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The words we use to refer to people in our care

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LETTERS TO THE EDITORS

The editors of *The International Journal of Forensic Psychotherapy* welcome comments, criticisms, clarifications, and feedback on individual articles or the journal as a whole. Please send to ijfpedad@gmail.com. Please note the editors reserve the right to edit the letters for publication.

A recent interesting article in this journal (Sterritt, 2023) has prompted us to reflect about the words we, as clinicians, use to refer to people in our care.

In this article, the author discusses the lives of some men who come to define themselves through what they perceive as a “lack of romantic and sexual success” with women, and explores a dynamic whereby a person eventually adopts a hatred for others who are held to be the source of their suffering.

In this article, the term “incel” in various forms (“the incel”, “an incel”, “incels”) is adopted by the author into the fabric of paper. We observed a similar practice in another review article from a different journal (Broyd et al., 2023). For us, this introduces a conflicting note. When we as clinicians work with someone who views themselves, for example, as a “misfit” or “an outcast”, we would try not to uncritically adopt these words in relation to the patient. For all of us—clinicians, editors, service managers—there may, however, be an unconscious invitation to concretely mirror these self-concepts back to the patient. That is, to refer to the patient as a “misfit” or indeed treat them as one. From time to time, we will inevitably accept this invitation, due to a struggle to hold on to our own thoughts in the face of a patient’s conviction and communications about “how things *are*”.

Perhaps we are forever at risk of internalising contracted descriptors such as “incel”, without fully realising it. However, we are not sure that it is always helpful to reflect elements like this back in an unquestioning way, as this may limit our capacity to explore some of the underlying issues driving a patient’s distress.

Additionally, when it comes to discussing group dynamics, we also wonder whether adopting words like “incels” in a clinical context runs the risk of minimising differences between individuals who identify with this label, inadvertently consenting to an assumption that all the people in this group are the same—one of the distortions and attractions of joining narrowly defined groups.

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