

LASHON HARA: HOW TO NOT TALK ABOUT MENTAL ILLNESS

The language we use makes a difference, and Jewish tradition recognizes the power of words and how they can be used to hurt others through the laws of Lashon Hara. Lashon Hara, or evil speech, is a category of rules around what you are or are not allowed to say about others. It is important to think about which words and phrases are helpful to say and which should be avoided. This is not an exhaustive list; rather, it serves as a starting point to help us think about the way we are using language and how it affects others.

Person-first language



Avoid using:

- Mentally ill person
- Schizophrenic person



Try using:

- Person with a mental illness
- Person with schizophrenia

Person-first language allows individuals with mental illness to be seen as people rather than being defined by their mental illness. Using person-first language helps prevent us from labeling individuals by their life experiences, allowing us to break down stigma.

**Note: Not everyone prefers person-first language. Follow the lead of the person you are talking with. If they do not use person-first language when referring to themselves, follow suit.*

Typical behavior



Avoid using:

- Normal or regular behavior



Try using:

- Typical behavior

There is no clear definition of what is “normal” or “regular” behavior. What is normal for one person might not be for another. Typical describes behavior that is developmentally appropriate or appropriate based on one’s diagnosis. This terminology is often less judgemental, because it refers to developmental stages.

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Suicide



Avoid using:

- Committed suicide
- Successful/unsuccessful suicide attempt



Try using:

- Died by suicide
- Suicide attempt
- Suicide survivor

When talking about suicide or suicide-related behaviors, we stay away from “committed suicide” as well as “successful/unsuccessful suicide attempt.” It is a common, and harmful, idea that those who die by suicide “commit” something wrong — a crime, a sin, etc. — against themselves. This blame only furthers the stigma that already exists. Instead, we use terms such as “suicide attempt,” “suicide survivor,” or “died by suicide.”

Mental health diagnosis or illness as a noun/adjective



Avoid using:

- I am so OCD.
- My day was so crazy/psychotic.
- The weather is being bipolar.



Try using:

- I like things to be done a certain way.
- My day was hectic or didn’t go as planned.
- The weather has changed a lot today.

Using mental health diagnoses to describe matters unrelated to mental health inaccurately depicts mental illnesses and further perpetuates stigma. People with mental illness are often labeled unfairly by their diagnoses, and trivializing them in our vernacular makes that even more challenging.

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Value judgment language around food



Avoid using:

- I am going to be bad and have dessert.
- I feel so fat.



Try using:

- I would like dessert.
- I am feeling bloated/full.

Individual food items do not have moral value; all food has the ability to nourish us and provide enjoyment, and all foods have a place in our daily lives. In addition, body weight and size are not aspects of our worth, value, or emotional state. They are part of our physical being and do not define who we are as humans.

