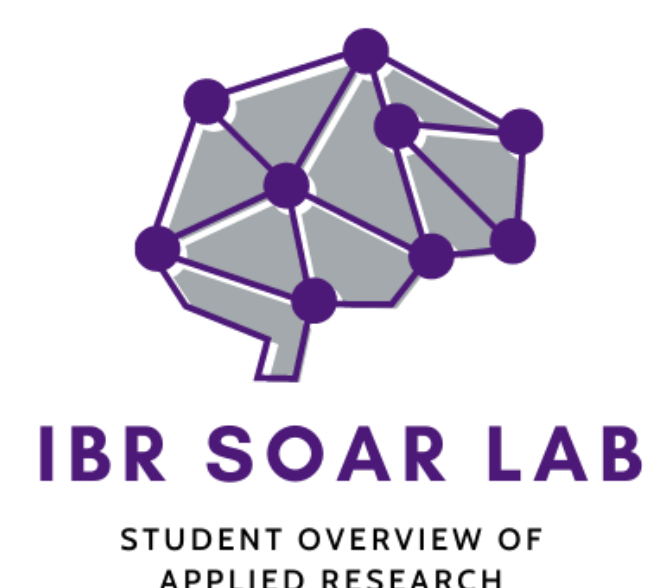
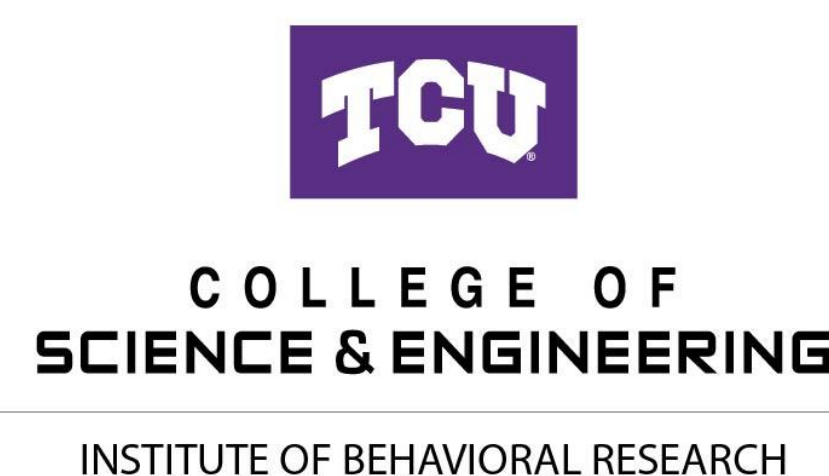


The Impact of Stigmatizing Language on Social Distance and Treatment Support for Individuals with Substance Use Disorder

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 Louise Dilworth Davis CSE 23rd Annual Student Research Symposium, April 17, 2026
 Texas Christian University



Background

- Stigma surrounding substance use disorders (SUDs) remains a significant societal issue that can negatively influence how individuals with SUD are perceived and treated (Barry et al., 2014).
- Language plays a key role in shaping these perceptions with stigmatizing terminology potentially reinforcing harmful stereotypes and increased social distancing toward individuals with SUDs.
- Internalized stigma of substance abuse disorders is directly linked to less effective coping, increased depression, treatment avoidance, and poor interpersonal relationships for individuals with SUD (Luoma et al., 2008).
- Conversely, person-first language emphasizes identifying the person then the factor (SUD) after to reduce harm, emphasize dignity, and promote respect.

Aim

- The purpose of this study is to investigate whether participants would report greater social distancing and different perceived need for treatment towards individuals with SUDs when exposed to stigmatizing language compared to participants exposed to person-first language.

Methods

Sample

- Participants ($N = 56$) were recruited from public areas in Tarrant County public areas (i.e., Sundance Square, local bus stops) and asked to complete a brief survey.
- Participants were randomly assigned to read one of two vignettes describing an individual with SUD using either person-first or stigmatizing language.

Measures

- To measure perceptions of social distance, researchers used a modified Social Distance Scale (SDS; Link et al., 1987) with 7 items. Responses were recorded on a 4-point Likert scale (0 = Definitely Willing; 3 = Definitely Not Willing), with higher scores indicating greater social distance.
- To measure perceptions of treatment, researchers used a modified Perceived Need for Treatment Scale (adapted from Kelly et al., 2010) with 6 items. Responses were recorded on a 6-point Likert scale (1 = Strongly Disagree; 6 = Strongly Agree) with higher scores indicating greater perceived need for treatment.

Figure 1. Social Distance

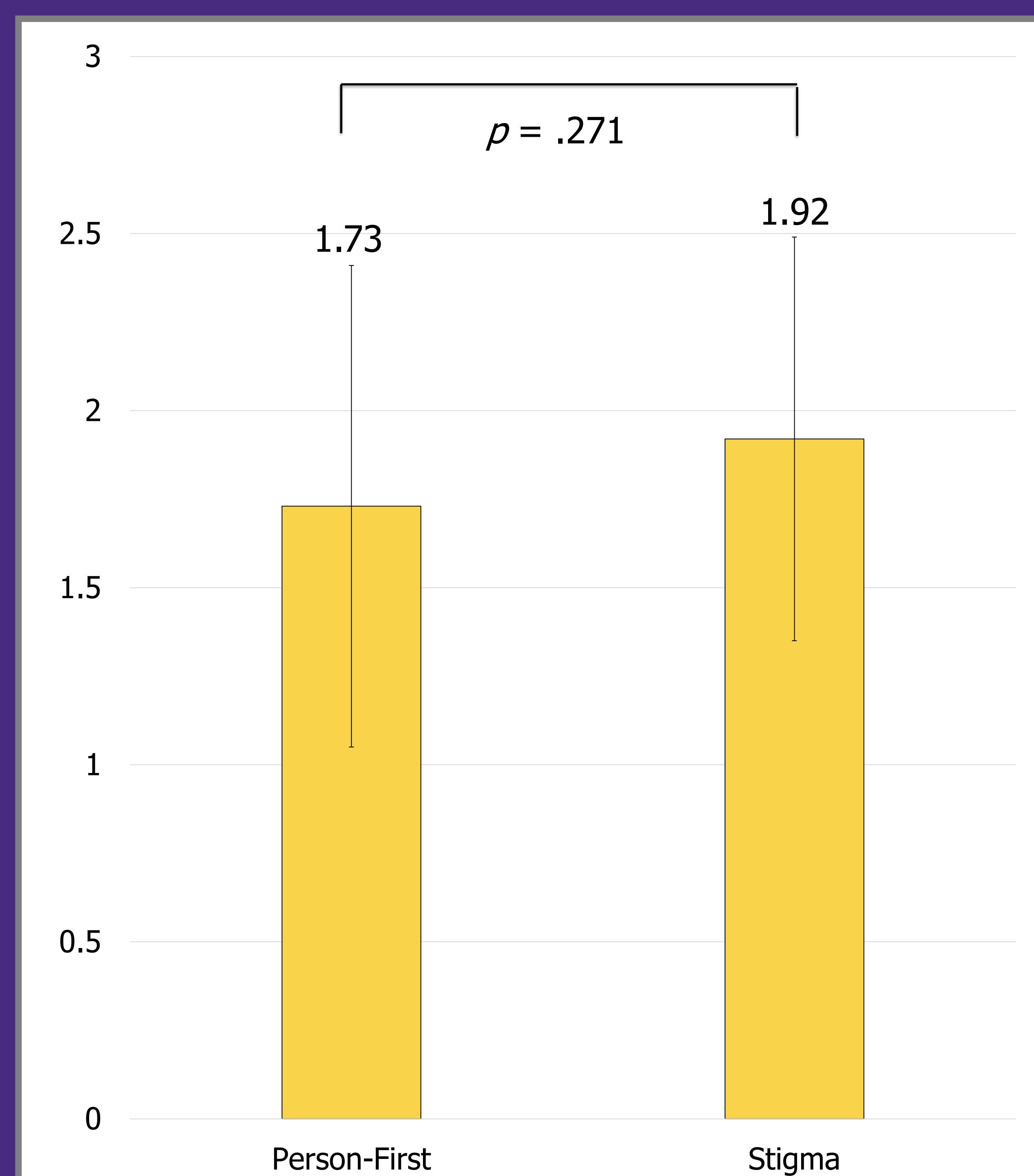


Figure 2. Perceived Need for Treatment

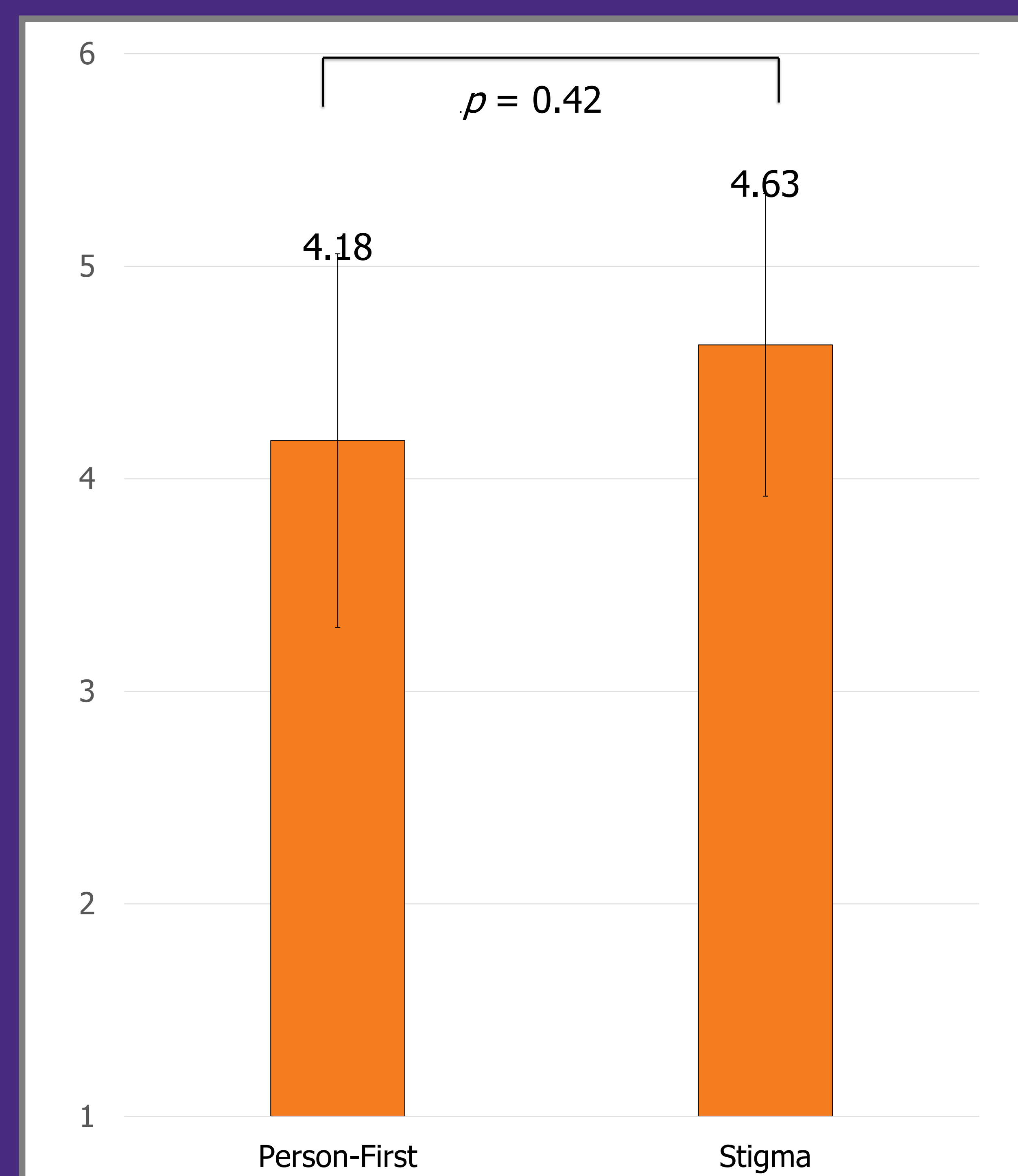


Table 1. Demographics

Demographics ($N = 56$)		Frequency	Percentage
Sex	Male	29	51.8
	Female	25	44.6
	Other	2	3.6
Education	High School/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
Race	Asian	5	10.7
	Biracial	2	3.6
	Black or African America	4	7.1
	White	37	66.1
	Hispanic/Latino	6	10.7
Other	1	1.8	
Age	Mean & SD	$M = 39.4$	$SD = 18.1$

Results

Analytic Plan

- Independent samples t-tests were conducted to examine whether exposure to stigmatized versus person-first language influenced desired social distance and perceived need for treatment.
- Data was screened for missing responses before analysis resulting in the exclusion of 2 participants.

Independent Samples t-test

- An independent samples t-test showed that social distance did not significantly differ between the person-first ($M = 1.73$, $SD = 0.68$) and stigmatized language ($M = 1.92$, $SD = 0.57$) conditions, $t(52) = -1.11$, $p = .271$, $d = 0.30$ (see **Figure 1**)
- Another independent sample t-test indicated a significant difference in treatment attitudes between the person-first and stigmatized language conditions, $t(52) = -2.09$, $p = 0.042$, $d = 0.57$. (see **Figure 2**)
- Individuals exposed to stigmatized language ($M = 4.63$, $SD = 0.71$) displayed a greater perceived need for treatment compared to those exposed to person-first language ($M = 4.18$, $SD = 0.88$).

Discussion

Findings

- Participants who were exposed to the stigmatizing language vignette reported greater support for treatment compared to those who read the person-first language vignette supporting the original hypothesis.
- There was no significant difference in desired social distance between language conditions meaning these results do not support the hypothesis.

Significance

- Results suggest that stigmatizing language may have led participants to view the individual as having a more severe problem that required professional help.
- This perception may explain why participants in the stigmatizing language condition reported greater support for treatment.
- The lack of differences in social distance may indicate that attitudes toward individuals with SUD are relatively stable and may not easily change after brief exposure to different language in a short vignette.

Limitations

- Utilized a relatively small sample size limiting the ability to detect differences between conditions.
- The current study did not account for participants' prior beliefs, experiences, or familiarity with SUD which could have influenced their responses.

Future Directions

- Future studies should aim for an increased sample size and recruit from a larger population to eliminate potential bias
- Collecting samples from underserved communities could diversify our sample and capture perceptions from individuals with greater exposure to SUD.
- Further research should explore how language influences other outcomes, such as empathy, perceived responsibility, or willingness to interact with individuals with SUD.

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