

LANGUAGE MATTERS

This handout provides concrete examples of language that Gonzaga community members can use to describe persons and situations related to OHP's primary topic areas.

A commitment to holistic, whole person well-being, acknowledges the dynamic interplay that happens both *between* individuals and their environment, and *within* individuals and their own lived experiences. In keeping with our Catholic, Jesuit, and humanistic heritage and identity, we respect and honor the dignity of the human person by letting others define their own lived experiences in relation to these topics.

To help keep individuals at the center of their own stories:

- Use person-first language
- Don't make assumptions
- Seek clarification on a 1:1 basis
- Avoid minimization
- Refrain from personification

**Office of
Health
Promotion**



*"The difference between the right word and the almost right word
is the difference between lightning and the lightning bug."
-Mark Twain*

SAY THIS	NOT THIS	& HERE'S WHY
Person with a Substance Use Disorder	Addict / Druggie / Substance Abuser	Eliminate generalizations, assumptions and stereotypes by focusing on the person rather than labeling based on behaviors
Person with an Alcohol Use Disorder	Alcoholic	
Return to Use	Relapse	Non-judgmentally acknowledge what can develop into a chronic medical condition versus a personal choice to use
Misuse	Abuse	
Not Actively Using / Actively Using	Clean (not using) / Dirty (using)	
Survivor / Person who experienced...	Victim	Empowerment; respect & honor an individual's experience in terms of their growth, resiliency, & progress they have made
Partner	Boyfriend / Girlfriend Husband / Wife	Ensure a spectrum of identities can be represented and respected when talking about one's relationship to others
"That test was really hard" / "I did so well on that test"	"That test raped me" / "I raped that test"	Using violent words to describe common occurrences normalizes a culture of violence; this can minimize a survivors' experience and diminish support seeking behaviors
"Thank you for telling me." "I'm so sorry you experienced that." "I believe you." "How can I support you / help?" "What do you need?"	"Why were ...?" "Did you...?" "Are you sure...?"	Asking questions is normal; be aware when those questions may unintentionally blame the person for what they have experienced. Affirming statements and listening can be the best way to support someone who is telling you their story
Died by suicide / Took their own life	Committed / Completed / Successful suicide	Suicide should not be described as a crime, or discussed in terms of an achievement
Mental Illness	Crazy / Nuts / Lunatic	Negative terms add to the stigma surrounding mental health & help-seeking
Someone who experiences... / Lives with...	Struggling / Suffering / Victim of...	Avoid dictating the experiences of those living with a mental illness
"I'm detail oriented" / "I have difficulty focusing"	"I'm so OCD" / "I'm so ADHD"	Save diagnostic language for people diagnosed with a disorder—not to describe the everyday, common experiences of individuals or situations
"The weather changes from one extreme to the other." "We've had 4 different seasons today!"	"The weather is so bipolar."	