UNVEILING THE INFLUENCE OF LANGUAGE ON MENTAL HEALTH STIGMA AMONG INDONESIAN MILLENNIALS: A COMPREHENSIVE INVESTIGATION OF THE IMPACT OF LINGUISTICS ON PERCEPTION

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ABSTRACT. This research reveals the important role of language in creating and maintaining mental health-related stigma. Labels used to describe individuals with mental health diagnoses influence how people perceive them and can dehumanize or even stigmatize the person behind the label. This mixed-methods (quantitative and qualitative) study involved 30 participants, mostly young people aged 15-30. Generic mental health labels such as "mental illness" or "mental health problem" tend to give more positive perceptions than specific labels. However, more specific labels must also be considered to appreciate the differences in mental health conditions and provide appropriate support. This research highlights the need to use inclusive and empathic language in communication to reduce the potential for stigmatization. To create a more supportive environment for individuals with mental health, judicious choice of words and language is essential to counter mental health-related stigma.

Keywords: language; mental health; perception; stigma

INTRODUCTION

Acknowledging our unique qualities or quirks can be challenging as most of us fear being judged by others. We worry about how others will perceive us and the potential negative treatment we might receive, whether for something we really like or even aspects of ourselves that are out of our control, such as illness. Unfortunately, this fear is particularly evident in mental health issues (Gaiha et al., 2020; Volkow et al., 2021; Zwick et al., 2020). Many people with mental illness feel isolated and ashamed, hesitant to share their struggles, as society's language and stereotypes often perpetuate fear and misconceptions about such conditions (Earnshaw, 2020; Richards, 2018; Tulli et al., 2020).

Society has long used language that associates mental health with negativity, even in medicine. Using such language can potentially foster bias and discrimination towards individuals who have received a mental health diagnosis or are undergoing challenging circumstances. This research explores how the choice of words (diction) used to describe individuals with a mental health diagnosis affects people's perceptions of them.

The primary objective of this investigation centers on the repercussions of employing labels in stigmatization. The language employed within such labels carries significant ramifications. Despite their apparent simplicity, labels possess the potential to profoundly influence the perception of the labeled individual, potentially leading to dehumanization or stigmatization of the person concealed beneath the label (Boysen et al., 2020; Fang & Zhu, 2023; Őri et al., 2021; Werder et al., 2022). For example, the term used to describe a rape victim can have different implications. The use of the term "rape survivor" implies that the individual is stronger and able to cope better with trauma than the term "rape victim," which may suggest more helplessness (Hockett et al., 2014).

Similarly, in the domain of mental health, endeavors to employ "politically correct" designations, such as "person with schizophrenia" instead of " schizophrenics," are geared towards mitigating the stigmatization experienced by individuals confronting mental health challenges. Nevertheless, it is imperative to acknowledge that employing politically correct designations such as "people with severe mental illness" or "people with mental illness" may inadvertently entail unfavorable connotations, particularly when juxtaposed with the term "consumers of mental health services." This research notes the debate between generic and specific mental health labels and their impact on perception and stigmatization.

METHODS

The study involved 30 participants, mostly young people between 15 and 30. Most participants were recruited via the researcher's social media channels, specifically Instagram, Twitter, and Facebook. The participants voluntarily engaged in the study without receiving any compensation, save for the opportunity to acquire insights about their attitudes regarding mental

health. The participants' mean age was 19.56 years, with a Standard Deviation (SD) of 4.57. Before participation, all participants were informed that the survey aimed to assess how their self-descriptions influenced others' perceptions. Every participant provided informed consent before engaging in this study. All research protocols and materials adhered to the ethical guidelines the American Psychological Association (APA) set forth. Consequently, this study was conducted with meticulous attention to consent and ethical considerations, ensuring the protection of the rights of all participating individuals.

Vignettes were employed in this study. After receiving consent, every participant was allocated one of three vignettes in a random manner. These vignettes depicted an individual narrating their challenges during their initial year in college. Alongside the typical campus issues, the individual either disclosed their experience of depression or abstained from revealing any information concerning their mental wellness. A visual representation of one of these brief descriptive scenes is presented below:

"Greetings. I am currently enrolled as a second-year college student. I grapple with certain challenges, particularly depression, though I experience occasional good days and genuinely appreciate the overall college journey. The art class stands out as a favorite among the classes I have undertaken thus far, for it grants me a means to articulate my emotions related to depression. Despite the depression, I enjoy engaging in activities such as watching television and reading books."

Upon reviewing the vignette, participants underwent exposure to various measures to evaluate their perceptions and stigmatization towards the individual depicted in the vignette. The social distance scale (Bzdok & Dunbar, 2020; Safin & Rachlin, 2020; Sturman et al., 2021) was initially employed to gauge participants' willingness to interact with the individual in different social scenarios. The social distance scale's dependability was high, as shown by Cronbach's alpha coefficient of .911. Subsequently, the researchers employed the semantic differential scale (Brell et al., 2019; Elsadek et al., 2019; Hershberger, 2021; Taherdoost, 2022) to evaluate the stereotypes and negative characteristics that participants associated with individuals representing the entire population. This scale was broken down into three subscales as a result of the analysis: dull and distant (Cronbach's alpha =.391), productive (Cronbach's alpha =.616), and hypersensitive (Cronbach's alpha =.574). In addition, the personal stigma and perceived stigma measures were employed to determine the amount to which participants stigmatized an individual's condition from their perspective and how they believed the majority of other people would stigmatize a comparable issue based on their views. Both scales showed excellent levels of dependability, with the Cronbach's alpha ranging from .759 to .711 for each of them respectively.

The devaluation-discrimination scale (Abuhammad et al., 2022; Rayan et al., 2018; Şahin & Topkaya, 2023), which also displayed good reliability with a Cronbach's alpha score of.811, was used to determine the extent to which the participants saw the person as being lower in status as a result of the issue given to them. In addition, a modified attribution scale was used to assess the participants' feelings on the individual's amount of personal responsibility and their levels of wrath, pity, fear, and purpose in assisting. This was done to determine whether or not the participants would be willing to offer assistance. The dependability of this measurement was determined to be quite high, with a Cronbach's alpha score of.716. A Likert scale ranging from 1 to 7 was applied for all measurements. In the last step of the experiment, participants were asked free-form questions to determine whether or not they were acquainted with someone who suffered from depression and whether or not that familiarity impacted their ideas and impressions of the person shown in the vignette.

RESULTS AND DISCUSSION

At first, we looked at how the different variables were correlated with one another. Following this, a multivariate analysis of variance (MANOVA) was carried out to reduce the likelihood of making a Type I mistake. The participants' emotional reactions were used in this study as the dependent variables. These emotional reactions included sentiments of sympathy, rage, fear, social distance, and the mean obtained from the devaluation and discrimination measures. Personal and perceived stigma, personal accountability, and feelings of personal responsibility were also included. This analysis aimed to assess the effect of the conditions given to the participants in this study. Results from the study showed that the effect of the condition had a small effect (partial $\eta 2 = .12$) on the dependent measure, with a multivariate F of (19, 912) = 1.81, p = .061, and Pillai's Trace = .41. These findings indicate that people's perceptions differ

based on the given conditions, in line with overall expectations, although not entirely in line with expectations.

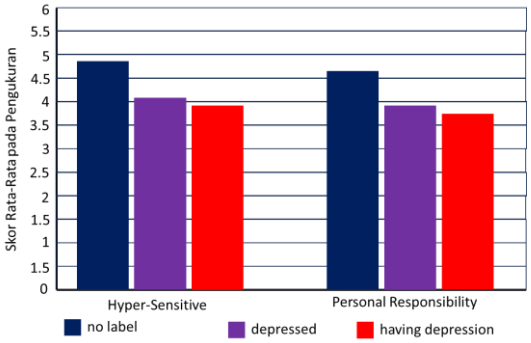
Tabel 1 Interrelationships Among The Various Measures

No	Variable Pairs	Correlation Value	Correlation Strength
1	Individual Stigma & Drab and Emotionally Disconnected	-.871**	Very strong (negatif)
2	Individual Stigma & Disparaging Treatment Discriminatio n	.694**	Strong (positif)
3	Individual Stigma & Individual Accountabilit y and Responsibility	.619**	Strong (positif)
4	Productive & Isolation from Society	-.547**	Moderate (negatif)
5	Fearless & Disparaging Treatment Discriminatio n	.533**	Moderate (positif)
6	Individual Stigma & Fearless	.527**	Moderate (positif)
7	Isolation from Society & Disparaging Treatment Discriminatio n	-.512**	Moderate (negatif)

Source: Research Results, 2026

Results from a follow-up analysis of variance (ANOVA) indicated that the effect of the condition administered had a significant influence on the hypersensitivity scale, with $F(2, 27) = 7.71$, $p < .001$, as well as an influence of marginal significance on the individual accountability and responsibility scale, with $F(2, 27) = 4.21$, $p = .077$. Based on marginal mean estimates, unlabelled students ($M = 4.92$, $SE = 0.38$) were perceived as more hypersensitive compared to students labeled as "depressed" ($M = 4.06$, $SE = 0.40$) or "having depression" ($M = 3.90$, $SE = 0.36$). Meanwhile, in terms of personal responsibility, the marginal mean estimates indicated that unlabelled students ($M = 4.61$, $SE = 0.55$) were perceived as more personally responsible compared to students labeled as "depressed" ($M = 3.91$, $SE = 0.50$) or "depressed" ($M = 3.77$, $SE = 0.41$). Figure 1 illustrates the average disparity between the hypersensitivity and personal responsibility conditions. In summary, this investigation revealed no statistically significant distinctions between the two depression labels employed in categorizing the participants.

The findings indicated a statistically significant disparity between students labeled as "depressed" or "having depression" and unlabelled students regarding hypersensitivity. Unlabelled students were seen to be more hypersensitive than students who described themselves with depression. In addition, unlabelled students were also seen to take more responsibility for their experiences compared to students who described themselves as "depressed." Although these findings do not support our initial hypothesis of a difference between the two depression labels, these results provide valuable information about the effects of labeling on perceptions of individuals with a mental health diagnosis.



Source: Research Results, 2026

Figure 1 Averages by hypersensitivity condition and personal responsibility

The findings of this investigation also demonstrated that pupils who were categorized as depressed seemed to get more leeway in how others viewed them. This could represent one of the advantages of precise labeling: when students openly acknowledge their challenges and experiences with depression, they are likely to be attributed less personal responsibility for their difficulties. This observation suggests that students might be developing an awareness of the effects of depression and the obstacles that individuals with depression might encounter. However, as this finding does not match our theoretical expectations, it needs to be interpreted cautiously and set the stage for further research into the effects of labeling on perceptions and stigma toward individuals with mental health disorders. By understanding how labeling affects people's perceptions and judgments of individuals, we can develop more thoughtful and

inclusive approaches to addressing the stigma often associated with mental health problems.

Language is significant in our everyday existence, particularly within stigma and prejudice. The words we choose, the phrases we use, and even how we convey ideas about individuals can have powerful implications for how people perceive them. Although our hypothesis was not fully proven in our two studies, our results still provide important insights into the role of language in creating and maintaining mental health-related stigma. We are interested in exploring the effects of labeling phrases on people's perceptions and attitudes toward individuals experiencing mental health problems.

This research explores the influence of mental health labeling phrases on people's perceptions. The results show that mental illness labels affect how people perceive the labeled individual. Participants tended to see labeled individuals as less sensitive compared to unlabelled individuals. These findings highlight the importance of using appropriate and thoughtful language in talking about mental health, thereby reducing the potential for stigmatization of individuals who are struggling.

Goffman (1963) was among the pioneering researchers who delved into the concept of stigma (Aranda et al., 2023; Bates & Stickley, 2018; Tyler, 2018; Whelan, 2021). He defined stigma as "a highly discrediting attribute" (Harris et al., 2021; Young et al., 2019). Stigma can cause someone to be considered less human and even discriminate against stigmatized individuals. According to Goffman (Bates & Stickley, 2018; Tyler, 2018), the attributes that characterize stigma create negative perceptions. Certain attributes are valued in society, and people who possess these attributes can be labeled as "unusual." This labeling signifies difference and conveys that the person is not considered "normal" or that something is wrong with them.

Goffman also states that language plays an important role in shaping stigma. Society assigns judgments to certain attributes and then uses language to label others based on those attributes. In this way, stigma is reinforced and negatively impacts the stigmatized individual. For example, a person with uncommon or different attributes may be labeled as strange or abnormal. With such a label, people will become less tolerant and discriminatory toward the stigmatized individual. Therefore, it is important to understand how language can influence perceptions and attitudes towards others, especially in the context of stigma, so that society can be more thoughtful and inclusive in acting towards individuals who are different or have special characteristics.

Over time, stigma definitions have developed to encompass greater inclusivity and encompass various components integral to the stigmatization process. In their seminal work, Jones et al. (1984) introduced a comprehensive framework consisting of six distinct dimensions crucial in assessing the phenomenon of stigma (Beatty, 2018; Dako-Gyeke, 2018; Pachankis et al., 2018; Sabat et al., 2020; Summers et al., 2018). These dimensions include concealability, course, disruptive impact, aesthetic reactions, origin, and harmfulness. Concealability refers to the extent to which the characteristic is observable by others, while the course pertains to the permanence of the characteristic. The dimension of disruptive impact examines the effect of the characteristic on interpersonal relationships, while aesthetic reactions refer to the elicitation of feelings of disgust. Origin focuses on how the condition originated, and harmfulness evaluates the level of harm associated with the characteristic. The severity of each of these dimensions will dictate the degree to which an individual is stigmatized. For example, characteristics that are very conspicuous and cannot be easily hidden are more likely to promote stigmatization than characteristics that are less obvious to others. The role of these dimensions in the stigmatization process helps us understand how negative views and discrimination can arise against individuals who are different or have certain characteristics.

Moreover, Link and Phelan (2001) broaden the scope of the stigma concept by incorporating the dimension of discrimination. The authors argue that stigma becomes evident when several components, such as labeling, stereotyping, segregation, loss of status, and discrimination, converge within power dynamics. In other words, stigma is not only limited to labeling and stereotyping but also includes the experience of discrimination experienced by stigmatically labeled individuals. The process initiates with identifying and attributing distinct characteristics in others, subsequently rendering those attributes undesirable within a specific cultural context. Consequently, the stigmatized individual diminishes social standing and becomes subject to discriminatory treatment. This discrimination means the individual faces unfair treatment and sometimes restricted access to opportunities and resources. By understanding the role of this dimension of discrimination, we can be more sensitive to the impact of stigma and

strive to create a more inclusive and just society for everyone.

Stigma towards mental health problems has its roots in the language we use daily. This language shapes myths and stereotypes about mental illness, influencing people's expectations and views of labeled individuals. Therefore, it is important to understand how we talk about this topic and how our language can influence perceptions and attitudes toward mental health issues. This research showed that "depression" can serve as a buffer against negative perceptions, regardless of how the label is worded.

Language context also plays an important role in shaping perceptions of mental health problems. The language used can influence how people perceive and understand mental health conditions. The label "depression" overall influenced negative perceptions, independent of how the label was worded. However, it is important to remember that language is not the only influential factor in mental health stigma and perception. In addition to language, education, personal experience, and social environment can also play a role in shaping one's views on mental health issues. Therefore, it is important to examine how to talk about mental health issues with more inclusive language. This approach will help reduce stigma and create a more supportive environment for individuals facing mental health challenges.

Regarding research on generic and specific mental health labels, there are pros and cons to consider. Some experts argue that a more generic mental health label such as "person with severe mental illness" can help reduce stigmatization as it is more neutral and less indicative of direct identification with mental health problems. However, some argue that such a label can create negative stereotypes and assumptions towards people with mental health problems, associating them with severe and insurmountable. On the other hand, the term "mental health service consumer" emphasizes the role of individuals as mental health service users, which can reinforce positive views and support them as active actors in the recovery process. Nonetheless, it can also be considered too generalized and reduce the focus on more specific mental health diagnoses or problems. As such, research on mental health labels reflects the complexity of reducing stigmatization and providing appropriate support for individuals with mental health problems. This debate emphasizes the importance of choosing the right words and language to counter stigma and create an inclusive and caring society for mental health.

Several studies can support the benefits of using more generic mental health labels. For example, when people are assigned general labels such as "mental sickness," "mental wellness problem," "mental illness," or "mental disorders" concerning a particular diagnosis such as depression, the prevailing impressions of the person tend to exhibit a more favorable perspective. Research by Szeto et al. (2013) found that people perceived individuals with generic labels to be more friendly and pleasant than individuals labeled specifically with depression. Moreover, the study's results revealed that participants tended to assign the reasons for generic labels more to biological processes rather than psychological issues. In contrast, the impact of biological variables on perceptions of depression-specific labels was not as pronounced. The use of generic labels concerning mental health appears to allow others to understand better the labeled individual's condition and feel less judgemental about the condition.

Research on the use of labels in the context of mental health offers insights into how our words can influence perceptions and attitudes toward individuals experiencing mental health problems. Using more generic mental health labels, such as "mental illness" or "mental health problems," appears to have the advantage of reducing stigma and making others more accepting of the individual. In the case of specific diagnoses, such as depression, a more generic label would provide a more holistic viewpoint and understanding of the individual's condition without exposing them to negative perceptions or stereotypes. Nonetheless, it is important to continue to conduct further and ongoing research to understand more deeply the role that mental health labels play in shaping society's views on mental health issues. By comprehending the ramifications of diverse vocabulary, we might foster a more accommodating and all-encompassing milieu for those experiencing mental health issues while concurrently mitigating the social disapproval linked to this ailment. Previous studies have shown that persons with general mental health classifications possess higher levels of optimism and are more inclined to overcome their diagnosed condition. Using generic mental health labels seems to generate more favorable attitudes toward persons diagnosed with mental health issues.

While employing generic mental health labels offers certain advantages, it can also lead to the neglect of individual identity and suggest that one person's experience with a particular

diagnosis is indistinguishable from that of another person with the same diagnosis. For this reason, specific mental health labels are essential to distinguish different diagnoses and recognize the differences between individuals. These specific labels allow us to understand the differences in mental health conditions better and treat each individual in a way that suits their needs and experiences. When we use more specific labels, we can avoid inappropriate generalizations and appreciate the diversity of experiences and struggles faced by people with various mental health diagnoses.

Another benefit of using specific mental health labels was explored by some researchers in their research on family support (Cohan et al., 2018; Graham et al., 2019). Huggett et al. (2018) showed that specific labels can influence family members' emotional responses to individuals diagnosed with certain mental health conditions. For example, when girls were asked about their perceptions of parents diagnosed with Alzheimer's disease or major depression, they showed higher levels of sympathy when specific mental health labels were present. This means that specific labels help family members better understand and better respond to the conditions faced by their parents. Furthermore, the precise label heightened their inclination to assist the family member who has Alzheimer's disease. Specific mental health labels can help create a better support environment for individuals experiencing mental health problems and facilitate support from family and neighbors.

Despite the potential stigma associated with specific mental health labels, certain labels offer an additional advantage by increasing the likelihood of individuals receiving treatment upon diagnosis. Rosenfield's findings indicate that availing oneself of services related to a diagnosis enhances the quality of life, irrespective of the presence or absence of stigma. In her study sample, at least half of the participants reported experiencing stigmatization. Those who perceived higher levels of stigma tended to rate their quality of life lower. However, regardless of social stigma, persons who availed themselves of services reported a heightened quality of life compared to those who did not actively seek such assistance. One notable advantage of the label is its ability to enable people to actively seek support from specialized programs designed to aid them in managing their mental illness. The primary objective of these programs is to provide clients with the essential skills required to handle the consequences of their diagnosis effectively.

The stigmatization of persons with mental disorders may originate from many causes, including the labels used to describe their condition and perceptions about the behaviors associated with a mental health diagnosis. For example, Meza et al. (2019) conducted a study investigating whether a simple label is enough to stigmatize individuals with mental illness. Martinez et al. (2011) conducted a study revealing that the utilization of a simple label like "chronic mental illness" has the potential to dehumanize the individual linked to the label and to lead to perceptions of increased dangerousness compared to an individual bearing the label "chronic physical illness." Nevertheless, the research also showed that when atypical and usual behavioral information (such as non-violent conduct) was included, along with a particular diagnosis like bipolar illness, the subject's views tended to improve. Individuals tend to rely on their schemas and stereotypes to assess individuals identified by a general mental health label without considering additional behavioral information. However, when a more specific label is used and positive behavioral information related to the diagnosis is presented, perceptions of the individual become more human and optimistic. These findings suggest the importance of a more informed and sensitive approach to using mental health labels and educating the public about the realities associated with mental illness to reduce stigmatization and improve the understanding of individuals who experience it.

According to the study's findings, behavior plays a pivotal role in shaping the interpretation of mental health labels. Nevertheless, mental health labels can also engender specific expectations regarding an individual's conduct. For instance, when parents and teachers are informed that a child has a learning disability, individuals may maintain the impression that these youngsters are much less inclined to seek post-secondary education than their classmates who display comparable conduct but do not own such a designation. These observations indicate that specific labels can establish a framework for people's expectations based on stereotypes, thereby perpetuating stigma and limiting the perception of the potential for success in the lives of labeled individuals.

Beyond the label itself, mentioning a label can significantly influence an individual's perception. According to the statement presented by Reynaert and Gelman (2007), it is observed that in our cultural context, mental diseases are often denoted using both noun-based structures,

such as referring to someone as "a schizophrenic," and adjective-based labels, such as describing an individual as "schizophrenic." Nevertheless, the findings of their study indicated that labels including possessive phrases, such as "He has schizophrenia," are often considered less permanent compared to labels based on adjectives or nouns, regardless of whether the label refers to a medical or mental disorder. Furthermore, a further investigation conducted by Howell and Woolgar (2013) revealed that those exhibiting reduced levels of compassion and heightened levels of essentialism, which refers to the notion that persons contain inherent traits that shape their identity, prefer labels based on nouns. The present study develops a conceptual framework that examines the role of noun-based phrases in reinforcing stereotypes related to mental health diagnoses. More specifically, it focuses on how these phrases perpetuate the stereotype that persons diagnosed with mental illnesses will exhibit a static or unchanging state and cannot recover from their condition.

In summary, labels can prove highly beneficial; however, the language employed to describe a mental health diagnosis can potentially yield negative perceptions of the individual bearing the label. The effects of seemingly simple expressions have been elucidated from prior investigations on label phrases. Based on the findings of Reynaert and Gelman's (2007) research, which showed that possessive phrases were regarded as less durable compared to labels based on nouns or adjectives, we propose that the use of possessive-phrased labels might potentially reduce stigma by allowing perceptions to embrace more than just the disease itself. Aligned with the guidelines of the American Psychological Association (2010), which advocate for the use of "non-crippling language" and person-first language to combat bias and emphasize individual strengths instead of labels, this study aims to build on previous research about mental health labels and stigma, mainly focusing on how specific labels are articulated and the ensuing perceptions among individuals.

CONCLUSION

This research highlights the role of language in creating and maintaining mental health-related stigma. Labels used in language can influence how people perceive the labeled individual. The findings confirm the importance of using appropriate and thoughtful language in talking about mental health to reduce the potential for stigmatization. The context of language also plays an essential role in shaping perceptions of mental health problems, making it necessary to use more inclusive and empathic language in communication. The research also highlighted that generic mental health labels might provide benefits in reducing stigmatization. Using generic labels such as "mental illness" or "mental health problem" tends to provide a more positive perception of the diagnosed individual than specific labels. However, it is also essential to consider more specific labels to appreciate the differences in mental health conditions and provide appropriate support. While labels have their benefits, it is important to remember that they can also create certain expectations about the behavior of the labeled individual. Therefore, how we mention labels can also affect people's perception of the individual. Using noun-based labels can reinforce stereotypes and negative expectations of the individual. In contrast, using adjective-based labels or possessive phrases can help reduce such negative perceptions. To create a more inclusive and supportive environment for individuals with mental health, the role of language as a means to reduce stigma and create more positive perceptions is crucial. This study provides valuable insights into the importance of appropriate word choice and language to deal with mental health-related stigma. Therefore, awareness and a more thoughtful approach to using language can help create a more inclusive and equitable society for individuals with mental health challenges.

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