

# Why you should never use the term 'the mentally ill'

26 January 2016, by Jeff Grabmeier

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Even subtle differences in how you refer to people with mental illness can affect levels of tolerance, a new study has found.

In a first-of-its-kind study, researchers found that participants showed less [tolerance](#) toward people who were referred to as "the [mentally ill](#)" when compared to those referred to as "people with mental illness."

For example, participants were more likely to agree with the statement "the mentally ill should be isolated from the community" than the almost identical statement "people with [mental illnesses](#) should be isolated from the community."

These results were found among college students and non-student adults - and even professional counselors who took part in the study.

The findings suggest that language choice should not be viewed just as an issue of "political correctness," said Darcy Haag Granello, co-author of the study and professor of educational studies at The Ohio State University.

"This isn't just about saying the right thing for appearances," she said. "The language we use has real effects on our levels of tolerance for people with mental illness."

Granello conducted the study with Todd Gibbs, a graduate student in educational studies at Ohio State. Their results appear in the January 2016 issue of *The Journal of Counseling and Development*.

The push to change how society refers to people with mental illness began in the 1990s when several professional publications proposed the use of what they called "person-first" language when talking about people with disabilities or chronic conditions.

"Person-first language is a way to honor the personhood of an individual by separating their identity from any disability or diagnosis he or she might have," Gibbs said.

"When you say 'people with a mental illness,' you are emphasizing that they aren't defined solely by their disability. But when you talk about 'the mentally ill' the disability is the entire definition of the person," he said.

Although the use of person-first language was first proposed more than 20 years ago, this is the first study examining how the use of such language could affect tolerance toward people with mental illness, Granello said.

"It is shocking to me that there hasn't been research on this before. It is such a simple study. But the results show that our intuition about the importance of person-first language was valid."

The research involved three groups of people: 221 undergraduate students, 211 non-student adults and 269 professional counselors and counselors-in-training who were attending a meeting of the American Counseling Association.

The design of the study was very simple. All participants completed a standard, often-used survey instrument created in 1979 called the Community Attitudes Toward the Mentally Ill.

The CAMI is a 40-item survey designed to measure people's attitudes toward people with diagnosable mental illness. Participants indicated the degree to which they agreed with the statements on a five-point scale from 1 (strongly disagree) to 5 (strongly agree).

The questionnaires were identical in all ways except one: Half the people received a survey where all references were to "the mentally ill" and half received a survey where all references were to

"people with mental illnesses."

The questionnaires had four subscales looking at different aspects of how people view those with mental illnesses. The four subscales (and sample questions) are:

- Authoritarianism: "The mentally ill (or "People with mental illness") need the same kind of control and discipline as a young child."
- Benevolence: "The mentally ill (or "People with mental illness") have for too long been the subject of ridicule."
- Social restrictiveness: "The mentally ill (or "People with mental illness") should be isolated from the rest of the community."
- Community mental health ideology: "Having the mentally ill (or "people with mental illness") living within residential neighborhoods might be good therapy, but the risks to residents are too great."

Results showed that each of the three groups studied ([college students](#), other adults, counselors) showed less tolerance when their surveys referred to "the mentally ill," but in slightly different ways.

College students showed less tolerance on the authoritarianism and social restrictiveness scales; other adults showed less tolerance on benevolence and community mental health ideology subscales; and counselors and counselors-in-training showed less tolerance on the authoritarianism and social restrictiveness subscales.

However, because this was an exploratory study, Granello said it is too early to draw conclusions about the differences in how each group responded on the four subscales.

"The important point to take away is that no one, at least in our study, was immune," Granello said. "All showed some evidence of being affected by the language used to describe people with mental illness."

One surprising finding was that the counselors - although they showed more tolerance overall than the other two groups - showed the largest

difference in tolerance levels depending on the language they read.

"Even counselors who work every day with people who have mental illness can be affected by language. They need to be aware of how language might influence their decision-making when they work with clients," she said.

Granello said the overall message of the study is that everyone - including the media, policymakers and the general public - needs to change how they refer to people with mental illness.

"I understand why people use the term 'the mentally ill.' It is shorter and less cumbersome than saying 'people with mental illness,'" she said.

"But I think people with mental illness deserve to have us change our [language](#). Even if it is more awkward for us, it helps change our perception, which ultimately may lead us to treat all [people](#) with the respect and understanding they deserve."

**More information:** *The Journal of Counseling and Development*, [onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)1556-6676](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1556-6676)

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