



## The Changing Nature of Language<sup>1</sup>

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Even a half-hearted onlooker cannot help but realize that in this fast-paced world, most aspects of popular culture are constantly changing, including that particular "subculture" that we know as the field of developmental disabilities. As our world changes, our words, and the way we use them to describe the world, change as well. It is not far-fetched to say that changes in our language are among the most obvious indicators of overall societal change. Although names for most things survive over an extended period, a great many do not. New terms are created or enter from other cultures (*astronaut, e-mail, day trader, website, salsa*); old terms fall from common use (*doughboy, ice box, neurasthenia, feeble minded*); some words acquire new meanings and usages (e.g., *link* as a click-point to a related web page; *input* as a verb; and *rap* as something you listen to instead of something you do with your knuckles).

Sometimes the names of things do not change, but what they refer to, their *referents*, change dramatically. For example, the particular collection of tasks, duties, skills, abilities, and knowledge that give meaning to the term *nurse* in today's operating rooms or trauma centers, is immensely different than what the term *nurse* may have meant on a battlefield during the Civil War. Similarly, principals still manage schools; however, today they often need to have the savvy of a business person, the persistence of a labor negotiator, and the fortitude of a police commissioner in addition to their abilities as educators. Over time the referents for these two words (*nurse* and *principal*) have shifted. Indeed, much of our world is now a swirling cacophony of changing words and referents, driven in large part by all of us, we who, for better or worse, make up a highly charged, media-savvy, corporate-logo, politically sophisticated world. It is in this climate of cultural change, language change, and changing referents that we find ourselves contemplating new terms in our field.

Although we have evolved from the societies that existed in our own earlier times, those that existed in the 1780s, the 1860s, the 1920s or even the 1970s, we do not live in them. Today we live differently. We work differently. We use information differently. We understand things differently. And we think differently. Consequently, we speak differently. The differences between our own and earlier times demonstrate that change, constant change, that is growing ever more rapid, is an inherent part of our human culture. Cultural change not only affects language but also washes over the political and social group affiliations that exist in society.

Nearly all our cultural institutions are more diverse, for example, with respect to race, gender, and, yes, disabilities than they were, for example, in 1950. This does not mean that they are as diverse or as accommodating as they should be, only that they are certainly different than at the middle of the previous century.

In fact, changes in terminology have been going on for as long as we have known about what we (temporarily) call "mental retardation." The first widely used general term in America was *feeble mindedness* (a term, by the way, that was memorialized in the first name of the Association sponsoring this *Journal*), which became widespread in the early part of the 1900s. Eventually, feeble mindedness itself was divided into subgroups, or levels: *moron*, *imbecile*, and *idiot*, corresponding roughly to our understanding of *mild*, *moderate*, and *severe-profound mental retardation*, respectively (Scheerenberger, 1983). Prior to the beginning of the 1900s, variants of the term *idiot* were used to describe general classes of individuals who were considered outside the realm of "normality" (cf. Trent, 1994).

These terms (*moron*, *imbecile*, *idiot*, and now *retarded*), which now strike our sensibilities as derogatory and belittling, clearly demonstrate how terminology used in the past to describe this population acquires negative connotations over time. These terms have become "fightin' words" in many contexts, from playgrounds to city council chambers. We do not find these terms quaint and picturesque or consider them as interesting remnants of the past as, for example, a neurologist might find the term *homunculus*. Instead, colloquial use of terms for mental retardation have become school-yard and mass media insults; many individuals use them to deride those they loathe. It should not be surprising that the individuals we serve who have the cognitive capabilities to comprehend the negative connotations do not like these terms.

Over time, partly because of growing disdain for them and partly because the field moved on, the terms used in the late 1800s and the first half of the 20th century, fell away. By the middle of the last century, in the 1940s and 1950s, the terminology was again shifting, as the field continued to struggle to understand the phenomena we know as mental retardation. The term *mental deficiency* is typical of this period. Its initial lack of negative connotation is supported by the fact that this term also became part of the Association's title until rather recently (i.e., American Association on Mental Deficiency). Over time, the "deficiency" and "defectiveness" aspects of terms of this era gave way to one that incorporated the idea of developmental *rate*, and "mental retardation" came to be the term used most often.

What is often overlooked is that none of these terms, when proposed, were intended to negatively stereotype individuals. Rather the scientists and practitioners who proposed them were attempting, first, to understand the mental and developmental phenomena they observed

and, second, to achieve some standard language with which to communicate about these phenomena. Thus, as understanding of the "referents" of the phenomena expanded, new terms came into being. We should not be surprised by the expectation that, over time, we need to use language differently in referring to the changed relationships among words, their referents, and the people who use them. In short, changes in terminology in our field are inevitable. Because they are, we should not engage in policy fights, identity crises, or other ideological wrestling matches when the time comes to change terms.

Today, most people realize that, to some extent, beneath the acquisition of negative connotations for terms describing mental retardation is the devalued nature of the referents or the characteristics of mental retardation itself (e.g., Wolfensberger, 1972). By understanding that fact, we can further understand that the real question about individuals should not be what we are going to "call them" in the future, but whether or not they will continue to be devalued because of certain personal characteristics associated with their development. When the essential issue is more properly construed as "valuing *versus* de-valuing" rather than what to call them, then it matters less what terms we use. *But it still matters*, a point to which I will return in a moment.

Because of the valuing versus de-valuing issue, over time, the terms we select, no matter how acceptable at first, will become less desired and, therefore, less useful. There is a lesson in this for how we might go about adapting the ever-changing nature of language to our professional, technical, scientific classification, and to our everyday language needs as well. Put simply, every so often we may need to let particular words go, while preserving the essential nature of our field and its knowledge base. We would do well to recognize that the words we use will need to evolve and change in a natural way (perhaps every generation or two) because those we serve can be hurt as the very words used to denote them come to be seen as negative.

In the end, we need to be aware that, given the ever-changing nature of language along with the fact that terms for mental retardation inevitably (so far) have acquired negative connotations, the terms we employ are simply the tools we happen to be using at the moment. When they wear out, we should get new ones. In an ironic way, perhaps, that is precisely what has been happening without our realizing it-how else, in little more than a century, could we have gone from *idiocy* to *feeble mindedness* to *mental deficiency* to *mental retardation*?

## References

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