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psychiatry in language

Language and labels in psychiatry

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Psychiatry and its perception by the public has evolved over time. Exploring psychiatric language and labels reminds us of anachronistic conceptions of mental illness, leaving us wondering about how the language we use may develop in the future and the wider implications of this evolution of words.

We are frequently reminded of the language used by psychiatry in the past. The Mental Health Act 1983 employs the term ‘mental disorder’, used since the 1959 Act, where it replaced the term ‘a person of unsound mind’ used in legislation from 1930, which itself evolved from the Lunacy Act. More recently, in 2015 the ICD-10 classification replaced ‘mental retardation’ with ‘learning disability’, and this continues to evolve, with some sectors using the term ‘intellectual disability’ instead. The use of other terms, such as ‘personality disorder’, is currently being debated.

In some cases, the language we use seems to progress alongside our understanding of mental illness. For example, the etymology of the word ‘lunatic’ is famously linked to the ancient belief that changes of the moon caused intermittent insanity, a theory that obviously no longer applies. ‘Emotionally unstable personality disorder’ was originally labelled ‘borderline personality disorder’, as patients with the condition were perceived to be at the border between psychosis and neurosis. The new terminology seems to better reflect the striking instability of mood and impulsivity that makes this disorder so challenging, yet many of these patients present wondering whether they in fact have a bipolar spectrum disorder, bipolar seeming synonymous with the ‘highs and lows’ they experience.

Perhaps it is a by-product of the stigma associated with mental illness that society has a role in repurposing medical terms used in mental illness into derogatory words. This is evident with language from the archive, including ‘lunatic’, but also words in use by the specialty today, such as ‘psycho’, a derivative of ‘psychosis’ that when used colloquially is offensive and denigrates medical connotations of genuine psychosis. It may be that stigma also drives evolution of the medical terms we use, encouraging us to pick up new, less loaded terminology as the words of the past become tainted.

The evolution of language and labels in psychiatry is a reflection of our understanding of mental illness, on a public as well as professional level. As these constantly progress, does new language lie ahead? We wonder whether it is possible to fully conceptualise disorders of the human mind and ascribe discrete labels to them. There is some evidence of harm arising from labels, including discrimination by healthcare professionals. Are descriptive formulations more useful than labels for professionals and patients in addressing their biopsychosocial needs? Ultimately as psychiatry progresses and we continue to destigmatise mental illness, we need to address the language archive that is integral to the portrayal of mental illness. This is key to how patients, professionals and society engage with language, labels and mental illness itself.

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