

Stigmatizing labels bias health professionals trained to be objective

By Jim Bloch

“Sticks and stones will break my bones, but names will never hurt me.”

As children, many of us had the above retort on the tips of our tongues, ready to fire back at our pseudo-friends who teased or belittled us. But the retort was only half-true. Words often had the power to inflict more harm upon us than physical violence, wounding us far longer than the six or eight weeks it would take a bone to heal.

How long does it take to mend a mind?

Words hurt.

More than a decade ago, U.S. Surgeon General David Satcher alerted the nation to the fact that stigma was the greatest barrier to effective treatment for mental illness.

What's stigma? It's the branding of a person – or group of people – as somehow disgraceful, disgusting or inferior based upon a characteristic that is beyond his – or their – control.

The dynamics of stigma are internal and external.

When you refer to people with mental health issues as kooks, weirdoes, lunatics, crackpots or retards, you devalue them as individuals and blame them for having diseases they did not choose.

Internally, stigmatized people come to feel that they are wholly flawed and morally responsible for their flaws. They hide under a cowl of shame. Labels like psycho, mad and crazy reinforce their perceived deficits.

The dynamics of stigma are also external. If everyone else refers to me as a lunatic, you'll come to see -- and treat -- me as a lunatic.

A new study at Massachusetts General Hospital suggests that stigmatizing labels affect how individuals view the labeled person. People tend to see the label and not the individual.

In the study, health professionals tended to view a person more negatively if he or she was described as a “substance abuser” instead of a person with a “substance use disorder.” That's a subtle word difference in an arena where epithets like crackhead, druggie, addict, drunk, dope fiend and speed freak are common.

But “substance abuser” accuses the victim of abusing a substance, putting the responsibility for a disease on the bearer of the disease. The phrase “person with substance use disorder” is awkward and suggests confusion about, for example, which end of the crack pipe to light. But at least it puts the person before the disorder. It doesn’t collapse a multidimensional individual into his or her diagnosis.

In the study, even professionals who understand the etiology of addiction – that it is a disease and not a moral or personal flaw – fall under the sway of stigmatizing labels.

"We found that referring to someone with the 'abuser' terminology evokes more punitive attitudes than does describing that person's situation in exactly the same words except for using 'disorder' terminology," says Dr. John F. Kelly, in a hospital press release about the study. Kelly, an associate director of the [MGH Center for Addiction Medicine](#), led the research team. "Reducing the use of such stigmatizing terms could help diminish the shame, guilt and embarrassment that act as barriers, keeping people from seeking help."

Kelly and his coauthors called the misuse of alcohol and other drugs “the leading public health problem in the U.S.” Substance disorders are very treatable, but only about 10 percent of people with the disorders seek treatment, they said.

Three decades ago, the World Health Organization began arguing that the term “abuser” was stigmatizing. But the term is still widely used. The division of the Michigan Department of Community Health responsible for overseeing public services for substance use disorders, for example, is officially called “The Bureau of Substance Abuse and Addiction Services.”

That’s better than calling it “The Bureau of Juicehead and Junkie Services.” But, as the Mass General study suggests, even poorly sharpened words can cut deeply and bias the very people trained to treat the disorders objectively.