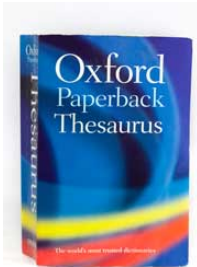


Watch Your Language!

Written by Geoff Kane, MD, MPH Wednesday, 30 April 2014 00:00



In addition to their literal definitions, the words we use can invoke powerful ideas and feelings. The extended cognitive and emotional meanings of words are their *connotations*. Words, particularly their connotations, help shape sense of self and expectations, which makes it important to choose words carefully when characterizing others and ourselves. Affirmations enrich sense of self and set favorable expectations. Pejorative language and labels, on the other hand, feed [stigma](#) and generate harmful self-fulfilling prophecies.

A therapist noticed that many of her patients were in the habit of saying “I’m sorry” when they had done nothing wrong. This troubled her because contrition is appropriate only when you have something to be contrite about. The therapist realized all the unnecessary sorry-statements were unhealthy because they added to her patients’ [shame](#) and overinflated feelings of responsibility. She now urges patients to permanently drop “I’m sorry” from their vocabulary and replace that statement with one of two alternatives. If you contributed to another’s difficulty say, “I apologize for...” If you did not play a role say, “It’s too bad that...”

Individuals who have struggled with addiction for a long time sometimes introduce themselves as “a chronic relapser.” Every time we hear this we should gently object. The label “chronic relapser” has no expiration date, and the expectation it perpetuates may be so strong that it precludes lasting recovery. Rather, we need to encourage those individuals to make accurate historical statements, such as “I have relapsed a lot” or “In the past I didn’t follow through.”

There’s already a healthy [trend](#) in addiction medicine to avoid language that trivializes addiction and reinforces stigma. Practitioners are encouraged, for example, to refer to the results of urine drug tests as “positive” for unauthorized substances or “negative” rather than “dirty” or “clean.” Individuals with addiction often refer to themselves and others with similar problems as “drunks”

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and “junkies.” When those words are used with love and acceptance they probably are not damaging. But they are harmful when spoken with contempt. Professionals best avoid both words. The field will be even more respectful when we replace “alcoholic” and “addict”—still in common use—with terms that are more descriptive and medical, such as “person dependent on alcohol” and “individual with opioid dependence.”

The phrase “self-medication” is also worth reevaluating. During the past forty years the [self-medication hypothesis of addiction](#) has helped humanize individuals with addiction and helped explain, particularly if they also had mental illness, the genesis and progression of their problem. Tenets of that hypothesis are not all that different from the [contemporary understanding](#) that negative reinforcement—relief from displeasure—contributes to the conditioning process that makes addictive behaviors automatic. Stressful symptoms of mental illness are among the displeasures that increase a person’s vulnerability to addiction, as are stressful symptoms of medical illness and the emotional aftermath of [adverse childhood experiences](#).

The question is not whether there is truth and relevance to the self-medication hypothesis, because there is. The question is whether we want to run the risk that our language may contribute to the facilitative beliefs and rationalizations that fuel the persistent use of addictive substances. Do we want people with addiction to perceive alcohol and other drugs as *my medication*? For that matter, even though many individuals could not move forward in recovery without the traction they gain from prescribed medication, do we want to promote the belief that medication is *the answer* to mental illness and addiction?

The NCADD Addiction Medicine Update provides NCADD Affiliates and the public with authoritative information and commentary on specific medical and scientific topics pertaining to addiction and recovery.