



MANAGEMENT BRIEFS

CALIFORNIA DEPARTMENT OF HEALTH

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One of the easiest, but most humiliating ways to subject human beings to ridicule is through the use of belittling words. This is true whether the offending phrase is intended or merely spoken in haste or without thought

While some labeling practices in the field of medical practice do serve a functional need, people in a bureaucracy as large as the State Health Department which has responsibility for thousands of persons with significant medical needs must constantly strive to treat all persons with dignity and not lapse into the use of stereotyped expressions or characterizations of people, whatever their problems or disabilities. All human beings should be treated with dignity and this includes the words chosen to describe or address them.

The purpose of the Policy Statement Regarding Stigmatizing and Excessive Labelling of Persons with Developmental Special Needs is to sensitize State Health Department members to the need for humane treatment of all persons, in word as well as in deed.

POLICY STATEMENT REGARDING STIGMATIZING AND EXCESSIVE LABELLING OF PERSONS WITH DEVELOPMENTAL SPECIAL NEEDS

The field of developmental services has grown progressively more sensitive and responsive to the unnecessary, excessive and stigmatizing use of diagnostic and descriptive labels associated with its clients.

Such labelling practices have a long tradition whose roots come from both the evolving sciences of human development and perpetuated prejudices, historically held against people who are significantly different.

Labelling has limited helpful uses. Ideally, it must assist in preventing, treating and overcoming various human debilitating conditions and situations. Labelling has also focussed the channeling of resources and organizations to improve the condition of minority groups of all kinds. It has served to aid in setting priorities in the face of finite resources given our wide social needs.

Nevertheless, labelling invariably draws negative attention and stigma upon the individual or group concerned. It gradually supplants the unique identity and totality of a person with a stereotype that emphasizes the need, problem or liability of an individual as the main aspect of that person or group. It does injury to a person's social value, status, societal mobility and freedom.

Labelling carries with it a constant danger of being abused for professional and bureaucratic convenience to the detriment of people with special needs.

California has adopted the principles of normalization in human services, which underscores the rigorous approach of serving people in such a way as to avoid stigma and establish program quality criteria as a minimum above which services must be aimed. Eliminating unnecessary and injurious labelling is basic to normalization.

It is therefore the policy of this administration to clear away all archaic, stigmatizing, dehumanizing and syntactically incorrect usage of labels and replace these with appropriate socially valued references that emphasize the humanity and individuality of our consumer constituency whenever possible.

The following are typical frequent instances of such excesses and abuses:

1. Equating a person with his/her deviancy so that the deviancy becomes the person, (e.g., an "MR", a "retardate", "TMR's" or "EMR's", a "DD", an "autistic", "epileptic", "schizophrenics", a "spastic", "CP's", etc., instead of "persons *who have* mental retardation" or "*who are labelled* mentally retarded", or "persons *with* developmental special needs").

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2. Depersonalization or literally dehumanizing an individual via a label to a status equivalent to an animal, vegetable, or object (e.g., referral to persons by number, as objects, items, clinical material, low-grades, vegetables, etc.).
3. Application of any diagnostic, descriptive, or classification term that is archaic or racist, (e.g., "mongoloid idiot", "mongoloid", "imbicile", "moron", "lunatic", "borderline", "higher functioning, lower functioning", etc.).
4. Unnecessary application of labels that denote a devalued status, (e.g., using last names without titles — "Jones" rather than "Ms. Jones") or age inappropriate and degrading labels and titles, (e.g., "adult child", "Johnny" instead of "John" or "Mr. Smith" for an adult being spoken of or introduced to others).
5. Repeated unnecessary use of a label when initial identification or the context makes such repetition unnecessary.

Any labelling that must be used should immediately lend itself to identifying rational, particular, helping services interventions, modern treatment modalities or needs.

The archaic equation still heard that "a mongoloid baby should be put away and forgotten" represents a compound insult that must be exposed and ended once and for all. The equation that a person with a low IQ score is "beyond help and will never go to school, be employable, or go to college" denies the flexibility, breadth of options, power of educational technology and normalization principles that have evolved in our service system design today and its continued improvement tomorrow.

Such equations blunt or thinking, confuse our technology, and humiliate all of us.

In sum, every effort must be explored and exhausted to clear up-our example, practices, and literature regarding such stigmatizing labelling to establish positive and socially valued images and identities for people with special needs. Given the deeply ingrained tradition of substituting labels and diagnoses for people's identity will require considerable effort, sensitivity and affirmative spirit to redo and undo what has become secondhand and unconscious for most of society.