

Mental Illness References in Writing

When writing about mental illness, it is common to use various diagnoses as shorthand for certain behaviors or just as descriptors in inappropriate ways. Phrases such as “he’s so autistic” or “she’s acting psychotic” can be hurtful and damaging to people living with those disorders and can promote inaccurate stereotypes. It is, therefore, important to educate ourselves on some of the commonly misunderstood disorders to ensure we can accurately write about people with mental illness in both fiction and non-fiction.

What is a mental health disorder?

Mental health disorders are generally seen as continuations of “normal” human behaviors, only to an extreme degree. It is “normal” for a person to be sad after the death of a loved one. They may even be too sad to go into work for a week or two, but being that sad for months at a time might qualify as major depressive disorder. The line where “normal” behaviors become pathological is also culturally dependent. Belief in fairies may be common in some cultures but a sign of psychosis in others.

In general, psychiatric symptoms and behaviors are not considered pathological unless they cause distress in a person’s daily life. For example, Oliver concentrates on his work to deal with the anxiety he feels when he is unsure if he left his front door unlocked. He likely does not have OCD. Anniina constantly drives back home to check her front door so often that she is late to work and loses her job. She likely does have OCD. When writing about Oliver, it is important to not minimize the struggles of Anniina by saying he has OCD when he doesn’t. When writing about Anniina, it is important to be thoughtful of her pain and struggle.

What are some commonly misunderstood mental health disorders?

The following are some mental health disorders that are commonly misunderstood or misportrayed in media. That does not necessarily mean that they are all common disorders. Some are common, but some of them are so misunderstood partly because of how rare they are.

Depression (Major Depressive Disorder)

Depression is one of the most common mental illnesses. It can be seen as an absence of happiness or enjoyment. Someone dealing with grief might have episodes of severe sadness, but they are interspersed with happy memories or pleasurable activities. Those positive experiences are much more rare, possibly even nonexistent, in someone with clinical depression. The word “depressed” can simply mean generally sad, so it is often necessary to state that a person is “clinically depressed” if they suffer from depression (Torres, “What Is Depression?”).

Bipolar Disorder

Bipolar disorder used to be called “manic depression.” Like many terms used to discuss psychiatric conditions, it became stigmatized in common usage (think “homicidal maniac”), so doctors have made an effort to use the less stigmatized, more precise term “bipolar disorder” (Purse, 2019). Bipolar is characterized by alternating periods of depression as in major depressive disorder and manic episodes. In manic episodes, people with bipolar disorder may feel euphoric and energized or exceptionally irritable. These periods may seem pleasurable from the outside, but they often cause problems with attention and poor decision making that can lead to serious consequences in their personal lives. It’s a common misconception that these cycles happen quickly over days, hours, or even minutes; but in reality, they usually span months (“Bipolar Disorder - Symptoms and Causes”).

Obsessive Compulsive Disorder (OCD)

Obsessive compulsive disorder, as you might expect, is characterized by obsessions and compulsions. Obsessions are thoughts and impulses that enter a person’s mind and cause distress, while compulsions are mental or physical behaviors taken to stop or reduce obsessions and/or distress. Someone with OCD might be plagued with thoughts that tell them their baby will contract a horrible disease. The related compulsion could be something with what seems to be a rational connection, like repeatedly washing their hands over and over; but it can also be completely illogical, like repeating a phrase to the baby over and over or tapping the stroller a specific number of times before putting the baby in it. People with OCD will usually be aware that their obsessions are illogical but feel compelled to act on them anyway (International OCD Foundation).

Psychosis/Schizophrenia

Psychosis refers to a condition in which the person has delusions and/or hallucinations, both of which are breaks from reality in some way. Delusions are false beliefs, such as thinking the CIA is monitoring your thoughts. Hallucinations are things you experience with your senses, usually seeing or hearing things that are not there, such as seeing a dead relative or hearing them talk to you. It is important to keep in mind these are still just points along a spectrum of human behavior. Seeing bugs where there are none or thinking your boss is out to get you when they’re not are examples of psychotic-like behaviors that wouldn’t rise to the level of pathology (“NIMH» Understanding Psychosis”).

Schizophrenia is one manifestation, the most common in fact, of psychosis. Along with the delusions and hallucinations, people with schizophrenia also exhibit disorganized speech, trouble thinking, and a lack of motivation. Schizophrenia is often confused with multiple personalities, but the two are completely different (Torres, “Psychiatry.org - What Is Schizophrenia?”).

The words “psychotic,” “psycho,” and even “schizo” are often used to paint someone as unpredictable and dangerous; but the reality is, people with schizophrenia or psychosis are no more likely to be violent than any other demographic. It is important to be mindful of the message we send if we use these medical terms incorrectly in our writing.

Autism

Autism is a developmental disorder that affects the way people think and experience the world. It can occur with or without intellectual disabilities. It is a myth that all autistic people are savants

of some sort, and promoting that stereotype can be harmful. Every autistic person is unique, but there are certain commonalities. Autistic people think, process sensory input, communicate, and socialize differently than neurotypical people. Their mental processing is not better or worse, but it can cause distress when trying to get by in a world that is not sensitive to those differences.

Not every autistic person will agree, obviously, but the autistic community in general prefers label-first language, i.e., “autistic person” and not “person with autism,” as a way to strengthen their identity as a community (“About Autism”).

Addiction

Addiction is a complicated, chronic disorder characterized by compulsive drug use despite negative consequences. Just like how heart disease can result from a combination of factors such as genetics, environment, and personal choices such as diet and exercise, addiction also results from a combination of factors both within and beyond the control of the person dealing with it. The major difference is the diseased part of the body is the brain, specifically the decision-making areas; so once the problem is identified, it may be harder for the addict to make the necessary lifestyle changes than the heart patient. Recognizing that addiction is a disease does not absolve an addict of responsibility of their actions, and holding them accountable does not have to mean denying the nature of the disease.

Many addicts prefer label-first language (“addict” and not “person with addiction”) as a way to confront their disease and recognize it is a part of them that they are responsible for. It is also common to refer to someone who has gotten sober as “in recovery” or a “recovering addict” regardless of how long they have been clean. This is to emphasize that addiction is an on-going issue that can be treated but has no cure (National Institute on Drug Abuse).

Post Traumatic Stress Disorder (PTSD)

PTSD has been called many things, with the terminology changing as we learned more about it. It was first thought to only affect soldiers and was called “shell shock” and “battle fatigue.” Today, we understand that it can occur in anyone who has experienced or witnessed a traumatic event; and the event only needs to be subjectively traumatic to the person experiencing it. People with PTSD experience some combination of intrusive thoughts, flashbacks, nightmares, changes in thoughts and mood, hyperarousal, reactivity, and avoidance of reminders and triggers (Torres, “What Is Posttraumatic Stress Disorder (PTSD)?”).

When discussing people who have been through a traumatic experience, it is better to refer to them as “survivors of trauma/assault/etc.” rather than “victims of trauma/assault/etc.” This avoids removing some of the person’s agency and ability to change.

Eating Disorders

There are many types of eating disorder; in general, eating disorders are marked by irregular eating habits and extreme concern about body weight or shape. They can occur in anyone, regardless of age, gender, body shape/size, or any other demographic. A person cannot and should not be identified as having an eating disorder based upon their outward appearance. For example, it would be offensive to refer to a thin person as “anorexic.”

Eating disorders are not limited to women although they often present differently in men and other genders. For example, bulimia nervosa is a disorder in which the person will overeat and then do something to compensate for that binge. Most people are aware of forced vomiting as a purging behavior, but it is also possible for someone to purge via excessive exercise or laxative use (Ekern).

Suicide

Suicide is a symptom of many of the disorders discussed above. Great care should be taken when writing about suicide, whether in fiction or when discussing real-world events. Suicide can be contagious. Discussing it as a public health issue and avoiding glamorizing it can reduce the spread. Always include resources such as a crisis line or local agencies.

Always be mindful of the language you use. Saying “died by suicide” or “killed him/her/themselves” instead of “committed suicide” can help reduce the stigma that keeps people from talking about it when they need help. Also, avoid referring to suicide as “successful,” “unsuccessful,” or “a failed attempt.” Emphasizing help and hope in your writing can have a significant impact on your readers who may be struggling themselves (“Avoid... Instead...”).

A good general rule is to always consider consulting an expert and proceed with caution when writing about mental health issues.

Activity 1: Disordered or Not?

Imagine you are writing about a person or creating a character for a story, and they exhibit the following behaviors. Think about whether or not you believe they have a true mental illness and what steps you would take to ensure you appropriately use the language around mental health.

Example:

Gerald has stopped going to work and rarely leaves his house at all. He’s convinced that he is being followed every time he does and starts to hear a threatening voice in his head warning him of the surveillance outside his home. Does Gerald suffer from psychosis?

Answer:

Gerald likely has some form of psychosis. Because I am not an expert, I would proceed with caution and consult an expert on the condition before discussing Gerald any further or developing him as a character.

Characters/People

1. Setsumi often worries about if she left the stove on or not. She checks it first thing in the morning and just before she goes to bed every day. She also gets upset if anyone messes up her organizational system on her desk. Would it be appropriate to say Setsumi has OCD?

2. Mitchell spent most of his 20s living on the streets doing hard drugs. His family pushed him to get into rehab over and over. He attempted several times but continually relapsed and found himself back where he started. He is 45 years old now and hasn't touched any drugs or alcohol in 16 years. Is he an addict?
3. Arnaud is an avid weightlifter. He keeps a detailed diary of everything he eats to make sure he meets his fitness goals. He also takes regular measurements of different parts of his body to track his muscle growth. When he eats something he knows is unhealthy, he increases his workouts that week to compensate. Does Arnaud have an eating disorder?

Answer Key for Activity 1

1. Setsumi likely does not have OCD since she is able to live her life without interference. It would be inappropriate to say she has OCD based on this information alone, but you should always consider consulting an expert before proceeding.
2. People in Mitchell's position often refer to themselves as "recovering addicts," so it might be appropriate to use that term with him. Ultimately, that is a decision he will make for himself, however. If he were a real person you were writing about, the best course of action would be to ask him directly.
3. It is difficult to know for sure if Arnaud has an eating disorder from this information. He certainly displays some of the symptoms, but we'd want to know more about his anxiety and distress over his eating habits to know for sure. As always, the best bet would be to proceed with caution and consult an expert.

Activity 2: Writing about Suicide

Suicide is a difficult topic to write about. We always need to be mindful of how our words can affect others who might be struggling with similar issues when they read what we write. In an effort to practice appropriate discussion of suicide, try to identify some of the constructive methods used in the following examples.

Example:

Aaminata was found dead by apparent suicide. A note was found and is under review. The family is arranging a ceremony and is asking for the public's understanding of their privacy.

Answer:

The report avoids giving too much detail and uses language that is empathetic to the family. They especially avoid giving details of the note.

Characters/People

1. Alma Roberts, a local celebrity, killed herself over the weekend. Despite her status, she has been known to struggle with depression and substance abuse for years. Anyone else who feels they may be going through something similar should contact the crisis helpline.

2. After Kurt Cobain killed himself, suicide rates rose among young people, likely due to the romanticization of his death. He was in several high-risk-factor groups, however, being someone who abused substances, had a mental illness, and had access to firearms.

Answer Key for Activity 1

1. This reporter avoided glamorizing suicide and put it in the context of mental illness. They also provided resources for anyone else who finds themselves in a similar situation.
2. This writer plainly states the fact of the increase in suicides without sensationalizing it with words like “skyrocketed” or “epidemic.” They also identified clear risk factors for people to look for in loved ones they think might be at risk of suicide.

If you or anyone you know is struggling with mental health problems or crises, please reach out to someone who can help. SJSU students have access to Counseling and Psychological Services (<https://www.sjsu.edu/counseling/>), and the National Suicide and Crisis Lifeline can be reached by dialing 988.

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