

## EDITORIAL ON LANGUAGE POLICY

In the second year of the Journal (1987) we introduced a language policy, which we subsequently modified in 1994. It is now time we issued a further version of this policy.

There is no doubt that over the past few years there has been an increased sensitivity to the use of language and the way it positions groups of people in particular discourses. As a consequence of this we have had to intervene less and less in articles sent to this journal for publication. Nevertheless there are still some issues which concern us and we feel the need to reiterate our policy and to make some further suggestions.

Our overall policy can be summed up very simply: **we will never knowingly publish articles which contain offensive or disabling language.** However in the implementation of this it is not always easy to be sure that we are making the correct decision and it is on this that we now focus.

Firstly, we will not publish articles containing offensive words, even if these words are based upon medical or diagnostic classification. Words such as ‘cripple’, ‘spastic’, ‘mongol’, ‘defective’ undermine disabled people’s role in society, directly and by implication, when they are used as terms of abuse to describe disabled people. We accept that some historical and contemporary discourses use potentially offensive terminology and we would not wish to prevent this from being used appropriately within those discourses. However, it should be clearly demarcated by the use of apostrophes or *sic*.

Secondly, we expect all contributors to demonstrate both personal and cultural sensitivity in their use of language even though we recognise that there is no universal consensus as to what is and what is not offensive or disabling. As in the past, contributors are asked to avoid disablist language and where it escapes their filtering system, we will try to edit it out before publication. In this way we hope to avoid phrases such as ‘attitudes towards retardates’, ‘handicapped workers’ or ‘handicapped individuals’ or running titles such as ‘Toward a Model of Policy for the Disabled’ and ‘Roles and Health Studies in Arthritis’.

Thirdly, there are an increasing number of international classification schemes of one kind or another (ICIDH2) which position people in particular ways. While we do not intend to refuse to accept articles based upon such classifications, we do wish to signal that authors must demonstrate an awareness of the contested nature of such schemes before their work will merit publication. We are also happy to accept the use of acronyms (as above) when they are applied to organisations. However, they are not acceptable when applied to people; for example, ‘the SEN child’.

Finally, we feel that contributions can be improved by increasing the accessibility of their language. We welcome contributions which enhance our theoretical understanding, but believe strongly that all submissions can be made accessible to a larger and more varied audience by the careful avoidance of unnecessarily cumbersome and technical terminology. Additionally, and while we do not wish to be overly prescriptive about it, we expect clarity in the use of terminology in what is becoming an increasingly contested area. It remains the Journal’s policy that articles are not intended to be read by a small coterie of academics or professionals.

In this third attempt at revising our language policy, we are not suggesting that we have succeeded in developing an unequivocal approach to what is a very difficult issue. Accordingly we will keep the issue of language under review and would welcome any comments that people wish to make to us directly on this particular issue.