Real language, real hope

Adapted by Caro Swanson, service user lead, from 'Recovery Language' by Otto Wahl

Language reflects our beliefs and the way we view people. We are often unaware of the impact that the words we choose can have on our own attitude as well as on those around us.

The way we speak to and about people is a window into what we are really thinking. Communication is a highly complex thing. The words we choose can convey the fact we truly value people – we believe in them – and we genuinely respect them. Or, the words we choose can make it clear we do not.

People who experience mental health and/or addiction problems can feel and be put down, discouraged, demoralized, and marginalized. People can either reinforce that with the language they choose or they can fight it.

None of us should be defined or limited by our challenges, labels or diagnoses, or by a single aspect of who we are. We are people first and foremost.

Consider this...

DO NOT portray successful people who experience mental health and/or addiction problems as super-humans or special. This carries the assumption it is rare for people who live with these problems to do great things. It is also patronising to those who make various achievements.

DO NOT sensationalise mental health and addiction experience. This means not using terms such as "afflicted with," "suffers from," "victim of," and so on. These terms create and convey a sense of helplessness and victimhood that negate the positive experiences, growth and powerful learning that experiencing these challenges offer people.

DO NOT describe people as their label or diagnosis. Say, for example, "person who experiences psychosis" rather than "schizophrenic." We are people NOT a set of symptoms or a disease. Schizophrenia is increasingly seen as a negative label that has been sensationalised and overused. A more generic "person who has experience of psychosis" or "alternate reality" is more acceptable.

DO emphasise abilities, not limitations. Terms that are patronising, "othering" (them, those people etc.) or condescending must be avoided.

- DO focus on what is strong instead of what is wrong.
- The most respectful way to refer to people is as people.
- Whenever possible, use the person's name.

There are times when other language has to be used, particularly when putting things into writing.

Conveying respect

Some options you can use that still convey respect are noted below.

When referring to a group of people

Think about what you're trying to say about the group – who is it you are defining?

Are you referring to people with experience of mental health or addiction problems?
- Individuals who experience mental health or addiction problems.
- People who experience mental health or addiction problems.

Are you referring to people who are using mental health services?
- Service users.
- People receiving mental health services.
- People being served by the mental health system.

Are you referring to people who are using your programme?
- The people in the programme.
- The individuals we serve.
- The people we work with.

When referring to an individual

Again, what is it you are trying to convey?

That someone experiences mental health and/or addiction problems?
- Ian is working on his recovery.
- Cathy experiences addiction issues.
- Manu has lived experience of mental health problems.
- Sione has experience of mental distress.

That someone receives services at your agency?
- Joshua receives services at our agency.
- Natalie is one of the people we serve.

That someone has a specific diagnosis?
- Alice experiences bipolar disorder.
- Nick experiences depression.

How about not using labels at all?

Samples of recovery language

The following are some of the terms we have traditionally used to describe people and/or their behaviours. These terms place judgment and blame on the individual and generalise their actions. It is more helpful to describe the specific situation a person is facing than to use generic and punitive clinical terms.

Worn out language	Language that promotes acceptance, respect and uniqueness	Comments
Max is mentally ill.	Max experiences mental health problems.	Avoid equating the person's identity with a diagnosis. Max is a person first and foremost, and he also happens to have lived experience of bipolar.
Max is schizophrenic.	Max experiences psychosis.	Very often there is no need to mention a diagnosis at all.
Max is a bipolar.	Max has been diagnosed with bipolar.	Avoid using the term 'mentally ill' or 'mental illness' as this limits the experience to a bio-medical perspective rather than the holistic encompassing experience it is.
Max is...	Max is a person who experiences...	Experience of mental health and/or addiction problems often include physical pain, spiritual crisis, loss of connectedness, emotional distress and loss of hope as part of the experience, these are not bio-medical only in nature.
		It is sometimes helpful to use the term "a person diagnosed with," because it shifts the responsibility for the diagnosis to the person making it, leaving the individual the freedom to accept it or not.
Alex is an addict.	Alex has been diagnosed as meeting the DSMV criteria for substance dependence (name the substance/s).	Always put the person first.
Alex is in denial.	Alex is in recovery (remission) from addiction (or dependency) to substance/s (name the substance or gambling).	Avoid defining the person as an addict or alcoholic. If they choose to name themselves – that's okay – it's not for others to use that language.
Alex is an alcoholic.		Avoid defining the person by their challenges.
Mark is normal/healthy.		Referring to people without diagnosis, mental health problems, addiction problems or disabilities as normal or healthy infers that people with these are not normal and not healthy.
Sarah is decompensating.	Sarah is having a rough time.	Describe what it looks like uniquely to that individual – that information is more useful than a generalisation.
	Sarah is currently experiencing...	Avoid sensationalising a setback into something huge.
Mathew is manipulative.	Mathew has developed strategies to get his needs met.	Take the blame out of the statement.
	It might be useful to Mathew to discover more effective ways of getting his needs met.	Recognise the person is trying to get a need met the best way they know how.
		Under most other lenses the ability to get your needs met is seen as success. Under the lens of mental health or addiction services this becomes a 'behavioural problem'.
Kyle is non-compliant.	Kyle is choosing not to...	Describe what it looks like uniquely to that individual – that information is more useful than a generalisation.
	Kyle would rather...	Does Kyle have the lead in developing any treatment or recovery plans the service initiates?
	Kyle is looking for other options.	

Worn out language	Language that promotes acceptance, respect and uniqueness	Comments
Megan is very compliant.	Megan is engaged in and working towards the aspirations she has set towards a self-determined life.	Being compliant means someone is doing what they were asked or told to do. The goal of recovery-oriented services is to help the person define what they want to do and work towards it together. Someone being compliant does not mean they are on the road to recovery, only that they are following directions.
Mary is resistant to treatment.	Mary chooses not to... Mary prefers not to... Mary is unsure about...	Describe what it looks like uniquely to that individual – that information is more useful than a generalisation. Remove the blame from the statement.
Anne is treatment resistant.	In partnership, Anne and the service are working towards finding the right strategies to best support her recovery.	Remove the blame from the statement. Describe what it looks like uniquely to that individual – that information is more useful than a generalisation. Never ever give up.
Allie is high functioning.	Allie has many strengths...	Describe what it looks like uniquely to that individual – that information is more useful. High functioning is a loaded term.
Jesse is low functioning.	Jesse experiences challenges in taking care of himself. Jesse experiences challenges in learning new things. Jesse is still early in his recovery journey.	Describe what it looks like uniquely to that individual – that information is more useful than a generalisation. Avoid defining the entire person negatively based on the fact that he (bravely) faces challenges in some areas.
Michael is dangerous.	Michael can become aggressive when he feels distressed and contained. Things that help are... Michael can sometimes strike out at people when he is hearing voices. Strategies to help him manage this are...	Describe what it looks like uniquely to that individual – that information is more useful than a generalisation. Remove the judgment from the statement. Avoid defining the person by the behaviour.
Harry is mentally ill chemically abusing (MICA).	Harry experiences co-existing mental health and substance use problems.	Put the person first. Avoid defining the person by their diagnosis and challenges.
Sam is unmotivated.	Sam is not in an environment that inspires him. Sam is working on finding his motivation. Sam has not yet found anything that sparks his motivation.	Describe what it looks like uniquely to that individual – that information is more useful than a generalisation. Avoid defining the person by the behaviour. Remove the blame from the statement.
Andy is manic.	Andy is experiencing mania currently. Andy hasn't slept in three days. Andy has not slept or eaten in three days and is really busy and energetic.	Describe what it looks like uniquely to that individual – that information is more useful than a generalisation. Avoid defining the person by the behaviour.

Worn out language	Language that promotes acceptance, respect and uniqueness	Comments
Kate is paranoid.	Kate is experiencing a lot of fear that appears to be unwarranted or heightened. Kate is worried that her neighbours want to hurt her.	Describe what it looks like uniquely to that individual – that information is more useful than a generalisation. Avoid defining the person by the behaviour.
Hailey is a cutter.	Hailey expresses emotional pain through hurting herself. Hailey hurts herself when she is upset.	Avoid defining the person by the behaviour. Recognise the reason behind the behaviour.
Jordan has a chronic/persistent mental illness.	Jordan has experienced depression for many years.	Avoid conveying a prognosis. It is difficult to accurately predict an individual's prognosis and it only impedes their progress to define them as someone who will not recover (or will not recover for a very long time). There is no need to address prognosis in describing a group of people or an individual.
Tom is very difficult.	Tom hasn't reached agreement about treatment, plans, diagnosis... I am finding it challenging to work with Tom.	Avoid making a judgment, which may be based on your dissatisfaction with the fact the person has not met your expectations (which may be different from what he wants for himself).
Manipulative Grandiose In denial Passive aggressive Self-defeating Oppositional Lacking insight	The person is trying to get their needs met, or has a perception different from the staff, or has an opinion of self not shared by others.	These labels are often the result of people's attempts to reclaim some shred of power while being treated in a system that often tries to control them. These are labels for strategies and perceptions we all have about ourselves, although possibly more subtle and effective. We all present information to achieve a desired result to some degree (manipulation), or have an inflated opinion of ourselves, or are unable to see or agree with something presented to us by another.