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Lost for words

COLLIER-SEWELL, Freya

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Lost for Words

Language is an essential means of communicating. Our choice of language expresses something of how we interpret the world. It points to inner thoughts, attitudes and beliefs. Giving form to these thoughts further reinforces them – words make the abstract concrete. It is important then to attend to language use and its consequences. Yet how often do we stop to consider the language we use as mental health nurses, its effect on our practice and therapeutic relationships? And who can blame us for not doing so – the system leaves little room for critical thinking of this kind.

Psychiatry is a way of interpreting the human condition. Its unique language of mental illness, disorder and symptomatology lends unfamiliar names to emotional, psychological and life experiences. The language is categorical. It assists society to demarcate the boundaries of "normality" – what is and is not acceptable; who does and does not require intervention. Its technical terminology convinces us of its own necessity. Psychiatry appears to have found words for phenomenon beyond the grasp of common speech. In providing order, inter-professional shorthand and apparent scientific rigour, psychiatric discourse has come to dominate mental health services and, by extension, mental health nursing. A socially accepted way of viewing reality, it is easy to lose sight of just that – psychiatry is a way of seeing, not an objective truth.

Nursing is about therapeutic connectedness between human beings. It requires us to work relationally and invite people into dialogue. What does it mean then to speak with or describe people in language that is elite rather than shared? There are very real ethical implications. Power imbalance is created between those who speak psychiatry and those who do not. The people to whom what is said matters most are translated in professional terms causing their interpretation, their language, to be devalued or disregarded. The nuances and uniqueness of individuals' experiences are lost. We assert professional insight when, at best, we are offering only another perspective or interpretation that may or may not hold value.

As part of the human community, we all have potential to experience mental health difficulties. However, when one person's distress is pathologised it becomes "other". Social distance is created between their suffering and our own, we no longer relate in the same way. Diagnoses change the words we use to describe similar experiences. People can never simply "have a bad day" when seen through the lens of psychiatry. Notably, many legitimised terms heard in mental health practice are pejorative, "manipulative", "entitled" and "inappropriate" being familiar examples. Arguably, through choice of language people are stigmatised by the very services mandated to empower them.

Language is not inconsequential. As new generations of mental health nurses emerge there is opportunity to engage critically in the field's use of language – to consider mindfully how it shapes practice and imposes dynamics on the relationships we offer. To date, contemporary research in this area is partial and fragmented. More focused research is needed.