

# The Impact of Language on Behavioral Health: Stigma, Policy, and Practice

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## Introduction

The language used to discuss and describe mental health and substance use has changed dramatically over the last 100 years. Modern and postmodern society has transcended labels such as *teetotaler*, *derelict*, *crazy*, and *psycho*, though iterations of these negatively associated phrases remain. Changing linguistic trends within the mental health and substance use disorder fields have been propelled forward by the inclusion of concepts such as person-first language; first by mental health advocates<sup>1</sup>, and later co-opted by advocates within the substance use disorder space<sup>2</sup>. Similarly, medical professionals are driving change towards the use of more clinically appropriate language (e.g. substance use disorders, rather than substance dependence and abuse), which is having both positive and negative impacts<sup>3</sup>.

Language in its various iterations, whether advocacy oriented or clinically focused, has the ability to, as noted recovery researcher William White writes, “wound or heal. The wrong words shame...the right words serve as catalysts.”<sup>4</sup> Words themselves are not the only powerful force, however. Those in positions of power and privilege (e.g. peer recovery specialists, clinicians, policy makers, advocates, etc.) exert immense influence by choosing the words they use to describe or discuss substance use disorders, mental health concerns, and the individuals who have them. This has been evidenced by the wide-sweeping calls to action from advocates in the mental health and substance use disorder recovery communities, to change the way media, friends, family, and even they themselves discuss mental health and substance use disorders.

Messaging workshops and recommendations designed to assist individuals and family members in telling their personal stories of recovery from a position of power and positivity have emerged from substance use disorder recovery advocates, popularized by national advocacy organization Faces and Voices of Recovery (and further promulgated by hundreds of other national, state, and local trainers – including peer recovery specialists); and include guidelines

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<sup>1</sup> Dunn, D. S., & Andrews, E. E. (2015). Person-first and identity-first language: Developing psychologists' cultural competence using disability language. *American Psychologist*, 70(3), 255-264.

<sup>2</sup> White, W. (2002). *An addiction recovery glossary: The languages of American communities of recovery*.

<sup>3</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC.

<sup>4</sup> White, W. (2007). Language and recovery advocacy: Why we worry about the words. *Recovery Rising: Quarterly Journal of The Faces and Voices of Recovery*. Winter, pp. 1, 3.

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for those telling their own stories of lived experience<sup>5</sup>. From the early 2000's through today, this “Recovery Messaging Training” has given thousands of stakeholders and the general public a lexicon of positive language. Words such as substance abuse, addict, alcoholic (even when preempted by “recovery, recovering or recovered”) were believed to have such strong negative associations that experts in the field recommended they be replaced with more positive language – person with a substance use disorder, person in long-term recovery, etc.

Coalescing with the messaging campaigns, recovery-oriented researchers such as William White, John Kelley, Richard Saitz, and Sarah Wakeman, began to explore the impact word choice had on various groups. This emerging field of study - already underway in the mental health field, as mental health advocates and researchers had begun this process of language change in the late 1970's – provided preliminary confirmation that word choice could impact stigma, social desirability, policy measures, treatment outcomes, and help-seeking behaviors<sup>6,7,8,9</sup>.

The fifth edition of the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-V), which is the authoritative clinical guide to diagnosis of various mental disorders, was published in 2013 and includes updated categorical definitions of addiction; thus moving away from substance abuse and dependence, and toward the continuum of substance use disorders<sup>10</sup>. These changes were made to more accurately reflect the disease of addiction, and while the DSM-V provides no indication the changes were made to replace negatively associated phrases, the timing was supportive of the efforts by advocates and researchers to promote linguistic change.

Collectively, we know that the way in which we describe substance use and mental health has an impact on a wide array of issues. From policy to recovery, the language used to describe

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<sup>5</sup> Faces and Voices of Recovery (n.d.) Recovery Messaging Trained. Accessed on January 13, 2017. Retrieved from <http://facesandvoicesofrecovery.org/what-we-do/training/recovery-messaging>

<sup>6</sup> White, W. (2004). Toward a recovery lexicon. Prepared for Substance Abuse and Mental Health Services Administration. Accessed January 12, 2017. Retrieved from [williamwhitepapers.com](http://williamwhitepapers.com)

<sup>7</sup> White, W. (2002). *An addiction recovery glossary: The languages of American communities of recovery*.

<sup>8</sup> White, W. & Kelly, J. (2010). Alcohol/drug/substance “abuse”: The history and (hopeful) demise of a pernicious label. *Alcoholism Treatment Quarterly*, 29(3), 317-321 (2011).

<sup>9</sup> Kelly, J. F., Saitz, R., & Wakeman, S. (2016). Language, Substance Use Disorders, and Policy: The Need to Reach Consensus on an “Addiction-ary.” *Alcoholism Treatment Quarterly*, 34(1), 116–123.

<https://doi.org/10.1080/07347324.2016.1113103>

<sup>10</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC.

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and categorize these conditions sets the tone for how people interact and feel about the world, and conversely, how the world interacts and feels about them. Progress has been made as advocacy, research, and clinical guidelines have generated incremental change by identifying the terms that have negative impacts, and replacing these with more positive language. Change will continue to occur, likely at rates faster than ever before. It is the responsibility of every stakeholder in the community to embrace and promote these changes.

The remainder of this paper serves as a brief introduction to subtopics important to the role language plays in discussing substance use and mental health disorders (henceforth behavioral health) and recovery. These include previous research, impact on public policy, current practices, expanding the lexicon, and the role of peer specialists. Given the constantly evolving nature of this issue, further reading into the topics of linguistics, implicit bias, stigma, and discrimination should be an ongoing endeavor.

### Previous Research

Research into the impact language has on behavioral health disorders and the recovery from them has been conducted predominantly through the use of self-report survey instruments<sup>11, 12, 13</sup>. The majority of this research has been siloed, meaning it has been undertaken within either a primary mental health or primary substance use disorder framework. Results have demonstrated what advocates in both fields have largely assumed – the way we discuss and portray behavioral health disorders has an impact on the way those with these disorders are treated in the world. The synopses below include studies designed with varied language choice so as to study the positive and negative effects language might have. Studies with a primary focus on the general stigma associated with behavioral health disorders are not discussed.

Research on mental health has primarily utilized vignettes (small snippets of text, typically in story format) followed by a barrage of self-report measures to measure concepts such

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<sup>11</sup> Ahern, J., Stuber, J., & Galea, S. (2007). Stigma, discrimination and the health of illicit drug users. *Drug and Alcohol Dependence*, 88(2–3), 188–196. <https://doi.org/10.1016/j.drugalcdep.2006.10.014>

<sup>12</sup> Kelly, J. F., & Westerhoff, C. M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy*, 21(3), 202–207. <https://doi.org/10.1016/j.drugpo.2009.10.010>

<sup>13</sup> McGinty, E. E., Goldman, H. H., Pescosolido, B., & Barry, C. L. (2015). Portraying mental illness and drug addiction as treatable health conditions: Effects of a randomized experiment on stigma and discrimination. *Social Science & Medicine*, 126, 73–85. <https://doi.org/10.1016/j.socscimed.2014.12.010>

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as social desirability (i.e. being friends with, having someone marry into your family, etc.), policy support (e.g. do you believe policies supporting mental health should be enacted?), belief that treatment and recovery is possible, and general sentiments (i.e. good/bad)<sup>14,15</sup>. When mental health disorders were framed through a context of successful recovery, treated conditions, or as asymptomatic, individuals were more likely to positively view those with mental health disorders, support the inclusion of these individuals in their social networks or communities, and generally support policies that supported the treatment of mental health. Further supporting these notions, research has shown that when mental health disorders are framed through a context of unsuccessful recovery, untreated or un-medicated conditions, or ongoing symptoms, individuals were less likely to desire to be inclusive in social networks and communities, or support policies beneficial to the treatment and recovery of mental health disorders.

Studies undertaken with substance use disorder as the primary focus have found similarly striking results, though in a different context<sup>16,17</sup>. Rather than the positive or negative aspects of framing negatively associated labels such as addict, alcoholic, substance abuser, junkie, etc., with positively associated modifiers such as recovering, treated, etc., studies have shown that taken by themselves, terms such as addict and substance abuser tend to result in more negative opinions of the individuals the term is used to describe. Research has proposed that incorporating tenets of person-first language (terms used to describe a person, rather than replace the person) with more positively associated terms would be of benefit<sup>18</sup>. The results of preliminary studies seem to support these claims. Terms such as a person with a substance use disorder, rather than an addict, alcoholic, or substance abuser have elicited more positive responses from mental health

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<sup>14</sup> McGinty, E. E., Goldman, H. H., Pescosolido, B., & Barry, C. L. (2015). Portraying mental illness and drug addiction as treatable health conditions: Effects of a randomized experiment on stigma and discrimination. *Social Science & Medicine*, 126, 73–85. <https://doi.org/10.1016/j.socscimed.2014.12.010>

<sup>15</sup> Kubiak, S. P., Ahmedani, B., Rios-Bedoya, C., & Anthony, J. (2011). Stigmatizing Clients With Mental Health Conditions: An Assessment of Social Work Student Attitudes. *Social Work in Mental Health*, 9(4), 253–271. <https://doi.org/10.1080/15332985.2010.540516>

<sup>16</sup> Kelly, J. F., & Westerhoff, C. M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy*, 21(3), 202–207. <https://doi.org/10.1016/j.drugpo.2009.10.010>

<sup>17</sup> Ahern, J., Stuber, J., & Galea, S. (2007). Stigma, discrimination and the health of illicit drug users. *Drug and Alcohol Dependence*, 88(2–3), 188–196. <https://doi.org/10.1016/j.drugalcdep.2006.10.014>

<sup>18</sup> Kelly, J. F., & Westerhoff, C. M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy*, 21(3), 202–207. <https://doi.org/10.1016/j.drugpo.2009.10.010>

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professionals. While these studies have yet to be replicated in the general public, the implications of negative associations being present in those trained as professionals suggest that the associations will only be stronger in the general public and untrained professionals.

Emerging research in the study of behavioral health stigma is attempting to quantify the presence of the negative associations – both in regards to language use and general explicit stigma. As has been shown, previous research has produced supportive evidence that language does matter, and can impact the way those with behavioral health disorders are treated. However, the research relies on self-report measures and provides little evidence into the extent of the problem as it may exist.

### **Impact on Public Policy**

Public and private sentiment is a pre-cursor to the public policy enacted in the United States. The messages that individuals are subjected to through mass-media, marketing, news stories, and other forms of communication and literature, serve as an underlying predictor of the types of policy created. While this is not unique to the behavioral health field, the field is perhaps one of the most impacted; given the large amount of negative messages that have surrounded it throughout history.

For example, throughout the 18<sup>th</sup> and 19<sup>th</sup> centuries, the predominant language used to depict and describe alcohol use disorders was that of the Temperance movement. Those with problematic alcohol use were depicted as criminals, locked away in cages in some advertisements, shown abusing their spouses in others. These campaigns resulted in creating a national climate that was supportive of complete abstinence for all citizens and demonizing anyone who imbibed. It should come as no surprise then, that in 1919, the United States approved a constitutional amendment that enacted prohibition. The Temperance movement had succeeded in demonizing alcohol use, including those with an alcohol use disorder, through messaging and mass marketing.

Prohibition did not last in the United States, but the successful strategies of the Temperance movement would continue to be used to demonize substance use. The precursor to what are considered substance use disorder treatment facilities today, were called “inebriate

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asylums,” and were used for the primary intervention of “inebriates and drunkards” in “secret facilities.” These choices in language, the flippant disregard of individuals needing medical care as less than human, proliferated long past the early 1900’s continues even today. Inebriates and drunkards have become the modern day alcoholics and junkies, and substance use treatment is still by and large considered a taboo subject that many would rather not discuss.

By the 1980’s, it was not a singular movement of individuals targeting those with behavioral health disorders, but rather, the media itself. Prior to the “War on Drugs”, which should be categorized as the second largest public policy in American history to target those with substance use disorders, major media outlets such as the New York Times, published multiple front page stories depicting those with substance use disorders as inhuman objects (a fish)<sup>19</sup> and categorizing children with substance misusing parents as “crack kids.”<sup>20</sup> For the majority of Americans, these images were the only associations they had with substance use disorders, as previous efforts had pushed those in recovery to the fringes of society (e.g. anonymity, secret treatment). The negative association with those who used substances, made it easier for the Reagan Administration to enact its “War on Drugs” platform. However, there was a stark difference from the earlier prohibition policy – only those who used substances to excess, or those who had a disorder, were demonized. This was the result of a shift in messaging and language choices, that demonized excessive use, rather than use itself.

The negative language used in this War on Drugs was about more than just substance use, however. Policy and sociological historians, such as Troy Duster and Clarence Lusane, have shown repeatedly that the language used in this time period (crack kids, crack head, etc.) was chosen primarily to color-code, or racialize, the War on Drugs<sup>21,22</sup>. Consequently, the War on Drugs policy did not have a singular focus on demonizing the use of substances in the entire population, though it certainly was present. In fact, Professor Duster argued that prior to the 1970’s, opiate use had been a predominantly Caucasian problem, and had yet to be heavily criminalized, though the public health approach being taken at the time was lackluster compared

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<sup>19</sup> Times Magazine. (1997, May). How We Get Addicted. *Time*.

<sup>20</sup> Times Magazine. (1991, May). Crack Kids. *Time*.

<sup>21</sup> Duster, T. (1970). *The Legislation of Morality: Law, Drugs, and Moral Judgement*. New York: Free Press.

<sup>22</sup> Lusane, C., & Desmond, D. (1991). *Pipe dream blues: Racism and the war on drugs*. Boston, MA: South End Press.

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to today's standards. From 1971 to the mid-2000's however, with substance use being racialized and criminalized through language and policy, the public health approach was gone, replaced by a set of policies and practices that imprisoned men of color at 9 times the rate of counterparts, and saw millions of substance users jailed for nonviolent drug offenses<sup>23</sup>.

It should be noted that by 2010, substance use had been categorically reframed as a public health concern once again. As will be discussed later in this paper, this is a by-product of the efforts of recovery advocates and public health professionals and their positive messaging campaigns, but it should not be ignored that it is also a by-product of the issue being portrayed as a Caucasian, American middle-class problem again. If we are to understand the impact of substance use disorder and recovery language on public sentiment and enacted policy, we must also understand that the intersection of racist language and messaging and the substance use field's language and messaging, has direct implications on who is given access to treatment and recovery supports, and who is given an immediate pass to prison.

By 1997, well into the nation's war on drugs and two decades of staunch mental health advocacy and messaging, the first iteration of the Parity Act was passed. This act was federal legislation that would require insurance coverage to be equal across different domains of health, primarily concerned with equity between physical health and mental health. Due to the demonization of substance use disorders in the media and in political actions, substance use disorders were explicitly denied from inclusion in the policy. However, this was about to shift. In the early 2000's, the organization of substance use disorder recovery advocates throughout the country began to push forward an agenda that re-humanized addiction and put a positive face and voice to substance use disorder recovery. For the first time, the New York Times used a human in a cover-photo on addiction in 2007<sup>24</sup>. The cover depicted a younger, white man being crushed by a glass of liquor. While the photo did not erase the stigma, it pointed toward a shift in the public perception of substance use disorders. At the same time, individuals in recovery were meeting with policy makers to discuss their recovery with positive messaging. By 2008, driven by the changing public sentiment towards substance use disorders, the Parity Act had been

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<sup>23</sup> U.S. Department of Justice. (2011). Justice Statistics. Retrieved from <https://bjs.gov/content/pub/pdf/p11.pdf>

<sup>24</sup> Times Magazine. (2007, July). How We Get Addicted. *Time*.

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revised to include substance use disorders<sup>25</sup>.

Since 2008, we have seen the results of positive messaging on the public sentiment of behavioral health disorders. The gap between mental health and substance use disorders has diminished, though still present; and the general public seems to hold a more positive view of those impacted by substance use disorders, though this has yet to be substantiated in empirical reports. Media outlets have characterized the most recent opioid epidemic, not with caricatures of criminals and deviants, but with images of family members and college students (among others). With the passing of additional public policy measures meant to improve treatment and recovery support services – the Comprehensive Addiction and Recovery Act of 2016 and the 21<sup>st</sup> Century Cures Act, also passed in 2016, we are continuing to see the benefits this changing sentiment has brought<sup>26,27</sup>.

Language, messaging, media stories, and marketing campaigns are not the sole influencers of public policies in the United States. However, when comparing the types of policies created and the prevailing public sentiment at the time, it becomes possible to associate the two with each other. As behavioral health disorders are framed in a more positive light - a medical condition that is treatable and not a moral failing - policies affecting those with behavioral health disorders have become increasingly just and fair. Positive messaging is only half of the story however, as it has also required the willingness of individuals to come out publicly as advocates and activists.

### Current Best Practices

The combined efforts of advocates and researchers have provided a general framework for discussing behavioral health disorders and recovery. The most prominent of which is the use of person-first language when describing any individual, with any type of disorder. Messaging campaigns, such as the “Media Messaging” campaigns from Faces and Voices of Recovery or

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<sup>25</sup> Departments of the Treasury, Labor, and Health and Human Services. (2013). Final Rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act 2008. Federal Register, 78, no. 219.

<sup>26</sup> United States 114th Congress. (2016). Comprehensive Addiction and Recovery Act of 2016. Retrieved from <https://www.congress.gov/bill/114th-congress/senate-bill/524/text>

<sup>27</sup> United States 114th congress. (2016) 21st Century Cures Act. Retrieved from <https://www.congress.gov/bill/114th-congress/house-bill/6>



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the “Recovery Messaging” campaigns from Young People in Recovery, have also suggested that glorifying previous history or symptoms of behavioral health disorders can reinforce negative stereotypes and should be avoided in favor of more forward looking and positive statements<sup>28, 29</sup>.

There also exists general consensus on terms that have been found to have a more positive impact when used to describe behavioral health disorders:

- Person with...
  - Substance Use Disorder
  - Mental Health Disorder
- Person In Recovery
- Positive / Negative Urine Tests
- Substance Use / Misuse
- Taking medication as prescribed

A list of phrases to avoid has also been suggested:

- Crazy
- Junkie
- Addict / Alcoholic (Recovering / Recovered - Addict / Alcoholic)
- Substance Abuse/Abuser
- Clean / Dirty

It should be noted, that any best practice is simply a guideline. The individual being described or discussed should be given full autonomy over the terms used, and may suggest or offer alternatives to those listed here. In such instances, these should be used in place of any existing guideline or best practice.

### Expanding the Lexicon

Additional linguistic terms are likely to be continuously added to the list of phrases to avoid or to use more frequently, as the impact of the terms are discovered. The following are

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<sup>28</sup> Faces and Voices of Recovery. (2016). Our Stories Have Power Messaging Training. Retrieved from <http://facesandvoicesofrecovery.org/what-we-do/training/recovery-messaging.html>

<sup>29</sup> The Sober Seniorita. (2015). Recovery Messaging with Young People in Recovery. Retrieved from <https://sobersenorita.com/2015/08/28/recovery-messaging-training-with-young-people-in-recovery/>

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offered as suggestions:

- Relapse
  - Instead use “reoccurrence of use”, or “reoccurrence of symptoms”
- Sober
  - Instead use, “in recovery”, or “abstinence-based”
- Addicted
  - Instead use, “severe substance use disorder”, or “substance use disorder”

### Role of Peer Specialists

Peer recovery support specialists play a critical role in the long-term support of individuals in recovery from behavioral health disorders. In many settings, peers are the first point of contact for an individual receiving services and are also often the most frequent point of contact. As peers help guide an individual in early recovery through important transitions, obstacle-laden public systems, and create recovery plans, using positive language can have a dramatic impact on the individual’s chance for long-term success. Peer specialists should avoid the use of any negatively associated terms in written and verbal communications. Peer specialists should also provide an introduction in how the words they use to describe themselves can have such a profound impact on their recovery, their family members and loved ones, and the world around them. If a peer specialist is tasked with providing written session notes, or testimony to public officials (e.g. judges, police officers, etc.) they should take care to use only positive terms, so as not to solicit negative reactions that could impact the individuals they are working with. Finally, peer specialists play an important role in the advocacy framework, and as such should use positive language depicting behavioral health concerns when speaking to the media, policy makers, or the general public.

### Conclusion

The way behavioral health disorders are discussed and portrayed influences the way the public, institutions, and policy makers interact with the individuals who have the disorders.

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History has shown that public policy is driven in large part by public sentiment towards behavioral health treatment and recovery; research has provided evidence that the words we use to describe behavioral health disorders can impact social desirability, general support, belief in treatment, and the support of public policy initiatives. Grassroots advocates have pushed meaningful change in the way behavioral health disorders are discussed, including the critical concept of person-first language. As language continues to evolve, recovery support staff, advocates, and clinicians are encouraged to embrace these changes, as doing so will have a beneficial and meaningful impact on those with behavioral health disorders.