Words Matter: The Power of Mindful Communication

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The plan

- Why is it important to consider language?
- What should I be thinking about language?
- How to address challenges around language?
- Developing a shared language?

Why is it important to consider language?

Before we move on...

- We are NOT the language police! This is not to tell you what is "good" or "bad" to say

- We can all work on expressing and recognizing the nuance of language, and recognize it is very complex, everyone will have unique preferences

What do we mean by 'mindful communication'

- Being aware of
  - The language that we use in everyday clinical interactions
  - The history associated with the language we use
  - The power inherent in language and how this influences communication and relationships
  - Our responsibility and ability to frame language in a way that helps communication

Why language?

- Language is highly personal and not everyone resonates with clinical terminology
  - Most of the time, people are coming from a good place with language and have good intentions
- Clinical terminology does not encompass all of psychosis, and therefore limits the full understanding one can have of an individuals' experiences
- Not giving participants any alternative terminology early into their recovery perpetuates ongoing stigmas that are rooted in systems of care (ex.: negative symptoms and functioning)

Historical importance of language

- Systems of care have held power over individuals living with psychosis which has become intertwined with much of the language and understanding we still have of these experiences.

- This can be seen in the justice system, psychiatric hospitalization system, media, and continues to be seen in current articles around psychosis or gun violence. Even in lived experience communities, psychosis is misunderstood and inaccurately represented.

- This is particularly true for marginalized groups. Moving forward with cultural humility and seeking to understand the frame of reference someone has is crucial.

- As providers, we have the ability to shift our language to be more empowering to the individuals we are working with and instill a sense of hope and optimism for the people we work with.

Reflection

- Do you use language differently depending on your audience?

- What differences do you notice? Why do you change your language?

Grounding in language

- Stigma for psychosis is increasing over time, for other diagnoses it has gone down (Pescosolido 2019)

- Language is culturally bound
  - Japan created an organization to abolish the label of schizophrenia, but stigma was not reduced due to the media continuing to use the old term
    - 'a rose by any other name would smell as sweet' (Romeo and Juliet)

- Crucially, language evolves tremendously over time and will continue to
  - Dementia praecox, first used in 1880
  - Schizophrenia, Bleuler

What should I be thinking about when it comes to language?

Recent news articles

Psychosis representation in the media

- We often see portrayals of "mad and bad" characters in media (Gollum, the Joker, The Shining)
    - They reinforce fear and misconceptions
    - Often limited to horror genres
- Despite reinforcing stereotypes, they inform how those who work with individuals living with psychosis believe their experiences to be, as well as how individuals and their loved ones view their own experiences

Stigma & language

- Self stigma: Stigma and negative attitudes about one's mental health experiences that are internalized
  - Example: "I hear voices therefore I will never be able to work."
- Public stigma: Stigma that one encounters around them (from loved ones, in media representations, with derogatory terminology, etc.)
  - Example: Often when mass shootings happen, news articles have statements such as "the individual was mentally ill" which perpetuates stigma.
- Institutional stigma: Policies within systems that intentionally or unintentionally create barriers to individuals living with mental health challenges.
  - Example: Mayor Eric Adam's policy in New York to hospitalize more homeless individuals with mental health conditions

Power, Privilege & language

- Language can reinforce systems of power and hierarchy
  - Lots of terms used to describe psychosis reinforce power, and the narratives of "experts" who know better than the individual
  - Terms such as functioning and insight can be very subjective, and may be used against the service user, often unintentionally
    - Conflict between accessible and accurate language
    - We cannot assume that individuals know what certain clinical language means
    - Can reinforce and apply power when used only one way

Examples of language to consider

Word	Challenges	Possible alternatives
Decompensating	Assumes	Experiencing challenges
Insight	Reinforces power	Does not perceive their psychosis in the same way that I do/their loved one does
Functioning	Often subjective	Having a good/bad day
Non-compliant	Implies a "correct" way to view treatment	Not in agreement with me
Psychotic	Derogatory	Experiencing non-consensous reality

Language across Levels

- Language variation
  - We all change the terms/inflection we use depending on who we are speaking to
  - Client/patient/service user/individual/participant
  - What and when do I use each one?
- With the individual
- *About* the individual
- Language within systems/institutions
  - Accessible language dependent on audience

Language preferences

- We want to honor the expertise of clinical care while increasing service user involvement in their own treatment and recovery

- Everyone is an expert on their own body and lived experience, supporting language leads to participants feeling in control, empowered, and supported in their personal choices
  - Supports positive therapeutic relationship

- There will be a wide variety of preferences around language and terminology
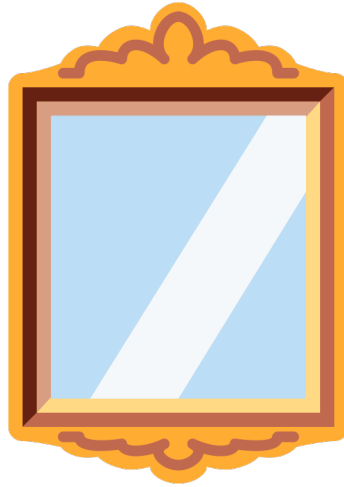 - Shannon's experiences that didn't fall into traditional diagnostic criteria

How to address challenges around language
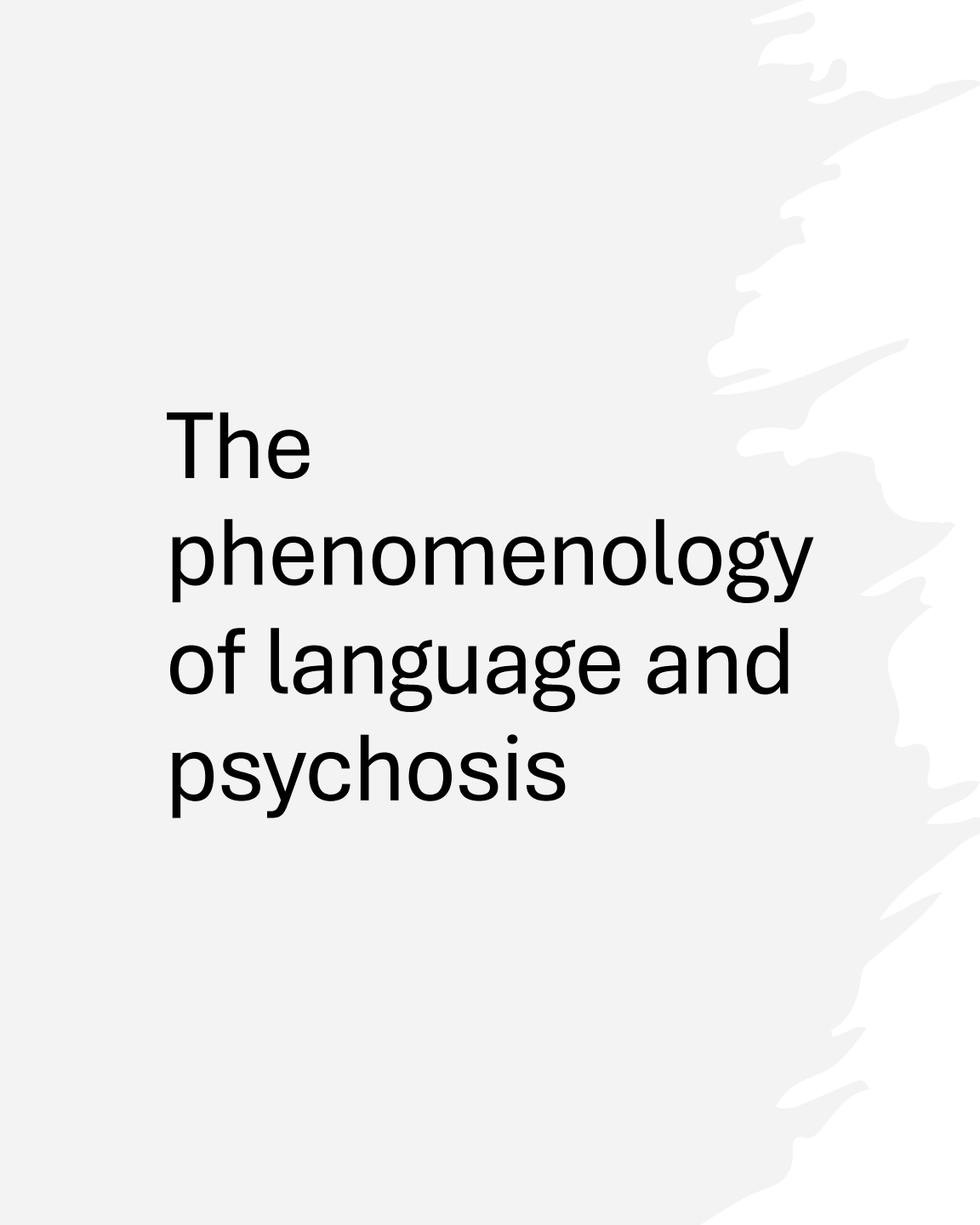
Honoring language choices of the individual

Listen to personal language choices, does the individual use a diagnosis? Their own terms?

Mirror language. If participants describe felt presences, validate the experience and honor their language choices

Learn! Language changes over time, be willing to continue to learn new terminology moving forward, and be open to terms that resonate with certain people

The phenomenology of language and psychosis

- Helpful exercise is thinking about a memory from this morning. If we all described it, we would see just how much the phenomenology of that experience plays out
  - Honor expertise and personal histories on our own lived realities
- Psychosis is the same, highlighting the importance of language, and not "one size fits all" descriptors
- Multiple people experiencing the same symptom (say paranoia or hearing voices) will all describe it in a different way
  - Voices: internal vs. external, how they sound, content, etc.
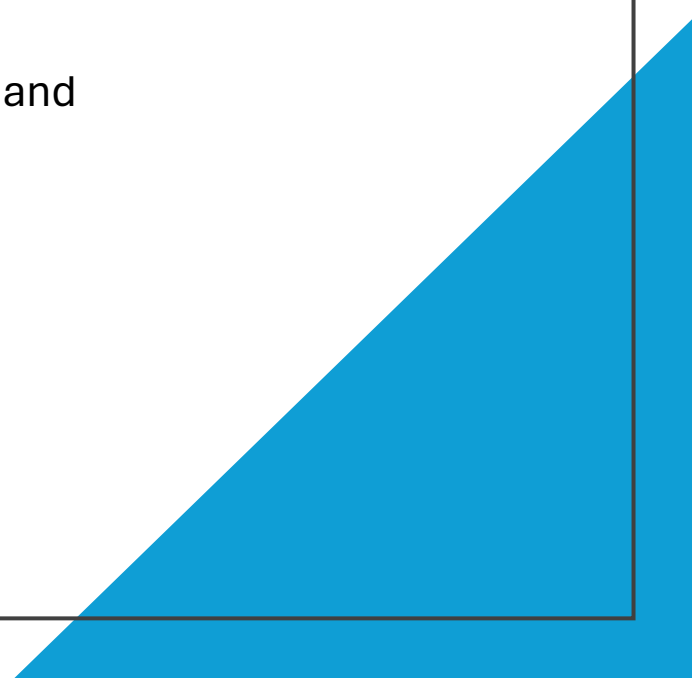
Descriptive & Prescriptive Language

Often, terms given to explain psychosis are prescriptive terms, which may be subjective and stigmatizing. However, psychosis is a descriptive experience, and highly unique for individuals.

Remember:

- Listen to understand the individuals' meaning

- How would the individual describe the experience?

- Ask questions to clarify such as: Can you tell me more about that? Did you experience anything else while having __?

When it doubt: Don't say things that you wouldn't say if the individual was sitting in front of you (nothing about us without us)

Curiously questioning

- Aways be curious about the individuals own experience
  - If the person if using a term we don't like or have a reaction to, why might it be used?
- Asking about term preferences is a great way to understand the experience and what the person may be describing
- Why are you using language this way?
- Why does XXX term resonate with you (service user or team member)?

Discussion: Pros and cons of diagnosis

What is good about diagnosis?

What is limiting/challenging?

Expansion of pros and cons of diagnosis

Pros:

- Accessible language
- Supports individuals getting medication and accessing resources via insurance
- Can feel like an "answer" to distressing experiences
- Feels like something tangible to research
- Googleable

Cons:

- Can be reductionist
- May not resonate
- Can change or be misapplied (particularly in a cultural context, diagnoses can be overapplied to certain populations)
- Feels stigmatizing/scary
- Googleable

Developing a shared team language

- Team values
- Recognizing differences
  - Roles, professional orientation, culture
- Assumption that people (generally) come from a good place
- Approaching differences with curiosity

Calling in/calling out

- Calling in
  - An invitation to a one-on-one or small group conversation to bring attention to an individual or group's harmful words or behavior
    - "I'm curious. What was your intention when you said that?"
    - How might someone else see this differently? Is it possible that someone else might misinterpret your words/actions?"

- Calling out
  - Bringing public attention to an individual, group, or organization's harmful words or behavior
    - "I don't find that funny. Tell me why that's funny to you."
    - "I need to push back against that. I disagree. I don't find that funny."

From Harvard Diversity, Inclusion, and Belonging "Calling in and calling out" guide

Taking care of yourself & the team

- Calling in/out can be exhausting

- Burnout/fatigue/frustration/distancing

- Connect with others

- Don't be alone. Find allies

- Don't beat yourself up

- Be patient (some of the time?!)
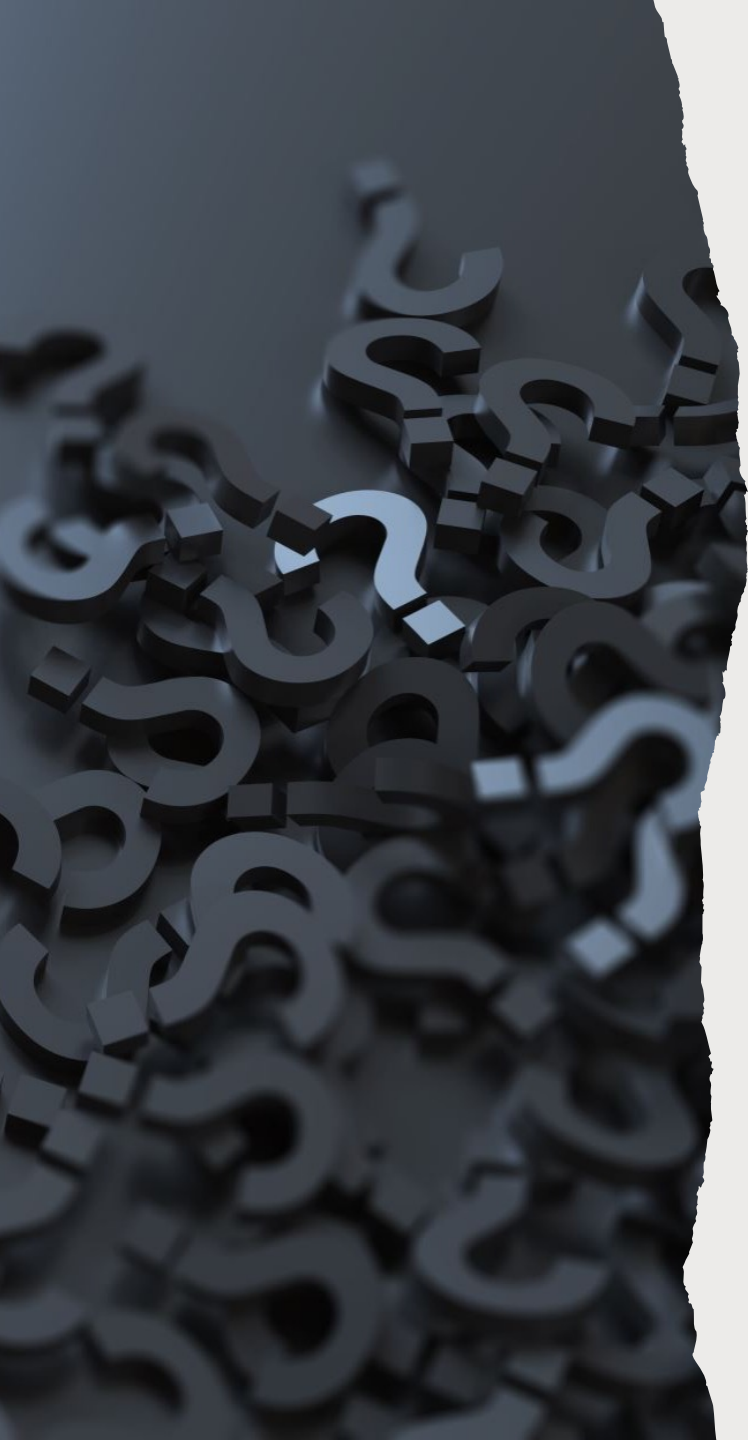
  - These changes can take time

Summary or key take aways?

- Language is important and highly personal
- Everyone likes to be heard and respected when spoken to
- You have responsibility in your language choices
  - Change takes time, be patient and listen to others' preferences
  - Seek to understand preferences others do not share with you, especially in clinical relationships
  - Be open to feedback
- What is your takeaway?
  - Write down one thing you will apply in your language or your team's language

Resources/further reading

- <u>Calling in calling out guide:</u>
  - https://drive.google.com/file/d/1WjX9ENn4AZFRzXF8wdiu9cx5UNKJyam0/view?usp=sharing

- https://rethinkpsychosis.weebly.com

- https://iepa.org.au/iepa-news/unboxing-psychosis-making-mental-health-mentionable/

Questions?