The British Psychological Society

Division of Clinical Psychology

Guidelines on Language in Relation to Functional Psychiatric Diagnosis

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These guidelines were produced by the Division of Clinical Psychology Beyond Functional Psychiatric Diagnosis Committee.

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Purpose

This document is intended to support clinical psychologists in the development of documents using language consistent with the Division of Clinical Psychology (DCP) position on functional psychiatric diagnoses.

Context

The DCP's position statement on *Classification of Behaviour and Experience in Relation to the Use of Functional Psychiatric Diagnoses* highlights the lack of validity of current systems (DSM and ICD), as acknowledged by both critics and those who support the idea of diagnosis in principle. The full statement is available on the Society's website (www.bps.org.uk/system/files/Public files/cat-1325.pdf). Alongside these developments, there is a large and growing body of evidence suggesting that the experiences described in functional diagnostic terms may be better understood as a response to psychosocial factors such as loss, trauma, poverty, inequality, unemployment, discrimination, and other social, relational and societal factors. As a profession, we have publicly affirming the need to move towards a system which is no longer based on a 'disease' model.

In this rapidly-changing context, new guidelines for language use in DCP professional documents and publications are needed to ensure consistency with the emerging evidence, with a psychological perspective, and with our publically-stated position.

These guidelines are intended to suggest a range of possible alternative descriptions, and it is left to authors to decide which might be most appropriate in a given context. Some psychologists will have preferred terminology which is not included in this list. We encourage any usages which attempt to describe behaviour and experience in non-medical terms, and within its personal, interperonal, social and cultural context.

Principles

These guidelines are based on three principles.

Principle 1: Where possible, avoid the use of diagnostic language in relation to the functional psychiatric presentations.

Examples: Medical diagnostic language	Examples: Alternative descriptions
Mental illness	Emotional distress, mental distress, severe mental distress, extreme state, psychological distress.
Disorder	Difficulty (e.g. difficulty with mood or low mood).
Bipolar disorder	Mood swings, severe mood swings, severe changes in mood states, extreme mood state.
Personality disorder	Complex trauma, complex trauma reaction, personality difficulties, relationship or attachment difficulties, complex presentation.
Paranoia	Paranoid thoughts, suspicious thoughts.
Depressive illness, depressive disorder, clinical depression[1] (used in a diagnostic sense)	Low mood, misery, depression (contextualised and used in a lay sense).
Anxiety disorder, generalised anxiety disorder	Fear, anxiety, worry, extreme anxiety, feeling threatened.
Obsessive compulsive disorder	Compulsive checking/cleaning, compulsive thoughts/worrying.
Schizophrenia	Hearing voices, having/experiencing visual/auditory/olfactory/tactile hallucinations, having/holding unusual beliefs, beliefs others find unusual, altered state.
X has/ suffers from schizophrenia/ bipolar disorder / personality disorder	X has been given a diagnosis of/is in receipt of a diagnosis of schizophrenia/ bipolar disorder/personality disorder.

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[1] Depression is an example of a medical term that has entered everyday vernacular.

Principle 2: Replace terms that assume a diagnostic or narrow biomedical perspective with psychological or ordinary language equivalents.

Examples of language assuming diagnostic/biomedical perspective	Examples of psychological/ordinary language alternatives
Patient	Client, service user, survivor, person with lived experience, expert by experience
Symptom	Difficulty, problem, complaint
Treatment	Intervention, support, help
Anti-psychotic	Neuroleptic, major tranquilliser
Mood stabiliser	Lithium, etc.

Principle 3: In situations where the use of diagnostic and related terminology is difficult or impossible to avoid, indicate awareness of its problematic and contested nature.

Examples where use of diagnostic language might be necessary or unavoidable
As the title of a document, in order to aid identifying its subject matter to professionals, the general public, policymakers, managers and others.
When citing or quoting from research or other written or verbal sources which use diagnostic terms, including service user accounts.
Examples of ways in which the contested nature can be indicated
Include an introductory section or paragraph explaining the language use (see the DCP reports on Understanding Bipolar Disorder and Understanding Psychosis for examples).
Using quote marks round the diagnostic term, and explaining the reasons for this either in the text or in a footnote.

In such situations, every effort should be made to use non-medical language in the rest of the document, as described in Principle 1 and Principle 2 above.

This is an evolving set of guidelines designed to support the practical implementation of moving beyond functional psychiatric diagnosis. We welcome additional suggestions and general feedback.