

## Respectful Language

By Jane Mountain, MD

An important step in developing a recovery-focused approach to bipolar disorder is to discover how the use of language affects individuals with bipolar disorder. Prior to diagnosis, our relationships, our accomplishments, our interests, and our personal characteristics identified most of us.

We were parents and children, musicians and artists, students and professionals, athletes and movie-goers. We had a good sense of humor, a caring personality, a devotion to friends and family, a love for nature or an ability to use words well.

However, all too often, upon being diagnosed with bipolar disorder, we become “bipolar”. How often we hear and use the phrases, “I’m bipolar”, “My child is bipolar”, or “My uncle is a bipolar”. It is interesting that when a person is diagnosed as having cancer, we would never think to describe that person as “cancerous”. We would not use the language, “John is cancerous,” or “Melanie is “a cancer”.

The contrast between mental disorders and most other health disorders is striking. In the arena of mental health, our social customs and language

allow us to actually ascribe the illness to the identity of the person who experiences it. People are known as “bipolars” and “schizophrenics”. Daily we hear statements in conversations and in the media that use language that identifies individuals as “being” the psychiatric condition that they experience.

Fortunately many mental health organizations on local and national levels have promoted the use of person-first language. Person-first language is respectful to those who courageously meet the challenges of mental disorders on a daily basis. Simply put, person-first language recognizes and affirms the personhood of those who experience the challenge of mental illnesses. Such language is in contrast to identifying a person by a diagnosis.

Now you may be asking why our use of language is important. Am I just splitting hairs here and trying to be politically correct? Each of us tires at times of the current trend to putting “spin” on information by making up new word usage that glosses over the harshness of meaning and intent.

Here, however, the intentional change in language has a larger

purpose. It cuts to the core of one of the major challenges of living with bipolar disorder—that of recapturing and maintaining one’s self esteem in the context of experiencing an illness that can so easily destroy our sense of identity and self worth.

In addition, our use of language not only affects the way we view ourselves, but the way others see us. It is not complimentary to us when society identifies us by our diagnosis instead of by our personal value. When we identify ourselves as being the disorder that has come into our lives, we reinforce negative societal stereotypes of individuals with mental illnesses.

Society speaks of “the mentally ill” but we need to teach our society that we are first people with talents, abilities, dreams and personalities. We happen to have bipolar disorder. We can make room in our lives to manage bipolar disorder. We can also begin to change our culture so that we are no longer excluded from society.

One step of this process is to begin using respectful language that recognizes the person first, not the disorder with which the person is challenged. A next step is to teach others to use respectful language.

So how do we begin? First, work on your own use of language. If you are in the habit of identifying yourself as “being bipolar” or as “a bipolar”, make a list of positive attributes that describe you as a person. If you

have difficulty doing this, ask someone to help you, perhaps your therapist or a trusted family member or friend. (If you are a family member who is used to referring to your child or parent or relative as “a bipolar”, make a list of that person’s attributes.)

Next, use these attributes in sentences that you repeat to yourself. Here are some examples:

- I am a devoted parent (who happens to have bipolar disorder).
- I have a very good sense of humor. (I also have bipolar disorder.)
- My interests are sports, music and science. (I have bipolar disorder.)

Do you see how you are defining yourself by your qualities and interests rather than as being the disorder you experience? The words in parenthesis don’t really need to be included.

A next step to take is to introduce yourself well. It is amazing how many of us will offer first the information that, “I’m bipolar,” to describe ourselves. Espe-

cially for those of us who have become disabled, introductions can be difficult because initial introductions and conversations so often revolve around what we do for a living.

Try phrases like these:

- “Among my accomplishments are that I was the director of a human resources department. Currently I am a volunteer at the art museum.”
- My training and experience are in engineering. Currently I am active in my community as a mental health advocate.”

Finally, try using person-first language for three months when referring to yourself and to the challenges of bipolar disorder. In doing so you will affirm that managing bipolar disorder is a significant challenge in your life rather than making that challenge your defining characteristic.

***For more about recovery and bipolar, return to the homepage at [www.beyondbipolar.com](http://www.beyondbipolar.com).***

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### **Website Resources**

American Psychiatric Association, [www.psych.org](http://www.psych.org)

American Psychological Association, [www.apa.org](http://www.apa.org)

Child and Adolescent Bipolar Foundation, [www.cabf.org](http://www.cabf.org)

International Society for Bipolar Disorders, [www.isbd.org](http://www.isbd.org)

National Alliance for the Mentally Ill, [www.nami.org](http://www.nami.org)

Depression and Bipolar Support, Alliance [www.dbsalliance.org](http://www.dbsalliance.org)

Stanley Medical Research Institute, [www.stanleyresearch.org](http://www.stanleyresearch.org)