



Person-First Language, Identity-First Language, and their Effect on People with Serious Mental Illness: A Scoping Study

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Background

Person-first language (PFL) and Identity-first language (IFL) are two models that are widely used when referring to people with mental illness. An example of *Person-first language (PFL)* is *person with schizophrenia*. An example of *Identity-first language (IFL)* is *schizophrenic*.

PFL was created to reduce stigma and eliminate terms used to stigmatize and harm those with mental illness and/or disabilities. The APA has recommended that writers use PFL.

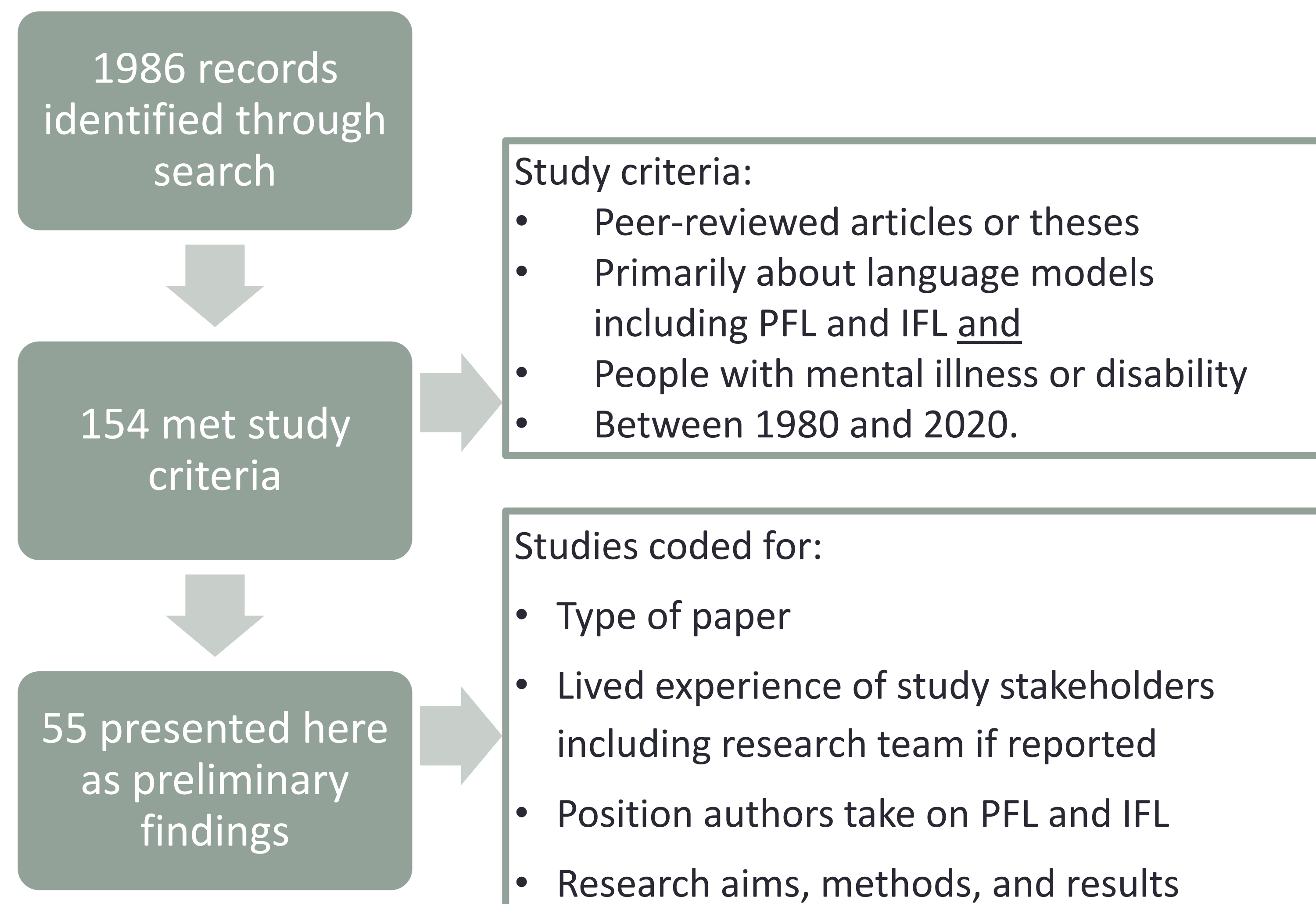
Others question the benefit of PFL and promote IFL. The National Federation of the Blind report that IFL increases empowerment, especially among those who view their diagnosis as a meaningful part of who they are.

Although there are conflicting perspectives from various organizations, the perspectives of people with lived experience is less understood. In particular, it is unclear what is preferred by people with serious mental illness (SMI).

Aims

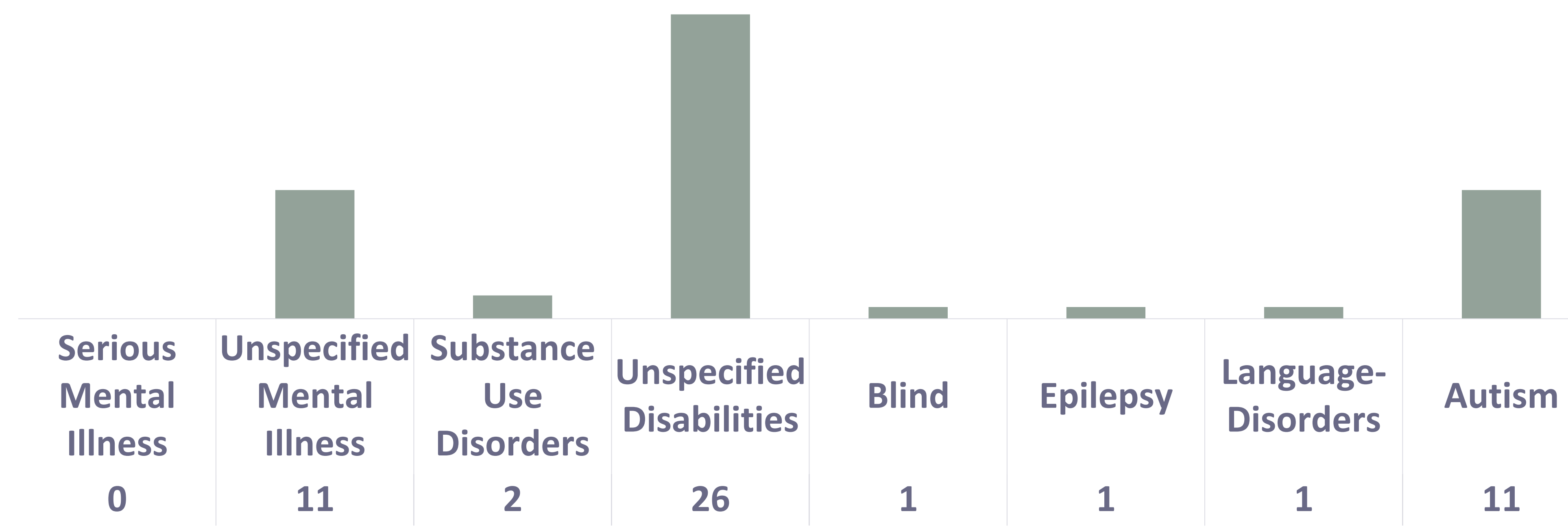
- 1) Review existing relevant literature to understand which language model people with SMI prefer.
- 2) How language model usage impacts the well-being of people with SMI.

Methods

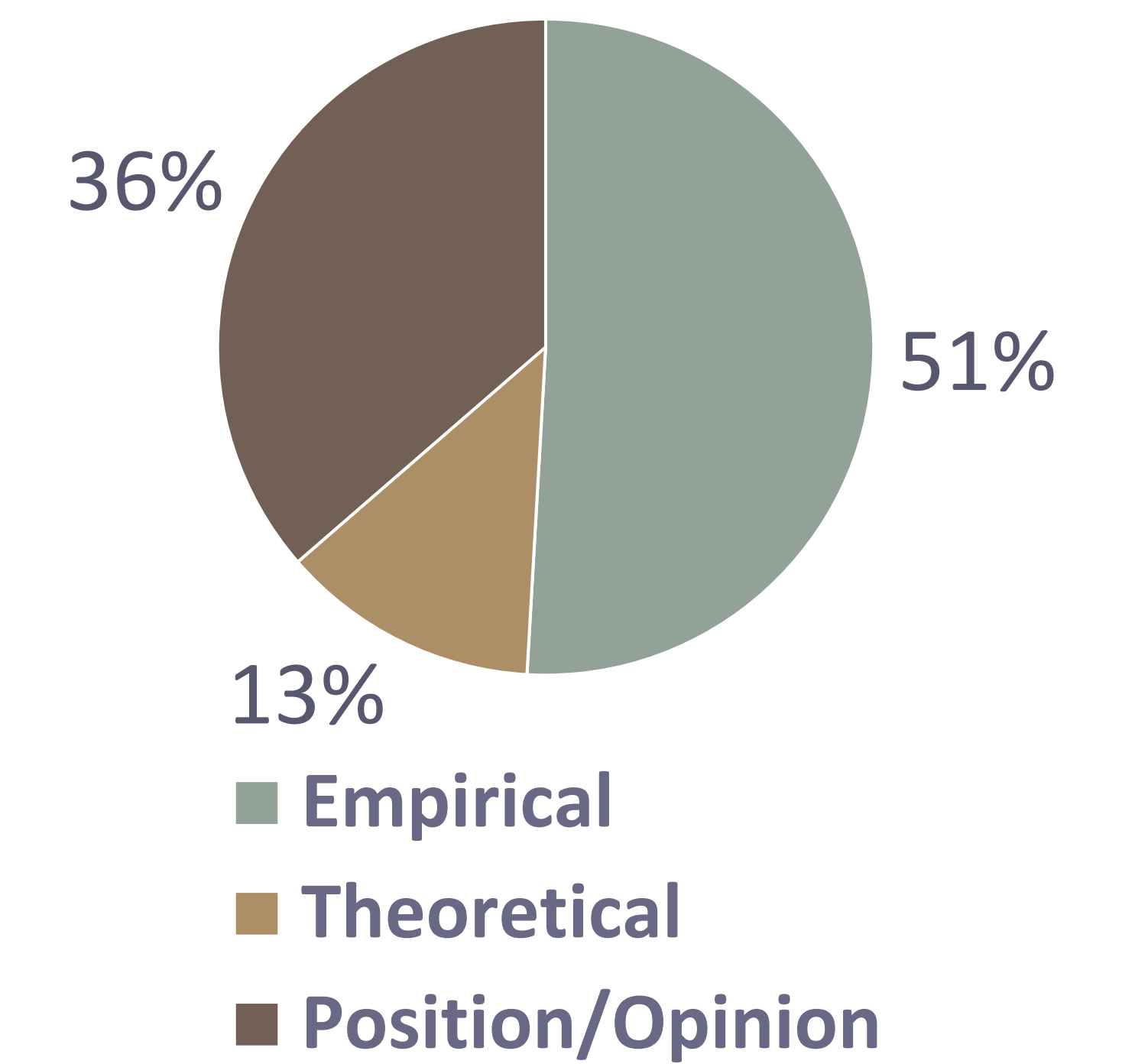


Results

Number of Studies by Population of Interest

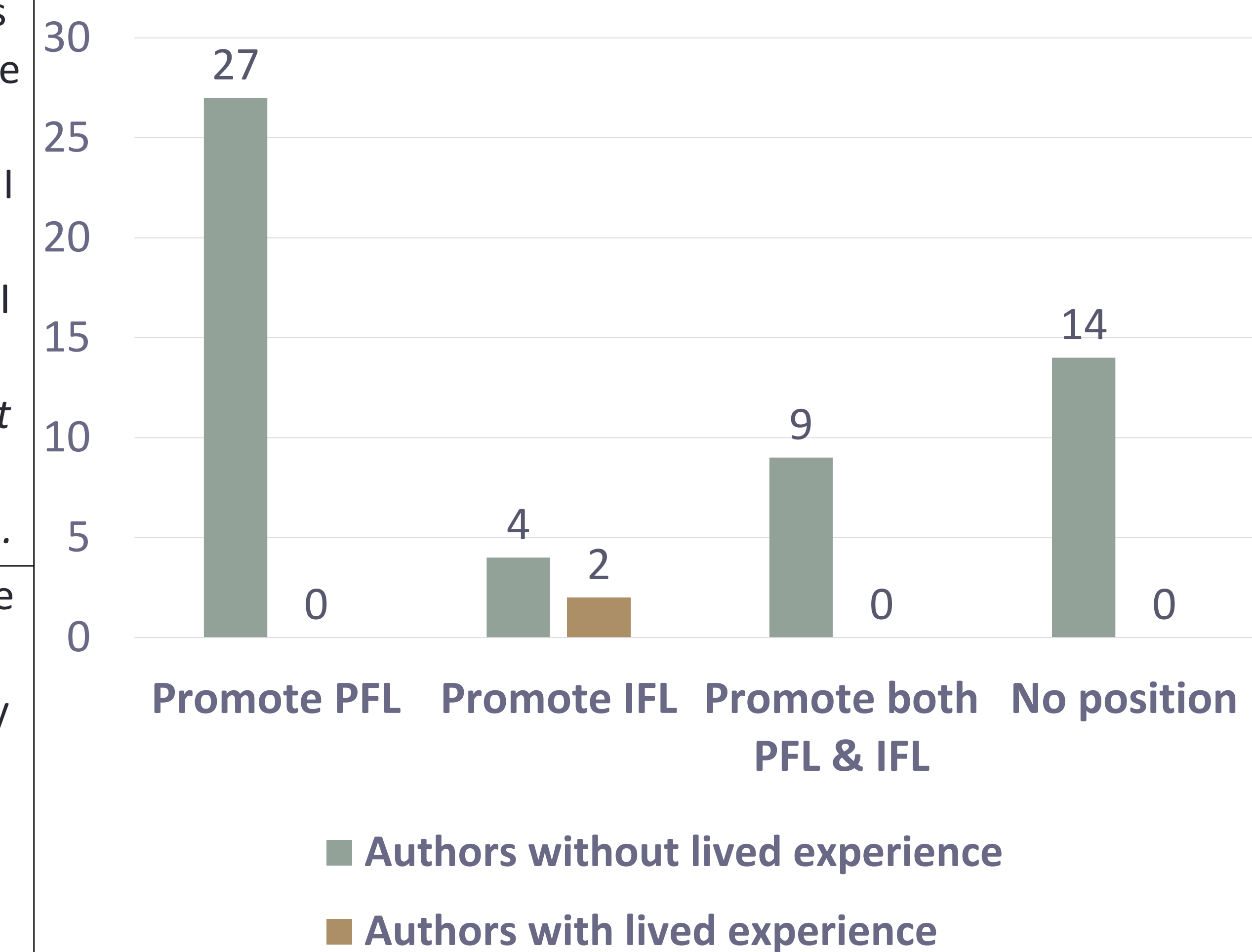


Type of Paper



Pros of PFL	Cons of PFL	Pros of IFL	Cons of IFL
“It’s exactly as it is, a person with a mental illness, it’s not demeaning or degrading.” – <i>Participant from mental health group.</i>	“This term, while accurate, inserts an almost immediate response from others, often causing them to view the individual as their illness and not who they are.” – <i>Participant from mental health group.</i>	“I find using the label autistic helps me to be proud of my identity and embrace my differences. I find it empowering and not as degrading” – <i>Participant with formal diagnosis of Autism.</i>	“Because autism is the first word I hear. I can tell that that is the first thing on the person’s mind. To them, the fact I am I person does not come first; the fact I am autistic comes first...” – <i>Participant with formal diagnosis of Autism.</i>
“Definitely this one, having the word ‘with’ really helps.” – <i>Participant with intellectual and developmental disability (IDD).</i>	“With something implies I can be rid of it” – <i>Participant with formal diagnosis of Autism.</i>	“Short sharp to the point” – <i>Participant with formal diagnosis of Autism.</i>	“I hear people make jokes about autism and the joke usually includes calling someone ‘autistic’” – <i>Participant with formal diagnosis of Autism.</i>

Language Models Promoted by Author



Conclusions

Zero of the papers reviewed focused on people with SMI or schizophrenia-spectrum disorders. Most studies focused on people with disabilities. Qualitative studies in non-SMI populations generally promoted PFL language, however data supported IFL and described negative aspects of PFL. A plurality of authors (48%) promoted PFL language. Both authors with lived experience both promoted IFL. However, neither of these authors were in our target population. Both authors self-identified as disabled.

Future Directions & Limitations: Future studies are needed to identify perspectives of people with SMI. This work can inform both practice and public health initiatives; e.g., if there are associations between language preferences and outcomes relevant to well-being, or if the population broadly prefers one model. These results are preliminary. Results may evolve as more studies are reviewed; however, the most relevant studies were reviewed first.