



Reflections on Language

By: Kevin Kirby, CEO, Face It TOGETHER
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We might possess every technological resource... but if our language is inadequate, our vision remains formless, our thinking and feeling are still running in the old cycles, our process may be 'revolutionary' but not transformative.

Adrienne Rich

Language is a window into human nature, but it is also a fistula, an open wound through which we're exposed to an infectious world.

Steven Pinker

There is simply no better place to start this piece than with this extended excerpt from, [The Rhetoric of Recovery Advocacy: An Essay On the Power of Language](#), by our good friend, William White:

To begin this discussion, we should acknowledge that the childhood adage, “sticks and stones can break my bones, but names can never hurt me,” is patently untrue. Words, and the meanings with which they are imbued can achieve accuracy and relevance or they can transmit dangerous stereotypes and half-truths.

They can empower or disempower, humanize or objectify, engender compassion or elicit malignant fear and hatred. Words can inspire us or deflate us, comfort us or wound us. They can bring us together or render us enemies. Put simply, our lives are profoundly shaped by the words we apply to ourselves and those that come to us from others. The shaping/transforming/deforming power of labels is particularly compelling: Educators have long noted the self-fulfilling power of labeling children.

For more than two centuries, addicted and recovering people in America have been the object of language created by others. People experiencing severe and persistent alcohol and other drug problems have inherited a language not of their own making that has been ill-suited to accurately portray their experience to others or to serve as a catalyst for

personal change.

When historically stigmatized peoples create social movements to free themselves from their “stained identities” and to alter the social conditions within which they are stigmatized, they often begin with processes of renaming, story reconstruction and story telling that are designed to alter their perceptions of themselves individually and collectively.

Such processes identify and diminish the effects of internalized stigma (shame, hopelessness, helplessness, passivity) and make individual and collective action possible. In this emergence, stigmatized peoples reject labels applied to them by others and replace this language with words of their own choice or creation.

Focusing on the subtle meaning of words – rejecting some while embracing others-is far more than a matter of shallow political correctness. It is about changing the way addicted and recovering people see themselves and are seen by others. It is about changing the language that affects social policies and is in turn affected by those policies. Changing language is a way to personally and culturally close one chapter in history and open another.

The New Recovery Movement is faced with several choices. It can continue to stigmatize its members by using a poisoned language incongruent with its mission and core values. The Movement can try to rehabilitate the existing language by reframing it or squeezing as much poison out of it as possible, or the New Recovery Movement can coin and promulgate a new pro-recovery vocabulary.

We at Face It TOGETHER are convinced that the language choices we make are crucial to the realization of our bold Vision: a Nation that has solved drug and alcohol addiction. For the reasons described below, we choose to reject the, “poisoned language” we’ve inherited and to be very intentional about replacing it with language that:

- Is based on the fact that addiction is a chronic disease.
- Is firmly established in the fields of medicine and science.
- Eliminates inconsistencies between the language of addiction and the language of other chronic diseases.
- Promotes the Vision of a nation that has solved the disease of drug and alcohol addiction.

Based on these criteria, here are the words we don’t like, like and aren’t quite sure about:

WORDS WE DON'T LIKE

Those that are prejudicial, those that are focused exclusively on consumption, those that are designed for reimbursement rather than wellness, those whose connotations have evolved in such a way as to render them no longer helpful and those that serve to distinguish this chronic disease from others:

- **Alcoholic** – This is the “n” word of any serious movement to solve addiction. It belongs in a museum of infamy; along with its short list of brethren that, by their very utterance, can inflame, incite, condemn, castigate and even cause death. We say, “Alcoholic, RIP”.
- **Addict** – This word fails the tests largely because it is not person-centered. It probably also carries with it its own fair share of baggage.
- **Abuse(r)** -This word fails the tests for many reasons, including:
“(1) it negates the fact that (addiction) is a medical condition; (2) it blames the illness solely on the individual...ignoring environmental and genetic factors, as well as the (substance’s) abilities to change brain chemistry; (3)it absolves those selling and promoting addictive substances of any wrongdoing; and (4)it feeds into the stigma experienced not only by individuals with substance use disorders, but also by family members and the treatment/recovery field.”

---Substance Use Disorders: A Guide to the Use of Language. William White – 2004.

- Any slang references to people (e.g., junkie, dooper, drunk) – These words fail for what we think are obvious reasons. And, the fact that many survivors choose to apply such labels to themselves or others (perhaps as badges of honor) doesn’t change their prejudicial nature.
- **Dependency** – This word, when applied to those suffering from addiction, fails the tests because it focuses on only one of the numerous symptoms of this chronic disease.
- **Clean/dirty/sober** – These words are of no medical or scientific utility and yet, they are clearly focused exclusively on consumption and they certainly reinforce society’s ignorance about the disease.
- **Relapse** – While innocuous enough on its face, connotations of this word have become so closely associated with a return to consuming a substance as to

render it of no further use. “The term has negative connotations for it often has projected a tone of moral judgment.” (White)

- **Rehab** – Here’s another word for the museum. It’s as if this word were invented just to perpetuate stigma. Contributing to its disutility are:
 - An endless parade of celebrities cycling in and out of “rehab”
 - Reality TV’s glamorization and/or degradation of “rehab”
 - Society’s lack of confidence in the efficacy of “rehab”
- **Treatment** – While a solid case can be made to salvage this word (since treatment is a term associated with patients receiving a certain level of care along a chronic continuum), the tiebreaker in favor of its rejection is the behavior and performance of the “treatment” industry. This word has become only marginally less prejudicial than “rehab”. One could even argue that derogatory connotations of treatment are well earned.
- **Drug or alcohol problems** – While there are surely people with drug or alcohol problems, we concern ourselves only with those suffering from addiction. People suffering from addiction have a myriad of symptoms, only a fraction of which are directly related to drugs or alcohol. We will leave to others the resolution of “drug or alcohol problems”.
- **Habit** – This word, typically the subject of a drug or alcohol adjective, when used to describe the behavior of a person suffering from addiction, is particularly offensive. It ignores science and minimizes the difficulties in cessation of consumption.
- **Problem drinker** – By this point in this piece, the shortcomings of terms like this should be apparent. It is focused on a problem rather than a disease and is exclusive to consumption.
- **Substance use disorder** – The shortcomings of this phrase almost deserve a separate web site. And yet, for many of the “experts” in these fields, this is the new generally accepted phrase. Before we get into why this phrase is so objectionable, consider for a moment what the “experts” adopting it says about the fields.
 - It focuses exclusively on consumption.
 - It ignores the fact that addiction is a chronic disease.
 - It is designed to accommodate reimbursement more than it is wellness.
 - It distinguishes this disease from other chronic diseases. We don’t call diabetes or hypertension, “nutrition and lifestyle disorder”. There are

many diseases to which consumption, lifestyle, behaviors, the environment, genetics and a host of other things contribute.

WORDS WE LIKE

Those that are factual and that don't suffer from prejudice or at least the level of prejudice of the discarded poisoned language:

- **Addiction** – Everything we are and everything we do are focused on addiction, as defined by the American Society of Addiction Medicine. In our view, ASAM is the most credible organization with the most comprehensive definition in a field where credibility and comprehensiveness are often lacking.

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death. (American Society of Addiction Medicine)

- **Chronic disease** – A chronic condition is a disease that has one or more of the following characteristics:
 - Is permanent;
 - Is progressive if unmanaged;
 - Is caused by nonreversible pathological alteration;
 - Requires special training of the patient for rehabilitation, self-monitoring, and self-management; or
 - May require a long period of supervision, observation, or care.

Addiction is a chronic disease. End of discussion. To the best of our ability, we confine our references to the disease, its symptoms, its treatment, its management and survival to the language of chronic disease.

- **Survivor** – We believe this word is the generally accepted, people-centered word applied to people with chronic diseases.
- **Remission** – A state or period during which the symptoms of a disease are abated.¹
- **Addiction management** – People with chronic diseases manage them.
- **Disease management** – A system of coordinated health care interventions and communications for populations with conditions in which patient self-care efforts are significant.²
- **Patient** – People who receive care from health care and/or specialty providers are patients.
- **Customer** – People who access products and services from non-medical providers are customers.
- **Population Health Management** - An approach that aims to improve the health status of the entire population through coordination of care across the continuum of health in order to improve behavioral/lifestyle, clinical and financial outcomes.
- **Symptom-free** - A point when patients or customers no longer have symptoms.
- **Symptom recurrence** – A return of a symptom.
- **Wellness** – Wellness is a conscious, self-directed and evolving process of achieving full potential. Wellness is multidimensional and holistic, encompassing lifestyle, mental and spiritual well-being.
- **Medical Home** - An approach to the delivery of primary care that is:
 1. **Patient-Centered:** A partnership among practitioners, patients, and their families ensures that decisions respect patients’ wants, needs, and preferences, and that patients have the education and support they need to make decisions and participate in their own care.
 2. **Comprehensive:** A team of care providers is wholly accountable for a patient’s physical and mental health care needs, including prevention and wellness, acute care, and chronic care.

¹ National Institute of Health

² Population Health Alliance

3. **Coordinated:** Care is organized across all elements of the broader health care system, including specialty care, hospitals, home health care, community services and supports.
 4. **Accessible:** Patients are able to access services with shorter waiting times, "after hours" care, 24/7 electronic or telephone access, and strong communication through health IT innovations.
 5. **Committed to quality and safety:** Clinicians and staff enhance quality improvement to ensure that patients and families make informed decisions about their health.³
- **Community Addiction Management Organization** – The Face It TOGETHER Affiliate, a nonprofit organization, that builds out and operates at the hub of the Community Addiction Management System.
 - **Community Addiction Management System** – Our chronic disease community model for alcohol and drug addiction. The goal of the CAMS is to remove barriers to care and create the community architecture to support long-term wellness around addiction.
 - **People-centered words** – We embrace people-centered descriptions of people and families who suffer, those who are being treated and those who achieve wellness and survival.

Words On Which The Jury Is Still Out

- **Recovery** – The public doesn't know what this is. People "in recovery" can't agree what it means. Even peer support groups get contentious about the differences among "recovery", "recovering" and "recovered". And, the organizations we might normally look to for clarity only contribute to the obfuscation. We say enough is enough. Besides, it's a term one typically doesn't associate with chronic disease.

But, out of deference to ASAM, we believe the jury is still out on the use of "recovery". ASAM defines recovery as:

A process of sustained action that addresses the biological, psychological, social and spiritual disturbances inherent in addiction. This effort is in the direction of a consistent pursuit of abstinence, addressing impairment in behavioral control,

³ Source: Agency for Healthcare Research and Quality

dealing with cravings, recognizing problems in one's behavior and interpersonal relationships, and dealing more effectively with emotional responses. Recovery actions lead to reversal of negative, self-defeating internal processes and behaviors, allowing healing of relationships with self and others. The concepts of humility, acceptance and surrender are useful in this process.

We like the definition. Like ASAM's definition of "addiction," it is credible and comprehensive. The issue is whether the utility of the word "recovery" exceeds its' shortcomings. Because the jury is still out, we use this word only sparingly.

So what's wrong with the language of today? Quite simply, a lot. We are convinced that language is a significant contributor to psychological barriers that result in 90% of the 23 Million Americans suffering from addiction not getting the help they need. Here is how we see language contributing to each of the following barriers:

- Fear – It's challenging to describe to those who haven't had the experience the intensity of fear associated with the disease of addiction. Most agree that it is, in fact, virtually a universal symptom. "This short word somehow touches about every aspect of our lives. It was an evil and corroding thread; the fabric of our existence was shot through with it" (The Big Book of Alcoholics Anonymous).

It should come as no surprise, therefore, that many survivors describe the extreme difficulty they had in coming to grips with today's "poisoned language". People already experiencing fear overload have two choices. One, they can continue living with their disease and risk the consequences or, two, they can come forward and be labeled "alcoholic" or "drug addict" or "substance abuser" or other equally nefarious terms, the rest of their lives. In this sense, fear has been a killer of perhaps millions of people suffering from drug and alcohol addiction in that it presented an insurmountable barrier to accessing the requisite help.

- Stigma – This is a close cousin to, "fear". The history of addiction and its treatment in America is not pretty. Addiction has, for the most part, confounded science, medicine, treatment and society at large for centuries. As such, the disease and the people who suffer from it have been shrouded in silence and darkness. Folklore, prejudice and stereotype have filled the void, delivering us to a place that is far removed from reality; a place where addiction is something that only happens to "those" people; those who are less than us, those who made poor choices, those who are weak or immoral. Again, it should not come as a surprise, therefore, that the language we use to describe those people and their disease is oftentimes offensive and harmful (e.g., alcoholic, substance abuser, drunk, druggie, dooper).

- Shame – Given society’s ignorance about addiction, and the consequent bigotry and stigma, many who are first coming to grips with the realization that they may be suffering from the disease of addiction don’t feel like they’ve acquired a disease; they feel as if they have done something wrong, that they are bad people, that they are less than others, that they are incapable of making good choices, that they are weak or, worse yet, that they are something wrong. It is generally accepted among survivors of addiction that shame was a (and in many cases the) symptom of their disease.

Shame is distinct from guilt. Guilt tells us we did something wrong. Shame tells us we are something wrong. There’s no apologizing one’s way out of shame. It is the only reality we know. We are absolutely convinced that there is something deep down inside of us that makes us less than others, that keeps us from feeling a part of anything, that requires us to keep a deep dark secret inside that nobody will ever discover, that reminds us constantly that we have a hole in our souls. In our experience, to the extent that there is a common denominator of symptoms of addiction, it is, in fact, this incomprehensibly low sense of self-image; shame.

So when society judges harshly those who suffer, or when those who suffer are fearful of being judged harshly, there exists the perfect storm. We heap shame on those least able to handle it; people already suffering from incomprehensibly low self-esteem. Shame makes fear a corroding thread that weaves its way into every aspect of the lives of those who suffer.

- Confusion – There are at least three distinct fields associated with the disease of addiction; addiction, recovery and treatment. And, within those distinct fields, there is much fragmentation. Not surprisingly, therefore, there is no single source, no independent organization that can speak on behalf of those who suffer or even on behalf of the various fields.

There’s a hodgepodge of acronym alphabet soup, many with truly impressive credentials, that make for an all but indecipherable mess when people and families are in desperate need of help. It is virtually impossible for somebody suffering from addiction or their families to make sense of it all. Many of these impressive sounding organizations continue to use the prejudicial language of the past. In short, the fields are a big part of the problem.

- Inaccuracies – Some of the most damaging language comes from some of the most respected organizations. Just for the sake of example, the Big Book of Alcoholics Anonymous contains this oft-quoted phrase: “once an alcoholic, always an alcoholic.” If this phrase were confined to AA meetings, it could arguably continue to serve its purpose. The problem lies perhaps in its own

success. It has emerged outside of the halls of AA and become fairly widely known among the general public.

This phrase exacerbates psychological barriers in various ways: First of all, it sends a pretty frightening message to those who suffer that coming forward and getting help sounds an awful lot like a life sentence. Who wants to be sick the rest of their lives? Are you telling me I never get well? Second, the term alcoholic is of little use to science or medicine. It has been replaced by less prejudicial words that benefit from solid scientific and medical foundation. For many, labeling oneself an alcoholic is akin to being branded with a scarlet letter for life.

- Overemphasis on consumption – Words and phrases generally accepted in today’s field contribute to a misimpression that addiction is primarily associated with consuming too much of something. Words like substance abuse, chemical dependency and substance use disorder imply that people with such problems simply consume too much. It’s as if the field is telling families and loved ones that cessation of consumption is the answer. And yet, the disease of addiction, as defined above, is much more than that. It’s a disease of the body, mind and spirit. People can’t just quit. In fact, it is generally accepted among survivors that just quitting for a time actually made their lives worse.
- Ignorance – In the absence of informed and compassionate dialogue about the disease, society is left to define terminology causing virtually uniform negative connotations about the disease and those who get it. Ignorance begets bigotry and stereotypes.
- Inconsistencies – We could pick on any of the three distinct fields of addiction, recovery or treatment as a poster child for inconsistency. Just for the sake of example, we’ll use the treatment industry. We challenge anyone to spend a day on the Internet to make any sense of the “best” treatment options for those who suffer.

We guarantee you will come away frustrated, confused and perhaps even a bit angry. You’ll no doubt discover mountains of credentials and claims of impressive results. You’ll also discover a very competitive field in which grandiose claims don’t survive close scrutiny. You’ll discover a whole host of experts who claim to have the answer. You’ll discover numerous examples of these various competitors belittling others in the field. You’ll discover multiple recovery modalities. You’ll discover inconsistent language. This exercise would be humorous but for the reality that this experience keeps people away from the help they so desperately need.

As social entrepreneurs, we don't have the luxury of endlessly debating the nuance of this rejected language with those of lengthy credentials and others who might take issue. With all due respect to those who've gone before us, we have a job to do and that job is to solve our nation's biggest public health challenge; drug and alcohol addiction. We can't do it saddled with the language of the past. As I said earlier, we are very intentional about the words we use.

CONCLUSION

It is not our intention to offend. We know that rejection of yesterday's "poisoned language" might seem dismissive of many for whom this language is an everyday part of their jobs. While such language might be helpful to others, it is not helpful to a team of social entrepreneurs out to solve one of history's most intractable social challenges. We need new and powerful tools. We need to build something capable of success. We need to attract significant resources to get the job done. We simply cannot do it with yesterday's language.

One final caveat – we will meet those who need help with whatever language is necessary for effective communication. In other words, we will sacrifice principle when it is necessary to reach those who suffer from addiction. You may even see some of this "poisoned language" in marketing materials or elsewhere on our web site. Believe us, it's not because we've capitulated. It's because we have a steadfast commitment to reach those who must be reached.