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The Importance of Language in Diabetes

As is widely known, effective diabetes management requires a multidisciplinary approach including not only medical treatment but also psychological and social aspects. Within this context, one of the most powerful tools is the type of language used. The language employed, whether in articles, press, various media outlets, social networks, books, manuals, etc., can significantly influence how people with diabetes perceive their condition, their motivation to adhere to treatment, and ultimately, their quality of life. This article reflects on these aspects and provides some practical and simple recommendations to optimize communication in diabetes management.

LANGUAGE IS POWERFUL

Back in the 1930s, anthropologists and linguists Sapir and Whorf developed the theory of linguistic determinism, which later evolved into the theory of linguistic relativism, a concept much more widely accepted due to its greater scientific rigor. This theory of relativism asserts that the characteristics of our language can influence the way certain ideas are conceived or the attention given to certain nuances of a concept at the expense of others. In other words, language creates the reality of our thoughts; we think using a certain language, and this influences how we understand the world.

Our SELF is structured into three segments that constantly interact with one another, each influencing the other two:

1. Our thoughts, which are shaped by our language.

2. Our actions, the behaviors and activities we carry out.

3. Our emotions, the feelings we experience.

These three aspects are intimately connected. For instance: something we do influences how we feel and think, an emotion can influence what we do and think, and eventually, a thought can affect how we feel and what actions we take. Since thoughts are structured by language, it follows that our language influences what we do and how we feel. This applies to both our inner language (self-talk) and the language used by others in interactions with us (such as in the therapeutic relationship between health care providers and patients). The way we speak and think about diabetes has a significant impact on how the disease is managed, how we interact with those living with it, and ultimately, the patients' quality of life.

The first evidence of the importance of language in health emerged in the field of mental health and chronic diseases. Long-term studies have shown that the type of language used in therapeutic interactions and a person's environment can lead to stigma, misconceptions about the condition, inappropriate emotions, or even influence quality of life and the course of the disease, for better or worse. For example, Dr. A.J. Tomiyama and

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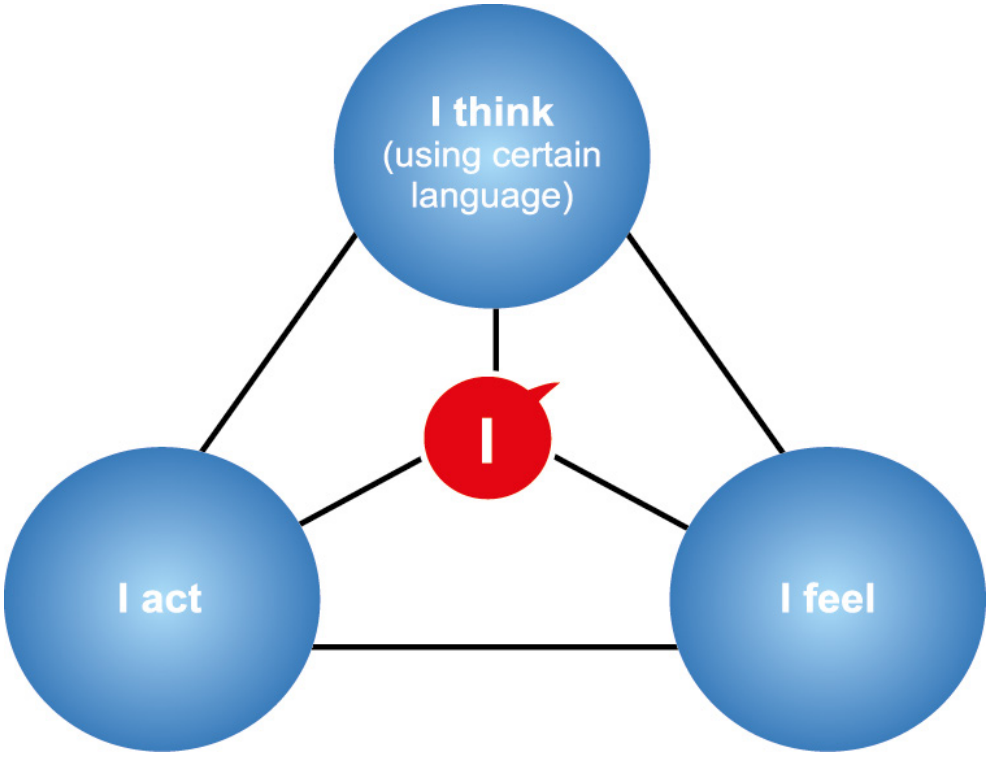
THE USE OF NEGATIVE OR STIGMATIZING TERMS CAN GENERATE FEELINGS OF GUILT AND SHAME, WHICH CAN AFFECT MENTAL HEALTH AND ADHERENCE TO TREATMENT



IN THE CONSULTATION, PHRASES SUCH AS "IF YOU DON'T TAKE CARE OF YOURSELF, WE'LL HAVE TO START INSULIN" PROMOTE A PERCEPTION OF FEAR AND REJECTION TOWARDS SUCH THERAPY, WHICH WILL SIGNIFICANTLY MANIFEST WHEN IT BECOMES NECESSARY, ENHANCING DENIAL AND DELAYING ITS INITIATION

» Dr. Rebecca M. Puhl have numerous publications based on studies spanning more than 20 years, focusing on individuals with obesity. Their research demonstrates that the type of language used when referring to the condition—especially in clinical, but also in personal and social contexts—affects its prognosis, the emotions of the individuals, and their quality of life.

LANGUAGE CREATES OUR/ONE'S "DIABETES WORLD"

Language not only reflects the world, it also creates it. For an individual, prior to the diagnosis of an illness, their *"Diabetes World"* often does not exist or is extremely limited, almost non-existent. Their knowledge or beliefs about the condition are minimal and often based on biased information. Upon diagnosis, their *"Diabetes World"* emerges, begins to form, and is shaped by what they receive from their medical team, close relationships, the media, and other sources. In other words, health care professionals create the *"Diabetes World"* for patients, and this is done through language. Depending on the type of language used, "their Diabetes World " will take one shape or another, evoke certain emotions, thoughts, and behaviors over others. Numerous studies have already shown how the way in which a diagnosis is communicated influences the future progression of the condition, for better or worse. Using appropriate language from the start can avoid generating excessive anxiety, low self-esteem, or diminished motivation for self-care. Employing language that facilitates empowerment based on the individual's strengths can enhance communication, motivation, satisfaction, and the well-being of people with diabetes.

In 2011, Jane Speight and Renza Scibilia created the **#LanguageMatters** initiative in Australia. In Spanish, this became **#LenguajeImportaDiabetes** (Francisco Javier Hurtado, 2022). Jane K. Dickinson's 2017 study, "The Experience of Diabetes-Related Language in Diabetes Care," marked a turning point in the field of diabetes-related language due to its conclusions, sample size, and the adoption of its recommendations by the American Diabetes Association (ADA). Dickinson conducted a five-question survey via social media in two groups with over 55,000 members: @DiabetesSocMed and www.tudiabetes.org.

The questions were:

1. What diabetes-related words have a negative impact on you?

2. How do you feel when you hear those words?

3. What specific experiences have you had with those words and diabetes?

4. If you could ask your health care team to stop using a word or words, which ones would they be?
5. How do you think your experience with diabetes would change if those words were no longer used?

SO, HOW SHOULD LANGUAGE IN DIABETES BE?

The following recommendations, along with a table of examples, are based on studies in therapeutic communication and Dickinson's work. They offer a good starting point for adjusting our language to a more appropriate style:

- Focus on person-centered language, where the disease is treated as a condition and not the defining aspect of the individual. A person with diabetes should understand that their condition is a part of their identity—important, but not the sole or primary aspect. Health care teams should use concepts and words that reinforce this perspective, emphasizing the individual as a whole rather than as a "walking diabetes case." This approach fosters better clinical outcomes and greater emotional well-being. Person-centered communication involves active listening, validating the patient's concerns, and adapting language to be understandable and relevant to each individual.

- Use stigma-free, neutral, unbiased, respectful language that is based on strengths, facts, actions, or physiology. Patients (and often parents or companions) frequently feel judged or blamed due to how health care professionals address them or assess certain situations. Diabetes is a complex condition influenced by countless factors, many of which are challenging to manage. Holding patients solely accountable for negative outcomes is neither accurate nor fair.

- Apply this language style to individuals and families with diabetes as well. »

» In the table below, we can see a list of common expressions, words, or phrases used in the context of diabetes. Alternatives are suggested, and the rationale for these observations is outlined in the final column.

NOT RECOMMENDED	SUGGESTED ALTERNATIVE	RATIONALE
Diabetic, diabetic patient, person with diabetes; "Are you diabetic?"; "Suffering from/afflicted by diabetes."	**"Person with diabetes,"** "Person living with diabetes," "Do you have diabetes?"	It is essential to prioritize the individual first and avoid labeling someone by their condition. The disease does not define or reduce a person's identity.
Non-diabetic, normal	**"Healthy person," "Person without diabetes," "Person who does not have diabetes."**	Using "normal" implies the opposite is "abnormal" or unhealthy. People with diabetes are not "abnormal."
Control, glycemic control, (Un)controlled; Well/poorly controlled; Controlled/uncontrolled diabetes	**"Management," "HbA1c levels," "Average glucose," "Blood glucose levels," "High/low glucose," "In/out of range."**	Absolute control of a complex condition like diabetes is nearly impossible due to many influencing factors. Framing it as "control" implies perfection, places full responsibility on the patient, and ignores broader variables at play.
Difficult patient, unmotivated patient; Adherent/non-adherent; Compliant/non-compliant	**"Patient/person with certain difficulties/needs."**	This alternative acknowledges challenges as temporary and suggests potential for improvement. Terms like adherence or compliance overly place responsibility on the patient and assume optimal outcomes only if instructions are perfectly followed.
"You should/shouldn't," "You have to," "You can't," "You must/must not."	**"You could try/consider," "Let's look at your options," "What might you decide/do?"**	This approach involves the patient in decision-making and moves away from a paternalistic model that dictates actions without considering individual values or needs.

Other examples

- Instead of saying, *"Pedro, I see that you've done part of what I recommended, but you're not checking your glucose after meals. You should have done it,"* it might be more appropriate to say: *"Pedro, I see that you've measured your glucose 2–3 times over the past week. Good job! For this week, could you also try checking your glucose after meals a couple of times?"*

- Similarly, rather than saying, *"Luisa, I see that your time in range has worsened. What have you been doing? You were doing so well at the last visit,"* a better approach might be: *"Luisa, I see that your TIR has changed. I understand how difficult it is to stay within the range. What do you think could be causing this? What do you think we can do to increase that percentage? Do you think it's possible? How can we support you?"*

From the Therapeutic Education Study Group:
Marisa, always in our hearts.

CONCLUSIONS

- The choice of language used in diabetes care is crucial—every word carries weight and importance.
- By carefully selecting our language, we can enhance satisfaction, well-being, and quality of life.
- We should assess whether our language is fostering an appropriate "Diabetes World"—one that is empathetic, collaborative, understanding, strength-based, and free from stigma, judgment, or blame.

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