



HEALTH & DISABILITY COMMISSIONER
TE TOIHAU HAUORA, HAUĀTANGA

Making Communication easy

Useful tips to make it easy to communicate effectively
with people with impairments

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Introduction

This resource has been produced to:

- identify some stereotypes that can distort our understanding of impairment and have a negative impact on how we interact with people with impairments;
- offer guidelines on the use of appropriate language associated with impairment; and
- make it easy to communicate effectively with people with impairments.

Respecting people is a positive, active way of living in our diverse community. As the following extract from the New Zealand Disability Strategy suggests, thoughtlessness and inaction can have negative effects on those around us.

We live in a disabling society. The New Zealand Disability Strategy presents a plan for changing this.

Disability is not something individuals have. What individuals have are impairments. They may be physical, sensory, neurological, psychiatric, intellectual or other impairments.

Disability is the process which happens when one group of people creates barriers by designing a world only for their way of living, taking no account of the impairments other people have. Our society is built in a way that assumes that we can all move quickly from one side of the road to the other; that we can all see signs, read directions, hear announcements, reach buttons, have the strength to open heavy doors and have stable moods and perceptions.

Although New Zealand has standards for accessibility, schools, workplaces, supermarkets, banks, movie theatres, marae, churches and houses are, in the main, designed and built by non-disabled people for non-disabled users. This is our history of disability in New Zealand.

Disability relates to the interaction between the person with the impairment and the environment. It has a lot to do with discrimination, and has a lot in common with other attitudes and behaviours such as racism and sexism that are not acceptable in our society.

People and groups of people should not be judged by one particular aspect of their lives — whether it's their race, gender, age or impairment. Individual beliefs and assumptions, as well as the practices of institutions, mean that many disabled people are not able to access things that many non-disabled people take for granted.

Models of disability

Two traditional models of understanding disability have been the Medical Model and Social Model.

Historically, the “medical model” of disability was used for development of support services for people with various impairments. This model considers impairment as a personal problem — something that needs to be “fixed”. As a result, many support services have focused on “clinical interests”. Large hospital-style residential institutions used in the twentieth century to house people with impairments were a result of the medical model of viewing disability.

The Social Model of Disability, on the other hand, places the emphasis on environmental rather than personal deficiencies. It talks about identifying and removing barriers in the social and physical environment that prevent the full participation of people with impairments in the community and making a useful contribution to the society.

In recent times, the third model of understanding disability has emerged — the Human Rights model of disability. The human rights approach originated from the social model of disability primarily as a response to the global challenge to the oppression of disabled people.

The Human rights approach embodies the values of respect for differences, equality of opportunity, and full participation in all aspects of social life. It is well known that the Social Model advanced the argument that if society cannot cater for people with disabilities, it is society that must change. While this may have appeared to have been a solution to the struggle of the disability movement for recognition and acceptance, it clearly did not respond to the principles of dignity, respect, equality and social justice. What the disability movement advocated for was that disability should be viewed as a human rights and development issue.

Moodley, S (2006)

The preamble to the United Nations Convention on the Rights of Persons with Disabilities talks about “reaffirming the universality, indivisibility, interdependence and interrelatedness of all human rights and fundamental freedoms and the need for persons with disabilities to be guaranteed their full enjoyment without discrimination”.

Common stereotypes

Before we look at how we can interact positively with people with impairments, we need to be aware of common stereotypes and see how damaging they can be.

Stereotypes strip people of their individuality and oversimplify qualities that may bear little relation to the truth.

Stereotyping pitfalls can be divided into the following three broad categories.

Physiological

People often tend to focus on the impairment of a person or the limitations caused by it as opposed to the varied qualities and attributes the person may have. The reference to a person's impairment is not necessary unless impairment is the topic of the discussion. For example, Stevie Wonder is a musician; the fact that he is "a blind musician" will be relevant only in a discussion of visual impairment or physical impairment among, say, entertainers or musicians.

Emotional and moral

It is also easy to imbue people with emotional or moral qualities — whether positive or negative — based purely on an impairment they may have. Be careful not to imply that people with impairments are to be feared, pitied or ignored, or, on the other hand, that they are more courageous, special or heroic than others. A person with impairment should be allowed the same range of emotions and responses, good and bad, as any other person.

Comparative

The use of the word "normal" to refer to people without impairment is restrictive and offensive, and should be avoided.

Stereotypes to avoid

- People with impairments are objects of pity and charity.
- People with impairments lead boring, uneventful lives.
- People with impairments are asexual.
- People with impairments do not have the same emotional needs or desires as other people.
- People with impairments are shameful or embarrassing.
- Those who excel in any field are superheroes.
- Families, particularly partners of people with impairments, are exceptionally heroic or special.
- Those who do things like get married and have children are extraordinary.
- Impairment is a monumental tragedy.

Quick reference guide to communication

- When communicating with a person with impairment, face and speak directly to the person rather than to a support person or sign language interpreter who may also be present.
- Never speak about the person as if he or she is invisible, cannot understand what is being said, or is unable to speak for him- or herself.
- Do not put people with impairments on a pedestal or talk to them in patronising terms as if performing normal, everyday activities were exceptional.
- Always respect the person's dignity, individuality and desire for independence. If you think help may be required in a given situation, do not assist without asking first.
- Refer to adults with impairment in the same way you would refer to any other adult. Do not refer to them by their first names where in similar circumstances you would use a title such as Mr, Ms or Dr with a non-disabled person.

People with impairments are the experts on their own needs and preferences.

Therefore, if in doubt about how to behave or speak in a given situation, simply ask the person concerned.

General guidelines on the use of language

This material only offers some general guidelines on appropriate versus inappropriate language. Always measure how you interact with people with impairments in the context of their individual circumstances.

- Focus on the person's individuality, rather than the impairment.
- Refer to a person's impairment only if it is essential to the conversation, or if the person raises the topic or indicates that he or she wants to discuss it.
- Do not use words that imply pity for people with impairments, eg, "suffering from", "victim of", "unfortunate", "afflicted with".
- Emphasise abilities, not disabilities. For example, say "uses a wheelchair" rather than "cannot walk" or "confined to a wheelchair" — a wheelchair provides new opportunities, it does not confine.
- Use the term "non-disabled" when describing a person without disabilities. "Able-bodied" is less appropriate because it implies that all people with impairments have physical disabilities. Using the term "Normal" is also not appropriate as it is highly subjective, ie, who or what is normal?
- Do not refer to people with impairments as patients, unless they are receiving medical treatment. Impairment is not an illness.
- Do not perpetuate negative stereotypes by implying that people with impairments are helpless. Do not use terms such as "invalid" or "crippled".
- Avoid patronising stereotypes that imply people with impairments are courageous in the face of adversity, patient, endowed with special gifts as compensation for their impairment, or childlike.
- Do not ridicule someone because of impairment — this is oppressive behaviour and should not be tolerated. At the same time, an attitude that is patronising or shows fake enthusiasm is also demeaning.

Mind your language: Words to watch

Words can be powerful weapons. Take care with the language you use when talking with or about people with impairments. The following list may be of help.

Words to watch	Alternatives
Abnormal, subnormal Negative terms that imply failure to achieve a mythical normality.	Specify the impairment — for example, Hemi has multiple sclerosis.
Afflicted with Most people with impairments do not consider themselves as afflicted.	Has [impairment] — for example, Hemi has multiple sclerosis.
Birth defect, congenital defect, deformity	Has had impairment since birth; has a congenital impairment.
Confined to a wheelchair, wheelchair-bound A wheelchair provides mobility, not restriction.	Uses a wheelchair.
Cripple, crippled These terms convey negative images.	Has a physical or mobility impairment.
Deaf and dumb, Deaf and mute The term “dumb” is offensive as it implies a cognitive defect. Also, many deaf people choose not to use their voice but are not actually “mute”.	Deaf or Hearing impaired. If the person is totally Deaf then use the term “Deaf”. If the person has some hearing, then use the term “hearing impaired”.
Defective, deformed These are clearly degrading terms.	Has a physical impairment
Disabled organisation/ Disabled parking space/ Disabled toilets The organisation or the parking space or the toilet facility is not disabled.	Disability organisation, Mobility parking, Accessible toilet facilities.

Words to watch	Alternatives
<p>Epileptic This term defines the whole person by the impairment and incorrectly describes the associated condition.</p>	<p>Person with epilepsy.</p>
<p>Fit, attack, spell</p>	<p>Seizure.</p>
<p>Handicapped Many people view this term as insulting.</p>	<p>Person with impairment.</p>
<p>Insane, lunatic, maniac, mental patient, mentally diseased, neurotic, psycho, unsound mind, etc These are highly derogatory terms.</p>	<p>Has intellectual impairment, or uses mental health services.</p>
<p>Invalid The literal sense of the word is “not valid”.</p>	<p>Person with impairment.</p>
<p>Mentally retarded, defective, feeble-minded, imbecile, moron, retarded These are offensive, inaccurate terms.</p>	<p>Person with an intellectual impairment.</p>
<p>Mongol This term is outdated and derogatory.</p>	<p>Down Syndrome (not Down’s).</p>
<p>Physically/intellectually/vertically challenged, differently able These are euphemisms for impairment and can imply condescension or disrespect.</p>	<p>Person with impairment.</p>

Words to watch

Alternatives

Spastic

This term usually refers to a person with cerebral palsy or who has uncontrollable spasms. It is derogatory, and is often used as a term of abuse. It should never be used as a noun.

Person with impairment.

Special

Over- and often inappropriately used (eg, “a special person”, “a special story”, “a special achievement”).

Describe the person, event or achievement as you would do for anyone else.

Suffers from, sufferer, stricken with, victim of

Not all people with impairments suffer or are victims. These terms should not be used indiscriminately.

Person with impairment.

Vegetative

This descriptor is offensive and degrading.

In a coma or comatose or unconscious

Impairment-specific communication strategies

Visual impairment

When communicating with someone with a vision impairment, it is important to remember that the impairment does not affect the person's ability to think or to hear. Speak in a normal tone. Consider the following suggestions:

- Touch the person lightly on the arm or address him or her by name to gain attention when you wish to start a conversation.
- Ask the person if he or she would like to be oriented to the room in which the conversation is taking place.
- Tell the person about any obstacles in the room.
- Use descriptive words (such as “in front of you”, “at eleven o'clock”) instead of vague language (such as “over there”). Keep in mind that a person with a visual impairment cannot relate to hand or facial gestures.
- Feel free to use visual words such as “look” and “see”, if the individual circumstances make this appropriate. Expressions such as these are commonly used by people who have little or no eyesight.
- Always ask permission before interacting with a person's guide dog.
- When acting as a sighted guide, let the person hold your arm, rather than you trying to take the person's arm. Propelling the person ahead of you is dangerous. The person will be guided by the motion of your body while you walk and, if you are half a step ahead, it will warn the person of potential hazards such as steps.
- Let the person know if you are leaving, so that he or she does not continue to talk after you have left.

Deaf or hearing impairment

The word “Deaf” spelt with a capital “D” denotes a culture and a community. This description of deafness is most commonly applied to those who are deaf at birth or in very early childhood. The use of sign language is the principal characteristic of people who identify with this culture and community.

With a small “d”, deaf refers simply to hearing loss (eg, “deaf children” means children with impaired hearing who may not yet have had contact with the Deaf community). The medical view is based on a condition of a lack of hearing in the range of sound common to most people. Words such as “profound, severe, or moderate hearing loss” are used to show how much a person’s hearing differs from the general range. Terms such as “hearing impaired” can be used to describe people who have hearing loss but who do not choose to be part of the Deaf community.

- Do not try to second-guess what assistance an individual requires — this can make everyone uncomfortable and can lead to embarrassing situations. People will have different needs for assistance — do not assume that assistance is always needed. Ask if help is needed, and let the person describe what he or she needs.
- Face the person and speak directly and clearly.
- If a person is using a sign language interpreter, speak directly to the person and not to the interpreter. The interpreter acts as a conduit, conveying the conversation in an accessible way, not speaking on behalf of the person. Focus on the relationship with the person. This also applies when using the telephone relay service. Speak directly to the person, not to the relay assistant.
- Use drawings, writing and gestures to assist you in communicating.
- Make sure lighting levels are adequate.
- Be aware of jargon used on the job and avoid it whenever possible.
- Find ways to fully include the person with a hearing impairment in group conversations. For example, repeat discussion questions and statements made by other participants in a meeting or presentation.
- It is OK to ask the person to repeat something if you are unable to understand the speech of a person with a hearing impairment. If this does not work, try using written notes.

Speech impairment

- Be relaxed and concentrate on what the person is saying.
- Ask the person to repeat what was said, if you do not understand something, and then repeat it back to ensure you have got it right.
- Be patient; take and give as much time as necessary to communicate effectively.
- Ask questions that require only short answers, or a nod of the head, when appropriate.
- Avoid communication in noisy, public places. Talk in a private, quiet area whenever possible.
- Do not speak for the person or attempt to finish his or her sentences.
- Consider writing or using email as an alternative means of communicating if you are having difficulty understanding what a person is saying.

Mobility impairment

- Do not assume that your help is needed or wanted — ask first. If the person would like help, ask how you can help. The person will use his or her own experience to direct you in the most effective way of dealing with the situation.
- Consider a person's wheelchair as an extension of that person's body. Therefore, leaning on the wheelchair or placing your foot on a wheel is not OK.
- Speak in a normal voice to a person who uses a wheelchair, cane or crutches.
- Ask a person who uses a wheelchair if he or she would like to move to a place where you could sit and speak at an appropriate eye level if you are likely to speak for a long time. If in doubt, ask the person for his or her preference.
- Feel free to use phrases such as “walk this way” with a person who cannot walk. Expressions such as these are commonly used by people who use a wheelchair.

Intellectual impairment

- Use plain language and speak with shorter sentences, but do not talk down to the person. Describing a person with an intellectual impairment as functioning with skills comparable to a child of a certain age is not necessarily helpful. Regardless of a person's cognitive ability, if you are dealing with an adult, talk to the person and treat the person as an adult and not as a child.
- Speak directly with the individual, and not with any support person, unless told otherwise.
- Be patient; take and give as much time as necessary to communicate effectively.
- Ask the person to repeat what was said, if you do not understand something, and then repeat it back.
- Always ensure that the person has understood what you have said by politely asking him or her to repeat, if required.

References

The following sources provided valuable information and insight for this booklet. They also contain a wealth of other material.

NZ Disability Strategy

<http://www.odi.govt.nz/publications/nzds/index.html>

Victoria University website

<http://www.vuw.ac.nz/home/publications/disabilities/staffguide/strategy.html>

“What did you say?”

NZCCS Information Service (link not available)

NZ Foundation of the Blind website

<http://www.rnzfb.org.nz/>

Deaf Association of NZ website

<http://www.deaf.co.nz/>

University of Washington website

http://www.washington.edu/doi/Careern/strat_work.html

A Way with Words

<http://www.disability.qld.gov.au/publications/waywithwords.pdf>

Dawn Ontario: Disabled Women’s Network Ontario website

http://dawn.thot.net/disability_guide.html

Moodley, S (2006). The development of the disability rights movement

http://www.internationaldisabilityalliance.org/documents/Moodley_SEMINAR%20presentation.doc

The United Nations Convention on the Rights of Persons with Disabilities

<http://www.un.org/disabilities/convention/conventionfull.shtml>

For further information and help:

The Nationwide Advocacy Service

Free Phone: 0800 555 050

Free Fax: 0800 2 SUPPORT / 0800 2787 7678

Email: advocacy@hdc.org.nz

The Health and Disability Commissioner

PO BOX 1791, Auckland - 1140

Auckland: (09) 373 1060

Wellington: (04) 494 7900

Other areas: 0800 11 22 33

Email: hdc@hdc.org.nz

Website: www.hdc.org.nz



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