



Words We Use Have Impact — BLOG POST

By nicespeechlady.com / March 13, 2022

As communication clinicians — I would purport that many would consider that the headline of this blog “goes without saying.”

Yet, here we are — words do impact us in the positive, or not. And, I would like to unpeel the layers of this onion.

Effective uses of terms make a world of difference in our environment of terms and meanings. What we say shifts the dynamic of interactions. What we say leads to what others process, what others believe — as well as what we believe, and what we process. There are hidden messages in the terms we employ — and we may not even be aware of it.

- Recently, the term “wheelchair-bound” and “bed-bound” have come across my desk, and in the written/video materials I absorb online. As advocates for people with disabilities, it is important for us to speak up and relay that there are more descriptive terms that employ the respect that is due. I do not believe the general public or even providers mean to be offensive when they use these terms — it is prevalent in our medical and mainstream culture — and, different and beneficial ways to describe these circumstances could be:

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- “people who currently primarily use a wheelchair for mobility”;
- “user of a wheelchair”;
- “individuals who utilize a bed as the primary use of adaptive equipment for sitting”;
- “person who has access to a wheelchair”;
- “person who primarily benefits from utilizing a bed for sitting up”
- and, more options.

I acknowledge these terms may not be as “punchy” and concise as the other terms. And, using words that more so fit the specific patient we are describing would be increasingly helpful in our documentation and the verbal words we use to describe someone — rather than a universal label. Wouldn’t you want individualized words from a provider to describe your condition rather than a phrase whose meaning focuses on confinement rather than abilities and access? I don’t believe those who use these terms are intentionally being



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offensive (we use the terms we were taught) – and, it benefits us and patients alike for us to move into leveling-up; we benefit from evolving. These terms are unfortunately outdated and we would benefit as a healthcare industry and as a people for these word choices to be revised. It's time.

- Also prevalent in health care and in our general culture is judgment-based language. It is common in our culture. Until I become aware of terms that are primarily “judgmental” vs. “non-judgmental” and the full ramifications of judgment words, I didn’t realize what I was unknowingly communicating in my language choices. Unfortunately, if we do not use mindfulness in this area, we can unintentionally affect someone in ways we did not expect in an interaction. And many people in this world have a history of traumas, hurts and hang-ups, and we do not ever fully know the history and load someone else is carrying. Also, terms we choose impact how we frame the situation, so using non-judgmental words will benefit us as speakers and documentation-makers, too.

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- For judgment words, think about a judge on a bench, in a courtroom. It benefits us to reserve the judgment words for those with a gavel – the words they utilize describe outcomes that are positive and negative. Yes, some judgments that come out of a courtroom can be positive, and some judgments that come out of a courtroom can be negative. If we can focus on not using these terms, it will be helpful to us, and our listeners. Judgmental terms (what I would suggest we avoid) include:
 - “should”
 - “need to”
 - “have to”
 - “better”
 - “bad”
 - “good”
 - “right”
 - “wrong”
 - “wonderful”
 - “all”
 - “nothing”
 - “disgusting”
 - “lovely”
 - “don’t”
 - “terrible”
 - “worst”
 - “great”
 - “incorrect”
 - “waste of time”



- “crazy”
- “stupid”
- “supposed to”
- “not enough”
- “useless”
- “unfair”
- “always”
- “never”
- “important”
- “fail”
- “favorite”
- “doesn’t make sense”
- “must”
- “but”

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- On the flip side, there are specific terms that serve us more effectively as clinicians – and, also as parents, daughters, husbands, wives, sisters, brothers, friends, sons, other family members, loved ones and caregivers, etc. These terms lay the foundation for fertile ground for communication. They include:
 - “effective” vs. “not effective”
 - “beneficial” vs. “not beneficial”
 - “helpful” vs “not helpful”
 - “efficient” vs. “not efficient”
 - “indicated” vs. “not indicated”
 - “makes me feel comfortable” vs. “it doesn’t make me feel comfortable, at this time”
 - “willing” vs. “not having the willingness, at this time”
 - “differences”
 - “some”
 - “could”
 - “may”
 - “and”

It takes quite a mind-shift to code-switch in this manner, on a permanent basis, and there will be slip-ups, and self-corrections. And, attempts at using “non-judgmental” words have a very likely chance of paying off for us in relationships, at the work place (and elsewhere).

- I had a person who is to me in a significant relationship role in my life use a phrase that was engrained in my mind, all growing up. This phrase became something I benefitted from intentionally dispelling – because it was a barrier in my personal/life recovery. I would first like to say that the words we say can



be seeds that have the potential to be planted in someone's heart, helpful or not helpful. People, especially when they are in an impressionable age or vulnerable situation – may take what we say to heart, so it is important what we say. Please keep in mind that once we speak the language we utilize – once it is articulated and voice into the air – we do not have control over how those words take root in someone's heart and mind, and how those words evolve and grow into myths and beliefs and agreements that they make within themselves. I am not saying all that we communicate does this – and, what we do say does have this potential. That being said – the phrase I heard over and over in my past was: "People don't change. People never change." I want that to sink in for a moment. The message of that comment is that people who may have struggles or problems or barriers of some type cannot rise above their situations, even with help. The message of that comment is that there is no hope for a tomorrow for people who struggle with a condition or hurt. The message of that comment is "why even try to get better" – "you are just wasting your time." So, imagine how I felt when I came to a place in my personal recovery of where I wanted to grow, learn and find a different path than what I was exposed to in my life; I had a deep desire to change what was chaining me down. Not only did I have that mountain to climb, and – I had a significant wall to break through before even getting to that mountain – of needing to open my mind to believing in myself that I had the potential to change – which made my journey that much more challenging. Moral of the story: even before a trial or struggle comes – we can choose words that uplift and encourage people in their path. Instead of knocking it to the floor, we can be the one that points someone to a flashlight as they find their way in the dark, no matter the situation.

- "Don't try; do." We say it all of the time in our language: "I am going to try to get to that today." Or, "I will try to do that." Instead, it helps us in our own journeys if we commit or prioritize for later the things we plan to do. Making commitments rather than "trying" is helpful. So, recently, I have worked on omitting "try" from my vocabulary – and instead have made commitments for the day. If I am not sure if it is an action I am able to fulfill, I place it on my "to do" list for later, and relay that. This allows others to know that my "yeses" are "yeses" and my "nos" are "nos." And, I do not have to feel let down or defeated when I am not able to accomplish something that I set out to "try." You see, with "trying," we allow a back-door option/excuse if we are not able to follow-through. It is beneficial, as Yoda said: "There is no try; there is only do."
- Person-first language is a concept that has been around for some time. And, I feel there is a mindset would be more affirming as an alternative: patient-choice language. For example, in the case of options for describing a person who utilizes a wheelchair for ambulation primarily (above)– how much more effective would it be as clinicians to simply ask patients how they would like to be described?



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Asking the individual what term they would prefer to have utilized, for any situation, has several benefits:

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 - 2. It is respectful to their preferences;
 - 3. It contributes to the culture of patient-centered care.

Also – it recognizes that their current description is not a “cookie-cutter” term. It is their experience; it is truly what they live – day in and day out, so why cannot we take a moment to describe it in terms that make sense to them?

I was recently at a new provider’s office and I cannot tell you how affirming and high-quality I would have considered the care to have been if the provider would have asked: “Please describe for me how you view your condition, how you would want to describe it – with all of the factors involved?” That would have given me a chance to acknowledge all of the work I had done up to that point, the journey of the ups and downs and recognize the abilities that have come out of treatment to this place of current functioning. Many people we come into contact with have a story, and this will allow us to understand their perspective, which is significant for all of us.

So, in conclusion – these are some of my thoughts on how words affect us. I hope this is something that is helpful for you to think about and ponder upon. I know that I always want to grow and improve in my delivery of services, and grow in my relationships and connections in my personal life. For how we connect with patients, it is about updating our practice and care, right?

Updating our language also updates something else: the spirits and dignity of those we serve.



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