Person-first language: Establishing a culture that transcends labels

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The joint MASOC/MATSA conference took place earlier this month in Marlborough, Massachusetts. In a presentation on establishing person-first language across the fields of sexual abuse treatment and prevention, we (Gwen and Alissa) began our session introducing ourselves by several of the labels we hold. Gwen introduced herself as New Zealander, wife, friend, colleague, researcher, clinical psychologist, ATSA member and advocate. Alissa followed with mother, wife, lesbian, friend, colleague, professor, ATSA member, public speaker, advocate, and survivor, among others.

In this interactive presentation, we prompted attendees to explore the labels they use to describe themselves and the people they work with. Like us, attendees were spouses, parents, clinicians and advocates. Some were animal lovers and some were music lovers. All participants used positive labels to describe who they are. Next, we asked participants to describe who they work with and we explored which of these might not be self-selected by the very people we work with. Overwhelmingly, the labels we used to describe the individuals we work with were those that our clients might not use to describe themselves. Some of these labels included “victim”, “ex-prisoner”, “sexually violent person” and “offender”.

Importantly, there was agreement that use of such labels in our field is widespread: beyond their use in everyday conversation, such language is rife in the names of treatment programs, agencies, professional organizations and academic publications. The American Psychological Association (APA), The National Association of Social Workers (NASW) and most professional organizations even tangentially related to our field...
articulate the need for person-first language in their Codes of Ethics, and yet in our field, we tend not to honor this need. Do we have an ethical dilemma?

As part of our presentation, we considered core ethical principles of helping professionals including respect for human dignity, professional integrity and beneficence and non-maleficence. We discussed how the “victim” and “survivor” labels might be self-selected by some people and not others, despite similar lived experiences. Similarly, we acknowledged that some individuals with pedophilic interests self-identify as “pedophiles” while other individuals with pedophilic interests would find the “pedophile” label repulsive.

We cannot assume which labels people want to use to describe themselves and if we truly honor human dignity, we must call people by what they prefer to be called. It is a matter of basic respect. For example, in our introductions, Alissa used the label “lesbian” to describe herself, while Gwen did not, despite both of us being married to same-sex spouses.

Discussion turned to the inaccuracies that normative labels such as “offender” and “abuser” portray – that anyone assigned such a label has the same (i.e., high) risk of reoffending. As professionals working to address misperceptions about sexual abuse we highlighted the importance of communicating accurately about individuals who have abused, in the hope that they will have opportunities to live safe, fulfilling and offense-free lives. We turned to labels with scientific validity, including “psychopath” and “pedophile”, and conversation returned to their potential to stigmatise and ostracize. Finally, we explored how labels might hinder the work we do to promote desistance from offending as well as healing from sexual abuse: What messages do the “offender” and “victim” labels communicate? Possibly that this is how we see you. In the criminological literature, labelling theory suggests that the individuals internalize the labels we use to describe them and often live their lives accordingly.

How might we transcend potentially stigmatizing labels? We introduced person-first language as an alternative to potentially stigmatizing language, which separates the person (e.g., man, woman, young person, individual, child) from a condition, disorder or behavior (e.g., individual adjudicated for a sexual offense, people who have committed crimes of a sexual nature).

Labels are commonplace in every-day communication, and when self-selected they can aid communication. However, assigned to us, labels have potential to stigmatise and harm. As highlighted by Brene Brown (2017):

“The sorting we do to ourselves and to one another is, at best, unintentional and reflexive. At worst, it is stereotyping that dehumanizes. The paradox is that we all love the ready-made filing system, so handy when we want to quickly categorize people, but we resent it when we’re the ones getting filed away” (p. 48)

Person-first language avoids making assumptions about how someone wants to be labelled. Additional exploration of issues raised in this blog and guidance on person-first language can be found in the 6th edition of the APA Publication Manual (American Psychological Association, 2010) and in Willis (in press).

In some quarters, the push towards person-first language has existed for years. It has occurred in other areas of psychology and human service (Willis, in press) as well as the field of treating adolescents who have sexually abused. Although it has long been known that adolescents can change dramatically over time, it is also worth remembering that adults can, and very often do,
change as well. Further, the contexts in which they live their lives can change dramatically as well. Now that our field knows what it does about building desistance and managing risk, it is clear that the use of labels has now outlived its usefulness. Indeed, it can cause harm.

References

