

A close-up photograph of a hand holding a yellow flower, with a pencil resting on the hand. The text "nue.life" is overlaid in the center.

nue.life

inclusive language *guide*

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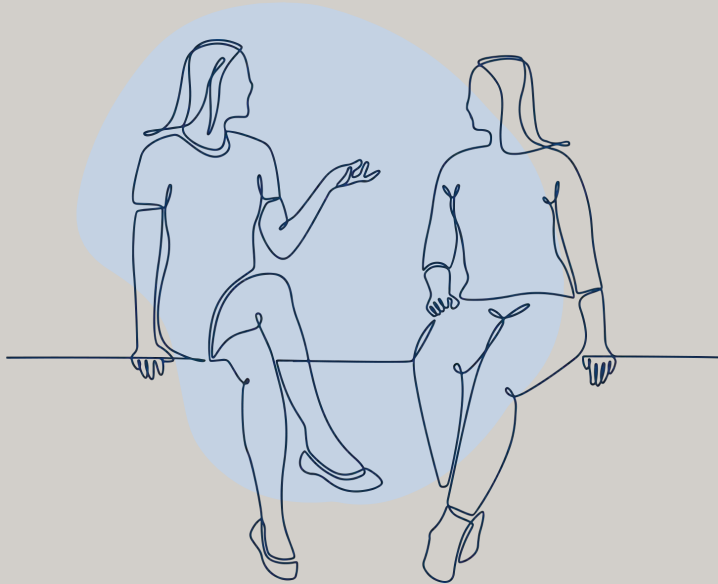
Nue Life Health was founded on inclusive principles and is driven by an ethical business model. As a public benefit corporation, we've made a firm commitment to measurable social impact as well as financial results.

Our core values include accessibility, racial and gender diversity, and safe, patient-centered paradigms for the treatment of mental health conditions. All content should reflect those values.

A lack of inclusivity and the presence of bias, prejudice, and racism are strong contributors to mental illness. This underscores how critical it is to use inclusive language in all spoken and written communications.

Racism, sexism, and prejudices around mental health, disability, weight, and age may be explicit or implicit in speech or text. We ask our employees, contractors, consultants, and other collaborators to use good judgment in an effort to remove non-inclusive elements from all Nue Life communications and content.

We understand that everyone makes language choices that aren't ideal now and then. We also understand that specific phrasing depends on the unique needs of each topic or situation. ***The Inclusive Language Guide is not a rulebook. It is intended to educate and illustrate ways in which we can align our words with our values.*** We trust all of our staff and colleagues, and we encourage them to draw upon their own knowledge and wisdom when crafting inclusive language. We hope this guide enhances that knowledge and sharpens that wisdom.



inclusivity and *mental health*

Increased mental health awareness and research shows a need for better treatment options. It's essential that our content treats mental health conditions—and the many challenging ways they impact individuals who live with them—with dignity, respect, and empathy.

Many of our clients and prospective clients are looking to Nue Life because other care options haven't helped them. They may have endured years of mental health challenges. Please consider the emotional circumstances of the audience when creating content or communications.

Content should represent Nue Life programs as multidisciplinary solutions that provide relief and encourage sustainable mental and physical wellness. Our approach doesn't "cure" mental illness—it facilitates the agency of the client in healing, developing positive strategies, and experiencing personal growth.

general best *practices*

In general, writers should avoid any language that could come across as being insensitive, exclusionary, or offensive to any group of people. This includes attributes such as mental or physical health, disability, race, ethnicity, culture, gender, sexual identity, weight, or age.

Please don't identify people by race unless it is relevant to the content. Avoid broad generalizations and labels. Be mindful of words, phrases, or tones that seem harmless but may resonate differently for particular groups. Before writing about any group, ask yourself these questions:

1. Has this group experienced prejudice or harm based on identity factors (race, culture, ethnicity, gender, age, etc.)?

If the answer is yes, choose terms and phrases carefully.

2. Are the terms I'm using current?

If you're using the same terms you've been using for years, verify that they're currently the preferred language. For example, "Black" has replaced "African-American" as a preferred term, and "African American" is no longer hyphenated.

3. How have I confirmed the answer to question two?

Your friend or colleague might still prefer the term "African American." However, an individual doesn't speak for an entire group.

To confirm broadly preferred terms when writing about identity, culture, race, health status, etc., begin by referring to this guide. It's also advisable to search the [APA Inclusive Language Guide](#) or to do your own research on a case-by-case basis.

If an individual's preferences are known, and it's relevant to the content, use their preferred terminology. Some smaller groups within a larger community have their own preferred terms that differ from the majority. If those terms have been reliably confirmed, use them when referring to the smaller group only.

general best *practices* (cont.)



DETERMINING IF RACE, ETHNICITY, AND OTHER IDENTITY FACTORS ARE RELEVANT

The following example provides a framework for determining relevancy. You can use the same questions to assess whether any type of information or identity terminology is pertinent to the content.

You're writing a piece called "Research Suggests Ketamine Helps Adults with Anxiety," based on the work of Dr. Jane Smith, a researcher of psychedelic medicine. Studies 1,2, and 3 by Dr. Smith involved ketamine treatment in groups of adults with anxiety. Study 4 by Dr. Smith shows that psilocybin helped a group of Black people age 35-55 who experience PTSD-related anxiety. Your conclusion will state that psychedelics in general look promising for anxiety in adults, and you plan to mention ***psilocybin*** and Study 4. You also know Dr. Smith is Black because you found photos of her during your research.

Question 1: If I identify a person or people as Black, white, Italian, autistic, transgender, etc., does it directly support the topic of the content?

Answer: No. The topic is research showing the effectiveness of ketamine for anxiety in adults. Race isn't mentioned.

general best *practices* (cont.)



Question 2: **Does mentioning race, culture, gender, or another group identity provide information that's necessary to understand the content or a section of the content in the context of the topic?**

Answer: **No.** Mentioning Dr. Smith's race is irrelevant to the topic, including the conclusion, because her own race had no impact on the results of Study 4. In addition, mentioning the race of the test group isn't relevant to the context of your piece about ketamine for anxiety.

Question 3: **If I don't mention race, gender, sexual identity, or another group identity, will it confuse the audience?**

Answer: **No.** If you leave out race and write "in another study, Dr. Smith found that psilocybin reduced anxiety in a group of 35-55-year-old adults," it doesn't create confusion, even though you didn't mention they were Black adults.

Question 4: **If I identify a person or people by race, age, health status, or another group identity, will it create confusion?**

Answer: **Yes.** Mentioning that the Study 4 participants were Black could potentially create confusion, since race isn't mentioned anywhere else in the piece. Readers may wonder why you mentioned it, or feel they should go back and reread your writing because they missed something.

general best *practices* (cont.)



Now, if we change the topic of your content to “Ketamine Could Address Health Inequities for Black Adults,” the answers to those questions will be different. You will find that the race of the participants in the psilocybin study is relevant and should be identified.

However, whether Dr. Smith’s race is relevant depends on if you’re using any content about her specifically.

For example, say you’d like to use this quote by Dr. Smith:

“I designed the psilocybin study after realizing that standard treatments didn’t address the way anxiety affects people like my father.”

In that case, you risk confusing the audience if you don’t explain that Dr. Smith is Black.

Now, let’s change the quote to this:

“I believe my work confirms that psychedelics can help adults.”

This time, you aren’t going to mention that Dr. Smith is Black. Why? Because even though the topic is about Black adults, her quote has nothing to do with race. Therefore, including her race won’t directly contribute to the topic.

Finally, let’s say you don’t have any information to include about Dr. Smith other than perhaps crediting the research to her name. In this case, there’s also no relevant need to identify Dr. Smith by race.

general best *practices* (cont.)



PERSON-FIRST LANGUAGE

When speaking about individuals or groups, use person-first language (with exceptions, as noted). **Person-first language puts the focus on the person before any diagnosis, disability, or other attribute.** This emphasizes that these factors don't define the whole person. Avoid labels that remove personhood from the description entirely.

do use:

- Person with a mental health condition
- Person living with depression
- People coping with anxiety
- Person with a substance abuse disorder
- Person with schizophrenia
- Individuals with alcohol addiction
- Person with diabetes
- Person who is visually impaired
- Adults who use wheelchairs
- Person who is incarcerated
- People who were enslaved
- Person who is undocumented

do *not* use:

- Mentally ill person
- Depressed person
- Anxious people
- Addict
- A schizophrenic
- Alcoholic
- Diabetic
- Blind person
- Wheelchair-bound people
- Prisoner, convict
- Slaves
- Undocumented person

Examples:

Do:

“People living with a mental health condition deserve more effective treatment options.”

Don't:

“Mentally ill people struggle to find effective treatments.”

general best *practices* (cont.)



PERSON-FIRST LANGUAGE

Do:

“Stress can have devastating effects on a person coping with depression.”

Don’t:

“Stress affects depressed people poorly.”

Do:

“A person with anxiety may experience headaches, digestive symptoms, or cardiovascular issues.”

Don’t:

“Anxious people have more physical health issues.”

Do:

“A study found that many people who are incarcerated have experienced trauma.”

Don’t:

“Prisoners are likely to have experienced trauma, according to a study.”

When writing about the transgender experience, it’s acceptable to use the terms “transgender woman” or “transgender man” in circumstances relevant to the content. See the section on gender below for more details about gender identities.

Examples:

Relevant to the specific experience of people who are transgender:

“As a transgender man, finding safe gynecologic care can be challenging.”

“Transgender women with limited access to gender-affirming care have a higher risk of anxiety.”

Not specifically related to the transgender experience:

“People who are non-binary or trans report more psychosocial burdens due to prevailing cultural beliefs, prejudice, and patterns of gender abuse.”

In some cases, a community or individuals may prefer identity-first language. For example, “deaf person” and “autistic people” are broadly accepted within their respective communities. Use your judgment, and apply identity-first language when you know for sure what a community or individual prefers, when relevant to the content.



external *inclusivity* guides

We primarily follow the [APA Inclusive Language Guidelines](#) for word usage guidelines regarding inclusivity (please request our Nue Life Writing Style Guide from the content/marketing team if you have need of our usage guidelines for writing). We recommend the [APA Bias-Free Language Guides](#) for in-depth definitions and discussion of current practices.

In addition to the APA Guidelines, we recommend the following resources for comprehensive definitions and detailed guidance regarding mental health:

[“What is Mental Illness?”](#) American Psychiatric Association

[Well Beings Language Guide](#), [Wellbeings.org](#)

[“Defining Mental Wellness,”](#) Global Wellness Institute

Please see the end of this document for more recommended resources.

inclusive *language* definitions



Following are definitions of terms commonly used when communicating about inclusivity. Whether these actual words are relevant to the topic or not, understanding these concepts supports inclusive content writing. We suggest the APA's [comprehensive body of definitions](#) as further reading.

Bias: a predisposition for or against something, usually based on self-interest, social pressures, or subjective cognitive judgments. Can be implicit or explicit.

Microaggressions: brief, verbal, or nonverbal communications of derogatory attitudes or notions based on the identity of the other person or people. Can be intentional or unintentional, conscious or unconscious.

Othering: a process by which an individual or group of people is considered and treated as intrinsically different, or “other than” oneself. Typically, this involves a perception that the “other” is inferior to the self or to the dominant group of which one is a member.

Race: a social construct that classifies people based on physical traits.

Culture: language, rituals, traditions, beliefs, values, social expectations, and other behaviors associated with any socially definable group.

Ethnicity: a characterization of people who share a culture based on their ancestry and history.

Neurodivergent: thoughts, behaviors, or neurological function that differ from what is considered typical.

Neurotypical: patterns of thought, behavior, or neurological function that are considered typical.

inclusive *language* definitions (cont.)



Neurodiversity: the natural variation in neurologically-based behavior patterns across the human spectrum. “Neurodiversity” encompasses both ***neurodivergent*** and ***neurotypical*** individuals.

The term emerged through the advocacy movement concerning autism spectrum disorder (ASD). The movement now includes all types of ***neurodivergence***, such as attention-deficit hyperactivity disorder (ADHD), dyslexia, and other learning disabilities. The use of terms such as neurodiversity works to shift the social perception away from viewing neurodivergence as a deficit. Entrenched in the deficit paradigm is the expectation that neurodivergent people must strive to function as if they were neurotypical. Advocates seek to replace the old paradigm with attitudes and social structures that accommodate and celebrate neurodiversity.

Ableism: prejudice and discriminatory behavior toward people with disabilities, including physical and cognitive disabilities and behavioral health conditions such as ADHD, ASD, and other types of neurodivergence.

Health equity: the absence of unfair or avoidable obstacles that prevent groups of people from achieving their full potential for health and wellbeing. Such obstacles include poverty, discrimination due to race, ethnicity, gender, age, sexual orientation, and other barriers to equality in employment, housing, education, medical care, and other areas. These barriers result in health inequities.

Social determinants of health (SDOH): Non-medical factors that contribute to health that arise from the circumstances in which people are born, grow, work, and live. Also includes sociopolitical systems and other forces that affect a person’s daily life.

Barriers to care: any obstacle that prevents or places limitations on a person’s ability to access effective healthcare.

mental *health* definitions



As awareness expands, language regarding mental health continues to evolve. Clear, specific terminology is essential to reducing stigma and humanizing the experience of mental illness.

MENTAL HEALTH

“Mental health” refers to how emotions, thoughts, and behaviors affect people in their daily lives. Specifically, this concerns the ability to engage in productive activities such as work, school, or caregiving, relationships, and social interactions. It also involves the capacity for adapting to change and managing adverse experiences. **Mental health is a spectrum; it exists in the presence of mental illness, just as physical health exists in the presence of physical illnesses.**

Examples:

Do:

“People with C-PTSD can develop strategies that support their mental health.”

Don’t:

“Give yourself permission to make time for activities that improve mental health.”

Do:

“Mental health care works best when tailored to meet the needs of the individual.”

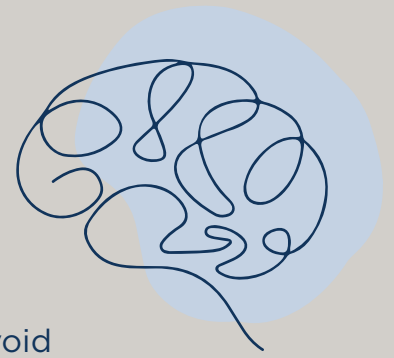
Don’t:

“Mental health treatments don’t always work.”

MENTAL ILLNESS

Mental illness refers to a group of health conditions that affect emotions, thoughts, and behavior. Mental health conditions are often chronic, causing distress that affects all aspects of a person’s life, including physical health. Mental illness exists on a spectrum; symptoms range from mild to severe, affecting each individual in a different way.

mental *health* definitions (cont.)



MENTAL HEALTH CONDITIONS

The term “mental health condition” is an alternative for “mental illness,” and the preferred term for Nue Life content. Avoid using the term “disorder” unless it is part of the official name of a diagnosis.

Use “mental illness” sparingly, only for very generalized information or broad statistics. Do not use “mental illness” in reference to individuals with mental health conditions. Do not use the term “mentally ill” as it is inconsistent with person-first language.

Examples for “mental illness,” “mental health conditions,” and “disorder”:

Do:

“A person with a mental health condition may hide their symptoms from family and friends.”

Don’t:

“A person with a mental illness may not confide in family or friends.”

Do:

“Roughly 21% of US adults live with a mental health condition.”

Don’t:

“About 21% of US adults are mentally ill.”

Do:

“Mental illnesses affect 52.9 million adults aged 18 or older in the United States.”

Don’t:

“In the United States, more than 50 million people are mentally ill.”

Do:

“Despite an increase in mental illness diagnoses, barriers to care still prevent many people from receiving treatment.”

Don’t:

“Mental health disorders are on the rise, yet many face significant barriers to care.”

Examples for “mental health” vs. “mental illness”:

“Positive habits that support mental health help in managing depression and anxiety.”

“Mental illness itself may create barriers to mental health care because it can affect cognitive function and the ability to interact with other people.”

mental *health* definitions (cont.)



MENTAL WELLNESS

The [Global Wellness Institute](#) defines mental wellness as “an internal resource that helps us think, feel, connect, and function; it is an active process that helps us to build resilience, grow, and flourish.” Mental wellness isn’t the absence of mental illness; it’s also a spectrum that coexists with the spectrum of mental health.

This definition reflects the approach of Nue Life’s programs. Unfortunately, “mental wellness” has become overused and its primary definition isn’t broadly understood. Take care to use this term only in this context, and use it sparingly. **Ask yourself how to make the concept of mental wellness more concrete in your writing (examples below).**

Examples:

Do:

“Meditation and mindfulness are tools that decrease stress and encourage a more positive outlook.”

Don’t:

“Meditation and mindfulness support mental wellness.”

Do:

“Integration supports your personal mental wellness journey.”

Don’t:

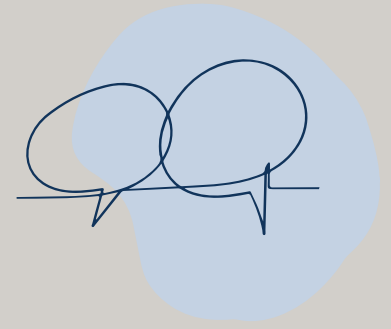
“Integration helps you achieve mental wellness.”

CLIENTS VS PATIENTS

In general, Nue Life refers to its customers as clients. We do have high-level clinicians who prescribe and monitor ketamine treatment; conventionally, the term “patients” refers to people treated by these professionals. However, our services are multidisciplinary. Counselors, group facilitators, and personal sitters are also primary contributors to Nue Life programs. And we believe that the use of “clients” supports our goal of encouraging self-agency in the ongoing mental wellness process.

In most cases, the term “patients” should only be used when referring to a specific provider who uses the term or to research or statistics that specify participants or a demographic as patients. “Patients” would be appropriate when describing the Nue Life clients who are treated by our partner providers in the Nue Network.

language *usage* guidelines



MENTAL HEALTH

Use person-first language when referring to a person or people living with a mental health condition. Avoid language that implies a person who struggles with a mental health condition is broken or “less than.”

Example:

Do:

“Ketamine helps people with depression develop positive thought patterns that may encourage a sense of balance and purpose.”

Don’t:

“Ketamine helps depressed people feel whole again.”

DESCRIPTIVE LANGUAGE

Verbs

The use of descriptive terms such as “coping,” “struggling,” and “suffering” are subjective. However, they are acceptable to use along with person-first language when referring to the ***symptoms*** or the ***experience*** of living with mental illness. In this context, they communicate empathy and compassion.

Examples:

Do:

“People with anxiety may also struggle with symptoms of depression, PTSD, or OCD.”

Don’t:

“People suffering from anxiety can also have PTSD or OCD.”

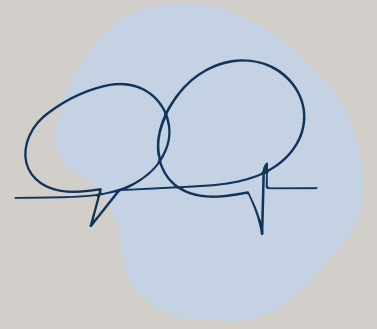
Do:

“When you’re already coping with depression, environmental stressors can feel overwhelming.”

Don’t:

“A study of 86 women struggling with depression found that stress made things worse.”

language *usage* guidelines (cont.)



Please avoid using these terms when referring to clinical diagnosis, clinical protocols, or when citing research. In that context, they communicate assumptions about people’s experiences and can sound demeaning. Use less subjective alternatives such as “living with,” “navigating,” or “distress” when appropriate.

Examples:

Do:

“Ketamine treatment helps people navigate depression symptoms so they don’t feel as overwhelming.”

Don’t:

“Over time, ketamine treatment reduces suffering from depression so people feel less overwhelmed.”

Do:

“A recent study confirmed that people living with depression have an increased risk of developing chronic pain.”

Don’t:

“Struggling with depression can lead to chronic pain, according to a recent study.”

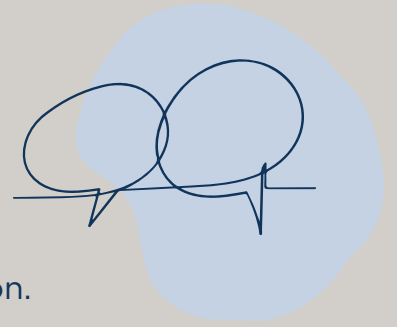
Do:

“OCD is a serious condition that can cause significant distress that often reduces quality of life.

Don’t:

“The agony of OCD can affect all aspects of your life.

language *usage* guidelines (cont.)



PHRASES

The use of descriptive phrasing provides context and connection. Take care, however, not to make assumptions about personal experience, feelings, motivation, etc. unless you're clearly speaking generally. Implicit bias can unintentionally sneak into descriptive phrases, so review descriptive passages to ensure they don't sound condescending, dismissive, sexist, racist, or communicate other prejudices.

Example:

Problematic:

"1 in 5 women over age 40 takes an antidepressant to get through the day."
This approach makes assumptions about personal experience and motivation for taking antidepressants. Inadvertently, it communicates sexism; first, it singles out women over 40, then uses phrasing that subtly suggests those women can't "get through the day" on their own. The phrasing also sounds as if the women are "popping pills" to avoid difficult activities. Additionally, it also makes antidepressants, which are a legally prescribed treatment that is effective for many people, sound like a street drug.

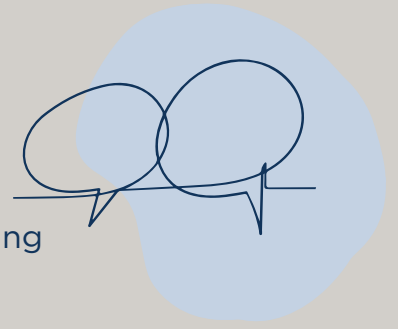
To a potential client who happens to be a woman over 40 who has taken antidepressants for years, this phrasing could feel demeaning and off-putting.

Inclusive alternatives:

"1 in 5 women over age 40 have been prescribed an antidepressant."
Here, the sentence simply presents factual information, allowing the audience to draw their own conclusions. It doesn't make assumptions as to why many in this demographic seek such prescriptions. It also doesn't comment on the value of antidepressants as a treatment.

"Depression can make it hard to get through the day."
The use of "can" makes the sentence non-absolute, and therefore not an assumption. Without the statistic, the subject of the sentence isn't specifically identified, so no person or group is singled out and associated with a presumptive description.

language *usage* guidelines (cont.)



Using descriptive language can be powerful when communicating about the experience of marginalization, economic disparities, health inequities, SDOH, and other factors that lead to inequality.

However, we do not want to represent members of these communities as downtrodden, incapable of changing their own circumstances, helpless, defeated, and other inaccurate generalizations. This includes Black people, Latinx people, other cultural and ethnic identities, people living close to or below the poverty line, veterans, older adults, LGBTQIA+ individuals, women, people with a higher body weight, people living with mental health conditions, and other groups that are frequently associated with such stereotypes.

RACE, ETHNICITY, AND CULTURE

We follow AP style and capitalize “Black” when used as an adjective describing Black people, ethnicity, culture, and institutions. This capitalization acknowledges and shows respect for a specific collective identity and history.

Examples:

Black people

Black culture

Black literature

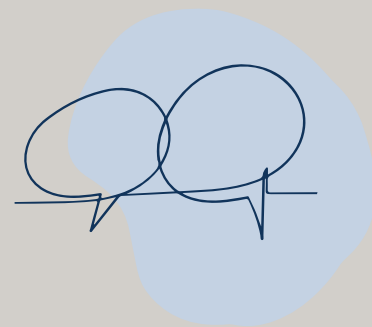
Black colleges

Also per AP style, do not capitalize “white” when referring to white people unless the word begins a sentence. White people don’t share this type of collective identity, and capitalizing the word has historically been a practice of white supremacist groups.

The AP stylebook designates capitalizing Black when describing Black Americans, although many non-American Black people also identify as Black. Follow the AP guidance unless an individual’s personal preference is known and relevant.

“Black” and “African American” aren’t interchangeable; some groups have expressed concerns about the term African American. Writers should use “Black American” unless personal preference is known and relevant.

language *usage* guidelines (cont.)



Use nationalities to describe non-American Black people and Black American groups when national heritage is known and relevant to the content:

- Somali people
- Nigerian culture
- Caribbean music

Do not use a hyphen when describing dual heritage:

- African American
- Asian American
- Mexican American
- Italian American
- Swedish American

If possible, use the individual country rather than a continent, e.g., Japanese American rather than Asian American.

Capitalize “Indigenous” when referring to a geographical area’s original inhabitants. Use “Native Americans” to describe peoples living in what is now the United States. Use specific tribes or regional preferences when known and relevant:

Examples:

“Indigenous cultures used psychedelics, such as peyote and ayahuasca.”

“These health disparities affect primarily Native Americans and Mexican Americans.”

“The Cherokee Nation of Oklahoma has expressed concerns about the presentation.”

Whenever possible, use specific terms for ethnic groups. Use the phrase “people of color” sparingly. This phrase is problematic in that it lumps groups that have experienced more egregious harm in with other non-white communities, effectively erasing those experiences.

language *usage* guidelines (cont.)



For example, to say that “harsh drug laws disproportionately affect people of color” ignores the fact that Black men overwhelmingly suffer more as a result of those laws than any other group. Yet “people of color” implies Black men and other non-white groups are equally harmed by the laws in question.

There are times when “people of color” does apply more broadly and the term may be the simplest way to communicate an important point. Use the term in those instances, but avoid the abbreviations POC and BIPOC altogether. Better terms include:

- People of various racial and ethnic backgrounds
- Diverse groups
- Different cultures

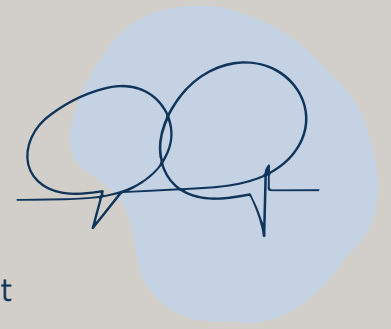
GENDER DIVERSITY

Most of us were assigned a gender at birth based on our reproductive anatomy. The word “cisgender” refers to people who identify with their birth gender assignment. The terms “woman,” “man,” “girl,” and “boy” refer to binary opposites associated with masculinity and femininity. Many people have a binary gender identity, meaning they identify as a man or a woman. This includes cisgender and transgender individuals.

However, not everyone identifies with a binary gender. Rather, individual gender identities may include people who experience masculine and feminine elements at the same time, people who don’t identify with any gender, people whose gender changes during their lives, gender flexibility, and other gender iterations.

There are many terms that people who aren’t strictly men or women use to describe their gender identity. Some common terms include nonbinary, genderqueer, genderfluid, agender, bigender, and Two Spirit. These terms aren’t interchangeable, but they all describe an experience of gender that is not strictly masculine or feminine.

language *usage* guidelines (cont.)



When possible, use an individual’s preferred terms. “Nonbinary,” or “genderqueer” can be used when personal preferences aren’t known. Note that the term “Two Spirit” belongs to members of some Native American cultures and should not be appropriated by non-members. Specific tribes also have unique terms for nonbinary individuals.

When discussing gender and identity, avoid using out-of-date terms and labels or phrasing that conflates sex and gender.

do *use*

Assigned female at birth (AFAB)
Assigned male at birth (AMAB)

transgender people
trans and gender nonbinary folks or folx
Genderqueer
*LGBTQ+, LBGTQIA+, LGBTQIIA+

do *not use*

birth sex
natal sex
assigned sex
sex assigned at birth
born a girl, born female
born a boy, born male

hermaphrodite
tranny
transvestite
transsexual (except in a medical context)

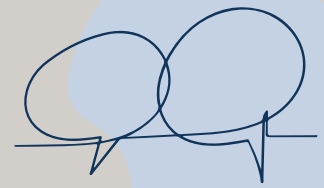
*Don’t use these abbreviations when communicating about topics or issues specific to an included group, e.g. “LGBTQIA+ rights” may not be appropriate if the topic at hand is actually “transgender rights.”

Examples:

“People assigned female at birth (AFAB) have specific healthcare needs. Dr. Mercer’s clinic treats all individuals AFAB, regardless of their gender.”

“In one study of trans and nonbinary youths age 13-20, gender-affirming care lowered the risk of moderate to severe depression by 60%.”

language *usage* guidelines (cont.)



GENDER AND PRONOUNS

A person's gender isn't a choice, so don't refer to "preferred pronouns." Use the term "identified pronouns" or just "pronouns" instead. Use an individual's identified pronouns when known. When pronouns aren't known or gender is irrelevant in the context, use "they/them/theirs." If writing about an expert or public figure, you may use the pronouns from published articles—but confirm the publication has an inclusive language policy or that the subject was personally interviewed for the article. In the absence of clear confirmation, use they/them/theirs.

Examples of pronouns:

She/her/hers

He/him/his

They/them/theirs (singular)

She/her/they

They/he

He/her/they

ze/hir/hirs

Some people don't use pronouns at all, using their name as a pronoun instead. they/them/theirs.

Examples:

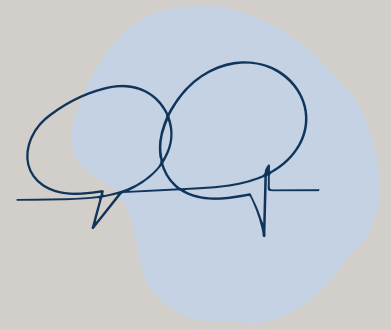
"Emory Mattis is an experienced mental health advocate. They have called for more funding support for LSD research."

"Dr. Calvert's research supports psychedelic treatment for C-PTSD. In hir book, ***The Rise of Psychedelics***, ze expands on the growing body of research showing ketamine reduces C-PTSD symptoms."

"Sheila Townsend, a transgender woman, has devoted her life to obtaining equal rights for transgender people."

"As a transgender man, he worried about telling family and friends that he was pregnant."

language *usage* guidelines (cont.)



GENDER-INCLUSIVE LANGUAGE

Use gender-inclusive language whenever possible when gender isn't relevant to the content. Refrain from using "Sir" or "Ma'am" in business settings. Remove gender from occupational nouns.

do use:

Humans
People
Person
Individuals
Citizens

Team
Collaborator(s)
Colleague(s)
Guest(s)
Presenter(s)

Chair or chairperson
Congressperson or member of congress
First-year student

do not

Man or Men (unless referring to a group in which all identify as men)
Women and men
Girls
Boys

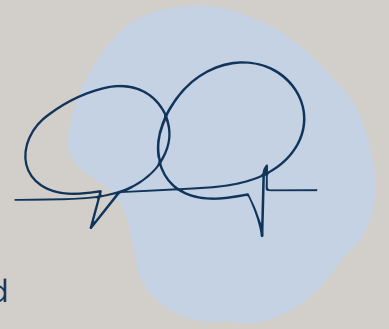
Ladies and gentlemen
Men and women

Chairman
Congressmen
Freshmen

SEXIST LANGUAGE

Most of us recognize overtly sexist language, such as suggestive comments about a woman's body. But sexist language is often implicit. Some terms and phrases might seem innocent, but the truth is, implicit bias in language can affect the climate of the workplace and undermine a woman's personal agency. The same goes for communications concerning women who are clients, subject matter experts, or collaborators.

language *usage* guidelines (cont.)



MICROAGGRESSIONS

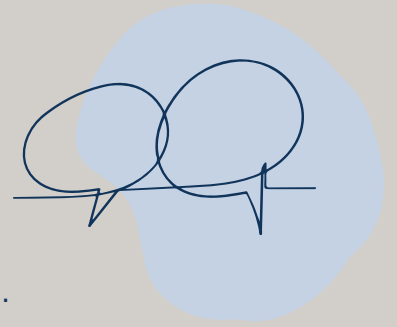
Taking care to use gender-neutral terms in emails, meetings, and other group or one-to-one situations is essential. In addition, avoid inserting descriptive ‘compliments,’ such as “lovely,” “vivacious,” “charming,” etc. when referring to women and non-binary colleagues in written or spoken language. And refrain from using pet names, such as “honey,” or “dear,” when referring to women. These are microaggressive comments; they signal that a woman or feminine-presenting person is (or is expected to be) easy to be around, unabrasive, modest, or generally non-threatening to men.

Please be aware of language that refers to stereotypes, such as “bossy,” “aggressive,” “strident,” “emotional,” or “hysterical.” These terms aren’t appropriate when discussing women as a group or individuals.

Women experience ageism much more frequently than men. It’s more common to use age adjectives when referring to women. This isn’t appropriate unless you’re clearly discussing the topic in a professional written or spoken context. Please see the age section in this document for more information.

Not only does such language affect how women perceive themselves, but it also affects how others perceive them. This can make it harder for women to be taken seriously, puts their expertise and authority in question, and perpetuates a workplace culture in which women are expected to adhere to traditional gender roles. All of the above can negatively impact the mental health of your coworkers.

language *usage* guidelines (cont.)



INTERSECTIONALITY

Nue Life Health takes an intersectional approach to anti-sexism.

This means that we acknowledge that all women and feminine-presenting people experience sexism and that the experiences of transgender women, Black women, and women of other ethnicities are typically different from those of ciswomen and white women.

To avoid sexist language when writing or speaking to or about women and feminine-presenting people, ask yourself if you'd use the same words if you were talking to or about a man. If the answer is no, please reconsider your language choices.

Examples:

Do:

"I'd like to introduce our subject matter expert, Dr. Jane Smith."

Don't:

"Introducing our lovely subject matter expert, Jane."

Do:

"After this experience, Joan Myers felt scared and angry. She was determined to find a better therapist."

Don't:

"Joan Myers was hysterical after she left the therapist's office."

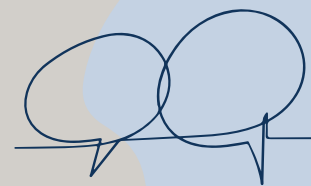
Do:

"Black women have to deal with racism and sexism."

Don't:

"As a woman, I understand how racism must feel."

language *usage* guidelines (cont.)



SEXUAL ORIENTATION

Gender identity and sexual orientation are two separate things.

Sexual orientation refers to an ongoing sexual, affectional, or romantic attraction to a specific gender or genders. It also may signify a social identity based on behaviors and membership in a community with shared gender attractions.

Use self-identified terms for an individual's personal sexual orientation when known and relevant. These may include lesbian, gay, straight, asexual, bisexual, heterosexual, polysexual, pansexual, or queer.

do *use*:

Sexual orientation

*LGBTQ+, LGBTQIA+, LGBTQIIA+

**Queer

do *not use*:

Sexual preference

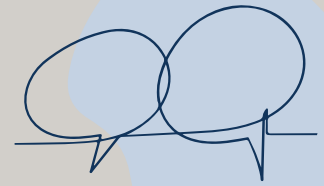
Sexual identity

Sexual orientation identity

LGBT

Homosexual

language *usage* guidelines (cont.)



SEXUAL ORIENTATION (CONT..)

*Don't use these abbreviations when communicating about topics or issues specific to an included group, e.g. "LGBTQIA+ rights" when the topic at hand is "transgender rights."

**Not all audiences will respond well to the word "queer." Use judgment and consider the audience, the purpose of the communication or content, personal preferences, and other factors before using the term.

Examples:

Do:

"Sexual orientation is an example of SDOH, and may create barriers to accessing mental healthcare."

Don't:

"Sexual preference can complicate mental health conditions."

Do:

"June is Pride month, celebrating the history and experience of those who identify as LBGTQIA+."

Don't:

"Pride celebrates all LGBT people."

Do:

"Prof. Hamilton, who is gay, celebrates Pride in NYC with his husband every year."

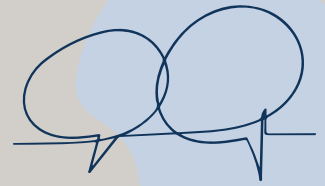
Don't:

"Prof. Hamilton is a homosexual who enjoys the NYC pride parade each year."



For more information, please see the Nue Life gender inclusivity presentation, created by our Gender Inclusivity Committee.

language *usage* guidelines (cont.)



SOCIOECONOMIC STATUS

Use person-first language to describe socioeconomic status. Many common labels such as “the poor,” “urban poor,” and “lower class,” carry connotations of laziness, squalor, and unworthiness. These terms are othering, and carry judgemental or dehumanizing assumptions.

do use:

People living below the federal poverty level

People living below the federal poverty level in cities

People with a high school education

do *not* use:

The poor

Poor people

Low-income people

Low-class or lower-class people

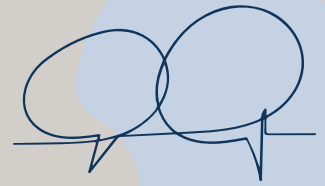
Urban poor

Uneducated people

Less educated people

Poorly educated people

language *usage* guidelines (cont.)



AGE

Ageism refers to prejudice or discrimination based on a person's age. Ageism can result in harmful and dehumanizing language. Additionally, ageism and sexism often go hand in hand. **It's essential to avoid unintentional ageist and sexist microaggressions which have an othering effect.**

Nue Life programs fit exceptionally well with the needs of adults and older adults with treatment-resistant depression. Women in those age groups have a higher risk for the condition. As such, please take extra care to make sure you are not referring to women in those age groups inappropriately.

Additionally, ageism toward younger people can undermine personal agency and confidence. Youth-directed or age-directed microaggressions can also make the workplace feel more hostile.

Please use the following ranges when discussing age, regardless of gender identity, sexual orientation, etc.

Children 0-12 years
Adolescents 13-17 years
Adults 18+ years

When necessary, you may break down these terms into a subgroup by specifying a smaller age range.

Examples:

Children under age 3

Adolescents and young adults between 15-20

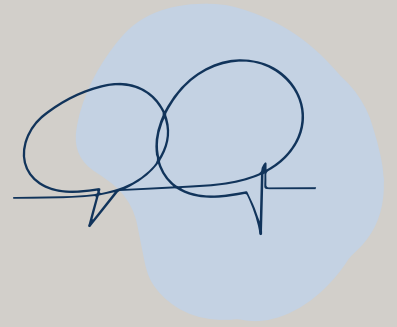
Adults age 45-55

Adults 65 and older

Adults age 80 and above

Adults over 65 are still adults. You may refer to people in this subgroup "older adults", or one of the terms specified below. Likewise, you may use the term "young adults," but also specify the exact age range.

language *usage* guidelines (cont.)



AGE (CONT.)

Acceptable language related to age:

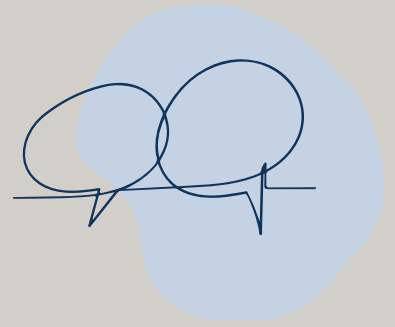
- Use gender-inclusive terms to refer to individuals of any age, such as person, people, individuals, youth, infants, children, adults, etc.
- Individuals 12 and younger may be referred to as a “girl,” “boy,” “transgender girl,” “transgender boy,” “gender-fluid child,” etc. when gender is known and relevant. Use “men,” “women,” “transgender woman,” “trans woman,” “genderqueer adult,” “cisgender adult,” etc. when known and relevant.
- Use “older persons,” “older people,” “older adults,” “older patients,” “older individuals,” “persons 65 years and older,” and “the older population” when discussing this subgroup (those over 65).
- Use “older women” or “older men” when gender identity is known and ***only*** to refer to people **age 65+**. ***Referring to women 35+ as “older women” is not appropriate.***

Avoid using the terms “middle-aged,” “seniors,” “the elderly,” or “the aged.” Use “geriatric” only when referring to medical topics or services exclusive to people over the age of 65. Do not refer to pregnant people over age 35 as “geriatric” or use the term “geriatric pregnancy.”

Avoid phrasing that connects a younger age with incompetence, irresponsibility, lack of knowledge or experience, entitlement, and other negative connotations.

Don’t use “male” or “female” unless referring to specific research or statistics.

language *usage* guidelines (cont.)



AGE (CONT.)

Acceptable language related to age:

Examples:

Do:

“Depression affects women over the age of 40 at a higher rate than men in the same age group.”

Don’t:

“Older women are more likely to experience depression than men.”

Do:

“Women ages 18 to 24 and 25 to 34 have the highest risk of experiencing intimate partner violence.”

Don’t:

“Younger women experience the highest rate of intimate partner violence.”

Do:

“Women over age 35 have a higher risk of pregnancy complications.”

Don’t:

“Older women have a higher risk of pregnancy complications.”

Do:

“Older adults living in residential care facilities may experience loneliness, which contributes to depression and cognitive decline.”

Don’t:

“Seniors living in nursing homes often experience depression and dementia.”

Do:

“Younger adults age 18-25 may engage in risk-taking behaviors more frequently than adults over age 25.”

Don’t:

“Young adults are still irresponsible and willing to take risks.”

Do:

“Early-career team members should ask for help if and when they need it.”

Don’t:

“You’re too young to know about this, let me show you.”

Do:

“Young adults have valuable skills and knowledge to contribute.”

Don’t:

“Gen-Zs can be great employees if they have the skills.”

language *usage* guidelines (cont.)

DISABILITY

Use person-first language and mention disability only when relevant to the content. Avoid labels and pejorative terms.

do use:

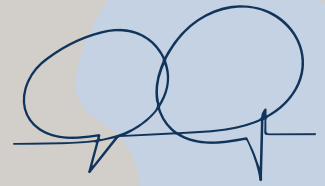
Person who uses a wheelchair
Person with AIDS
People with traumatic brain injury

do *not* use:

Wheelchair-bound
Confined to a wheelchair
Crippled person
AIDS victim
Brain-damaged people



language *usage* guidelines (cont.)



BODY WEIGHT

The longstanding assumptions that having a higher body weight automatically equates to poor health, and that losing weight automatically improves health, are not corroborated by actual research. In fact, research overwhelmingly disproves those claims. Yet these widespread assumptions are ubiquitous across many health resources, even in established sources such as the CDC. Treating them as factual upholds the harmful stigma around body weight.

Please use language that affirms a comprehensive approach to overall health and wellness, reinforcing the benefits of healthy lifestyle choices without referencing body weight, dieting, weight loss, etc. Avoid terms such as “heavy,” “overweight,” “excess weight,” and “over-eating.” Refrain from language that compares body-weight terms, such as “overweight” vs. “ideal weight”.

Examples:

Do:

“Staying active boosts mood and overall health.”

Don’t:

“Losing weight can help you feel better mentally and physically.”

Do:

“Good nutrition contributes to energy levels and immune response.”

Don’t:

“Overeating makes you tired and more likely to get sick.”

Do:

“Physical fitness and lifestyle factors play a role in depression.”

Don’t:

“Being overweight contributes to depression, so try to maintain a healthy weight.”

language *usage* guidelines (cont.)



BODY WEIGHT (CONT.)

When specifically relevant to the topic, you may refer to “individuals with a higher body weight,” and use good judgment to keep the surrounding language neutral.

Refer to obesity as a medical condition using person-first language, i.e. “person with obesity.” Obesity is defined as “the accumulation of excess body fat to an extent whereby one’s health or how the body functions is adversely affected,” according to the **Dictionary of Sport Psychology**.

Example:

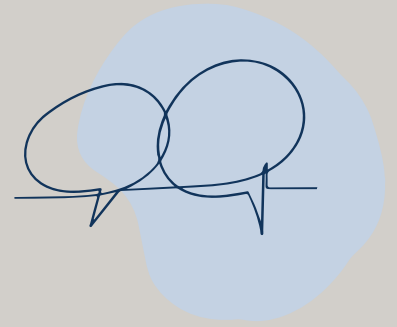
Do:

“A person with obesity may experience chronic pain and other health complications.”

Don’t:

“An obese person may suffer from many health issues.”

language *usage* guidelines (cont.)



CULTURALLY APPROPRIATIVE LANGUAGE

Avoid terms borrowed without permission from cultures, especially when used as a pejorative.

Examples:

Tribe

Pow-wow

Spirit animal

Guru

Ninja

Shaman

Medicine person (man, woman)

Journeying

Vision quest

Spirit (when applied with Native American connotations)

Off the reservation

Peanut gallery

CULTURALLY HARMFUL LANGUAGE

Avoid terms borrowed without permission from cultures, especially when used as a pejorative.

Examples:

Native American spirituality

“In tribal cultures”

conclusion

Inclusivity is the responsibility of the entire Nue Life community. We ask that everyone make inclusive language a priority as individuals and team members. How we speak about ourselves, our colleagues, and our clients is a powerful way to create our culture. Likewise, our word choices can potentially compromise that culture. Feel free to ask clarifying questions or ask for guidance if you encounter a delicate situation that requires finessed communication around the issues involved in inclusivity.

Inclusive language, and the concept of inclusivity itself, are constantly evolving. We will update this guide regularly. If you encounter new ideas around any of the topics included in this document, don't hesitate to share them with Nue Life's Content/Marketing team.

We recommend the following resources for additional information and guidance:

Internal resources

The Nue Life [gender inclusivity presentation](#), created by our Gender Inclusivity Committee

New Life Health Writing Style Guide (general guidelines for written content - upon request from the Content team)



external *resources* and further reading

[“What is Mental Illness?”](#) American Psychiatric Association

[Well Beings Language Guide](#), Wellbeings.org

[“Defining Mental Wellness,”](#) Global Wellness Institute

[“Explaining AP Style on Black and white,”](#) AP News

[“What is a Gender Inclusive World,”](#) Genderspectrum.org

[“Subtly Sexist Language,”](#) Civil Rights Litigation Group

[GLAAD Media Reference Guide](#), GLAAD.org

[“Covering Poverty and How to Get It Right,”](#) Conscious Style Guide

[“How to Challenge Ageist Language,”](#) Silver Century Foundation

[Disability Language Style Guide](#), National Center on Disability and Journalism

[“The Weight-Inclusive versus Weight-Normative Approach to Health”](#), Journal of Obesity, 2014.

[“Honoring the Indigenous Roots of the Psychedelic Movement,”](#) Center for the Study of World Religions, Harvard Divinity School