



Ten Commandments of Communicating about people with Intellectual Disabilities



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What are the Ten Commandments?

There is something the Intellectual Disability community jokingly refer to as “The Ten Commandments” of communicating with or about a person with intellectual disabilities.

Words matter. Words can open doors to cultivate the understanding and respect that enable people with disabilities to lead fuller, more independent lives. Words can also create barriers or stereotypes that are not only demeaning to people with disabilities, but also rob them of their individuality.

The role of the media in shaping public perception and opinions about political and social issues has long been the subject of both speculation and research. It is widely accepted that what we know about, think and believe about what happens in the world, outside of a person's first-hand experience, is shaped, and some would say orchestrated, by how these events are reported.

The following language guidelines have been developed by experts for use by anyone writing or speaking about people with intellectual disabilities (ID) to ensure that all people are portrayed with individuality and dignity. The guidelines also demonstrate how language can help break down the barriers to acceptance and inclusion.

Purpose of this Guide:

- 1) To be a practical, handy guide for journalists on how to portray people with intellectual disabilities with individuality and dignity;
- 2) To raise awareness of intellectual disability among journalists;
- 3) To promote respect, acceptance, inclusion, and human dignity for people with intellectual disabilities.

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While writing “The Ten Commandments”, the authors referred to the Polish Association for People with Intellectual Disabilities (PSOUU) adaptation of the international Inclusion publication by Ann Shearer entitled: “Think positively! How to present people with intellectual disabilities”, edited in Poland by PSOUU, 2002.

Guidelines:

1

Refer to **individuals, persons or people with intellectual disabilities**, rather than "intellectually disabled people" or "the intellectually disabled".

Such expressions let us think about this group subjectively, as people who have – among other characteristics – a feature of intellectual disability, which does not deprive them of their dignity nor disqualify them as individuals.

Expressions such as "*Mentally retarded, mentally ill, insane, abnormal, retarded*" deprive people of their individual characteristics, and strengthen stereotypes and prejudices.

2

Take caution not to perceive people with intellectual disabilities as "eternal kids", dependent people, irresponsible, immature.

Distinguish between adults and children with intellectual disabilities.

When writing, refer to persons with a disability in the same style as persons without a disability: full name on first reference and last name on subsequent references.

Do not refer to an individual with intellectual disabilities as "Bill" rather than the journalistically correct "Bill Smith" or "Smith".

3 Do depict people with intellectual disabilities **interacting with others with and without intellectual disabilities.**

Be aware that presenting people with intellectual disabilities as being lonely or isolated can serve to strengthen fears and misconceptions.

4 Offer balance. Portray people with intellectual disabilities **in positive relationships with their families and care assistants.**

The sole description of dramatic and difficult family stories strengthens stereotypical perceptions about the burden, inconvenience and suffering borne by families.

5 Consider showing people with intellectual disabilities **living in society, participating in every facet of life** – at home, at work, shopping in the mall, hanging out with friends at coffee shops, simply being part of the population.

Continual depictions of people with intellectual disabilities in unusual environments such as hospitals or residential homes serve to create distance, and make it difficult for audiences to identify with their situation.

6 **Give opportunities for people with intellectual disabilities to talk about their everyday needs,** their jobs, their pastimes and passions.

Do not sensationalise the accomplishments of persons with disabilities. While these accomplishments should be recognised and applauded, be aware of the potential negative impact of referring to the achievements of people with physical or intellectual disabilities with excessive hyperbole.

7 **Move the focus from parents of people with intellectual disability, to the person itself.** By focusing on parents, people with intellectual disabilities are placed in secondary position and deprived of their own individuality.

8 **Demonstrate that people with intellectual disabilities are NOT sick, CANNOT infect others.**

A person has an intellectual disability, rather than is "suffering from," is "afflicted with" or is "a victim of" intellectual disabilities.

Similarly a person "uses" a wheelchair, rather than is "confined" or "restricted to" a wheelchair.



9

Do not use the adjective “unfortunate” when talking about persons with an intellectual disability. Disabling conditions do not have to be life-defining in a negative way.

Emphasise how people with intellectual disabilities are self-reliant in their everyday activities whether it's at home or in work, thus demonstrating their individuality and independence.

10

Above all, speak and write about people with intellectual disabilities in the media.

The less frequently people with ID are portrayed in the media the more “invisible” they become. The more “invisible” they become the harder it is to change negative stereotypes and to promote respect, acceptance and inclusion for all.



WHAT IS INTELLECTUAL DISABILITY?

INTELLECTUAL DISABILITY

- How does it differ from mental illness?

Intellectual disability is characterised by significantly below-average intellectual functioning (generally regarded as IQ below 70) combined with impairment in carrying out varying aspects of daily life and adapting to the normal social environment.

Intellectual disability is not a disease. Causes for intellectual disability are numerous including brain damage or stunted development as a child.

Intellectual disability is not a type of **mental illness**, like depression. There is no cure for intellectual disability.

Intellectual disability occurs since birth or early childhood.

Mental illness occurs normally during adolescence, mostly during critical situations. Persons with mental illness had in their past a period of normal life, including educational development.


How do you treat for intellectual disabilities?

There is no medicine as such to treat **intellectual disability**. Encouraging physical, cognitive and social development, as well as speech development can result in noticeable improvements, especially when such activities are regular and undertaken when indicators emerge for the first time. Education, home schooling, therapy and rehabilitation all bring benefits. It is also important to provide people with intellectual disabilities with opportunities to lead a regular life with activities suitable to their age and in open environments where they can interact with their peers. The objective is always toward helping them achieve independence and self-reliance.

Treating **mental illness** usually follows a path of medication administered alongside psychotherapy and/or occupational therapy.

What changes can you expect?

Intellectual disability is not subject to radical change. With the course of treatment mentioned above, you would observe constant but slow progress, both during childhood, as well as in adulthood. Improved abilities and confidence in social settings are particularly evident when a person with disability becomes employed and is successful at work.



Mental illness is often cyclical and in the period of remission, a person can return to normal life. If a disease lasts for several years and has many recurrences, in serious cases it may lead to permanent psychophysical damage.

What are the main challenges?

Intellectual disability can range from mild to profound; mildly and moderately-impaired people can often learn to live independently.

Profound ID means limitation of cognitive and intellectual abilities, namely difficulties in perception, understanding, attention, memory, and reasoning. Limitations are experienced in learning, knowledge and social skills acquisition. Specific rehabilitation methods and practical actions do deliver results.

People with intellectual disabilities can experience a full range of emotions and express happiness and joy.

With **mental illness** can come emotional and cognitive disorders, which influence general and selective change in perception of the world and attitudes to the local environment. Once the patient does undertake proper treatment, disorders can cease to exist or decrease in intensity.

How do you live with an intellectual disability?

Many people with intellectual disabilities live productive lives well into adulthood. People with ID need to be given opportunities to live as normal a life as possible within mainstream society.

Even if a person with ID requires support from a special institution or requires specific living conditions, that person can still be integrated into mainstream society.

With the proper support, people with intellectual disabilities can participate in normal inclusive situations.

During critical mental illness conditions, hospitalisation is necessary. Patients can stay in psychiatric hospitals for several months or even years. Modern trends in psychiatry is towards specialist community support.





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