

# The Mediating Role of Personal Culpability Between Stigmatizing Language and Perceived Treatment Need for Individuals with Substance Use Disorder

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## Background

- Substance use disorder (SUD) remains highly stigmatized with the language used to describe individuals with SUD (e.g., "substance abuser" vs. "person with a substance use disorder") may affect how they are perceived and treated by the public.
- Previous studies found that stigmatizing language increases perceptions of personal blame and decreases perceived need for treatment among individuals described with addiction-related problems (Kelly et al., 2010; Kelly & Westerhoff, 2010).
- The purpose of this study is to examine whether the type of language used in describing a person with a SUD (i.e., person-first vs. stigmatizing) influences perceived personal culpability and perceived need for treatment.
- We hypothesize that individuals exposed to stigmatizing language will report greater personal culpability attributions leading to reduced perceived need for treatment.

## Method

- Participants ( $N = 56$ ) were recruited from community centers, bus stops, and public parks in Tarrant County, and asked to complete a brief survey via tablet or QR code.
- Participants were randomly assigned to read one of two vignettes describing an individual with SUD written in either person-first or stigmatizing language (i.e., person with a SUD; substance abuser, addiction).

### Measures:

- Personal Culpability and Perceived Need for Treatment were measured using subscales adapted from Kelly et al., 2010 with 7 and 6 items, respectively.
- Responses were recorded on a 6-point Likert scale (1 = Strongly Disagree; 6 = Strongly Agree), with higher scores indicating greater endorsement of personal culpability and need for treatment.
- Example items include "Substance problems are caused by a reckless lifestyle," or "I would recommend treatment to decrease substance use to John."

### Analytic Plan:

- A series of independent samples t-tests and a mediation were conducted to test for differences between language conditions and for the hypothesized mediation.
- Data was screened for missing responses before analysis resulting in the exclusion of 2 participants.

Table 1. Demographic Information

	Demographic	Frequency	Percentage
Sex	Male	29	51.8%
	Female	25	44.6%
	Other	2	3.6%
Race	Asian	6	10.7%
	Biracial/Multiracial	2	3.6%
	Black or African American	4	7.1%
	White	37	66.1%
	Hispanic/Latine	6	10.7%
Education	High school degree or GED	4	7.1%
	Some college	19	33.9%
	Associate's degree	10	17.9%
	Bachelor's degree	15	26.8%
Graduate degree or higher	8	14.3%	
Age	$M(SD)$	39.39(18.12)	

Figure 1. Personal Culpability

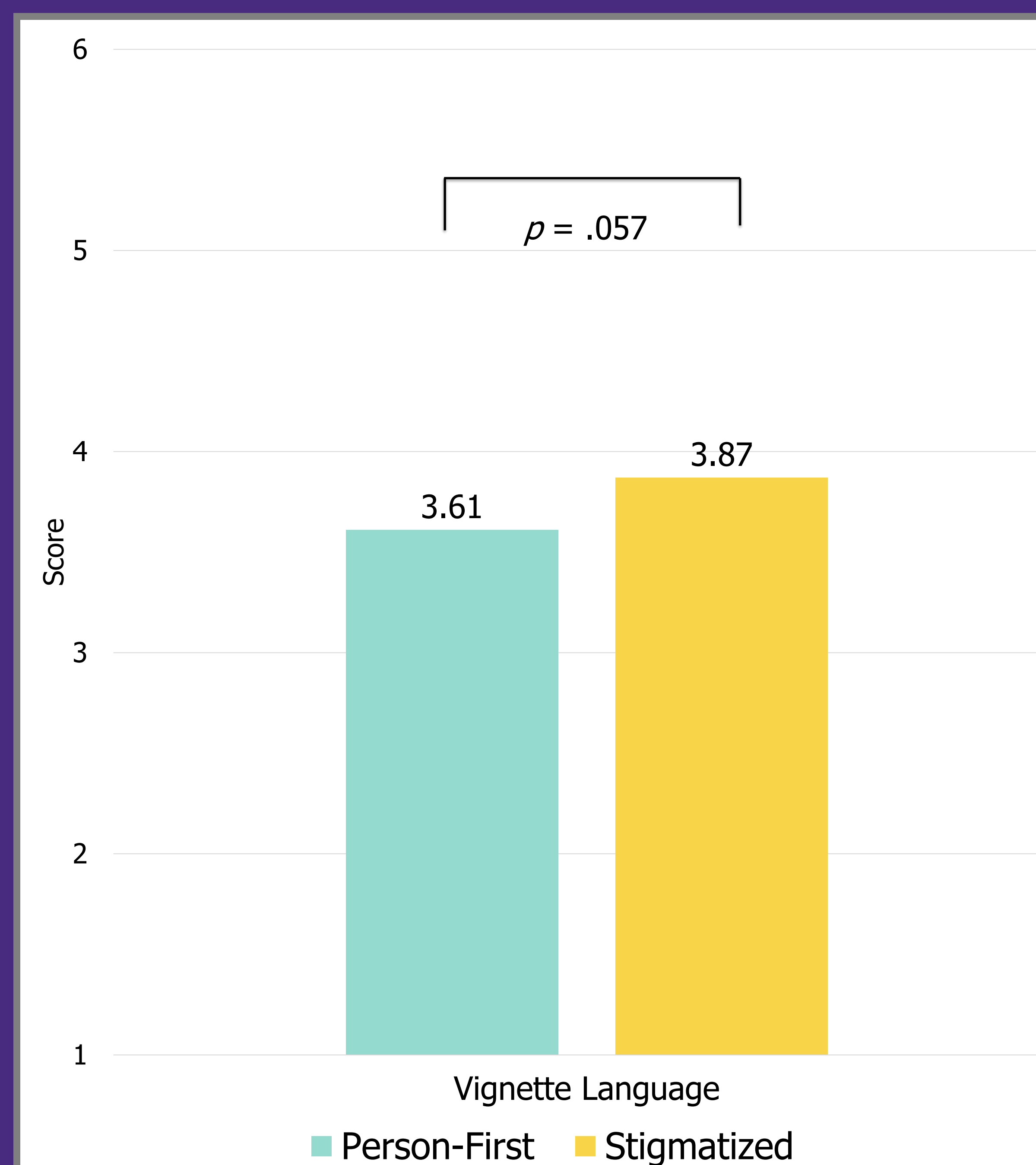


Figure 2. Perceived Need for Treatment

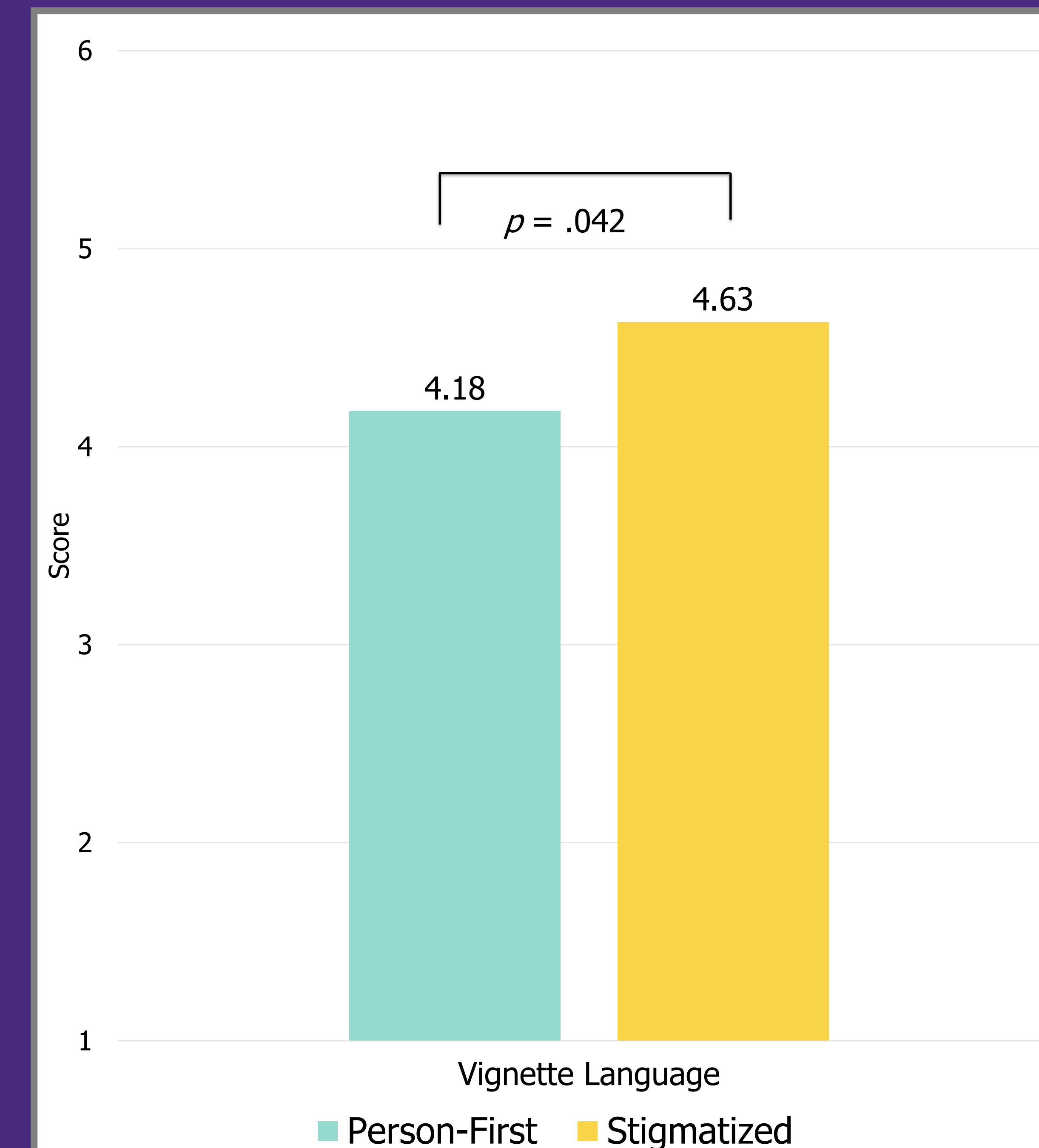
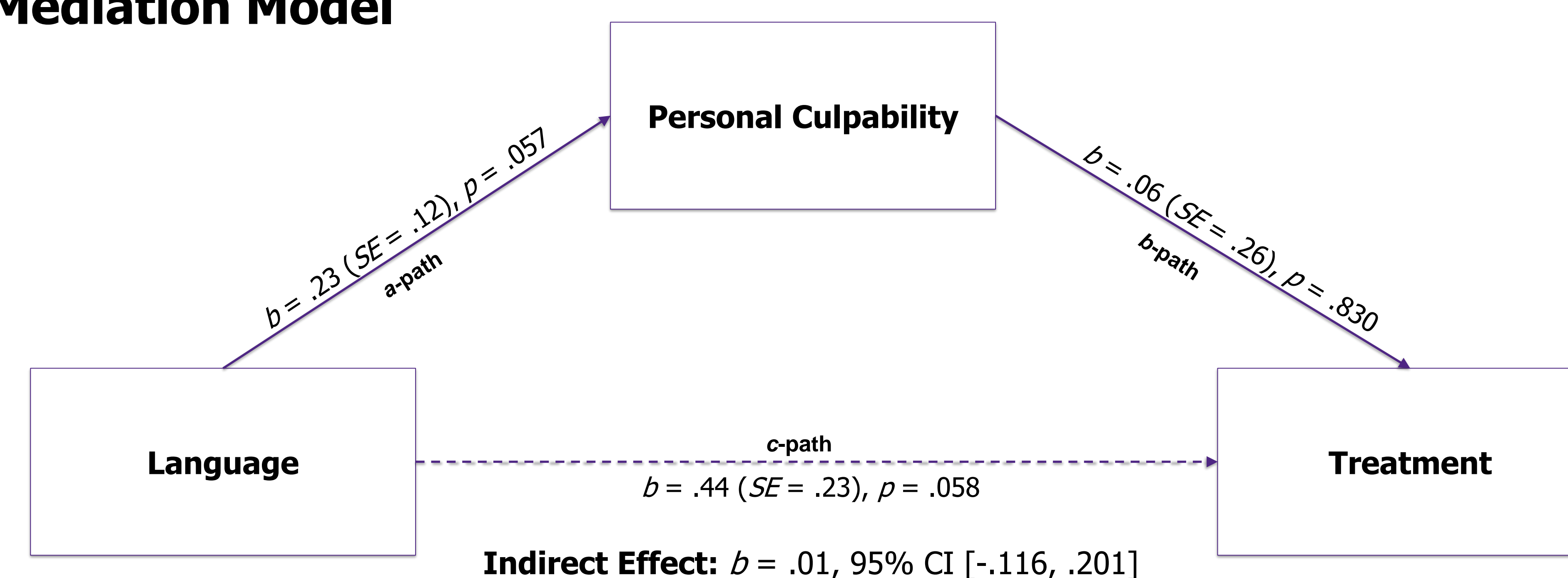


Figure 3. Mediation Model



## Results

### Independent Samples t-test

- An independent samples t-test found no significant differences in personal culpability between language conditions,  $t(52) = 1.95, p = .057, d = 0.53$  see **Figure 1**.
- An independent samples t-test found a significant difference in perceived need for treatment,  $t(52) = 2.09, p = .042, d = 0.57$ , with participants exposed to stigmatized language ( $M = 4.63, SD = .71$ ) perceiving a higher need for treatment than those exposed to person-first language ( $M = 4.18, SD = .88$ ), see **Figure 2**.

### Mediation

- None of the paths were significant ( $p \geq .057$ ). The indirect effect was also non-significant ( $b = .01, 95\% \text{ CI } [-.116, .201]$ ), indicating no evidence of mediation, see **Figure 3**.

### References

- Kelly, J. F., Dow, S. J., & Westerhoff, C. (2010). Does Our Choice of Substance-Related Terms Influence Perceptions of Treatment Need? An Empirical Investigation with Two Commonly Used Terms. *Journal of Drug Issues, 40*(4), 805–818. <https://doi.org/10.1177/002204261004000403>
- Kelly, J. F., & Westerhoff, C. M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *International Journal of Drug Policy, 21*(3), 202–207. <https://doi.org/10.1016/j.drugpo.2009.10.010>

## Discussion

- Participants exposed to stigmatizing language perceived a significantly greater need for treatment. The mediation was not significant.
- These results do not support the hypotheses. Although language does influence perceptions, it was not in the anticipated direction.
- These findings suggest that stigmatizing language may increase perceived treatment need, potentially by framing SUD as more severe or urgent condition.

## Limitations

- A small sample size may limit statistical power.
- Recruitment from public areas may have introduced sampling bias.
- Only self-report measures were used; social desirability bias could affect responses.

## Future Directions

- Replicate this study with a larger and more diverse sample.
- Test different language variations (e.g., clinical vs. common terminology).
- Include qualitative responses to better understand the reasoning behind judgments.
- Explore whether professional background (e.g., healthcare vs. community samples) moderates these effects.