

The Problem with ‘Expert’ Language

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ABSTRACT: The disciplines of psychology and psychiatry are already full of unclear and imprecise concepts, add to this the proliferation of apparently condition specific terminology, and the result is a minefield of potential confusion. This article looks at the use of so-called expert language used by mental health professionals. It examines the ways in which language is used and why, it looks at what effect it has on a variety of people and it makes a case for a plain-speaking alternative.

KEY WORDS: expert, language, protectionism

Expert language is defined as special skill or knowledge in a particular field; a specialist; an authority (dictionary.com). Expert language is good. We encode: We decode. Expert language helps experts communicate. On the face of it, this is productive, but as Galasiński (2018) points out, language is never neutral, which means that in mental health settings it becomes a highly sensitive topic. In psychiatry, for instance, diagnostic labels are widely regarded by many as objective measures of verifiable phenomena, there is even a publication to prove it. So when a psychiatrist talks about someone suffering with ‘schizo-affective disorder’ all we need to do is go to DSM 5 (American Psychiatric Association, 2013) to discover what that is, how it presents and how it is diagnosed. What is being ‘diagnosed’ though, is a moot point, which is why it has been argued that we should be rid of the system of psychiatric diagnosis altogether (e.g. Johnstone 2013). Others before and since have made similar demands (Moncrieff, 1997; Timimi, 2013, 2014, 2015) suggesting that things are not as straightforward as they seem. This paper looks at so-called expert language. It examines how and