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‘Crazy talk: Language matters in mental health

"I'm not bipolar. I'm Emily."

Emily Grossman, a Montclair resident who has bipolar disorder, has a life coaching business primarily, though not exclusively, serving people living with mental illness. For Grossman and others in the field of mental health interviewed by The Montclair Times, there is a crucial difference between saying someone "is bipolar" - or "depressed," or "schizophrenic" - and someone "has" bipolar disorder, depression, or schizophrenia.

"If I suffer from diabetes, people aren't going to call me 'the diabetic,'" said Robert Davison, executive director of the Mental Health Association of Essex County, based in Montclair. "It's not 'schizophrenics' or 'the schizophrenic.' It's 'people with schizophrenia.' That's very meaningful.

"They're individuals, first and foremost," Davison observed. "Schizophrenia isn't who they are, it's what they have. To me, it's not so much what's wrong with you, it's what has happened to you. What's wrong with you is a judgment. What's more important is what has happened to you."

The shift in terminology reflects "people-first language": literally putting an individual before their illness or disability.

It is the difference between referring to "the wheelchair-bound," which puts the wheelchair first and further assumes that people who use wheelchairs feel bound or restrained by them - and "individuals who use a wheelchair," which puts the person first and neutralizes the language.

Leslie Kooyman, an associate professor of counseling at Montclair State University and a mental health counselor with a private practice in Montclair, admitted that, even for professionals, changing one's language to reflect a "people-first" mentality can at times be cumbersome.

But, Kooyman said, "The more we use it, the easier it gets."

BUSTING STIGMA FOR BETTER CARE

The term "people-first language" first appeared in 1988, though Kooyman noted that the fields of psychology and psychiatry have reflected this shift in language for approximately a decade.

This shift has started to trickle into the common vernacular, but slowly.

"For a lot of people, this is probably new to them," Kooyman said.

The reasons for changing the language run deep, mental health professionals said. According to an article by Peter Byrne in the journal "Advances in Psychiatric Treatment," stigma can bring forth experiences of shame, blame, secrecy, "the 'black sheep' in the family role," isolation, social exclusion, stereotypes and discrimination.

Kooyman explained that stigma can make the difference between whether or not a person accesses services. And critically, negative language - used in public, seen on television, and spoken by family members or friends - plays a key role in creating and reinforcing stigma, he said.

"Part of what creates stigma in mental health is the language we use," Kooyman said. "That stigma keeps people away from seeking services, because they don't want to be labeled."

FOCUS ON THE POSITIVE

While adding that a "people-first" approach to the language choices made when talking about mental health is very important, Grossman also noted that the language of sickness and illness could largely be avoided - because, as she said, "when you call somebody sick, they're going to be sick."

Kooyman confirmed this from his counseling perspective.

"Unfortunately, sometimes people hear the diagnosis, and they begin to manifest what they perceive to be that diagnosis," he said.

Bottom-line, Kooyman emphasized, insurance companies require some sort of diagnosis to cover treatment. Still, diagnoses need not be emphasized during the treatment process, he said.

"There's been a kind-of realization that people get stigmatized by a diagnosis. And if people are stigmatized by a diagnosis, they might not access services if they get a diagnosis," observed Kooyman.

He added: "We know there's a stigma with mental illness. It's hard to go to a stranger [like a therapist]. We're trying to demystify therapy and de-stigmatize mental illness.

"When you're treating an individual with mental illness, you really want to make sure you're looking at the whole person. What do they enjoy? What do they have talents at? What are their strengths?"

For Grossman, having a diagnosis was tough at first, but she got used to it. And she is now proud to have excelled through a masters degree and into the world of coaching.

As for diagnoses, for Grossman, it is simple.

"It's a piece of who they are, not all of who they are."

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