disorder, called “war neuroses,” in WWI veterans. News reports covering sensitive topics, such as abuse, assault, addiction, suicide, combat and violence, frequently contain descriptive scenarios that can deeply effect audiences. People with certain mental illnesses and phobias may find content shocking if it unexpectedly sparks unpleasant memories. Trigger warnings communicate that upcoming content may produce unpredictable and unwelcome reactions for some readers. They give audiences a choice in

whether or not to proceed with consuming the information. However, some readers object to trigger warnings and view them as patronizing and stifling to academic freedom.

NCDJ Recommendation: If you're an educator, consider alerting students ahead of time if content contains graphic descriptions of traumatic events. It also may be appropriate to include such warnings in material for broadcast or digital distribution. Triggers can be hard to predict and vary from individual to individual, but communicating the nature of your content builds trust in audiences. Don't use the term "trigger warning" in a flip or casual way.

AP Style: Not addressed

Tourette syndrome/Tourette's syndrome/Tourette's disorder

Background: Tourette syndrome is a neurological disorder characterized by tics, or sudden, purposeless and rapid movements or vocalizations, according to the [National Institute of Neurological Disorders](#). Such tics are recurrent, involuntary and non-rhythmic, with the same tics occurring each time. The disorder was originally named for French neurologist Dr. Georges Gilles de la Tourette, who first described the condition in 1885, according to the [National Institute of Neurological Disorders and Stroke](#).

While those with Tourette syndrome often can suppress tics by focusing on them, the disorder also can be treated with medication, relaxation techniques and therapy. Although involuntary cursing is commonly thought to be a key trait of the disorder, only a minority of those with Tourette syndrome [exhibit this symptom](#).

Terminology for the disorder is varied. It is interchangeably referred to as "Tourette syndrome," "Tourette's syndrome" and "Tourette's disorder." However, prominent mental health organizations such as the Mayo Clinic, the Centers for Disease Control and Prevention, as well as the Tourette Syndrome Association, refer to it as "Tourette syndrome."

NCDJ Recommendation: Use "Tourette syndrome," with no possessive or capitalization of syndrome. Refer to someone as "having Tourette syndrome" only if the information is relevant to the story and if the person has been formally diagnosed by a medical professional. Use people-first language, stating that someone is "a person with Tourette syndrome," "a person living with Tourette syndrome" or "a person diagnosed with Tourette syndrome." Avoid the acronym TS as it is not widely known.

AP style: Not addressed

Treatment/treatment center/rehab center/detox center

Background: Treatment is defined by the [American Society of Addiction Medicine](#) as the use of any planned, intentional intervention in the health, behavior, personal and/or family life of an individual living with alcoholism or another drug dependency designed to achieve and maintain

sobriety, physical and mental health and maximum functional ability. A treatment center is an establishment usually run by psychiatric or medical professionals.

NCDJ Recommendation: “Treatment” is an acceptable term for medical interventions, and “treatment center” is acceptable for the establishment in which such practices take place. Use “treatment center” in place of “rehab” or “detox” center. A person enrolled in a treatment center should be referred to as a patient.

AP style: Not addressed

Vegetative state/vegetable/comatose/non-responsive

Background: The [Merck Manual](#) defines vegetative state as the absence of responsiveness or consciousness in which a patient shows no awareness of his or her environment. Patients may exhibit eye movements and other involuntary movements. A minimally conscious state is one in which a patient has some awareness of self and/or the environment. Referring to a person in vegetative state as a “vegetable” is considered offensive.

NCDJ Recommendation: It is preferable to use precise medical terminology or, if that is not possible, terms such as “comatose” or “non-responsive.” If using the term “vegetative state,” employ people-first language, such as “a person in a vegetative state.” Avoid referring to someone as “a vegetable” or “veg,” as such words dehumanize the person.

AP style: The stylebook allows the use of “vegetative state,” describing it as “a condition in which the eyes are open and can move, and the patient has periods of sleep and periods of wakefulness, but remains unconscious, unaware of self or others.”

Wheelchair/wheelchair-bound/confined to a wheelchair

Background: People who use mobility equipment such as a wheelchair, scooter or cane consider the equipment part of their personal space, according to the [United Spinal Association](#). People who use wheelchairs have widely different disabilities and varying abilities.

NCDJ Recommendation: It is acceptable to describe a person as “someone who uses a wheelchair,” followed by an explanation of why the equipment is required. Avoid “confined to a wheelchair” or “wheelchair-bound” as these terms describe a person only in relationship to a piece of equipment. The terms also are misleading, as wheelchairs can liberate people, allowing them to move about, and they are inaccurate, as people who use wheelchairs are not permanently confined in them, but are transferred to sleep, sit in chairs, drive cars, etc.

Conforms to AP style