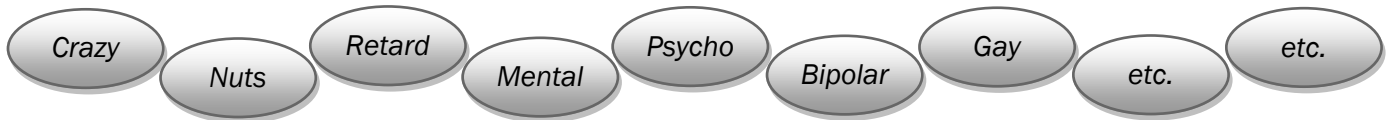# Stigma & Language
Focus Group Research Project

What We Did

In February and March 2013, we held three focus group discussions, where we talked to 19 people at the *Mood Disorders Association of Ontario*, *Krasman Centre*, and the *University Health Network* about the relationship between stigma and language.

What We Found

Research participants unanimously agreed that language plays a role in stigma. When we asked what words were stigmatizing, the list went on and on…

> Crazy   Nuts   Retard   Mental   Psycho   Bipolar   Gay   etc.   etc.

Do words hurt? *Absolutely!* Participants agreed that these words do hurt. They said that when they heard stigmatizing language, they felt embarrassed, judged, insulted and misunderstood.

Stigmatizing language is everywhere. Participants talked about hearing stigmatizing language in the media, in the workplace, on the internet, from their friends and family members, and sometimes even using it themselves.

Stigmatizing language segregates, out of ignorance and fear. Participants felt that stigmatizing words were used to erect a wall of separation between themselves and the speaker. Usually, they felt, people do this because they don't understand mental illness or because they're afraid of it.

But wait – there's double standard! While participants agreed that words hurt, they also agreed that words don't *always* hurt. When they used these same words among themselves, they found it liberating and, paradoxically, empowering.

Non-Stigmatizing Alternatives

If we want to stop using stigmatizing words, we need to know what words to use in their place. That's why we did some brainstorming with participants on possible non-stigmatizing alternatives. Unlike our listing of stigmatizing words, coming up with this list hard to do! A variety of imaginative terms were discussed, such as *differently-abled*, *mentally complex,* and *consumer-survivor*. However, opinions on these words were as different as the participants themselves and it was impossible to reach any kind of consensus or majority opinion.

Participants did agree that *people-first language* was an appropriate and respectful way of speaking. That means talking about a *person who has* a mental illness, not a *mentally ill* person.

Anti-labeling: Describing the Whole Person

Participants felt that in many cases labeling was simply unnecessary. Rather than choosing a new, stigma-free word, they would rather that their situation be described in a more nuanced way, viewing them as people whose symptoms lay on the continuum of the human experience. In some cases, the most appropriate way to refer to a person – whether a person living with a mental illness or someone providing them with services – may not by a label, but by *their own given name*.

Changing Stigmatizing Language

Participants believed that changing stigmatizing language would be a slow and difficult process, since these words, and the attitudes behind them, are so deeply ingrained in our collective vocabulary. Still, they pointed out a several potential strategies to create change:

1. Educate in a way that humanizes mental illness.
2. Model positive word use.
3. Speak up and confront stigma.
4. Teach children to speak respectfully while they're young and impressionable.
5. Reappropriate stigmatizing words to attach a positive meaning to them.

Reflections & Conclusions

This study confirmed that language plays a role in stigma and that words do hurt. Anti-stigma efforts might be strengthened if they also encourage changes in the way we talk about mental illness.

However, since there are so many words that are stigmatizing, since language evolves over time, and since there was no agreement on the "right" words to use as non-stigmatizing replacements, eliminating stigmatizing language will be difficult. The best approach may be to encourage people to speak respectfully and empathically, rather than lobbying for specific words that are preferred by some and should be used by all.

When people reappropriate stigmatizing words and use them in empowering ways, they might take a moment to consider what they are telling the listener. Are they modeling appropriate word use, or are they reinforcing a stigmatizing way of speaking? Will listeners understand the double standard, or will they use these words to hurt? More dialogue is needed to untangle the contradiction between using stigmatizing words in empowering ways and modeling positive word use.

More detailed information will be available in a formal research report: Hawke, Miazga & Parikh. *Do words hurt? A qualitative study of stigma and language*. Manuscript in preparation.

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Thank you

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