

# Language Matters

**PATRIOTS**  
THRIVING ♦ TOGETHER

Using the right words when talking about mental health and well-being.



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THRIVING ♦ TOGETHER

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# Introduction

This common language playbook includes a focus on both mental health and well-being and how we define those concepts at Mason. We believe that language matters and language is powerful as we describe mental health and well-being.

Some further resources that could be helpful include:

- "[Bias-Free Language](#)" by the American Psychological Association
- "[Preferred Terms for Select Population Groups and Communities](#)" by the Centers for Disease Control and Prevention

Our vision is to create conditions in and out of our classrooms and in our workplaces where everyone can thrive. Adopting common language helps us determine what behaviors and decisions can lead us to being healthy, whole, and vital in all aspects of our lives. Common language also helps us better understand each other as we explore issues and topics related to our mental health and well-being.

The first section of this playbook focuses on mental health while section two includes the various ways we view and interpret well-being.



Dear Patriots:

Members of the George Mason University community, like people everywhere, have experienced a wide variety of behavioral health concerns, many of which have been experienced with greater frequency, intensity and severity over the last several years.

As addressing these challenges is critically important to students, faculty, and staff well-being and success, we convened the Mental Health and Well-Being Task Force in 2022 to better serve the Mason community through a comprehensive approach to well-being that also assures the availability of necessary and appropriate clinical mental health services.

As part of the task force's directive, the Communications and Outreach subgroup created this booklet, *Language Matters*. It is a guide for those working or interacting with individuals who experience behavioral health issues.

Please view this booklet as resource to ensure that you and your colleagues are using the "right words" to discuss the various components of mental health and mental illness that can help to prevent stigma and perpetuate discrimination.

Mark R. Ginsberg, PhD  
Provost and Executive Vice President

Rose Pascarell  
Vice President for University Life





# Section 1: Mental Health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

## Mental Health

An umbrella term

Captures everything from your daily mood to severe mental stress

Exists on a continuum that's always in flux

100% of people have mental health everyday

## Mental Illness

A clinical term that describes a specific condition

Impacts, mood, thinking, and behavior so it's difficult to feel emotionally and cognitively well

Can be acute or chronic

50% of people will experience a mental illness at some point

## Mental Fitness

A newer, evolving term

The purposeful practice of taking care of one's mental health

Can include mindfulness, physical exercise, and self-care practices

Is important during times of wellness and fitness

# Mental Health

Over the course of a lifetime, if individuals experience mental health problems, their thinking, mood, and behavior could be affected. There is no single cause for mental illness as numerous factors can contribute to the risk of mental illness, such as:

- Early adverse life experiences, such as trauma or a history of abuse
- Experiences related to other chronic medical conditions, such as cancer or diabetes
- Stressful experiences (including chronic stress)
- “Social determinants of health”: environmental factors like systemic racism/oppression, discrimination, lack of adequate resources (housing), etc.
- Biological factors, such as genes or brain chemistry
- Family history of mental health problems
- Use of alcohol or drugs
- Feelings of loneliness or isolation



# Mental Health

Mental health and mental health problems exist on a continuum, from no distress or mental illness, through normal (but troubling) mental distress, to a formal mental illness/mental disorder. It should be noted, however, that not all mental distress – even when significant – is a mental disorder or illness. Failing a test or having an argument with a friend or family member can cause distress, as can losing a significant relationship (e.g., divorce) or experiencing the death of a loved one; they vary along a continuum of severity.

At the same time, it is important to acknowledge two things:

1. Even without a mental illness, mental distress can be intense and should not be minimized. An individual experiencing significant mental distress can still benefit from help.
2. Some of the same events that lead to mental distress (e.g., moving to a new country) can also trigger a mental illness (e.g., that could be the stressor that “tips” someone over into developing a full-blown disorder).







# Mental Health

It should be noted that a person can also have good mental health and a mental health problem simultaneously, just as a person can have good physical health and an illness at the same time.

***When we do not use words that appropriately describe how we are feeling, we run the risk of making light of major concerns.***

Understanding the differences between these components is crucial to getting the right kind of help if needed, to refrain from seeking treatment when it is not needed, and to be clear about the language we use to tell others how we are feeling. When we do not use words that appropriately describe how we are feeling, we run the risk of making light of major concerns. For example, by thinking someone with depression is simply feeling unhappy or dramatizing minor concerns, or by thinking someone who is having a bad day has depression. In reality:

<b>Depression</b>	<i>is not the same as</i>	<i>having a bad day.</i>
<b>ADHD</b>	<i>is not the same as</i>	<i>being hyperactive.</i>
<b>Schizophrenia</b>	<i>is not a</i>	<i>split personality.</i>
<b>Anxiety Disorder</b>	<i>is not the same as</i>	<i>feeling stressed before an exam.</i>
<b>OCD</b>	<i>is not the same as</i>	<i>being organized.</i>
<b>PTSD</b>	<i>is not the same as</i>	<i>feeling upset.</i>
<b>Bipolar Disorder</b>	<i>is not the same as</i>	<i>being moody.</i>
<b>Panic Disorder</b>	<i>is not the same as</i>	<i>feeling afraid.</i>

# Language Choices

The language we use today matters greatly in mental health. Words we use shape how we see the world – and ourselves. We have a choice in the words we use to describe ourselves, others, and the world around us. The words we choose and the meanings we attach to them influence our decisions, beliefs, and well-being.



We better promote mental health when we show respect for people from different cultures, backgrounds, or life experiences. When we practice inclusion, we improve our communication. Effective communication starts with respect. Once you develop greater awareness, knowledge, and skills about the culture of mental health, you may be surprised at how often hurtful language and labels are used in everyday conversation.

# Mental Health

Combating stigma related to mental illness, suicide, and substance use starts with how we use language—something that continuously evolves. That’s why we must all be aware of any outdated language being used in the media and around us every day. Everyone can be a champion against stigma when advocating the use of accurate and respectful language. As you communicate with others, be mindful of the impact of your language.

## LANGUAGE REFERENCE GUIDE\*

STIGMATIZING	RESPECTFUL
<b>This person is crazy</b>	This person seems to be distressed/experiencing mental health challenges
<b>This is nuts</b>	This is interesting/strange/peculiar/funny
<b>This individual suffers from depression</b>	They live with/are experiencing depression
<b>Mentally ill or insane person</b>	Person living with a mental health problem or illness
<b>Committed suicide, successful suicide</b>	Died by suicide
<b>Failed or unsuccessful suicide attempt</b>	Attempted suicide
<b>Substance abuse</b>	Substance use or substance use disorder
<b>Junkie/Addict/Substance abuser</b>	Person who lives with a substance use condition
<b>They used to be an addict</b>	They are in recovery
<b>Trauma victim</b>	Trauma survivor

*\*As guidance evolves around the language regarding mental health, please refer to the American Foundation for Suicide Prevention for the most up-to-date information at <https://afsp.org/reporting-on-suicide-prevention>.*



# Mental Health

## Respect Other Cultures

We better promote mental health when we show respect for people from different cultures, backgrounds, or life experiences. When we practice inclusion, we improve our communication. Effective communication starts with respect. This approach requires awareness, knowledge, and skills. First, you must become aware of your own stereotypes, beliefs, and biases about people who have a mental health condition. Second, you must know that words and labels used to describe people can hurt. Third, you must develop the skills to communicate with respect based on your awareness and knowledge.

***The language you use must be respectful and accepting.***

When speaking with someone living with a mental health condition, the language you use must be respectful and accepting. The messages you give need to be clear, positive, and show that you see that person as an individual.



# Mental Health Do's and Dont's

As there are varying opinions in the disability community about person-first language (e.g., individual with depression) and identity-first language (e.g., autistic student), Disability Services recommends using these interchangeably to capture varied preferences. One of the teaching points is that many in the disabled community do not feel the condition or disability should be treated as "a bad word".

DO	DON'T
<ul style="list-style-type: none"><li>• Focus on the person, not the condition.</li><li>• Use language that is easy to understand.</li><li>• Focus on strengths and abilities, not just issues and problems.</li><li>• Check that you have correctly understood what you have been told.</li><li>• Check that the person has understood what you have said.</li><li>• Ask, never assume.</li><li>• Remember that your role is to support the person, check what support they want, and need, and ask before jumping in and helping.</li></ul>	<ul style="list-style-type: none"><li>• Pretend to know how someone else feels.</li><li>• Use terms that show pity that they are suffering from depression.</li><li>• Use inappropriate words that are condescending or stigmatizing, like psycho or crazy.</li><li>• Blame the person for their condition or their circumstances.</li><li>• Use jargon.</li><li>• Be judgmental or argumentative.</li><li>• Show any form of anger or hostility.</li><li>• Be sarcastic or make jokes about their condition.</li><li>• Treat someone like they are inferior.</li></ul>





# The Mental Health Continuum

Experts are working to shift the perception that mental health only needs to be addressed at times of crisis. Instead, they're broadening the understanding that we're all on a **mental health continuum** which is constantly changing. Part of being human is to experience the ebb and flow of your mental health. Some of us are thriving, others are experiencing struggles or burnout, and still others are in distress.

IN CRISIS	STRUGGLING	SURVIVING	THRIVING	EXCELLING
Very anxious	Anxious	Worried	Positive	Cheerful
Very low mood	Low mood	Irritable	Calm	Joyful
Absenteeism	Tired	Sad	Performing	Energetic
Exhausted	Poor performance	Trouble sleeping	Sleeping well	Peak performance
Very poor sleep	Poor sleep	Distracted	Eating well	Flow state
Weight change	Poor appetite	Withdrawn	Socially active	Fully realizing potential

Source: [thementalhealthcoalition.org](http://thementalhealthcoalition.org)





# Section 2: Well-Being

The Center for the Advancement of Well-Being (CWB) offers a wide range of beneficial educational programs and resources for students, faculty, and staff which allow individuals to increase their well-being and to thrive at higher levels. In addition to CWB, several units, such as academic departments and University Life, offer credited and non-credited programs and resources for the Mason community.

We believe that you can learn how to experience greater levels of well-being through intentional practices and healthier responses to challenges and stressors in life. These proactive approaches have been scientifically proven to decrease depression and anxiety and can result in greater meaning and purpose and stronger social connections.



# Well-Being

At Mason, we define well-being as building a life of vitality, purpose, resilience, and engagement. Well-being is different from the concept of wellness. While these terms are interrelated, wellness is viewed as a component of well-being. Typically wellness is defined as a physical state, and optimal states of wellness can result in positive health outcomes.

***Well-being is a dynamic process and encompasses all of the dimensions of what it means to have a life well-lived.***

Well-being is a broader and more holistic concept that encompasses a wide range of dimensions such as meaning and purpose in life, social, emotional and psychological, physical, financial, spiritual, and community. Well-being is a dynamic process and encompasses all of the dimensions of what it means to have a life well-lived. In general, well-being is a subjective term that includes an individual evaluation of how we think and feel about our own well-being. Dr. James E. Maddux provides a history of the scientific study of well-being in [this article](#).





# Well-Being

The Gallup Organization has studied well-being around the world for many decades. They identified three indicators of how individuals evaluate their levels well-being: thriving, struggling, and suffering.

## THRIVING

- Having a positive view of one's life
- Experiencing less health problems, stress, sadness, and anger
- Having more hope, happiness, and energy

## STRUGGLING

- Struggling in one's current situation
- Having uncertain or negative views about one's future
- Experiencing daily stress and worry about money

## SUFFERING

- Feeling miserable about one's current life
- Lacking basics of food and shelter
- Experiencing significant stress, sadness, and anger

Adapted from Clifton, J. & Harter, J. (2021). *Well-being at work: How to build resilient and thriving teams*. New York: Gallup Press.





# Well-Being

Another major concept related to well-being is resilience. At Mason, we define resilience as your capacity for successful adaptation in the face of stress, challenge, and adversity.

Our *Resilience Model* includes five pillars: 1) Positive emotions; 2) Social support; 3) Meaning in life; 4) Physical well-being; and 5) Coping. This model represents the components of flourishing that we believe comprise a resilient human being. You can intentionally enhance each of these five components in your life through evidence-based practices to build greater resilience.



## **SOCIAL SUPPORT**

The degree to which you can rely on others for support, advice, or encouragement.

## **COPING**

Your response to something distressing, including your ability to manage your emotions, thoughts, and behaviors.

## **PHYSICAL WELL-BEING**

Your overall health including regular exercise, a healthy diet, and adequate sleep.

## **MEANING IN LIFE**

The extent to which you feel your life is purposeful and how you make sense of your life and your place in this world.

## **POSITIVE EMOTIONS**

Your responses when you interpret your current circumstance as good or pleasurable. Positive emotions include joy, gratitude, love, and hope as examples.