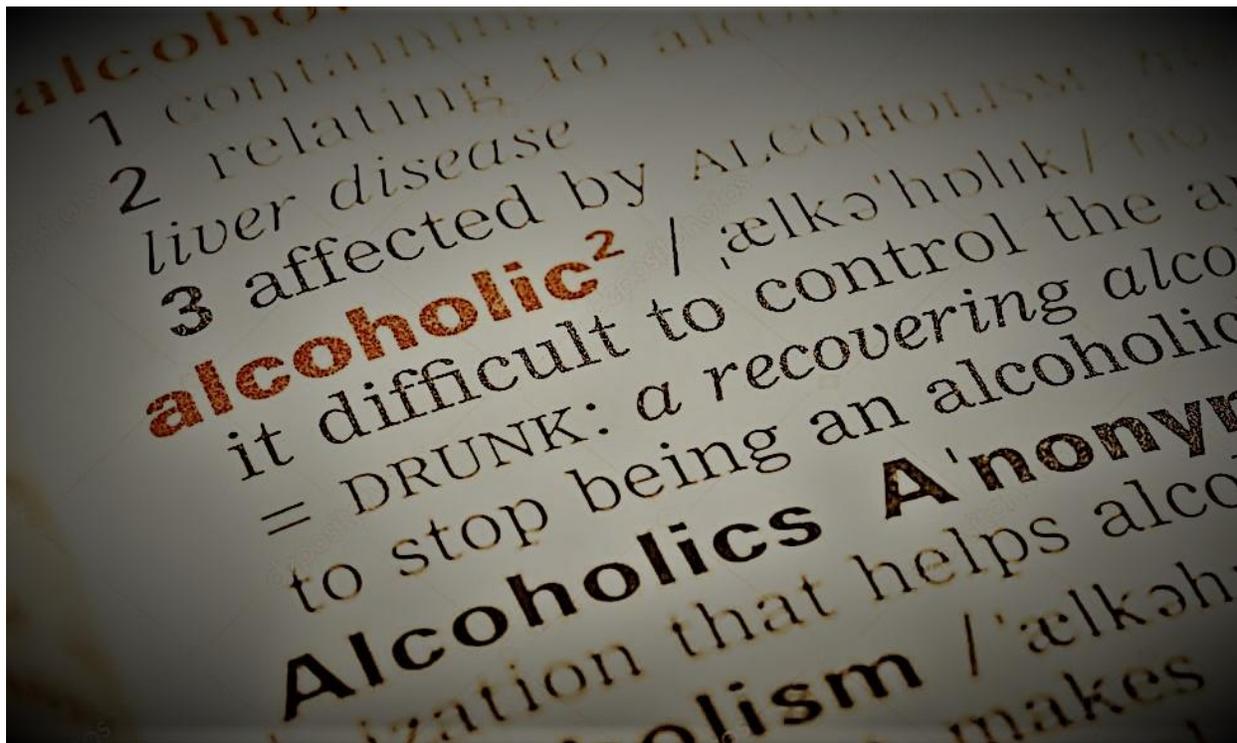


What's the Future of the Word "Alcoholic"? from Genius Recovery.com



Written for (reprinted from) [www.GeniusRecovery.com](http://www.GeniusRecovery.com) by Joe C. January 18, 2018 [Click links below for videos, blogs and Genius Recovery resources]

Here's a couple of thought experiments for fellow AA (and other 12-step) members:

First, if you were asked to change one way you do things, which may make you uncomfortable for a while but might help others, would you do it?

Here's Question #2: would and could Alcoholics Anonymous adapt to a world whereby none of us called ourselves "alcoholic"? The same can be asked about your 12-step fellowship if you identify as a sex, food or marijuana addict.

Medical, legal and cultural language evolves. In healthcare, person-first is replacing problem-first language. This isn't hyper-liberalism; studies verify that person-first language promotes dignity and diminishes stigma. "Disabled people" or "the disabled" is problem-first language. Societal norms dictate "persons with disability" is less stigmatizing. We call ourselves alcoholics in AA. Outside our meeting doors, caregivers address us as "persons with alcoholism" or "persons with alcohol use-disorder."

The word "alcoholic" had a good run; great. We made it part of AA's name; will that be a problem? If the word is going out of circulation, two-million people may feel duty-bound to preserve the word, "alcoholic." Can we? Should we?

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AA was a breath of progressive, fresh air in the 1930s. “Alcoholic” identified people like me as having a medical problem instead of a character flaw or a moral depravity. Nobody in AA identifies as an “inebriate” or “deviant” in 2017; that sounds old-fashioned. In society at large, “alcoholic” is being retired. A younger, more empathetic, next-gen, person-first label will take over.

*Here are some insights I sought out from professionals early in the summer of 2017 and finally found a place to be shared on Genius Recovery January of 2018.*



William L. White is Emeritus Senior Research Consultant at Chestnut Health Systems / Lighthouse Institute and author of the award-winning *Slaying the Dragon – The History of Addiction Treatment and Recovery in America*. Bill reminds us of pre-alcoholic labeling. “Since the early 1900s, persons entering treatment for such problems have been labeled inebriates, dipsomaniacs,” and White continues with unflattering monikers that we still hear, “drunkard/drunken, sot, tippler, wino, boozier... suggestions have been made that the addictions field and

the larger culture abandon all such terms, and like the larger health care and disabilities fields, embrace person-first language.”

Back in January 2017, then director of the Office of National Drug Control Policy, Michael Botticelli put out a memorandum from the Executive Office of the President focusing on “Changing the Language of Addiction” to de-stigmatize our attitudes towards persons with alcohol and other drug-use disorders. On *Here and Now* in August, 2017, Botticelli told Robin Young that when looking at reasons that people cite for not seeking treatment, the #1 answer is stigma; they don’t want their neighbors finding out, they don’t want friends finding out. And one of the contributory factors to that stigma is our language. Botticelli said, “Often when we call people things like ‘addict’ or ‘junkies,’ not only are they incredibly judgmental words, but they also kind of pigeonhole someone’s entire being to that one single characteristic. And, again, this is where we’re beginning to have much more direct clinical evidence that words matter.”

Person-first language is part of a bigger effort to destigmatize all marginalized minorities.

The American Psychological Association (APA), in a policy paper on disability, advises:

“Non-handicapping language is to maintain the integrity of individuals as whole human beings by avoiding language that implies that a person, as a whole, is disabled (e.g., disabled person), equates a person with his or her condition (e.g., epileptic)...” The APA emphasizes, “In focusing

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on the disability, an individual's strengths, abilities, skills, and resources are often ignored. In many instances, persons with disabilities are viewed neither as having the capacity or right to express their goals and preferences, nor as being resourceful and contributing members of society."

William White draws from history:

"The twin challenges such movements face—from the civil rights and women's movements to the disability rights movement—are to expunge (or re-purpose) objectifying, disempowering words and images and forge new words and images that convey respect, inspire new possibilities, and invite inclusion. The import of such efforts far transcends matters of superficial political correctness."



Last year (2017), with my brain locked on how words stigmatize and/or empower, I found myself in a conversation with David B. Bohl MA, CSAC, MAC, Director of Addiction Services at Rogers Memorial Hospital in Wisconsin [recently, author of his memoir, *Parallel Universes: A Story of Rebirth*]. I wanted to get his take on language, stigma and shame. Our conversation is broader than "is the word alcoholic outdated?" The entertainment industry exceedingly stigmatizes addiction and objectifies sufferers, for fun and profit:

"I watched A&E's *Intervention* on YouTube. Larry Peterson, CEO at Astoria Pointe treatment, is characterizing Ivan, who's completed treatment, 'He's faced his demons and the wreckage of his past. He's done everything he can do on an in-patient basis.'

I switch to Episode One (2016); A&E depicts the story of ...'Jennifer: A young mother's eating disorder has been a life-long affliction, now compounded by drug and sex addiction—but to get rid of her demons she'll have to eliminate more than just her food!'"

I wanted to get Bohl's feedback about these carefully chosen words the writers crafted.

"'Demons?' Really? Is this the way we articulate a chronic, treatable brain disorder?" Bohl quipped.

"I went to A&E's website just to see what they say because I have some notions about this. What jumped out at me was, 'Each addict must confront their darkest demons, in order to begin their journey to recovery and turn their lives around before it's too late!' That's the passion, the plea, the shaming that evokes emotions from the people they want to watch.



“Demons? What happened to the medical language around the disease, or disorder, of addiction? This language ignores 20 years of exciting neuro-biological research and results. Addiction is a chronic brain disorder; in my opinion, that’s what it is.

Stigmatization remains the greatest barrier to people getting treatment and getting engaged. ‘You’re just a junkie, unworthy of medical care’—that’s the extreme, right? ‘You’re not deserving of these services or self-efficacy or being treated as a human first; look at your history.’”

After we trashed TV's depiction of addiction, David B. Bohl (pictured) pointed me towards an American Psychiatric Association blog, *Talking about Addiction: Language Matters* (January 2017). Staff writers emphasize:

“Stigma about people with substance use disorders exists even among clinicians. One study found that even mental health professionals judged an individual identified as a substance abuser more harshly than an individual identified as having a substance use disorder. The language used about addiction reflects, and can perpetuate, negative perceptions about people with substance use disorders.”

The article emphasizes that we ought to:

“..Use person-first language, such as has been widely adopted for use with other conditions and disabilities, for example ‘person with substance use disorder’ (or replace with specific substance) rather than ‘substance abuser’ or ‘addict’ or ‘alcoholic’.”

Personally, I’m desensitized by any stigma the word “alcoholic” may carry; I’ve been sober a while.

But, it’s not about me, is it? It’s about the still suffering. I’m convinced by the evidence that while “alcoholic” was an improvement over “dipsomaniac,” people—individuals impacted by addiction to alcohol and other drugs/processes, along with the healthcare professionals that serve us—can’t transcend our visceral, derogatory reactions to the stereotypes of problem-first language.

In the rooms, some members are already adapting how they self-identify. Maybe we’ve all heard, “My name’s Olga and I’m in long-term recovery.” The idea is to identify with the solution—not the stigmatized problem.

Another member says, “My name is \_\_\_\_\_ and I have alcoholism.” For him, while he still uses the stigmatized “A” word, it’s not who he is, it’s just one of many things that defines him. “My name is \_\_\_\_\_ and I’m an AA member,” is another that I’ve heard.

No one is going to tell AA to change our name or forgo an age-old ritual of what we say before we share. But, if we want to change things—even our name—we can. Nothing is scared; nothing is forbidden.

Bill W. wrote in the July 1965 Grapevine:

“Let us never fear needed change. Certainly, we have to discriminate between changes for the worse and changes for the better. But once a need becomes clearly apparent in an individual, in a group, or in A.A. as a whole, it has long since been found out that we cannot stand still and look the other way. The essence of all growth is a willingness to change for the better and then an unremitting willingness to shoulder whatever responsibility this entails.”

Personally, the need for change has become apparent; so, what responsibility will I shoulder? I’m not going to petition the General Service Office. I’m not going to tell you what I think you should do. I’m going to do what I think I should do.

I’m going to try changing the way I identify in the rooms. Others have already. The evidence suggests that it will benefit the still suffering. Why wouldn’t this old dog try new tricks, if only for other’s benefit? “My name’s Joe and I have alcohol use disorder.” That felt weird. I’ll keep trying.

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#### **other links:**

**View the A&E Intervention episode "Ivan"** [that David B Bohl and Joe C discussed](#)

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David B Bohl's **Parallel Universes: The Story of Rebirth**