

10 Ways to Combat Discrimination with Compassionate Language

A picture may be worth a thousand words, but words also paint vivid pictures—pictures that can evoke truth, strength, and empathy or, alternatively, fear, anger, and judgment. Many individuals feel that language is not of much consequence, that concern about it is overblown by the overly sensitive or a product of zealous political correctness. However, language is a powerful tool that shapes perceptions. These perceptions inspire actions, and actions, in turn, can lead to fundamental changes in our world—changes that, we hope, are for the better.

The language we use to talk about mental health is especially important. It can have powerful consequences. While some may intentionally use unkind labels to describe individuals with mental health conditions, most people are just unaware that their language choices are harmful.

To promote better understanding of appropriate language for mental health and to combat discrimination against individuals living with these challenges, the Depression and Bipolar Support Alliance (DBSA) has created ten principles of compassionate language. Whether you are a peer, family member, co-worker, clinician, or member of the media, we encourage you to adopt them. By doing so, you help work against the stigma that so often surrounds mental health.

The choice of what picture you will paint with words is yours—we ask only that you consider altering your color palette.



Depression and Bipolar
Support Alliance

1. Defy Definitions

Merriam-Webster's Collegiate Dictionary defines illness as "a condition of being unhealthy in your body or mind, or a specific condition that prevents your body or mind from working normally, or a sickness or disease." Few dispute that mental health conditions evolve from, and contribute to, physical changes in body and brain chemistry, and as such could be considered illnesses in the same manner as physical health conditions. However, use of the term "mental illness" to describe mental health conditions or the words "mentally ill" to describe people living with mental health challenges are loaded with subtext. They imply a perpetual state of misery and abnormality—a perpetual state of illness. Most people who live with these conditions experience acute symptoms or abnormal behavior some but not the majority of the time. This is true even if their mental health condition is chronic—recurring throughout their lifetime. Language should reflect this truth: mental health conditions most often present only episodic challenges for people who live with them.

2. Choose Thoughtfully

Many negative phrases historically associated with mental health have become part of the common vernacular and are often used carelessly to describe a circumstance, characteristic, or person. "She's crazy." "What a nut job." "I'm feeling very bipolar about it." "That's just nuts/insane." "He's mental." "What a psycho."

Whenever a person's actions or circumstance seems abnormal, it may be tempting to use these expressions without thinking. But just because these expressions are commonplace doesn't mean they are harmless—all of them carry a negative association that is directly applied to the person being described as well as all people living with mental health conditions. If you refer to an individual with a mental health challenge as "crazy", "nuts", or "insane", you reinforce negative stereotypes that promote discrimination. And as a result, you've made it that much harder for people living with these challenges to speak up, seek treatment, and find support. After all, who wants to be considered one of "those" people?

"He committed suicide" is another common expression. Suicide is incomprehensible to people who have never contemplated it. They often view it as a conscious, willful choice to end one's life and therefore a deliberate choice to leave loved ones behind to suffer in the wake of that choice. However, many suicide survivors share that they believed they had no choice; that to end their pain, suicide was their only option and that those left behind would be much better off without the burden of their existence. While these beliefs are the trick of a mind in pain, for people contemplating suicide, they are very, very real.

The word "commit" is almost always used in conjunction with suicide. It is also used when a crime or murder takes place. The meaning of committing suicide, then, can be viewed as akin to committing both a crime and a murder—specifically, self-murder. "She killed herself" is a phrase even more closely aligned with the implication of murder. A more compassionate phrase is "she died by suicide", which eliminates the negative judgment that inherently accompanies the phrases "committed suicide" or "killed herself".

3. Avoid Distancing

Some language distances us from the people to whom we are referring. For example, using the pronouns them or those to refer to a group of people who have mental health conditions—or using generalized, broad categories such as "the mentally ill"—creates emotional separation which makes it harder to view individuals as real people. These words also make it easier to distance ourselves from their challenges and experiences. Using language that references people or individuals, instead of "them", "those", or "the mentally ill", reinforces their identity as important, fellow human beings.

4. Separate the Person from the Condition

Every person is multi-dimensional. Avoid reducing an individual to their condition: instead of saying "he is bipolar", say "he lives with bipolar disorder". A condition is only one facet of a person's life and very often is not as defining as other facets, such as being a father, professional, son, artist, or other roles. Similarly, identifying a person as the condition they live with blindly lumps that person into a broad category—as if their experience, personality, and expression of symptoms is the same as everyone else living with that condition. Symptoms and experiences of each disorder vary widely.

5. Don't Make Assumptions

“She suffers from mental illness” is a common phrase that paints a picture of a perpetual state of acute illness. While many people living with mental health conditions have suffered at various times in their lives, thankfully, for most, this is not constant. Rather, there are times when they experience acute symptoms and other times when they have few or none. Choose language that reflects this reality: use “she is an individual living with a mental health condition”, not “she suffers from a mental health condition”.

While more than twenty percent of Americans experience mental health challenges each year, only those under the care of mental health professionals can be called patients. Many may have been patients at one time but are no longer, and many more may never have been under the care of a mental health professional at all. If at all possible, it is most respectful to refer to individuals as people living with (or experiencing) depression, bipolar disorder, or mental health challenges rather than lumping them into the category of patients. However, if a person was a patient at a point in time, referring to them as such within that time—“my patient complained of extreme fatigue”—is acceptable. Note that referring to anyone as a mental patient is never appropriate.

6. Allow for Personal Choice

While DBSA encourages everyone, including our peers—others who have experienced mood disorders—to follow these compassionate language principles, we do not advocate villainizing people who do not. Some individuals may not realize the implications of their words; in that case thoughtful education is the best route. Others may passionately believe in the value of the wording “mental illness” because in the past mental health conditions were not considered real illnesses. While DBSA acknowledges the individual right to terminology of choice, we hope the day is not far off when more wellness-focused language is widely accepted. We must all take responsibility for how our actions and words shape self- and public perception but not at the expense of personal rights. Together we must find ways to lift each other up, and language can be a powerful tool to do so!

7. Accept Responsibility

As individuals and members of families, communities, workplaces, government, media and humankind, we each have a tremendous responsibility to use words wisely. They shape the way we see situations and people in ways that are profound and far-reaching. We hope you will join us in our work to eliminate the stigma and discrimination surrounding mental health conditions by choosing language that is accurate, respectful, and caring.



Special note for media on back.

The media hold particular sway over public imagination and perception. Because of this, they have a particular responsibility to use appropriate language and avoid inadvertent exploitation of people living with mental health conditions.

8. Avoid Sensationalizing

In a world where news is reduced to 30-second sound bites and 140 characters, capturing attention while crafting nuanced language that depicts truth is an enormous challenge. Many stories today emphasize the most shocking and tragic aspects of a situation, even if these are but small components. This is especially common in stories about people with mental health challenges. Headlines are often designed to shock and evoke fear, such as “Madman Strikes Again” or “Mental Patients Halfway House Moved near School.” Other, more subtle forms of sensationalized reporting are also commonplace, such as giving explicit details of a death by suicide; positioning a suicide as headline news; and attributing a person’s actions exclusively to their mental health challenges without providing context or acknowledging other contributing factors. These things all contribute to public misperception and fear of people with mental health conditions.

9. Portray People Realistically

While TV and movie portrayals of individuals living with mood disorders have become more commonplace and increasingly accurate, even the best portrayals can be problematic. Storylines can fall victim to showing a person only in an acute episode or in shock-value behavior that may not even exist as a mental health symptom or occurs only when a person is severely symptomatic. For most people, such severe symptoms do not occur often. Studios need to take great care in accurately representing the broad experience of people living with mental health conditions.

10. Don’t Assume Mental Health Is a Factor in Violent Crime

The rising number of mass shootings in our country pose particular challenges for the mental health community. More often than not, early reporting of these events either insinuates or states outright that the shooter has or most likely has a mental health condition when there is no or questionable substantiation. As a result, the misperception is created and perpetuated that people with mental health challenges are dangerous. In truth, they are significantly more likely to be victims of violence than perpetrators; only four percent of violent crimes are enacted by people with a mental health diagnosis. The Associated Press (AP) Guide describes a thoughtful approach to reporting this situation.

www.DBSAlliance.org/APMentalHealth

By former DBSA Executive Vice President, Cindy Specht



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The Depression and Bipolar Support Alliance (DBSA) is the leading peer-directed national organization focusing on the two most prevalent mental health conditions, depression and bipolar disorder. Through our extensive online and print resources and our nearly 650 support groups and over 250 chapters, DBSA reaches millions of people each year with in-person and online peer support; current, readily understandable information about depression and bipolar disorder; and empowering tools focused on an integrated approach to wellness.

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