

The Language of Mental Illnesses, Brain Disorders and Disabilities

The Importance of Words

“So, I am thinking about how to talk about my....well....my, you know, my mental illness. I mean, my brain disorder. I mean, my disability. Well, I don’t know how to describe what it is.”

Words do matter and how we talk about what we experience is important. It may be that through the years a person’s symptoms have led to a diagnosis, one that is listed in the DSM IV. When that becomes clear or clearer enough, there are ways for these symptoms to be treated usually by a combination of medications and psych-social-rehab programs. The major “mental illnesses” listed by the National Alliance on Mental Illness are major depression, schizophrenia, schizoaffective disorder, bipolar disorder, autism spectrum disorders, obsessive-compulsive disorder, panic and anxiety disorders, and borderline personality disorder.

One of the lively conversations today is around how to talk about these illnesses. “Mental Illness is an illness like any other” is a phrase we have heard. However, that does underestimate the way that most illnesses can be determined. Diabetes or cancer or heart disease are measurable, based on biological data. “Mental” illnesses are not yet in that category. We go on symptoms, as mentioned above, and we don’t have a brain scan at this time to indicate why these symptoms occur. While treatable, the causes of mental illnesses are not completely known.

Still, there are many who say that mental illnesses are physical disabilities. They are biologically based and arise in some way from the brain. Therefore, we use the medical model of treatment. “Here are the medications to try in order to alleviate the ‘illness.’” This understanding has at least one enormous benefit. It may reduce the stigma that is present around “mental illness.” We can say that what has been known as “mental” illnesses can now be called “brain disorders.” It sounds less stigmatizing, removes the burdens of blame for what causes these symptoms, and can empower those who are living with the shadow of self-recrimination to speak and act more openly in society. Living into that reality, however, still does leave some more work to be done. There are people who find the word “disorder” as too clinical and medical. This is where the use of the word “disability” comes into play.

The UN Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities, December 2006, stated, “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” So is a mental illness or a brain disorder a disability? And just what does “equal basis” mean? I can’t compete on an equal basis with people who do an Ironman race. Does that mean that I am disabled? Who are we talking about as the “model” or basis of describing who is able and who is dis-abled? If I am able to do what “most” people are able to do, but that is because of the medication that I am taking, does that exclude me from being on the “equal basis” with others?

Language can be tricky. It can elucidate things or muddy things. So what can we do? Keep on keeping on working on language seeking to describe how things are. It will not be perfect since someone will always come up with an “on the other hand” perspective on what you are seeking to make general and universal. Perhaps the best thing is to talk with the person who is affected by a “mental illness” or a “brain disorder” or a “disability” to see how they see it themselves. This is all about relationships anyway. Connecting with someone who is affected by mental illness/brain disorder/disability may reveal something new and fresh in our own understanding and therefore lessen our perplexity and confusion about our use of language.

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