

Putting People First: A Call for Person-First Language to Reduce Stigma of Mental Illness and Addictions

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The words that we use shape the way that we perceive the world. The words healthcare providers use to describe those we care for shape the way we see them; our words inform our understanding of their experience. In the wake of the fentanyl overdose crisis in Vancouver, British Columbia, there has been increased discussion, in popular media and in health care, of the struggles those living with substance use and addictions issues experience. I am increasingly reflecting on my own sensitivities to morally laden terms like, “clean” in reference to abstinence from substance use, or “dirty” when referring to a patient/client’s substance use. I have become keenly aware of the negative impacts that language placing one’s disorder or mental illness symptom first can have on the person.

I will never forget the last time that I referred to a patient by her disorder. While discussing relapse prevention strategies with a patient, I referred to her as an “alcoholic.” I instantly witnessed the pain that I caused by labeling her. The expression on her face, her body language, and verbal response were unforgettable; she knew that I saw her as the characteristics that she identified as the most shameful parts of herself. In that moment, I fully realized the power of words and labels. My choice of words could either shame, blame and disempower, or empower, and demonstrate my non-judgmental, compassionate and genuinely curious attitude. I have since used person-first language, meaning I say, “person living with (a particular addiction)”. I regularly reflect on, and share my realization of the power my words have on combating the stigmatizing language of addiction.

In sharing these realizations with friends and colleagues, I sometimes notice an initial hesitation, as they question how doing something so small, referring to someone as, “a person suffering from addiction,” rather than an “addict,” can make a difference. In those moments, I share my repeated observations that the compounded effect is noticeable in those we care for, and in ourselves. Changing my language ultimately reduces the stigma of addictions and substance use.

Deliberate re-phrasing acknowledges that the person is who we see first, and their illness (their diagnosis, their issue, their challenge) second, as something fluid, something that can change, something that can be helped.

We cannot underestimate the power of our words. As thousands of people across Canada are dying as a result of substance use and addiction, it is imperative that health care providers assume a role as advocates and change agents in reducing the stigma. Although it may seem like a small, insignificant change, the impact can be profound. The use of person-first language can transform the way we view those we care for, transforming their view of themselves, and promote the opportunity to be more than an illness. The time is now for a conscious, deliberate shift from using language that places the illness at the forefront; we must start putting the person first.

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