Springer Nature Inclusive Language Guide (English Language)
Introduction

Springer Nature is committed to supporting clear and unbiased communication of research, consistent with our commitment to embedding inclusive principles in our editorial and publishing practices. The main objective of the Springer Nature Inclusive Language guide is to support the broad and global network of researchers we work with (editors, editorial board members, reviewers, authors, writers) in using accurate, culturally sensitive, and bias-free language in research communication with the understanding that we work with researchers who are themselves globally and culturally diverse.

It sets out best practice recommendations on nondiscriminatory language, terms, and explanations for the following areas: 1) Ethnicity and Race, 2) Nationality and Cultures, 3) Gender, Sex, and Sexuality, 4) Disability, 5) Neurodiversity, 6) Health, 7) Family Structures, 8) Appearance and Body Type, and 9) Age. The guide also includes additional resources that link to external sources and discipline-specific guides from other organizations including the APA (American Psychological Association) and the AMA (American Medical Association).

As language is ever evolving and dependent on situations and contexts, the material in this guide is not exhaustive. It is intended to provide useful guidance, and the use of specific terms or phrases is not a mandatory requirement for publication. Please note that editors reserve the right to request modifications to (or correct or otherwise amend post-publication), and in severe cases refuse publication of (or retract post-publication) racist or discriminatory content.

In addition, given that the guide covers a wide array of academic disciplines, there may be instances where a particular term is appropriate for one discipline and not another.

The guide was developed by an internal working group in consultation with an external agency with expertise on inclusive language.

Content Warning: Please note that this guide includes the uncensored use of offensive terms for explanatory purposes, which may be difficult to read for people impacted by the use of these terms as slurs.

Notes on using the guide

- The guide comprises 9 sections. On the next page, readers can click on, and be directed to, the section they want to explore.
- Use the ‘Ctrl + F’ or ‘Command + F’ to search for a particular section or term.
- For most sections, terms and phrases are presented in alphabetical order, unless they can only be understood after other terms and phrases are defined.
- Given that some terms are relevant to multiple sections, there are some instances of repetition across sections.
- The material in this guide is not exhaustive. In addition, given that the guide covers a wide array of disciplines, there may be instances where a particular term is appropriate for one discipline and not another.
- It is intended to provide useful guidance, and the use of specific terms or phrases is not a mandatory requirement for publication. Please note that editors reserve the right to request modifications to (or correct or otherwise amend post-publication), and in severe cases refuse publication of (or retract post-publication) racist or discriminatory content.
Ethnicity and Race

Ethnicity and race are social constructs, meaning they are human-invented concepts rooted in specific cultural and historical contexts. In general, race is understood as a mixture of physical, behavioral, and cultural attributes, though mostly focused on physical characteristics such as skin color, eye shape, hair texture, etc. Ethnicity recognizes differences between people mostly on the basis of origin, language, shared culture, and traditions. Topics concerning ethnicity are often fraught because of a history of oppression. Harmful and discriminatory terms may be used because of a lack of knowledge, without the intention to cause harm.

Nonetheless, prejudices can be perpetuated through language; therefore, care should be taken to avoid statements that reinforce stereotypes about groups of people. For instance, referring to a person of color acting assertively as being ‘aggressive’ plays into harmful stereotypes. It is also important to avoid tropes that single out people from a particular group as ‘different,’ even if the description is usually seen as positive. For instance, referring to a person of color as ‘articulate’ carries an implication that this is unexpected or noteworthy. Both examples, even though the latter is intended as a compliment, can be viewed as microaggressions.

According to the National Education Association in the USA, microaggressions are verbal, behavioral, or environmental slights that result from an individual’s implicit bias. They are often automatic or unintentional and can occur on a daily basis. Microaggressions communicate hostile, derogatory, or negative viewpoints. While a single comment, stereotype, or misused word may seem innocuous, the compounding effect of many slight and recurring incidents impacts people of color, affecting their physical and mental health as well as perpetuating inequalities.

As such, consider whether the language perpetuates stereotypes and make an effort to include examples that counter or circumvent stereotypical portrayals. Be very mindful about avoiding slurs, stereotypes, or tropes that may be racist. Using adjectives as nouns, which reduces people to one
aspect of their identity, can be offensive and should be avoided. For instance, adjective forms like ‘Chinese students’ or ‘white participants’ is preferred over nouns such as ‘the Chinese’ or ‘whites.’ In cases where offensive language or slurs may have been reclaimed by a community or if the writer is part of said community, carefully consider whether such language is absolutely necessary and consider including a content warning where appropriate.

Defining people by how they differ from a perceived norm or majority (white, Western, etc.) should also be avoided. This implies that the difference is negative. For instance, instead of ‘non-white people,’ use ‘people of color,’ bearing in mind that the preference of the umbrella term may differ by region as well as among individuals and communities. In general, it is better to state the specific ethnic group where possible.

Similarly, using words like ‘exotic’ to describe people implies they differ from a perceived norm. This is othering and should be avoided.

**Guidance on the use of terms**

The following list provides more information on specific terms.

- **antisemitic** instead of ‘anti-Semitic.’ The latter implies the possibility of ‘Semitism,’ legitimizing the pseudo-scientific racial classification associated with Nazi ideology which has been thoroughly discredited.

- **Arab people or Arab countries** instead of ‘Arabic.’ ‘Arabic’ should only be used when referring to the language, numerals, and some traditional phrases such as ‘gum arabic.’

- **African and Asian** are often used as a shorthand for persons from the African and Asian continents. However, Africa and Asia comprise many disparate countries and cultures, so it should neither be treated as a monolith nor reduced to a single region.

- If you have to refer to someone’s ethnicity or nationality, state the specific region or country where possible. In addition, ‘Asian’ is often used as a shorthand for ‘South Asian’ (in the UK) or ‘East Asian/Southeast Asian’ (in the USA). Also, care is needed when describing a person as ‘Asian American’; instead, state their specific identity such as Chinese American, Japanese American, etc. where possible. The same applies to various ethnicities, communities, and countries within the continents of North America, South America, and Europe.

- In the US context, the same specifics generally do not exist for the description of Black people, who are commonly generalized as African American. Due to the history of enslavement, people may not know their specific heritage. And because of societal anti-blackness, Africa is referred to as a homogeneous place or a country and not a diverse continent. ‘African American’ can still be used, but more specific terms (e.g., Ghanaian American) should be employed if requested by the person described. In the UK context, both forms of usage exist: ‘African British,’ ‘Nigerian British,’ and terms like ‘British people of Nigerian/African/Caribbean descent.’

- **Black people** can be used when referring to persons, but note that ‘Black’ should be an adjective and not a noun. ‘Black’ should be capitalized when talking about ethnicity or race so as to denote the shared identity and experience, particularly in countries where Black people are marginalized. However, not everyone of African descent worldwide shares this identity; where possible, be guided by the preference of the person or people in question. Particularly in medical or genetics contexts, it is generally more appropriate to use a geographically based population label such as ‘people of...’
African descent,’ ‘Kenyans,’ ‘African Americans’ (only for people who are American), ‘African Caribbean people,’ or ‘Nigerian British people.’

**Biracial, multiracial, mixed race, or mixed ancestry** can be used in addition to more specific terms about a person’s heritage. The usage of these terms may vary from country to country. ‘Biracial,’ for instance, is more commonly used in the USA, whereas ‘mixed’ or ‘mixed race’ is more common in the UK.

**Colored** is an official demographic group in South Africa and some neighboring countries, consisting of people of mixed ancestry from various ethnicities in the region. If this term is used in this particular context, it should be accompanied by a clear definition of its origins. In all other cases, using ‘Colored/colored people’ to refer to people of any race is offensive.

**Dalit** is the more respectful term for certain people or communities within the social caste system in South Asian countries. The use of ‘Untouchable(s)’ is outdated and offensive.

**Deny list/allow list, blocked list/permitted list:** Consider using these terms instead of ‘blacklist’ and ‘whitelist,’ which are biased terms whose actual meaning is ambiguous.

**Dual heritage** and **ethnicities** should typically not be hyphenated. Use ‘African American,’ ‘Chinese American,’ ‘French Canadian,’ etc. even as adjectives. However, if a person with dual heritage expressly asks for the hyphen, it is acceptable to use it.

**East Asian** should be used for the whole region; where possible, the specific nationality or ethnicity should be used. ‘Oriental’ should not be used to describe people as it is an offensive and outdated term.

**Ethnic minority groups in the UK:** Whenever possible, use the preferred identifiers of the specific ethnic groups being discussed. ‘BAME’ was an umbrella term commonly used in the UK to refer to those from Black, Asian, or minority ethnic groups. But be mindful that over time concerns have been raised about the way this emphasizes certain ethnic groups (Black and Asian) and minimizes others (mixed, and other ethnic minority groups). Grouping numerous ethnicities together in this way can also have the effect of stripping each group of their individual identity and is contentious within the communities that this umbrella term is meant to refer to.

**Ethnicity and race** are not interchangeable. Ethnicity refers to the cultural group with which someone identifies, whereas race is generally assigned on the basis of physical characteristics. The USA’s National Institutes of Health, for instance, recognizes five racial categories and five ethnic ones. Note that although ‘race’ is meaningless in a genetic sense, it is nevertheless used as a classification and is a basis for discrimination. This results in racism, which has profound social and economic consequences. Note also that there are some cultural and religious identities that overlap with racial and ethnic identities—e.g., Jews and Muslims face discrimination based on their cultural and/or racialized identity.

**Ethnicity in India:** ‘North Indian’ and ‘South Indian’ (referring to people based in, or diasporic communities from, the Republic of India and the vicinity) are generalized categorizations. Unless an individual has stated that they prefer to be referred to by these terms, avoid making assumptions and be specific about the groups of people you are writing about from a region with various states, ethnic groups, and languages. Additionally, a study of the state of Uttar Pradesh, for instance, should not be taken to be representative of all North Indians/North India. Likewise, a study of the state of Kerala should not be taken to be representative of all South Indians/South India.
**Hispanic** is not a racial category; it refers only to people with heritage from Spanish-speaking countries and does not include Portugal or Brazil. When referring to people with heritage from all of Latin America, use ‘Latino/Latina’ (or the gender-neutral ‘Latinx’ or ‘Latine’). Abide by the preference of the person or people in question where possible.

**Latino/Latina/Latinx/Latine:** Even though the majority of Spanish-speaking countries in Latin America may identify with these terms, this is not necessarily the case for Brazilians. This is because the terms are historically associated with Spanish-speaking countries in the region. However, more Brazilians have identified themselves as such in recent decades, though there is no consensus yet. Therefore, it is best to exercise caution when using the term to refer to a Brazilian/Brazilians. In addition, there is no consensus on the use of ‘Latinx’; do consider whether a person or group feels represented by these terms.

**Indigenous communities in Australia** generally refers to Aboriginal communities in Australia from the mainland, Tasmania, and Torres Strait Islands. Using ‘Aborigine’ or ‘Aboriginal’ as nouns for Indigenous people in Australia is discouraged. Indigenous peoples in Australia are sometimes referred to as ‘Traditional Owners/Custodians of the land.’ If possible, use the name of the specific community.

Be mindful that Indigenous communities in Australia often have restrictions on the representation of deceased people, either permanently or for a period of time. Respect these cultural beliefs by not naming the deceased person, omitting their picture, or attaching a clear warning that the story contains such information. Note also that some members of Indigenous communities may reject being identified as Australian, as they deem this to be a term imposed on them by colonizers. Avoid writing about Indigenous communities in Australia as a monolithic group, and ‘Indigenous’ is always capitalized when referring to Indigenous people and cultures.

**Indigenous people(s)/communities** are internationally inclusive terms for the original inhabitants, and their descendants, of regions later colonized by other groups. Do not refer to Indigenous peoples as ‘natives’ except when it is the appropriate term adopted by specific groups such as Native Americans (see entry on ‘Native American’ below). ‘Indigenous’ is always capitalized when referring to Indigenous people and cultures.

**Indigenous people in Canada/the Indigenous people of Canada** is an umbrella term encompassing First Nations, Inuit, and Métis people. The Métis in Canada trace their descent to First Nations peoples and European settlers. ‘Aboriginal peoples’ is also used sometimes, but contested in some quarters. If possible, use the name of the specific community, such as Aamjiwnaang First Nation, Burns Lake Band, or Squamish Nation.

‘Indian’ has a legal meaning in Canada—referring to a First Nations person registered under the Indian Act—but outside this context it is considered dated and offensive. Some Indigenous people may use it to refer to themselves, and it is used in the names of some communities such as the Osoyoos Indian Band. The term should only be used by people within these communities, and not by those describing them. ‘First Nations’ is typically used to refer to the Indigenous peoples of Canada and not the USA or Australia.

**Inuit** should be used with contextual understanding. ‘Eskimo’ is considered offensive by the Arctic-dwelling Indigenous people of Canada and Greenland, who can all be called Inuit. However, in Alaska and Siberia, some Indigenous groups such as the Yupik are not Inuit, so it is not a direct substitute.
Therefore, use ‘Inuit and Yupik’ where applicable. Other useful terms are ‘Alaska Native groups’ and ‘native Alaskan.’ If possible, use the specific names of individual groups. Note that ‘Inuit’ is a plural noun; the singular is ‘Inuk.’

Maasai should be used when referring to the group of people. The Maasai people are an ethnic group who speak the Maasai language, inhabiting northern, central, and southern Kenya and northern Tanzania. ‘Masai’ should not be used as it is an incorrect spelling inherited from the early British colonizers.

Māori refers to a member of a Polynesian people native to Aotearoa/New Zealand, and the Polynesian language of the Māori people.

Minority ethnic group should be used instead of ‘ethnic minority’ as the latter emphasizes ethnicity over the minority aspect. Everyone has an ethnicity, but the problems in question concern the position of the minority, such as discrimination and barriers. The term should not be used as a synonym for people of color.

- Care should also be taken to avoid erroneously referring to a community as a ‘minority ethnic group.’ For instance, it is a common error to refer to Black people in Brazil as a minority ethnic group when in fact the majority of the Brazilian population is of African descent.
- In the People’s Republic of China, the term ‘ethnic minority’ is used officially to refer to the 56 ethnic groups that reside in the country.

Muslims in Southeast Asia: Categorizations of Muslims in Southeast Asia should be based on contextual and nuanced understanding of the region. As with other religions, there are different ethnic groups who are Muslims or who practice the Islamic faith. ‘Malay Muslim’ should be used to refer to a specific group who are both ethnic Malay and Muslim. There are ethnic Malay people who are not Muslim and Muslims who are not Malay in Southeast Asia. There are also groups who identify as Indian Muslim and Tamil Muslim, among others. This advisory applies to categorizations of other regions as well, and it is always best to be specific.

Native should be used with caution. Sometimes it is the correct name for a group such as Native Americans or Native Hawaiians. In other cases, it can be loaded with colonial and xenophobic connotations, or can be ambiguous: is a ‘native of Argentina,’ for instance, any Argentinian person or specifically an Indigenous person? Consider using another term or stating ‘from Argentina.’ Barring certain exceptions, do not refer to Indigenous peoples as ‘natives.’

Native American and American Indian are considered acceptable by the Native American Journalists Association, but individuals may have a preference. Use terms preferred by individuals or their specific tribal affiliation where appropriate. ‘Native’ and ‘Indian’ are both discouraged when referring to Indigenous peoples in Canada. See entry on ‘Indigenous’ above.

People from under-represented groups or people from marginalized groups should be used if this is the intended meaning, instead of ‘minority’ as a noun (e.g., ‘the panel included three minorities’ is incorrect). Be clear about which groups you mean when using these terms, e.g., ‘under-represented ethnic groups’ or ‘under-represented racial groups.’ Sometimes groups can be marginalized without being under-represented: e.g., women can be structurally discriminated against in US higher education without being under-represented.

People of color is a useful umbrella term if you are referring generally to people of any race other than white. However, the term can be problematic: besides its similarity to the derogatory ‘colored
people,’ it can imply that people described under this umbrella term face the same issues, share the same experiences, and are unified, which is not true. Therefore, it is better to be specific where possible.

If you are talking about a specific community, refer to them directly (e.g., African Americans, people of Indian descent, etc.). Note that ‘people of color’ originated in the USA, and other countries may have their own preferred demographic terms. Be mindful that even in the US, the acronym ‘BIPOC,’ which stands for Black, Indigenous and People of Color, is contentious among groups who want to be named and recognized instead of being grouped together.

**Racial categorizations in Malaysia and Singapore:** The Chinese-Malay-Indian-Others model is the dominant organizing framework of race in Singapore, informing government policies on a variety of issues such as political participation, public housing, and education. Likewise, in Malaysia, the official demographic categorization is Bumiputera-Chinese-Indian-Others. Aside from writing about these models specifically, be mindful that there is a myriad of ethnic groups within these categories, as well as biracial and multiethnic communities in both countries, who may be obliged to list only one (or more) of these for official purposes.

- ‘Bumiputera’ is used in Malaysia to describe Malays, the Orang Asli of Peninsular Malaysia, and various Indigenous peoples of East Malaysia. The term is sometimes controversial, and should be used with contextual understanding of the country’s nuances.

**Roma** (noun and adjective) or **Romany** (adjective referring to the language or culture) should be used instead of ‘Gypsy.’ ‘Gypsy’ is derived from the incorrect historical belief that the Roma people were descended from Egyptians, and many in the community reject the term as it misrepresents their origins. It should only be used when the people being discussed use this term themselves. Otherwise, use the ethnonym that the group prefers, e.g., Roma, Romany, Sinti, Kale, Manouches. There are also ethnically distinct communities known as Travellers.

**San** is an umbrella term for the Indigenous group in southern Africa, and should be used instead of ‘Bushman.’ Where possible, it is best to use the name of the individual group, such as the Ju’hoansi, or a term that the stated group prefers. Note that ‘Khoisan’ is often the only appropriate umbrella term in genetics and linguistics contexts; if you are using it, try to ascertain which individual groups are being referred to and name them at first mention. It may be useful to outline why a term like ‘Khoisan’ is used, as some people object to it.

**Traditional Orthodox** is the term preferred by many Jewish people (as a contrast to ‘modern Orthodox’). At times, ‘strictly Orthodox’ may be used. Where possible, be guided by the preferences of the people being discussed. Using ‘Ultra-Orthodox’ to describe Haredi Jews is considered offensive by some Haredim because it implies extremism, and considered inaccurate by some non-Haredim because it implies that they are more ‘authentically’ Orthodox than others.

**Totem poles** do not indicate a linear hierarchy, so avoid using it as a metaphor for social hierarchy (e.g., ‘X is lower on the totem pole than Y’).

**Tribe/tribal** should be used with caution. Sometimes it is part of a group’s official name; in other instances, it carries connotations of primitiveness. Terms such as ‘nation’ or ‘ethnic group’ are preferable. Be guided by the group’s own usage.

**Uyghur** is the preferred spelling for the Turkic ethnic group because it reflects the actual pronunciation of the name better than the traditional English spelling, ‘Uighur.’
white (lowercase) should be used instead of ‘Caucasian,’ as the latter developed as part of a racist classification system. ‘White’ should not be used as a noun, e.g., ‘white people’ instead of ‘whites’ when referring to people.

Whitewashing can mean censoring, or removing all mention of people of color. Use with caution, especially on topics relating to race or ethnicity.

Summary of suggested alternatives and terms to avoid

<table>
<thead>
<tr>
<th>Suggested Alternatives</th>
<th>Terms to avoid</th>
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<tbody>
<tr>
<td>antisemitic</td>
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</tr>
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<td>Arabic (unless referring to the language, numerals, or some traditional phrases)</td>
</tr>
<tr>
<td>Black people</td>
<td>Black(s) (as a noun)</td>
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<td>Dalit</td>
<td>Untouchable</td>
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<td>East Asian</td>
<td>Oriental</td>
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<tr>
<td>Indigenous communities in Australia</td>
<td>Aborigine/Aboriginal (as nouns)</td>
</tr>
<tr>
<td>Indigenous people(s), Indigenous communities</td>
<td>native(s) (unless part of names of specific groups, e.g., Native Americans)</td>
</tr>
<tr>
<td>Indigenous people in Canada</td>
<td>Aboriginal peoples, Indian (unless in the legal context referring to a First Nations person registered under the Indian Act, or used by people within these communities)</td>
</tr>
<tr>
<td>minority ethnic group</td>
<td>ethnic minority</td>
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<td>people from under-represented groups</td>
<td>minority (as a noun)</td>
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<tr>
<td>people of color</td>
<td>colored people (unless referring to the official ethnic categorization in South Africa and some neighboring countries)</td>
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<tr>
<td>Roma, Romany</td>
<td>Gypsy</td>
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<tr>
<td>San</td>
<td>Bushman</td>
</tr>
<tr>
<td>[specific regions or countries]</td>
<td>African, Asian, South American (unless referring to peoples of the continent as a whole)</td>
</tr>
<tr>
<td>Traditional Orthodox, or Strictly Orthodox when appropriate</td>
<td>Ultra-Orthodox</td>
</tr>
<tr>
<td>Uyghur</td>
<td>Uighur</td>
</tr>
<tr>
<td>white people</td>
<td>Caucasian</td>
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</tbody>
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Table 1: Ethnicity and Race: Summary of suggested alternatives and terms to avoid

For more information on various terms and explanations in this section please see ‘Additional Resources’ [here](#).
Nationality and Cultures

Nation, nationality, and other semantically related terms are political concepts that denote a state-legal affiliation but remain external to people. This affiliation is expressed in documents such as identity cards and passports, which are acquired through administrative procedures.

In comparison, culture is a more difficult concept to grasp and the subject of fields of research. Culture refers to:

1. The totality of a society’s configurations of behavior, transmitted through symbols across generations, taking shape in tools and products, and becoming conscious in values and ideas.
2. The totality of the behavioral configurations of any social group, no matter how large and enduring.
3. The totality of a society’s symbolic content (religion, art, knowledge, etc.) as opposed to its material endowment (civilization).

Note that the term ‘culture’ can also denote the ethnic origin or membership of a particular ethnic group. However, in nations with large influxes of migration (forced or otherwise) and immigration/displacement, this definition becomes blurred. It may also have exclusionary and discriminatory potential, as ethnic and cultural diversity becomes synonymous with national affiliation. In addition, national affiliation is often the result of colonialism in many parts of the world including Africa, the Americas, and Asia, and it is one of the causes of conflicts and civil wars today.

At the behavioral level, it is clear how members of certain cultures are oppressed and excluded. At the linguistic level, it is stereotypes, non-naming, or naming that is discriminatory against members of the culture in question. Also exclusionary is stating cultural affiliation in contexts where this has no informational value.

Some general recommendations:

- Use the correct term to refer to the nation (e.g., ‘USA’ instead of ‘America’; ‘South Africa,’ ‘Nigeria,’ ‘Ethiopia,’ etc. instead of ‘Africa’ unless the entire continent is being discussed).
- Use names that the cultural groups themselves prefer (e.g., ‘Sinti/Roma’ instead of ‘Gypsy’; ‘Kurds’ instead of ‘Mountain Turks’).
- Avoid naming the nationality or cultural belonging when it has no informational value or relevance to the discussion, as this may be seen as othering (e.g., ‘A Turkish mother buys a loaf of bread.’ / ‘A Thai man was observed crossing the street.’).
- Avoid assumptions about a nation or nationality based on one area of the nation (e.g., ‘The Oktoberfest is a permanent fixture in German culture.’ / ‘Flamenco is the Spanish national dance.’ / ‘Americans say “y’all.”’).
- Know when the distinction makes a difference and be specific or distinct rather than broad or encompassing when writing about a culture (e.g., when writing about specific cultural practices in India, refer to the culture being considered—Punjabi, Tamil, etc.—instead of ‘Indian culture’).
Guidance on the use of terms
The following list provides more information on specific terms.

*Note that there may be some repetition with the Ethnicity and Race section above, given the relevance of certain terms to both sections.

**Arab people** or **Arab countries** should be used instead of ‘Arabic.’ ‘Arabic’ should be used only for the language, numerals and some traditional phrases such as ‘gum arabic.’

**Aotearoa** is the current Māori-language name for New Zealand.

**Colonized regions:** Take care when discussing formerly colonized regions. E.g., ‘Person X gave Mount XYZ its English name’ rather than ‘X named Mount XYZ’; ‘Person Y categorized plants ABC’ rather than ‘Person Y discovered plants ABC’; or ‘Person Z was the first European (or specific nationality) to cross Desert DEF’ rather than ‘Person Z was the first person to cross Desert DEF.’ This avoids the misrepresentation that the colonizing people discovered something or were the first to do something that likely had already been well known or done by inhabitants of that particular region.

**Community science** is preferable to ‘citizen science,’ which unnecessarily ties citizenship to an unrelated topic. ‘Volunteer science’ is another good alternative.

**English as a first/second/etc. language** or refer to actual proficiency levels, instead of ‘native/non-native English speaker’ when indicating someone’s language ability. Nonetheless, having English as a second or third language does not mean that someone is not a fluent speaker or writer in the language. It is also important to avoid using the term ‘native’ in such a context, or defining people by something they are not.

**Enslaved people** should be used instead of ‘slaves,’ both in historical contexts and for modern slavery. Use ‘enslaver,’ ‘someone who enslaved people,’ or ‘someone who held people in slavery’ instead of ‘slave owner,’ which implies that people can be owned.

**Given name** is the best term to use instead of ‘Christian name,’ ‘first name,’ or ‘forename.’ The latter three can be inaccurate in some cases. Not everyone is Christian, and the family name comes first in many cultures. Similarly, there are also individuals who only go by one name (e.g., some communities in Myanmar and Indonesia, or Japanese royalty).

**High-/upper-middle-/lower-middle-/low-income countries** are terms that organizations such as the World Bank are using with increasing frequency. These terms and classification systems are often more appropriate and informative than ‘developed/developing countries’ when discussing economic data. ‘Developed/developing countries’ is acceptable when discussing data or reports that employ such classification.

It is also acceptable to use the UN category of ‘least developed countries,’ i.e., low-income countries that are confronting severe structural impediments to sustainable development and are highly vulnerable to economic and environmental shocks. ‘Developed/developing world’ is losing statistical relevance because this no longer reflects economic data: countries do not fit neatly into these two camps. This distinction also implies a hierarchy that is unwarranted. Other terms exist, such as ‘global north/south’ (lowercase) and ‘minority/majority world,’ but many are politically charged or vague, hence they should only be used when appropriate. Do not use ‘first/third world.’
**Indian cinema**: Film industries in India are more than just Bollywood. Other industries include Kollywood (Tamil), Tollywood (Telugu), Sandalwood (Kannada), and Mollywood (Malayalam). Be specific and avoid using ‘Bollywood’ to refer to Indian cinema as a whole.

**Latin American**: Although some countries in Latin America share a lot of common cultural and historical features, the region should not be regarded as a homogeneous cultural entity. It is important to consider the differences between Latin American countries in South, Central, and North America. There are differences between Mexicans, Chileans, Colombians, and Brazilians.

Be mindful of differences between the regions of Latin America, such as Mexico and Central American countries (Nicaragua, El Salvador, Costa Rica, etc.); Andean countries (Peru, Colombia, Bolivia, Venezuela, Ecuador, etc.); Latin countries in the Caribbean (Cuba, Dominican Republic, Haiti, etc.); Southern Cone countries (Argentina, Chile, Uruguay). If possible, always refer to the person’s specific country of origin.

**National adjectives**: It is best to avoid national adjectives such as ‘the British’ or ‘the Israelis’ when referring to actions of the government because not all in the country will have participated in, or will agree with, a particular action.

**Population** or **inhabitants** should be used instead of ‘citizen’ when referring to people who live in a particular country. ‘Citizen’ carries unnecessary ambiguity about a person’s immigration status in a country, and should be used only if a study refers to individuals who have citizenship status in a country.

**Referring to a person/people from a particular country**: Consider alternatives such as ‘a person from a particular country or region’ rather than ‘a native of a particular country or region.’ ‘Native’ should be used with caution. Sometimes it is the correct name for a group such as Native Americans or Native Hawaiians. In other cases, it can carry colonial or xenophobic connotations or be ambiguous: is ‘a native of Argentina,’ for instance, any Argentinian person or specifically an Indigenous person? Barring certain exceptions, do not refer to Indigenous peoples as ‘natives.’

**Referring to someone’s nationality**: If you must refer to someone’s nationality, use the specific region or country instead of ‘African,’ ‘Asian,’ ‘Latin American,’ ‘Middle Eastern,’ or ‘South American,’ which are often shorthand for persons from these continents. Be mindful that Africa and Asia are continents of many disparate countries and cultures, so it should neither be treated as a monolith nor reduced to one region. If you must refer to someone’s ethnicity or nationality, use the specific region or country.

**Roma** (noun and adjective) or **Romany** (adjective referring to the language or culture) should be used instead of ‘Gypsy.’ ‘Gypsy’ is derived from the incorrect historical belief that the Roma people were descended from Egyptians, and many in the community reject the term as it misrepresents their origins. It should be used only when the people being discussed describe themselves as such. Otherwise, use the ethnonym that the group prefers, e.g., Roma, Romany, Sinti, Kale, Manouches. There are also ethnically distinct communities known as Travellers.

**San** is the umbrella term for the Indigenous group in southern Africa, and should be used instead of ‘Bushman.’ Where possible, it is best to use the name of the individual group, such as the Juǀʼhoansi or a term that the stated group prefers. Note that ‘Khoisan’ is often the only appropriate umbrella term in genetics and linguistics contexts; if you are using it, try to ascertain which individual groups
are being referred to and name them at first mention. It may be useful to outline why a term like ‘Khoisan’ is used as some people object to it.

**Second World War in Europe:** Be clear about location and perpetrator when referring to countries occupied by Nazi Germany during the Second World War. E.g., ‘Nazi death camps in German-occupied Poland’ instead of ‘Polish death camps’ to avoid confusion or ambiguity between perpetrator and location.

**Scottish** should be used instead of ‘Scotch’ when referring to people as it is considered pejorative in Scotland. ‘Scotch’ should only be used for specific products, e.g., scotch whisky, scotch eggs.

**Spell out individual nations:** Consider spelling out individual nations within a region instead of using ‘British Isles’ to refer to Great Britain, Ireland and the surrounding smaller islands. ‘British Isles’ is often considered offensive in Northern Ireland and the Republic of Ireland as the term implies that Ireland is part of Britain.

**Undocumented worker/undocumented immigrant** should be used instead of ‘illegal alien’ or ‘illegal immigrant,’ which are dehumanizing terms. Furthermore, ‘illegal’ criminalizes the person and not the act, i.e., unsanctioned entry into a country.

**Uyghur** is the preferred spelling for the Turkic ethnic group because it reflects the actual pronunciation of the name better than the traditional English spelling, ‘Uighur.’

**Summary of suggested alternatives and terms to avoid**

<table>
<thead>
<tr>
<th>Suggested alternatives</th>
<th>Terms to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arab people, Arab countries</td>
<td>Arabic (unless referring to the language, numerals and some traditional phrases)</td>
</tr>
<tr>
<td>community science, volunteer science</td>
<td>citizen science</td>
</tr>
<tr>
<td>High-/upper-middle-/lower-middle-/low-income countries</td>
<td>developed/developing world, first/third world</td>
</tr>
<tr>
<td>English as a first/second/etc. language</td>
<td>native/non-native English speaker</td>
</tr>
<tr>
<td>enslaved people</td>
<td>slaves</td>
</tr>
<tr>
<td>enslaver, someone who enslaved people, someone who held people in slavery</td>
<td>slave owner</td>
</tr>
<tr>
<td>given name</td>
<td>Christian name, first name, forename</td>
</tr>
<tr>
<td>population, inhabitants</td>
<td>citizens</td>
</tr>
<tr>
<td>Roma, Romany</td>
<td>Gypsy</td>
</tr>
<tr>
<td>San</td>
<td>Bushman</td>
</tr>
<tr>
<td>[specific regions or countries]</td>
<td>African, Asian, South American (unless referring to peoples of the continent as a whole)</td>
</tr>
<tr>
<td>Scottish</td>
<td>Scotch</td>
</tr>
<tr>
<td>undocumented worker, undocumented immigrant</td>
<td>illegal alien, illegal immigrant</td>
</tr>
<tr>
<td>Uyghur</td>
<td>Uighur</td>
</tr>
</tbody>
</table>

*Table 2: Nationality and Cultures: Summary of suggested alternatives and terms to avoid*

For more information on various terms and explanations in this section please see ‘Additional Resources’ [here](#).
Gender, Sex, and Sexuality

Language relating to gender, sex and sexuality is evolving with changing social structures and norms. We encourage using inclusive language and avoiding language that reinforces stereotypes and assumptions about gender- and sexually diverse people.

Writing about research findings

When writing about research findings, keep in mind whether the group in question has specifically been asked about their gender identities. If this information is known and the group includes only women and men, it is acceptable to use such descriptors. Otherwise, it is better to use alternatives like ‘people,’ ‘respondents,’ or ‘participants,’ so that no assumptions are made about (the absence of) nonbinary and other gender identities.

In contexts where specifying gender and sex is important for clarifying the impact and scope of the research findings, we encourage you to use descriptors like ‘women’ and ‘men’ while keeping in mind gender diversity, trans*-inclusiveness, and accuracy.

In medical or scientific contexts, precision is critical and should be addressed. Some questions to consider:

- Does the study include only cisgender women and/or men?
- How has the researcher accounted for gender identity and sex?
- Do these findings apply to women and/or men (cis, trans*, intersex, endosex), or more specifically to ‘people with certain organs or physiology,’ e.g., ‘people with breasts’?
- Would another phrase like ‘people assigned male at birth’ be more accurate?

In some cases, it may be appropriate to use qualifiers that are gender-expansive throughout the content. In others, it may aid comprehension to do so in a footnote or in parentheses. For instance, in an article about pregnancy, it would be inclusive to use the phrase ‘women and other pregnant people’ to acknowledge that not all pregnant individuals may identify as women.

Example 1:
We acknowledge that uterine cancer can affect all people assigned female at birth (AFAB) regardless of their gender identity and expression. This study, however, only includes data from cisgender women. As such, for the purposes of this article, we use the word ‘women’ to refer to cisgender women. For further research studies, we recommend including people of different gender identities.

Example 2:
In this study of parenting experiences, we interviewed 500 fathers of children under the age of 5. We have classified as ‘fathers’ all respondents who identify as such. This includes both cisgender and trans men. However, we did not give the option for nonbinary and intersex fathers to identify themselves in our survey.

We urge care in communicating findings about sex and gender. Especially where there is the potential for societal and public policy impact, be cautious and precise in language to avoid inadvertent and harmful effects of misunderstood research results. Do not make assumptions about someone’s gender identity or sex, and do not equate gender identity and sex with each other or with any particular sexual orientation. Be mindful of when it is relevant or necessary to mention someone’s gender identity or sex, and get explicit permission before sharing this information publicly or broadly.
Guidance on the use of terms

Much of everyday language has assumed two genders and one sexual orientation – assumptions that ignore the diversity of gender identities and sexualities. Avoid using language that reinforces stereotypes and assumptions about people of marginalized genders and sexualities. For instance, referring to the actions, behaviors, and mannerisms of a gay man as ‘girly’ plays into sociocultural assumptions about how men and women are supposed to look, think, and act. We also encourage avoiding language that may seem complimentary on the surface but unintentionally plays into stereotypes about gender and sexuality. For instance, complimenting a woman for not getting emotional suggests the harmful, negative association between being a woman and being emotional.

Using adjectives as nouns (‘gays’ instead of ‘gay people’) is often pejorative. Similarly, avoid terminology that centers and positions cisgender, heterosexual identities as the norm, e.g., using ‘non-straight’ to refer collectively to LGBTQ+ people.

When someone’s gender identity is unknown, use ‘they’ to avoid gendered, singular constructions such as ‘he’ or ‘she’ (e.g., ‘When a researcher publishes their work, they will join our author community’ instead of ‘When he or she publishes his or her work, he or she will join our author community.’).

Similarly, use the title that individuals use. For instance, follow the title they use in their correspondence or found on their websites (if available). Gender-neutral titles like ‘Dr.’ or ‘Professor’ can always be used, but gendered ones such as ‘Ms.,’ ‘Miss,’ ‘Mrs.,’ or ‘Mr.’ may not apply to them. Furthermore, when referring to occupations, employ gender-neutral terminology (e.g., ‘chair’ or ‘chairperson’ instead of ‘chairwoman’).

When writing about relationships or marriages, consider using the gender-neutral ‘partner’ instead of ‘wife’ or ‘husband,’ unless that person has a specific preference.

The list of terms below was developed based on current thinking, industry standard and input from experts on inclusive language and provides more information on specific terms.

**Gender** refers to socially constructed roles and behaviors that occur in a historical and cultural context and varies across societies and over time. Gender is usually incorrectly thought of as binary (man/woman or feminine/masculine). In reality, there is a spectrum of gender identities and expressions through which individuals may identify themselves.

**Gender identity** is an individual’s conception of self as being a man, woman, masculine, feminine, nonbinary, ambivalent, etc., based in part on physical, psychological, and social factors. It is the internal experience of a gender role. There is a broad range of gender identities including, but not limited to, transgender, gender-queer, gender-fluid, nonbinary, gender-variant, genderless, agender, nongender, bi-gender, trans man, trans woman, trans masculine, trans feminine, and cisgender.

**Cisgender** refers to someone who identifies with the sex they were assigned at birth. Gender identity should not be confused with sexual orientation, so do not use ‘straight’ as the opposite of transgender, as transgender people can have any sexual orientation.

**Gender dysphoria** is a medical diagnosis that identifies the extreme discomfort and distress that people experience when they feel that the sex that they were assigned at birth does not match their gender identity. It replaces the outdated ‘gender identity disorder.’
Trans* describes a range of gender identities that do not fall under the cisgender-heteronormative construct, including those whose identity differs from the sex they were assigned at birth. The asterisk in ‘trans*’ indicates that it is an umbrella term for all the definitions that are not clearly cisgender. These include transgender, genderqueer (GQ), gender-fluid, nonbinary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine, and neutrois. The following terms are defined below and elsewhere in this section: genderqueer, gender-fluid, gender nonconforming, nonbinary, and transgender.

Genderqueer is an inclusive umbrella term for individuals whose identities exist outside of the man/woman gender binary. One typically should not use this term unless it is part of their own identity, but can use it in quotes from people who identify with it or in organization names, etc.

Gender-fluid refers to not having a fixed sense of one’s gender identity; rather, this identity can shift over time. This term usually falls under the umbrella of ‘nonbinary.’ As with ‘genderqueer,’ one typically should not apply the term unless it is part of their own identity, but can use it in quotes from people who identify with it or in organization names, etc.

Gender nonconforming describes people whose gender expression is different from conventional expectations of masculinity and femininity. Be mindful that not all gender-nonconforming people identify as transgender, neither are all transgender people gender nonconforming. The term is not a synonym for transgender and should only be used if someone identifies as gender nonconforming.

Nonbinary refers to people who identify as neither a man nor a woman, but rather exist between or beyond the gender binary. When talking about nonbinary people, use the pronouns they prefer—most commonly ‘they,’ but could also be ‘xe’ or other alternatives. Nonbinary is a gender identity and not indicative of biology. It is not the same as being intersex.

Transgender is an adjective referring to people whose gender identity differs from the sex they were assigned at birth. A transgender man (trans man) is someone who was assigned female at birth and identifies as a man; a transgender woman (trans woman) was assigned male at birth and identifies as a woman. Use ‘transgender people’ or ‘trans people,’ not ‘transgenders,’ ‘transsexual,’ or ‘transgendered.’ Use ‘transgender woman’ or ‘trans woman.’ Do not use ‘transwoman,’ which implies that she is not a ‘real’ woman, in the same way you would not write ‘smartwoman’ but ‘smart woman.’ The same holds true for ‘transman.’

When referring to a transgender person, use the pronouns (he, she, they, etc.) that the person currently uses, even when referring to the time before the person transitioned to the gender with which they now identify, unless the person prefers otherwise. Avoid using a transgender person’s previous name (also known as ‘deadnaming’), unless you have consent to do so. Do not sensationalize a trans person’s gender history or disclose it without consent. It is also good to note that a person’s identification with the terms listed in this entry, and interpretations about the specific differences among individuals can vary from person to person.

Gender presentation refers to how a person publicly expresses or presents their gender identity. This can include behavior and outward appearance such as dress, hair, makeup, body language, and voice. A person’s chosen name and pronouns are also common ways of expressing gender. Others perceive a person’s gender through these attributes.

Feminine refers to socially and culturally constructed traits, roles, behaviors, actions, and relations that are typically expected of women/feminine-presenting individuals. Femininity is not fixed or
universal; it evolves over time, is context-specific, and can vary across cultures. Femininity intersects with race, class, sexual orientation, gender identity, and geography. It should not be equated with being female. (‘Feminine-presenting’ refers to individuals who may or may not have been assigned female at birth and who present themselves in a manner associated with stereotypically feminine traits, appearances, and behaviors.)

**Masculine** refers to socially and culturally constructed traits, roles, behaviors, actions, and relations that are typically expected of men/masculine-presenting individuals. Masculinity is never fixed or universal; it evolves over time, is context-specific, and can vary across cultures. Masculinity intersects with race, class, sexual orientation, gender identity, and geography. It should not be equated with being male. (‘Masculine-presenting’ refers to individuals who may or may not have been assigned male at birth and who present themselves in a manner associated with stereotypically masculine traits, appearances, and behaviors.)

When writing about femininity and/or masculinity, avoid describing particular traits as being inherently ‘female/womanly’ or ‘male/manly.’ This reinforces the gender binary and stereotypical gender roles.

**Gender transition** is the process by which transgender people start to live in the gender with which they identify. This takes time and may include some but not necessarily all of the following: dressing differently; telling family, friends, and/or co-workers; changing their name and/or gender on legal documents; hormone therapy; gender-confirmation surgery or other body-modification procedures. Do not use the outdated and inappropriate ‘sex change.’

**LGBT+/LGBTQ+/LGBTQIA+** are umbrella terms describing communities, rights, etc., that are collectively lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, etc. The usage of each term depends on the subject matter and the audience. Remember that ‘straight’ is not necessarily the opposite of LGBTQ+, as the community includes transgender people, asexual people, etc., who may be straight.

Some terms related to this that should not be used are: ‘homosexual’ (as a noun), ‘gay lifestyle,’ and ‘straight-acting.’ ‘Gay lifestyle’ is a denigrating phrase that flattens diverse experiences and insinuates that there is a singular lifestyle that gay people lead. It also implies that sexual orientation encompasses the entirety of a gay person’s life. Using the phrase ‘straight-acting’ reinforces binary perceptions of sexuality and gender expression and implies that all gay men are feminine and that all straight men are masculine. In other words, there is no singular way to be gay or to be straight.

**LGBTQ+ rights** refer to access, opportunities, and protection under the law regardless of sexual orientation and/or gender identity. Avoid using ‘special rights,’ as it is a politically charged term often used by opponents of LGBTQ+ rights to imply that those in the LGBTQ+ community are seeking special treatment.

**Queue** is being reclaimed but is still offensive to many, especially when used as an epithet or by someone outside the community. One may use it in quotes from people who identify as such or in organization names, etc.

**Marriage for same-sex/same-gender couples** refer to the marriage of two people with the same gender identity. Avoid using the terms ‘same-sex marriage,’ ‘same-gender marriage,’ or ‘gay marriage’ unless relevant to the context because it can imply that marriages between people of the same gender identity are different or unusual. Additionally, not all same-sex or same-gender couples
identify as gay (e.g., they could be bisexual, asexual, pansexual, etc.). Some advocacy groups and organizations use the terms ‘equal marriage’ and ‘marriage equality’ in the context of political campaigns for marriage for same-sex or same-gender couples.

Be judicious in the usage of umbrella terms, and it is always best to be specific. For instance, if a study only focuses on transgender women, that is the term that should be used throughout. Unless applicable, using ‘LGBTQ+’ risks universalizing and collapsing diverse identities and experiences.

**Birth name, previous name, and original name** are gender-neutral terms referring to the surname or last name that someone was given at birth but may have changed upon marriage. These terms should be used instead of ‘maiden name,’ which is a gendered, outdated descriptor that carries sexist connotations. The term ‘maiden’ is synonymous with a virgin woman, and the term ‘maiden name’ rests on outdated assumptions of women as the property of men.

**Humankind** should be used in place of ‘mankind’ when talking about people in the broadest sense, as ‘mankind’ excludes cisgender women and trans* people.

**Men who have sex with men (MSM)** is commonly used as a behavioral category in public-health reports, referring to a wide range of men with diverse sexual orientations, including those who identify as straight but who may engage in sex with other men for a variety of reasons. Do not assume that MSM is synonymous with men who identify as gay, bisexual, or pansexual.

**Pregnant women and people or pregnant people** are more inclusive terms than ‘pregnant women’ as not all people who can become or are pregnant identify as women. However, use ‘pregnant women’ when referring to people who do identify as women. Refer to the section above on gender-neutral and gender-inclusive language for more information.

**Sex** refers to currently understood biological differences between those categorized as female and those categorized as male, including chromosomes, sex organs, and endogenous hormonal profiles. Although sex is usually categorized as female or male, there is variation in the biological attributes that constitute sex.

**Dyadic/endosex** is the term used for people whose anatomical sex characteristics are, from a medical point of view, perceived to be typically male or female. Dyadic/endosex is the opposite of intersex.

**Intersex** is the correct term for people with currently understood biological and physiological sex characteristics that are not, from a medical point of view, perceived to be typically male and female. Intersex people have ‘intersex variations’ or ‘differences of sexual development’ (DSDs). Note that intersex is a purely biological designation. It is not a gender identity, and it is not the same as being nonbinary. Be guided by the preference of the person being discussed. ‘Hermaphrodite’ can be used for animals but should not be used when referring to people, as it is outdated and offensive.
Summary of suggested alternatives and terms to avoid

<table>
<thead>
<tr>
<th>Suggested alternatives</th>
<th>Terms to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>birth name, previous name, original name (only in reference to surname/last name)</td>
<td>maiden name</td>
</tr>
<tr>
<td>chair, chairperson</td>
<td>chairman, chairwoman</td>
</tr>
<tr>
<td>gender dysphoria</td>
<td>gender identity disorder</td>
</tr>
<tr>
<td>gender transition, gender-affirming surgery</td>
<td>sex change</td>
</tr>
<tr>
<td>equal rights</td>
<td>special rights</td>
</tr>
<tr>
<td>humankind</td>
<td>mankind</td>
</tr>
<tr>
<td>intersex</td>
<td>hermaphrodite (unless referring to animals)</td>
</tr>
<tr>
<td>pregnant women and people OR pregnant people</td>
<td>pregnant women (unless referring to people who identify as women.)</td>
</tr>
<tr>
<td>transgender people, trans people</td>
<td>transgenders, transsexual, transgendered</td>
</tr>
<tr>
<td>transgender woman/man, trans woman/man</td>
<td>transwoman, transman</td>
</tr>
</tbody>
</table>

Table 3: Gender, Sex, and Sexuality: Summary of suggested alternatives and terms to avoid

For more information on various terms and explanations in this section please see ‘Additional Resources’ here.

Disability
Avoid labels or descriptions for groups of people or stating a person’s disability unless it is directly relevant to the content. When the information is necessary, it is important to take a person-led approach, employing the language that people use to describe themselves.

Person-first vs. identity-first language
The common advice is to use person-first language to describe disabilities and symptoms, putting the person before their diagnosis and emphasizing that the person is not defined by their disability, e.g., ‘person with a disability.’ Many organizations and disability charities use person-first language, and some regions have also seen greater use of person-first language by disability activists (e.g., USA). While it ultimately comes down to the preference of the person being discussed, some communities generally prefer person-first language, e.g., ‘people with diseases or chronic conditions’ (physical or mental), ‘person with diabetes’ (rather than ‘diabetic person’), ‘person with schizophrenia’ (rather than ‘schizophrenic person’).

However, the social model of disability argues that people are not disabled by their impairments but by their environment (i.e., social or communication barriers), which limits their ability. Therefore, some may refer to themselves as a ‘disabled person’ (i.e., someone disabled by their environment), rather than a ‘person with a disability’ (i.e., someone disabled by their impairment).

Moreover, some consider their condition as part of their identity, not just something that they have, and prefer to list this identity first. This is called identity-first language. Many disability activists and organizations use and advocate for identity-first language, which positions disability as an identity category, e.g., ‘deaf/Deaf people’ (rather than ‘people with hearing impairment’) and ‘autistic people’ (rather than ‘people with autism’). Where identity-first is the preference, always use ‘adjective + person’ (e.g., ‘epileptic person’) rather than name the condition as a noun (e.g., ‘an epileptic’ or ‘a paraplegic’). Note that ‘disabled’ is an adjective; do not use ‘the disabled’ to refer to
people with disability. In addition, when focusing on an underlying health condition, consider whether it might be more appropriate to use ‘person with a chronic health condition.’

It is important to note that opinions on person-first vs. identity-first language vary depending on location, community preference, and personal preference. If you are writing about a specific group, look into whether disability activists within that community have a preference. If you are writing about a specific person, it is a good idea to ask them how they want to be presented and abide by that.

**Ableist language**

Ableism is the systemic exclusion and oppression of people with disabilities, often expressed and reinforced through ableist language that is offensive to people with disabilities. Many derogatory terms originated as medical definitions used to categorize people with disabilities as lesser humans. Though once prominent in medical textbooks and scientific journals, these terms are slurs against people with disabilities and should not be used.

Ableist language also often perpetuates the notion that disability is a tragedy and that people with a disability should be pitied. It demonstrates a lack of care or understanding of the negative impact these terms can have. As mentioned previously in this guide, terms that may seem normal, neutral, or innocuous to people outside a certain group may be charged, upsetting, or important to people inside the group.

This is particularly true if such terms have been forced on that group inaccurately or have become associated with discrimination or oppression. For instance, describing an outrageous or difficult situation as ‘crazy’ or ‘insane’ neglects the origin and history of these terms that refer to mental illness. Equally, symptoms or diagnoses should not be used flippantly or metaphorically, e.g., describing situations or people as ‘schizophrenic’ or ‘bipolar’ to mean changeable. Rather than using harmful disability or illness metaphors, describe the situation or person accurately using clear and plain language.

**General considerations**

The following are some general considerations to keep in mind when describing and talking about disability.

1. **Emphasize abilities, not limitations**—be positive or neutral, not negative. Take care to be sensitive when using words such as ‘disorder’ or ‘impairment,’ and avoid terms like ‘abnormality’ and ‘special.’ The word ‘condition’ is often a good substitute that avoids judgment. However, do note that there is no universal agreement on the use of these terms. ‘Disorder’ is ubiquitous when it comes to medical references; the same is true for ‘special’ when used in ‘special education,’ so there may be times when it is appropriate to use them. But one should exercise extra caution when employing these words.
2. **Avoid passive, victimizing words or negative terms that overstate the severity of a condition.** When speaking about disability, avoid phrases that suggest victimhood, e.g., ‘afflicted with,’ ‘victim of,’ ‘suffers from.’
3. **Avoid outdated or derogatory terms**—stay up to date with current norms and discourse.
4. **Avoid using ableist terms that imply people who do not have disabilities are ‘normal’ or ‘healthy’ in contrast to those who do.**
5. Avoid being patronizing or effusive about the achievements of people with a disability when they are going about their daily life and work. For instance, avoid describing these individuals as ‘courageous,’ ‘inspiring,’ ‘heroic,’ etc.

6. Where possible, ask sources how they would like to be described. If the source is not available or unable to communicate, ask a trusted family member, advocate, medical professional, or an organization that represents people with disabilities. If you are speaking about a person who prefers a description that is not the preferred inclusive term, you should note that the term used is the preference of the person being discussed.

**Guidance on the use of terms**

The following list provides more information on specific terms.

**Ableist language** uses outdated or offensive terms for medical conditions flippantly or metaphorically. E.g., describing situations or people as ‘lame,’ ‘crippled,’ ‘blind,’ ‘deaf,’ or ‘crazy.’ Do not use these terms. Some may choose to describe themselves using this language as a way of reclaiming these terms, but it is inappropriate for those who do not belong to that specific community.

**Affected by** is more appropriate than ‘suffers from,’ ‘afflicted with,’ ‘victim of,’ or ‘stricken with,’ as they make a value judgment about the person’s quality of life.

**Blind and partially sighted people, people with limited vision, people with low vision** or **people with a vision [visual] impairment** are acceptable terms to use. However, note also that some people object to the term ‘visually impaired’ as it characterizes the condition as lacking. The term ‘blind’ usually describes someone with total vision loss. However, not all vision loss is total, so this term is not always appropriate. Do not use ‘the blind’ to refer to people with blindness, and avoid using ‘blind’ metaphorically (e.g., ‘choose blindly’).

**Chance of [X]:** Avoid using ‘risk of’ when referring to conditions that people consider neutral or a part of their identity (e.g., autism or deafness), as this implies that the condition is undesirable.

**Congenital disabilities** or **congenital conditions** can be used for a disability or condition that is present from birth. The terms ‘defect’ or ‘birth defect’ imply that people with these conditions are deficient or inferior, and should be avoided. State the nature of the disability or injury where possible.

**Conjoined twins** is the medical term for siblings that are physically attached. Do not use ‘Siamese twins.’

**Describing disabilities:** Always describe the specific disability that a person has, as opposed to using derogatory terms like ‘disfigured,’ ‘deformed,’ or ‘deformity’ as these imply that the person is wrong or inadequate. Additionally, terms such as ‘differently abled,’ ‘special needs,’ ‘specially abled,’ ‘challenged,’ or ‘handi-capable’ are considered condescending and patronizing—do not use them. These terms are needlessly euphemistic, and people with disabilities often reject them. Use ‘disabled,’ ‘with a disability,’ or describe the specific disability. When referring to facilities, ‘accessible’ is preferred to ‘handicapped’ or ‘disabled’ (e.g., ‘accessible parking’).

**Dwarfism** is an acceptable term for the medical condition, but people with dwarfism should not be termed ‘dwarfs’ or ‘midgets,’ which are offensive slurs. Use the person’s preferred term where possible. Examples include “person with dwarfism” or ”person of short stature".
**Functional needs** or the specific disability should be stated, as opposed to the euphemistic ‘special needs.’

- The phrase ‘differently abled’ also comes across as euphemistic and patronizing. Do not use these terms.
- Do not use ‘invisible disability’ without first consulting the person or group being discussed on their preference. Many people with chronic illnesses do not consider themselves disabled and thus may be offended by the term. If the preference is unknown, specify the condition rather than refer to it as an ‘invisible’ or ‘hidden’ disability, which is vague and open to interpretation.

**Impairment** is sometimes acceptable. Some people find it offensive because it implies that something is ‘wrong’ or ‘lesser,’ whereas other disability communities use it (e.g., ‘learning impairment,’ ‘cognitive impairment,’ or ‘functional impairment’). Some people use ‘impairment’ to describe the condition that affects their functioning, and ‘disability’ to describe its social effects or restrictions imposed on them by society because of their condition. For instance, ‘a person has an impairment’ means they use a wheelchair, but they are disabled by buildings without wheelchair access. Use the person’s preference if known; otherwise, ‘condition’ may be more appropriate.

**Intellectual disabilities** should be used to describe someone who has a learning disability.

**Non-disabled or without a [visible] disability** are more inclusive terms. Referring to someone as ‘able-bodied’ can imply that, by contrast, disabled people inherently lack the ability to use their bodies well. Furthermore, not all disabilities involve physical mobility. Terms such as ‘normal’ or ‘healthy’ should also be avoided.

**Patient** should be used only in the context of people being treated for disease. A person may have a condition all the time, but they are not always or inherently a patient; hence ‘person’ is more appropriate. For clinical trials, see entry on ‘participants’ below.

**Participants:** For modern research involving humans, use ‘participants.’ Do not use ‘subject,’ as this refers to a person as a subject of research and implies that they have no say in their involvement. Use ‘subject’ only in historical contexts where that was the case, in legal or regulatory contexts (e.g., Human Subjects laws), or for animals.

**Person with a physical [or mobility] disability** instead of ‘crippled’ or ‘lame,’ which are derogatory.

**People with high risk of [X]** is a more appropriate way of describing those who may have high risk of a particular condition, or may be engaging in an activity that is a ‘known risk factor.’ Do not use ‘high-risk group’ to describe people at high risk of certain illnesses or infections as it is stigmatizing; people are not risks. If possible, specify the risk for clarity.

**Person with [partial] hearing loss / hard of hearing / deaf and hard of hearing** are commonly used terms. ‘Deaf people’ is also acceptable for many individuals with deafness who may not consider their condition to be a disability and see themselves as part of Deaf culture (‘Deaf’ is capitalized when referring to Deaf culture or the community of Deaf people, but in lowercase when it is used as an adjective not connected to Deaf culture.)

- Some individuals with hearing loss may also use sign language or other forms of alternative and augmentative communication (AAC). ‘Deaf and dumb’ or ‘deaf mute’ should not be used. If a person with hearing loss also has a speech impairment that is central to the discussion, then this can be specified as ‘hard-of-hearing and speech impaired.’
● **Hearing aids** should not be termed ‘deaf aids.’
● Do not use ‘deaf’ metaphorically, e.g., instead of ‘fall on deaf ears,’ use ‘fall on closed ears.’

**Typical:** Use ‘typical’ instead of ‘normal,’ and/or describe the specific difference instead of using ‘abnormal’ or ‘abnormality.’ Referring to people as ‘normal/abnormal’ can imply that someone with a disability is different or strange. Be cautious when using ‘abnormal behavior,’ as it is defined in relation to cultural norms and open to interpretation. However, ‘abnormal’ or ‘abnormality’ is acceptable for describing scientific observations (e.g., ‘abnormal test results,’ ‘outside of the normal range,’ ‘abnormal morphology’).

**Use more specific adjectives:** The terms ‘inspirational’ and ‘courageous’ should not be used to congratulate disabled people for simply living their lives. Many disabled people find this objectifying and dehumanizing; they do not exist to inspire others or make others feel better about themselves, and it is not unusual for them to have talents, skills, or abilities. Avoid using these terms, and celebrate successful people with a disability in the same way you would celebrate the success of a non-disabled person. Use more specific adjectives that refer to the person’s unique and positive qualities.

**Wheel-chair use:** Specify that the person ‘uses a wheelchair’ instead of describing them as ‘wheelchair-bound’ or ‘confined to a wheelchair,’ as this implies that the person’s life is restricted.
Summary of suggested alternatives and terms to avoid

<table>
<thead>
<tr>
<th>Suggested Alternatives</th>
<th>Terms to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>accessible services</td>
<td>handicapped services</td>
</tr>
<tr>
<td>affected by</td>
<td>suffers from, afflicted with, stricken with</td>
</tr>
<tr>
<td>blind and partially sighted people, people with limited vision, people with a vision/visual impairment</td>
<td>the blind (some also object to ‘visually impaired’)</td>
</tr>
<tr>
<td>chance of [X]</td>
<td>risk of [X]</td>
</tr>
<tr>
<td>congenital [disability/condition]</td>
<td>birth defect</td>
</tr>
<tr>
<td>conjoined twins</td>
<td>Siamese twins</td>
</tr>
<tr>
<td>disabled, disability</td>
<td>disfigured, deformed, handicapped, malformed, special needs</td>
</tr>
<tr>
<td>functional needs</td>
<td>special needs</td>
</tr>
<tr>
<td>intellectual disability</td>
<td>mentally handicapped</td>
</tr>
<tr>
<td>non-disabled, without a (visible) disability</td>
<td>able-bodied, normal, healthy</td>
</tr>
<tr>
<td>participants</td>
<td>subjects (unless in historical or legal/regulatory contexts) patient (unless in the context of people being treated for disease)</td>
</tr>
<tr>
<td>person with dwarfism</td>
<td>dwarfs</td>
</tr>
<tr>
<td>person with a physical/mobility disability</td>
<td>crippled, lame</td>
</tr>
<tr>
<td>people with high risk of [X]</td>
<td>high-risk group</td>
</tr>
<tr>
<td>person with (partial) hearing loss; hard of hearing; deaf and hard of hearing; hearing aids</td>
<td>deaf and dumb, deaf mute; deaf aids</td>
</tr>
<tr>
<td>[specify the condition]</td>
<td>invisible disability, hidden disability</td>
</tr>
<tr>
<td>typical</td>
<td>normal, abnormal (unless in the context of scientific phenomena, e.g., ‘abnormal test results’)</td>
</tr>
<tr>
<td>uses a wheelchair</td>
<td>wheelchair-bound, confined to a wheelchair</td>
</tr>
</tbody>
</table>

Table 4: Disability: Summary of suggested alternatives and terms to avoid

For more information on various terms and explanations in this section please see ‘Additional Resources’ [here](#).

**Neurodiversity**

‘Neurodiversity’ was coined in the 1990s by sociologist Judy Singer. It refers to the broad range of human neurocognitive functioning and how individuals have different ways of receiving and interpreting information. The neurodiversity paradigm is the understanding that there is no one ‘normal’ or ‘healthy’ type of brain; differences are normal and not deficits.

Neurodivergence covers a broad range of neurocognitive behaviors and conditions, including attention deficit hyperactivity disorder (ADHD), autism spectrum conditions, dyscalculia, dyslexia, and Tourette syndrome, among others.
- **Neurodivergence (noun), Neurodivergent (adjective):**
  A person who identifies as neurodivergent has a brain that functions in ways that diverge significantly from dominant societal standards and expectations. Neurodivergence is broad and can be both innate and genetic, such as autism, ADHD, and dyslexia, or produced by a brain-altering experience such as a brain injury.

- **Neurotypical (adjective):**
  Used to describe a person who has a style of neurocognitive functioning that falls within dominant societal standards and who does not identify as neurodivergent. This term should be used in place of ‘normal,’ which implies that those who are neurodivergent/neuroatypical are abnormal.

- **Neurodiverse (adjective):**
  A group of people is neurodiverse if the group is made up of people who differ in their neurocognitive functioning, i.e., a group comprising both neurotypical and neurodivergent individuals. A person cannot be ‘neurodiverse’ but is ‘neurodivergent,’ in the same way that a person cannot be ‘diverse’ but a group of people can.

**Person-first vs. identity-first language**

While **person-first language** is often recommended in a wide variety of situations, this is a central topic of discussion when referring to neurodivergent individuals. Person-first language emphasizes the person over the condition by putting the person first, e.g., ‘person with a learning disability’ rather than ‘disabled person’.

In some cases, however, and particularly within autistic and disabled communities, **identity-first language** is preferred. With identity-first language, the condition or disability comes first, e.g., ‘autistic person’ rather than ‘person with autism.’ This puts more emphasis on the link a person may make between their condition/disability and their identity.

There is no overarching recommendation in this situation, and it is advisable to ask the person(s) how they wish to be described. If that is not possible, understand community preference, e.g., by connecting with organization(s) representing the particular neurodivergent condition or behavior.

See the Disability section in this guide for more guidance on person-first and identity-first language.

**Ableist language**

Ableism is the systemic exclusion and oppression of people with neurodivergent conditions, often expressed and reinforced through ableist language that is offensive to people with neurodivergent conditions. Many derogatory terms originated as medical definitions used to categorize people with neurodivergent conditions as lesser humans. Though once prominent in medical textbooks and scientific journals, these terms are slurs against people with disabilities and should not be used.

See the Disability section for more information on ableist language.

**Guidance on the use of terms**

*Note that there may be some repetition with the Disability section above, given the relevance of certain terms to both sections.*

The following list provides more information on specific terms.
Attention-deficit hyperactivity disorder (ADHD) is a relatively common neurodevelopmental diagnosis. Use ‘attention-deficit hyperactivity disorder’ on first reference and ‘ADHD’ thereafter. Some people with ADHD prefer to say they ‘have’ the condition; others prefer to say they ‘are’ ADHD. Ask your sources for their preference where possible; otherwise, consider using person-first language (e.g., ‘the person has ADHD’ or ‘has been diagnosed with ADHD’).

Autism spectrum disorder (ASD) or autism spectrum condition offers a broad variety of presentation with wide variation in the type and severity of symptoms experienced. The official diagnosis should be used in the first mention in clinical contexts, but use ‘ASD’ (or ASC) thereafter. Many people prefer not to refer to it as a disorder; therefore, in social contexts or in the voice of someone affected, use ‘autism.’ Someone without ASD may be described as ‘allistic’ or in some cases as ‘neurotypical’ (if they are not neurodivergent), but avoid saying ‘normal.’ Many people consider the condition part of their identity and prefer to say ‘autistic people’; this term is becoming far more common than ‘people with autism.’ However, defer to the preference of the particular person where possible.

Functional needs or the specific disability should be used, as opposed to the euphemistic ‘special needs.’

- The phrase ‘differently abled’ also comes across as euphemistic and patronizing. Do not use these terms.
- Do not use ‘invisible disability’ without first consulting the person or group being discussed on their preference. Many people with chronic illnesses do not consider themselves disabled and thus may be offended by the term. If a preference is unknown, specify the condition rather than refer to it as an ‘invisible’ or ‘hidden’ disability, which is vague and open to interpretation.

Learning differences/disability can be used to refer to conditions that do not cause developmental delay, but affect how a person learns. It covers a broad range of neurologically based conditions that may lead to an individual having difficulty in learning as well as in picking up skills necessary for reading (dyslexia), writing (dysgraphia), mathematics (dyscalculia), and other cognitive processes due to differences in how the brain processes information. The terms ‘mentally handicapped,’ ‘slow,’ or ‘retarded’ are offensive and should not be used to describe people or used metaphorically. Use ‘learning/intellectual disability’ instead.

Neutral language should be used when describing a person with a condition, e.g., the person ‘has a mental health condition.’ Phrases such as ‘afflicted with,’ ‘suffers from,’ or ‘victim of’ make assumptions about the individual’s quality of life and should be avoided.

Patient should be used only in the context of people being treated for disease. A person may have a condition all the time, but they are not always or inherently a patient; hence ‘person’ is more appropriate. Also, not all disabilities are illnesses and therefore not all people with disabilities are patients. For clinical trials, see entry on ‘participants’ below.

Participants: For modern research involving humans, use ‘participants.’ Do not use ‘subject,’ as this refers to a person as a subject of research and implies that they have no say in their involvement. Use ‘subject’ only in historical contexts where that was the case, in legal or regulatory contexts (e.g., Human Subjects laws), or for animals.

Person having a psychotic condition or experiencing psychosis are person-first language that should be used instead of ‘psychotic.’ The latter term should only be used when it is relevant and accurately
describes a medical situation. Avoid using the terms as adjectives, and employ person-first language when referring to individuals.

**Person living with schizophrenia** instead of ‘schizophrenia’ or ‘schizophrenic.’ Do not use ‘schizophrenic’ colloquially to describe a contradictory or inconsistent situation or person.

**Person with a (traumatic) brain injury** instead of ‘brain-damaged’ or ‘brain-impaired.’

**Person with a mental health condition** should be used as a phrase or, where possible, mention the specific condition, e.g., ‘person diagnosed with bipolar disorder.’ The phrase ‘person with a mental illness’ should be avoided given the stigma associated with the term ‘mental illness.’ Other acceptable phrases are ‘person diagnosed with a psychiatric disorder’ or ‘person with a mental health history.’

Many phrases and terms that were historically used to describe mental health conditions, age-associated loss of cognitive function, or mental instability are now offensive and unacceptable, including ‘mental patient,’ ‘insane,’ ‘mad,’ ‘psycho,’ and ‘senile,’ among others. Use person-first language and always try to specify the type of condition.

The American Psychiatric Association offers a useful guide on appropriate terms. The association recommends using people-first language to describe mental illness to avoid defining people by their disability. ‘She experiences symptoms of psychosis’ is preferable to ‘She is psychotic.’ ‘He is living with bipolar disorder’ is preferable to ‘He is bipolar.’ The terms ‘mental illness’ and ‘mental disorder’ are not interchangeable. Finally, it cautions against using mental health terms to describe non-health issues, e.g., do not describe an awards show or piece of music as ‘schizophrenic.’

**Person with an intellectual disability:** While ‘intellectual disabilities’ or ‘intellectually disabled’ are acceptable, consider using people-first language, e.g., ‘a person with an intellectual disability’ rather than ‘intellectually disabled.’

**Person with dissociative identity disorder:** ‘Dissociative identity disorder’ is characterized by the emergence of two or more distinct personality states or identities in a person’s behavior or consciousness, medically known as ‘alters.’ Dissociative identity disorder is the current term for what used to be known as multiple personality disorder, which is different from schizophrenia. Refer to someone as having ‘dissociative identity disorder’ and avoid using the acronym ‘DID.’

**Person with dyslexia:** It is advisable to use person-first language, e.g., ‘person with dyslexia’ as opposed to ‘dyslexic’ as a noun.

**Person with Tourette syndrome:** Terminology for this condition is varied, e.g., Tourette syndrome, Tourette’s syndrome, Tourette’s disorder. However, health organizations, such as the Centers for Disease Control and Prevention in the USA, recommend using ‘Tourette syndrome.’ Use person-first language, e.g., ‘person with Tourette syndrome,’ and avoid using the acronym ‘TS’ as it is not widely known.

**Typical:** Use ‘typical’ instead of ‘normal,’ or describe the specific difference instead of using ‘abnormal’ or ‘abnormality.’ Referring to people as ‘normal/abnormal’ can imply that someone with a disability is different or strange. Be cautious when using ‘abnormal behavior,’ as it is defined in relation to cultural norms and open to interpretation. However, ‘abnormal’ or ‘abnormality’ is acceptable for describing scientific observations (e.g., ‘abnormal test results,’ ‘outside of the normal range,’ ‘abnormal morphology’).
**Use specific language:** Labelling people with autism or other conditions as ‘high-functioning’ or ‘low-functioning’ can be judgmental and ambiguous or inaccurate. Many people with conditions who have been described in this way consider these terms to be dismissive, offensive, or reductive of their abilities. Avoid using these terms; instead, consider specific ways of describing a person’s individual traits, strengths and support needs.

**Summary of suggested alternatives and terms to avoid**

<table>
<thead>
<tr>
<th>Suggested Alternatives</th>
<th>Terms to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>attention-deficit hyperactivity disorder (in first mention)</td>
<td>ADHD (unless it is the second mention and beyond)</td>
</tr>
<tr>
<td>autism spectrum disorder (ASD), autism spectrum condition (ASC) (in first mention)</td>
<td>ASD, ASC (unless it is the second mention and beyond)</td>
</tr>
<tr>
<td>autism (if the individual prefers this term)</td>
<td></td>
</tr>
<tr>
<td>autistic person (preferred by some individuals; as opposed to ‘person with autism/ASD’)</td>
<td></td>
</tr>
<tr>
<td>functional needs</td>
<td>special needs</td>
</tr>
<tr>
<td>learning differences/disability, intellectual disability</td>
<td>slow learner, mentally handicapped, retarded</td>
</tr>
<tr>
<td>neurotypical (adjective)</td>
<td>normal</td>
</tr>
<tr>
<td>participants</td>
<td>subjects (unless used in historical or legal/regulatory contexts) patient (unless used in the context of people being treated for disease)</td>
</tr>
<tr>
<td>person having a psychotic condition, experiencing psychosis</td>
<td>psychotic (adjective)</td>
</tr>
<tr>
<td>person living with schizophrenia</td>
<td>schizophrenic</td>
</tr>
<tr>
<td>person with a (traumatic) brain injury</td>
<td>brain-damaged, brain-impaired</td>
</tr>
<tr>
<td>person with a mental health condition</td>
<td></td>
</tr>
<tr>
<td>person diagnosed with a psychiatric disorder</td>
<td></td>
</tr>
<tr>
<td>person with a mental health history’ [mention the specific disorder], e.g., person diagnosed with bipolar disorder</td>
<td>mental patient, insane, mad, crazy</td>
</tr>
<tr>
<td>person with an intellectual disability</td>
<td>intellectually disabled</td>
</tr>
<tr>
<td>person with dissociative identity disorder</td>
<td>DID</td>
</tr>
<tr>
<td>person with dyslexia</td>
<td>dyslexic (noun)</td>
</tr>
<tr>
<td>person with Tourette syndrome</td>
<td>TS</td>
</tr>
<tr>
<td>[specific description of a person’s individual traits, strengths and support needs]</td>
<td>high-functioning, low-functioning</td>
</tr>
<tr>
<td>[specify the condition]</td>
<td>invisible disability, hidden disability</td>
</tr>
<tr>
<td>typical</td>
<td>normal/abnormal (unless describing scientific phenomena, e.g., abnormal test results)</td>
</tr>
<tr>
<td>has a mental health condition</td>
<td>afflicted with, suffers from, stricken with, victim of</td>
</tr>
</tbody>
</table>

*Table 5: Neurodiversity: Summary of suggested alternatives and terms to avoid*

For more information on various terms and explanations in this section please see ‘Additional Resources’ [here](#).
Health

In topics related to health, use person-first language wherever possible as this places the emphasis on the individual instead of their illness or other characteristics. More information on person-first language can be found in the Disability section of this guide.

Using person-first language avoids stigmatizing or marginalizing those affected by a particular illness (e.g., ‘a person with substance abuse disorder’ instead of ‘addict’, ‘a patient with diabetes’ instead of ‘diabetic patient’), and this has even been shown to improve health outcomes.

With this advisory, it is also important to note that thoughts on person-first vs. identity-first language vary according to the preferences of the person being described. If you are writing about a specific group, look into whether activists and advocates within that community have a preference. If you are writing about a specific person, it is a good idea to ask them how they want to be presented and abide by that.

General considerations

When referring to individual research participants or patients, be mindful and respectful of their gender and sexual orientation and other identifiers, where relevant. Please refer to the Gender, Sex, and Sexuality and Ethnicity and Race sections in the guide for more information. Use inclusive language wherever possible when referring to a large group of patients or research participants.

Guidance on the use of terms

*Note that there may be some repetition with the Disability and Neurodiversity sections above, given the relevance of certain terms to both sections.

The following list provides more information on specific terms.

**Affected by** is more appropriate than ‘suffers from,’ ‘afflicted with,’ ‘victim of,’ or ‘stricken with,’ as they make a value judgment about the person’s quality of life.

**AIDS** (acquired immunodeficiency syndrome) is a syndrome, rather than a disease or virus, caused by the human immunodeficiency virus, or HIV. Due to advances in treatment, people can have a long lifespan with HIV, with an undetectable viral load. With this in mind, make sure to use ‘HIV’ and ‘AIDS’ correctly, not interchangeably. See entry below for ‘Person living with HIV’ for more information. When discussing AIDS and, more specifically, AIDS-related deaths, do not use ‘die of AIDS’ but ‘died owing to an AIDS-related illness’ or ‘died from complications of AIDS.’ If possible, be specific, e.g., ‘They contracted pneumonia shortly after their AIDS diagnosis.’

**Assisted dying** is less inflammatory and judgmental than ‘assisted suicide.’ The expression ‘committed suicide’ should also be avoided because it perpetuates the view that suicide is a sin or a crime. Other alternatives include ‘died by suicide’ or ‘death by suicide.’

**Bipolar disorder** is the current term for what used to be known as manic depression. ‘Bipolar’ should not be used to metaphorically describe something that changes radically or drastically, including a person’s behavior. ‘Person with bipolar disorder’ should be used when referring to someone with the condition instead of ‘bipolar person’ or ‘bipolar patient.’

**Case** can be used to refer to an incidence of a disease (e.g., ‘there were five cases of polio last year’), but should not be used to refer to people with a disease. E.g., instead of ‘we treated five polio cases,’ say ‘we treated five patients [or individuals] with polio.’
Dissociative identity disorder is the current term for what used to be known as multiple personality disorder. It is not the same as schizophrenia.

Eating disorders are mental illnesses that are often associated with competitive behavior. Therefore, reporting of certain aspects of eating disorders can be triggering to people with an eating disorder or in recovery from one. If appropriate, reporting on eating disorders should focus on how people feel rather than how they behave. Certain metrics can cause damage by providing a target to beat. For instance, avoid reporting numbers (such as calories, weight, or body mass index) and specifying amounts eaten or methods used to restrict food, unless essential to the discussion. Describing foods as ‘good’ or ‘bad’ and the use of images of emaciated bodies or body parts should also be avoided.

Epileptic seizure is the correct medical term to describe a temporary burst of uncontrolled electrical activity in the brain. Do not use ‘fit,’ ‘spell,’ or ‘attack.’ Non-epileptic seizures (NES) can cause similar symptoms to those induced by epileptic seizures, but are not caused by uncontrolled brain activity. NES include dissociative seizures, which are triggered by mental or emotional processes. Avoid using the term ‘pseudoseizure’ to describe NES. ‘Having an epileptic fit’ should not be used metaphorically to describe someone’s behavior.

Living with [condition] or diagnosed with [condition] are considered more neutral as compared to terms like ‘battling.’ Battling cancer or other illnesses is a common metaphor but can have unwanted connotations. Particularly, saying that someone ‘lost their battle’ can imply that they did not ‘fight’ hard enough.

Patient should be used only in the context of people being treated for disease. A person may have a condition all the time, but they are not always or inherently a patient; hence ‘person’ is more appropriate. For clinical trials, see entry on ‘participants’ below.

Participants: For modern research involving humans, use ‘participants.’ Do not use ‘subject,’ as this refers to a person as a subject of research and implies that they have no say in their involvement. Use ‘subject’ only in historical contexts where that was the case, in legal or regulatory contexts (e.g., Human Subjects laws), or for animals.

Person in a coma or non-responsive should be used rather than ‘vegetative state,’ which is outdated.

Person living with HIV or person with an HIV infection should be used rather than ‘HIV-positive person.’ ‘HIV-positive’ is acceptable when stating ‘[named person] is HIV-positive.’ Use ‘contracted HIV’ or ‘was diagnosed with HIV’ instead of ‘infected with HIV.’

Person with alcohol use disorder is a more inclusive term. If no condition has been diagnosed, one can indicate ‘excessive alcohol use’ or ‘problematic alcohol use,’ if appropriate. Avoid referring to a person as an ‘alcoholic,’ as it is judgmental and reductive.

Person with a brain injury should be used instead of ‘brain-damaged’ or ‘brain-impaired.’

People with high risk of [X] is a more appropriate way of describing those who may have high risk of a particular condition, or may be engaging in an activity that is a ‘known risk factor.’ Do not use ‘high-risk group’ to describe people at high risk of certain illnesses or infections as it is stigmatizing; people are not risks. If possible, specify the risk for clarity.
People with infections: When describing someone who has an infection, it is appropriate to say ‘people with a [pathogen name] infection.’ Terms such as ‘carrier’—e.g., ‘carrier of coronavirus’—refers to people as vectors of disease and should be avoided.

Person with a substance use disorder instead of ‘addict’ as the latter is judgmental and derogatory. The following are preferred terms: ‘person with a [X] use disorder’ (where ‘X’ may be a drug or substance), ‘person with a [X] disorder’ (where ‘X’ may refer to a behavior), ‘person who uses [relevant substance],’ ‘person with problematic drug use.’

Suicide: Take care when reporting on suicide. Avoid words that sensationalize suicide or describe it as a goal or solution. E.g., use ‘attempted suicide’ instead of ‘failed’ or ‘successful’ attempt. Avoid describing methods, especially novel methods; if this is necessary, use general rather than specific language. Suicide is not a crime and therefore cannot be committed; say ‘took their own life’ or ‘died by suicide.’ When discussing suicide or mental-health crises, it is helpful to provide resources for readers who may be affected by these issues, using resources that are relevant to as many readers as possible.

Viruses should not be referred to by a location name, group of people, or animal to avoid stigmatizing a country or location. Do not use ‘Wuhan virus’ or ‘China coronavirus.’ The ‘Middle East respiratory syndrome virus’ is an exception as the WHO decided that no single country or group would be stigmatized.

Summary of suggested alternatives and terms to avoid

<table>
<thead>
<tr>
<th>Suggested Alternatives</th>
<th>Terms to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>affected by</td>
<td>suffers from</td>
</tr>
<tr>
<td>assisted dying</td>
<td>assisted suicide</td>
</tr>
<tr>
<td>died by suicide, death by suicide, took their own life</td>
<td>committed suicide</td>
</tr>
<tr>
<td>epileptic seizure</td>
<td>fit, spell, attack</td>
</tr>
<tr>
<td>participants</td>
<td>subjects (unless used in historical or legal/regulatory contexts)</td>
</tr>
<tr>
<td></td>
<td>patient (unless used in the context of people being treated for disease)</td>
</tr>
<tr>
<td>person in a coma, non-responsive</td>
<td>vegetative state</td>
</tr>
<tr>
<td>person living with HIV, person with an HIV infection</td>
<td>HIV-positive person</td>
</tr>
<tr>
<td>contracted HIV, diagnosed with HIV</td>
<td>infected with HIV</td>
</tr>
<tr>
<td>person with alcohol use disorder</td>
<td>alcoholic</td>
</tr>
<tr>
<td>person with a brain injury, person with a traumatic brain injury</td>
<td>brain-damaged, brain-impaired</td>
</tr>
<tr>
<td>people with a [pathogen name] infection</td>
<td>carrier</td>
</tr>
<tr>
<td>people with high risk of [X]</td>
<td>high-risk group</td>
</tr>
<tr>
<td>person with substance use/abuse disorder</td>
<td>addict</td>
</tr>
</tbody>
</table>

Table 6: Health: Summary of suggested alternatives and terms to avoid

For more information on various terms and explanations in this section please see ‘Additional Resources’ here.
Family Structures

When writing about families, it is vital to not make assumptions about individual identities and their relationships to other people, e.g., whether family members are biologically related or of the same ethnicity and race.

In today’s world, family structures are increasingly complex and diverse. There are more multiracial families than ever, and marriage equality is legal in a number of countries. In addition, more partners, including those with children, are choosing cohabitation over marriage. Family structures and living arrangements also vary across cultures.

Unless it is the focus of the content, language should not be centered on the stereotypical nuclear family structure (husband, wife, biological children) as the norm. Family structures can include a single parent (divorced or never married), foster, or adoptive parents; blended families with step-siblings or half-siblings; unmarried biological parents; multiracial parents; LGBTQ+ parents; a relative as guardian (grandparent, aunt, etc.); multigenerational families living in one household; ‘chosen families’ consisting of people who are unrelated biologically but operate as a family.

Take care to not ‘other’ specific family structures or living arrangements, and show respect to all families.

Guidance on the use of terms

The following list provides more information on specific terms.

Caregiver should be used when speaking generally and relationship specifics are unknown. ‘Mom,’ ‘dad,’ or ‘parent’ implies a certain relationship. ‘Caregiver’ is gender-neutral and inclusive of the variety of people who care for a child or family member. It is also inclusive of multigenerational families who live together and care for one another.

Children born outside of marriage should be used where necessary, instead of ‘illegitimate children,’ which is dehumanizing and criminalizes the person.

Biracial or multiracial should be used when discussing families with different racial backgrounds. See the Ethnicity and Race section for more information about specific terms.

Members of household should be used instead of ‘family,’ unless the latter is specifically known to be the case. Many families do not live together, e.g., families with divorced or incarcerated parents. Where ‘members of household’ does not apply to current living circumstances, use ‘family members.’

Mixed gender or mixed sex should be used instead of ‘opposite sex’ or ‘opposite gender’ to avoid comparison of sexes or genders and implying the gender binary.

Partner When writing about relationships or marriages, consider using the gender-neutral ‘partner’ instead of ‘wife’ or ‘husband,’ unless that person has a specific preference. Avoid the assumption that people are married and/or ascribe to a particular gender role.

Sibling is a gender-neutral term and should be used instead of ‘brother’ or ‘sister’ when the specifics are not known.
Summary of suggested alternatives and terms to avoid

<table>
<thead>
<tr>
<th>Suggested Alternatives</th>
<th>Terms to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>caregiver</td>
<td>mom, dad, parent (unless specifics are known)</td>
</tr>
<tr>
<td>children born outside of marriage</td>
<td>illegitimate children</td>
</tr>
<tr>
<td>biracial, multiracial</td>
<td>mixed race</td>
</tr>
<tr>
<td>members of household</td>
<td>family (unless specifics are known)</td>
</tr>
<tr>
<td>mixed gender, mixed sex</td>
<td>opposite sex, opposite gender</td>
</tr>
<tr>
<td>sibling</td>
<td>brother, sister (unless specifics are known)</td>
</tr>
</tbody>
</table>

Table 7: Family Structures: Summary of suggested alternatives and terms to avoid

For more information on various terms and explanations in this section please see ‘Additional Resources’ here.

Appearance and Body Type

Research shows that, in general, physical attractiveness is positively associated with quality of social experience. People who are not deemed to be ‘physically attractive’ and do not adhere to conventional standards of attractiveness are often disadvantaged in society.

Therefore, referring to a person’s physical appearance can reinforce harmful stereotypes. Avoid referring to a person’s physical appearance unless it is relevant and necessary for context. Discrimination based on appearance is intertwined with other forms of discrimination, in particular, racism, sexism, and ableism. Guidance on the use of language describing appearance in relation to other forms of discrimination can be found within other sections in this guide.

For more information on various terms and explanations in this section please see ‘Additional Resources’ here.

Age

This section focuses on appropriate language for research on any age group or individual, so that it is free of age bias. Carefully consider the use of language relating to a person’s capability.

Where relevant, data on participants’ age should be included in a publication’s Method section. To avoid age bias, it is best to be specific and clear in indicating age ranges or averages, and not to include vague age ranges. For instance, it is better to state ‘ages 16–21’ than ‘under 21 years,’ or ‘ages 65–81’ as opposed to ‘over 65 years,’ except in broad research studies.

Guidance on the use of terms

The following list provides more information on specific terms.

Terms for different age groups

Terms for different age groups can often be paternalistic or demeaning. Avoid descriptors such as ‘precocious’ or ‘spry’ to refer to an age group, as the connotations for these terms are usually biased.

Age or age-referring terms and phrases can carry direct (e.g., ‘young lady’) or indirect (e.g., ‘I didn’t want to overtax him’) bias, and should be avoided.

Use ‘individual’ or ‘person’ when referring to someone, regardless of age. Preferred terms are ‘women’ and ‘men’ for groups of a single gender (refer to the Gender, Sex, and Sexuality section for more information).
Terms for younger individuals
For person(s) below 12 years of age, use ‘infant,’ or ‘child’ (depending on how young the person is), or indicate the gender if the context calls for this specification. Refer to the section on Gender for more information.

For person(s) aged 13–17, use ‘adolescent,’ ‘youth,’ or ‘young person’ where the specification is necessary.

For person(s) aged 18 and above, the appropriate terms are ‘adult,’ ‘cisgender adult,’ ‘gender-expansive adult,’ ‘genderqueer adult,’ ‘trans/transgender man,’ ‘trans/transgender woman,’ ‘woman/man,’ and so on. Refer to the Gender, Sex, and Sexuality section for more information.

Terms for older individuals
Midlife or middle-aged refers to people aged 40–60, though there is no precise age range for this grouping.

Stereotypes that focus predominantly on negative aspects of the aging process should be avoided, e.g., limiting the characteristics of older people to frailness, dependency, and reduced mental and physical agility.

When first referring to a group of older adults, include the age range (average or median age) where possible. A few points to keep in mind:

- Aging is natural and should not be automatically linked to disease or ill health.
- Avoid terms such as ‘the aged,’ ‘elderly,’ ‘seniors,’ or ‘senior citizens.’ Preferable terms are ‘older adults,’ ‘older individuals,’ ‘older people,’ ‘older persons,’ ‘individual 65 years and older,’ and so on.
- Currently the preferred term is ‘dementia’ instead of ‘senility.’ If possible, be specific on the type of dementia (e.g., dementia due to Alzheimer’s disease).
- Decade-specific descriptors such as ‘octogenarian’ are acceptable.

Terms for comparing different adult age groups
When referring to two adult groups, be specific about the respective age ranges (i.e., middle-aged adults vs. young adults).

When referring to different generations, only use cultural terms such as ‘baby boomers,’ ‘Gen X,’ and ‘millennials’ when discussing other studies that refer to the topic of generations and that describe them as such. It is better to refer to the time periods or decades when a group is born (e.g., ‘people born in the 70s’).
Summary of suggested alternatives and terms to avoid

<table>
<thead>
<tr>
<th>Suggested Alternatives</th>
<th>Terms to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>dementia (or the specific type of dementia, e.g., dementia due to Alzheimer’s disease)</td>
<td>senility</td>
</tr>
<tr>
<td>older adults, older individuals, older people, older persons, individual 65 years and older</td>
<td>the aged, elderly, seniors, senior citizens</td>
</tr>
<tr>
<td>[specific age ranges or averages] (e.g., ages 65–81)</td>
<td>[vague age ranges] (e.g., over 65 years)</td>
</tr>
<tr>
<td>[specific time periods or decades when a group was born] (e.g., people born between 1965–1979)</td>
<td>baby boomers, Gen X, millennials</td>
</tr>
</tbody>
</table>

Table 8: Age: Summary of suggested alternatives and terms to avoid

For more information on various terms and explanations in this section please see ‘Additional Resources’ here.

Additional resources for Springer Nature Inclusive Language Guide

For areas not covered in the guide and for further reading, you may refer to the following resources:

- For Bias-Free Language go to The APA Style Guide
- For Guidelines on Inclusive Language and Images in Scholarly Communication go to Coalition for Diversity & Inclusion in Scholarly Communication (C4DISC).
- Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals can be found via JAMA Network

Additional resources on inclusive language for ‘Ethnicity and Race’

- For more information about AABA Statement on Race & Racism go to American Association of Biological Anthropologists
- For more information about Unmasking ‘racial micro aggressions’ go to American Psychological Association
- For Bias-Free Language go to The APA Style Guide
- The Associated Press, AP says it will capitalize Black but not white
- City of Ipswich (Australia), Appropriate Terminology, Indigenous Australian Peoples
- Columbia Journalism Review, Why we capitalize ‘Black’ (and not ‘white’)
- Creative Spirits, What is the correct term for Aboriginal people?
- Gallup, Controversy Over the Term 'Latinx': Public Opinion Context
- Gov.uk, Commission on Race and Ethnic Disparities
- Gov.uk, Writing about ethnicity
- International Holocaust Remembrance Alliance, Spelling of antisemitism
- JAMA Network, Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals
● Learning for Justice, The trouble with tribe
● Indigenous Journalists Association, Guide on terminology when covering Indigenous peoples
● National Education Association (USA), Implicit Bias, Microaggressions, and Stereotypes Resources
● National Institutes of Health (USA), Racial and Ethnic Categories and Definitions for NIH Diversity Programs and for Other Reporting Purposes
● New York Public Library, From Hispanic to Latine: Hispanic Heritage Month and the Terms That Bind Us
● NPR, All Mixed Up: What Do We Call People Of Multiple Backgrounds?
● Pfizer, Understanding Racial Microaggression and Its Effect on Mental Health
● USC Shoah Foundation, Roma, Sinti, Kale, Manouches, Romaniche?
● Verywell Mind, What Is Othering?
● Washington Post, Lost Lineage: The quest to identify black Americans’ roots

Additional resources for inclusive language on ‘Nationality and Cultures’
● NAACP Culpeper, Writing About Slavery/Teaching About Slavery
● Nature, South Africa’s San people issue ethics code to scientists
● USC Shoah Foundation, Roma, Sinti, Kale, Manouches, Romaniche?
● Worldbank Blogs, Should we continue to use the term ‘developing world’?

Additional resources for inclusive language on ‘Gender, Sex, and Sexuality’
● Apicha Community Health Center, What’s the Difference Between Non Binary VS Genderqueer?
● BMC, Sex and Gender Equity in Research: rationale for the SAGER guidelines and recommended use
● Canadian Institutes of Health and Research, What is gender? What is sex?
● GLAAD Media Reference Guide, Glossary of Terms: LGBTQ
● GLAAD Media Reference Guide, Transgender People
● The Lily, The tradition of taking a man’s last name is ‘unquestionably sexist.’ This new trend could be the solution
● Nature, Diversity: Pride in science
● Nature, It’s Time to Expand the Definition of ‘Women’s Health’
● Nature, Raising the Bar on Sex and Gender Reporting in Research
● Nature, Sex redefined
● Nature, US proposal for defining gender has no basis in science
● NLGJA: The Association of LGBTQ Journalists, Stylebook
● Ontario Human Rights Commission, Gender identity and gender expression
● Salon, Women don’t have "maiden" names: A modest proposal to retire the descriptor
● Science, Large-scale GWAS reveals insights into the genetic architecture of same-sex sexual behavior
● Slate, Gay Marriage? Same-Sex Marriage? How Should We Talk About Marriage Equality?
● Springer Nature, SN Pride LGBTQ+ Basics
● Springer Nature, SN Pride LGBTQ+ Basics Pronouns
● Stanford University, Gendered Innovations project
● Stanford University, Gendered Innovations in Science, Health & Medicine, Engineering, and Environment, Terms
● Stonewall, List of LGBTQ+ Terms
● Stonewall, What does LGBTQ+ mean?
● them, InQueery: The History of the Word "Genderqueer" As We Know It
● Time, The Oxford English Dictionary Added 'Trans*'*. Here's What the Label Means
● Vice, What’s the Difference Between Non-Binary, Genderqueer, and Gender Nonconforming
● UBC News, Why do some straight men have sex with other men

Additional resources for inclusive language on ‘Disability’
● The Americans with Disabilities Act (ADA), Guidelines for Writing About People With Disabilities
   ● Conscious Style Guide
● Gov.uk, Inclusive language: words to use and avoid when writing about disability
   ● Conscious Style Guide
● Radical Copyeditor, On “Person-first Language”
● US National Center on Disability and Journalism, Disability Language Style Guide
   ● “Allistic”

Additional resources for inclusive language on ‘Neurodiversity’
● The Americans with Disabilities Act (ADA), Guidelines for Writing About People With Disabilities
● American Psychiatric Association, New Language Guide Supported by the American Psychiatric Association Foundation
● Cambridge Dictionary, “Allistic”
● Chartered Insurance Institute, Inclusive language guidelines
   ● Conscious Style Guide
● Gov.uk, Inclusive language: words to use and avoid when writing about disability
● Metro, You’re probably being ableist and don’t even know it
● Neuroqueer, Neurodiversity: Some basic terms & definitions
● Radical Copyeditor, On “Person-first Language”
● Understood, What is neurodiversity?
● US National Center on Disability and Journalism, Disability Language Style Guide

Additional resources for inclusive language on ‘Health’
● Beat Media, Media Guidelines for reporting eating disorders
● The Centre for Addiction and Mental Health, Words matter
● National Library of Medicine, Effective physician-patient communication and health outcomes: a review.
● National Library of Medicine, Person-first language: are we practicing what we preach?
● Reporting on Suicide, Recommendations for Reporting on Suicide
● ShatterProof, Change your language
● UNAIDS, Terminology Guidelines
● The University of Texas at Austin Dell Medical School, Inclusive Language Guidelines
● Wikipedia, List of suicide crisis lines
● WHO, WHO issues best practices for naming new human infectious diseases
Additional resources for inclusive language on ‘Family Structures’

- APA Style Guide, Bias-Free Language
- Barton Lab, Using Inclusive Language
- Pew Research Center:
  - As Millennials Near 40, They’re Approaching Family Life Differently Than Previous Generations
  - As family structures change in U.S., a growing share of Americans say it makes no difference
  - A record 64 million Americans live in multigenerational households

Additional resources for inclusive language on ‘Appearance and Body Type’

- Journal for Equity in Health, Lookism hurts

Additional resources for inclusive language on ‘Age’

- APA Style Guide, Age
- The Diversity Style Guide, Age/Generation Glossary
- Journals of Gerontology, Ageism Comes of Age
- The Gerontologist, The Language of Ageism: Why We Need to Use Words Carefully
- University of Wisconsin-Madison, A Guide to Bias-Free Communications