

Write With Dignity

Reporting on People With Disabilities

by
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and
The League of Human Dignity

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A Gilbert M. and Martha H. Hitchcock Center
Publication

Publisher's Note

The author of this booklet, Bill Rush, who experiences quadriplegia, received his Bachelor's degree with Distinction from the School of Journalism, University of Nebraska-Lincoln, in 1983.

This booklet grew out of his own sensitivities and his professional experiences while writing about people who experience disabilities.

The format of the booklet is designed so that it can be slipped into the AP Style Books used by most news organizations in the country.

The booklet was published as part of the continuing efforts of the Hitchcock Center's service to American journalism. The Gilbert M. and Martha H. Hitchcock Center for Graduate Study and Professional Development is an integral part of the University of Nebraska-Lincoln, School of Journalism.

For additional copies, contact the Hitchcock Center, School of Journalism, 206 Avery Hall, Lincoln, Nebraska 68588-0127.

Acknowledgement

Thank you to the League of Human Dignity, Nebraska's Independent Living Center for Persons with Disabilities for giving all rights to this document to Bill's wife Chris Robinson. Chris is making this available to anyone for download.

A \$5 donation is suggested. Please send to Nebraska Advocacy Services in the name of "William Rush Memorial". 134 South 13th Street, Suite 600, Lincoln, NE 68508.

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Preface

Your words can help your readers, listeners, and viewers see the whole person, not just the disability. The League of Human Dignity has therefore prepared this style booklet to guide you in preparing information about people with disabilities. We hope this will assist you in writing and editing stories of the highest quality in empathy, not sympathy.

This booklet is divided into three sections. The first part is a dictionary of words and phrases in alphabetical order that are used (or avoided) by people with disabilities. Following each word there is a brief explanation of when it is appropriate.

The second section is suggestions for interviewing people with disabilities.

The final part is a list of disabilities with a brief description of each, drawn in part from **The Source Book for the Disabled**, edited by Glorya Hale and in part from **Within Reach** by The Task Force on Concerns of Physically Disabled Women.

Part I
MAIN STYLEBOOK
(in alphabetical order)

Attitudinal barriers – See Handicap meaning No. 1

Afflicted/Affliction – Connotes pain and suffering. Most individuals with disabilities are not in pain, nor do they suffer because of their disability.

Architectural barriers – See Handicap meaning No. 1

Confined – People with disabilities are not more “confined to a wheelchair” than people with poor vision are “confined to their eyeglasses.” Try “uses a wheelchair for mobility,” or “has a wheelchair,” or “gets around by wheelchair.”

Crippled – Avoid this word unless talking about an object.

Deaf and dumb or Deaf mute – People who are deaf have healthy vocal cords. If they do not speak, that is because they do not hear the correct way to pronounce

words. (See **Deafness** in **Part III**). Try “person who is deaf” or “person with a hearing impairment.”

Disabled – Adjective. Do not use as a noun. Bad usage: “The disabled are increasing.” Better usage: “The disabled population is increasing.” Best: “The number of people who have disabilities is increasing.”

Disabled person – Try “person with a disability,” thus putting the person before the disability.

Disability – A medically defined condition resulting from a brain injury, accident, virus, a combination of genetic factors, or trauma. (Examples of disabilities are cerebral palsy, blindness, epilepsy, multiple sclerosis, and muscular dystrophy.) Say “people with disabilities” or “persons with a disability,” not “disabled person.”

Disease – Most people with disabilities are as healthy as anyone. Use “condition.”

Drain and burden – Try “added responsibility.”

Gimp – Slang used by people with disabilities to mock society’s attitudes towards them. However, can have negative connotations if used by a person who is able-bodied.

Handicap – Do not use to describe a person’s physical condition. Persons with disabilities are not necessarily handicapped. The term **handicap** refers to environmental barriers preventing or making it difficult for full participation or integration.

1: Attitudes and objects in the environment that hinder one’s functioning. (Examples are steps, steep ramps, narrow doorways, curbs, and unaccepting or condescending people.)

2: An athletic event in which difficulties are imposed on

the superior, or advantages are given to the inferior, to make their chances of winning equal. Some individuals with disabilities may call themselves “handicappers” to show that they are capable of setting their own odds and that they are in control of their own lives, as the race track handicappers have control over betting odds. However, this term is not widely accepted.

Handicapped person – A better description is a “person with a disability.”

Inconvenience – Preferred term. This word does not have any bad connotations. It also puts the disability in perspective.

Invalid – This word means literally “not valid.” Everybody is valid.

Patient – Use this term **ONLY** when referring to someone who is in a hospital or under a doctor’s immediate care.

Poor – Avoid this word unless you are talking about a person of low financial status. A person’s financial status need not be related to his/her disability.

Unfortunate – Adjective that describes someone with bad luck, not a person with a disability.

Victim – A person with a disability was not sabotaged, nor was the individual necessarily in a car, plane or train accident. Having a disability need not make a person a victim.

PART II Suggestions For Interviewing People With Disabilities

1. Remember that a person with a disability is a person like anyone else. Never mind if the person can’t extend a hand for a handshake. Personal contact is still important. It forms a bond.
2. Relax. If you don’t know what to say or do, let the person who has the disability help put you at ease.
3. Explore the story in a natural manner. The person likely has many other aspects besides the disability.
4. Decide how important the disability is to the whole story. If it is not important, do not accent the disability.
5. Appreciate and emphasize what the person can do.
6. Be considerate of the extra time it may take a person with a disability to say or do things. Let the person set the pace for talking or walking.
7. Speak directly to a person with a disability. Don’t assume a companion or assistant to be a conversational go-between.
8. If you are talking to a person who is deaf through a sign language interpreter, speak directly to the person you’re interviewing, not the interpreter. Do not say: “Ask him/her what his/her name is.” Say: “What is your name?”
9. If you are interviewing someone who is blind, don’t grab the person – but let the person know where your arm is so

PART III List of Disabilities

(in alphabetical order)

- he/she can hold it if he/she wishes. If you are walking with him/her, ask him/her if he/she would like to know where a curb is. (Some people are so adept with a cane or dog that this isn't necessary." If you have the interview at a restaurant, read the menu aloud, let the person know where the water glass is, the bread plate and so forth.
10. If you are interviewing a person who is in a wheelchair and you go somewhere, see if it is accessible to people in wheelchairs before you go. This will save a lot of time and energy. NOTE: **Only** if story has to do with disability.
11. Go some place with the interviewee, regardless of the disability, to see what type of barriers he/she must confront on a daily basis. NOTE: **Only** if the story has to do with disability.
12. Divide the interview into two parts and ask questions about (I) the disability, and (II) other subjects. Before the interview, decide what part is more important. For example, if interviewing a political leader with a disability about his/her views on foreign affairs, his/her disability is irrelevant. But, if you're interviewing the same politician about his/her views on national health insurance, the disability may be important.
- Amyotrophic Lateral Sclerosis** – A rapidly progressive neuromuscular disorder of adults resulting from degeneration of the motor nerves in the spinal cord and brain stem leading to atrophy of the muscles controlled by these nerves in the hands, arms, feet, legs, tongue. Formerly known as "Lou Gehrig's Disease."
- Arthritis** – Inflammation of one or more joints. Of the two forms of arthritis, osteoarthritis and rheumatoid arthritis, the latter is more likely to be disabling. Rheumatoid arthritis is a chronic, progressive, systemic disorder. Joint destruction, pain, and lack of mobility lead to severe disability. Rheumatoid arthritis tends to be characterized by periods of extreme exacerbation known as flare-ups. The disorder is often accompanied by anemia and is also characterized by symmetrical involvement of many joints.
- Cerebral Palsy** – (C.P.) Refers to a group of disabilities resulting from damage to the developing brain which occurs before, during, or after birth up to the age of six. Symptoms range from mild to severe and may include awkward or involuntary movements (with or without) lack of balance, irregular gait, guttural speech, facial grimacing and/or drooling. All manifestations of CP stem from lack of muscle control. Muscles are dysfunctional not because they are defective, but because they are not getting proper signals from the brain.

Intelligence may or may not be affected, depending on the part of the brain injured.

Difficulties in communication and inability to control voluntary muscles do not indicate lack of comprehension or impaired mental ability.

Cerebral Vascular Accident (Stroke) – Cerebral Vascular Accident (CVA) occurs when normal circulation of blood through the brain is interrupted by an obstruction of a blood vessel by a clot or abnormal mass, or by hemorrhage. Deprived of oxygen-filled blood, brain cells are destroyed and cease to control body activities normally under their direction. CVA may result in hemiplegia (numbness and paralysis on one side), urinary incontinence, emotional instability, speech and language problems and visual disturbances.

Deafness – (preferred terminology – hearing impaired) – Total or partial loss of hearing. The terms

deaf-mute and deaf and dumb are inaccurate descriptions. Most people who are hearing impaired have nothing wrong with their vocal cords. They cannot speak or cannot speak clearly because their hearing is impaired.

Dwarfism - (preferred terminology: “people of short stature.”) – There are more than eighty distinct types of short stature. Most types are hereditary. Each type, in addition to the inconvenience of short stature, has its own set of physical complications which may include arms and legs disproportionately short in relation to the torso, arthritis, fingers and toes without joints and more.

Multiple Sclerosis (MS) – A progressive, unstable condition of the brain and spinal cord which has its onset in young adulthood. MS is caused by an unknown agent which attacks the myelin (covering sheath) of nerve fiber. The hard, sclerotic (scar tissue) patches

which develop interrupt the nerve pathways of vision, sensation, and voluntary movement. MS can be characterized by periods of remission and persistently recurring exacerbations. Common manifestations can include failure of muscular coordination, oscillating movements of the eyes, slow enunciation of words and syllables, muscular weakness, intention tremor (shaky, irregular motions which occur when purposeful movement is attempted), numbness and paralysis of one or more extremities, and urinary incontinence.

Muscular Dystrophy (MD) – A group of chronic, usually hereditary conditions with the common characteristics of progressive weakening and degeneration of the muscles. Sensation is unimpaired. Various types of muscular dystrophy differ in severity and in time of onset.

Paraplegia – Total or partial paralysis of both lower limbs. Paraplegia is caused by spinal

cord injury or disease. Below the level of the lesion or damage, there is locomotor paralysis and sensory loss. About half of the people whose paraplegia is the result of an accident have a complete lesion, meaning that paralysis is symmetrical and complete below the level of injury. The other half have an incomplete lesion and paralysis is uneven so that, for example, one leg may be more severely affected than the other.

Poliomyelitis (Polio) – An acute infectious viral disease resulting in flaccid (without tone or reflexes) paralysis because of damage to the motor nerve cells of the spinal cord. Sensations of pain, touch, temperature, and position are normal. The extent of paralysis may range from mild to severe affecting the arms, legs, trunk, respiratory muscles or some combination of these. Paralysis caused by polio is stable and not progressive

once the viral infection has run its course.

Quadriplegia – Paralysis of all four limbs caused by traumatic injury to or disease of the spinal cord in the neck. Extent of the paralysis often depends on the location of the injury on the spinal cord. Some limited use of upper limbs may be maintained.

Spina Bifida – A congenital condition in which the vertebrae of an unborn child fails to close completely. A sac containing part of the contents of the spinal cord protrudes through the opening, commonly at the lower end of the spinal cord. Muscles and nerves in the legs and lower trunk are often affected. Symptoms are most often present at birth although they may develop during the rapid growth period of adolescence. These symptoms include muscle weakness or paralysis, partial or total loss of bladder and bowel control, and, in some cases, deformities resulting from weak muscles.