

Words can heal



Mā te kōrero, ka ora

Through conversation comes wellbeing

Language is a powerful, convoluted and complex thing that impacts every moment for every person—deeply affecting our past, present and future.

Our kupu or words reflect our beliefs and the way we view the world and the people in it. We are often unaware of the impact that the words we choose have on those around us. The way we speak to and about people provides insight into what we are really thinking and what we value.

Communication is highly complex. The words we choose can demonstrate the fact that we truly value people – that we believe in and genuinely respect their mana ake or the words we choose can make it clear we do not.

People who experience mental health challenges and addiction can feel whakamā, put down, discouraged, demoralised, and marginalised. We can either reinforce that with the language we use, or we can choose to uplift, validate, and tautoko people. No one wants to be defined or limited by challenges, labels or diagnoses, or by a single aspect of who we are. We are people first and foremost who are multidimensional, and have meaningful contexts and relationships

Here are some things to consider...



Emphasise abilities, not limitations.



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, this indicates individuality and context unique to the person.



Avoid portraying perceived successful people who experience mental health challenges and addiction as super-humans or special. This carries the assumption it is rare for people who live with these challenges to do great things. It is also patronising to those who make various achievements.



Avoid terms that are patronising, or “othering” (them, they, those people etc.) or condescending.



Avoid sensationalising mental health and addiction experiences. 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 challenges offer people.



Avoid describing people as their label or diagnosis. Say, for example, “person who experiences psychosis” rather than “a 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 generic “person who has experience of psychosis or alternate reality” is more acceptable.

Conveying respect

Some options you can use that 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 and why?

Are you referring to people who are accessing mental health or addiction services?

- People accessing mental health and addiction services.
- People being served by the mental health and addiction services and systems.
- Are you referring to people who are accessing your programme or treatments?
- The people accessing 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 challenges and addiction?

- Ian is working on his recovery.
- Cathy experiences issues with addiction.
- Manu has lived experience of mental health challenges.
- Sione has experience of mental distress.

That someone receives services at your organisation?

- Joshua receives services at our organisation.
- Natalie is one of the people we serve.

That someone has a specific diagnosis?

- Alice has been diagnosed with bipolar disorder.
- Nick experiences depression.

How about not using labels at all?



Samples of language that are respectful and mana-enhancing

The following are some of the terms that have traditionally been used to describe people and 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 potentially punitive seeming clinical terms.

Experience of mental health challenges and addiction often includes physical pain, spiritual crisis, loss of connectedness, emotional distress, overwhelm 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. Using terminology that reinforces personal identity supports whakapapa, mana, and self worth.



Language that can harm	Language that promotes acceptance, respect and is mana-enhancing	Comment
<p>Max is mentally ill.</p> <p>Max is schizophrenic.</p> <p>Max is a bipolar.</p> <p>Max is...</p>	<p>Max experiences mental health challenges.</p> <p>Max experiences psychosis.</p> <p>Max has been diagnosed with bipolar.</p> <p>Max is a person who experiences...</p>	<p>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. Very often there is no need to mention a diagnosis at all.</p> <p>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.</p>
<p>Ripeka is an addict.</p> <p>Ripeka is in denial.</p> <p>Ripeka is an alcoholic.</p>	<p>Ripeka has been diagnosed as meeting the DSMV criteria for substance dependence (name the substance/s).</p> <p>Ripeka is in recovery from addiction to substance/s (name the substance or gambling).</p> <p>Ripeka is currently in the precontemplation stage of recovery.</p>	<p>Always put the person first. 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. Avoid defining the person by their challenges.</p>
<p>Sarah is decompensating...</p>	<p>Sarah is having a rough time.</p> <p>Sarah is currently experiencing...</p>	<p>Describe what it looks like uniquely to that individual – that information is more useful than a generalisation. Avoid sensationalising a setback into something huge.</p>
<p>Mathew is manipulative...</p>	<p>Mathew has developed strategies to get his needs met. It might be useful to Mathew to discover more effective ways of getting his needs met</p>	<p>Take the blame out of the statement. 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”.</p>

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Rawiri is non-compliant.	Rawiri is choosing not to... Rawiri would rather... Rawiri is looking for other options.	Describe what it looks like uniquely to that person– that information is more useful than a generalisation. Does Rawiri have the lead in developing any treatment or recovery plans the service initiates?
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.
Mele is resistant to treatment.	Mele chooses not to... Mele prefers not to... Mele is unsure about...	Describe what it looks like uniquely to that person and why – 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. Never ever give up.
Tony lacks insight	Tony has his own different view of things than we do.	Insight is subjective. Tony may not see what you see but he has insights of his own. He doesn't lack insight; he has different ones.
Rhonda is acting out	Rhonda is experiencing overwhelm and needs support to manage her distress.	Describe what it looks like for the person and what they need in this instance.
Allie is high functioning.	Allie has many strengths...	High functioning is a complex loaded term. Describe what it looks like uniquely to the person.
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 person. What do they have trouble with? 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...	What does this mean when it comes to this person. Remove the judgment from the statement. Avoid defining the person by the behaviour and identify potential things that help.
Harry is mentally ill and an addict	Harry experiences co-existing mental health issues and problematic substance use.	Avoid defining the person by their diagnosis and challenges. Put the person first.

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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.	What does this look like, what is he unmotivated about and why? Avoid defining the whole person by the behaviour. Remove the blame from the statement.
Andy is manic.	Andy seems to be 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.	What is going on for Andy and what does that look like? Avoid defining the person by the behaviour.
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 this looks like and how it is affecting Kate.
Hailey is a cutter...	Hailey expresses emotional pain through hurting herself. Hailey hurts herself when she is distressed and overwhelmed.	Avoid defining the person by the behaviour. Recognise the reason behind the behaviour.
Jordan has a chronic/persistent/enduring mental illness...	Jordan has been experiencing depression for many years	Every person's experience is different, Avoid conveying a prognosis. It is difficult to accurately predict someone's prognosis and it only impedes their progress to define them as someone who will not recover (or may 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. I need to better understand what Tom finds useful	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 Denial Passive aggressive Self-defeating Oppositional	The person is trying to get their needs met, or This person has a perception different from the kaimahi This person 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 These are very human traits.

When someone has ended their life

Language that can harm	Language that promotes acceptance, respect and is mana-enhancing	Comment
They committed suicide	They died by suicide They ended their life	The term “to commit suicide” comes from a time when ending your life or attempting to end your life was a criminal act. Thankfully this is no longer true.
Completed or uncompleted suicide	They died by suicide They tried to end their life They ended their life	You complete or uncomplete tasks or responsibilities. Using this language minimises the very real pain and trauma of someone feeling that ending their life is the best option they can see, and also the trauma and impact for whanau and friends.

When writing people’s notes

What is written in people’s note dictates how the next worker sees and interacts with them. Very often notes only capture one dimension that contains what is “wrong” with the person. Think carefully about what is the most useful information to capture at this time. Try to balance challenges with strengths to give a more informed holistic perspective.

Why not try writing notes together with the person to enhance understanding, grow trust and strengthen therapeutic relationships.

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Ms S is an obese, older, bipolar who lacks insight. Ex-smoker	Ms S is experiencing low moods and hopelessness. She has been managing well until this point. She has a supportive family.	Only describe what is important at this moment. The rest is opinion or unimportant but would colour how she is perceived.



For whānau

Language that can harm	Language that promotes acceptance, respect and is mana-enhancing	Comment
Carer	Whānau, family, family of choice, friend, partner, children.	Describe the connection whānau hold in a person's world in the language that matters to them.
Dysfunctional Enabling Toxic	Whānau facing challenges and requiring support	Whānau are important to the person and will be in their lives long after services are no longer needed. They are doing their best with what they have while dealing with their own challenges. Providing useful information and support at this time will pay huge dividends into the future.

For Māori

Kupu hold mana. Words have the power to uplift, convey hope, restore and heal.

In te ao Māori (the Māori worldview) perspectives of mental distress can be broad and vastly different. The presentation, symptoms, experiences and understanding of mental distress can vary. Experiences of hearing voices or having visions can be seen as a connection to te ao wairua (the spiritual realm), as communication with tīpuna (ancestors), or seen as a gift and not necessarily viewed as symptoms of a mental health condition. A person's mana remains intact despite their experience.

Kupu that can harm	Kupu that promotes acceptance, respect and is mana-enhancing	Comment
Rorirori Pōrangī Wairangi	Hauora Waiora Oranga Piki te ora Piki te wairua	Enhancing identity requires positive and hopeful language, negative terminology can invoke whakamā. Using te reo Māori can uplift whānau ora. For information and examples of strength led language please see Te Reo Hāpai The Language of Enrichment (www.tereohapai.nz).

In closing

For all of us, everyday holds openings to make someone's day that bit easier and more hopeful. Sometimes in small ways and sometimes in ways that forever change them. The language we choose can invite trust, comfort, safety, relationship, validation and healing. We hope this resource will be helpful in supporting you in the life enhancing mahi you do.