

THE WORDS WE CHOOSE: APPROPRIATE LANGUAGE IN UNDERWRITING CLIENTS WITH PSYCHIATRIC AND SUBSTANCE USE DISORDERS

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CASES

Objectives:

- ▶ Discuss the importance of the words we choose when obtaining and communicating medical information from clients.
- ▶ Review suggested terms to use when discussing psychiatric and substance use disorders.



“Words are important. If you want to care for something you call it a 'flower'; if you want to kill something, you call it a 'weed'.”

-Don Coyhis

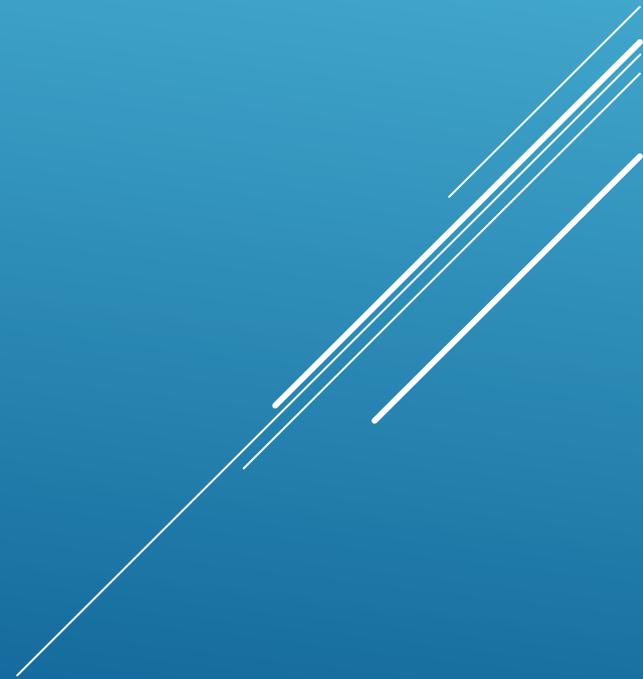
the difference
between the
right word and
the nearly right
word is the
difference
between the

lightning
and the

lightning
bug.



Discussion of Cases



DISCUSSION OF CASES

Any words/descriptions that may contribute to stigma/negative view of the potential insured and his/her medical condition?

- Addict, hooked, abusing, clean, +/- relapse, opioid substitution therapy
- Alcoholic, alcohol abuse

Brenda is a 38-year-old hairdresser. She has a history of alcohol use disorder, in sustained remission for 5 years. She began drinking in her 20s which progressively escalated over time to the point that she was occasionally missing work and began feeling depressed. She decided to seek inpatient treatment 5 years ago and was prescribed naltrexone at that time. Her discharge diagnoses were alcohol use disorder, mild and alcohol-induced depressive disorder; however, her mood was noted to improve during the treatment course. After discharge, she began attending a recovery group and continues to attend regularly. She discontinued naltrexone 4 years ago due to an elevation in her liver enzymes after which her LFTs returned to normal; however, she has remained in recovery since her discharge from treatment.

Brenda is a 38-year-old hairdresser who is an alcoholic who has been clean for 5 years. She began drinking in her 20s which progressively escalated over time to the point that she was occasionally missing work and began feeling depressed. She decided to go to rehab 5 years ago and was prescribed naltrexone at that time. Her discharge diagnoses were alcohol abuse and alcohol-induced depressive disorder; however, her mood was noted to improve during the treatment course. After discharge, she began attending Alcoholics Anonymous and continues to attend regularly. She discontinued naltrexone 4 years ago due to an elevation in her liver enzymes after which her LFTs returned to normal; however, she managed to stay clean and sober since rehab was completed.

Stigmatizing language is language that marks mental illness as something for which one should feel shame, conveys negative judgments about persons by virtue of their mental illness, and relies upon or reinforces negative stereotypes of persons with mental illness.



stig·ma

noun

1. a mark of disgrace associated with a particular circumstance, quality, or person. Black & Downie, 2010

<https://languages.oup.com/google-dictionary-en/>

Saitz, 2016

Kelly et al., 2010

Volkow et al., 2021

- ▶ Character flaw/moral weakness v. medical condition
 - ▶ May occur more commonly when the disorder is not well understood
 - ▶ Historical examples: HIV, tuberculosis, epilepsy, Hansen's disease, psychiatric illness
 - ▶ Perception shapes response
- ▶ Psychiatric and substance use disorders= medical conditions
 - ▶ May have genetic predispositions
 - ▶ Differences in brain structure/function
- ▶ However, have not always used terminology resembling other medical conditions
 - ▶ e.g., Person with an eating disorder is not a “food abuser”; “dirty” urine

“‘Abuse’ is arguably the most pernicious and poorly chosen word in our medical addiction vernacular. No other syndrome in medicine in its very naming explicitly labels the patient as the perpetrator of disease. From a purely semantics approach the word is also technically incorrect.”

- ▶ Study to determine the degree to which commonly used terms of describing people with substance-related problems elicit different judgements about personal culpability, social threat, and if punitive v. therapeutic measures should be taken
- ▶ Survey collected from 516 mental health care providers (2/3 w doctoral level degree); 1 version with “substance abuser” and the other with “substance use disorder”
- ▶ Results: no sig difference between groups on social threat or victim-treatment subscales, but difference in perpetrator-punishment subscale → more in agreement with the notion that the person described as “substance abuser” in the scenario was personally culpable for the condition and more likely to agree punitive measures be taken

What's This Got to Do with Underwriting?

- ▶ How we ask about things can have an impact on the thoughts/emotions evoked and on the information we receive
- ▶ The words used to convey information can impact how that information is perceived

Ever received or been advised by a physician to seek counseling for alcohol and/or drug abuse?..

To the best of your knowledge and belief, have you in the past 10 years, been treated for or been diagnosed by a member of the medical profession as having diabetes, stroke, cancer, heart disease, schizophrenia, alcoholism, or drug abuse?

Alcoholism, alcohol abuse, drug addiction, or illegal drug use?

Within the last ten years, has the Proposed Insured been treated for or been diagnosed by a member of the medical profession as having a heart condition, chest pain, stroke, cancer, diabetes, alcohol abuse or drug dependency?

alcoholism or drug addiction;

while sane or insane.

treatments and tests, including information regarding alcohol or drug abuse,

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- ▶ **Choose language that:**
- ▶ respects the worth and dignity of all persons
 - ▶ “People first language”

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 - ▶ “People first language”

- ▶ focuses on the medical nature of substance use and psychiatric disorders/treatment

 - ▶ e.g., Using medical diagnoses

 - ▶ “Alcoholism” or “drug abuse” are not diagnoses → alcohol use disorder, (mild, moderate, severe; in partial/sustained remission)

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- ▶ avoids perpetuating negative stereotypes and biases (e.g., slang terms/idioms)



EVERYONE CAN PLAY A ROLE

- > Use respectful language to talk about mental health conditions.
- > Challenge misconceptions when you see or hear them.
- > See the person, not the condition.
- > Offer support if you think someone is having trouble.



AVOID LABELS SUCH AS THE FOLLOWING:

- > Challenged
- > Crazy
- > Demented
- > Lunatic
- > Normal/not normal
- > Psycho/psychopath
- > Schizo
- > Special
- > Sufferer/victim
- > Wacko

USE RESPECTFUL LANGUAGE THAT DOES NOT DEFINE SOMEONE BY AN ILLNESS:



INSTEAD OF...

She's bipolar
Schizophrenic
Manic depressive
The mentally ill
Committed suicide

TRY...

She has bipolar disorder/She's living with bipolar disorder
person with schizophrenia
person with bipolar disorder
people with a mental illness/mental health condition
died by suicide



This

Not That

He is a person with a disability	He is disabled/handicapped
She is a child without disabilities	She is normal
He has a diagnosis of bipolar disorder	He is (a) bipolar
He is living with bipolar disorder	
She has a mental health problem or challenge	She is mentally ill/ emotionally disturbed/ psycho/ insane/lunatic
She is a person with lived experience of a mental health condition	
He has a brain injury	He is brain damaged
He experiences symptoms of psychosis/ He hears voices	He is psychotic
She has an intellectual disability	She is mentally retarded
He has autism	He is autistic
Is receiving mental health services	Mental health patient/case
Attempted suicide	Unsuccessful suicide
Died by suicide	Committed suicide
A student receiving special education services	Special education student
Person with substance use disorder	Addict, abuser, junkie
Person experiencing alcohol/drug problem	
Experiencing, or being treated for, or has a diagnosis of, or a history of, mental illness	Suffering with, or a victim of, a mental illness

- ▶ These are general principles; however, clients may prefer to describe their own histories using different terms
 - ▶ In those cases, you could consider mirroring the language they choose
 - ▶ When in doubt, ask

Addiction and psychiatric illnesses are not a choice, but our language and terminology in how we, as a society, describe them is

Organization or institution	Title of campaign, initiative, or resource	Topic
American Academy of Addiction Psychiatry ¹⁹	Changing Language to Change Care: Stigma and Substance Use Disorder	Substance use disorder
American Diabetes Association ²⁰	The Use of Language in Diabetes Care and Education	Diabetes
American Psychiatric Association + SAMHSA ²¹	Words Matter: the Importance of Person First Language	Mental health
American Psychological Association ²²	Bias-Free Language	Disability, gender, sexual orientation, etc.
Boston Medical Center ²³	Words Matter	Substance use disorder
Canadian Centre on Substance Use and Addiction ²⁴	Overcoming Stigma Through Language	Substance use disorder
Canadian Public Health Association ²⁵	Language Matters	Substance use disorder, sexuality, STBBIs
Colorado Office of Behavioral Health ²⁶	Lift The Label	Opioid use disorder
Dartmouth-Hitchcock Health ²⁷	Substance Use and Mental Health Initiative	Mental Health, substance use disorder
Indiana Recovery Council ²⁸	Do You Speak Stigma?	Mental health, substance use disorder
Michigan.gov ²⁹	End the Stigma	Opioid use disorder
National Health Service England ³⁰	Language Matters	Diabetes
National Institute on Drug Abuse ³¹	Words Matter	Substance use disorder
Network of Alcohol and other Drug Agencies ³²	Language Matters	Substance use disorder
North Carolina Department of Health and Human Services ³³	Stop the Stigma	Substance use disorder
Northeastern University School of Law - Health In Justice Action Lab ³⁴	Changing the Narrative	Substance use disorder
Obesity Canada ³⁵	Language Matters	Obesity
Ohio Department of Mental Health and Addiction Services ³⁶	Words Matter	Substance use disorder
Prevention Solutions ³⁷	Words Matter	Substance use disorder
Recovery Research Institute ³⁸	Addictionary	Substance use disorder
Shatterproof ³⁹	Stigma-Reducing Language	Substance use disorder

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- ▶ <https://apastyle.apa.org/6th-edition-resources/nonhandicapping-language>
- ▶ <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

REFERENCES



QUESTIONS?

THANK YOU

