



"We say, You say, They say"

A glossary for a new inclusive approach in mental health support

*"If thought corrupts language, language can also corrupt thought."
- George Orwell*



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1. Rationale

During the last hundred years, society's response to mental suffering has altered in many ways. Worldwide, and more specifically in European countries, the mental health systems have undergone great changes and the lives of people with severe mental health challenges have been improving as a consequence of that.

From the middle of the 20th century and later on, namely with the introduction of psychiatric drugs, new concepts arose regarding the causes of mental suffering and the needs and rights of people who are dealing with mental health challenges. This ultimately led to the psychiatric reforms that happened sooner or later, in most European countries which meant the closing of big asylums and the establishment of smaller, community-based mental health services.

Moving forward to the 21st century and specifically in recent years, one can witness the -now-mainstream ideas and practices being challenged again and this makes the need for new services imperative. The evidence from the new approaches in the field of mental health, speaks for itself as the use of recovery models (if one can use this term as an umbrella) have impressive results.

The reason this introduction is needed in this glossary is that every step of those reformations and changes in practices and ways of thinking are created by and at the same time they create new languages. Therefore, people with mental health challenges have gained plenty of different identities through the years such as "crazy", "mentally ill", "patients" "service users", "people with lived experience", etc. And every one of those labels carries with it a whole lot of different kinds of meanings and narratives.

Sometimes the new language happens naturally, as the old terms obviously cannot describe the reality anymore - for example, the word "inmate" can no longer apply for people who receive mental health services. But in other cases, the language does not come to an obvious contradiction with the new approaches, so it is not naturally altered, but by staying the same, it brings some of the old mindset into the new practice.

Especially some words, that have been overused or misused over time, do not only carry with them an old-fashioned mindset, but also a lot of stigma, misconceptions, prejudice and even racism and hate.

Coming back to the latest and more radical approaches to mental distress, one can find ideas like equal participation, empowerment and respect for human rights having a vital role. In order to create new practices that are in line with these ideas, it is of great importance to be vigilant of the language we use. It should always be free of connotations that can be demeaning, undignifying, or inaccurate and also have an empowering impact on the people involved. Additionally, using a different language can ultimately lead to the birth of even more progressive ways of thinking.

This is how the "I say, you say, we say" glossary was created. From our need to make sure that we use and promote a language and a vocabulary that makes people with mental health challenges feel the most comfortable.

2. Good Practices and the use of language

The importance of language as a tool that can either replicate an existent system or promote new ideas and social change has been understood both by professionals and academics and also by people who are directly involved in social injustices. Therefore the use of language has been the center of many discussions about equality and human rights, with the most prominent being the language and terminology about disability (see references of “Disability” entry in this glossary).

In mental health, the specific terminology has undergone plenty of changes over the years replacing stigmatizing words with new ones, hoping to minimize stigma. But, only recently, this discussion became broader, placing special attention on the language as a whole and not on the individual words. Thus, the latest examples of Good Practices that align with the Convention on the Rights of Persons with Disabilities (here), and serve as a compass for Mental Health Services globally, make a special mention of the use of language.

For instance, in the WHO document “Guidance on community mental health services: Promoting person-centred and rights-based approaches” (here) the way language is used is not in itself a criterion or a specific goal, but it is an essential tool. As such, the services mentioned in the above document, are particularly conscious of their vocabulary, not only in avoiding discriminatory language but in actively choosing one that facilitates their goals.

Therefore, language can be used in a way that promotes self-determination, inclusion, and empowerment. By avoiding medical language, the recorded services are normalizing peoples’ experiences and creating a supportive, non-medical environment.

Additionally, through this kind of use of language, the power imbalances that are common in mental health services are being questioned. In other words, by making use of inclusive, non-medical language, the traditional narrative of the “mentally ill” on the one side and the “experts” on the other is being challenged and power is being distributed on an equal basis.

For a specific example of the use of language as a good practice itself, see the Good Practice examples Annex of the Methodological Guide of EMPOWER.Ment “The way we speak”.

3. Good Practices and the use of language

The process of creating this glossary is itself an example of how the values of the EMPOWER. Ment project can be incorporated into everyday practice.

People with experience were active participants in the creation of the project on an equal basis. Everyone's opinion was valued and respected and even when different opinions were expressed, or we had contradictions we did our best to caption the reasons behind these different ideas.

The goal of the glossary is not to make judgments on the existing vocabulary, although the reader will come across criticism, but to reflect on the journey those terms have gone through and try to find new expressions that will give the people with mental health challenges their power back.

Core values of the glossary include

- respect
- freedom of speech
- synthesis of opinions
- acceptance
- self-determination

4. How was the glossary created

The glossary is the product of a collaboration between mental health professionals and people with mental health challenges, proving that equal participation is possible - and valuable.

The first step was to identify the terms that we would work with, as the vocabulary of mental health is quite large, but the resources of the project were limited. Thus, a database of commonly used words was created, including medical terms, everyday words, words that are used by self-help groups and mental health activists, and generally, every word that we would like to see in a glossary about mental health. The participants of this "brainstorming" procedure were people who are associated with the collaborating organizations.

After this database was created, we choose 30 words that we believe cover a range of contexts, practices, and mindsets, hoping to produce a well-balanced result. The choosing procedure was quite difficult and what made it easier was the idea that this glossary can be an ongoing project, and more terms could be added later on.

When we had the starting material, every organization created a group of people with mental challenges, or with past experiences of it, that would work as the "focus group". Every organization used a different strategy to invite people to participate (personal invitations, invites to mental health organizations and/or self-help organizations, open calls on social media, etc.) and the only criterion was that people had at some point in their life experienced some form of mental health challenge.

4. How was the glossary created

After the groups were created, weekly meetings were organized where the terms were discussed. The minutes from those meetings across countries were the yeast to create the entries in the glossary.

A note on the terminology of the glossary...

A term that is quite common throughout the glossary is “people with mental health challenges”. We do not wish to explain in detail here our decision to use this term instead of others with similar impact/ meaning (e.g. people with mental health difficulties) as one can read about it in the Methodological Guide of this project. Although, we want to specify that this term does not imply any kind of necessary chronicity to mental health challenges.

In simple words, “people with mental health challenges”, in this specific context, refers to people who have challenges at the moment and/ or to people who had mental health challenges in the past and overcame them since people in both those situations were part of the focus groups. This term helped create an easy-in-the-eye text and also in was acceptable by all the participants.

A note on the differences between the entries...

An issue that should be explained to the reader is that some of the entries are long and detailed whereas others are smaller and more purposeful. This is not something that was decided upon, nor it reflects an imbalance in the importance of the words from our perspective. On the contrary, it is something that happened naturally in the focus groups as some terms were more engaging or intriguing for the participants and thus created longer discussions and arguments. For our part, we decided to sacrifice some of the uniformity of the glossary, in order to better imprint the ideas that were expressed.

5. How to read the glossary

This glossary, as the EMPOWER.Ment project in general, is aiming at becoming a tool not only for mental health professionals but mostly for laymen, friends, and families of people with mental health challenges and for those people themselves. For this reason, its purpose is not to replace the academic dictionary, nor does it seek to use hard proof in order to become accepted.

On the contrary, this glossary is an attempt to explore the personal meanings that those terms have, both for professionals and for people with mental health challenges. An invitation to be puzzled and to start thinking and speaking in a mindful manner.

This does not mean that this glossary lacks in value, as it can be a powerful tool to create more inclusive and empowering mental health spaces. Therefore, one should not read it as a new “truth” that may or may not agree, but one must approach it with curiosity and an open mind as it is an attempt to give voice to the people in matters where their opinion is rarely asked.

Lastly, this glossary can be seen as an ongoing project that can change over time, and even the alternative terms that are being suggested here might become problematic in the future. In any case, as society evolves and changes, so does the language, and if we want to be consistent with our initial goal, to be inclusive in our practices, we must always be open to challenging our own thoughts and ideas.

6. Practical explanation of the glossary chapters

- **Definitions according to official sources**

In this chapter, we are exploring the official meanings of the terms, using dictionaries, such as the Cambridge Dictionary or the American Psychological Association's Dictionary. In some entries, we preferred to use definitions that are used in academic circles and in a few, rare cases, we did not use an official source, because we could not find one, therefore we "created" a definition trying to be as descriptive and objective as we could. The "official definition" was given to the participants of the focus groups in the beginning of the discussion, but not before they had the time to share the first thought that came to mind after hearing the term.

- **How the term is actually used in different contexts**

In this part of the glossary, the group brainstormed on the term, thinking about its general use. Here, one can find references to the terms outside of mental health contexts, as we believe they are useful to understand the relations and the connotations.

In this section, there are also many references to the media and pop culture, regarding how they replicate the words.

- **Critical elements of the term and how it is actually used**

Those chapters are generally the bigger ones in every entry as they reflect the thoughts and feelings of the participants. The "connotations" each term creates are also an important element here. In this section, one might find criticism not only in the wording but also in the practice in some cases. This may exceed the purpose of this glossary in a way, nevertheless, when some thoughts regarding a practice were expressed in a strong way, we could not ignore it.

- **What we suggest**

This is the most important part of the glossary, as it follows the discussion coming to a suggestion regarding every entry. The suggestions we make are not universal, but they represent the feelings of the groups. Sometimes we introduce completely new ways of expressing some meanings, other times we use terms that are already in use by some people and in some cases, we do not make new suggestions but discuss how and when the term is acceptable.

- **References - Resources for further in depth learning**

Here, the reader may find references used in our entries and links for articles, academic papers, or even educational videos that dive into the discussed terminology.

7. Conclusion - lessons learned

We believe that this glossary is something valued and it covers the gap of dialogue between mental health professionals and people who have experienced mental health challenges - at least some of it.

The lessons we learned during this procedure are plenty, both from the bibliography and from our work with the focus groups. If we wanted to share the most important and basic ones, we would say the following:

- never use demeaning or discriminatory language
- avoid medical language and specialist terminology
- understand the power of language
- be conscious and open-minded
- listen and respect people's preferences

By being consistent with those simple, yet critical, rules, we can ensure that the way we speak is not making people feel lesser, uncomfortable or disempowered, which is the first step. For the next one, for becoming familiar with the inclusive and empowering way of speaking, you can move on to the glossary.

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01 - Bipolar

Definitions according to official sources

According to WHO "People with bipolar disorder experience alternating depressive episodes with periods of manic symptoms.

During a depressive episode, the person experiences a depressed mood (feeling sad, irritable, empty) or a loss of pleasure or interest in activities, for most of the day, nearly every day.

Manic symptoms may include euphoria or irritability, increased activity or energy, and other symptoms such as increased talkativeness, racing thoughts, increased self-esteem, decreased need for sleep, distractibility, and impulsive reckless behaviour.

People with bipolar disorder are at an increased risk of suicide. Yet effective treatment options exist including psychoeducation, reduction of stress and strengthening of social functioning, and medication." 1.

In the past, medical diagnostic manuals used the term manic-depression for the same spectrum of symptoms.

There are several categories of "bipolar disorder" in the manuals - bipolar I, bipolar II and/or cyclothymia (change of mood).

How the term is actually used in different contexts

The term bipolar is often misused in everyday life and the mainstream media and social media, as it is used to describe mood swings and/or a change of opinion. It seems that it is acceptable to name a change of mood as being bipolar. 2. 3.

We have seen several popular films mentioning "bipolar" as an everyday condition that should not be hidden, although it is a remarkably new diagnosis. Usually, actors and/or actresses are pictured crying and feeling despaired.

Since "manic-depression" becomes "bipolar disorder", we find many mental health professionals giving this diagnosis more easily, as the criteria on which the diagnosis is based and the subcategories of the term, are differentiated.

Consequently, we find a substantial number of increased diagnoses of "bipolar disorder" in the past few years.

As "bipolar" is considered to be a severe mental health problem for the person, it is directly linked to medication treatment that is said to be taken for life and this is why the term is a bit threatening for the people with mental health challenges.

Critical elements of the term and of how it is actually used

People with mental health challenges report “bipolar” as being confusing and misleading, while the previous term of “manic-depression” seemed easier to understand. Moreover, because it is considered a severe mental health disorder, it can be highly stigmatizing, especially when used as a personality characteristic and not in a clinical context (e.g. “he is bipolar”).

The connotations for people with mental health challenges are negative, as long as the term is used in an offensive, insulting way or when it is overused in everyday life, in order to describe all kinds of moods and mood swings. Additionally, the term itself implies that the person is constantly experiencing extreme states of mood, either as depression or as mania, which is not the case for the majority of people. We should always take into consideration that mood swings and change of mind are quite healthy reactions for human beings, no matter how difficult those changes are for the rest of us or the person.

Another issue that seems important when discussing “bipolar” is the fact that it is indeed a new term for professionals, although it is a rename of the older diagnosis “manic-depression”. That being said, it consists of different symptoms and implies chronicity and the need for medical treatment for life, even with a single episode in one’s lifetime. It is also linked to extremely dangerous behaviors, such as excessive gambling, sexual overactivity, spending high amounts in shopping (buying unnecessary items), risky behavior (risky driving, for example, etc). All that is yet to be professionally and scientifically discussed and we should not rush to use the term as widely accepted, as many people describe all kinds of unusual or eccentric behavior as “bipolar”, which is highly stigmatizing and discriminatory.

What we suggest



Since the term “bipolar” is a clinical term, it should only be used in a clinical context and by professionals, too.

We can find other words to define mood swings, such as “mood swings” and/or “changes of mind”.



The medicalisation of everyday life and the extended use of psychiatric and/or psychological terms do not necessarily show familiarization with mental health difficulties, but rather a problematic approach to life itself. Thus, the term “bipolar” is only fit for clinical environments and is not to be constantly used in social life and/or social media, let alone when we are supporting a person with mental health challenges.

Links - resources for further in depth learning / references

[1. WHO Mental Disorders](#)

[2. Why We Need to Stop Using 'Bipolar' As An Adjective](#)

The word “bipolar” is being used too often to describe a person who can't make up their mind or goes quickly from being happy to sad. Bipolar disorder is much more than that.

[3. When Someone Uses My Illness as an Adjective or Insult](#)

The importance of being aware of the misuse of terms as bipolar and its effects. Bipolar disorder is an illness that affects me and many people and cannot be used as an adjective but specially as an insult.

02 - Chemical Imbalance

Definitions according to official sources

It is hard to find an official definition of the most popular “chemical imbalance” theory of the origin of mental health challenges, as it is not an official term in mental health, although it is widely used as such.

Our research in official dictionaries does not mention the term, as it is rather a confection that is less used by professionals, than by the public. Scientific evidence does not allow professionals to use the term in absolute relation to mental health challenges.

Chemical imbalance is considered to be a condition that happens when the brain has either too many or too few neurotransmitters (as mentioned in Medical News Today, for example¹).

These neurotransmitters are natural chemicals that help the nerve cells to communicate with each other. Examples of these chemicals are dopamine, serotonin, and norepinephrine. In psychiatry, the hypothesis that mental health challenges derive from a somewhat of a chemical imbalance originates from the conclusions of a study about the etiopathogenesis of mental “disorders” back in the ‘60s, as a possible explanation for the biological cause of mental health “illnesses”.

After a long period of trials, though, scientists concluded that there is no link between a chemical imbalance and depression, bipolar, or other mental health “illnesses”.

In a nutshell, the chemical imbalance hypothesis, although aborted in several studies, has been used as a direct link between mental “illnesses” and biology / medical science.

Consequently, it has led to beliefs that all mental health distress can be treated solely or mostly by medication.

How the term is actually used in different contexts

Our bodies experience immeasurable chemical activity in everyday life. In fact, this is how our bodies operate. Also, many chemical imbalances are often related to health conditions, such as polycystic ovary syndrome. While too much or too little of substances anywhere in the body is considered a chemical imbalance, the term “chemical imbalance” is usually linked with those in the brain and their potential effect on mental health.

The balance of chemicals in the brain is thought to be one influence on depression and anxiety disorders among other affections.

Although many professionals and people believe that science has shown that chemicals play an important role in the development of depression, bipolar, and schizophrenia, there is no concrete evidence that they in fact do so. You may hear many mention that lower levels of neurotransmitters can cause symptoms, such as feelings of emptiness, worthlessness, sadness, or helplessness and that these symptoms can lead to various mental conditions, but this is not a fact.

Although, as mentioned above, the chemical imbalance theory is far from scientifically proven, it is a very popular idea that has been generated for years among pop psychology magazines and websites. This persistence has led the general public and quite a few professionals to take this theory for granted, despite the evidence. For that reason, it is very common for people with little or no experience in mental health challenges to talk about chemical imbalance as an absolute truth.

On the other hand, many mental health professionals find it difficult to leave this theory behind, as it is constantly reproduced in mainstream media-, articles and/or in popular magazines.

The direct outcome of the acceptance of this theory is that mental health challenges are strongly linked to biological causes, thus covering the social reasons that lead to suffering and validating drug treatment as the only form of therapy.

If we make people believe that the biological aspect of their struggles is the only root of their troubles, we ignore their own experiences and/or traumas.

Critical elements of the term and of how it is actually used

For people with mental health challenges, the theory of chemical imbalance is seen as dangerous and harmful. They feel that this idea increases the stereotypes around them, as being abnormal and leads to stigma and discrimination.

At the same time, for others, believing that the only cause of their struggles is a chemical imbalance, deprives them of the proper treatment therapy for their traumas-, experiences, and/or life events.

Additionally, they find their experiences and personal history being reduced to a simple “malfunction in the brain” and the real reason for their suffering is being silenced.

As a term, they believe it sounds very serious and confusing. They state that it is more possible for them to conform to the doctor’s orders and accept the diagnosis and medication if they believe that they have a chemical problem instead of a social and/or a personal one.

No one can argue that brain chemistry remains the same throughout our lives and in a way relates to our experiences. Everything that we experience is transferred and somehow

connects to our brain functions, but that does not mean that this is the reason why we act a certain way. On the contrary, studies have shown that a chemical imprint in the brain is the “symptom” of what is actually happening to us and not the other way around.

If the chemical imbalance theory was true, the doctor’s evaluation and the diagnosis would happen through objective, measurable index (examinations).

What we suggest



We suggest that the discussion about neurotransmitters and chemical imbalance should stay only between neuroscientists for their research and other professionals and should be eliminated by the media-, filmography, popular sites, popular magazines, and social media - in general out of public speech in total.

Reducing people's troubles-, traumas, experiences, and life events to a chemical imbalance that has nothing to do with people's lives is not helpful or inclusive at all. In fact, making assumptions about what has caused a severe mental health challenge is out of our limits to state with absolute certainty, when professionals themselves cannot do it and research has not proven anything in that matter.



As people with mental health challenges mentioned; "If we want to find the imbalance that causes mental health distress, we might as well look for the psychosocial imbalance that is always behind it".

Links - resources for further in depth learning / references

[1. Everything you need to know about chemical imbalances in the brain](#)
An article in the Medical News Today about the chemical imbalance theory.

[2. The Chemical Imbalance Theory of Mental Disorders](#)
A video about a detailed look at the chemical imbalance theory including its history and the scientific findings about it.

[3. Challenging the Chemical Imbalance Theory of Mental Disorders: Robert Whitaker, Journalist](#)
Video of Robert Whitaker talking about the Chemical Imbalance matter.

[4. The serotonin theory of depression: a systematic umbrella review of the evidence](#)
In this systematic review, the authors evaluated the evidence on whether depression is associated with lowered serotonin concentration and they came to the conclusion that there is "consistent evidence" to support this hypothesis.

[5. Serotonin and Depression: A Disconnect between the Advertisements and the Scientific Literature](#)
In this essay, the authors follow the way that the pharmaceutical industry used direct-to-consumer advertising to promote the unproven, serotonin imbalance theory from the 1960s.

[6. The Media and the Chemical Imbalance Theory of Depression](#)
In this research, media personalities who had promoted the chemical imbalance theory are unable to cite their sources and stand by their words.

[7. The 'Chemical Imbalance' Myth](#)
This video examines the "chemical imbalance" myth that continues to propagate in psychology/counseling programs, and how therapists and counselors might work with the metaphor.

03 - Compliance

Definitions according to official sources

According to the Oxford Learner's Dictionaries, "compliance" is: "the practice of obeying rules or requests made by people in authority"¹

It is usually associated with terms such as conforming, obeying and submitting to someone's demand and/or command.

How the term is actually used in different contexts

In mental health, in particular, compliance refers to the patient's obedience to the doctor's-, professional's medical opinion-, prescription, and/or guidelines, expressed either as commands or as strong suggestions. Usually, "compliance" in mental health is directly linked to medication treatment obedience and we often say that a person is complying with the treatment when they take their medication without objection and as prescribed.

Within the mental health service system, there is a clear power relation between professionals and the service user and often, non-compliance has consequences for the person (e.g. forced treatment and/or forced hospitalization).

It is well known among people with mental health challenges that when not complying, they are highly likely to be labeled as "treatment resistant" or "intolerable", and face the so-called punishment of forced treatment or forced hospitalization, as in most cases they are not offered any alternatives. On the other hand, for many professionals, "compliance" is an important positive indicator of a person's recovery, as it is directly linked to the insight a person has (see "insight" later in the glossary). For some professionals, as well, compliance with the medical treatment is a sign of recovery as a consequence of the medication, despite what people with mental health challenges believe.

Critical elements of the term and of how it is actually used

“Compliance” has strong negative connotations for people with mental health challenges and even many professionals, according to our peer group reviews.

Using this term suggests that professionals are in a position of power and actually have the right to demand what they think is appropriate for the person, without considering their own needs-, wishes, and/or will. People also believe that, when they are expected to comply with the medical staff’s orders, they are actually being controlled instead of helped, and that way, treatment becomes a one-way procedure that lacks therapeutic value or, even, ethics.

People with mental health challenges also mention that, by complying, they are saving themselves from consequent violence and/or abuse (forced hospitalization and forced treatment without alternatives), and that they are not following professionals’ suggestions because they believe in them or are persuaded of their usefulness. So, according to people with mental health challenges, fear and ignorance are the main reasons for their compliance with mental healthcare services – which are neither helpful nor therapeutic. In addition, complying could be a sign of losing their own self-responsibility.

In conclusion, it is a term that brings negative connotations and does not feel inclusive for people, so we strongly suggest not to use that word (both as a term and as practice) when supporting a person with mental health challenges, because there is no evidence that it adds to their recovery, but mostly to their obedience.

What we suggest



We can use and practice informed consent. Informed consent means that the person is fully informed about all aspects of the suggestions the professional makes, can find their own way and/or sources on how to learn about different approaches, can ask as many questions as they feel like about their situation and the consequences of each proposed treatment. After being fully informed about the possible hazards and gains of each proposed treatment, the person can then decide on the treatment they prefer. Self-responsibility should not be taken away from the person in any case.

Although many professionals and/or family members are concerned about the consequences of this kind of freedom for the person in times of crisis, we need to change the narrative and the traditional practice, leading by example (also see "crisis").

That being said, there are different services for crisis management and we have to bear in mind that mental health challenges are not a continuous crisis that puts people at risk.



Informed consent creates positive connotations and is associated with choices, personal responsibility, mutual respect, and information sharing. Always take into consideration the importance of being coherent in terms of speaking and acting.

Links - resources for further in depth learning / references

[1. Oxford Learner's Dictionaries, "Compliance"](#)

[2. What is wrong with compliance?](#)

In this paper from the Journal of medical ethics (1993) the author argues about the problems of the idea of Compliance naming it as "totally unsuitable for use in present-day medicine".

[3. Informed Consent for Clinical Treatment](#)

Here, one can find a detailed explanation of this procedure among with practical steps on how to acquire Informed Consent

[4. How can i make sense of my options?](#)

On this site, people can find simple advice as to how to make sure that they have all the relevant information about their treatment, and as to generally protect their rights.

04 - Crazy

Definitions according to official sources

According to Cambridge Dictionary, “crazy” is the:

- stupid or not reasonable (permanently or temporarily)
- mentally ill
- annoyed or angry¹.

The American Psychological Association’s Dictionary of Psychology does not have an entry for the word, as it is not officially used in mental health, but is an everyday word that has been used often to describe any kind of unusual, irrational, and/or eccentric behavior.

How the term is actually used in different contexts

People tend to use the word “crazy” in everyday life, not always with a negative meaning, although the connotation for people with mental health challenges is strongly negative when the term is referring to them.

In different languages, “crazy” bears different meanings, like “a person overreacting”, “overwhelmed with joy and enthusiasm”, “absurd”, or even “passionately in love”.

“Crazy” is not a word used officially within the mental health context but is very popular in different social situations. Additionally, many people, even professionals, use this term as an unofficial general diagnosis or description, which is the main reason why people feel bad about it.

Generally, the negative meaning of the word, “crazy” is an offensive term.

Critical elements of the term and of how it is actually used

Apart from the positive meanings of “crazy” (being in love, enthusiastic, passionate, etc) what we can find in all the negative ones is irrationality, weirdness, loss of reason, and unpredictable – thus dangerous – behavior.

We will not hear the word describing someone’s dull or sad behavior, so when saying, “he,- she, they, and/or it is crazy” we generally do not mean, “this person is depressed and/or grieving”.

By definition, “crazy” is a person who causes stress and anxiety to others, because they feel endangered by their mere presence and what they perceive as unpredictability.

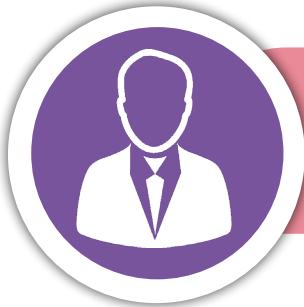
Consequently, when a person is used to being called “crazy” can be easily isolated, marginalized, and/or despised, as, according to the stereotype, is a person “not in touch with reality” – meaning others’ reality.

People with mental health challenges feel strongly negative when hearing the term, referring to it as one of the worst, most stigmatizing words, because it creates a solid boundary between those who are “sane” and those who are not. It is considered more problematic and stigmatizing than “mentally ill” since an “illness” may be cured someday, but craziness does not seem to leave room for change - it is considered mostly as a trait of the personality.

It is mentioned (by people in our focus groups as well as others) that dealing with mental health challenges is not the same as being “crazy”, but not having those challenges while living under their pressing situations in life would be “crazy”. That being said, losing friends, jobs, and/or social roles is “crazy”, while at the same time struggling with distress.

We strongly recommend not using the word “crazy” in reference to people with mental health challenges.

What we suggest



Using generalized words that act as labels overshadows the person and is unacceptable in any case.

In a social context, when a person feels ok with the word, we can use it in all other meanings except the one implying that the person is out of their mind and/or acting irrationally.



Alternatively, we could use different words to describe what we want to say such as difficult to understand, annoying, unpredictable, etc.

Links - resources for further in depth learning / references

[1. Cambridge Dictionary, "Crazy"](#)

[2. Don't call me crazy](#)

In this personal story from the National Alliance of Mental Illness, the author discusses the complex and contradictory use of the word "crazy".

[3. "That's Crazy": Why You Might Want to Rethink That Word in Your Vocabulary](#)

The problems with the word "Crazy", according to the Penmedicine News.

05 - Crisis

Definitions according to official sources

According to the Cambridge dictionary, a crisis is:

- a time of great disagreement, confusion, or suffering
- an extremely difficult or dangerous point in a situation¹.

The National Alliance on Mental Illness, mentions that a mental health crisis is “a situation in which a person’s behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community”.²

And, finally, the American Psychological Association sees “mental health crisis” as

1. a situation (e.g., a traumatic change) that produces significant cognitive or emotional stress in those involved in it.
2. a turning point for better or worse in the course of an illness.
3. a state of affairs marked by instability and the possibility of impending change for the worse, for example, in a political or social situation.
4. In the analysis of scientific revolutions by U.S. philosopher of science Thomas Kuhn (1922–1996), the situation occurs when a particular theoretical system is overcome by so many anomalies that it is perceived to be failing and a search for a better theoretical system is underway.³

The word originates from the Greek word “krisis”, which means “something that is being critical, that a decision has to be made about.

How the term is actually used in different contexts

“Crisis” is generally used to describe times of intense difficulty or danger and it can refer to individuals, social formations, ideas, environments, and many other things (e.g. economic crisis, environmental crisis, etc.) and, thus, it is something that causes stress to people or makes them alert.

Critical, is a time when things are about to change and is experienced intensely and/or with great difficulty and/or pain. The outcome might be better or worse than before, but in no way can things go back to what they were before.

How the term is actually used in different contexts

In psychology, we might come across “identity crises”, “developmental crises”, “existential crises”, etc. indicating periods in life that can be difficult but are part of growing up and emotional maturing.

By definition, a crisis is not permanent, it does not necessarily endanger

people, is not necessarily catastrophic, and might be necessary for the person’s advancement in life.

Crisis can occur before, during or after life-changing events like leaving home to go to university or marrying. In those examples, people may find it difficult to adjust to the new situations, experience distress, feel unable to perform in everyday life as they used to, etc.

Moving more into mental health contexts, we find that “crisis” is commonly used, but in different situations than the word’s definitions suggest.

For mental health professionals, a crisis is a peak period of a psychotic experience, which means that person is expressed radically, in eccentric ways, and certainly not in the way most people are used to expressing themselves. A crisis in mental health is directly linked to danger and/or harmful behavior and/or suicide attempts or violence.

Usually, when a person has mental health challenges or a diagnosis and expresses anger, it is often perceived as going through a crisis. Additionally, when a person with mental health challenges wants to quit their medication, a professional often sees their withdrawal effect as a crisis.

For most professionals, a crisis is something that needs to be controlled and is linked to relapse.

For the public, “crisis” is the uncontrollable behavior, anger, or loss of control that people with mental health challenges are always in danger of expressing.

So, whenever someone does not make sense to the people around them, that is a strong indicator for the people to assume they are in a crisis.

In the past, women shouting were considered to be in crisis.

We can see that a crisis is a social term that can be different in different environments and/or cultures.

For some tribes, for example, what we see as a mental health crisis with hallucinations, is considered a spiritual experience and those who hear voices of spirits for some time in their life, are wise.

Critical elements of the term and of how it is actually used

First of all, because it is a word widely used, it is also a rather confusing one. A lot of different situations can fall under the term “crisis”, so the exact meaning of it is not very clear. As a consequence, even when we narrow the definition specifically to mental health context, the meaning is still unclear, but it generally creates connotations of emotional turbulence, very bad mood, and angry outbreaks. Rarely, it indicates “a different pattern of behavior” without referring specifically to frustrating changes.

Especially for people with mental health challenges, the term “crisis” is quite scary because it is related to relapse and it can easily lead to – forced – psychiatric intervention.

It is important to note, though, that this “fear” is not a fear of the crisis, but most of its consequences. That being said, the psychiatric intervention occurs, not because the crisis is necessarily extreme, but because the person already has a diagnosis and the emotional outburst is considered to be a relapse.

For that reason, people with psychiatric diagnoses are forced to hide their challenging periods and/or crises, with severe consequences for themselves.

People with mental health challenges that have themselves been in extreme emotional distress think that the meaning of a crisis is very different for every individual, that a crisis is part of life and that they are not always a bad thing.

Everyone should be allowed to experience the crises of their lives and use them in order to achieve a better understanding of themselves and make changes in their lives.

There are different services that address a mental health crisis, although in most cases, we see mainly professional teams trying to “silence” the distress and make the environment feel safe with medication treatment and/ or hospitalization.

What we suggest



The word does not need to be replaced, but it needs to acquire a clearer and somehow different meaning. Specifically, it is preferable to focus on the event(s) that created the ground on which the crisis occurred and make sense of them. That way, we might say that someone “is going through a crisis” instead of “having a crisis” or “is in crisis”. That change of perspective is less scary and more relatable and it lessens the stigma around mental health challenges.

Other terms that might be used:

- Emotional suffering
- Breaking point
- Emotional problem
- Distress



Links - resources for further in depth learning / references

[1. Cambridge Dictionary, “Crisis”](#)

[2. Navigating a Mental Health Crisis](#)

National Alliance on Mental Illness - A guide for those experiencing a mental health emergency

[3. American Psychological Association’s Dictionary, “Crisis”](#)

[4. 15 Signs You’re Experiencing A Life Crisis \(And How To Survive It\)](#)

Forbes - signs that you are going through a crisis.

[5. What is a mental health crisis?](#)

Basic information on mental health crises and the difference between crises and medical emergencies.

[6. Planning for a crisis](#)

Information and suggestions on how to plan before a crisis occurs, in order to make sure that one’s rights and wishes are being respected even when they are not able to express them.

06- Diagnosis

Definitions according to official sources

According to the Cambridge dictionary, a diagnosis is

1. a judgement about what a particular illness or problem is, made after examining it
2. the making of a judgement about the exact character of a disease or other problem, esp. after an examination, or such a judgement. ¹.

Merriam - Webster dictionary mention diagnosis as:

- the art or act of identifying a disease from its signs and symptoms
- the decision reached by diagnosis
- investigation or analysis of the cause or nature of a condition, situation, or problem
- a statement or conclusion from such an analysis" ².

In mental health, a professional (mainly a psychiatrist or psychologist, or other licensed professional) examines the patient orally - without other specific examinations or laboratory tests -, using the diagnostic manuals (DSM and/or ICD), which list the symptoms of each disorder and decide on the diagnosis, taking into consideration the persons' overall functional level.

The clinical examination can also include tests, such as MMPI, or other diagnostic elements.

The diagnosis is based on the symptoms and the behavior of the person and, therefore, is always subjective at a certain level.

How the term is actually used in different contexts

Diagnoses are made in plenty of situations apart from the medical environment and they involve an expert in some field, identifying and naming a problem, its causes, and the possible solutions. For example, a mechanic can diagnose what the problem is with a car and suggest a way to fix it.

In medical environments, the doctor is the only one responsible for recognizing the problem of the patient, differentiating it from other similar situations, and proposing a solution,- treatment and/or therapy. Medical examinations are required in order for the doctor to understand the mechanism behind the problem and make the proper diagnosis. In somatic medicine, the medical issue can be something temporary or something permanent.

In mental health, however, the diagnostic procedure is quite different, since there aren't medical exams available in order to locate and give an explanation for mental distress. Psychiatrists rely on diagnostic manuals, which name the psychiatric "disorders" and list the specific symptoms and prerequisites so as to give a diagnosis. The diagnosis cannot be definitive at once, as it is based on symptoms and, therefore, can change when the symptoms change. If the symptoms disappear for a significant amount of time, the diagnosis can be removed, although most professionals do not follow this procedure.

Regardless of this possibility, most professionals do not remove diagnosis in mental healthcare, regardless of the progress of the person's situation. For instance, a person who was given the diagnosis of "schizophrenia" will most probably have this diagnosis forever, even if there aren't any psychotic symptoms to validate the diagnosis for years, as professionals will state that the person has "schizophrenia in remission".

Many argue that the DSM has strong ties to medical treatment, linking different symptoms and/or diagnoses with specific medication, and limiting people's choices in mental healthcare.

Although the diagnostic manuals were created in order to facilitate professionals' communication for the already difficult psychological subjective experience of people, we have ended up using terms in everyday life and medicalizing mental health.

Bias such as cultural differences and marginalized groups should also be taken into consideration, for example, the level of a specific diagnosis between black people, the "western" normalization of indigenous groups, and the fact that the socio-economic situation of people is not examined within the manuals.

For some people, having a diagnosis gives them the relief that they can name what they are going through, feeling less alone and more normal - knowing that others have gone through the same, for example. But for most, this backfires, when it comes to making choices of their therapeutic way.

Critical elements of the term and of how it is actually used

A lot of criticism has been made around psychiatric diagnoses regarding their usefulness and validity, and the impact they have on people.

Professionals say that a diagnosis is only a tool for them to understand and communicate within the clinical context. People with mental health challenges, on the other hand, feel that giving a diagnosis is mostly labeling and underestimating their experience and situation.

States and public services often require specific terms and diagnoses in order to link their social policy benefits to the beneficiaries, and the system seems to be working on that in retrospect, however, two persons hardly ever experience the same things, even after being given identical diagnoses.

Moreover, psychiatric diagnoses are not validated by medical examinations and can be rather subjective.

Another issue is that manuals can use a circular argument - that means, no one can be sure whether, for a “psychotic” symptom of voice-hearing for example, one has psychosis because they hear voices, or hears voices because they are psychotic.

People with mental health challenges report that the diagnosis was a turning point in their life and that it was directly related to stigma and discrimination. Some even say that the impact of that was more painful and damaging than the challenges they were experiencing at the time.

Diagnoses’ weight can cover the person and alter their perception of themselves with the appearance of a diagnosis. People with mental health challenges mention that their friends and family treated them differently after the diagnosis and saw them as if they were different people.

In general, people with psychiatric diagnoses feel that they are constantly being examined thoroughly, discriminated against and whatever they do is the action of someone “with a diagnosis”. Even though some people might say that they found their diagnosis helpful, most of them report that it was useless, confusing, frightening, and disempowering. Additionally, many believe that they should be more included in the procedure, instead of “having the doctors talking about their experiences like they know better” and that they are concerned about the professionals’ persistent need of giving a diagnosis, as well as about the terrifying possibility of having to live with a diagnosis that might be wrong.

What we suggest



Diagnoses tend to limit our thinking about the person and they do not let us get to know each other profoundly.

They are given as an “identity” rather than an explanation of their experience and may traumatize them even further.

We strongly suggest leaving diagnoses and terms that are used in manuals to professionals within the clinical context and do not use them in public or everyday life. Getting used to diagnoses opens the road to medicalizing our lives and experiences, as well as limits our perception of people going through a rough time in their lives.

We cannot support correctly, when we think, for example, that a person is acting a certain way because they have “psychosis” or “bipolar” for example, instead of trying to understand what a person might want to say by those acts. That way, we treat people as their diagnosis and we become part of the argument, where we see people as their labels given to them in a challenging time of their lives.



Links - resources for further in depth learning / references

[1. Cambridge Dictionary, “Diagnosis”](#)

[2. Merriam-Webster Dictionary, “Diagnosis”](#)

[3. The diagnostic dilemma](#)

An article written by the APS - Australian Psychological Society reflecting on the pros and cons of diagnosis

[4. The Real Problems With Psychiatry](#)

An interview of the psychotherapist/ writer Gary Greenberg about the validity of psychiatric diagnoses and the DSM.

[5. Saving Normal](#)

Book by Allen Francis (psychiatrist, former head of DSM workgroup team of APA).

[6. Psychiatric diagnosis ‘scientifically meaningless’](#)

A review of the 2016 study “Heterogeneity in psychiatric diagnostic classification”, which was published in Psychiatry Research and concluded that psychiatric diagnoses are scientifically worthless as tools to identify discrete mental health disorders.

[7. Psychiatry Online | DSM Library.](#)

The DSM is the Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). It is the most comprehensive resource for clinical practice and diagnosis. Let's remember that it gives a photograph of the disorder, without considering the specificities of a person, his environment, and his reasons.

07 - Disability

Definitions according to official sources

World Health Organization embraces the Convention on the Rights of Persons with Disabilities (CRPD) - adopted in 2006 by the United Nations and entered into force in 2008 -, according to which “persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (Art 1.)¹.

In other words, although in the past “disability” was considered as the “opposite of ability”, with the UNCRDP, the real disability is the inability of the environment to make sure that all people participate equally and thrive in all societal contexts.

Disability, now, is located in society for not being able to include everyone, despite their personal situation (physical, mental, intellectual, or sensory).

In many cases, this definition of “disability” is less likely to be understood, because of the long-term use of the term in the previous way.

The traditional meaning of the term “disability” carries different conceptions in different languages, that vary from “a person that lacks something” to “inability”. It is, thus, important to be aware of the meaning this specific term has in your own language when using it.

How the term is actually used in different contexts

The term is used nowadays both ways - referring to people with specific conditions and/or issues (e.g., cerebral palsy, Down syndrome, etc) and also to environmental factors (e.g. stigma, inaccessible transportation, and public buildings, limited social support, employment opportunities) in official and/or public speaking.

“Disability” is used by people to sort out a group that does not have the chance or face barriers to participating equally in life. That group includes people with a variety of different situations and/or issues, such as down syndrome, blindness, and/or mental health challenges.

The specific challenge each person faces is used as an adjective before the word “disability” to identify the differences between them and create different sub-groups e.g. developmental disability, visual disability, mental disability, etc.

The diagnosis of a disability is used to determine benefits and public services for the beneficiaries.

In everyday life, people tend to use the term in a rather offensive and degrading way, when they want to show someone’s inability to complete a task properly or to achieve something.

Recently, we have witnessed the rise of the activist movement, in which people who identify themselves as “people with disabilities” are fighting for human rights, equal participation and the abolishment of stigma and misconceptions, reclaiming their situation and/or issue as part of their identity and not as something that is wrong with them.

Critical elements of the term and of how it is actually used

The term has suffered much controversy over the years for the negative connotations that are embedded in it, due to the offensive way the term has been used throughout history and, perhaps more than intentionally, has been the consequence of a lack of information, reflection, and understanding in society.

Using “disability” in that way is very stigmatizing and implies that individuals are somehow dysfunctional, or not able - like “less than others”.

Usually, citizens need this label to get benefits, but one is ostracized by society when recognized officially as a “disabled person” as a whole.

What people with mental health challenges often say is that the most important thing to keep in mind when talking about “disability” is that it is a social construct. It implies that some of us are normal and the rest of us “lack something” or are “abnormal”.

In that sense, the fact that someone is different from the norm on a bodily or a mental level does not make them unable to participate in society, per se. What actually excludes them is society itself as it is not shaped in a way that can include everyone. For instance, if someone uses a wheelchair, that doesn't mean that they are not able to work, but rather, that the society has not foreseen their need to access all parts of buildings,- streets and/or neighborhoods with the wheelchair in order for them to be able and actually go to work.

People with mental health challenges do not necessarily see themselves as “people with disabilities” and they tend to differentiate themselves from people that have physical issues. The reason behind this idea might have to do with the fact that “disability” is generally considered as something chronic, whereas mental health challenges can happen to anyone at some point in their lives and they are not always permanent (at least for the people of the focus groups).

So, for most people with mental health challenges in mental health services, the term is not regarded as negative but rather as irrelevant to them - the word refers mainly to people with physical “disabilities”, yet report that sometimes they become disabled as a consequence of the psychiatric drugs prescribed to them and the discrimination.

What we suggest



Although many suggest using the term “functional diversity” instead of disability, it is not widely accepted, as it implies that there has to be a certain level of “capacity” or “functionality” in people.

A widely accepted term of “people with disability” is actually “people with particular needs” and “particularity” instead of “disability”.

In any case, we need to notice and make the situation of the person visible and not try to hide what is really going on for the person.

We can always ask the person what is the right way for them to address them when it comes to that.



People from our focus groups suggested that there is no need to use the term at all, since we can always talk about people in a more descriptive and specified way, instead of putting them under the umbrella of “disability”.

Links - resources for further in depth learning / references

[1. Convention on the Rights of Persons with Disabilities – Articles](#)
The United Nations convention.

[2. The Problem with the Definition of Disability](#)
In this article, the Disability Union (UK) argues that the word “disability” needs to acquire a different meaning.

[3. AHEAD Statement on Language](#)
Association on Higher Education and Disability statement regarding the use of language and their stand on it.

[4. Disability Language Style Guide](#)

A Disability Glossary published by the National Center on Disability and Journalism

[5. It's Time To Stop Even Casually Misusing Disability Words](#)

The importance of the misuse of disability words and how affects the people who are in this situation

[6. Disabilities, disorders, and health conditions, when and how to mention someone's health](#)

A detailed guide on how to talk respectfully about disability

08 - Empowerment

Definitions according to official sources

“Empowerment”, according to the Oxford Learner’s Dictionary is:

“1. the act of giving somebody more control over their own life or the situation they are in

2. the act of giving somebody the power or authority to do something”¹.

For Michael Foucault and Antonio Gramsci, empowerment is mainly linked to political expression and action and is the process of having access to control resources that allow increasing the implementation of political, social, and economic capacities, for people that do not have it, in order to lead revolutionary changes or rupture within an established organic order.

All definitions relate empowerment to a continuous process of gaining freedom and power, in order to control one’s life, without the need for other mediums (advocates, etc).

How the term is actually used in different contexts

Nowadays, we use this word when we refer to the acquisition of power and independence by a disadvantaged social group to increase the control they have over their lives.

There can be different kinds of empowerment depending on the sphere we are referring to: social, cultural, political, and economic. So, this word has been used a lot for many movements in our world that have implied an improvement of life’s situation achieved by different groups of society.

The word “empowerment” may include specific training, interventions, and/or organized actions that allow a specific socially disadvantaged group of people to achieve better living conditions.

Generally, through those empowering procedures, people are getting powerful and more resistant and they gain equal participation in society.

Politicians may refer to their economic decisions as “intending to empower the lower social stratum”.

In the mental health context, empowerment is supposed to help people with mental health challenges to have their voices heard and to be able to lead a meaningful life instead of living as “ill”.

Critical elements of the term and of how it is actually used

The word empowerment creates feelings of positivity, strength, and bravery in the face of adversity.

In general, it is a word that creates positive connotations as it is related to growing, gaining strength, becoming more autonomous, and being equal with others. Most importantly, it makes people think of “companionship”. Of something “we do together”.

Some problems of the term come along with its use in the political sphere and also in marketing campaigns. We must make clear, however, that no process of personal improvement or any individual success can replace awareness or political and social action. Because that is what empowerment really means.

Since empowerment is actually needed, we should bear in mind that in reality, it shows that there is a power imbalance within society, which means that different groups of people have different levels of power within the same society, as far as political and social rights are concerned, as well as regarding their overall life status and their opportunity to change those.

When it comes to mental health, empowerment seems to be essential for the overall life and condition of people with mental health challenges.

What we suggest



There is no need to alter the word or prefer different terms to describe this process. We should consider empowerment as a process by which people strengthen their abilities, confidence, vision, and leadership, in order to promote positive changes in their life situation, rather than as part of any political movement's narrative to profit from.

A movement to become more autonomous and self-sufficient by helping even other people on this path if possible. We can consider it as our inner strength, the capability of improvement, overcoming obstacles, and willingness



Empowerment can actually impact the lives of people, as long as we keep in mind that people bear their self-responsibility during that process and we are not there to "parent" or "paternalize" them.

Links - resources for further in depth learning / references

[1. Oxford Learner's Dictionary, "Empowerment"](#)

[2. What is empowerment?](#)

An article about the history of Empowerment, as a term and as a philosophy.

[3. What is the meaning of empowerment?](#)

A comment about empowerment and the importance of having choices.

[4. UNHCR | A Practical Guide to Empowerment](#)

A guide on Empowerment from the United Nations Refugee Agency.

[5. The Process of Empowerment: Implications for Theory and Practice](#)

An article about the study which tried to unravel the meaning of empowerment.

09 - Forced Hospitalization/ Forced Treatment

Definitions according to official sources

According to the American Psychological Association's "Dictionary of Psychology", involuntary hospitalization is:

"The confinement of a person with a serious mental illness to a mental hospital by medical authorization and legal direction (as in involuntary civil commitment). Individuals so hospitalized may be considered dangerous to themselves or others, may fail to recognize the severity of their illness and the need for treatment, or may be unable to have their daily living and treatment needs otherwise met in the community or to survive without medical attention."¹

Although the official term is "involuntary", the word "forced" is also widely used.

How the term is actually used in different contexts

Involuntary or forced hospitalization refers to the procedure of the commitment of a person to a psychiatric hospital or clinic without consent or agreement from that person, by the police, after the official legal order of a specific person of duty (e.g. a prosecutor, the mayor (in Italy), etc).

It is a practice that was initially intended to protect people from the severe outcomes of an extreme mental health distress event and to protect their family and/or friends from them when in crisis as well. Additionally, it was meant to separate (and care for) people who become violent due to their distress from those who have criminal behavior.

The practice itself is based on the idea that some people, when they are in great distress - usually called "a crisis" - can become dangerous to themselves and others and at the same time they are not able to understand and/or communicate their needs and situation.

If the person's environment (family, friends, neighbors, work peers, etc) thinks that the person is going through a crisis, they can ask who is legally entitled for their order, so that the person is legally bound to be treated in a psychiatric clinic and/or hospital (involuntary hospitalization or involuntary treatment). The implementation of this procedure is ensured by the police.

The UNCRPD, however, has declared all kinds of forced or involuntary treatment and/or hospitalization as torture and a violation of human rights (Art. 15), despite the fact that all countries retain legislation about involuntary confinement and/or treatment untouched. 2.

Involuntary hospitalization and/or treatment have been reported to be traumatic experiences that affect people's lives overall.

The fact that this process includes many people, who are not always mental health professionals, or who do not necessarily pursue the best interest of the person in distress, makes this practice a quite complicated matter.

Critical elements of the term and of how it is actually used

The problem, of course, is not with the wording but with the procedure itself. Although, it is generally accepted among people with mental health challenges that sometimes when in distress, one might need help but refuse to accept it, this specific practice is unanimously considered as violent and traumatic.

Most people with mental health challenges are familiar with the procedure (firsthand or from other people that they know) and they are shaken up even by the mere hearing of the phrase.

People who have experienced this procedure and are open to talk about it often mention that they felt violated and humiliated, since their whole neighborhood witnessed them being arrested like criminals, and also helpless like they were being kidnapped or trapped.

Some people understand now that at that time they were actually in a very bad place and they needed help, but they still believe that the way help was given to them was not in their best interest. They mention that they felt they were being punished for not being well and that they had to prove something which was unclear.

Generally, this experience has a huge impact on one's self-esteem. People are not asked or informed about things that immediately affect them, like the effects of the medicine or their rights, they are confused and they feel betrayed by their friends or family who put them in this situation. They are not listened to or respected by the medical staff or their familiars and this situation makes them feel worthless and alone.

Additionally, after undergoing such a procedure people cannot go back to living their lives as they did before because they are stigmatized and this affects every one of their relationships. Also, usually, after the hospitalization people are not allowed to stop taking the medication even though they are no longer in that kind of extreme state that resulted in their hospitalization in the first place.

Specifically regarding "involuntary medical treatment" there is a joke among people with mental health challenges that there is no such thing because this term implies that there are medication treatments that are not involuntary. That means that since the doctor does not give any alternatives and "informs" the person who is dealing with mental health challenges that if they do not take the medication they will have a relapse and go to the hospital again, one may accept to take it, but this is not an honest consent.

Nevertheless, even after all this critical elements, we must also express another point of view that was mentioned by people with mental health challenges, one that states than on this system, which does not offer many alternatives, a hospitalization, even a forced one, might be an escape from a very pressuring situation.

What we suggest



The term as it is, describes, very well the procedure, either we use the word “forced” or “involuntary” although the phrase “forces break from one’s life” might be more accurate.

- There is no way to find any kind of empowering definition for this practice that does not include in any way the persons of interest will. Instead, another procedure must be applied, one that supports the person with respect and without detaching them from their environment.



Links - resources for further in depth learning / references

[1. American Psychological Association’s Dictionary, “Involuntary Hospitalization”](#)

[2. Convention on the Rights of Persons with Disabilities – Articles](#)

The United Nations convention.

[3. Psychiatric coercion and violence: ethical, legal and preventive aspects](#)

Review of the literature data analyzing the ethical, legal, and preventive aspects of coercion and violence measures applied in psychiatric settings.

[4. Short Guide to Ending Coercion and Restraint in Mental Health Services](#)

Slides from the MENTAL HEALTH EUROPE Organization about coercion and restraint.

06 - Guardianship

Definitions according to official sources

According to the American Psychological Association's Dictionary, the word has the following meaning:

n. a legal arrangement that places the care of a person and his or her property in the hands of another.

When people are minors or are deemed incompetent by the court and therefore unable to make decisions about their own care or to manage their own affairs, a guardian is appointed by the court to manage their property, make personal decisions on their behalf, and provide for their care and well-being¹.

How the term is actually used in different contexts

The term refers to a practice that can be used when a person is considered unable to make decisions that are in their best interest, regarding their finances, residence, or other administrative matters.

Usually, a person can be considered to be in this situation when they are facing some form of challenge in their lives, such as a psychiatric diagnosis, cognitive or bodily difficulties.

By law, the guardian is obliged to follow the will of the person they guard and support them in making informed decisions.

Although the guardian is usually referred to as a single person, it is actually a committee formed by 3 people, in order to make sure that the person is not being exploited.

Critical elements of the term and of how it is actually used

It is a term that creates strongly negative feelings among people with mental health challenges because it is associated with disempowerment and dehumanization.

By its very definition, the word assumes the incapacity of people, their inability to decide and act upon their own lives and to manage their own money, it makes them feel and seem small. Especially when using the word “guardianship” it is like grown-ups are turned into children again.

Additionally, negative thoughts arise due to the many examples of exploitation that occur under the pretext of help.

Almost everyone in our focus groups had personal examples or examples of friends that had been exploited or left unable to decide even for the simplest things in their life due to guardianship.

Some people suggested that this procedure should be renamed as “legal intervention” or “legal financial exploitation” in order to accurately describe what happens to people who are subjected to it.

What we suggest



Since, for many people, it is understandable that there are times in a person's life when they are not capable of making the best decisions. We can see a practical need for a procedure as guardianship but in a different context.

What we suggest, is a new procedure that is based on support, respect, and informed consent, one that is not legally binding and subsequently, a different term for it, to reflect it accurately.



Links - resources for further in depth learning / references

[1. APA Dictionary of Psychology, Guardianship](#)

[2. IGN International Guardianship Network](#)

The site of the International Guardianship Network (IGN), a non-profit and non-government organization. The missions of IGN are to provide support, information and networking opportunities for guardians and to put the legal proceedings of the UN Convention on the Rights of Persons with Disabilities into practice.

[3. Uniform Parameters of Guardianship - LawBoohmi](#)

A detailed explanation of the legal procedure of Guardianship from the legal blog of the LawBoohmi, a portal that provides legal information led by law students.

11 - Inclusion/Exclusion

Definitions according to official sources

According to a United Nations report, inclusion is defined as the process of improving the terms of participation in society for people who are considered disadvantaged on the basis of age, sex, disability, race, ethnicity, origin, religion, or economic or other status, through enhanced opportunities, access to resources, voice and respect for rights.¹

Then, exclusion is defined as a state in which individuals are unable to participate fully in economic, social, political and cultural life, as well as the process leading to and sustaining such a state.

How the term is actually used in different contexts

Inclusion and exclusion are almost always referred to as social exclusion and social inclusion. Actually, measuring social exclusion and inclusion are difficult terms due to their multidimensional nature, but they appear on all social levels in some way or another. We can define “inclusion” and “exclusion” as opposite terms, referring to the participation and/or involvement, or lack of it, of individuals or social groups in the decision-making in aspects of life that affects them.

We might say that something e.g. a practice is “inclusive” if it gives equal chances to everyone, regardless of race, gender, sexuality, social or economic background, etc. to participate and have their opinions equally valued.

Nowadays, “inclusion” has additionally acquired a specific meaning in the area of social media and pop culture, indicating that something pays attention to being inclusive in the representation of minority groups e.g. having LGBTQ+ people cast into movies. The discussion around “inclusive language” is also a hot topic, meaning that it is important to talk about people in a way that makes everyone feel comfortable e.g. referring to them in the correct preferred pronouns.

“Inclusion” is generally considered a positive and empowering word and practice.

On the other hand, exclusion is generally a disempowering practice, which leaves people out and other people are making the decisions for them. Social exclusion can have a long-term impact on people’s mental health.

In psychiatry, people with mental health challenges usually mention that they feel excluded from the decisions that are about them and thus they are disempowered.

Critical elements of the term and of how it is actually used

Although the terms “inclusion” and “exclusion” may seem easy to grasp, quite often they are misused when we speak or want to explain a situation in society. In many cases, the terms are overused, used out of context, or don’t get mentioned even when they should.

Sometimes “inclusiveness” is exploited for tactical reasons by corporations, for example when a brand is openly supporting a cause, like LGBTQ+ rights, in order to present a good public image and hide other aspects of their activities. In the same way, political parties and institutions may use inclusive language in order to look progressive, but in reality, their discourse may not correspond with their actions.

Taking the discussion to the “inclusiveness” in mental health contexts, our focus groups had plenty to say. Starting from the exclusion in the decision-making, as mentioned above, to the exclusion of society in general due to stigma and prejudice. This social exclusion may refer to not being able to find a job, not having your opinions validated, not being able to have a social life, etc.

What is interesting though, is that in terms of mental health, people with mental health challenges also mention a form of inclusion that is not necessarily positive. Specifically, people from our focus groups discussed the tendency of mental health professionals to include people with mental health challenges in the group of “psychiatric patients”, even though one might not relate to this group. This comes with many more forced inclusion, like the pressure to cooperate with specific services, get disability benefits, etc. In that case, although well intended, the inclusion in the group of psychiatric patients may have a negative impact on the lives of people as it leads to exclusion from society.

Lastly, we must stress that inclusiveness is a dynamic procedure and as society changes, so must inclusive practices. People and organizations who consider themselves as “progressive” or “inclusive” must challenge themselves constantly if they do not wish to get stuck in older mindsets regarding what it means to equally participate.

What we suggest



Real inclusion, meaning, when people are being respected and heard, when they have a say on the matters that affect them, has a positive impact on mental health, regardless of an existing diagnosis or not.

So, inclusion is something that we must always keep in mind when supporting people, and we should refer to it as a process and not a static goal.



Other terms that could be used are

- equal participation of an individual in all spheres of life no matter what
- common membership, groups of people that regardless of their differences, all have the same personal worth.

Links - resources for further in depth learning / references

[1. Identifying social inclusion and exclusion | United Nations iLibrary](#)

This volume of the RWSS will focus on social inclusion, examining patterns of social exclusion and assessing whether growth and development processes have been inclusive.

[2. Social inclusion and social exclusion explained | INCLUSO](#)

An in-depth analysis of the term “social inclusion” and, mostly, “social exclusion”.

[3. Priorities of the Erasmus+ Programme](#)

“Inclusion” from the point of view of Erasmus+ Programmes

[4. Inclusive Language Guidelines](#)

American Psychological Association’s Guidelines for an inclusive language.

12 - Insight

Definitions according to official sources

According to Cambridge Dictionary, “insight” is defined as “(the ability to have) a clear, deep, and sometimes sudden understanding of a complicated problem or situation”.¹

When the term is used in a medical context, it refers to the awareness of a person with mental health challenges that their mental experiences are not based on external reality and that they are the product of their “disorder”.

How the term is actually used in different contexts

The term “insight” has two totally different meanings inside and outside psychiatric contexts. One might say that those meanings are almost opposite to one another since one refers to the ability to look inside oneself while the other, the medical one, is the acceptance of the psychiatric diagnosis, the agreement with the others’ opinion.

More specifically, in social contexts, when people are talking about “insight” they usually refer to it as introspection, intuition, and in general, as finding oneself. It is considered a positive term, indicating personal growth and progress.

On the other hand, in clinical contexts, “insight” is the acceptance of the psychiatrist’s diagnosis. The acceptance that one is “mentally ill” and that their experiences are the result of the disorder. In the traditional psychiatric system, people who lack insight are considered “difficult” and have a bad prognosis, whereas insight together with compliance to the doctors’ guidelines are considered “positive prognostic indicators”. Insight is also used in clinical assessment, and it heavily affects the perceived seriousness of the condition.

People with mental health challenges are not always familiar with the term, but every one of them is familiar with the practice, meaning that they all remember the doctor asking them questions regarding if they know that they are sick, or that they have this or that disorder.

Critical elements of the term and of how it is actually used

Little criticism can be made regarding the social aspect of the term since it signifies a positive and personal procedure, but a lot of criticism can be made regarding the clinical term.

One of the problems with “insight” lies within accepting the psychiatric diagnoses and psychotropic medication as absolute truth. If this is the only truth, then of course having a different opinion can be a problem. But, psychiatric diagnoses are only one way of framing mental health challenges. It is just the way the doctors are taught to see them.

One might have a different opinion on what is going on with them, what are the roots of their suffering and what is actually helpful. There is nothing wrong with that, it is just another way to make sense of it and it should not be dismissed as “problematic” because it is the person’s understanding.

Framing the variety and complexity of people’s experiences, emotions, and thoughts in a medical model, under specific categories is not always possible nor helpful. Many people with mental health challenges mention that their whole existence is being defined by someone else and that the diagnosis, or the acceptance of it, is not helping them in any way. Some of them even report that they know they have to agree with the doctor if they want a “softer” treatment, and so they feel forced to lie. In more extreme situations, people with mental health challenges feel like this practice is used in order to control them in a way, meaning that it leaves little- to no space to express their own beliefs.

What we suggest



We do not find the clinical meaning of the word useful, as we believe that people should be allowed to have an opinion about their situation and they need to be able to make sense of their experiences in their own way

The only appropriate use of the term is the social one, which is linked to clarity, consciousness, and better understanding. This is a very empowering word and it should not lose that meaning.



Links - resources for further in depth learning / references

[1. Cambridge Dictionary, "insight"](#)

[2. The Meaning of Insight in Clinical Psychiatry | The British Journal of Psychiatry](#)

A review of the concept of insight in mental challenges: it may be more appropriate to think of insight as a continuum of thinking and feeling, not something that can be present or absent. Different psychiatric conditions involve different mechanisms in the process of impairment of insight

[3. Examples of Insight: Gaining Clear Understanding \(yourdictionary.com\)](#)

What insight is and what it is used for, with many practical examples from everyday life.

[4. Chasing that Elusive Insight](#)

Some personal thoughts about "insight" from a person with mental health challenges.

[5. Introduzione al concetto di "INSIGHT" | www.psychiatryonline.it](#)

Article from the journal "Psychiatry online" (IN ITALIAN). Examination of the term insight applied to psychiatric diagnosis also from the point of view of the history of psychiatry.

13 - Intervention

Definitions according to official sources

The American Psychological Association's Dictionary of Psychology defines "intervention" as:

n.

1. generally, any action intended to interfere with and stop or modify a process, as in treatment undertaken to halt, manage, or alter the course of the pathological process of a disease or disorder.
2. action on the part of a psychotherapist to deal with the issues and problems of a client. The selection of the intervention is guided by the nature of the problem, the orientation of the therapist, the setting, and the willingness and ability of the client to proceed with the treatment. Also called psychological intervention.
3. a technique in addictions counseling in which significant individuals in a client's life meet with him or her, in the presence of a trained counselor, to express their observations and feelings about the client's addiction and related problems. The session, typically a surprise to the client, may last several hours, after which the client has a choice of seeking a recommended treatment immediately (e.g., as an inpatient) or ignoring the intervention. If the client chooses not to seek treatment, participants state the interpersonal consequences; for example, a spouse may request that the client moves out or the client's employment may be terminated.
4. a similar confrontation between an individual and family and friends but outside of the formal structure of counseling or therapy, usually over similar issues and with the goal of urging the confronted individual to seek help with an attitudinal or behavioral problem. Also called family intervention.
5. in research design, an experimental manipulation. —intervene vb.¹

How the term is actually used in different contexts

The word is used in public health, and in the different fields of medicine including psychiatry, and psychotherapy, with the above-mentioned meanings.

An addiction intervention refers to the family or friends of an individual taking proactive steps to persuade the individual to enter treatment for their addiction, or other harmful behaviors.

Laypersons use the term intervention with the meaning of an interference in the acts of others to prevent an adverse outcome.

Critical elements of the term and of how it is actually used

People with mental health challenges associate the word with authority figures, someone who interferes, corrects and changes your course in life.

The perception is of being forced to behave in a specific way. The main problem with intervention is that it does not always need the permission or the agreement of the person who is in the receiving part.

In that course of thought, interventions are not necessarily well intended and they do not always work in favor of the person's interest.

The term intervention implies that the one who carries it knows what is best for the other, and that causes a balance of power and sets the ground for possibly overusing that power to the detriment of the person, to force a certain treatment or course of action on them.

What we suggest



In the field of mental health, the term “intervention” should be replaced with “support” and this should be reflected in the respective practices of the mental health systems and of friends and families of people who experience mental health difficulties.

Support requires consent, respect and equality.



Links - resources for further in depth learning / references

[1. APA's Dictionary of Psychology, Intervention](#)

[2. Public health interventions, definitions, and practice levels \(Public Health Intervention Wheel\)](#)

A leaflet from the Minnesota Department of Health explaining the different kinds of interventions.

[3. Shared Decision-Making—Balancing Between Power and Responsibility as Mental Health-Care Professionals in a Therapeutic Milieu](#)

A research about “Shared decision-making” from the professionals’ point of view.

14 - Mental Illness/ Disorder

Definitions according to official sources

According to the American Psychological Association's dictionary, a mental disorder is: Any condition characterized by cognitive and emotional disturbances, abnormal behaviors, impaired functioning, or any combination of these. Such disorders cannot be accounted for solely by environmental circumstances and may involve physiological, genetic, chemical, social, and other factors. Specific classifications of mental disorders are elaborated in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (see DSM-IV-TR; DSM-5) and the World Health Organization's International Classification of Diseases. Also called mental illness; psychiatric disorder; psychiatric illness; psychological disorder.¹

How the term is actually used in different contexts

"Mental illness" or "mental disorder" is the term used by mental health professionals to refer to the mental health challenges one might face. It can specifically refer to a diagnosed disorder or in a more general tone. Both terms are related to medicine and they usually create connotations of "insanity" and "madness".

The term is often (mis)used in non-clinical environments as well, by non professionals, to indicate any kind of strange behavior and as an explanation for violent behaviors. Sometimes it can even refer to people who have socially unacceptable morals.

The misuse of the term is massively reproduced by the media, as it usually creates memorable titles.

This overuse of the term, outside of medical environments intensifies the stigma and discrimination around people with mental health challenges.

Critical elements of the term and of how it is actually used

The term “mental illness”, as “mental disorder”, is considered, by people with mental health challenges, as a very heavy label that affects the whole person’s identity. Generally, the term creates similar connotations as the words “diagnosis” and “patient”.

People with mental health challenges mention that when they were identified as a person with mental illness, everything they did or thought gained a new meaning and was seen from that scope and/or perspective. They have to feel and act in a specific way and prove all the time that they are doing fine. In that sense, it feels like society has more demands from the people who have been diagnosed with a mental disorder than for the people who have not.

Additionally, they find the term “mentally ill” highly disempowering as it is connected with weakness, trauma, a constant need for help, and with the idea that something is wrong with the person.

Specifically, this last part is very important, because when we are talking about an “illness”, what we are actually doing is placing the problem within the person, hiding the socioeconomic factors behind the mental health challenges. And although according to the official meaning, mental illness can affect anyone regardless of their background (gender, race, sexuality, social and economic status, etc.), those factors are exactly the ones who are working together to create the environment in which a crisis may emerge - which creates a paradox.

One positive aspect of the term that was discussed in the focus groups is that for some people, the characterization of having a mental illness, sometimes made other people listen to them and acknowledge that their suffering was real.

What we suggest



We believe that the term “mental illness” is a highly stigmatizing one, which is at the best, only useful as a recognition that someone is in distress. Considering that from where we stand, people should always be validated, even if we do not always understand them, we do not find this very helpful.

On the contrary, we highly suggest that we must not use in our language terms that are negatively charged. So, instead of a “mental illness”, we suggest that the terms “mental health challenges” or “mental distress” are preferred.



Of course, we have to point out that changing the wording does not automatically mean that people will be treated differently. So the alternative terms must only be seen as a catalyst to create new ways of thinking about mental health and new ways of responding to distress.

Links - resources for further in depth learning / references

[1. American Psychological Association's Dictionary, "mental disorder"](#)

[2. Mental health inclusive language guide](#)

A brief language guide to refer to mental health challenges written by Stampede Stigma (Australia), a campaign to end the stigma and discrimination faced by those experiencing mental health challenges.

[3. Let's Stop Saying "Mental Illness"!](#)

An essay from a nonprofit organization that unites sponsor and affiliate grassroots groups with thousands of individual members to win human rights and alternatives for people labeled with psychiatric disabilities

15 - Normal / Abnormal

Definitions according to official sources

According to the Oxford Learner's Dictionary the term normal means:

- a. typical, usual or ordinary; what you would expect
- b. physically and mentally healthy ¹.

Normal also refers to something that occurs naturally. In everyday life, the term is used in order to describe a situation or a person that is generally free from physical or mental impairment or dysfunction and does not exhibit defect or irregularity.

In Greek, the word can be translated as "fisiologikos" which comes from the words "fisi" = nature + "logikos" = logical

How the term is actually used in different contexts

The terms "normal" and "abnormal" are used in many different settings in everyday life, indicating a situation that is considered as the "usual", the "regular", the "acceptable" - or the opposite of it.

A person or behavior is considered "normal" if it complies with the social norms, the most common behavior in society, known as conformity, and what is commonly acceptable. Normal behavior is often only recognized in contrast to abnormality. According to the people from our focus groups, "abnormal" means having a capacity that cannot be channeled within society and cannot find its place because it is different from most people.

In mental health, we might come across different kinds of behaviors, thoughts, emotions, and experiences that are considered "abnormal" and thus, problematic. When people do not conform to the normal standard, they are often labeled as sick, disabled, abnormal, or unusual, which can lead to marginalization or stigmatization.

Critical elements of the term and of how it is actually used

One of the main issues with the idea of “normality” is that it sets some specific boundaries about what is acceptable and what is not and people react to that like it is an objective reality.

This can be very pressuring as we are forced to act in specific ways, always chasing the “normal”, and the “perfect” and losing ourselves and what makes us special along the way.

This concept is also limiting because there is a cost in trying to fit everyone into specific molds. As Frank Zappa said, “without deviation from the norm, no progress is possible”.²

In that sense, society has more to gain from people who are different and unique, and think in different ways, than from a population that consists of similar, “normal” people.

Additionally, the concept of normality creates power balances and it can be the source of prejudice and social injustice. What is viewed as normal can change depending on both the timeframe and the environment.

Specifically in mental health, we are used to calling “abnormal” something that does not make sense. But if we rush into giving it that label, we do not take the time to look more into it. Those situations that we usually call “abnormal”, are totally “normal” reactions to life events. If we just focus on the symptoms, without placing them into the greater context that they appear in, then we understand them as something meaningless, as something “abnormal”.

What we suggest



When it comes to mental health, the term “normal” has no place. Achieving normality should not be considered as the aim and it definitely must not be confused with “healthy”.

People must be free to live their lives as they please and accept their experiences as what they are, and not under the scope and/or perspective of social constructions, which define normality. Instead, it could be useful to embrace the idea of people deciding what is “normal” for them.



Links - resources for further in depth learning / references

[1. Oxford Learner's Dictionary, "normal"](#)

[2. Quote form Frank Zappa](#)

[3. Normal and Abnormal: Georges Canguilhem and the Question of Mental Pathology](#)

This paper argues for a conception of mental illness in which the scientific identification of biological abnormalities is useful, but not in itself sufficient.

[4. Who's Normal Here? An Atypical's Perspective on Mental Health and Educational Inclusion](#)

Article that uses autobiographical reflection to argue for mental health as an area of cultural difference that merits inclusion in multicultural education.

16 - OCD

Definitions according to official sources

According to the American Psychiatric Association, Obsessive-compulsive disorder (OCD) is:

any condition characterized by cognitive and emotional disturbances, abnormal behaviors, impaired functioning, or any combination of these. Such disorders cannot be accounted for solely by environmental circumstances and may involve physiological, genetic, chemical, social, and other factors.

Specific classifications of mental disorders are elaborated in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (see DSM-IV-TR; DSM-5) and the World Health Organization's International Classification of Diseases. Also called mental illness; psychiatric disorder; psychiatric illness; psychological disorder.¹

How the term is actually used in different contexts

"Obsessive Compulsive Disorder" is a clinical term, referring to a specific situation, as it can be seen from the official definition. It is generally understood as a condition that creates serious challenges in everyday life, and people who have to deal with those kinds of challenges find themselves struggling.

Apart from the clinical meaning, the term is also widely used in a more general way to describe qualities like being particular with things and wanting to have things in a certain and orderly way.

This pop culture phenomenon of self-diagnosing as "OCD" due to caring a great deal about tidiness or cleanliness on one hand it enlightens the concept that mental health and mental challenges are on a continuum and on the other it pathologizes everyday behaviors.

Critical elements of the term and of how it is actually used

Regarding the clinical use of the term, one might say that, as in every diagnosis, the label can overshadow the conditions that lead to a specific situation and thus, hide some of the ways that these challenges can relieve the person or serve as a coping mechanism.

The connotations that the term creates are ones of seriousness and inability and so it makes sense to wonder if this diagnosis can actually be helpful for people or maybe it immobilizes them.

For people with mental health challenges, both outcomes are valid, depending on the person. Specifically, some people find comfort in the diagnosis as it takes away the responsibility and the consequent guilt. For others, this heavy diagnosis is like a tombstone placed upon their challenges. Like telling them that there is no way to overcome those challenges.

As for the social use of the term, the fact that this severe condition is used by someone to describe their quirks in a derisive way is a big problem for people with lived experience.

They feel that this way, the real struggle with uncontrolled anxiety, which is linked to OCD, is minimized and people with severe challenges cannot be taken seriously.

What we suggest



Since this “disorder” can have a wide variety in the way it appears, it could be useful to use a less severe term, like “fixation” or “rigidity” and talk in a way that describes the personal challenges one faces.

That way, the label loses its power, while still showing the continuum that mental health is.

Additionally, it is important that this tendency to pathologize everyday behavior, regardless of whether we talk about “OCD” or “depression”, etc. needs to stop. It is problematic not only because it minimizes the real struggles of some people, but also because it also opens the way for the medicalization of everyday life.



Links - resources for further in depth learning / references

[1. American Psychological Association's Dictionary, "Obsessive Compulsive Disorder"](#)

[2. Why Inclusive Mental Health Language Matters](#)

Article on why inclusive mental health language matters, which among the examples gives relevance to the term OCD as it is frequently misused

[3. Understanding obsessive-compulsive disorder](#)

Self-care tools and resources to help better understand and manage OCD-related challenges, with reflections about the most popular clichés.

[4. I'm pleading for pop culture to stop playing OCD for laughs](#)

A personal opinion of a person with experience about the way OCD is portrayed in media - and how it should.

17 - Patient

Definitions according to official sources

According to the Cambridge dictionary, a patient is:

- a person who is receiving medical care, or who is cared for by a particular doctor or dentist when necessary
- [someone who is]having patience ¹

The word originates from the Latin “patire”, which means “to suffer”.

The English “patient” and the Italian “paziente” also refer to someone who waits or endures certain circumstances with patience.

In Greek, “asthenis” refers to a person who lacks strength.

How the term is actually used in different contexts

The term “patient” is officially used in the entire healthcare system and is referring to the person who gets treatment from a psychiatrist (or psychotherapist) or receives services in a clinical structure.

There is a great degree of internalization of the label “patient” by the person who carries it.

In general medicine, the label of the “patient” is a temporary one, since it lasts only until the person is cured. However, when the term is related to mental health, it tends to be a permanent label for the person.

When used in daily conversation, the word refers to a person who is sick, defined so by themselves or by the medical system.

Critical elements of the term and of how it is actually used

The word is deeply embedded in the biomedical model of mental health and linked with the understanding of mental health challenges as illnesses.

It originates in hierarchical structures, where the care is offered by doctors and nurses, clinical psychologists, or psychotherapists. As a result, the word is still charged with a negative connotation, associated with obedience to a higher authority whose care you are receiving, the lack of equality, and the weakness of the person in the patient position.

Due to this understanding that has been widely internalized, the use of the word “patient” in the field of mental health can stand in the way of even the most well-meant attempts to work as equals for one’s recovery and well-being.

There is an imbalance of power when one is the patient, and the other is the specialist, stemming from the assumption that the specialist holds all the knowledge about what is best for the patient and has the power to prescribe medication and other treatments that the person has to comply with. This usually implies that the patient is a rather passive recipient of the treatment, totally trusting, not meant to doubt the prescribed treatment, ask questions, give informed consent, or express concerns.

Due to the word’s association with enduring pain and guilt of having it, it is linked with an expectation of obedience, from the patient. Used excessively, it becomes a mark of personal identity, that the person may find it impossible to let go of.

Part of the reason why this word has become so strongly stigmatizing is that it has also been overused in daily conversation, outside of the clinical context.

However, for short periods of time, people can find comfort in being patient, as this label can also be associated with being sheltered, letting go of the pressure, and receiving support.

What we suggest



Alternatives:

- use names and courtesy formulas (when that is the case);
- people (who we work with/ who use this service/ who struggle with...)

Not preferred:

- client (implies a transaction);
- beneficiary (implies being the recipient of a service or good)
- user (associated with addictions).

When the word “patient” has to be used, it is crucial for it to be treated as a passing label, with the person’s approval, limited to a clearly defined period, to prevent the person from staying a patient for their entire life.



Links - resources for further in depth learning / references

[1. Cambridge Dictionary, “Patient”](#)

[2. Do we need a new word for patients?](#)

An in-depth discussion about the word “patient” and its implications.

[3. The term “patient” may describe me ... but it does not define me](#)

An article from the Society for Participatory Medicine about the word.

[4. Client or patient? Using the right lingo in your practice](#)

A discussion about the difference between the words “client” and “patient” in mental health.

18 - Peer Support

Definitions according to official sources

According to the American Psychological Association's Dictionary, "peer" is: n. an individual who shares a feature or function (e.g., age, sex, occupation, social group membership) with one or more other individuals. In developmental psychology, a peer is typically an age mate with whom a child or adolescent interacts.¹

Peer support refers to the practice in which "people use their own experiences to help each other. There are different types of peer support, but they all aim to

- bring together people with shared experiences to support each other
- provide a space where you feel accepted and understood
- treat everyone's experiences as being equally important
- involve both giving and receiving support.²

How the term is actually used in different contexts

Peer support is a way of relating to someone through shared experiences and core commonalities, with the goal to offer and/or receive support. In the mental health field, peer support is offered by an individual who has lived experience of trauma, psychiatric diagnosis, and/or emotional distress.

Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement on what is helpful.

Because the peer support approach is still in its emerging phase throughout the world, it is unevenly represented in various countries and so is the familiarity of the general public with the term. As the approach is gaining more recognition and formal ground in some countries, the term is becoming more known and the understanding of it, more accurate.

The generally used meaning is that peer support is when people use their own experiences to help each other.

It is associated with equality, respect, solidarity, and humanity.

Peer support can take many shapes, with the informal ones happening spontaneously and naturally, when people witness one another in challenging moments and do their best to offer some comfort, and the more formal ones that take place in structures like organizations and public services, for which peers need special certification and training.

Critical elements of the term and of how it is actually used

The term generally has a positive connotation and is becoming increasingly popular, as part of the language that mental health services take on when aligning to a more progressive, human-rights based, and empowering approach.

This brings up the risk of the term being misused as a decoy word, to check some boxes in institutions that pretend to be offering services on an equal basis but actually don't.

Also, when people hold prejudices against persons with lived experience of mental health challenges or have little knowledge about how peer support works, they are likely to misuse the word by diminishing this form of support in comparison to the professional one.

What we suggest



The current definition of the term is empowering enough, as it reflects the value of lived experience and of relating as equals, in offering mental health support.

To ensure its proper use, efforts have to be made to correctly educate people about its meaning and to monitor the ways in which it is used, so as to prevent or quickly correct eventual misuses or hijacks of the term.



Links - resources for further in depth learning / references

[1. American Psychological Association's Dictionary, "Peer"](#)

[2. What is peer support?](#)

Basic yet enlightening information on peer support.

[3. Peer support | Mental Health Foundation](#)

A presentation of the different types of peer support.

[4. A review of the literature on peer support in mental health services](#)

This review provides a description of the development, impact, and challenges presented by the employment of Peer Support Workers.

[5. A handbook for individuals working in peer roles](#)

A informative booklet for peer workers by the Substance Abuse and Mental Health Services

Administrations 'Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) & the Western Massachusetts Recovery Learning Community (RLC)

[6. Peer Support in Mental Health: Literature Review](#)

The goal of this review is to record the evolution, growth, types, function, generating tools, evaluation, challenges, and the effect of peer support in the field of mental health and addiction.

19 - Psychiatric Drugs Withdrawal

Definitions according to official sources

American Psychological Association's definition on "Substance withdrawal" is the following:

"A syndrome that develops after cessation of prolonged, heavy consumption of a substance. Symptoms vary by substance but generally include physiological, behavioral, and cognitive manifestations, such as nausea and vomiting, insomnia, mood alterations, and anxiety. DSM-IV-TR identifies six drug classes associated with withdrawal: alcohol, amphetamines, cocaine, nicotine, opioids- and sedatives, hypnotics, or anxiolytics. DSM-5 lists tobacco in place of nicotine and further identifies caffeine and cannabis as being associated with a withdrawal syndrome."¹

How the term is actually used in different contexts

The term is rarely used in clinical contexts, nor is it being used as practice, and the word "withdrawal" is usually connected with the use of illegal psychoactive drugs.

In psychiatric contexts, it is a common practice that people who are prescribed medication are usually on them for years or even forever, regardless of the symptoms.

Therefore, the discussion about tapering the medication is rarely taking place.

Nevertheless, what happens in many cases, is that the people with mental health challenges stop the medication themselves (as they do not find them helpful), without following a careful procedure, and then they often face many kinds of withdrawal symptoms. Although it is widely known that psychoactive drugs can cause these kinds of symptoms, people are usually not informed correctly but on the contrary, they are told that they are going through a relapse. This misinformation is reinforcing the false belief that stopping the medication is not an option.

Many people with mental health challenges mention that although they wanted to reduce or stop taking their medications, they did not do it out of fear. This issue often affects the relationships with friends and family who are usually worried and are divided between the doctor's instructions and their loved one's opinion.

The expressed desire of the person to stop taking the medication regardless of the reasons (which are usually the side effects of the drugs) is sometimes considered as a lack of "insight" (see insight in this glossary) and a symptom of the "disorder". In other words, if someone wants to stop the medication, they are usually seen as more ill and "non-compliant", as they "do not understand that the medication is for their own benefit.

Critical elements of the term and of how it is actually used

The main criticism regarding the use of psychiatric drugs is of course the fact that their tapering or discontinuation is not taken for granted, when they are no longer needed or if they cause serious side effects. But this is not a discussion for this part of the program.

Discussing the specific term and practice, two points must be made. Firstly, this discussion needs to be done with caution. Stopping taking psychiatric medication is a difficult procedure and no one must do it without proper information and without knowing the correct procedure.

This must be addressed in every conversation, so that people who want to stop taking their medication are not tempted to do it alone.

Secondly, the discussion around drug/medication withdrawal is not specifically about drugs in particular.

This means that the goal must always be to feel well. One might stop taking the medication if this is their wish, but other life changes must be made as well. If we only focus on the drugs and forget the conditions that cause the mental challenges, then chances are that with or without medication, the distress will remain.

What we suggest



Psychiatric drugs are one of the ways one can deal with mental suffering and it should be considered as such. Mental health professionals and peer supporters must explain this to people with mental health challenges and not push them to accept medication as the only solution.

Additionally, when the doctor suggests a drug, they must always inform the person about the medicines' wanted and unwanted effects and be open to answering any question. Informed consent must exist in any kind of treatment.



Lastly, no one can decide from the beginning that someone must take medication for life, regardless of the conditions they live in and the changes they may face throughout their lives. Medication can be used when needed, but we must always reexamine the situation again and again instead of resting assured that it is still needed.

Links - resources for further in depth learning / references

[1. Oxford Learner's Dictionary, "normal"](#)

[2. Quote from Frank Zappa](#)

[3. Normal and Abnormal: Georges Canguilhem and the Question of Mental Pathology](#)

This paper argues for a conception of mental illness in which the scientific identification of biological abnormalities is useful, but not in itself sufficient.

[4. Who's Normal Here? An Atypical's Perspective on Mental Health and Educational Inclusion](#)

Article that uses autobiographical reflection to argue for mental health as an area of cultural difference that merits inclusion in multicultural education.

20 - Psychosis

Definitions according to official sources

According to the American Psychological Association's Dictionary, "psychosis" is:

1. An abnormal mental state involving significant problems with reality testing it is characterized by serious impairments or disruptions in the most fundamental higher brain functions—perception, cognition and cognitive processing, and emotions or affect— as manifested in behavioral phenomena, such as delusions, hallucinations, and significantly disorganized speech. See psychotic disorder.

2. Historically, any severe mental disorder that significantly interferes with functioning and ability to perform activities essential to daily living ¹.

Additionally, as Britannica mentions, "The term psychosis is derived from the Greek psyche, meaning "soul," "mind," or "breath." [...] Because words that contain the root psyche (e.g., psychiatrist, psychiatry, etc.) are associated with the essence of life (usually related to the soul or human spirit) psychosis has come to a meaning that a person has lost the essence of life— that he-, she or they has developed a private view of the world or a private reality not shared by others ².

How the term is actually used in different contexts

"Psychosis" is a word widely used both in clinical environments and in social contexts. Clinically, it refers to people who are experiencing reality in a different way from the socially accepted one. They may have sensations that deviate from the usual, like hearing voices or giving special meanings to the situations around them. People who have experienced psychotic crises frequently mention the word "fixation" as a way to explain the experience better.

There are many specific "diagnoses" that fall under the general term "psychotic disorders", e.g. schizophrenia or schizoaffective disorder, but the term is still in use, in a broader and more general way. It is especially used when someone has some of the symptoms required for the diagnosis of schizophrenia, but not all of them in order to get the diagnosis.

In social contexts, the word can be used in ways that are far from the clinical meaning, but always describing someone or something that does not comply with the social norms. For example [in Greek] we may say that someone "has psychosis with another person" meaning that they are obsessed with them, they care for them more than is expected. Alternatively, we can hear in the media about the condition of "mass psychosis" in the sense that a lot of people act in a way that is not usual (e.g. during the Covid pandemic). In any case, the word has a negative meaning, even though for some people with mental health challenges the social meaning of the word is so much away from the clinical, that has turned into a neutral word.

Critical elements of the term and of how it is actually used

The word “psychosis” is a highly charged word as it creates many negative connotations. It brings to mind people who have “lost their mind” and who are not capable anymore to function in everyday life and make decisions for themselves. Of something severe and chronic.

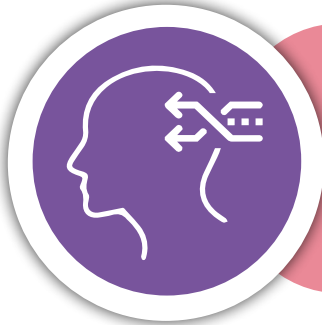
For people with mental health challenges, this word is considered as very strong and bad, even dehumanizing, as many of them feel that this label can erase them as persons - meaning that after they get this diagnosis, their whole identity and personality is seen from the lens of the “psychotic person”.

As it is an umbrella term, covering a range of different situations, this diagnosis can be confusing for people with mental health challenges and professionals. People who have experienced psychotic crises mention that it is a very personal situation and not everyone experiences it in the same way, so it is reasonable to wonder if it makes sense to put everyone under the same category. Moreover, some people felt the need to differentiate between “having psychosis” and “having a psychotic episode”. This distinction reflects also the wide variety one can find under this term but also the different kinds of challenges people may have to face. As for the professionals, some believe that such a wide term is not even useful in clinical contexts anymore.

Additionally, as with every diagnosis, “psychosis” is a medical term that places the problem within the person and hides the environmental reasons that affect people. Even when we acknowledge that the environment may have contributed greatly to the psychotic crisis, the focus is placed on handling the “sick” person and not on altering the conditions.

As a clinical term, this diagnosis is highly linked with medication. In some cases, specifically in countries where the National Mental Health System is mostly organized around medication treatments, the term is misused by professionals in order to permit the use of antipsychotic medication (as a strong suppressive tool) in people with challenging behavioral patterns. This is, of course, a problem of misuse of the word but the fact that it is a general term that leaves space for this situation to happen.

What we suggest



We suggest avoiding these kinds of labels and instead, trying to understand what is happening to the person, what their personal stories are, and what sense they make of them.

Although, some people from our focus groups, expressed the opinion that using the word “psychotic” is fine, as long as it is used as an adjective, giving a specific meaning to a situation, for instance explaining that a crisis has a “psychotic” character and not as a general label.



In Icelandic, the term “Geðrof”, which translates to “mental rupture” and is associated with challenging behavior, has entered mainstream discourse and gained acceptance among people with mental health challenges.



Links - resources for further in depth learning / references

1. [American Psychological Association's Dictionary, “psychosis”](#)

2. [Brittanica, “Psychosis”](#)

3. [Childhood trauma, psychosis, and schizophrenia: a literature review with theoretical and clinical implications](#)

In this review article the authors explore the available research about the connection between childhood trauma and psychotic experiences, coming to some interesting conclusions.

4. [How do people talk decades later about their crisis that we call psychosis?](#)

This is a qualitative study investigating the personal meaning that people give to their experiences that are considered as “psychotic”.

21 - Recovery

Definitions according to official sources

According to the Oxford Learner's Dictionary, "recovery" is:

1. the process of becoming well again after an illness or injury
2. the process of improving or becoming stronger again
3. the action or process of getting something back that has been lost or stolen ¹.

As for the American Psychological Association's Dictionary, "recovery" refers to:

1. consistent progress in the measurable return of abilities, skills, and functions following illness or injury.
2. a state of ongoing sobriety following long-term substance abuse ².

How the term is actually used in different contexts

The term "recovery" is used in several extremely heterogeneous contexts. For example, in the economic context, the term financial recovery is used to describe a road map undertaken by a company to get out of a difficult economic-financial situation. Another area in which it is used is that of recovery from adverse events (natural disasters for example) that have destabilized and interrupted people's daily lives.

Even within the same field of mental health, the term recovery can take on different meanings: it is sometimes used to describe "a return" to the status prior to the onset of mental challenges; it is also used as a synonym for "autonomy" or "personal effectiveness"; finally, it is also considered as overlapping with the concept of psychiatric rehabilitation or empowerment.

Rössler and Drake describe recovery as a hopeful philosophy articulated, endorsed, and activated by people with mental health challenges. This philosophical concept is based on the belief that people with mental health challenges can lead satisfying and meaningful lives. Recovery does not find its foundation in therapeutic or rehabilitative treatments but rather in active participation in community life. The philosophy of recovery embraces values such as autonomy, self-determination, and the overcoming of stigma ³.

Critical elements of the term and of how it is actually used

The major problem connected with the use of the term recovery arises precisely from the challenge of having a unique definition to refer to. Although the term recovery has been the target of numerous studies, to date even in the scientific community there is the risk of referring to different concepts that are not always in harmony with each other.

Furthermore, the term recovery risks being considered as “meta-physical” or “abstract”: a goal that is unattainable towards which it is right to maintain a constant tension with the awareness of never being able to reach it.

Finally, it is important to underline how the concept of recovery is inherently philosophical and therefore not capable of changing and orienting the organization of health services and therapeutic rehabilitation paths without a clear implementation strategy, which may be very different according to which the concept of recovery is adopted. For example, one may adopt a concept of clinical recovery emphasizing the absence of symptoms or focus more on subjective recovery which is, to large extent, independent of the persistence of symptoms.

Due to the abstract meaning of the term, sometimes it is used in an exploitative way, such as giving the title “recovery model” to practices and services that do not share this kind of mindset, in order to look like being progressive or in line with the latest approaches.

What we suggest



The concept of recovery must be centered in the person's values and goals, beyond one's clinically defined health condition.

The person in addition to being the protagonist of their own recovery path, is always the holder of rights that are a consequence of the dignity of being a person. These rights are never expendable, not even temporarily.



The person in deciding and implementing their goals and their recovery pathways may choose to do so in collaboration with health professionals, important people, and interested parties who cannot force the person to go against their will.

Participation in community life is an essential element of recovery: there is no recovery without active participation in the life of one's community.



Health services must be organized in light of the recovery philosophy.

Links - resources for further in depth learning / references

1. [Oxford Learner's Dictionary, "recovery"](#)

2. [American Association's Dictionary, "recovery"](#)

3. [Psychiatric rehabilitation in Europe](#)

This article follows the path of the Psychiatric Rehabilitation processes in Europe, arguing for community-based care.

4. [Recovery | Mental Health Foundation](#)

Detailed explanation of the term "recovery" from the Mental Health Foundation (UK).

22 - Resilience

Definitions according to official sources

According to the Cambridge dictionary, “resilience” is:

- the ability to be happy, successful, etc. again after something difficult or bad has happened
- the ability of a substance to return to its usual shape after being bent, stretched, or pressed
- the quality of being able to return quickly to a previous good condition after problems (e.g. economy) ¹.

Specifically in a mental health context, the American Psychological Association defines “resilience” as the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands. A number of factors contribute to how well people adapt to adversities, predominant among them (a) the ways in which individuals view and engage with the world, (b) the availability and quality of social resources, and (c) specific coping strategies. Psychological research demonstrates that the resources and skills associated with more positive adaptation (i.e., greater resilience) can be cultivated and practiced. Also called psychological resilience. See also coping behavior; coping-skills training ².

How the term is actually used in different contexts

The first meaning of the word comes from the physical sciences and it refers to the ability of a material to return to its shape after it has been forced to change - and it is in use inside the scientific community and laboratories.

In social sciences, resilience can be defined as the process of adapting well in the face of atrocities. It can both have the meaning of “bouncing back” and of growth.

It is generally considered a word with a positive and empowering meaning and in recent years it has gained the attention of mental health professionals, the general population, and the media.

People with mental health challenges believe that it would be helpful to focus more on resilience, instead of the negative experiences that they could not overcome. In other words, it can be empowering to acknowledge the past experiences that one dealt with because it can give them strength in the current situation.

Critical elements of the term and of how it is actually used

Although “resilience” may sound like something clearly positive, making it the ultimate skill to achieve, it can also cause pressure, and instead of helping people grow, it might actually limit them. In that sense, for some people with mental health challenges, “resilience” creates thoughts of “stagnation”, like they are there, enduring everything that comes their way, while they should actually interact with it and let themselves be changed by it.

Additionally, when praising resilience there lies the danger of pressuring individuals to act like they are resilient. To pretend that they can overcome the challenges and thus they are not given the chance to truly deal with their pain or even ask for help.

What we suggest



Resilience is a powerful tool and it is rightfully being valued and cared for, but we must not use it in a rigid way that leaves no space for vulnerability.



Resilience is not a trait that one has or has not, but it is something to work towards and it is possible that there might be a few setbacks on the way.



Links - resources for further in depth learning / references

[1. Cambridge Dictionary, "Resilience"](#)

[2. American Psychological Association's Dictionary, "Resilience"](#)

[3. What Is Resilience? Your Guide to Facing Life's Challenges, Adversities, and Crises](#)
Detailed information about resilience from theory to practicing it.

[4. The Relationship Between Resilience and Mental Health](#)
Resilience in work related contexts.

[5. Managing stress and building resilience](#)
Practical information on stress and resilience - barriers to resilience.

[6. Why resilience isn't always the answer to coping with challenging times](#)
An article depicting the problems that can occur when "resilience" is becoming the only way to move forward.

23 - Schizophrenia

Definitions according to official sources

The American Psychological Association defines the term “schizophrenia” as:

A psychotic disorder characterized by disturbances in thinking (cognition), emotional responsiveness, and behavior, with an age of onset typically between the late teens and mid-30s. Schizophrenia was first formally described in the late 19th century by Emil Kraepelin, who named it dementia praecox; in 1908, Eugen Bleuler renamed the disorder schizophrenia (Greek, “splitting of the mind”) to characterize the disintegration of mental functions associated with what he regarded as its fundamental symptoms of abnormal thinking and affect. According to DSM-IV-TR, the characteristic disturbances must last for at least 6 months and include at least 1 month of active-phase symptoms comprising two or more of the following: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, or negative symptoms (e.g., lack of emotional responsiveness, extreme apathy). These signs and symptoms are associated with marked social or occupational dysfunction. Some have argued (beginning with Bleuler) that disorganized thinking (see formal thought disorder; schizophrenic thinking) is the single most important feature of schizophrenia, but DSM-IV-TR and its predecessors have not emphasized this feature, at least in their formal criteria. DSM-5 retains essentially the same criteria but emphasizes that delusions, hallucinations, or disorganized speech must be among the symptoms required for diagnosis. It also eliminates the five distinct subtypes of schizophrenia previously described in DSM-IV-TR: catatonic schizophrenia, disorganized schizophrenia, paranoid schizophrenia, residual schizophrenia, and undifferentiated schizophrenia ¹.

Schizophrenia is thought to be the most prevalent of the group of psychoses (see also the term “Psychosis”).

The term was introduced as a neologism (new word) in 1909 by Eugen Bleuler, a Swiss psychiatrist and combines two words of Greek origin meaning split mind, referring to a disorganization of the cohesion of psychic functions ².

How the term is actually used in different contexts

The term schizophrenia is used mainly in the psychiatric, medical, and health literature. It is a highly stigmatizing term often used to refer generally to people who experience mental health challenges, especially giving these difficulties an element of irrationality and instability.

The adjective “schizophrenic”, for example, is also often used by the media and as a lay term to indicate something as irrational, paradoxical, or illogical. Schizophrenia is often unduly associated with dangerous and violent acts in the context of mental health problems.

Critical elements of the term and of how it is actually used

The term schizophrenia is so highly stigmatized that people with experience of mental health challenges and researchers alike have recommended that it should be replaced with less stigmatizing ones. This has happened for example in Japan where what was called schizophrenia is now known as “disintegration disorder” (Togo-Shitcho-Sho).

Especially people who have been diagnosed with “schizophrenia”, mention that this specific diagnosis is connected with incapability of communication, unpredictable behavior, and dangerousness and that when they were told they felt very scared and that their life had come to an end. They now believe that this reaction is due to the stereotypes that those people had internalized before getting the diagnosis.

Additionally, they witnessed their social life-changing, as they were now treated as “schizophrenic”, carrying with them all those negative stereotypes. They were excluded from social events, and they could not even find a job.

This puts pressure on people with mental health challenges as they feel that they are always being tested and even when they are doing well they may face the accusation that they are “putting on a show”. Additionally, many of them mentioned that they felt like every aspect of their lives was seen through the lens of the “disorder” and if for instance they were sad, that had to have a connection with their “schizophrenia” like they weren’t allowed to have a bad day or feel sad about something that happened to them.

Another kind of criticism that the term “schizophrenia” has received is that although it is commonly considered a disorder that has a strong biological background, the real causes of the condition are not known, nor sufficiently specific laboratory or imaging tests are available. The idea that “schizophrenia” is caused by biological factors, although not proven, has serious implications both in terms of stereotypes and also in its treatment. It is quite common to come across arguments such as “schizophrenia is a disease like diabetes, you just have to accept that all your life you will need the drugs until the end of time”, which are terribly misleading but serve the point of convincing people to cooperate. This specific diagnosis is the one most linked to medication that plenty of people who have been diagnosed with “schizophrenia” have adopted in their vocabulary terms like “drug regulated”.

Lastly, criticism has been made regarding the consistency of the symptoms between different people. For example, many people who share this diagnosis have a variety of different characteristics and from observation we know that many experiences that are described as part of schizophrenia are not, per se, always causing distress or loss of function.

What we suggest



Recognizing that the word is highly charged, professionals have proposed many different terms like “disintegration disorder”, “psychotic spectrum disorder”, “neuro-emotional integration disorder”, “salience integrative disorder”, “salience syndrome”, “attunement disorder” hoping that this alteration may reduce the stigma - although “schizophrenia” remains a widely used official diagnostic label.

Some of the people who participated in the making of this glossary, believe that a new name will not resolve the stigma attached to these kinds of mental health challenges and what is needed is a new approach in general, some even suggesting the abolishment of the diagnostic label in general. Others, recognise that at least a new name can highlight the social aspect of these challenges, as for example the term “integration disorder”.



Keeping in mind that this discussion is still open, we suggest that, at least for now we engage with the terms that people with mental health challenges prefer for themselves like “people with alternative mental experiences”, “people who experience reality in a different way” or more descriptive “people who hear voices”, “people who have uncommon beliefs” etc.



Links - resources for further in depth learning / references

[1. American Psychological Association's Dictionary, "Schizophrenia"](#)

[2. Online Etymology Dictionary, "Schizophrenia"](#)

[3. Schizophrenia | Mental Health Foundation](#)

Detailed information about the clinical term, misconceptions around it, and suggested ways of getting support.

[4. Renaming schizophrenia](#)

An article following the process of renaming “schizophrenia” in Korea, Taiwan, China, Hong Kong, and Malaysia and presents the current situation in these countries.

[5. Researchers Make the Case to Rename Schizophrenia](#)

An article that lists specific reasons why the term “schizophrenia” needs to be altered.

24 - Stereotype

Definitions according to official sources

According to the Oxford Learner's Dictionary, "stereotype" refers to "a fixed idea or image that many people have of a particular type of person or thing, but which is often not true in reality and may cause hurt and offense" ¹.

The word came into existence in 1798 indicating a "method of printing from a plate,". It comes "from Greek stereos "solid" (see stereo-) + French type "type" (see type (n.)). [...].

Meaning "image perpetuated without change" is first recorded 1850 ².

How the term is actually used in different contexts

Social psychology defines stereotypes as "... especially efficient, social knowledge structures that are learned by most members of a social group" (Hamilton and Sherman, 1994) ³. They can be considered "social" as they are created, shared, and sustained within a large group of people. They are also "efficient" because they allow the group that adopts them to generate impressions, prejudices and comments about the person or group of people who are objects of that stereotype (Corrigan and Watson, 2002) ⁴.

In the context of mental health, we find the concept of stereotype as part of the four processes that co-occur in the definition of stigma: "

- labeling human differences;
- stereotyping such differences;
- separating those labeled from 'us';
- and status loss and discrimination against those labeled (Link and Phelan, 2001) ⁵.

The stereotype, therefore, represents the "cognitive" part of the discrimination process followed by the emotional and finally the behavioral one.

As such, "stereotype" is not a word used in everyday life, because people are generally not aware of their stereotypic ideas and they believe them to be the truth.

Apart from social sciences, "stereotype" as a term sometimes can be found in the media in the contexts of educational programs or campaigns against stigma and discrimination.

Some common examples of stereotypes about people with mental health challenges are:

- People with mental health challenges are violent and dangerous
- People with mental health challenges are "chronically ill"
- Mental health challenges are hereditary

Critical elements of the term and of how it is actually used

The concept of stereotype does not have a merely negative value: it represents adherence to a thought that characterizes and unites a specific group of people. Generally, they serve the purpose of cognitive economy. They facilitate our interaction with the world, as we don't have to overthink everything. The problem emerges when we forget that they are constructed socially and we take them for absolute truths.

Many stereotypes are those that arise from preconceptions or from unmotivated fears towards particular people who hold a "stigma", an attribute that makes them different from others. And as such, stereotypes are products of power imbalances and also they help maintain them (the power imbalances).

Mental challenges as a stigma had already been described by Goffman: a "mark" that makes those who "possess" it deserving less dignity (and therefore fewer rights) than the rest of the population. 5. And this is exactly how people with mental health challenges feel about the stereotypes around them. They believe that those false stereotypes are the reason for social exclusion and violation of human rights.

Regarding the specific stereotypes mentioned above, people from the focus groups had a few things to say:

- About the violence: "not only we are not more violent than the rest, but we are in a higher risk of receiving violent behaviors, from direct violence of people around us, to the institutional violence, to the emotional violence of exclusion".
- About the chronicity: "it doesn't matter what happens to you after you get the label, you will always be that. Sometimes things in life change and you don't experience the same difficulties anymore, but still, you cannot get rid of the diagnosis".
- About the heredity: "everyone tells you that your difficulties are hereditary, probably your mother had it or something, but sometimes, you just had a difficult life".

The main problem with those stereotypes is not whether they represent the truth or not, but the way they have entered the mainstream dialogue, leading to people having strong beliefs about issues they have no knowledge about.

What we suggest



As for the word “stigma”, even for “stereotype” we do not believe that it should be modified or replaced by other words. Instead, it is necessary to take decisive and continuous actions to eradicate the false stereotypes related to mental challenges and to the people who have experienced them.

Three main actions to combat stigma are described in the literature:

- protest
- education
- contact

Mental health education, campaigns against discrimination, care pathways, and psychotherapy, which are just some of the ways people can have the opportunity to “correct” their often-incorrect information on these issues.



Even more effective is the contact with people who have experienced mental challenges and who can therefore bear their testimony. So, again we come across the necessity of social inclusion. Even the simplest interaction, for example, a simple conversation, is a very powerful method to re-evaluate one’s stereotype in a critical way.



Links - resources for further in depth learning / references

[1. Oxford Learner’s Dictionary, “Stereotype”](#)

[2. Online Etymology Dictionary, “Stereotype”](#)

[3. Handbook of social cognition, Chapter “Stereotypes”, Hamilton & Sherman](#)

This chapter of the book “Handbook of social cognition” assesses what we know about stereotypes from social psychological research, particularly from a social cognition point of view.

[4. Understanding the impact of stigma on people with mental illness, Corrigan & Watson](#)

This paper integrates the research about stigma in mental health with the general research on stereotypes and prejudice.

[5. Conceptualizing Stigma, Link & Phelan](#)

A paper that argues on a return to the concept of the stigma that arises from the sociological perspective - in contrast to the more recent points of view.

[6. Breaking Down the Stereotypes Surrounding Mental Health](#)

An article about common stereotypes in mental health and the effects they have on people with mental health challenges.

25 - Stigma

Definitions according to official sources

Cambridge Dictionary defines “stigma” as “a strong feeling of disapproval that most people in a society have about something, especially when this is unfair” ¹.

For the American Psychological Association, “stigma” is “the negative social attitude attached to a characteristic of an individual that may be regarded as a mental, physical, or social deficiency. A stigma implies social disapproval and can lead unfairly to discrimination against and exclusion of the individual” ².

How the term is actually used in different contexts

“Stigma” is an academic term that was introduced in 1963, by the American sociologist Goffman. Goffman used the term to indicate those attributes (ethnic, religious, physical, etc.) that connoted those who owned them as “... tainted, discounted one”. Stigma leads to discrimination and loss of dignity as a result of prejudices by other members of society. Stigma is also highly associated with mental health contexts, as many people are discriminated against every day because of a psychiatric diagnosis.

The phenomenon of stigmatization results from others’ lack of knowledge (stereotypes, ignorance, or misinformation), attitudes (prejudice), or behavior (discrimination).

Eight different types of stigma related to mental health have been described in the scientific literature: public stigma, structural stigma, self-stigma, felt or perceived stigma, experienced stigma, label avoidance, courtesy stigma, and spiritual stigma.

The term is extremely transversal and is used to describe situations of discrimination not only in the health field. Some examples include:

- The Organisation for Security and Co-operation in Europe (OCSE) has stated that manifestations of intolerance and discrimination against Muslims appear to have been on the rise in recent years ³.
- The paper published by Gillen-O’Neel and colleagues (2011) indicated that ethnic-minority children reported higher stigma awareness than European-American children ⁴.
- The Pan American Health Organization (PAHO) describes as stigma against homosexuality and ignorance about gender identity are widespread, both in society at large and within health systems ⁵.

Discrimination in the health systems can result in outright refusal to provide care, poor-quality care, and disrespectful or abusive treatment, among others. The medical areas mainly affected by stigma are infectious diseases (particularly HIV), oncology, physical disabilities, and mental health.

Although, as seen above, “stigma” has been the object of much research and is widely recognized as a phenomenon that affects people in plenty of negative ways, people from our focus groups mentioned that all this work cannot in any way describe their personal experiences. Specifically, they mention that they feel like their whole identity is being erased and they are being judged just by a single element. They feel the stigma in every aspect of their lives and that this is sometimes even harder to deal with compared to the health challenges themselves.

Critical elements of the term and of how it is actually used

We do not believe that the term stigma is used incorrectly or inappropriately in the context of mental health or of social sciences in general. Rather, the problem associated with it is that its consequences are dramatic and definitely underestimated (social exclusion, loss of family affection and work, a decrease in self-esteem, and the worsening of psychopathology, e.g., suicidal behavior).

The problem, therefore, is not the word itself but the fact that the way it is being confronted by the public, social and political debate - which is not fruitful.

Lots of money is spent on research and campaigns about “stigma” but this sometimes can create even greater discrimination as it can further strengthen the idea that people with mental health challenges are something different.

Therefore, what can be problematic is trying to “combat stigma” without creating an inclusive environment, altering the traditional narratives, or offering people with mental health challenges actual choices.

What we suggest



It is not our intention to change the word “stigma” or to propose alternatives.

On the other hand, we believe that the creation and dissemination of inclusive activities can reduce stigma and discrimination, even if this is not their direct goal.

In many countries, anti-stigma campaigns have been undertaken with the active involvement of peer-workers (example: “Time to Change” in England ⁷.) with the aim of bringing the topic of stigma to the attention of a different group of people (citizens, teachers, police forces, health professionals, lawyers, etc.) to raise awareness on this issue and its consequences.



Links - resources for further in depth learning / references

[1. Cambridge Dictionary, “Stigma”](#)

[2. American Psychological Association’s Dictionary, “Stigma”](#)

[3. Countering discrimination against Muslims](#)

An article about the actions taken by the Organisation for Security and Co-operation in Europe (OCSE) in order to combat stigma against Muslims.

[4. Ethnic stigma, academic anxiety, and intrinsic motivation in middle childhood](#)

A research that explores the awareness and effect of ethnic stigma.

[5. Muslim women’s experiences with stigma, discrimination and abuse are associated with depression in America](#)

An article investigating the impact of stigma and discrimination on the mental health of Muslim women.

[6. LGBT advocates say stigma and discrimination are major barriers to health](#)

The website of the Pan American Health Organization (PAHO), writes about stigma and discrimination in the LGBT+ community.

[7. Time to change](#)

The Official website of the UK - based anti-stigma campaign.

[8. Stigma: Notes on the Management of Spoiled Identity](#)

The landmark book on Stigma from Goffman (1963).

26 - Suicidal

Definitions according to official sources

According to the Merriam - Webster Dictionary, “suicidal” can be characterized something or someone who is:

- dangerous especially to life
- destructive to one’s own interests
- relating to or of the nature of suicide
- marked by an impulse to commit suicide ¹.

Additionally, in the American Psychological Association’s Dictionary, one can find the following entries:

- suicidal ideation: thoughts about or a preoccupation with killing oneself, often as a symptom of a major depressive episode. Most instances of suicidal ideation do not progress to attempted suicide ².
- suicidality: the risk of suicide, usually indicated by suicidal ideation or intent, especially as evident in the presence of a well-elaborated suicidal plan ³.

How the term is actually used in different contexts

Clinically, the word refers to people who have persistent thoughts of taking their own lives. Typically it is seen as a symptom of a “disorder” (e.g. “depressive disorder) and it is rarely put under the microscope in order to understand what that might mean for each person. In some cases, it is also considered a way to gain attention or an attempt to feel something extreme.

The media have played their own part in strengthening this connection between attempts to terminate life with mental health challenges and/ or specific disorders. For instance, it is a very common practice that when a person takes their life, the media are trying really hard to find an undiagnosed disorder behind this act.

Socially, the word “suicidal” is rarely used, although jokes about taking our lives, when under “extreme” boredom or shame are quite common.

According to our focus groups, it is very important to differentiate between the act of suicide and the persistent thoughts of taking ones life, which may or may not lead to actual suicide. This separation is important because it can differentiate between the people who are dealing with chronic feelings of despair and emptiness and those who are choosing suicide as a solution to the presence of abrupt, extreme stress, e.g. after a financial collapse.

Critical elements of the term and of how it is actually used

Suicide is generally condemned socially and legally (see the expression “commit suicide”), not to mention that it is considered a sin in the Christian religion. Because of this perception, there is a lot of shame around suicide which can affect the family of a person who actually proceeds to it, but also for the person who is constantly thinking about it. Like it is something very bad and selfish to think about. As a consequence, the adjective “suicidal” can be stigmatizing for the person.

Additionally, this characterization can create connotations of fear for mental health professionals which consequently may affect their work. In plain words, when a person is labeled as “suicidal”, professionals may be biased towards them, out of fear that they will harm themselves and prove the professional insufficient or incompetent. This fear can lead to drastic measures, focusing on the treatment of the “symptom”, for example, heavy sedative drug treatment and thus hiding the circumstances and feelings that can lead a person to have these kinds of thoughts.

People who have had such experiences mention that they felt loneliness, emptiness, sadness, and despair and that they thought that they did not have any other option or way out. They believe that the word does not describe their experience as it focuses on the wrong part and it does not point to those feelings.

Lastly, and obviously, the way media reacts to suicides trying to pathologize the action and connect it to mental health challenges, as mentioned above, is not an acceptable one.

What we suggest



Generally, the word does not necessarily need to be replaced, but instead, it must be used with caution and strictly in clinical contexts.

Alternatively, we might choose to use a more descriptive way of speaking, for example saying that the person “regularly thinks about suicide”, “lacks will to live”, or “experiences life-threatening mental health challenges”



Jokingly, but in an attempt to highlight the despair that might be behind a suicide, people from the focus groups suggested the term “depressed to death”.

Links - resources for further in depth learning / references

[1. Merriam-Webster Dictionary, “Suicidal”](#)

[2. American Psychological Association’s Dictionary, “Suicidal Ideation”](#)

[3. American Psychological Association’s Dictionary, “Suicidality”](#)

[4. Myths About Suicide](#)

An article addressing some popular misconceptions about suicide from the “Samaritans” Suicide Prevention Center in New York.

[5. Language Matters When Talking About Suicide](#)

Basic information on how to talk about suicide in a non-stigmatizing way.

[6. Supporting someone who feels suicidal](#)

Guidelines on how to support people in an inclusive and empowering way, when they have thoughts about suicide.

27 - Symptom

Definitions according to official sources

According to the American Psychological Association's Dictionary, "symptoms" can describe:

1. Any deviation from normal functioning that is considered indicative of physical or mental pathology. See disease; disorder; syndrome.
2. In general, any event that is indicative of another event; for example, a series of strikes is a symptom of economic unrest ¹.

How the term is actually used in different contexts

Generally, "symptoms" are considered as indications of problematic situations. As seen from the official definition, we might say that a "symptom" is the apparent manifestation of an underlying condition. That is the case both for the medical and the social use of the word. Therefore, in a clinical context, the doctors use the symptom (e.g. low blood pressure) as an indication in order to find the pathology that causes it.

However, in mental health contexts, symptoms are themselves the criteria for the diagnoses and not the mere indications that make us look deeper to find the underlying conditions. This creates the paradox that the "symptoms" are both the cause and the expression of the mental health challenges. For instance, one can have the diagnosis of "schizophrenia" because they hear voices (symptom), and at the same time, the explanation as to why they hear voices is the fact that they have "schizophrenia".

In psychiatry and psychology, "symptoms" can include a variety of experiences, such as unusual beliefs, feelings that are considered "extreme" and specific behaviors that when put together in different combinations they create the different "disorders".

Symptoms generally have a negative meaning, in the sense that they are thought to create distress to the person and affect their everyday life. Psychiatric medication and/or treatment are usually focused on minimizing those symptoms.

Critical elements of the term and of how it is actually used

The word “symptom” is used to refer to specific conditions that are not the norm - in a given time and place. How we understand and respond to the said symptoms can create a great difference in people’s lives.

People with mental health challenges mention that the way symptoms are usually handled in the traditional psychiatric procedures makes them “sterilized” as they are seen mostly as a “box to check” whereas their personal experience is being lost. Additionally, it is not uncommon to come across disagreement between mental health professionals regarding what is a symptom and what needs to change and what doesn’t, what is “normal” and what isn’t.

On a more radical way of thinking, the recovery models and people with mental health challenges, suggest that we need to rethink the way we understand “symptoms” in general. Unusual experiences, extreme states of being, or other ways that mental health challenges manifest themselves are not necessarily problematic entities that one needs to get rid of or at least learn to ignore.

On the contrary, “symptoms” have a purpose: they are a way of communication. People with mental health challenges believe that their “symptoms” are indicating their struggles in life and their past traumas and frequently they serve as coping mechanisms in a challenging world.

Therefore, for people with mental health challenges symptoms are not necessarily something bad that they need to eradicate, but they can also be another language that we need to learn to understand in order to make sense of who we are.

What we suggest



We can keep the word if our mind is set on understanding and not on “fixing” or “suppressing”.

Alternatively, we can talk about these experiences naming them specifically, e.g. extreme sadness, hearing voices, etc or we could generally talk about “ways of communicating” and “expression of inner challenges”. In this way, even the term will be thought of in this direction.



Links - resources for further in depth learning / references

[1. American Psychological Association's Dictionary, "Symptom"](#)

[2. Making sense of unusual experiences](#)

In this site of the OASIS Mental Health Service (UK), one can find a description of some of the most common ways people understand their experiences.

[3. Accepting and working with voices: The Maastricht approach](#)

An article about the Maastricht approach to hearing voices which focuses on working with the voices instead of getting rid of them.

[4. Hearing Voices Network](#)

The official site of the international “Hearing Voices Network” which is a peer-oriented organization offering information, support and understanding to people who hear voices and their family/friends.

[5. Paranoia may be used by the brain to protect us](#)

An article about an academic paper which argues that paranoia is not just a pathologic symptom but actually it is a useful function of the brain designed to protect us from threats.

28 - Therapy

Definitions according to official sources

According to the Cambridge Dictionary, “therapy” is “a treatment that helps someone feel better, grow stronger, etc., especially after an illness and/ or challenge. Examples of different kinds of therapies may include: occupational therapy, speech therapy, group therapy, joining a club can be a therapy for loneliness ¹.

The word originates “from Modern Latin *therapia*, from Greek *therapeia* “curing, healing, service done to the sick; a waiting on, service,” from *therapeuein* “to cure, treat medically,” literally “attend, do service, take care of” ².

How the term is actually used in different contexts

The word “therapy” is mostly used to indicate an intervention that is taking place in order to improve something or bring it in the previous condition e.g. speech therapy for kids in order to speak more clearly or physical therapy after surgery to be able to walk again. In that sense, there are many different kinds of “therapies” for many different kinds of situations and as we can see, we always need a “problem” that the therapy can fix.

Regarding mental health challenges, there are two main therapies that one can make use of: pharmacotherapy and psychotherapy. Pharmacotherapy is the treatment of mental health challenges with medicine where the goal is the suppression and the reduction of the “symptoms”. People with mental health challenges often talk about psychiatric drugs naming them the “necessary evil”.

In psychotherapy, there are many different schools of thought and one can find approaches from more practical, targeting the challenges themselves, to understanding and accepting oneself, to making life changes. Psychotherapy is getting more popular over the years and now it is common for people to go to therapy without having severe mental health challenges and with the aim of understanding themselves better. There is still some stigma around psychotherapy but it is generally considered a good thing to do for yourself.

In a social context, the word “therapeutic”, which is related to “therapy” is nowadays getting a wider meaning and it does not only refer to situations in which one has to collaborate with a professional. So, people are more and more finding what helps them or what is good for them and they start using it as a form of self-care with therapeutic implications.

Critical elements of the term and of how it is actually used

According to people with mental health challenges, “therapy” is a procedure that needs consent, collaboration, and “working together”.

Otherwise, it is just an intervention with controversial outcomes. And this is often the issue in the traditional mental health context because the common practice does not always involve the person’s opinion and in many situations, the person is not even given enough information or answers. In that way, the “therapy” is forced in a way and that limits the benefits it could have.

This is mostly a problem with pharmacological therapy, both in the mental health context and in general medicine, where the doctors usually prescribe medications without informing people of their (side) effects and of other options. Nevertheless, it can also occur in psychotherapy when a doctor or a psychologist will offer their services without giving enough information about their approach so that the person can decide if this is what they need at the moment.

In general, the whole idea of “therapy” has enabled in it the concept of the expert. The one who knows what is best and can offer help and the one who is asking for help. This creates a power balance which although might be useful or even necessary in some cases, is also something that we must not forget.

About the social use of the word, we can say that taking care of oneself is very important and finding what helps can really make a difference in well-being in general, but this must not overshadow the need for external help in some situations. And of course, when professional help is used, the personal techniques that one has must be embraced in the therapeutic procedure. So official “therapy” and personal therapeutic procedures must work together and not exclude each other.

What we suggest



We need to use the word in a broader meaning that includes both official and non-official interventions that focus on general well-being.

Links - resources for further in depth learning / references

[1. Cambridge Dictionary, "Therapy"](#)

[2. Online Etymology Dictionary, "Therapy"](#)

[3. A Guide to Different Types of Therapy](#)

Basic information on the most common types of psychotherapy.

[4. The Power Differential and Why It Matters So Much in Therapy](#)

A detailed article about the power dynamics in the psychotherapeutic setting.

[5. Informed Consent in Counseling: Benefits, Process and Exceptions](#)

Practical information on informed consent in counseling.

[7. Jazmin Ali on yoga and her experiences](#)

A video by the trauma survivor Jasmin Ali, talking about the therapeutic use of yoga and meditation in her recovery from mental health challenges.

29 - Trauma

Definitions according to official sources

American Psychological Association defines “trauma” as:

- Any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person’s attitudes, behavior, and other aspects of functioning. Traumatic events include those caused by human behavior (e.g., rape, war, industrial accidents) as well as by nature (e.g., earthquakes) and often challenge an individual’s view of the world as a just, safe, and predictable place.
- Any serious physical injury, such as a widespread burn or a blow to the head ¹.

The word comes from Greek in which it has the meaning of “wound or cut”, of a “violent break in the skin continuum”. From 1894 the word has the meaning of the “psychic wound” ².

How the term is actually used in different contexts

Nowadays the word is mostly used in mental health contexts to indicate the impact that a challenging situation can have on a person. It is important to note that the “trauma” is the response to this situation and not the situation itself (which is called “traumatic”). It is generally accepted that traumas are personal and can occur in different situations. This means that people can get traumatized both by big, life-threatening events that are commonly considered “traumatic” and from conditions that may not be considered serious.

Traumatic responses vary from emotional to cognitive and behavioral and may not always be easy to identify.

For people with mental health challenges, the word is connected to pain and despair. It refers to something that is still there, a wound that is still open and affects them. But although it is a negative word, people with mental health challenges find it useful to talk about it. Specifically, they feel that by recognizing the trauma, they have found their pathway to recovery.

In the traditional psychiatric practice, traumas are usually not taken into consideration, as the focus is placed on reducing the symptoms, but recently more and more approaches are focusing on it (e.g. trauma-informed therapy) pointing to the need of placing mental challenges into the context that created them.

Critical elements of the term and of how it is actually used

What we need to address is that although it is generally accepted that traumatic situations are subjective, today the word is overused and that can create a loss of meaning.

Additionally, when working with people who have survived traumatic situations, we need to keep in mind that people have different ways of handling pain depending on their backgrounds.

This means that we must not make assumptions and pressure people into accepting them nor minimize their experiences and the sense they made of them. Our role must be the one of the “loving witness” and not of the expert who will decide on what is traumatic or who will keep digging until they find the trauma.

What we suggest



What we suggest is that when supporting someone, we must always try to connect with them.

We need to be honest and accept people without being judgemental.

Past traumas may occur during this procedure and it is important to acknowledge them, but we must always follow the person's point of view and try not to force our own.



Links - resources for further in depth learning / references

[1. American Psychological Association's Dictionary, "Trauma"](#)

[2. Online Etymology Dictionary, "Trauma"](#)

[3. Trauma | Mental Health Foundation](#)

General information on trauma.

[4. What is Emotional and Psychological Trauma?](#)

A detailed article about traumatic situations and the effect they can have on people.

[5. What Is Trauma-Informed Therapy?](#)

An article about the Trauma - Informed Therapy which takes into consideration a traumatic past.

30 - Well-Being

Definitions according to official sources

The Cambridge Dictionary defines “well-being” it as “the state of being healthy and happy.”¹

While the American Psychological Association’s Dictionary describes it as “a state of happiness and contentment, with low levels of distress, overall good physical and mental health and outlook, or good quality of life.”²

As seen from the definitions, well-being has a rather vague meaning and it can be highly subjective.

How the term is actually used in different contexts

Wellbeing is a widely used term in public health and measuring it can help policymakers shape and compare the effects of different policies. Researchers and policy-makers use several aspects of wellbeing: physical, economic, social, development- and activity, emotional, psychological, life satisfaction, domain-specific satisfaction, engaging activities, and work.

It is also a term that is more and more gaining the attention of Organizational/ Work psychology - meaning that “well-being” has entered the corporate discussion. In this context, the well-being of the employees becomes a target, as it is related to better working performance.

In day to day life, “well-being” has gotten popular in the last years, as it has also been promoted by the media. Some of the meanings that individuals assign to their own well-being are related to the fulfillment of needs, health, inner peace, and/or purpose.

Critical elements of the term and of how it is actually used

The dictionary definitions of wellbeing are by definition insufficient, considering that wellbeing is such a broad and personal concept that it is very difficult to put it in a few single lines.

While it does include happiness, it also includes other things, such as how satisfied people are with their life as a whole, their sense of purpose, and how much in control they feel.

The fact that the meaning of well-being is so subjective, can be both beneficial and risky for the term. On one hand, it can be very empowering for individuals to define their well-being according to their own criteria and standards, not those dictated by certain institutions, social conventions, or other people's opinions.

Actually, the only way to achieve well-being is if it is self-defined and self-driven.

On the contrary, when well-being is being forced upon, for instance when the institutions are responsible for the individual's well-being, for their own agenda, the personal meaning is dismissed and thus its empowering aspect is lost.

What we suggest



To use the term well-being in an empowering manner is to respect the meaning it has for each individual and recognize their right to pursue it in that form.

Always support people to define their own goals and create a life that is meaning full and fulfilling for them.



Do not forget that well-being is a dynamic procedure and not a static goal, that can change over time.

Links - resources for further in depth learning / references

[1. Cambridge Dictionary, "Well-being"](#)

[2. American Psychological Association's Dictionary, "Well-being"](#)

[3. How do you measure wellbeing?](#)

A guide on Well-being in Organizations by the New Economics Foundation (2012).

[4. 5 Ways to wellbeing](#)

A Website dedicated to well-being, that offers information and suggestions.

[5. Sustainable Development Goals](#)

To "Ensure healthy lives and promote well-being for all at all ages" is the 3rd goal for Sustainable Development from the United Nations.