



Language of Recovery: Reducing Stigma and Empowering People

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RECOVERY



Language of

Recovery

- <http://mob.mhcc.org.au/media/5913/valued-status-recovery-oriented-language-guide-2012-12-14.pdf>



Why is language

important?

- Reduces Stigma (internal and external)
 - Providers and patients
- Language can be insulting (addict, junkie, abusers, etc.)
- Recovery Oriented (person-centered and solution focused vs. problem focused)
- Strength based versus deficit based
- Empowers people seeking recovery
- Shifts public and professional opinion on substance use disorders and people in recovery



Why is language important?

Recovery Community

88% believe it is very important for the American public to see that thousands get well every year

General Public

A majority of Americans (63%) have been affected by addiction

A majority (67%) believe that there is a stigma toward people in recovery

A majority (74%) say that attitudes & policies must change

*Conducted by Peter D. Hart & Associates &
Robert M. Teeter's Coldwater Corporation*

http://www.facesandvoicesofrecovery.org/resources/public_opinion.php



Why is language important?

- In fact, Granello and Gibbs (2016) conducted a study where they had two different surveys, on one survey the term “mentally ill” was used and on the other “people with mental illnesses.” They found participants showed less tolerance toward people who were referred to as “the mentally ill” when compared to those referred to as “people with mental illness.” This is evidence that language matters.

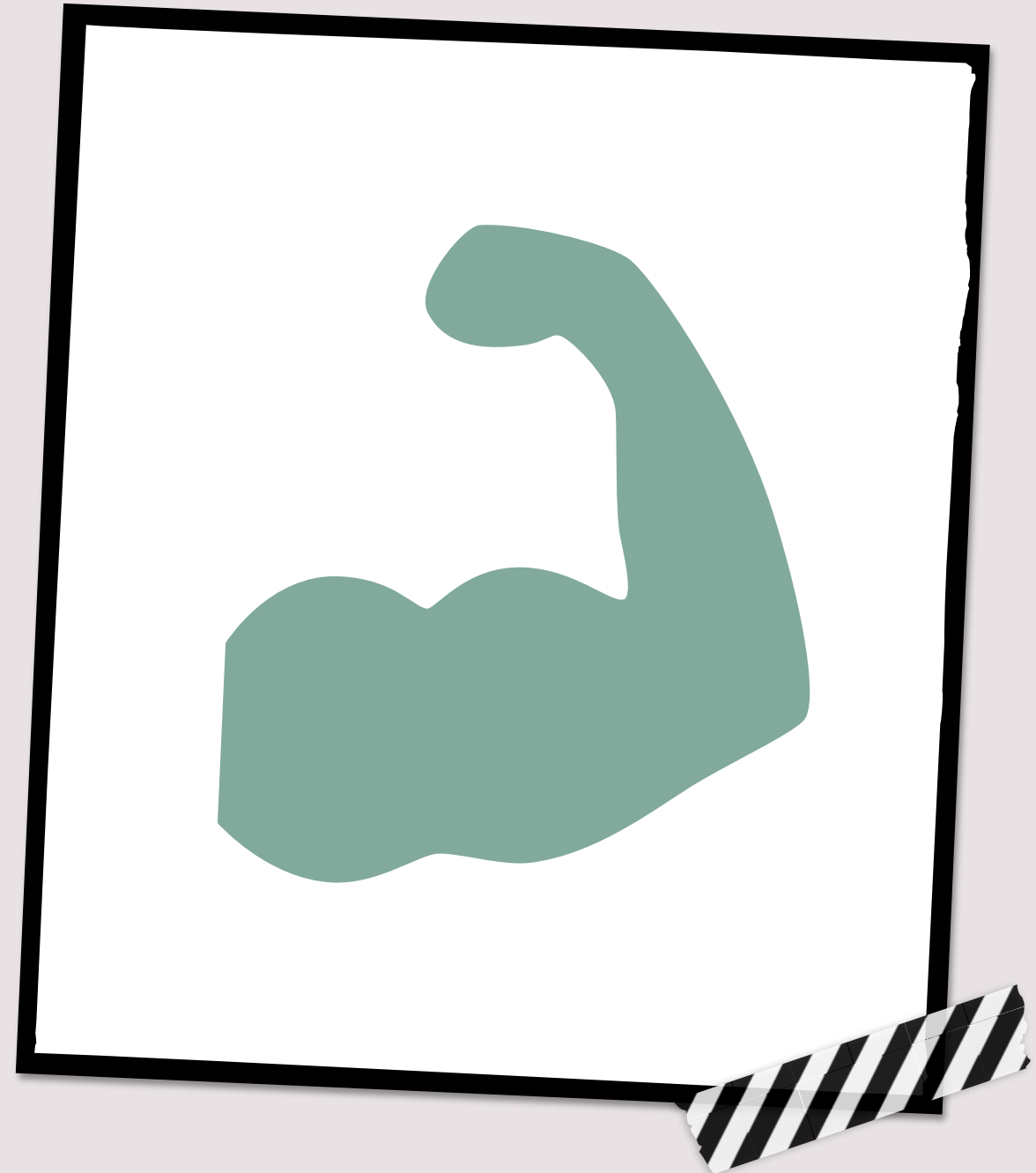
<https://www.activeminds.org/blog/how-to-fight-stigma-with-strength-based-language/>



What is the strength-based approach?

Strengths-based approaches focus on the innate strengths of individuals, using personal strengths to aid recovery and empowerment. “In essence, to focus on health and well-being is to embrace an asset-based approach where the goal is to promote the positive,” ([Pattoni](#),

⊕ [2012](#)).



So, strength- based language

is...

Implementing the approach in the way we speak. An example would be to use the word "*challenge*" instead of using the word "*problem*." Doesn't it sound better to use the word *challenge* to mean a difficult situation in your life...why? Because most people associate the word *challenge* with an obstacle that can be overcome and if you overcome that challenge you feel accomplished. Instead of using the word *problem*, which people may perceive as an inconvenience or something that will never go away.



***Why is Strength-Based Language
important to use when talking
about mental health?***



The way we think about something influences the way we feel and our perceptions about the subject, or a person. This is a premise of cognitive behavioral therapy (CBT). For example, have you ever heard someone say, “I am so OCD I have to organize my closet by colors” or “You are so OCD because you (fill in the blank)”?

Obsessive Compulsive Disorder (OCD) is not a characteristic, it is a diagnosable mental illness that interferes with a person’s ability to function on a daily basis. Maybe that person who said that statement can refer to themselves as being rigid or obsessive, instead of saying they are “OCD”. If others, who are already stigmatizing mental illness, hear this they might come to the assumption that OCD is not a real mental illness or that OCD can be made fun of or trivialized. As mental health advocates and educators raising awareness about mental health and mental illness, these situations present opportunities to provide a model of using language correctly through examples of strength-based language.



How to use strength-based recovery-oriented language.



- The language used is neither stigmatizing nor objectifying. At all times “person first” language is used to acknowledge that the disability is not as important as the person’s individuality and humanity, e.g., “a person with schizophrenia” versus “a schizophrenic” or a “person with a substance use disorder” versus “an addict.” Employing person-first language does not mean that a person’s disability is hidden or seen as irrelevant; however, it also is not be the sole focus of any description about that person. To make it the sole focus is depersonalizing and derogatory, and is no longer considered an acceptable practice.
- The language used also is empowering, avoiding the eliciting of pity or sympathy, as this can cast people with disabilities in a passive, “victim” role and reinforce negative stereotypes. For example, just as we have learned to refer to “people who use wheelchairs” as opposed to “the wheelchair bound” we should refer to “individuals who use medication as a recovery tool” as opposed to people who are “dependent on medication for clinical stability.”



- Tondora, et al., (2007). Yale University School of Medicine Program for Recovery and

How to use strength-based recovery-oriented language.



Providers attempt to interpret perceived deficits within a strengths and resilience framework, as this will allow the individual to identify less with the limitations of their disorder. For example, an individual who takes their medication irregularly may be automatically perceived as “non-compliant,” “lacking insight,” or “requiring monitoring to take meds as prescribed.” However, this same individual could be seen as “making use of alternative coping strategies such as exercise and relaxation to reduce reliance on medications” or could be praised for “working collaboratively to develop a contingency plan for when medications are to be used on an ‘as-needed’ basis.”



Language of Recovery

Current Terminology	Alternative Terminology
Treatment is the goal; Treatment is the only way into Recovery	Treatment is an opportunity for initiation into recovery (one of multiple pathways into recovery)
Substance Abuse / Addiction	Substance Use Disorder
Drug of Choice / Abuse	Drug of Use
Denial	Ambivalence
Relapse Prevention	Recovery Management
Pathology Based Assessment	Strength / Asset Based Assessment
Focus is on total abstinence from all illicit and non-prescribed substances the CLINICIAN identifies	Focus on the drug CLIENT feels is creating the problems
A Drug is a Drug is a Drug	Each illicit substance has unique interactions with the brain; medication if available is appropriate.
Relapse	Recurrence
Relapse is part of Recovery	Recurrence may occur as part of the Disease
Clean / Sober	Drug Free / Free from illicit and non-prescribed medications
Self Help Group	Mutual Aid Group



The Most Respectful Way of Referring to People is as People

Current	Alternative	Reasoning
Clients / Patients / Consumers	The people in our program The folks we work with The people we serve	More inclusive, less stigmatizing
Alex is an addict	Alex is addicted to alcohol Alex is a person with a substance use disorder Alex is in recovery from drug addiction	Put the person first Avoid defining the person by their disease
The terms listed below, along with others, are often people's ineffective attempts to reclaim some shred of power while being treated in a system that often tries to control them. The person is trying to get their needs met, or has a perception different from the staff, or has an opinion of self not shared by others. And these efforts are not effectively bringing them to the result they want.		
Mathew is manipulative	Mathew is trying really hard to get his needs met Mathew may need to work on more effective ways of getting his needs met	Take the blame out of the statement Recognize that the person is trying to get a need met the best way they know how
Kyle is non-compliant	Kyle is choosing not to... Kyle would rather... Kyle is looking for other options	Describe what it looks like uniquely to that individual—that information is more useful than a generalization
Mary is resistant to treatment	Mary chooses not to... Mary prefers not to... Mary is unsure about...	Avoid defining the person by the behavior. Remove the blame from the statement



Let's Practice!

