The Power of Language to Create Culture

Why Language

Language shapes our reality

Words are catalysts setting off sparks of potential meaning that the listener organizes into more specific meanings by observing facial expressions, body language and other cues. We then employ prior experience and the storehouse of narratives that each of us carries (mental models). To every exchange we bring unconscious scripts and as any sentence unspools we readjust the mental model to make better sense of what we are hearing. The New Yorker 7/23/12

Carmen Bowman, 303-981-7228
carmen@edu-catering.com
Edu-Catering: Catering Education for Compliance and Culture Change

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Carmen Bowman, 303-981-7228
carmen@edu-catering.com

-aged-

wine
cheese
meat
person

An integral part of any culture is the language used to communicate.

“Institution-speak”

Baby-talk
Accommodative speech
Declinist language

Carmen Bowman, 303-981-7228
carmen@edu-catering.com
Person First Language

- “Label Jars, not People”
- Office of Mental Retardation and Developmental Disabilities
  → New York State Office for People with Developmental Disabilities
- Kathie Snow,
  www.disabilityisnatural.com

Person First Language

- People with disability diagnoses are people, first. The only label they need are their names!
- People First Language puts the person before the disability, and it describes what a person has, not who a person is.
- Are you ‘myopic’ or are you a person who wears glasses? Diabetic or a person with diabetes?

Person First Language

People are not a Disease Causing a Problem
- Blind
- Retarded
- Paraplegic

People are Human Beings with Needs who require assistance
- Someone who is visually challenged
- Someone who is mentally challenged
- Someone who has paraplegia
Narratives

- The personal narrative *who we are*
- The social narrative *how we are viewed by society*
- The illness narrative *when we have a disease or health problem*

Person-first preserves the person

- The person’s age (the social narrative) can also become the primary focus i.e. Pops or Granny instead of their correct name (personal narrative).
- Person-first language always preserves who the person is.

Institutions are unusual

- Dissatisfied customers are not free to take their business to a competitor
- People in nursing homes often are at a disadvantage when it comes to experiencing excellent customer service
Equality in language or not

- Customer friendly conversation signals equality and invites openness between conversants.
- In most institutions, however, the staff person initiates a conversation that signals his/her needs, and not the resident's.
- When persons are addressed primarily about tasks, not relationships.
- A staff member who is standing over a seated person when talking.

What is being communicated?

- When a staff member knocks on the door, saying “Hi, can I come in?” while walking in before being granted permission to enter (this communicates that the staff member considers the question to be an announcement, not a choice; it says “I want to talk to you now and that’s all that matters”)

Honor or destroy dignity

Language is uniquely able to honor or destroy the dignity of the listener merely by how the speaker addresses or does not address (speaks over) him/her:

- Person: Nurse, I don’t like this food. Can I have something else?
- Nurse: Honey, that’s what we have. Your doctor said you have to eat this, and anyway, the kitchen is closed.
Unequal communication

- Person: I have to go to the bathroom.
  Aide: I just took you. Just wet the bed and I’ll clean it up later. (Aside to another employee: Remind me to clean up Room 320 later.)

More unequal communication

- Scenario: Each of three people are in a semi-reclined position fed by a staff member. Each is facing up at a bright, translucent skylight, while the employees talk only to each other and spoon mouthful after mouthful of pureed food into the elders’ mouths.

Language & the maintenance of “self”

- The “I” (continuity) and the “me” (discontinuity)
- Self-concept takes a lifetime to develop and can easily be undermined by the many issues that can come with dependency in old age.
- People shouldn’t have to worry whether those people who they can depend on can be dependable
- That is too high a price to pay for care
- Ageist language undermines trust and the experience of dependability
Struggle over “self”

- Self narrative subordinated to ability narrative
- Unsettling emotions may ensue
- The older person is at risk of confirming the negative view of himself if he responds without protesting this way of speaking to him.
- Stereotype Threat: another level of burden

“Stereotype threat” (Claude Steele)

- When we are “in a situation where a bad stereotype of our identities could be applied to us, such as being old, poor, rich, female – and we know it.
- One must multitask, that is divide mental energy and focus between task demands and defending themselves, i.e. dealing with the threat posed by how to cope with the stereotype.

White men can’t jump

White men can’t jump
Dueling stereotype threat

- Staff can experience stereotype threat:
  - If elders use language that indicates the employee is seen as uneducated, subservient, of low status or ignorant because of their job status, race, ethnicity, gender or age.
  - Dueling threat: both parties multitask causing neither to be fully present or at their best

Priming at work (Bargh, et.al.)

- Two groups of college students got two lists of words to put into sentences
  - Group 1- Florida, ancient, bingo, ancient, retired, lonely, wrinkle.
  - Group 2- thirsty, clean, private and other neutral words
  - Both groups timed walking out

Results:

- Group 1 (age related words) walked out more slowly than Group 2 did
- Group 1 did not report any notice of the priming words; denied it had any effect on them when told about the words
- Said it wouldn’t have mattered
- Does this happen with older people?
Affects of negative and positive stereotypes – “priming”
- Older people who had read an article claiming that age impairs memory did worse on a memory test than did a matched group who read an article claiming that age had little effect on memory (Hess, et al)
- *wise, alert, sage and learned = ↑ memory*
- *decline, senile, decrepit, dementia and confused = ↓ memory*

Multi-tasking
- Negative primes (eg. Institution-speak) trigger stereotype threat and initiate multi-tasking
- Personal adequacy may be undermined by the additional mental work resulting from the negative prime
- “I want to test your memory, OK?”

Stereotype often confirmed
- “Are we ready for our bath?”
- Multi-tasks to decipher appropriate response
- At the same time dealing with anxiety/discomfort that arises when infantilized, damaging self-esteem
- Hard to answer as rapidly as might be capable
- Thus acts in a way that confirms the stereotyped view that he/she is mentally limited, like a demented old person or infant.
Identity Contingency

- Things you have to deal with in a situation because of the identity you have to get what you need
- Ex: Stereotyping; priming language like labels
- Labels are primes. They are statements of categorical membership that "structure how we relate to other people" (Lakoff)

Words shape internal image of ourselves

She's a screamer!

He's a pooper!
The Language of Time

- Having to wait for everything
- Time communicates status simply by how long a person is kept waiting
- Does time, the silent language, broadcast the message of how we really view elders?

Dignifying our Language

- Diaper → word the person prefers/uses
- Patient → resident → person, neighbor, community member, individual
- Elderly → senior, older adults → people
- Hoarder, wanderer → person’s name, describe
- The quad, the Alzheimer’s, the CVA → avoid
- The “get ups,” the “put downs” → avoid
- The Alzheimer’s resident/patient, Memory Care → avoid, know the person first

Dignifying our Language

- Admitted, placed, put → “We helped Mom move to a nursing home,” new neighbor moved in
- Discharge, discharged → moving, moved, relocated
- Elope, escape → left the building
- Expired → died
- Staff → team members, care partners, colleague, associate
- Industry → field, profession
- Homelike → true home, feel at home, home
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**Toilet** — *use the bathroom*

**Garden**

Day room, activities room — *community room, family room, living room*

**Dignifying our Language**

- Wing, unit — *neighborhood unless living in a household or a house*
- Lobby, common area — *living room, parlor, den*
- Nursing assistants — *resident assistants, companions, eldercare specialists, household/neighbor/elder assistants*
- Front line workers — *direct care givers, care givers, hands-on staff, team members*
- Work the floor — *assist residents, say what they do e.g. pass medications*
Dignifying our Language

- Facility, “X bed facility” → home, community
- Census or occupancy → 100 people live here today, 110 could live here
- Beds → bedrooms, refer to the people living there
- Industry → field, profession
- Allow, let → encourage, welcome, support
- Long term care → nursing home living, long term living, supportive living, community living, continuing care

Living life, real life

- Pet therapy or enjoying animals?
- Art therapy or being creative?
- Walking or ambulation therapy?
- Therapeutic activities, recreation therapy, activity programming, maybe even activities → community life, living life, engagement, a meaningful day, vibrant living, “what are you going to do today?”

Look at the word “therapy,” for instance. Why does everything have to be therapy once you live in a nursing home? If I liked to paint before I moved into the nursing home and I paint now that I’m there, why is my hobby now “art therapy?” I mean no insult to the wonderful folks who call themselves therapists and their work, their special training, or their skills. In fact, I’m a massage therapist myself. But in this context, “therapy” is another of those separating words.

Karen Schoeneman, MayDay article
Putting the label ‘therapy’ on normal activity has become a tradition in nursing homes and other health care settings in order to establish the ‘professionalism’ of those who do it. This is a case of ‘scientism’ (Postman, 1993), a language trend toward elevating status of an action by appropriating medical terminology. People do things that are ‘therapeutic’ all the time without therapists around because we feel better when we do them. When you go for a walk, for example, is that physical therapy or just exercise? Doing something you enjoy should not take on a stigma of having something wrong with you and that’s why you do it. How about going to the store as “retail therapy”?

Dr. Judah Ronch, Psychologist
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Dignifying our Language

- Activity/recreation therapy director → community life coordinator/developer, life wellness coordinator, life enrichment coordinator, community development guide/advocate
- Activity calendar → community calendar, social calendar
- Refuse → decline, not interested, choosing

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Everything that is therapeutic is not therapy

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Dignifying our Language

- “Non-compliant,” AMA → a person making their own choices
- Difficult resident/combative → avoid, explain
- Physician order → recommendation/prescription
- Behaviors, belligerent, difficult, behavior problems/symptoms → reactions, unmet needs, coping, communication
- “Behaviors are not problems, behaviors are messages.” Rose Marie Fagan
- Difficult family member → a care partner who cares

Dignifying our Language

- Care plan → Life Plan, Living Plan, is it a plan?, All About Me, My Care Plan, My Goals, My Day, Growth Plan
- Problems → needs, challenges, preferences
- Interventions → what I need from you, support needed, assistance needed

“Feeder”

- CMS Tag F241 Dignity
- The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident’s dignity and respect in full recognition of his or her individuality.
- Since 2009: avoiding labels such as feeders
- Dependent diner? No, why?
The Power of Language

Language → Practice

“Clothing protectors” → bibs → bigger than a word or language issue only, a dignity issue, “Would you care for a linen napkin so you can keep your shirt clean?”

What if our words were whispered back to us?

- “Oh Joseph what makes you the miracle you are?” He looked at me and said back to me, “What makes you the miracle you are?”
- I thought about how it felt hearing my own words repeated back, and I thought, “If every word I spoke were echoed back to me, would I feel celebrated, or just tolerated?”
- ...Words can be a tool of torture or an instrument of inspiration. The words we choose can determine if a situation will be escalated or de-escalated and if a person will be humanized or de-humanized. Sarah Rowan
Effort to change language

- “It often takes serious effort to change habits of speech” Eheart and Power (2009)
- Changing language is awkward at first, you must push through the awkwardness to make a new norm.
- Let’s use the power of language to create the culture we all want to live and work in.

Knowledge to learn new language

Learning the new language requires three kinds of knowledge:
1. know that - facts/information
2. know why - motivations and beliefs; research
3. know how - the new words/concepts/language are spoken

Small Group Exercise

1. What are some of the challenges/barriers you anticipate in your healthcare community to changing language?
2. What are some simple opportunities that would allow you to begin to immediately change language?
3. What additional resources might be helpful to you?
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Language Resources
- Word of the Week, Joan Devine [www.lss.org](http://www.lss.org)
- What are Old People For? How Elders will Change the World, William Thomas
- Creating a New Language for the Eden Alternative Journey, [www.edenalt.com](http://www.edenalt.com)
- The Power of Language to Create Culture funded by Rothschild Foundation available at [www.pioneernetwork.net](http://www.pioneernetwork.net)
- The Case for Change, The Power of Language to Create Culture chapter, to be published soon

Archived show from February 15, 2013
The Power of Language to Create Culture
- Guest: Judah Ronch, PhD, Dean and Professor Erickson School of Aging, Creating Home II expert speaker, Clinical Dining Standards Task Force Member

WHAT LANGUAGE WILL YOU CREATE?

Carmen Bowman, 303-981-7228
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