



Best Practices for Person-Centered Language in Research

What is person-centered language?

Using person-centered language focuses on recognizing a person as a whole rather than defining them by a specific behavior, trait, or health condition. Although person-centered language often includes placing the word “person” before the adjective that describes the person’s trait, health condition, or behavior (e.g., a person who uses drugs), not all communities prefer this language. Some communities prefer to lead with their identity, particularly if the identity cannot be separated from the person (e.g., Autistic person). Thus, person-centered and inclusive language prioritizes individual preferences.

Why should researchers and other professionals use person-centered language?

It is critical to use person-centered language in formal and informal communications with colleagues, community partners, research participants, policymakers, the media, and the broader public at all stages of the research process. Using person-centered and inclusive language:

- ✓ **Respects Individual Dignity:** Person-centered language emphasizes the humanity of individuals rather than defining them by conditions or challenges that they may not identify with. For example, using terms like “person with diabetes” instead of “diabetic” puts the person before their diagnosis, recognizing them as a whole individual.
- ✓ **Reduces Stigmatization:** By avoiding labels that can carry negative connotations, person-centered language helps to reduce stigma.
- ✓ **Promotes Empathy:** Person-centered language fosters a respectful research environment and reflects a commitment to understanding people’s lived experiences.
- ✓ **Improves Communication and Trust:** Using respectful, non-judgmental language improves communication between researchers and participants and enhances trust.
- ✓ **Aligns with Ethical Research Practices:** Ethical guidelines in research emphasize the need for respect and care when working with individuals and communities.

Navigating the Challenge of Selecting the Best Terminology

Individuals within communities may have different language preferences, which can make it challenging to select terms that will be understood by and seen as welcoming by all members of a given community. When determining which terms to use, consider your audience and talk to advocates and other members of the community about their preferences. When preferences greatly vary, if feasible, acknowledge the heterogeneity of community member preferences and highlight the steps taken to select the most appropriate and best terms.

- **Consider your audience** and tailor the language accordingly (e.g., scientific audience [grant, journal publication, etc.] vs. community audience [presentation, recruitment flyers, informed consent form, etc.]).
- **Talk to the community**, including advocates and/or members of the community with whom you are working, and ask them what language or terms they prefer. Community language preferences can vary by age, location, gender, country of origin, identity, health condition, etc. When in doubt, ask the community!

- **Acknowledge community heterogeneity** when possible. In instances where there is substantial community disagreement regarding preferred language, pick the most endorsed term or use more than one term, if possible. Regardless of the approach taken, if feasible, it can be helpful to describe the process that was taken to select the best language and why the final term or set of terms was ultimately used. Written justifications can be included in consent forms, surveys, or preambles to other documents or communicated orally in interactions with community members when space and time constraints allow.

Examples of Stigmatizing Language and Adapted Person-Centered Language

Consider using these recommended terms to reduce stigma and affirm individuals and communities.

Stigmatizing Language	Welcoming Language
Crowded housing	Multi-generational housing
Diabetics	People with diabetes
Drug addicts, alcoholics	People living with a substance use disorder
Drug user, "junkies"	People who use drugs; People who inject drugs
Elderly, geriatric, old people	Older Adults; Elders; Aging; Aging Populations; People over
Handicapped	Instead of noting a person as disabled, specify their need, such as: Visually Impaired, Hearing-Impaired, Uses a wheelchair. You can say, "Person living with a disability."
HIV positive or infected person, AIDS patient	A person with HIV; a patient living with AIDS
Homeless	Individuals experiencing unstable housing/without housing; unhoused individuals
Inmate, prisoner Felon, ex-con	Incarcerated or previously incarcerated person; justice-involved person
Insane, crazy	Individuals living with a mental illness or cognitive impairment
Prostitute, "hooker"	Person who engages in sex work
Poor people	Persons living at or below the federal poverty level, people with low income or limited resources
Third world country	Developing nation, global south
Uneducated	Those with a high school diploma; Those who have completed 8th grade

Additional Resources

- **NIH Person-Centered Language Considerations & Resources:** <https://www.nih.gov/about-nih/what-we-do/science-health-public-trust/perspectives/writing-respectfully-person-first-identity-first-language>
- **CDC Person-Centered Language Writing Guide & Resources:** <https://www.cdc.gov/nceh/clearwriting/writing-tips/2024/writing-tip-wed-01-17-2024.html>
- **Identity-First Language Preferences:** <https://autisticadvocacy.org/about-asan/identity-first-language/>