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## The War on Words

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# The War on Words

**Keywords**

ban, words, occupation, definitions

Late last year, *The Washington Post* reported that employees at the Centers for Disease Control and Prevention (CDC) were told they could not use 7 words: *entitlement*, *diversity*, *vulnerable*, *transgender*, *science-based*, *evidence-based*, and *fetus* (Sun & Eilperin, 2017). It was later revealed that it was not an outside government agency dictating the use of those words, but an insider advising them to replace those words with ones that would be more acceptable to the current administration that controls their funding. Apparently, at the advice of the agency, the CDC budget analysts were told to use alternate words and phrases that were more likely to gain favor with Congress (Sun & Eilperin, 2017). For example, they were told to replace “science-based” and “evidence-based” with the suggested phrase “the CDC bases its recommendations on science in consideration with community standards and wishes” (Sun & Eilperin, 2017) and not to use certain words in public presentations, like *health equity*, a term that refers to a goal of removing obstacles like poverty and racial discrimination in making sure people have an equal chance to be healthy (Delzo, 2017). This was not an outright ban on words, but rather a technique to help secure approval of the 2019 budget by eliminating certain words and phrases. The Department of Health and Human Services, which oversees the CDC, was quick to state that this change in the use of words did not change their work and that they planned to maintain their policies of making public health and budget decisions based on the best available outcome and evidence data (Sun & Eilperin, 2017).

Whether the CDC scientists were given a list of banned words or just given the suggestion that they not use certain words has different political implications, but does it change the impact? What are the implications of using or not using certain words? Do they ultimately impact our thought processes and actions? Or, do we simply substitute the labels and redefine the meaning of those words?

Some leaders in the scientific community said that forbidding certain words could change the direction of policies. According to Dr. Sandro Galea, dean of Boston University’s School of Public Health, “If you are saying you cannot use words like ‘transgender’ and ‘diversity,’ it’s a clear statement that you cannot pay attention to these issues” (Stobbe, 2017, para. 10). Galea further stated to the *Associated Press* that “The words that we use ultimately describe what we care about and what we think are priorities” (Stobbe, 2017, para. 9).

A change in the use of words for political reasons, even if it does not constitute a ban, might still change the focus of the scientific community and impact the work of the health professions. Researchers may withhold proposing projects on topics that include these politically risky words, such as diversity, transgender, or vulnerable. Without the evidence to support practice in these areas, funding to support practice with these populations may also be depleted from crucial sources, such as third-party payers.

### **The Profession of Occupational Therapy**

In the profession of occupational therapy, we have had our own disagreements about the use of words. Some groups prefer the word *occupation* over the word *function* (Brown & Bourke-Taylor, 2012; Dirette, 2013; Doucet & Gutman, 2013). There has been debate about the use of the words *assessment* versus *evaluation*, *task* versus *activity*, and *model* versus *frames of reference*. There is currently some discussion about using the words *distinctive value* versus *unique contribution* (Lamb, 2014). But, what agenda does the choice of words promote? Does the word *occupation* better describe the profession of occupational therapy than the word *function*? And, if so, who decides or dictates this? If the leadership of the profession dictates the words that are used, then there could be an impact on the profession by shaping research agendas and ultimately changing practice.

There are some words that a profession should choose to use or avoid using so as not to offend members of a community or promote division in the community. For example, using person-first language promotes the focus on the individual and not on the disability. There are words that the profession should avoid. We should be able to establish a professional point of view that does not involve the use of disparaging words. In the occupational therapy profession, words have been used to denigrate some areas of practice by deeming them *reductionist* or *inauthentic*. Using words such as these is divisive and counterproductive to the growth of a cohesive profession.

Dictating the use of one word as better than another, however, seems to reflect the same mentality as a ban on words. Words should be chosen for their accuracy and clarity, not for a political purpose or because the leaders in the profession have deemed them acceptable. Once chosen, the word should be adequately defined to make the concept understandable to the reader. For example, occupational therapists can choose the words *occupational justice* if those words most accurately describe the concept they wish to convey. But, authors must then clearly define those words and distinguish them from other similar words, such as *social justice*, to make sure the concept is clear to the reader and to justify its use.

### **Definitions**

So, what constitutes an adequate definition? According to Mosey (1996), a good definition includes the label, the superordinate category, and the distinguishing features. The label should be clear and concise. For example, you would not refer to a *chair* as *a stationary seating device*, as *chair* is the clear and concise label. In the profession of occupational therapy, the label *intervention implementation* could be replaced with the more simple and clear label *treatment*, a word that is understood by other members of the medical professions as well as by the general public.

Next, identify the superordinate category. The superordinate category should be at the immediate level above the label. The category should not be too broad. For example, if you consider a taxonomy, such as the animal kingdom, then you would use the next level up on the chart. The superordinate category for dog is *canine*. If the author states that a dog is an *animal*, then the category is too broad and the definition would have to include all of the features that distinguish a dog from all other animals. The immediate superordinate category for chair is *a piece of furniture*, not *object* or *thing*, as the superordinate should delineate the category as closely as possible. In the example taken from occupational therapy, the superordinate category for *treatment* would be *therapeutic care*. It is not *a process* or *actions*, as these terms are too broad.

Finally, the distinguishing features should be listed. These features should also be clear and concise with just enough features to distinguish the concept from others in that superordinate category. For example, a chair is a piece of furniture that has a back and is designed to seat one person. There are, of course, different types of chairs, but adding more features to distinguish the chair in general from other pieces of furniture is not necessary. In occupational therapy, the full definition of *treatment* would be as follows: Treatment is therapeutic care used with a person to improve performance and participation. In this example, the label, superordinate category, and distinguishing features are all clear, concise, and accurate.

Once the author has defined a word, he or she should maintain concept, label, and definition consistency (Mosey, 1996). The label for the concept should be used throughout the paper, and the meaning of the concept should not be changed. In addition, the label should not be used to denote any other concept.

## The Implications for OJOT

In the *Open Journal of Occupational Therapy* (OJOT), the authors choose the words that they use. The editorial boards do not predetermine any labels for concepts. Authors should label each concept clearly and accurately and provide a clear and concise definition. We encourage authors to use the work of Mosey (1996) to guide these definitions. Even words that may seem common in the profession of occupational therapy should be defined. For example, *behavior* seems like a well-accepted concept, but there is debate about the definition of the concept in terms of whether it pertains to a person's outward actions only or also to a person's inner cognitive functions. Clearly defining the words assists the readers' understanding of the meaning and avoids confusion.

Defining concepts may also assist readers who are not familiar with the occupational therapy profession. Because OJOT is an open-access journal, other professions and consumers can access the articles. With that in mind, we encourage authors to use words clearly and accurately and to provide adequate definitions in submissions to OJOT.

We also encourage the use of positive words, such as person-first language, and discourage the use of words that denigrate any segment of the occupational therapy profession. We do not, however, support banning or dictating the use any specific words in submissions to OJOT or in the profession of occupational therapy, and we hope that other professionals, such as the scientists employed by the CDC, will encourage the use of words because of their clarity and accuracy and not because they have the potential for political appeal or approval.

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