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Audrey L. Begun

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Considering the Language We Use: Well Worth the Effort

AUDREY L. BEGUN, MSW, PhD

Professor, College of Social Work, The Ohio State University, Columbus, Ohio, USA

Early in my career, much of my scholarship, teaching, and professional service revolved around addressing the challenges of social work and interdisciplinary practice with families whose children, sisters, and brothers experienced intellectual or other developmental disabilities. Not only were we moving away from the stigmatizing term *mental retardation*, but we were learning to discuss persons with developmental disabilities rather than the developmentally disabled. My social work professors at the time were busy teaching me that to identify clients by their diagnoses was poor social work practice. They were training me to advocate for change among practitioners who talked about “the diabetic in room 211” (typically demonizing medical practitioners in their examples). I was taught to become aware of and avoid “icky” language, specifically labels ending in *ic*: schizophrenic, epileptic, asthmatic, anorexic (with no mention of academic, however).

Across the profession, social workers were developing sensitivity to the ways in which careless use of language could disparage or stigmatize persons based on sex or gender, race, ethnicity, national origin, religion, social class, sexual orientation or gender identity, and other important facets of human diversity. (I admit to originally using the word *denigrate* here, but I opted for *disparage* after looking into a debate about how the word *denigrate* might or might not offensively relate to race, as its Latin roots come from the verb “to blacken.”) It remains a current issue: Recently, animated discussions have appeared on the Internet about the dehumanizing language often used to talk about individuals who have immigrated to the United States (e.g., describing them as illegals). Today, few social workers would argue against a position

Address correspondence to Audrey L. Begun, College of Social Work, The Ohio State University, 1947 College Road, 325D Stillman Hall, Columbus, OH 43210, USA. E-mail: begun.5@osu.edu

that the language we use matters: Regardless of our practice arenas, language remains one of our most powerful tools and we should wield it with great care.

How does this background apply to the *Journal of Social Work Practice in the Addictions (JSWPA)*? We can start with a look at professional writing guidelines. During the early 1990s, the American Psychological Association produced a set of guidelines for the use of language related to disability, encouraging scholars to consider the implicit biases and stereotypes of terms like *disabled person* (see <http://www.apastyle.org/manual/related/nonhandicapping-language.aspx>). The style guide to which *JSWPA* manuscripts should conform is the latest version of the *Publication Manual of the American Psychological Association* (American Psychological Association, 2010). This resource contains a section identified as Guideline 2: Be Sensitive to Labels (pp. 72–73): It applies to social work practice as much as to scholarship. One recommendation is to consider the potential for avoiding the use of labels at all; labels tend to strip away individuality and foster stereotypes based on group homogeneity. Another recommendation is to call people what they prefer to be called, demonstrating respect for their preferences, not ours. Third, “person first” language is preferred. In other words, “men and women who inject drugs” is preferred to “drug injectors.” Authors wrestle with the need to be clear, precise, and parsimonious versus the need to be sensitive and respectful in our word usage; I argue that we can do both if we put forth the effort.

Discussions about the careful use of language often engage examples of writing about disability. Labels are problematic, in part, because someone experiencing a certain condition might be “handicapped” only by certain environmental conditions or limited in executing certain actions—using a “disabled” label contributes to our forgetting that the person is quite capable in other activities. I learned these lessons from my strong-willed, vocal mother-in-law, who used a wheelchair for over half a century after contracting polio during the 1950s. She was unable to stand or walk, but able to successfully raise her family, have a career, maintain a household, drive a car fitted with hand controls (in Manhattan no less), and lobby for changes at the local, state, and global levels to make the world more responsible for promoting physical accessibility to all men, women, children, and youth.

In many instances of her day-to-day existence, my mother-in-law was not disabled; she was, however, often greatly inconvenienced by conditions in the environment that posed significant barriers to persons reflecting her form of human diversity. This brings up another concern with certain language that social workers might adopt: Using labels inadvertently might constrain our thinking and problem solving. For example, when a person is labeled in terms of a specific diagnosis, we tend to think of “change the person” intervention goals and strategies. Although some of these might prove helpful, we unfortunately might fail to consider strategies that address ways to change environmental contexts and other ways to improve the goodness of fit between the

person and those contexts experienced as problematic. Test yourself with this exercise: What strategies come to mind when you think about intervening with “an alcoholic”? How about strategies for working with someone finding it difficult to resist drinking cravings triggered by environmental cues? Comparing your lists might demonstrate the benefits in thinking about the person’s experiences rather than thinking about the person in terms of labels that might apply. In her article about people first language, Kathie Snow (www.disabilityisnatural.com) quoted George Orwell: “If thought corrupts language, language can also corrupt thought.”

In this same vein, scholars would be wise to consider potentially corrupting implications of the language we use in describing study participants. Research “subjects” become objects that we can dissect and analyze, but first, we dehumanize. Study participants, on the other hand, are people exerting free will, choosing to engage in a relationship with investigators for the mutually agreed on purpose of studying certain phenomena. For social work scholars (among others), this distinction has important implications for how we engage in these research activities and relationships with our study participants. In studies where we might compare two groups, persons with and persons without a certain condition, once again it is important to choose our words with care. We convey a world of hurtful meaning when we describe the comparison group as “normal.” Instead, we might describe two groups in terms of how they differed on a specific dimension. For example, individuals who scored at or above 8 and those who scored less than 8 on the Alcohol Use Disorders Identification Test (AUDIT; Babor, Higgins-Biddle, Saunders, & Monteiro, 2001). These two groups can also be identified as individuals whose screening scores either indicate or fail to indicate a potential problem with alcohol. Thus, we demonstrate respect for participants’ personhood by depicting them as individuals who voluntarily elected to participate in our studies rather than as research subjects. A bit more discussion along this line appears in the American Psychological Association publication manual (American Psychological Association, 2010; see Guideline 3, p. 73).

Social work practitioners and scholars need to consciously consider labels such as “addicts,” “alcoholics,” or “drug abusers.” In this way, we define an individual by this one feature, in much the same way someone might erroneously have considered my mother-in-law to be disabled. I recently had the privilege of consulting with authors of an editorial appearing in the journal *Substance Abuse* concerning the use of pejorative language in addiction scholarship (Broyles et al., 2014). The authors stated their belief that, “Language frames what the public thinks about substance use and recovery, and it can also affect how individuals think about themselves and their own ability to change” (Broyles et al., 2014, p. 217). When we make statements describing a person as being an alcoholic (another of those “icky” words) or as an addict, we might convey an underlying message that this is an unchangeable feature of who they are. Analogous arguments appear in recent literature concerned with changing the way we discuss women who have survived rape or

incidents of intimate partner violence; perhaps we do more harm than good by labeling them as victims, especially because we cannot change the fact of what happened to them in the past.

Where I run into some difficulty, and where the issue about our use of language is likely to prove more controversial for the *JSWPA*, is when this concept concerning how labels limit how individuals might think about themselves runs headlong into the recommendation that we call people what they prefer to be called. On vacation last year, my family met a man who shared that he is “a heroin addict, clean and sober for over 40 years.” During the week, he and I entered into friendly discussion about the label of heroin addict that he applies to himself. His rationale is that accepting this label keeps him humble, reminding him that drugs will always hold power over him and that he cannot afford ever to use again. He is a strong, faithful, proud 12-step program mentor (as well as a husband, retired worker, and recreational SCUBA diver). Although I am not comfortable in applying the label to him myself, I need to respect his self-application of the label. And, he respects my belief that people experiencing the problem of addiction can change. There does not seem to be a simple, one-size-fits-all resolution to the conflict between these two important values.

A final controversial point is invoked by the question of whether we are being hypersensitive or appropriately aware with this entire conversation. This question arises in the literature about *microaggression*: when a person either is the target of or perpetrates language or behavior, often subtle, that inadvertently sends negative messages based on a person’s group membership. Microaggression differs from overt aggression, bigotry, and discrimination because the “perpetrators” do not intend harm and are unaware of their offenses (Sue, 2010); when confronted, they might minimize such an event with attempts to reframe it as innocuous or that the receiver is being overly sensitive. It is not up to the person who delivers the message to make this determination, however: What matters is what is in the eye of the beholder, the person who perceives the words or actions as reflecting a demeaning, belittling, or offensive act of microaggression. Because cumulative experiences of microaggression contribute to a person’s diminished sense of self-worth, as well as increased sense of helplessness and self-doubt, it is important for those of us who are empowered as professionals to consider the possibility that occasionally our use of language might be experienced as acts of microaggression (Sue, 2012).

In summary, social work practitioners and scholars could make powerful contributions in the field of addictions by consciously shifting to the use of strengths-based language and language that promotes recovery, and assuming a leadership role in advocating for greater care in the sensitive use of addiction-related language. As a member of the *JSWPA*’s editorial team, it is my hope that authors, reviewers, and editors conscientiously practice thoughtful use of language that respects the person. It is worth struggling to find

language that describes a person's experiences with addiction. In doing so, we demonstrate a stronger respect for the potential of the individuals we are discussing and we might open our minds to thinking about more diverse strategies for change in the difficulties they experience. Like my own professors, I choose to carry the torch and encourage my students to consider the language they use.

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