

Language Matters When Writing About Mental Illness

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Responsible journalists use sensitive, respectful and neutral language which recognizes diversity and dignity. When writing about mental illness, however, they face a challenge.

Words which describe a set of medical conditions have other common usages. An indecisive coach may be called "schizophrenic," or the economy might be "depressed."

The rightful owners of these words are the persons who live with the illnesses. Secondary usages should be avoided; they are offensive, underscore social stigma, and undermine the efforts of doctors to treat these illnesses.

Good writers avoid obvious slurs like "crazies," or "psychos" to describe persons with a diagnosis of mental illness. But too often news articles contain words which demean, dehumanize and hurt.

The next two sentences are equal in sense and strength. "The schizophrenic man, Jim Smith, walked through the door." "The cancerous man, Jim Smith, walked through the door." You might get one printed. Your copy editor will catch the other and make an important change. See the dual standard?

Choosing the "right" words is complicated, especially when you're writing about people who haven't yet agreed how to define themselves.

The guidelines below are drawn from disability rights literature and interviews with persons who live with a diagnosis of mental illness.

Use "insane" very, very carefully. The word "insane" is a legal, not medical term, and should be employed only in that narrow context. Misused, your reader may read "insane person" and prejudge their law-abiding neighbor with bipolar disorder or their trusted college mentor with schizophrenia.

The AP Stylebook says: "Generally, statements accusing someone of being a criminal, an adulterer, insane or infected with a loathsome disease are considered 'capable of defamatory meaning.'"

Don't Assume a Link Between Mental Illness and Violence. Just because an act is violent and difficult to understand, it does not necessarily follow that the perpetrator "must have been crazy." Yes, some people with mental illness are violent. However, some people with no mental illness are also violent. Persons with mental illness are likelier to be victims than perpetrators, and are more likely to harm themselves than to harm others. Drug and alcohol use add to the risk.

Never use biased slang. Words such as “crazy” or “crazed,” “maniac,” “deranged,” “demented,” “lunatic,” “schizo,” and “psycho” are as offensive to persons who live with a diagnosis of mental illness, to their family and friends, as racial and ethnic slurs. These words are not clever or insightful; they are sloppy and imprecise, and cause hurt, shame and misunderstanding. They are hate speech, and should never be used to describe any person.

Use “People-First” language. The group Disability Is Natural says people-first language isn’t about political correctness; it’s about respect, accuracy and good manners. Putting the person first emphasizes individuals are more than their diagnoses or disabilities. We don’t call people with cancer “the cancerous.” Likewise, we should not call people with psychiatric disabilities “the mentally ill.”

- Instead of: mentally ill person OR the mentally ill, use “a person with a mental illness”
- Try: “My co-worker, who’s a computer whiz and married for ten years, also has a diagnosis of bipolar disorder.”

Use a paragraph, not a sentence. According to Oregon therapist Casadi Marino, LCSW, “Descriptive language and context are important and improvements over labels.”

- Instead of: Bob is a schizophrenic, use “Bob is a person with schizophrenia.”
- Try: “Bob’s experience includes hearing voices. He also sometimes has fears which make him reluctant to join groups of people.”

Ask. If you are interviewing someone whose experience with mental illness is central to the story, ask how he/she would like to be described.

- As a person with a mental illness?
- As an individual with a psychiatric disability?
- As a person diagnosed with a mental illness?

Is he/she comfortable being described as “struggling” with a mental illness? Does she prefer “consumer,” “survivor,” or “ex-patient?” Make sure to find out about the whole person, including goals, accomplishments, likes and dislikes. An individual living with a mental illness should never be reduced to a walking diagnosis.