

## Sticks, Stones, and Stigma: A Study of Students' Use of the Derogatory Term "Retard"

Gary N. Siperstein, Sarah E. Pociask, and Melissa A. Collins

### Abstract

The present study explored the prevalence of the derogatory invective "retard" (i.e., "r-word") in everyday speech among American youth. A total of 1,169 youth between the ages of 8 and 18 years old participated in the present study. Results showed high prevalence of the r-word, as 92% of youth had heard someone use the word as a slang invective. Results also indicated that youth responded differently depending on who the word was directed toward (i.e., person with or without an intellectual disability), who said the word (i.e., friend vs. nonfriend), and who heard the word (i.e., females vs. males; younger vs. older youth). Implications for eliminating the r-word from everyday use are discussed.

DOI: 10.1352/1934-9556-48.2.126

For over 100 years, the American Association on Intellectual and Developmental Disabilities (AAIDD) has continuously evolved to address the changing needs of those with intellectual and developmental disabilities in our society. To ensure that those eligible for services receive appropriate care, the association published the first definition of *mental retardation* in 1921. Over time, with new research and developments in the field, there have been 10 revisions to this clinical definition and three changes to the official name of the organization (i.e., from the original name, the Association of Medical Officers of American Institutions for Idiotic and Feeble-minded Persons, to the American Association on Mental Deficiency, to the Association on Mental Retardation, to the current name, the American Association on Intellectual and Developmental Disabilities).

With each revision, professionals in the field cannot help but ask, "Does terminology really matter?" In 2002, this question was posed by Steven J. Taylor, the editor of this journal (then called *Mental Retardation*), amid the concurrent terminology shift within the field from *mental retardation* to *intellectual disabilities*. Given the flurry of articles written about the topic (Danforth, 2002; Gelb, 2002; Goode, 2002; Schalock, 2002; Smith, 2002;

Turnbull, Turnbull, Warren, Eidelman, & Marchand, 2002; Walsh, 2002; Wolfensberger, 2002), the answer to the question is undoubtedly "yes," terminology does matter. Although the reasons for and momentum behind the most recent shift in terminology are many, none of these reasons have had the same visibility in the media and among the growing voice of self-advocacy groups as the stigma that can be attached to the derogatory invective, *retard*.

The word *retard* (i.e., the *r-word*), a derivative of the former clinical term *mental retardation*, has become a common slang term used by society. Just as the word *gay* has been generalized as slang for anything bad (Burn, 2000; de Klerk, 2005; Thurlow, 2001), the r-word has acquired a similar negative connotation that extends far beyond the original clinical definition of mental retardation. It is used in a number of different forms and contexts and often to communicate a general sense of disapproval with someone or something. For example, you might hear someone say, "Don't be such a retard," or "That is so retarded." When used in this way, the r-word can apply to anyone or anything and is not necessarily specific to someone with a disability. However, irrespective of the context, hearing the words *retard* and *retarded* used

as slang invectives is demeaning to those who have intellectual disabilities as well as to their families, friends, and advocates (Stephens, 2008).

Although terms like *retard* and *retarded* are among the most recent clinically derived invectives to enter the public lexicon, they certainly are not the first of their kind. There has been a trend of word stigmatization throughout the history of intellectual disabilities, as the former clinical terms *feeble-minded*, *idiot*, *imbecile*, and *moron* have also acquired negative connotations (Switzky & Greenspan, 2006). Historically, these terms were used by clinicians and other professionals to describe various levels of intellectual impairment, with *idiocy* being the most severe and *morosity* the least (e.g., Doll, 1936). However, over time, these words became widely used as insults in society, and in the 1940s and 1950s, advocates fought for the induction of the neutral and innocuous term *mental retardation* into the clinical realm as a replacement for the former, contaminated terms (Goode, 2002). Even though *mental retardation* was suggested with good intentions, it was not long before derivatives of the term started being used as insults. But how and why does this happen?

The incorporation of terms like *idiot* and *retard* into the lexicon can be understood in multiple ways. First, from a linguistic perspective, it is important to consider that language is constantly evolving, and with the passage of time, a word's pronunciation, syntax, and meaning can be modified to suit the linguistic needs of society (Hock & Joseph, 1996). Slang in particular is especially ephemeral in nature and is constantly changing to reflect current styles and trends. As new generations look for novel ways to both express themselves and separate themselves from prior generations, the use of slang (e.g., idiomatic expressions, insults) ensures that those who use it "are seen as 'cool', fashionable, up-to-date, and part of the speech community" (de Klerk, 2005, p. 112). Along with separating the young from the old, slang also separates other groups as well. By using slang, boundaries are defined; those who know and use the words become members of the in-group and those who do not become further estranged (Armstrong, 1997; Thurlow, 2001).

Second, language evolves such that clinical terms and words associated with a marginalized group often emerge as invectives. To understand this process, one first needs to understand stigma, which, as described by Goffman (1963), refers to

the disgrace of individuals who are somehow marked as different from society, where those who are stigmatized are "reduced in our minds from a whole and usual person to a tainted, discounted one" (p. 3). Following from Goffman's definition, today stigma is viewed as, "some attribute or characteristic that conveys a social identity that is devalued in a particular social context" (Crocker, Major, & Steele, 1998, as cited in Major & O'Brien, 2004, p. 395). For example, attributes that signify possible social or moral deficits, physical or psychological abnormalities, or different group affiliations are most often used to exclude individuals from the in-group (Kurzban & Leary, 2001). Some of the stigmatizing attributes that often mark those with intellectual disabilities as different include, for example, cognitive limitations or perceived differences in appearance and social behavior (e.g., Siperstein & Bak, 1980). When someone possesses or is believed to possess these attributes, this individual becomes associated with the stereotypes of intellectual disabilities. By actually calling someone a retard or saying that something is retarded, the person or object of the insult is equated with the marginalized group and subjected to the effects of that stigma.

Overall, the combination of the ever-changing nature of language with the persistent stigma associated with intellectual disabilities has contributed to the use of clinical derivatives as insults for decades. As we know, the clinical terminology has changed from *mental retardation* to *intellectual disabilities*, and accompanying this change there has been a push by advocates and self-advocates to eliminate the derogatory invective *retard* (Schalock et al., 2007). This movement has gained increasing amounts of media attention but is perhaps most visible among youth, where awareness campaigns have emerged in select public schools across the country (e.g., the Special Olympics "R-word Campaign"). To help guide movements that focus on eliminating terms that further stigmatize and marginalize individuals with intellectual disabilities, we felt that it was important to explore the prevalence of the r-word in everyday speech among today's youth, especially after the recent terminology shift. Building on the knowledge base of primarily anecdotal data, the present study explored who among youth is using the r-word and how it is being used. In addition, we sought to document how youth respond to hearing the r-word and if

there are any factors that may influence their response.

## Method

### Participants

The sample of youth who participated in the present study was drawn from the Harris Poll Online Youth Panel ([www.harrisinteractive.com](http://www.harrisinteractive.com)), which at the time of the survey consisted of over 50,000 youth between the ages of 8 and 18 years. A total of 1,169 youth participated by completing the online survey. Table 1 provides demographic information about these youth.

### Procedures

The present study was part of an omnibus online survey (by market research company Harris Interactive) conducted in September 2008 within the United States. During this time, members of the Harris Poll Online Youth Panel were sent e-mail invitations to participate in the study. Invitations were sent directly to 13–18 year olds, whereas the 8–12 year olds were sent invitations via their parents' e-mail addresses. Surveys were conducted as self-administered, online questionnaires, with Web-assisted interviewing software that permitted online data entry of survey responses by the respondents. Per Harris procedures, the survey was closed after the goal of approximately 1,000 respondents had been reached.

To maintain the reliability and integrity of the data collected from the online sample, the following procedures were used. First, to prevent respondents from completing the same survey more than one time, each invitation contained a password assigned uniquely to the e-mail address. Second, to increase the number of respondents in the survey and to improve overall response rates, as many as two additional reminder invitations were mailed at 2–4-day intervals to those respondents who had not yet participated.

### Measure

As previously stated, this study was embedded within a larger survey assessing youth opinions, entitled Young People's Opinions Matter ([www.harrisinteractive.com](http://www.harrisinteractive.com)). In the survey, we included seven questions pertaining to the r-word: two "yes/no" questions to gauge the extent to which youth have heard the r-word (e.g., "Have you heard a

**Table 1** Study Demographics

Variable	<i>N/n</i>	%	<i>M (SD)</i>	Range
Overall	1,169			
Gender				
Male	598	51%		
Female	571	49%		
Age (years)			13.3 (3.03)	8–18
Grade				
3rd–6th grades	375	32%		
7th–8th grades	217	19%		
≥9th grade	570	49%		

person call someone a 'retard?') and five multiple-choice questions to capture the source of and reactions to the r-word. For multiple-choice questions, youth were allowed to select multiple responses (see the Appendix for a list of questions and answer options pertaining to the r-word).

## Results

To begin our analysis of the survey results, we focused on at the prevalence of the r-word among American youth. Participants were asked if they had ever heard a person call someone a retard and if they ever heard the word directed toward someone with an intellectual disability. As expected, we found that hearing the r-word was prevalent among youth, as 92% had heard someone use the word. However, although most youth reported hearing the r-word, far fewer of them (36%) reported hearing it directed toward someone with an intellectual disability. Thus, although verifying the prevalence of the r-word, these results also suggest that it is more commonly used as a generic insult and less often heard in reference to someone with an intellectual disability.

Next, we were interested in understanding which people youth had heard using the r-word. As expected, we found that most participants (86%) reported hearing the word used by their peers. In contrast, few participants reported hearing the word used by people in the media (24%). What was unexpected was that despite the high percentage of youth who had heard the word, only 20% of youth

**Table 2** Youth Responses to Hearing the "R-Word"

Response	r-word directed toward person in general ( <i>n</i> = 1,076) <sup>a</sup>	r-word directed toward person with ID ( <i>n</i> = 422) <sup>a</sup>
Felt bad or sorry for the person picked on	51%	63%
Told person it was wrong to say	33%	50%
Joined in	7%	2%
Laughed	22%	4%
Didn't care	23%	9%
Did nothing	39%	24%

Note. ID = intellectual disabilities.

<sup>a</sup>Youth were allowed to select multiple responses.

admitted that they ever used the slang invective themselves.

We were also interested in understanding how youth respond to hearing the r-word. They responded differently depending on who the word was directed toward (see Table 2). When the r-word was not directed toward someone with an intellectual disability, youth were more apt to laugh (22%), not care (23%), or do nothing (39%). In contrast, when the word was directed toward someone with an intellectual disability, youth were more inclined to tell the person using the word that it was wrong to say (50%) and feel sorry for the person being picked on (63%).

To further understand how youth respond to hearing the r-word, we also examined the role of the source (i.e., who said the word). Because most youth reported hearing the word used by a peer (note: subsequent analyses include only youth who responded that they heard the r-word used by a peer), we decided to look within this source by focusing specifically on youth responses when a friend used the word versus a nonfriend. To simplify our analyses, we collapsed across related responses and created the following four response categories: actively opposed to the use of the word, felt sorry for the person being picked on, laughed or joined in on the use of the word, and apathy toward the use of the word.

It was evident that youth responded differently to the r-word, depending on who used it,  $\chi^2(3, N = 354) = 40.77, p < .01$ . When a friend used the

**Table 3** Youth Responses to Hearing the "R-Word" From a Friend and Nonfriend

Response	Friend used r-word ( <i>n</i> = 99)	Nonfriend used r-word ( <i>n</i> = 255)
Actively opposed the use of the word	28%	34%
Felt sorry for the person being picked on	21%	38%
Laughed or joined in on the use of the word	21%	2%
Apathy toward use of the word	29%	25%

word, youth were more apt to laugh or join in (21%), whereas when a nonfriend used the word, youth almost never laughed or joined in (2%), and instead were more inclined to feel sorry for the person being picked on (38%). Table 3 contains a summary of youth responses.

Youth response to the r-word was in part a function of gender (Table 4),  $\chi^2(3, N = 402) = 26.34, p < .01$ . Females were more apt to actively oppose the word (41%) and feel bad or sorry for the person being picked on (36%), whereas males were more apathetic (34%). This finding is not surprising given the trend often reported in the literature that females tend to respond more positively than males to individuals with intellectual disabilities (e.g., Krajewski & Flaherty, 2000; Nowiki & Sandieson, 2002; Siperstein & Chatillon, 1982).

Last, we found that in addition to gender differences, youth responded differently to the r-word depending on their age,  $\chi^2(6, N = 398) = 28.41, p < .01$ . Younger participants were more likely to actively oppose the word (40%) and feel sorry for the person being picked on (39%), whereas youth in high school were more likely to be apathetic (36%). Table 5 contains a summary of youth responses.

## Discussion

In summary, the results of this survey confirmed that use of the r-word is prevalent among youth, and, given the differential reactions depending on context, its use is also complex. It is clear that youth respond differently to the word depending on who it is directed toward (i.e., a person with

**Table 4** Youth Responses to the "R-Word" Depending on Gender

Response	Males ( <i>n</i> = 215)	Females ( <i>n</i> = 187)
Actively opposed the use of the word	26%	41%
Felt sorry for the person being picked on	29%	36%
Laughed or joined in on the use of the word	11%	2%
Apathy toward use of the word	34%	21%

or without an intellectual disability), who is saying the word (i.e., a friend or a nonfriend), and who is hearing the word (i.e., females vs. males; younger vs. older youth). Although it is promising that some youth are aware of the hurtful nature of the word, there are far fewer youth who are actually willing to take a stand among their peers and say it is wrong to use the r-word. In fact many, particularly those in middle and high school, do nothing. Last, although the results of this study showed that the vast majority of youth hear the word, they are reluctant to admit that they use the word themselves. Considering this finding, is it possible to eliminate a word that everyone hears, but no one says?

These survey findings were confirmed in recent discussions with high school students who have been actively involved in a youth-led protest to urge their peers to stop using the r-word (M. Byrd, C. Roane, P. Jackson, & G. Quash, personal communication, April 23, 2009). Although the youth expressed that their campaign had been generally well received by their peers, they also noted that it was taking some time to see the effects. What these youth have found particularly difficult about the campaign was that many students think that if the r-word is not being directed toward a person with an intellectual

disability, or if the person with a disability does not hear it being used, then it is an acceptable word to use. Youth clearly do not understand the stigma associated with the r-word and the resulting marginalization of people with intellectual disabilities that occurs when the stigma is perpetuated.

The findings from this study and other anecdotal evidence offer several implications as to how to move forward with eliminating the r-word from everyday use. First, given the high prevalence of the r-word within the youth lexicon, it is important to maintain and support the youth-driven nature of the campaign. Youth are hearing the r-word from one another, not the media, and although large-scale protests targeting the media's use of the r-word may attract national attention, they are not likely to affect the everyday use of the word among youth. Instead, support should be provided to the grassroots efforts that have been started by youth within their own schools by providing more opportunities for youth activists to speak out and empower their peers to do the same. For example, in a recent youth-led summit in Boise, Idaho, organized by Special Olympics, youth from around the world gathered to learn about a number of topics relating to the inclusion and acceptance of individuals with disabilities, including the r-word. At the end of the summit, the youth left with new perspectives on the r-word as well as ideas for how to enact change in their schools and communities when they returned home. For example, one student commented, "I knew [the r-word] was hurtful, but now I know it's ok to tell someone how it feels." Similarly, another student said, "I learned that it's extremely offensive, and that we as a group need to do something about it and make a difference." By giving youth more opportunities to learn about the r-word and share their personal experiences, the campaign to eliminate the r-word will only continue to expand.

Second, youth need to acknowledge that they use the r-word. Interestingly, although many youth

**Table 5** Youth Responses to the "R-Word" Depending on Age

Response	Grades 3–6 ( <i>n</i> = 153)	Grades 7–8 ( <i>n</i> = 91)	Grades 9–12 ( <i>n</i> = 154)
Actively opposed the use of the word	40%	32%	26%
Felt sorry for the person being picked on	39%	32%	27%
Laughed or joined in on the use of the word	1%	9%	12%
Apathy toward use of the word	21%	27%	36%

hear the word being used, very few admit to using it themselves, which suggests that youth do understand that the use of the word is demeaning to others and that they should not use it. However, it is also clear that many youth are not willing to take a stand against the use of the *r*-word, as most youth laugh or do nothing when the word is used by a friend. This becomes even more salient among older youth in middle and high school, who are more apt to be apathetic about the use of the *r*-word. It is important to make youth aware that although the *r*-word might seem funny when joking around among friends, no matter how the word is used—said by a friend or another peer, used to describe a person or a strange pair of shoes—it still is perpetuating the negative stereotypes associated with intellectual disabilities and works to further stigmatize and demean those individuals with intellectual disabilities as well as their families, friends, and advocates.

Although a campaign to end the use of the *r*-word is a promising first step in changing the way youth think about people with ID, linguistic forces and the development of slang terms are likely to be a constant, particularly among youth; therefore, eliminating terms is only a temporary solution. This point is repeatedly demonstrated as educators seek alternative options when it comes to identifying students in need of special education services. For example, in an attempt to alleviate the negative effects of categorical labels, in the early 1980s the Massachusetts education system opted to use a numbering system to identify students' need for services from least to most restrictive. Instead of being categorized as a student with "mental retardation" or a "learning disability," students were categorized according to the intensity of special education services they would receive (e.g., 0.2 indicating extra support in the classroom and 0.5 indicating placement in a special classroom). This attempt proved to be futile, for in a short period of time, students began referring to peers of lower academic ability by the special education services they received (e.g., "What are you, a .5?") and the new terminology seeped into the everyday lexicon. Like the *r*-word, these insults were used to differentiate and subject a peer to the effects of the stigma associated with having a disability, and it is clear that the issue is less about the choice of word and more about the stigma associated with intellectual disabilities.

Therefore, instead of simply replacing or eliminating terms, we believe that the focus should

be on alleviating the stigma associated with intellectual disabilities, for, until we do so, it will only be a matter of time until a new word emerges to replace the *r*-word. Although this too is a formidable challenge, there is evidence that stigma can be changed. For example, research focusing on the stigma of mental illness has shown that by protesting inaccurate representations and stereotypes, educating to spread knowledge and awareness, and facilitating interaction and positive relationships among members of the stigmatized group and the general public, stigma can be greatly reduced (Corrigan & O'Shaughnessy, 2007). It is important that any campaign to protest the use of the *r*-word include information that not only educates youth about the negative stereotypes that the word represents but promotes a better understanding of intellectual disabilities and acceptance of differences.

There is evidence to suggest that contact is perhaps the most effective strategy in producing a lasting change of attitudes (Corrigan et al., 2001; Corrigan, Markowitz, Watson, Rowan, & Kubiak, 2003). By setting up contact in a way that promotes positive interaction among members of the stigmatized group and those who harbor a prejudice against the group, negative stereotypes are dispelled and opportunities for friendships are created. The nature of this contact is especially important, as evidence suggests that "finding ways for youth to witness the competence of people with intellectual disabilities" (Siperstein, Parker, Norins Bardon, & Widaman, 2007, p. 453) is key in promoting positive attitudes and acceptance.

Additional research focusing on children with and without intellectual disabilities has demonstrated that structured activities where everyone shares equal status (e.g., in recreational programs; see Siperstein, Glick, & Parker, 2009) can promote positive social relationships. There are also a whole host of intervention activities and techniques that have been developed for use in schools and the classroom that hold promise for changing attitudes, breaking down stereotypes, and reducing stigma (see Siperstein, Norins, & Mohler, 2007, for a review). More specifically, the most common methods used by teachers include direct education about differences, structured contact with peers (e.g., peer buddy or peer tutoring programs), and participation in cooperative learning activities. Among these methods, cooperative learning activities have been shown to have particular promise

for changing attitudes. In these situations, students work together, share in decision making, and contribute equally to achieve a common goal. Compared with other activities where students work individually, cooperative learning activities have been shown to increase both positive attitudes and social interaction among participants with and without disabilities (Siperstein, Norins, & Mohler, 2007). Thus, in addition to efforts put forth by the R-word Campaign, creating opportunities for individuals with and without intellectual disabilities to interact in cooperatively structured environments would likely help to alleviate the stigma associated with intellectual disabilities.

Although the results offer some preliminary insights into youth experiences with the r-word, the present study is not without limitations. To broaden our understanding of how youth respond to the word, we also need to look at how youth use and react to the word in other contexts. The present study focused on whether youth heard a person call someone else the r-word, but the r-word can be used in a number of different ways (e.g., as a joke, an insult, or an expression of frustration). For instance, how would youth react if a peer said that an unfair school rule was "retarded"? Would youth then react the same way if a peer said the teacher enforcing the rule was "retarded"? How would youth feel if they themselves were called "retarded"? Future researchers might try to isolate youth responses to the word in these and other situations so that we can better understand how youth interpret and react to the word depending on the context. Building on the present results obtained through self-report, future research might include the use of other methods, such as discourse analysis of actual youth conversations or direct observation of youth reactions to hearing the r-word in experimentally manipulated situations.

With any method, it is important to consider the advantages and disadvantages. A primary advantage of using online data collection is the efficient access to a large sample. In the present study, for example, collaboration with Harris Interactive allowed us to sample from their pre-established youth panel of over 50,000 members from across the country. Although measures are taken by Harris Interactive to ensure that their samples are as representative as possible (e.g., member recruitment via a variety of methods, including telephone calls, online and television advertisements, e-mail and postal mail, and refer-a-

friend approaches), it is important to consider that those without access to the Internet are excluded from this group. Also operating within the process of online data collection is a self-selection bias. That is, the results are dependent on those participants who choose to complete the survey, and the opinions of those who opt-in may not be the same as those who opt-out. However, despite these limitations, the results of the present study were clear.

In conclusion, notwithstanding the paradigmatic shift that has taken place over this past century with regard to the treatment and support of individuals with intellectual disabilities in society, the stigma associated with intellectual disabilities remains pervasive, and as we showed in this study, the derogatory use of the r-word is highly prevalent in the lexicon of youth. We contend, however, that eliminating the r-word is only the first step. The larger and more fundamentally challenging task that we must address as a society is the devaluation and resulting stigmatization of individuals with intellectual disabilities.

## References

- Armstrong, J. D. (2006). Homophobic slang as coercive discourse among college students. In H. Luria, D. M. Seymour, & T. Smoke (Eds.), *Language and linguistics in context: Readings and applications for teachers* (pp. 219–226). Mahwah, NJ: Erlbaum.
- Burn, S. M. (2000). Heterosexuals' use of "fag" and "queer" to deride one another: A contributor to heterosexism and stigma. *Journal of Homosexuality, 40*, 1–11.
- Corrigan, P. W., Markowitz, F. E., Watson, A., Rowan, D., & Kubiak, M. A. (2003). An attribution model of public discrimination towards persons with mental illness. *Journal of Health and Social Behavior, 44*, 162–179.
- Corrigan, P. W., & O'Shaughnessy, J. R. (2007). Changing mental illness stigma as it exists in the real world. *Australian Psychologists, 42*, 90–97.
- Corrigan, P. W., River, L. P., Lundin, R. K., Penn, D. L., Uphoff-Wasowski, K., Campion, J., & Kubiak, M. A. (2001). Three strategies for changing attributes about severe mental illness. *Schizophrenia Bulletin, 27*, 187–195.
- Danforth, S. (2002). New words for new purposes: A challenge for the AAMR. *Mental Retardation, 40*, 51–55.

- de Klerk, V. (2005). Slang and swearing as markers of inclusion and exclusion in adolescence. In A. Williams & C. Thurlow (Eds.), *Talking adolescence: Perspectives on communication in the teenage years* (pp. 111–127). New York: Peter Lang.
- Doll, E. A. (1936). Idiot, imbecile, and moron. *Journal of Applied Psychology*, 20, 427–437.
- Gelb, S. A. (2002). The dignity of humanity is not a scientific construct. *Mental Retardation*, 40, 55–56.
- Goffman, E. (1963). *Stigma: Notes on the management of a spoiled identity*. Englewood Cliffs, NJ: Prentice-Hall.
- Goode, D. (2002). Mental retardation is dead: Long live mental retardation! *Mental Retardation*, 40, 57–59.
- Hock, H. H., & Brian, J. D. (1996). *Language history, language change, and language relationship: An introduction to historical and comparative linguistics*. Berlin/New York: Mouton de Gruyter.
- Krajewski, J. (2002). Teen attitudes toward individuals with mental retardation from 1987 to 1998: Impact of respondent gender and school variables. *Education and Training in Mental Retardation and Developmental Disabilities*, 37, 27.
- Kurzban, R., & Leary, M. R. (2001). Evolutionary origins of stigmatization: The functions of social exclusion. *Psychological Bulletin*, 127, 187–208.
- Major, B., & O'Brien, L. T. (2005). The social psychology of stigma. *Annual Review of Psychology*, 56, 393–421.
- Nowiki, E., & Sandieson, R. (2002). A meta-analysis of school-age children's attitudes towards persons with physical or intellectual disabilities. *International Journal of Disability, Development and Education*, 49, 243–265.
- Schalock, R. L. (2002). What's in a name? *Mental Retardation*, 40, 59–61.
- Schalock, R. L., Luckasson, R. A., & Schogren, K. A., With Borthwick-Duffy, S., Bradley, V., Buntinx, W., Craig, E. M., Coulter, D. L., Gomez, S. C., Lachapelle, Y., Reeve, A., Snell, M. E., Spreat, S., Tassé, M. J., Thompson, J. R., Verdugo, M. A., Wehmeyer, M. L., & Yeager, M. H. (2007). The renaming of mental retardation: Understanding the change to the term *intellectual disability*. *Intellectual and Developmental Disabilities*, 45, 116–124.
- Siperstein, G. N., Budoff, M., & Bak, J. J. (1980). Effects of the labels "mentally retarded" and "retard" on the social acceptability of mentally retarded children. *American Journal of Mental Deficiency*, 84, 596–601.
- Siperstein, G. N., & Chatillon, A. C. (1982). Importance of perceived similarity in improving children's attitudes toward mentally retarded peers. *American Journal of Mental Deficiency*, 86, 453–458.
- Siperstein, G. N., Glick, G. C., & Parker, R. C. (2009). Social inclusion of children with intellectual disabilities in a recreational setting. *Intellectual and Developmental Disabilities*, 47, 97–107.
- Siperstein, G. N., Norins, J., & Mohler, A. (2007). Social acceptance and attitude change: Fifty years of research. In J. W. Jacobson & J. A. Mulick (Eds.), *Handbook of intellectual and developmental disabilities*. New York: Kluwer/Plenum.
- Siperstein, G. N., Parker, R. C., Bardon, J. N., & Widaman, K. F. (2007). A national study of youth attitudes toward the inclusion of students with intellectual disabilities. *Exceptional Children*, 73, 435–455.
- Smith, J. D. (2002). The myth of mental retardation: Paradigm shifts, disaggregation, and developmental disabilities. *Mental Retardation*, 40, 62–64.
- Stephens, J. F. (2008). What's the big deal about using the word "retard"? *Spirit*, 13, 16–17.
- Switzky, H. N., & Greenspan, S. (2006). *What is mental retardation: Ideas for an evolving disability in the 21<sup>st</sup> century*. Washington, DC: American Association on Mental Retardation.
- Thurlow, C. (2001). Naming the "outsider within": Homophobic pejoratives and the verbal abuse of lesbian, gay, and bisexual high school pupils. *Journal of Adolescence*, 24, 25–38.
- Turnbull, R., Turnbull, A., Warren, S., Eidelman, S., & Marchand, P. (2002). Shakespeare redux, or *Romeo and Juliet* revisited: Embedding a terminology and name change in a new agenda for the field of mental retardation. *Mental Retardation*, 40, 65–70.
- Wolfensberger, W. (2002). Needed or at least wanted: Sanity in the language wars. *Mental Retardation*, 40, 75–80.

---

*This research was supported by Special Olympics Incorporated through a cooperative agreement (No. U59/CCU321826) with the U.S. Centers for Disease Control and Prevention.*



Received 6/15/09, first decision 9/29/09, accepted 10/19/09.

Editor-in-Charge: Steven J. Taylor

---

#### Authors:

**Gary N. Siperstein, PhD** (E-mail: Gary.Siperstein@umb.edu), Professor, McCormick Graduate School of Policy Studies, University of

Massachusetts Boston; Director, Center for Social Development and Education, University of Massachusetts Boston, Boston, MA 02125. **Sarah E. Pociask**, Research Assistant, Center for Social Development and Education, University of Massachusetts Boston, Boston, MA 02125. **Melissa A. Collins**, Research Assistant, Center for Social Development and Education, University of Massachusetts Boston, Boston, MA 02125.

---

## Appendix

### Questions Pertaining to the "R-Word"

Q1. Have you ever heard a person call someone a "retard"?

- Yes/no

Q2. When you heard this person call someone a "retard", what did you do?

- Told the person it was wrong to say
- Joined in and called the person a "retard" too
- Felt bad or sorry for the person being picked on
- Laughed
- Didn't care
- Did nothing
- Something else

Q3. Who was this person that you heard calling someone a "retard"?

- Mom
- Dad
- Brother
- Sister
- Teacher
- Someone on TV
- Someone in music
- Friend
- A kid who is not my friend
- Myself
- Another adult
- Someone else

Q4. Have you ever heard a person call someone with intellectual disabilities (mental retardation) a "retard"?

- Yes/no

Q5. When you heard this person call someone with intellectual disabilities a "retard" what did you do?

- Told the person it was wrong to say
- Joined in and called the person a "retard," too
- Felt bad or sorry for the person
- Laughed
- Didn't care
- Did nothing
- Something else

Q6. When you heard this person call someone a "retard", what did you do?

- Told the person it was wrong to say
- Joined in and called the person a "retard" too
- Felt bad or sorry for the person being picked on
- Laughed
- Didn't care
- Did nothing
- Something else

Q7. Who do you know who has intellectual disabilities (mental retardation)?

- Student in my class:
- Student in my school, but not in my class
- Friend who doesn't go to my school
- Family member
- Neighbor
- Someone else
- I don't personally know anyone with intellectual disabilities