



# CREATING CHANGE THROUGH EFFECTIVE COMMUNICATION

Revolutionary Common Sense by Kathie Snow, [www.disabilityisnatural.com](http://www.disabilityisnatural.com)

Many of the problems of the world could probably be solved if we communicated more accurately. Think about it: difficulties between nations, employers and employees, teachers and students, husbands and wives, parents and children—as well as problems between people in a variety of situations—are often the result of miscommunication.

When we speak, do we mean what we say? Do we say what we mean? Do we really know what we're talking about or are we passing on what we've heard—which might be gossip, rumor, or innuendo? As listeners, do we really hear what was said? Do we listen with an open mind, are we able to differentiate opinion from fact, or is the message distorted by our feelings and biases?

When we think specifically about people with disabilities and family members, effective communication can resolve thorny issues and ensure people live the lives they want. At the same time, miscommunication has the potential to wreak havoc, crush hopes and dreams, and ruin lives. Consider the harm that is frequently (and unintentionally) inflicted by physicians when they diagnose a disability in a baby or a very young child. The doctor's prognosis about a child's future has the power to devastate parents and strip them of all hope and joy. This hopelessness may be inadvertently transmitted to the child, who must then try to cope with a lifelong belief that he's "not okay" in one form or another and/or not loved by his parents just the way he is. But does the physician really know what's possible for that particular child? Does he really know what he's talking about?

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Similar situations may exist when parents are presented with expert advice by professionals in the early intervention, early childhood, special ed, and vocational-rehabilitation fields. Ditto for adults with disabilities when they're receiving "special services." In general, it seems our communication primarily revolves around a person's "problems" and the so-called "remedies." These experiences may thrust individuals with disabilities and their families onto the never-ending merry-go-round of treatments, interventions, or services, which may, in turn, lead to social isolation, dependence, loss of autonomy, and more.

Miscommunication has many forms and it can occur within the speaker, the listener, or both. Communication is a two-way street! And it seems miscommunication can be exacerbated by the "special languages" used by professionals. Personnel in the fields of medicine, education, and disability services all have their own form of jargon which is, essentially, the medical model vernacular of deficits/abnormalities. Instead of speaking "plain English," professionals use the jargon-laden "special" language with parents. Many mothers and fathers quickly adopt the new vocabulary in an effort to communicate with professionals on an equal footing. Then children, as they grow, acquire this foreign speech, and as adults with disabilities, many become accustomed to speaking about themselves in terms of their diagnoses, their perceived deficits, and more.

Disagreements between professionals and people with disabilities and/or family members about services or treatments are not uncommon. But we seldom

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wonder if the disagreements are generated not by actual differences in opinion, but by the *language* that is used. It's highly possible that the misuse of words contributes to conflicts and disagreements. Wouldn't life be better if we communicated more clearly?

Author Wendell Johnson (1906-1965) wrote extensively on thinking, language, and conflicts in two "old" and wonderful books, *Living with Change: The Semantics of Coping* and *People in Quandaries*. I found both via "used book" searches, but *People in Quandaries* is now being reprinted and is probably available from local or online bookstores.

One of the most helpful contributions of Johnson's body of work is his suggestion to ask three small—but vitally important—questions to improve communication and understanding. The three sequential questions are:

- “What do you mean?” (for clarity)
- “How do you know?” (for validity)
- “What then?” (to decide what to do next)

I've found Johnson's recommendation very valuable in improving relationships and conversations with my family, friends, business associates, and others. And his advice seems to have particular value in disability issues.

For example, what might happen if a parent asked the three questions above when a physician delivers his prognosis about a child diagnosed with a disability? Instead of a one-sided conversation in which the doctor holds all the cards and delivers a negative, dream-killing monologue, we might have a two-sided, equal interchange which can result in a variety of options, possibilities, and greater understanding—and even hope for a precious child's future!

Consider the possibilities if parents and people with disabilities asked these questions of other specialists in every arena of disability services. And what if *professionals asked these questions* of people with disabilities and family members? What if *they* took the initiative to ignite change? Yes, it's easier to keep doing what we've always done—change can be hard—but aren't the potential positive outcomes worth the effort?

Could Johnson's three questions—and the answers they generate—reduce misunderstanding and enhance clarity? Could they open up new ways of thinking and new possibilities for individuals with disabilities? And what if we taught our children to ask these questions, too?

In *Living with Change*, Johnson writes, “As [a person] becomes conscious . . . of language as a *self-stimulating mechanism* that affects what we call our thinking and feeling and attitudes . . . he sees that if he is going to think differently, feel differently, do anything differently, he must talk a different language. Because language is basic.” (Italics added.)

What if professionals and people with disabilities/family members jointly agreed to speak “basic English” (or one's native language) when meeting together, instead of using the “foreign language” of professionals? Could this help us communicate more clearly? What would it take for professionals to make a conscious and deliberate effort to use jargon-free language when speaking with people with disabilities and family members? What would it take for individuals with disabilities and family members to respectfully *ask* that “common language” be used?

It seems that until we use different language and improve our communication, there's little hope of moving beyond the status quo. *Are we willing to do what it takes to create positive change?*

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