

5-2018

# Values, Mushfaking, and Literacy in Disability: Applying James Paul Gee's Discourse Theory to the Deaf and Mental Health Communities

Adrienne Griffiths  
*Utah State University*

Follow this and additional works at: <https://digitalcommons.usu.edu/gradreports>

 Part of the [Accessibility Commons](#)

---

## Recommended Citation

Griffiths, Adrienne, "Values, Mushfaking, and Literacy in Disability: Applying James Paul Gee's Discourse Theory to the Deaf and Mental Health Communities" (2018). *All Graduate Plan B and other Reports*. 1238.  
<https://digitalcommons.usu.edu/gradreports/1238>

This Report is brought to you for free and open access by the Graduate Studies at DigitalCommons@USU. It has been accepted for inclusion in All Graduate Plan B and other Reports by an authorized administrator of DigitalCommons@USU. For more information, please contact [rebecca.nelson@usu.edu](mailto:rebecca.nelson@usu.edu).



VALUES, MUSHFAKING, AND LITERACY IN DISABILITY:  
APPLYING JAMES PAUL GEE'S DISCOURSE THEORY TO THE DEAF AND  
MENTAL HEALTH COMMUNITIES

by

Adrienne Griffiths

A thesis submitted in partial fulfillment  
of the requirements for the degree

of

MASTER OF ARTS

in

American Studies

Approved:

---

Jared Colton, PhD  
Major Professor

---

Christine Cooper-Rompato, PhD  
Committee Member

---

Alma Burgess, MPA  
Committee Member

UTAH STATE UNIVERSITY  
Logan, Utah

2018

Copyright © Adrienne Griffiths 2018

All Rights Reserved

## ABSTRACT

Values, Mushfaking, and Literacy in Disability:

Applying James Paul Gee's Discourse Theory to the Deaf and Mental Health

Communities

by

Adrienne Griffiths, Master of Arts

Utah State University, 2018

Major Professor: Jared Colton  
Department: American Studies

For decades, people have debated which is the preferable language when discussing disability: People-first or Identity-first language. There are many reasons why different disability groups might choose a certain syntax. Some feel like People-first language is the best syntax because it separates one's identity from their disability, which indicates a physical separation between an identifying attribute and their disability—thus reducing the deficit associated with disability. Others feel that Identity-first language is the most empowering because they believe that their identity and disability are inseparable, and they want to highlight their disability as an element of pride—thus re-appropriating their identity.

This paper discusses the Social and Medical Models in relation to how Identity-first language was created. The Medical Model sees disability as a deficit and therefore

tries to “fix” it in order for someone to live a more normative life. The Social Model sees disabled people as a marginalized group and aims to reduce discrimination.

James Paul Gee’s Discourse community theory is a lens that looks at what makes a Discourse (distinguished from discourse as just any communication), what allows for acceptance within a community, and what values are shared and are significant for a community. Using some of his terminologies such as values, literacy, and mushfaking, I look at two Discourse communities: the Deaf community and the mental health community. I apply these terms in order to see how People-first and Identity-first language play a role in Discourse communities, and I show that the discussion is really much more complex than just the use of People-first and Identify-first language.

The essay concludes that negotiating our space and place within a Discourse can be an effective way to use empowering language and create better inclusion across multiple Discourse communities. This inclusivity language argument that I make does not conclude that one syntax is better than the other, but highlights that there is a much larger and complex conversation regarding People-first and Identity-first language.

## PUBLIC ABSTRACT

Values, Mushfaking, and Literacy in Disability:

Applying James Paul Gee's Discourse Theory to the Deaf and Mental Health

Communities

Adrienne Griffiths

The disability community has been a historically marginalized group and continues to be. Many advocates for inclusive language feel uncomfortable around the disability community because they are uncertain how to act and speak. There are two forms of language syntaxes that people primarily use to refer to someone with a disability: People-first language and Identity-first language. People-first language identifies someone first, *then* refers to their disability, such as “person with autism.” The second framework, Identity-first language, includes referring to someone’s disability first, then by another attribute. In other words, “autistic person.”

Both forms of language syntaxes have many reasons as to why they are preferred by individuals, disability groups, and advocates. This conversation has become very heated because people are concerned with using empowering language that helps to reduce the marginalization many people with disabilities face.

In order to understand negotiating language within disability groups, this essay focuses on two groups: the Deaf and The mental health communities.<sup>1</sup> I use James Paul Gee's Discourse theory and apply certain terms like values, mushfaking, and literacy to

---

<sup>1</sup> The “mental health community” is not a proper noun and remains uncapitalized. The “D” in “Deaf” is capitalized because the term indicates pride and culture, not just someone who is without hearing. This concept is discussed later on in the paper.

the two communities. These two communities have different values, varying rules of acceptance, and many ways that defines someone as a “true” member of the Discourse. For example, in general, the Deaf community prefers Identity-first language and the mental health community prefers People-first language.

Understanding how language interacts within each group is vital in understanding affirmative societal perceptions. Furthermore, people do not necessarily need to be worried about offending members of Discourse communities, if “outsiders” learn more about each culture, negotiate our space, and are open to being corrected on language syntaxes. People-first and Identity-first languages go beyond what is “right” or “correct.” Instead, the language choice depends on the situation, the individual, and community membership and is much more complex than simply choosing between two syntaxes.

## ACKNOWLEDGMENTS

I would like to thank all of those who have helped me understand the disability community better and pursue a higher education beyond a bachelor's degree. I would especially like to thank my committee members, Jared Colton, Christine Cooper-Rompato, and Alma Burgess, for all of their help throughout my thesis writing and the valuable insight that they continually offer. I would not have been able to accomplish my thesis without their many hours of supporting me.

I am extremely grateful for the English Department who has helped immensely with funding. The staff and resources that they provide have been extremely helpful throughout my time here at USU, and I am deeply indebted.

I would also like to thank the Special Education Department and Deaf Education Department who have taught me about inclusivity, ASL, the Deaf community, and other communities. I especially would like to thank Mary Ellen Heiner and Gordon Richins (since passed) for all of the wonderful insight in the Interdisciplinary Disability Awareness and Service Learning (IDASL) class which opened my eyes to advocacy opportunities. I truly believe that this was a key course that helped light my passions for advocacy work.

I would also like to thank my parents, Randy and Lizette Fife, who have helped me throughout my years through promoting education and providing me with financial support to pursue my educational goals. Their support throughout all of my endeavors has not gone unnoticed.

My wonderful husband, Joshua Griffiths, has been such an amazing and supportive partner. He has encouraged me throughout the whole process and has been my



wonderful confidant. My new family, the Griffiths has been a wonderful support with many great examples from my in-laws. I am also extremely grateful for Shauna and Bart for their support and their willingness to babysit our dog, Blue. I am proud to call them my family.

My best friend, Arden Jones, has been a wonderful friend throughout my life and has always been engaged in our discussions involving educational pursuits. Even though she lives far away, her support has helped encourage me to work diligently in school.

I would also like to thank the support of my American Studies cohort and colleagues who have helped shape my thesis and provided moral support. I truly appreciate all of the help I have received throughout the program. Thank you!

Adrienne Griffiths

## CONTENTS

	Page
ABSTRACT.....	iii
PUBLIC ABSTRACT.....	v
ACKNOWLEDGMENTS.....	vii
SECTIONS	
I.    INTRODUCTION.....	2
II.   SOCIAL AND MEDICAL MODELS AND IDENTITY-FIRST LANGUAGE...4	4
III.  PEOPLE-FIRST LANGUAGE.....	5
IV.   THE CURRENT SITUATION.....	6
V.    JAMES PAUL GEE’S DISCOURSE COMMUNITIES.....	9
What is a Discourse Community?.....	10
Values and Mushfaking.....	11
Literacy.....	13
VI.   CASE STUDIES.....	15
VII.  IDENTITY-FIRST CASE STUDY.....	16
The Deaf Community.....	16
a.  Values in the Deaf Community.....	17
b.  Mushfaking in the Deaf Community.....	20
c.  Applying Gee’s Discourse Community to a Personal Example.....	24
d.  Literacy in the Deaf Community.....	26
VIII. PEOPLE-FIRST CASE STUDY.....	27
The Mental Health Community.....	28

- a. Values in the Mental Health Community.....30
- b. Mushfaking in the Mental Health Community.....32
- c. Literacy in the Mental Health Community.....33
- IX. DISCUSSION.....36
- X. WORKS CITED.....38

## Mushfaking, Values, and Literacy in Disability:

### Applying James Paul Gee's Discourse Theory to the Deaf and Mental Health

#### Communities

“I have Asperger syndrome and bipolar disorder. In my professional capacity as a counselor, I will use person-first language if that is what the client prefers. However, [I dislike it] when people use person-first language toward me, mostly because it comes in the form of ‘correcting me’ whenever I say, ‘I’m autistic’ or ‘I’m bipolar.’ For me, I’ve come to associate person-first language as those outside the disabled community telling those inside how they should think of themselves.”

— Molly

“I believe the group of people who actually have a certain disability have a right to say what they prefer. I prefer identity first. I am autistic. I cannot remove autism from my body. It is my neurotype. Just as I am tall, I am autistic. I do not ‘have tallness.’ It makes being tall sound negative that way. Saying ‘I have autism’ separates the autism from me. It makes autism sound negative. People can ‘have cancer,’ but cancer is viewed as negative and separate from the person. I am autistic. (I am tall, too.)”

— Jenessa

“One hundred percent person-first. We are not defined by what others suppose to be deficits. All are differently unique. All people should be known by who they are, not what they are.”

— Kirstin

(Kassenbrock).

## INTRODUCTION

The concept of People-first and Identity-first language has been heavily debated for over 20 years. People are generally rooted in their rhetorical preferences and oftentimes discussions on disability can morph into heated arguments. Regardless of People-first or Identity-first syntaxes, the motives behind them are based on creating more inclusive language. The anger and passion that surrounds such a heated discussion on syntax can often become misguided and lead to ineffective conversations. Disability rhetoric is an important topic and it is pertinent that people focus on effectively guiding the conversation in a productive way.

I was initially introduced to the concept of People-first versus Identity-first language when I came to graduate school to research American Studies at Utah State University.<sup>2</sup> I took my first Special Education class and was introduced to a Kathie Snow document on People-First language titled, “To Ensure Inclusion, Freedom, and Respect for all, it’s time to Embrace People First Language.” Additionally, I was taught the “proper” way to refer to people with disabilities so I rejected the Identity-first syntax based on what I had learned. People-first language was heavily taught in my course, but upon further research, I came across many valid arguments and advocates for Identity-

---

<sup>2</sup> People-first and Identity-first language are sometimes capitalized and other times are not. I chose to capitalize these due to their over-arching nature. Several other terms like “person-first” language are used in the same context. Capitalizing these indicate the overarching nature of these terms and is used to encompass similar terms.

first language. I was stumped. I realized that there were many disability group preferences, individual preferences, and even preferences about when and where people should use these syntaxes. Furthermore, some people argue that members within their own disability group can use Identity-first language but members outside of their disability group should use People-first language. Similar arguments followed.

From this debate, I sought to discover which language syntax people preferred, why people preferred it, and how a community's language and shared values empower individuals in society. This thesis does not resolve which syntax is correct or suggest how to promote better rhetorical equality. I want readers to understand the arguments for both syntaxes, learn their brief history, and discuss the larger roles that language beyond those syntaxes plays within two disability Discourses,<sup>3</sup> by way of James Paul Gee's Discourse theory.<sup>4</sup> Even though this is not a comprehensive or exhaustive document, it provides applications of several of Gee's theories within the context of the Deaf and mental health disability communities. Additionally, I hope to communicate the idea that People-first or Identity-first language is not the correct way to discuss inclusive language in disability. The conversation is much more complex than just choosing a syntax due to many nuances within a community depending on what Gee calls values, literacy, and mushfaking. It is important to not reduce these two communities to simply groups that prefer a certain inclusive language syntax; they are much more complicated than that.

---

<sup>3</sup> I use "disability" here based on the Medical and Social models. Note that certain disability groups, like the Deaf community, do not see their deafness as a deficit. I am aware of this difference in definition but choose to label them as "disability communities" based on the models that created these groups on their "other-ness" in comparison to the society's "normative group."

<sup>4</sup> James Paul Gee uses a capitalized "D" to represent "the ways in which people enact and recognize socially and historically significant identities" instead of discourse as in a conversation (Gee, "Discourse, small-d, Big D" 2-3).

## SOCIAL AND MEDICAL MODELS AND IDENTITY-FIRST LANGUAGE

There are several language models that are used to classify people with disabilities that are paired with both Identity-first and People-first syntaxes. The Medical or Individual Model defines disability as an illness or result of a physical condition, which then is viewed through a clinical perspective in an attempt to cure the issue (“Social and Medical”). Once a doctor understands the disability or deficit through this model, practitioners try to fix the impairment or help the individual live a more “normal” life by improving functionality. The Social Model claims that “disabled people are an oppressed social group. This concept distinguishes between the impairments that people have, and the oppression which they experience” (Shakespeare 4). Both Medical and Social Models practice Identity-first language and reinforce disability stereotypes, even though they do provide some benefits.

The Social and Medical Models view disabled people as different based on their impairment and experiences, which rhetorically suggests that people with disabilities are different from dominant normative groups, or able-bodied populations. The Medical Model states that disabled people need to be changed in order to become closer to society’s definition of normalcy. Conversely, the Social Model perceives that there is a difference between both disabled and non-disabled people but wants to reduce the deficit by focusing on social conditions rather than individual traits. Once the deficit is reduced, advocates for the Social Model perceive that disabled people have the same opportunities as able-bodied populations. Both the Social and Medical Models view disability as different and have various ways that they feel the difference should be resolved.

## PEOPLE-FIRST LANGUAGE

In response to the Social and Medical Models, People-first language was introduced to what its advocates saw as more affirmative language (Haller). Since the mid 1900's, "people with disabilities have pushed for the recognition of disability as an aspect of identity that influences the experiences of an individual, not as the sole-defining feature of a person" ("A Brief"). In the 1960's the disability civil rights movement began to gain momentum and led to the 1970 march on Washington, D.C. Rhetoric that sought to affirm disability soon followed. The Education for All Handicapped Children Act was passed in 1975 which called for school inclusion for all elementary- to high- school-aged children. Even though this Act was a step in a more affirmative direction, the name still featured negative connotations and was later renamed the Americans with Disabilities Act (ADA) in 1990 (Haller). Today, many people still use the ADA as a form of guidelines to help promote equality for all, regardless of someone's abilities. The ADA initially promoted People-first language in order to help create a change in rhetoric from the Social and Medical models; nevertheless, the language did not shift as rapidly or effectively as wanted because many individuals and groups with disabilities preferred different syntactical structures. This remains true today, even though People-first language remains in the ADA's platform.

Both People-first and Identity-first language have the benefits and disadvantages of emphasizing ideals of marginalization for the disabled. Even though both motives have merit according to their advocates, it is important that society thinks about how people can create more affirmative, inclusive language to reduce the marginalization that



disabled communities face. How can people use language in appropriate circumstances to then reinforce empowering language and views of the disabled?

### THE CURRENT SITUATION

Currently, there is a large push for People-first language since the ADA uses it so heavily. Authors such as Kathie Snow have written books that highlight the ideology that “disability is natural” and People-first language is the syntax to use. Noticeably, there is some irony within her claim, because People-first language is not necessarily the most simplistic syntactical structure. Comparatively, “natural” is also a heavily connoted word that suggests other problems with her argument. Snow’s *Disability is Natural: Revolutionary Common Sense for Raising Successful Children with Disabilities* claims that People-first language is the *only* way to refer to disability groups. Snow alienates readers who do not fully subscribe to this syntax especially where she suggests that those who do not use People-first language are foolish and lack “common sense.” This example does, however, show how strongly people advocate for disability language syntaxes. Like Snow, there are many others who subscribe to this People-first syntax: bloggers, People-first websites, school curriculum, disciplines, and other self-advocacy groups.

Many people are equally as passionate about Identity-first language. One large argument between Identity-first and People-first language involves specific disability groups and their individualized preferences. For instance, the majority of Deaf people see American Sign Language (ASL) as a unique cultural marker and identify themselves as members of a Deaf culture. The majority of deaf individuals prefer being called “Deaf”

because of the re-appropriation of their title and because they find pride in the fact that they are deaf (Dolnick 38). Additionally, Deaf people have changed the lower-case “d” to an upper-case “D,” which shows pride, culture, and acceptance of all other deaf or hard-of-hearing people. “Deaf” is used when referring to an individual’s deaf-heritage, pride, and culture; whereas “deaf” is used to describe the act of being hard-of-hearing or without hearing. Another disability group includes the autistic community, who have a split preference between Identity- and People-first language. Like the Deaf and autistic communities who have spoken about their preferences, people who are blind have also spoken out on what type of language they favor. The majority of people prefer “blind people” over “the blind” or “a person who is blind” (Jernigan).

There is not a singular syntax that people can identify as “correct” because many different groups have varying motivations and interests. People-first or Identity-first language have specific benefits, depending on group politics and ideologies, which is why there are advantages and disadvantages to both syntactical structures. A large controversy within the Identity-first and People-first language debate includes the argument that some disability groups do not use People-first language because they feel it is unnatural, wordy, and that it causes more harm than benefits. Disability rhetoric scholar Jay Dolmage notes that “the ways of using language and other symbols by institutions, groups, or individuals for the purposes of shaping concepts of reality” is an ever-changing relationship (9). Our language influences our reality and our reality influences and shapes our language. The LGBTQ community, primarily uses Identity-first language by announcing, “I am queer,” instead of saying, “I am a person who is queer.” By choosing Identity-first language, there is more power behind an individual’s

message than there is by separating themselves from their identity. This syntax also shows a great amount of pride. Another example to reinforce this idea includes the majority of African Americans, who do not identify as “Americans from Africa” or “people who are of African descent.” This separation of African American sounds forced. These examples indicate that People-first language can be somewhat wordy and exclusionary, based on the separation of identity and personage (Sinclair). Some other marginalized groups do not use People-first language because they feel that it bolsters marginalization and takes away the level of pride that individuals feel.

Nonetheless, some groups might prefer People-first language because it separates their identity from their disability, which shows a conscious effort to be seen first as human, and not stereotyped initially by their disability. Maybe someone who uses a wheelchair does not want to be defined first by the fact that he or she uses a wheelchair. Instead, he or she might want to be referred to by some other identifying attribute—or some other identifier. Some disability groups even think that this separation between identity and disability, through People-first language, shows that disability is not necessarily a life-long situation. Maybe someone is a part of a disability group for a short amount of time. Someone might temporarily use a wheelchair while their legs heal from a car accident and consciously choose a syntax that shows their brief circumstance instead of being permanently labeled through an Identity-first pairing. If someone searches “People-first language” or “Identity-first language” on the internet, one is sure to see thousands of persuasive arguments regarding personal preferences for a specific syntax.

There are several reasons why people prefer a certain syntax of language based on their own unique, individualized and communalized perspective. Even though there is no finite solution, an ongoing rhetorical conversation is vital because of the power of language and the influence it has on many peoples' lives. Scholars such as Michel Foucault believe that "power produces knowledge, it produces classifications, it produces measuring instruments and, more importantly, it might also have produced ways of looking at the world and the self" (qtd. in Dolmage 59). The language with which people choose to represent themselves is essentially what they are asking the world to see them as. Dolmage then expands on this, arguing that the language people use is informed by power interests and naturalizes how people talk about others. There are ramifications for either syntax because words hold certain power and connotations.

### JAMES PAUL GEE'S DISCOURSE COMMUNITIES

Most of the debate involving inclusive language focuses *only* on the two forms of syntaxes: People-first and Identity-first language. There are many gradations to this argument on which form of language people "should" use. James Paul Gee's Discourse theories open up many complexities to show that the conversation is not as easy as just choosing a syntax. Instead, one's literacy within a community plays a significant role, as well as one's role as "insider" or "outsider" in a community. Full membership within a community does not even conclude which syntax is the best. Within some communities, people argue for both forms. Gee's theories go beyond syntaxes and really dive into the many complications, circumstances, and situations that help dictate how challenging it can be to negotiate inclusive language. I hope to apply some of Gee's terms to help

readers understand that inclusive language is complicated and the conversation needs to extend beyond only the two syntaxes.

### **What is a Discourse Community?**

Several different scholars have spoken on the importance of Discourse communities, not just in relation to discourse as “discussion” but “Discourse” (with a capital “D”) as in “groups [that] continue through time—for the most part, they were here before we arrived on earth and will be here after we leave” and can be at any given time, place, and with any given group of people (Gee, *How* 182). More simplistically, a Discourse is the combination of language mixed with social interactions, customs, and ways of thinking within a group or community. A Discourse can range in size and consists of people who are part of a community that share similar ideologies, language, etc. James Paul Gee, a scholar, author, and Professor of Literary Studies at Arizona State University, points out that Discourses are both social and cultural groups that consist of many entities (Gee, *How* 181). Gee states that Discourses, with a capital “D,” are “ways of enacting and recognizing different sorts of socially situated and significant identities through the use of language integrated with characteristic ways of acting, interacting, believing, valuing, and using various sorts of objects (including our bodies), tools, and technologies in concert with people” (Gee, *How* 156-7).

In other words, within a Discourse, people must recognize certain social situations and then act according to the values that the Discourse holds. One example might be if I were talking to other white middle-class women at a Utah grocery store, I would subconsciously start discussing cultural similarities, similar values, and use various

objects, like body language, to then talk to them about something relevant—maybe the current weather inversion. Even as an “insider” within a community, I must layer ways of acting through language in order to converse with another inside the same Discourse. I also subconsciously must decide where my audience falls, is he or she an insider within the community or an outsider?

Discourse communities follow certain criteria and have “no discrete boundaries because people are always, in history, creating new Discourses, changing old ones, and contesting and pushing the boundaries of discourses” (Gee, *An Introduction to Discourse* 21). Discourses are fluid. It is possible to be a member of many different Discourses throughout one’s life. It is also possible to be an effective member of more than one Discourse simultaneously. Understanding the complexities between Discourses will help people better understand where they stand and how they effectively negotiate within and across Discourses. Likewise, people must look at Discourse communities and comprehend them within a larger context through ideas of language and literacy.

### **Values and Mushfaking**

Gee argues that elements within a Discourse include language usage, cultural literacy, and acceptance from others within the community. Shared values are also vital in becoming a member of a Discourse community. If there are not similar or shared interests within a Discourse, then the Discourse cannot exist because there is no commonality across members. Shared values can include languages, shared experiences, similar significant cultural players, geography, etc. Ultimately the values that a Discourse holds depends on the makeup of the community. For instance, sheep herders in Utah

might be part of a Discourse community who has similar values; however, potato farmers in Idaho might have different values. The first group has values that relate to pastoral farming or wool production, while the other group might have values that relate directly to growing crops or irrigation. Nonetheless, the two groups might have some similar or shared values held by farmers in the western US. The values that a Discourse community holds is based on each community.

In order to be part of a Discourse community, one must be accepted by other members of the community and must be able to blend in smoothly with that community. After all, if someone wants to be a member of a specific group and is rejected by other members, then that person is seen as “fake” or what Gee calls “mushfakes.” “‘Mushfake Discourse’ means partial acquisition coupled with meta-knowledge and strategies to ‘make do’” until an individual is either rejected entirely or accepted because of certain linguistic cues (Gee, “Literacy, Discourse, and Linguistics” 13). This idea coincides with the “fake it until you make it” mentality. As a simple example, someone might talk about their basketball “fandom” and state that he or she is a member of that community, but what does that entail? Maybe one causally watches March Madness while another more active member within this Discourse follows a specific team throughout the season, reads articles about each player, and takes work off to watch the draft. One might argue that the first “fan” in this hypothetical example is mushfaking as a basketball enthusiast and is more of a casual participant. The second fan might be seen as a *real* sports fanatic. Be that as it may, the first person could become more involved in basketball, start taking part in some of the same practices as the second person, and eventually become accepted as a “basketball fanatic.” The acceptance within a Discourse is dependent on the agreed upon

values and criteria that are implicitly in place within that Discourse community.

Sometimes this is not always very clear.

## **Literacy**

Literacy within a specific Discourse changes based on each community.

Literacy goes beyond speaking and having correct grammar. “[E]ach social language has its own distinctive grammar,” historic conversations, symbolic values of objects and institutions, and informal social language (Gee, *An Introduction to Discourse* 29, 34-35).

The values that a Discourse community holds are vital to the acceptance of an outsider.

Using Gee’s example of “real Indians,” based on Wieder and Pratt’s work in various Native American groups, readers can understand acceptance within a specific Discourse community (Gee, *An Introduction to Discourse* 14). “The term ‘real Indian’ is, of course, an ‘insiders’ term,” which relates to people who are already members within certain Native American communities. Acceptance within a community and a person’s identity as a “real Indian” can occur for those with mixed kinship or biological ties, showing the complex nature of membership (15). In order to be an insider, one must have similar values, language, actions, beliefs, symbols, and objects to become recognized by other people who are already “in” the Discourse (18). Someone can even gain membership if he or she performs similarly to other members within the community because, even though different, their performance is still recognizable (18). In this example that Gee offers, one can become a “real Indian” if he or she is recognized by an insider, have shared values, and perform similarly. If someone’s performance is not recognizable to



people already within a Discourse, then the person is rejected and considered an outsider or a “fake Indian” in this example, even if both share DNA.

If someone has the same values, or the same interests in the same activities, shared identity, similar relationships, etc., then one is more likely to be accepted by members of a specific Discourse. As this example indicates, it is not necessarily easy to just negotiate, mushfake, or assimilate within a Discourse. “We become consciously aware of what we are trying to do or are being called upon to do” situationally (Gee, “Literacy, Discourse, and Linguistics” 12). People subconsciously enact shifts in discussions based on which Discourse they are conversing with and the subconscious expectations members have.

For example, when I teach Freshman English, I speak more professionally and do not use the same jargon or slang than what I might use with my friends. When I teach, I would be adhering to the linguistic values of the Discourse community of teaching. My teaching language is more formal and my diction matches that. I even use strong eye contact and stand in front of my students to create a level of authority. Within my teaching situation, I act differently based on my audience. But, if I am at lunch with my best friend, then I might rely more on jargon, my body language, or even shared references. It is even comfortable to multitask while talking to my friend because of the familiarity that we already share. The situation I encounter dictates the language I choose and way I act.

People change their language choices based on their audience. It is appropriate to shift our diction based on our daily conversations. Like changing our diction for a specific group, acceptance within a Discourse community can be challenging, especially

in disability groups, where rules shift quickly and people are not always aware of the implicit rules that make up membership.

## CASE STUDIES

I chose two communities—the Deaf community and mental health community—for my case studies due to the fact that both are socially marginalized groups and have majority preferences for a certain language syntax. These communities are most often constructed as disability groups within the US, but it is important to note that some members of the communities do not fully subscribe to that notion themselves. Instead, I chose two communities that society sees as defying the “norm” because of their disability. Another reason I chose these two communities is because of their different value systems and language preferences.

I do not at all equate these groups as synonymous or overarchingly the same—in other words, there is no other direct connection between the mental health and Deaf communities other than they differ in the language syntax they prefer. The mental health community generally prefers People-first language while the Deaf community generally prefers Identity-first language.

I also am aware that the views stated in this paper are based on majority preferences and do not encompass preferences of all members of a Discourse community. I realize that I include a deeper analysis of the Deaf community than the mental health community. I only do this because of my connection to the Deaf community through ASL.

Gee's ideas on literacy, mushfaking, and community values complicates how inclusive language acts due to the many nuances within a Discourse community. Gee's theory also illustrates that these two communities are much more complicated than reducing them to Identity-first and People-first language.

### IDENTITY-FIRST CASE STUDY

The first community that I chose is the Deaf community because of their majority preference of Identity-first language. Additionally, Identity-first language is based on the Medical and Social Models which initially produced this syntax. After the ADA was adopted and came out, emphasizing People-first language, the Deaf community responded critically and pushed back while adhering to Identity-first syntax.

Due to the Deaf community's vocal response in majority language preferences, I chose this Discourse community in order to apply a few of James Paul Gee's terms to illustrate the complexity even within their majority language preference.

#### **The Deaf Community**

In this section, I apply the following of Gee's terms: values, mushfaking, and literacy to the Deaf Community as my first Discourse. Before I dive in, I think that it is appropriate to discuss some history that builds the shared values that the Deaf community holds. When it comes to the Deaf community, people have spoken out on the Identity-first language that they prefer and the capitalization of "Deaf." "[I]n the 1970's, the disabled community attempt[ed] to eradicate negative connotations associated with

disabled people in general by changing the common terms of usage” (Holcomb 44). At this time, Deaf people were called “hearing-impaired,” which made the Deaf community frustrated because the community felt like this “concept seemed demeaning, tarnishing their image as capable individuals with a rich culture” (44). The connotations of impairment led to negative images of Deaf community members and many Deaf people were seen as helpless. People-first language continues to be discouraged because this Discourse community does not believe that the inability to hear is isolating or a disadvantage. (45). To this day, Identity-first language is preferred in the Deaf community and members actively voice their opinions for this language syntax.

At the start of Deaf activism, “the evolution of the term ‘Deaf’ coincided with new ideas proposed to better describe the experiences of Deaf people” (Holcomb 45). The “practice of capitalizing the ‘D’ in “deaf” became conventionalized” and refers to people who use “signs as their primary mode of communication, in addition to their [strong] ties to the Deaf world” (45). Here, this change from “deaf” to “Deaf” indicates a pride in the Discourse’s heritage and culture. Comparatively, capitalizing the “D” implies that hearing ability is not a deficit.

### Values in the Deaf Community

I first apply Gee’s concept of shared values to the Deaf community. It is important to speak on the values that the Deaf community holds dearly, which helps determine whether someone is an active member of this community, one who fakes, or is an outsider. The “key to Discourses is ‘recognition’” or how “others *recognize* you as a particular type of who (identity) engaged in a particular type of what (activity)” (Gee, *An*

*Introduction to Discourse* 18). In order to be a member of the Deaf community, one must be accepted fully by other members and identified in a similar way. One of the most important values within the Deaf community is “culture,” which can be applied to Gee’s point on identity. A well-known Deaf studies scholar, Thomas K. Holcomb, states that “people are not born with culture; rather, they are born into a culture where strategies of survival are introduced to members of the community as they grow up” (17). Here, Holcomb states a similar idea to Gee, where one must grow within their Discourse in order to claim their stake in their community. Accordingly, Deaf culture values five hallmarks: language, heritage, customs, arts, and family (or cultural players) (17):

- Language includes a signed language, such as ASL or BSL.<sup>5</sup> There are many different forms of signed language, but at the core of each Deaf community, language and communication are the most important.
- Heritage is another large factor within this Discourse. Deaf people often know how ASL has become formalized and can explain many historical conflicts such as with oralism.
- Customs include elements like persistence in hanging out with others or name signs.
- Arts include things like poems, traditional stories, and deaf humor (Sutton-Spence and Napoli 312).
- Family and cultural players are also large hallmarks to Deaf culture. Dr. Jerome Schein’s 90% formula is noted in Holcomb’s book where 90% of

---

<sup>5</sup> There are many different forms of signed language. I just mention British Sign Language and American Sign Language based on our United States geographical location.

deaf children are born to both hearing parents (Holcomb 39). This 90% formula is extended even further and adds to a commonly shared experience between deaf members in their community. Other large cultural players in the Deaf community include Laurent Clerc and Thomas Gallaudet, who have since passed but continue to influence the Deaf education system (Holcomb 181-182).

These five hallmarks make up the majority of Deaf people's culture and are good examples of Gee's theory of shared values in the Deaf community. Holcomb furthers his idea about the majority of Deaf culture, where "the cultural aspects of the Deaf way of life are shared with pride and celebrated" (196). The rhetoric behind this quotation connotes a collectivist philosophy, where Deaf people must be recognized by other deaf people in order to be able to have an active role in their culture.

Collectivism is a large facet of the Deaf community, so, if someone is isolated, then a person is typically not considered part of the Discourse community, even if deaf. Part of acceptance hinges on one's interaction with other deaf members. Furthermore, "[m]ost expectations typically found in the Deaf community are tacit. That is, they are expected of members in the Deaf community but are not necessarily written in any by-laws or policies" (Holcomb 211).

One cultural custom that many Deaf people adhere to includes name signs, detailed introductions, leave-taking, and persistence for further connections (211). When a Deaf person first meets another Deaf person, name signs are likely introduced. Name signs are an abbreviated sign to signify someone's name instead of fingerspelling it out every time names are referenced. Someone who is hearing can have a name sign but it

has to be given to them by someone deaf. Name signs are a custom and situation where other members of the community extend acceptance into their community. People within the culture feel that they must practice these cultural markers as members of the community, even though these customs are not written down.

### Mushfaking in the Deaf Community

Gee's idea of mushfake Discourse, when applied to the Deaf community, provides an interesting look into acquiring full membership. Mushfaking is when an individual has partial acquisition in a Discourse community and is attempting to achieve literacy based on their knowledge within the community. There are many values that Deaf people adhere to, as mentioned previously, but what gauges one's acceptance into the Deaf community? According to Gee, this is a complicated answer; however, one way to achieve full acceptance within the Discourse is when "each participant further establishes cultural competency in the eyes of the other" (Gee, *An Introduction to Discourse* 15). In the Deaf community "there is no clear definition as to who can be considered deaf or even Deaf" and there are even degrees of deafness (Holcomb 42-43). If I, a fully hearing person, tried to join their community, I would be exposed immediately as not "belonging." In the past, people within the Deaf Discourse have talked about establishing a specific hearing level to imply someone's level of deafness, but this is very controversial because hearing loss is not the same as involvement and acceptance within the Deaf community. There are many terms that this Discourse uses in order to show gradations of deafness and the "other."

One of the terms that surrounds the Deaf community is “hard-of-hearing.” This term is used to “describe those who have some use of their residual hearing” (Holcomb 46). Hard-of-hearing is a very vague term and the definition typically implies history and experiences that are closer to hearing people instead of deaf people (46). Someone within this category might have lost their hearing later in life or be able to “pass” as hearing. Therefore, hard-of-hearing people’s experiences are generally seen by others as part of the normative, hearing group. This vague definition also places hard-of-hearing people within a tough position because they might not entirely connect or be part of the hearing Discourse or even the part of the Deaf community because one does not adhere to the same cultural norms (45-6). Hard-of-hearing implies a smaller degree of deafness, which leaves room for people to straddle both discourses—typically ineffectively because individuals are often rejected, even unintentionally, by both communities. Within this label, hard-of-hearing people might be able to mushfake as members of both communities, where they can pass. This is very difficult because often hard-of-hearing people have more similarities to the hearing community because of its normative nature. In the late nineteenth century, deaf and hard-of-hearing students were taught based on oralism over manualism (Morse 35-36). Oralism is the practice of teaching deaf children that “they should learn to speak and read speech only” (Morse 36). “For oralists, sign language was equated to a lower stature, a lower class, or an outsider status. On the other hand, manualists often argued that gestural language came before speech” (Morse 11-12). Manualism is idea that deaf children should be taught sign language and their language shouldn’t be hidden (35). Manualism was originally taught in school, then educators argued for oralism in order to eradicate “the use of sign language completely” (36). After



the “Dark Age” for deaf education subsided, sign language started to be taught again and continues to be taught today (Moore 450).<sup>6</sup> The educational system has since changed, but there are still several negative perceptions attached to hard-of-hearing people. For example, many insiders in the Deaf Discourse community believe that hard-of-hearing have given up their deafness, by means of their label, in order to be part of the majority, hearing group.<sup>7</sup>

Another factor to keep in mind includes one’s educational level within the Deaf community. An individual’s “educational placement can also influence the deaf person’s process of identity formation” (Holcomb 46). The educational system has historically failed deaf students and many have graduated from high school significantly behind (Duarte et al. 2). Several teachers within the Deaf Education department at Utah State University state that most Deaf students who are mainstreamed and graduated from high school have a sixth-grade education. An author, Edward Dolnick, asserts that “the average deaf sixteen-year-old reads at the level of a hearing eight-year-old. When deaf students eventually leave school, three in four are unable to read a newspaper” (40). Failed education for deaf children is a commonly shared experience. If someone does not have the same educational opportunities as their peers, then there is likely a “negative impact on measures of social adjustment, behavior, self-competence, and attitudes” (Duarte et al. 2). Part of the Deaf community is identity, and without proper education, a strong sense of identity is harder to come by. Likewise, without educational benefits it is

---

<sup>6</sup> The “Dark Age” dated from 1880 to 1960 where nearly all schools were taught based on oralism. “For those schools that allowed signs, deaf teachers were limited to instruction in the high school grades, and there only in the vocational departments (Moore 450)

<sup>7</sup> In the late nineteenth century, the majority of deaf children were taught how to speak and read speech (Morse 36). This became a very controversial debate between oralism and manualism because oralism is considered to downgrade the importance of ASL and Deaf pride. Oralism and rejection of deafhood is one of the large debates when it comes to cochlear implants.

much more difficult for people to modify their language according to Discourse communities. Upon becoming more educated in a community, understanding and acceptance of others is more likely to follow.

To understand the “other,” or normative group in which most people fall, the deaf community has labeled people who are not Deaf or hard-of-hearing as “hearing.” This implies the polar opposite view of being Deaf or deaf. Hearing is “used to refer to members of the majority population whose values, conventions, or behavior depart significantly from those practiced and supported by the Deaf minority” (Holcomb 47). One of the large values of the Deaf community is collectivism but hearing people in the United States subscribe more to an individualism ideology. Hearing “carries significant connotations in the Deaf community and is often used to represent people with an opposing interest” (48). For example, in sports, if one Deaf volleyball team is playing another team, the players might refer to their opponents as “hearing” to connote their opposition. This is interesting because by using “hearing as synonymous to ‘other,’” the Deaf community implies that deafness is a normative nature (to them)—once again taking control of the cultural significance (48). In this example, “hearing” is framed as a deficit and disability. This also reinforces the idea of the complicated relationship between being an “insider” versus an “outsider” and the language that people are “allowed” to use.

When it comes to hearing, there is another area where individuals might mushfake in order to be accepted by the Deaf community. “Hearing-but” is a label that “is designated for hearing people who have exhibited an extraordinarily positive attitude toward Deaf people and a deep respect for Deaf culture in general” (Holcomb 48). This

implies that one may mushfake as part of this Discourse due to their education on the culture, literacy in the language, and relationship with the Deaf. Typically, hearing-but includes hearing spouses of Deaf, siblings or family members of Deaf, and cross-cultural mediators (like interpreters). This term “signals a positive difference from the majority of hearing individuals who have little or no understanding of or sensitivity toward Deaf culture” (49). Even though this is an affirmative way to mushfake into the Deaf community, they are still labeled differently than someone who is entirely part of the Deaf Discourse community.

#### Applying Gee’s Discourse Community to a Personal Example

In order to give an example of mushfaking in the Deaf community, I believe that my experiences can be an instructive example to speak towards the complexity of deaf gradations within the community. I have been taking ASL classes for two years and have learned to love the culture. Before I took my courses at my university, I had many views that were similar to what I believe would be the majority of hearing people. I used to have the idea that I was doing the Deaf community a service by learning ASL, so their community would not be as isolated because members had *me* to converse with. I also felt a sense of sympathy towards Deaf people because they would never have the opportunity to hear.

My initial view was a normative perspective of hearing through and through, where I saw deaf people’s experiences as lesser than mine, thus reinforcing this marginalization that hearing people impose on Deaf people. Upon further education, my views shifted within the Discourse, and so did my label.

I am now proficient within my ASL skills, though I am definitely not fluid or an expert. Accordingly, I have more of a hearing-but attitude within the Deaf community because I have learned how to mushfake more effectively. I can get away with communicating on an appropriate level by introducing name-signs, conversing in long introductions, and participating in the oral histories of Deaf communities in various situations. I am not yet fluent in ASL and am not directly linked to a Deaf individual. I do not have any Deaf relatives, and I am not deaf. My only connection to this community is through my interests in studying marginalized groups sociologically. I would not necessarily be labeled hearing-but; however, I am able to mushfake effectively because I am closer to the hearing-but label rather than being entirely viewed as hearing.

Even though I'm not a full member of the Deaf community, I am very aware and conscious of the history behind their majority shared values. I also do not see deafness as a deficit. Furthermore, I am an advocate for the Deaf community and do my best to educate others about their community. This illustrates my label falling somewhere between hearing-but and hearing. Hopefully, with more time and practice, I will become even closer to this level of hearing-but, still I might never get to that level, due to my experiences as a hearing person.

If I later have hearing loss, I would most likely be in the position of hard-of-hearing because of my deep background within the hearing community and my blossoming knowledge in ASL. Moreover, Due to my deep appreciation towards the Deaf community, I would try to become more involved in Deaf culture. I think that it is important to think about mushfaking within the Deaf community because Discourses have specific coinages that imply that level of acceptance within their community. Many

other Discourse communities do not have specific labels and figuring out where one resides within the community can be even more difficult. Fortunately, there are good books that educate hearing people about Deaf culture<sup>8</sup>, and disciplines, like at Utah State University which help teach others about deafhood.

### Literacy in the Deaf Community

Once people understand the relationship of mushfaking, or partial acquisition, within the Deaf community, people can look at what literacy truly entails. Full membership within the Discourse includes “acting, interacting, valuing, believing, feeling, and with bodies, clothes, non-linguistic symbols, objects, tools, technologies, times, and places” (Gee, *An Introduction to Discourse* 25). Besides just understanding formal grammar within a specific Discourse, one also must be able to negotiate between different language codes as well: formal and informal. One might use a different set of diction when conversing with faculty compared to more informal diction when talking to their sibling or peer. Being able to negotiate between conversations within and outside of their Discourse is vital to being literate within their own.

For someone to be completely literate within the Deaf community, a person must understand and use the language, be accepted by others in the community, and become deeply enriched in the culture and history. Holcomb states that, “language enables people in the community to have an effective communication system—the ultimate bond that

---

<sup>8</sup> *Introduction to American Deaf Culture* by Thomas K. Holcomb and *For Hearing People Only: Answers to Some of the Most Commonly Asked Questions About the Deaf Community, its culture, and the “Deaf Reality”* by Linda Levitan and Matthew Moore are commonly read in introductory ASL levels at Utah State University.

holds them together” (17). Similarly, “language gives community members a way to express specific feelings, thoughts, and ideas, which is crucial to their survival and therefore is essential for effective living” (Holcomb 17). Within this Discourse, speech is not important, but communication and language are. It is also important on *how* people communicate, too. Just like in English, there are accents in ASL. These accents might range from large or small movements, or even the fluidity between signs. When someone is learning ASL, it is often seen as shaky or robotic because there is not the fluidity across concepts. Each concept and sign stand almost as a chunk, which can be jarring.

Language also plays a large role in the cultural pride that Deaf people feel. “[L]anguage is the most crucial—ASL, the language of Deaf people in America, is the primary reason for the existence and perpetuation of the Deaf community” (Holcomb 18-19). Language and communication in Deaf culture is pertinent to one’s pride in the community and indicates a full, rich immersion into Deafness and the Discourse that surrounds such life. One of the reasons behind this pride through language involves the fight against oralism where signs were once hidden, deaf children were taught to read speech, and were forced to speak. When people advocated for their signed language, signed behind closed doors, and finally were heard by the majority group, cultural pride was heightened even more. This battle and acceptance of signed language helped initiate a large advocacy for the Deaf community.

#### PEOPLE-FIRST CASE STUDY

The mental health community is such a large and all-encompassing term. I do see limitations to such a broad definition and community as a case study but feel like the

many associations and advocates who have written about the majority preference for People-first language in the mental health community are sufficient to support my claims. I am also aware that many groups inside of this “Metal Health Community” such as people with autism have mixed preferences for People-first or Identity-first language.

I chose this broad community to discuss People-first language majority preferences in contrast to the Deaf community, which has a majority preference with Identity-first language. Once again, I would like to mention that these two communities are completely unique and different. They in no way equate to each other and are only used in this discussion to note that complexities of language far exceed reduction to People-first preferences. Gee’s theories help illustrate how complicated inclusive language really is and that it goes beyond just People-first and Identity-first syntaxes.

### **The Mental Health Community**

The mental health disability Discourse community is a community with many advocates for People-first language. Originally, the mental health community was based on both the Medical and Social Models but has since shifted to a People-first platform. Today there remain individual preferences for a specific language syntax in the mental health Community; however, large facilitating associations have spoken out on their own inclusive language preferences. “The APA *Guidelines for Assessment of and Intervention with Persons with Disabilities* suggests that person-first language is most appropriate, while acknowledging that other organizations and some disabled people prefer alternative terminology (i.e., identity-first language)” (Dunn 256). Researchers in a pilot study “found that 60% of respondents in a sample of state government employees preferred the

phrase ‘person with a disability,’ although 26% regarded that phrase and ‘disabled person’ as equivalents, across a range of different types of disabilities” (Dunn 257). This pilot study states what government employees prefer but does not necessarily state whether they are outsiders who prefer this syntax or if they are also insiders within the Discourse and prefer this syntax. It is important to think about these preferences and where researchers fit within the subject they study. According to most mental health advocacy groups and literature, the majority of people with mental health concerns prefer People-first language, as the above articles suggests.

“Mental health” is a difficult term to define; nonetheless, for the purpose of my thesis, I am looking specifically at the lens by which Taylor and Brown suggest “that psychological health depends on accurate perceptions of reality has been widely promulgated and widely shared in the literature on mental health” (194). With this being said, the term “mental health” has its own negative connotations and even mentions the discourse “of wellness/unwellness” which is a paradigm with many problems, such as “implication[s] that a mad person needs to be ‘cured’ by some means” (Price 300). Even though I am aware that terms involving mental health are problematic, I further my definition by offering that people who are mentally *unhealthy* (to use the terminology connoted with this well/unwell paradigm) have inaccurate perceptions of reality that the shared population of the community have in current literature and discourse. So, my definition is furthered to suggest that mental illness and mental health “include[s] not only madness, but also cognitive and intellectual dis/abilities of various kinds” (Price 305). Margaret Price continues her assertion by adding, “that [mental health] might also include ‘physical’ illnesses accompanied by mental effects” (305). Even though this is a



large-encompassing community, I hope to apply Gee's theories of values, mushfaking, and literacy effectively. It is also important to note that the mental health Discourse community lacks the same, explicit definitions that surround some of the mushfaking terminologies as previously noted. The Deaf community has many terms to insinuate when someone mushfakes within the community. The mental health community does not.

### Values in the Mental Health Community

The mental health community has specific values that are important to their Discourse such as strong involvement in rehabilitation groups, strong familial ties, and creating their own identities regardless of their disability. There are several organizations that have weighed in on the values of the mental health Discourse. "The American Psychological Association (APA) advocates the use of [P]erson-first language (e.g., people with disabilities) to refer to individuals with disabilities in daily discourse and to reduce bias in psychological writing" based on the ADA's platform (Dunn 255). Here, Dunn suggests that one of the social values includes acceptance within the group from literature, individual communications, and even practitioner-to-client relationships. The APA furthers this assertion of using People-first language to reduce the stigmas; yet, the underlying issue involves creating acceptance and reducing stigma within this disability group, not only the syntax.

Another scholar, B. J. Brueggemann, suggests that allowing an individual to "claim" their disability as a fact through their language syntax allows them to reframe their disability as a point of pride (Dunn 257). Disability rhetorician Margaret Price offers that "to accept the psychiatric profession's definition of oneself as sick is considered a

key move toward getting well; the technical term for acceptance of a psychiatric label is “insight” (Price 302). This relationship can even be loosely compared to an alcoholic’s means of recovery where someone must first accept that he or she has a problem. This type of framework plays a similar relationship within the mental health community. This idea of finding pride within someone’s diagnosis is also similar to the idea of the Deaf Discourse where members have re-appropriated their title of “deaf” to “Deaf” with a capital letter. “At the treatment level, some research suggests that mental health services that focus on recovery, empowerment and peer support can reduce levels of felt stigma” through empowerment, peer support, acceptance to the normative group (social acceptance), and equality (Whitley 2). For example, “emphasizing the importance of interdependence as a means to achieve this goal” is difficult but can help change attitudes towards mental illnesses (Price 301).

Group members with similar mental health concerns can be helpful for those who have yet to accept their diagnoses because it can reduce the marginalization associated with mental illness, thus allowing others to feel more comfortable with their diagnoses. Even upon acceptance, group support can be a helpful tool during someone’s time understanding how to live with their illness. Dunn furthers this idea of creating acceptance across both the mentally healthy and mentally unhealthy discourses by emphasizing that “sustained and meaningful contact between people with disabilities and nondisabled individuals is apt to be the most effective way to enhance intergroup relations” (Dunn 263). Some members of the mental health Discourse even believe that stigma associated with their mental health illness limits their social roles and further perpetuate discrimination (Whitley 2). People within this Discourse have made it explicit

that they value and seek social roles, equality, reduction of stigmas, and the same access to benefits as the normative group.

### Mushfaking in the Mental Health Community

Mushfaking within this Discourse does not have the same explicit terms as are highlighted in the Deaf community. Yet, there are still ways where people mushfake their involvement in the community, as well as in the majority group. Gee's concept of mushfaking or partial acquisition, can be applied to the mental health Discourse community effectively. For instance, someone might be self-diagnosed or might refuse to receive proper diagnosis from a reliable doctor or clinician. In order for someone to be accepted into this Discourse, a person must be labeled and identified as such, even though there are arguments against becoming diagnosed. This is important because the majority of membership in this community involves living a fulfilling life, regardless of diagnoses. If someone is in denial about their mental illness, diagnosis, or lack of diagnosis, then a person cannot participate in the same rehabilitation processes as others with similar diagnoses. One of the large shared experiences among members involves stigmatization based on their diagnoses. If someone does not receive a diagnosis or have this shared acceptance, then one is not fully involved in the community's shared values or experiences. Also, if someone is not labeled or diagnosed, then members of this Discourse will not accept those who do not fully embrace their identity. Being a member within this group hinges on acceptance from others within this group and the shared stigmatizations that individuals have faced from outside of this community. If someone is

not diagnosed, a person ineffectively mushfakes their acceptance within the mental health and Discourse and majority Discourse.

Another place where people mushfake their involvement within the mental health community involves the idea of recovery or people's belief in becoming cured. The National Alliance on Mental Illnesses (NAMI) organization states that "recovery is a process, beginning with diagnosis and eventually moving into the successful management of a mental health condition." Similarly, NAMI does not believe that there is a "cure" for mental health illnesses. Instead, NAMI offer proper management of mental health concerns, which leads to the process of recovery. One way that people mushfake within this realm includes believing that there is a cure or not actively participating on their journey towards recovery. Scholar Linda J. Morrison states that "in modern psychiatry, a person who has been diagnosed with a serious and persistent mental illness (SPMI) is rarely considered 'cured' or completely free of illness" (Price 301). If someone does not seek the proper treatment or feels that there is a cure, something that is definite and stagnant, then an individual will be rejected by the mental health Discourse by other members. Someone can be a member of the Discourse while struggling during the recovery process; this too, is a common occurrence for people within this discourse. Both of these scenarios include partial acquisition and strategies to "make do" as members of the Discourse community (Gee, *An Introduction to Discourse* 13). The active goal and strife towards accepting the diagnoses and working with it will allow the making do to turn into becoming a member in the Discourse, thus rejecting the normative discourse and ineffective straddling between both Discourses.

## Literacy in the Mental Health Community

Literacy within this Discourse hinges mainly on the idea of finding self-acceptance, which, in turn, facilitates inclusion. One way that inclusion can exist is through language syntaxes: People-first and Identity-first language. “‘Person-first language’ serves as an essential starting point for conveying respect and for addressing the social exclusion and discrimination experienced by people with mental illnesses” (Jensen 146). This is not the only way (or even best way) to create inclusion within this Discourse. The idea that Jensen is trying to offer is that using inclusive language can be a means of communication within the Discourse and even across multiple Discourses. Gee states that “each social language has its own distinctive grammar” (Gee, *An Introduction to Discourse* 29). According to Gee, this distinctive grammar can be divided into two categories: grammar one includes syntax, punctuation, nouns, inflections etc., but grammar two facilitates so much more; grammar two is where “speakers and writers design our oral or written utterances to have patterns in them in virtue of which interpreters can attribute situated identities and specific activities to us and our utterances” (Gee, *An Introduction to Discourse* 25).

This “informal social language [can be] used to achieve solidarity” in a certain place and time (25). For example, if I say “she is loud” to my friend, based on the context and shared understanding we have, my friend will know who “she” refers to. The diction, jargon, and references are based on my audience and situational references that we share. Using this secondary grammar is really important because it provides a form of unity, which is seen through group preferences on People-first and Identity-first language. Certain members in a group might use different language than “outsiders.” It may even

be *more* appropriate to think about using inclusive language in a way that reduces stigmatizations for a specific group. The goal of unity is important; but, the syntax is not the only way to provide this level of inclusion. Another way that inclusion has been seen as literacy within this Discourse includes the many organizations and websites that have been attributed to mental health initiatives. The more education that people have on mental health, the more stigmatization is reduced because of their ability to use more inclusive language based on their context, audience, and relationship to the community.

Being a part of small organizations can be a means of empowerment within this Discourse. Having peer support systems or facilitated therapy can help people towards their goal of recovery by “the process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (Jensen 148). Within this mental health Discourse, self-motivation and self-reliance are important, but medical professionals create many means for individuals to succeed through networking. Finding peers who have similar diagnoses can help provide unity, create bonds, and increase community involvement. Being literate and a member of the mental health Discourse involves many aspects such as self-reliance, proper diagnosis, professional help, supportive networks, and inclusive language (regardless of syntax).

Even though these elements do not necessarily combat the stigmas associated with mental health, awareness has increased exponentially. “Involvement of people with mental illness seems to be key to reducing stigmatization. It is, therefore, suggested that priority is given to set up the situation in which young people meet people with mental illness in an educational program” (Yamaguchi et al. 413). With members of this Discourse retaining literacy, there is a form of unity and empowerment that is an

important value noted through the literature on mental health, which will help reduce “attitudinal barriers” (Jensen 148).

## DISCUSSION

Within both Discourse communities chosen, acceptance within the community from other members is vital and translates over to empowerment. Even though each community has different gradations of social importance, social acceptance, and even values, both of them have the message of inclusivity. People-first and Identity-first language have large implications and many advocates. Inclusive language choices center on one’s education on a Discourse community, their ability to mufake effectively, their pursuit to vary discourse depending on group members, and their humility and willingness to be corrected. Accordingly, the conversation extends beyond which language syntax is more inclusive; language acts completely different in each Discourse. Moreover, the conversation is much larger than these two syntaxes and the issue should be negotiated and analyzed in a larger context.

One of the key factors with using more inclusive language is being able to negotiate effectively within a community. If I continue to negotiate between Discourses and am open to being corrected by individuals, then my mufaking should be lessened and I can be a better part of the conversation. I may never be literate within a certain community, like in the Deaf Discourse, but I think that is okay. Instead, I can focus on educating myself on the values within each Discourse and change my language to fit the context. I adjust my diction according to whom I communicate with, so I can also implement that same strategy within different Discourses. Many people already do this

negotiation unknowingly, but by consciously and actively adapting language, people can more effectively participate in an array of Discourse communities.

The issue is not necessarily whether People-first or Identity-first language is better, the issue involves being able to identify, when, where, with whom, and why people use the language according to each Discourse. If people focus more on the Discourses and their values, individuals can be more successful in using inclusive language that provides empowerment for disability groups, something that is highly needed. The conversation on inclusive language is much more complex than just choosing a syntax, and Gee's theories illustrate how complicated language is within any specific Discourse community.

As more people become aware of this controversy and how broad it is, instead of just between the two language syntaxes noted, then people can have a better understanding of why this is such a powerful and important conversation to have. The goal is to reduce marginalization of disability groups, provide better inclusion, educate others about the issues, and stand as an advocate. James Paul Gee's terms literacy, mushfaking, and values help frame a larger and complex understanding of inclusive language over reducing the problem to two primary syntaxes. Understanding all (or at least more) of the nuances within disability groups and inclusive language provides an opportunity for further research and understanding on coding language and allowing for more empowering conversations across disability Discourse communities.



## WORKS CITED

- “A Brief History of the Disability Rights Movement.” *Anti-Defamation League*,  
[www.adl.org/education/resources/backgrounders/disability-rights-movement](http://www.adl.org/education/resources/backgrounders/disability-rights-movement).
- Dolmage, Jay. *Disability Rhetoric*. Syracuse University Press, Syracuse, NY, 2016. Print.
- Dolnick, Edward. “Deafness as Culture.” *Atlantic*, no. 3, 1993, pp. 37-53. EBSCOhost,  
[dist.lib.usu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edsgao&AN=edsgcl.13253013&site=eds-live](http://dist.lib.usu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edsgao&AN=edsgcl.13253013&site=eds-live).
- Duarte, Ivone et al. “School Failure in Students Who Are Normal-Hearing or Deaf: With or without Cochlear Implants.” *SpringerPlus* 5 (2016): 237. *PMC*. Web. 14 Mar. 2018.
- Dunn, D.S. and E.E. Andrews. “Person-First and Identity-First Language: Developing Psychologists’ Cultural Competence Using Disability Language.” *American Psychologist*, vol. 70, no. 3, 01 Apr. 2015, pp. 255-264.
- Foucault, Michel. “The Means of Correct Training.” *The Foucault Reader*. Ed. Paul Rabinow. New York: Pantheon, 1984. pp. 188-205.
- Gee, James Paul. *Discourse, small-d, Big D*. Jamespaulgee.org.  
<http://jamespaulgee.com/pdfs/Big%20D,%20Small%20d.pdf>
- Gee, James Paul. *How to do Discourse Analysis: A Toolkit*. Routledge, 2011. Print.
- Gee, James Paul. *An Introduction to Discourse Analysis: Theory and Method*. London and New York: Routledge, 1999.
- Gee, James Paul. “Literacy, Discourse, and Linguistics: An Introduction.” *Journal of Education*, vol. 171, no. 1, 1989, pp. 5-17.

- Haller, Beth. "Journalists Should Learn to Carefully Traverse a Variety of Disability Terminology." *NCDJ*, ASU. 7 Jan. 2016, [ncdj.org/2016/01/journalists-should-learn-to-carefully-traverse-a-variety-of-disability-terminology/](http://ncdj.org/2016/01/journalists-should-learn-to-carefully-traverse-a-variety-of-disability-terminology/). Accessed 21 Mar. 2017.
- Holcomb, Thomas K. *Introduction to American Deaf Culture*. Oxford University Press, New York, NY, 2013. Print.
- Jensen, Mary E., et al. "Championing Person-First Language: A Call to Psychiatric Mental Health Nurses." *Journal of the American Psychiatric Nurses Association*, vol. 19, no. 3, 01 May 2013, pp. 146-151.
- Jernigan, Kenneth. "The Pitfalls of Political Correctness: Euphemisms Excoriated." *Braille Monitor*. Mar. 2009.  
[Nfb.org/images/nfb/publications/bm/bm09/bm0903/bm090308.htm](http://Nfb.org/images/nfb/publications/bm/bm09/bm0903/bm090308.htm).
- Kassenbrock, Rachel. "Should You Use Person-First or Identity-First Language?" *The Mighty*, [themighty.com/2015/08/should-you-use-person-first-or-identity-first-language2/](http://themighty.com/2015/08/should-you-use-person-first-or-identity-first-language2/).
- Moore, Donald F. "Epistemologies, Deafness, Learning, and Teaching." *American Annals of the Deaf*, vol. 154 no. 5, 2010, pp. 447-455. *Project MUSE*, [doi:10.1353/aad.0.0123](https://doi.org/10.1353/aad.0.0123).
- Morse, Tracy Ann. *Signs and Wonders: Religious Rhetoric and the Preservation of Sign Language*, Gallaudet University Press, 2014. ProQuest Ebook Central, <https://ebookcentral-proquest-com.dist.lib.usu.edu/lib/USU/detail.action?docID-3010931>.

- “NAMI.” *NAMI: National Alliance on Mental Illness*, NAMI,  
[www.nami.org/FAQ/General-Information-FAQ/Can-people-recover-from-mental-illness-Is-there-a](http://www.nami.org/FAQ/General-Information-FAQ/Can-people-recover-from-mental-illness-Is-there-a).
- Price, M. “Defining Mental Disability.” *The Disability Studies Reader*, 4<sup>th</sup> ed. New York: Routledge, 2013. Pp. 298-307.
- Shakespeare, Tom and Nicholas Watson. “The Social Model of Disability: An Outdated Ideology?” *Research in Social Science and Disability*. Vol. 2, 2002. pp. 1-34.
- Sinclair, Jim. “Why I Dislike Person First Language.” *Autonomy, The Critical Journal of Interdisciplinary Autism Studies*, vol. 1, no. 2, 2013.
- “Social and Medical Models of Disability: Paradigm Change.” *Disability and Inclusion: Resources for Museum Studies Program*, Art Beyond Sight, 2014,  
[www.artbeyondsight.org/dic/definition-of-disability-paradigm-change-and-ongoing-conversation/](http://www.artbeyondsight.org/dic/definition-of-disability-paradigm-change-and-ongoing-conversation/).
- Sutton-Spence, Rachel and Donna Napoli. “Deaf Jokes and Sign Language Humor.” *Humor-international Journal of Humor Research*, vol. 25, no. 3, n.d., pp. 311-337.
- Taylor, Shelley E. and Jonathon D. Brown. “Illusion and Well-Being: A Social Psychological Perspective on Mental Health.” *Psychological Bulletin*, no. 2, 1988, pp. 193-210.
- Whitley, Rob and Rosalyn Denise Campbell. “Stigma, Agency and Recovery Amongst People with Severe Mental Illness.” *Social Science & Medicine*, vol. 107, 01 Apr. 2014, pp. 1-8.

Yamaguchi, S., Mino, Y. and Uddin, S. “Strategies and Future Attempts to Reduce Stigmatization and Increase Awareness of Mental Health Problems Among Young People: A Narrative Review of Educational Interventions.” *Psychiatry and Clinical Neurosciences*, vol. 65, 18 Aug. 2011, pp. 405–415.