YOUTH MOVE NATIONAL™
Peer Center
Issue Brief

Shifting from Pathologizing to Person-First Language

A key component in supporting young people is the use of intentional language and shifting from **pathologizing language** to **person-first, human experience language.** This can be an important step in affirming the youth in your life.

WHAT IS PATHOLOGIZING LANGUAGE?

Pathologizing language assumes that others are the way they are because they're "sick", and (by inference) makes the "sickness" seem like the most important thing about the person. This is also sometimes referred to as "deficit model thinking", as in a young person is broken and *thus* at a deficit, so the solution is simply to work harder to "fix" themselves, and any failure to do so, or not rise above, is than that young person's fault, and by extension, their choice to stay broken.

Non-human experience language dehumanizes people. Terms like "mentally ill," "schizophrenics," and "crazy" *(even words like "client")* put young people in boxes and take away from their humanity outside of prescribed labels or systemic terms. While young people may absolutely identify with psychiatric labels and medical/diagnostic language, in non-clinical roles it's not our place to put these labels on to others or use that language ourselves. Even clinicians could benefit from using more affirming, person-first language.

WHAT IS HUMAN EXPERIENCE LANGUAGE?

Human Experience Language is made up of two parts:

- **Person-first language**
  - Person-first language always puts the person first. It centers the idea that a young person is a whole person, separate from whatever labels (i.e. mentally ill, bipolar, patient, client, etc.) may have been placed on them.

Youth and young adults who have firsthand experience with psychiatric diagnosis and/or trauma deserve self-determined resources and supports.

This sentence IS considered person-first, because "youth and young adults" is separate from the parts of the sentence that refers to their specific experience.

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All clients are invited to participate in our upcoming self-care workshop.

This sentence is NOT considered person-first, because the word that refers to the specific people ('clients') is NOT separate from the word(s) that describe who those people are. Here, the word 'client' refers to specific people AND identifies them as people receiving mental health services all at the same time.

- **Everyday, non-clinical language**
  - This is regular, human experience language that we would typically use in our everyday lives, outside of clinical or system-specific language and terminology.

Using everyday, non-clinical language can support youth and young adults to understand their potential to move beyond the system by normalizing language (i.e. it can be difficult to imagine living beyond a system if you understand 'client' as a primary part of who you are); center their strengths and self-determined goals; and create opportunities for choices in how their lives and experiences are understood, and reclaim that opportunity to name and define them for themselves.

EXAMPLES OF SHIFTING TO EVERYDAY, NON-CLINICAL LANGUAGE:

Clinical/Pathologizing Language	Everyday, Non-Clinical Language
Low Functioning	There are a lot of barriers getting in x's way right now; x really struggles with _____ (be descriptive and specific!).
Bipolar	X experiences a lot of highs and lows that they say feel out of their control.
Suicidal Ideation	X is struggling with thoughts of ending their life; x is feeling really hopeless about life right now.

The key to most of these examples is explaining exactly what they are saying they're feeling or experiencing!

PUTTING PERSON-FIRST AND EVERYDAY NON-CLINICAL LANGUAGE TOGETHER - *HUMAN EXPERIENCE LANGUAGE*:

Clinical/Pathologizing Language	Human Experience Language
*"Most **clients** who participate in this program struggle with **non-compliance**."*	*"Most **people** who participate in this program seem to be in **disagreement with their treatment plan.**"*
*"**Schizophrenics** almost always experience **hallucinations and delusions**."*	*"**People** who have been diagnosed with schizophrenia often **hear voices or have beliefs that are considered unusual.**"*
*"This support group is for **consumers** with **suicidal ideation.**"*	*"This support group is for **youth and young adults** who are **personally experiencing suicidal thoughts and/or have attempted suicide.**"*

There may be specific occasions when it makes sense to refer to a young person's diagnoses/clinical language. These may include times when a young person has asked you to accompany them to a doctor's appointment, and you're supporting them with understanding information that the doctor is offering. However, the idea is to refer to these diagnoses without re-enforcing them (i.e. "X has been diagnosed (or labeled) with x")

This is very different from saying someone "is" or "has" a particular diagnosis. Saying someone has been diagnosed/labeled with something only refers to the fact that they went to a doctor and were diagnosed in that way, not attempting to say what the diagnosis means or making assumptions about it being true.

BETTER TERMS THAN "MENTAL ILLNESS" OR "MENTAL HEALTH CHALLENGES"

- Mental health experiences
- Experiences of emotional distress and/or trauma
- Trauma-informed ways of being/coping/understanding oneself and their relationships to themselves and others
- Life challenges/struggles
- Expressions of their body-mind that may be deemed confusing, too much, out of control, inappropriate, or scary.
- Firsthand lived experience(s) of navigating mental health/substance use services/systems
- The words that any young person you're supporting uses ***themselves*!**

PEER-DESIGNED AND LED GROUPS AND COLLECTIVES *(THAT CENTER HUMAN EXPERIENCE LANGUAGE):*

- The **Hearing Voices Network** : This international network is composed of individuals who hear voices or have other sensory experiences that are often labeled as psychotic. The network provides support groups that offer a safe space to discuss these experiences openly. The approach challenges traditional psychiatric models and promotes acceptance, helping individuals explore the meaning of their experiences in a non-judgmental environment.

- **Alternatives to Suicide support** groups: These groups focus on creating safe spaces where individuals can openly discuss thoughts of suicide without judgment or the immediate intervention of mental health services. The emphasis is on peer support groups where shared experiences and personal stories help build understanding and support among members.

- **Intentional Peer Support (IPS)**: IPS offers a framework for building transformative relationships based on mutual learning and growth, emphasizing a shift from traditional mental health services to more collaborative and empathetic interactions.

- **The Fireweed Collective**: Originally started as The Icarus Project, now the Fireweed Collective, offers mutual support and provides educational resources aimed at rethinking mental health. Their approach combines personal stories with activism for a more compassionate understanding of mental health.

- **MindFreedom International**: This group advocates for the rights and dignity of those with mental health experiences, promoting alternatives to mainstream psychiatric interventions. Most members and leadership identify as “psychiatric survivors.”

These resources are currently mainly geared towards adults; however, there are ongoing efforts to make these supports available for youth and young adults as well!