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How Word Choice Influences Collegiate Recovery: A Quantitative Analysis on the Impact of Identifying Terms on Self-Compassion, Stigma, and Recovery Capital

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DEDICATION

I dedicate this research project to the memory of Ashton Whitaker. Thank you for being a guiding light to a better life.

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ABSTRACT

Purpose: This study seeks to better understand how word choice when referencing people with a substance use disorder is associated with self-compassion and overall recovery capital while in a collegiate recovery program. The main domains to be explored are: 1. how students personally identify, 2. how they prefer to be identified by individuals not in recovery, and 3. how they prefer to be identified by other people in recovery and how their preferences are related to self-reported levels of self-compassion and recovery capital. The information gained from this study can inform collegiate recovery staff, university administration, and peers on how identifying terms impact a student's self-compassion and comfort within their collegiate recovery program.

Methods: This study utilized an exploratory quantitative approach using an anonymous online survey to understand how collegiate recovery students and staff (n = 59) prefer to be identified by individuals not in recovery, and how they prefer to be identified by other people in recovery and how this impacts their recovery capital, self-compassion, as well as enacted, anticipated, and internalized stigma.

Results: Significant correlations were found between levels of comfort with affirming and non-affirming language, enacted and anticipated stigma, and recovery capital and self-compassion. Individuals with one year or less of time in recovery had significantly higher levels of internalized stigma, with internalized stigma being negatively related to self-compassion and recovery capital. Participants who identified as male reported being more comfortable than women or non-binary participants with the use of non-affirming language. Students reported being more comfortable with the use of non-affirming language than staff.

No significant correlations were found for the following variables: recovery pathway, sexual orientation, region, public or private school.

Discussion: Findings from this research project provide insight for collegiate recovery program students, staff, and administrators into how to better support those in recovery. With the increase in recovery ally trainings and person first language, it is still incredibly important for an individual in recovery to be able to express their identity and voice their preferences for how they wish to be referred to while participating in campus and/or community based recovery.

Keywords: Collegiate Recovery, Substance Use, Stigma, Recovery Capital, Self-Compassion

Introduction

It is estimated that 20.4 million people aged 12 or older met criteria for a substance use disorder in 2019, yet only 1.5 percent received any substance use treatment (SAMHSA, 2020). The stigma associated with seeking substance use treatment is cited as one of the biggest reasons people do seek out or not access the services they need (Clement, 2014). When an individual with a substance use disorder attends an institution of higher education, they are faced with a multitude of stressors that can impact their recovery status. According to the ACHA-NCHA report (2019) there are currently around 600,000 college students who identify as being in recovery from a substance use disorder.

In response to student needs, collegiate recovery communities have been developed across the country to provide institutional programming that supports recovery in higher education through providing recovery oriented social connectivity and access to recovery resource needs. Laudet et al. (2016) students found that students who join collegiate recovery programs have a substance use recurrence rates as low as 8%, and that participating students had higher average GPA than the general student population. The same study found that the recovery peer support network and ability to "do college sober" was a main contributing factor to CRP enrollment (Laudet, et. al., 2016). Laudet explained the main goal of collegiate recovery programs was to provide students with the recovery support they need to continue their education without having to risk their recovery. Participants supported this claim by sharing how the collegiate recovery program provided them with a network of "sober people" that they could rely on for peer support and the ability to serve others while showing that it is possible to obtain higher education as a person in recovery from a substance use disorder (2016).

Campus recovery communities have grown exponentially over the past decade. In 2011 there were 29 collegiate recovery programs in the United States (Laudet, et. al., 2016) increasing to 157 programs in 2022 (Association of Recovery in Higher Education, 2022). This growth brings with it a need to identify evidence-based "best practices" for collegiate recovery and the opportunity to identify the specific needs of this unique and growing population. However, the existing empirical literature on peer recovery programs is quite limited, with only 54 published articles focusing on the topic of collegiate recovery programming as of 2021 (Vest, et. al., 2021). A scoping review conducted by Vest et. al., found that there were forty published articles that included collegiate recovery students as study participants but only two collegiate recovery research studies that involved college administrators and just one research article published that included collegiate recovery directors as participants (2021). Sixteen of these studies covered the recovery experience, nineteen covered clinical data such as cravings, substance use, co-occurring disorders, and social networking (Vest, et. al., 2021). Only six articles covered non-clinical student outcomes such as grades, vocational expectations, and nutrition education and just three articles covered stigma among collegiate recovery students (Vest, et. al., 2021) With the little research currently available, one gap in the existing body of research is the relationship between language and word choice used by community members and stigma related to substance use disorders in higher education. This study aims to explore the how word choice may be associated with those who associate with the collegiate recovery program's self-compassion, recovery capital, and stigma while also comparing results to word choice utilized by collegiate recovery staff.

Literature Review

Pathways of Collegiate Recovery

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery as "a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential" (Substance Abuse and Mental Health Services Administration, 2012). Under this definition, recovery does not have to follow a single pathway or a single program. A qualitative study done by Flaherty et al., (2014) found that there were multiple viable pathways to recovery that covered secular, spiritual, and religious identities which also included harm reduction identities such as medication assisted recovery. This study, using an interpretive phenomenological analysis found that while each participant had unique needs, regardless of pathway chosen, each student experienced three progressive stages of which included the transition from use to recovery followed by initial stabilized recovery followed by a transition into long-term recovery maintenance (Flaherty, et al., 2014).

A recent study done by Costello et., (2020) focused on the voices of people with lived experience to determine ways of identifying "successful" recovery. The research team conducted five focus groups consisting of a combined 26 participants. Participants were asked about recovery as an ongoing journey, how they defined successful recovery, and what had been helpful or harmful to their personal recovery. Researchers used an inductive thematic analytical approach to identify key themes. The first theme from this study was that recovery is an ongoing, lifelong and that each individual's journey was different. The second theme was that abstinence was important but not sufficient to gauge success as participants stated that focusing solely on abstinence was not beneficial to their recovery, maintaining abstinence while working on other aspects of bettering themselves was a more important goal in their recovery. The third theme was

that recovery is a multidimensional process and participants reported that part of their recovery journey was improving their holistic wellbeing which included finding a spiritual group, developing social supports, finding an occupation, and maintaining psychological health. The fourth and final theme was that recovery required ongoing commitment. Participants stated that this included attending community based mutual support groups or participation in outpatient services.

Student Needs and Recovery Capital

Recovery capital represents the quantity and quality of internal and external resources (personal, social, environmental, and cultural) that can be utilized to initiate and sustain the recovery journey (Vilsaint, et. al., 2017). Recovery capital can be broken down into ten different domains including: "substance use and sobriety, global psychological health, global physical health, citizenship and community involvement, social support, meaningful activities, housing and safety, risk-taking, coping and life functioning, and recovery experience" (Vilsaint, et. al., 2017, p. 72). A higher recovery capital for someone in recovery from substance use disorder means a higher likelihood of mitigating high stress situations given that these people will have a support net in place to cope with burdens they may face while in remission from a substance use disorder.

A mixed-methods study conducted by Laudet et al. (2016), 29 students from collegiate recovery programs nationwide investigated the substance use history of students in collegiate recovery programs as well as their reasons for enrolling in the programs. Findings suggest that the goal of collegiate recovery programs was to aid students in sustaining recovery while accessing higher education. They concluded that a major reason for students to enroll in these collegiate recovery programs was the peer support networks these programs provided. Students

reported that the peer support helped them navigate the stigma that came from being in recovery and provided support in obtaining higher education.

To better understand the unique needs of students in recovery, Kollath-Cattano et al. (2018), explored student perceptions of collegiate recovery programs and identified the needs of students in recovery on campus. Participants were recruited using the snowball sampling from a mid-sized liberal arts college that did not have a collegiate recovery program. Participants took part in semi-structured interviews that asked about challenges faced as a student in recovery, perceptions of services provided, and opinions on the future implementation of a collegiate recovery program and structure of the program. This study found that students experienced limited recovery resources on campus and wanted a formal campus community to belong to. Participants reported feeling isolated from non-recovery peers and reported that they experienced stigma on campus where substance use, and particularly alcohol use, was prevalent. They suggested that having sober social support through a formal community on campus would decrease the stigma they experience regarding being a student in recovery while attending college.

Another study done by Iarussi (2018) sought to develop an understanding of the experiences of college students who identify as being in recovery. Students were interviewed about how they navigate the stigma of addiction, balance recovery with the responsibilities of being a student, and the recovery based services they access at a school without a collegiate recovery program They found that students wanted more education provided to faculty, staff, and the student body to decrease the stigma around addiction on their campuses. Students shared that they faced prejudice and experienced misunderstandings as well as questioning from other students about why they choose to not drink at social events where drinking is expected. The

students sought recovery resources such as sober social supports such as on campus recovery meetings, substance-free housing, and peers in recovery to counteract the stigma surrounding sobriety in a recovery hostile environment.

Self-Compassion and Identity as a Person in Recovery

For many people in recovery, the transition from actively using substances to recovery brings with it a change in identity. A study conducted by Dingle, Cruwys, and Frings (2015), interviewed 21 members of a drug and alcohol therapeutic community to investigate the way social identities change throughout the course of treatment for substance use disorder. The study included the use of the Addiction Severity Index and a semi-structured qualitative interview that detailed experiences and aimed to capture "spontaneously generated identity related themes" (Dingle, Cruwys, & Frings, 2015). During the interviews, many of the subjects reported their substance use as "negative" which was also portrayed through their use of stigmatizing labels such as referring to themselves as "junkies" or "alcoholics" when talking about their previous substance use patterns and lifestyle. Upon entrance into the therapeutic community, the subjects reported developing a more positive social identity and shared that they found a sense of meaning and purpose in their recovery identity. Rather than feeling isolated in their identities as a "junkie" or an "alcoholics," participants formed new social identities such as choosing to focus their identity on being a parent or a university student (Dingle et al., 2015).

Self-compassion is described as a concept which features three key components: (a) self-kindness, which refers to the tendency to be caring and understanding with oneself when confronted with personal adversity rather than engaging in harsh self-criticism and self-judgment; (b) common humanity, which concerns the inclination to recognize that personal failures and problems are a normal part of human life rather than viewing such experiences as

evidence for being separated and isolated from other people; and (c) mindfulness, which is defined as the ability to keep one's difficulties and associated negative feelings in balanced awareness rather than becoming too absorbed and over-identified with them (Neff, 2003).

A study done by Shreffler et. al., (2021) examined the association between self-compassion, personal growth, and wellbeing for people with a substance use disorder. One-hundred and fifty-three respondents from a comprehensive drug treatment center completed the Sussex-Oxford Compassion for the Self Scale (SOC-S), the Personal Growth Initiative Scale-II, and The World Health Organization (WHO)-5 Well-Being Index (Shreffler et. al., 2021). Results showed that self-compassion was positively associated with personal growth initiative which meant that individuals with higher self-compassion were more likely to report personal growth (Shreffler et. al., 2021) . No statistically significant differences were found for the association between demographic information such as gender identity, age, or length of treatment and self-compassion, personal growth, or well-being scores (Shreffler et. al., 2021). Overall. This study showcased the importance of providers fostering self-compassion in those who are seeking treatment for a substance use disorder.

The young adult population is a recovery population that is frequently left out of recovery research. Young adults experience addiction and recovery differently from older populations. For example, Shoenberger et. al. (2021) conducted a study with 20 English speaking adults between 21-29 years of age at a residential treatment program in Massachusetts to find out what a young person's expectations for recovery were. The study unearthed four major themes to these young peoples' recovery: "growing up and returning to normal," "recovery as multidimensional," "recovery as a self-motivated process," and "recovery as a lifelong pursuit," (Shoenberger, 2021). Researchers found that for these young adults, recovery meant a return to

"normalcy," and wished to transition into a life where they would be reaching goals similar to others in their age group such as going to school and figuring out their purpose in life (Shoenberger, 2021). Participants shared that simply stopping substances was not the answer to recovery, instead they shared that they needed multiple recovery resources such as 12 Step meetings, counseling, job training, finding a community, and so forth (Shoenberger, 2021). Given that substance use took over much of the participants lives prior to treatment, participants reported needing to sustain the self-motivation to be in recovery and shared that for them, recovery would be a lifelong endeavor (Shoenberger, 2021).

A study done by Scott et al., (2016) highlighted the fact that there has not been much attention given to social identity and stigma amongst collegiate recovery students. The study utilized a qualitative in-depth interview study to investigate the ways that students experienced stigma and social identity on campus. The researchers concluded from their interviews that students experienced feelings of being stigmatized as the campus was a considered a "party school" and their identity as students in recovery were non-normative. The collegiate recovery programs on campus served as a haven for students where they were within a social community that was supportive of recovery and did not discriminate against students based on their abstinence from alcohol and other drugs.

Substance Use Related Stigma

Stigma is described as "when elements of labeling, stereotyping, separation, status loss, and discrimination occur together in a power situation that allows them" (Link & Phelan, 2001, p.377). There are three main dimensions of stigma related to substance use: enacted stigma which stigma faced in the past, anticipated stigma which is stigma that may be faced in the

future, and internalized stigma which is the stigma that the individual feels about themselves due to their substance use (Smith, et. al., 2016).

The stigma surrounding mental health and addiction can be a barrier to many who need access to treatment and support. Clement et al. (2014) utilized a systematic review of quantitative association studies, quantitative barrier studies, and qualitative process studies that investigated the impact of mental health related stigma on those seeking access to help. The results included 144 studies which concluded that mental health related stigma was a barrier to seeking help. The research further identified that minorities, young people, men, military-connected personnel, and health professionals were most deterred due to mental health related stigma.

A later study done by Ashford et al. (2019) looked at the connection between labels, such as "substance abuser" versus "person with a substance use disorder," and how it impacted implicit and explicit bias amongst healthcare workers. To measure implicit bias, researchers administered Go/No Go Association Tasks to measure the automatic attitudes of participants when confronted with the different labels. The researchers reported that the labels such as "addict," and "substance abuser," had a negative connotation for those employed as healthcare professionals. This study highlighted that healthcare professionals are frequently the only source of substance use disorder resources people have access to, indicating that it is important that those working with people who with substance use disorders take the necessary steps to decrease the stigma.

Limitations of Prior Studies

- Small number of published studies
- Few participants in each study
- Primarily qualitative

- Not representative of all students in recovery in terms of SES, race/ethnicity
- Limited research on harm reduction based recovery programs.

With prior research in mind, this current study aims to address the gap in research about how labels and language contribute to the stigma faced by students in recovery at collegiate recovery programs. As students are balancing their identity as a person in recovery with their academic and personal responsibilities, it is important for campus recovery staff and student leaders to decrease the stigma around addiction. Stigma reduction, particularly in places where being a student in recovery is not supported by other students, can be achieved through the use of non-stigmatizing, person first word choice.

Methodology

This study utilized an exploratory quantitative approach to answer the following research questions:

1. How do students in collegiate recovery programs self-identify?
2. How do students in collegiate recovery programs prefer to be identified by other individuals in recovery?
3. How do students in collegiate recovery programs prefer to be identified by individuals who are not in recovery?
4. How is language use related to, self-compassion, recovery capitol and stigma?

Human Subjects Consideration

Prior to data collection, the research team received approval for this study from the Institutional Review Board (IRB) at the University of Texas at Arlington who determined that this study posed only minimal risk for participants and that it was not in excess to risks that participants may be exposed to in their day to day lives. To minimize potential risks, participants

were not required to disclose their name or any other identifying information for the quantitative survey. Upon consent to participate, participants were provided with information on a 24-hour suicide hotline, the Never Use Alone hotline, and a link to Psychology Today where they could search for treatment providers in their area.

A link to an anonymous online survey using the Question Pro survey tool was sent out to the Association of Recovery in Higher Educations list server where collegiate recovery staff were asked to distribute survey information to their respective students. The anonymous survey included questions to gather demographic information, information about their comfort with various terms used to describe students in recovery, and measures assessing recovery capital, self-compassion, as well as enacted, anticipated, and internalized stigma. Participants were able to opt in a drawing for one of four $50 Amazon e-gift cards. Email addresses of those who opted in were be kept separate from study data. A copy of the survey can be found in the Appendix.

Sampling

The participant population for this study are individuals who are 1.) 18 years and older 2.) identify as being in recovery from a substance use disorder 3.) are enrolled in a public or private college or university in the United States and 4.) identify as being part of a collegiate student recovery community or collegiate recovery staff members who work at a public or private college or university in the United States and 5.) willing to complete study measures.

Participants were excluded from participation if they were 1.) under 18 years and older 2.) do not identify as being in recovery from a substance use disorder 3.) not enrolled in a public or private college or university in the United States and 4.) do not identify as being part of a collegiate recovery community or collegiate recovery staff members who work at a public or private college or university in the United States and 5.) not willing to complete study measures.

Recruitment

Participants were recruited via email through the list server of the Association of Recovery in Higher Education (ARHE). Staff of the collegiate recovery programs were asked to distribute the study information to their collegiate recovery students. Follow up emails were sent on a weekly basis utilizing the ARHE weekly email newsletter. Study recruitment ran from May through July 2022.

Measures

The Brief Assessment of Recovery Capital (BARC) (Vilsaint, et. al., 2017) is a 10 question measure that assesses an individual's recovery capital. Participants answer the 10 questions on a Likert-type scale from 1 = *strongly disagree* to 6 = *strongly agree*. Scores from the 10 questions are summed to obtain the total scale score with higher scores indicating greater levels of recovery capital. This scale has been validated with people who identify as being in or seeking recovery primarily from a substance use disorder. The scale was found to have a high internal consistency ($\alpha = .90$) (Vilsaint, 2017).

The Self-Compassion Scale Short Form (SCS-SF) (Raes, et. al., 2011) is a 12 item measure that assesses for self-compassion through Likert-type scale responses that score between 0 = *almost never* to 5 = *almost always*. Scores on the 12 questions are summed to obtain a total scale score. Self-compassion is identified through questions regarding the participants' self-kindness, self-judgment, common humanity, isolation, over-identification, and mindfulness. This scale has been validated with students enrolled in higher education institutions. Reliabilities for all but one subscale (Self-Kindness) were found to be above 0.60 utilizing Cronbach's alphas and was found to have good internal consistency as well as a near perfect correlation with the long form of the SCS (Raes, at al., 2011).

The Substance Use Stigma Mechanism Scale (SU-SMS) is an 18 item measure that assesses for enacted, anticipated, and internalized stigma through a 5-point Likert-type scale that score from 1 = *Never/Very Unlikely/Strongly Disagree* to 5 = *Very 0ften/Very Likely/Strongly Agree* with higher scores indicating greater endorsements of stigma related to substance use. This scale has been validated for use with broad substance using populations. In prior studies internal consistency reliability ranged from α = .90–.93 for all scales with subscales ranging from α = .90– .95 (Smith et al., 2016).

Results

Participants

Responses were collected from a total of 59 individuals. The majority of participants identified as female (*n* = 36, 64.3%) and white (*n* = 37, 71.2%) and a large percentage identified as heterosexual (*n* = 28, 48.3%). Most participants identified as a collegiate recovery student (*n* = 47, 83.9%) with less than a quarter who identified as collegiate recovery staff (*n* = 9, 16.1%). The most prominent recovery pathways were the 12 Steps (*n* = 38, 69.1%), with others identifying the use of SMART Recovery (*n* = 8, 14.5%) or harm reduction (*n* = 5, 9.1%). Most respondents identified as having between 2-4 years in recovery (*n* = 23, 41.1%) with others reporting less than one year in recovery (8, 14.3%), 5-10 years in recovery (16, 28.6%), 11-20 years in recovery (6, 10.7%), or more than 20 years in recovery (3, 5.4%). More participants reported being at a public university (46, 78%) than at a private university (13, 22%). A majority of participants reported that their universities were located in the South (33, 55.9%) with others reporting being located in the West (20, 33.9%) or in the Northeast (6, 10.2%). Participants demographics are available in Table 1.

Word Choice Comfortability

Regarding how others referred to participant's recovery status, most participants reported feeling "very comfortable" (*n* = 38, 64.4%) or "somewhat comfortable" (*n* = 12, 20.3%) with someone else referring to them as a "person in recovery/person in sustained recovery." Someone else referring to them as an "addict/alcoholic" had a majority rating of "very uncomfortable" (*n* = 18, 30.5%) and being referred to by someone else as a "person with a substance use disorder" was rated by the majority of respondents as either "very comfortable" (*n* = 16, 27.1%) or "somewhat comfortable" (*n* = 16, 27.1%).

For self-identification, most participants reported feeling "very comfortable" (*n* = 25, 42.4%) or "somewhat comfortable" (*n* = 12, 20.3%) themselves as an "addict/alcoholic." The majority of respondents indicated that they felt "very comfortable" (*n* = 20, 33.9%) or "somewhat comfortable" (*n* = 16, 27.1%) being referred to as a "person with a substance use disorder." Referring to themselves as a "person in recovery/person in sustained recovery" received a majority response of "very comfortable" (*n* = 40, 67.8%) and "somewhat comfortable" (*n* = 13, 22%).

Within the collegiate recovery community environment, participants reported feeling "very comfortable" (22, 37.3%), "neutral" (*n* = 11, 18.6%), or "very uncomfortable" (*n* = 11, 18.6%) having other members of the collegiate recovery program refer to them as an "addict/alcoholic." Participants reported feeling "very comfortable" (*n* = 21, 35.6%) or "neutral" (*n* = 16, 27.1%) being referred to as a "person with a substance use disorder" by members of the collegiate recovery program. The majority of participants reported feeling "very comfortable" (*n* = 40, 67.8%) being referred to as a "person in recovery/person in sustained recovery" by other members of the collegiate recovery program.

Concerning the term "clean" being used regarding length of sobriety participants reported feeling "very comfortable" (n = 18, 30.5%) and "somewhat uncomfortable" (n = 14, 23.7%) with that term. The phrase "dirty" regarding time in active addiction was rated as "very uncomfortable" (n = 31, 52.5%) and "somewhat uncomfortable" (n = 12, 20.3%). A summary of results regarding preference for word choice is presented in Table 2.

Correlation Among Key Outcomes

Pearson R correlations were calculated to show the relationship between the variables of affirming (use of the terms person in recovery or person with a substance use disorder) and non-affirming language (use of the terms addict, alcoholic, clean or dirty), recovery capital, self-compassion, enacted stigma, anticipated stigma, and internalized stigma. Of the seven variables, five were correlated with there being a moderate positive relationship between recovery capital and self-compassion r (57) = .468, p = <.001. Participants who had high recovery capital were very likely to have higher levels of self-compassion. This was followed by a moderate positive relationship between the affirming and non-affirming language comfort r (57) = .4, p = .002 and a significant positive relationship between enacted and anticipated stigma r (57) = .401, p = .002. Internalized stigma was inversely related to self-compassion r(57) = -.339, p = .009 and recovery capital r(57) = -.485, p = <.009 indicating that those with higher levels of internalized stigma reported lower levels of recovery capital and self-compassion

Gender Identity

Respondents who identified as male scored significantly lower score than those who identified as female or non-binary on comfort with non-affirming language with lower scores indicating higher levels of comfort with non-affirming language (F (2, 53) = 5.59, p = .006).

Students and Staff

Students were more comfortable than staff using non-affirming language (t = 2.15, df = 21.57, p = .043). The average comfort score for non-affirming language was significantly lower for students (M = 14.56, SD = 2.96) than staff (M = 17.33, SD = 5.76) with lower scores indicating higher comfortability with non-affirming language.

Time in Recovery

Individuals with one year or less in recovery had significantly higher levels of internalized stigma relative to those with longer times in recovery (t= 6.55, df = 19.49, p = <.001). Inspection of the two group means found that the average internalized stigma scores for individuals with less than one year of recovery (M = 22.75, SD = 3.01) was significantly lower than the mean for those who identified as having more than one year of recovery (M = 13.56, SD = 6.32). Internalized stigma was not associated with comfort with affirming or non-affirming language.

Discussion

As this is an initial exploratory study, it revealed new information about the nature of how collegiate recovery students view themselves and their comfort levels with various ways of referring to themselves and others while in recovery. It's important to recognize that no single word choice was strongly endorsed by 100% of the participants in this sample when discussing how they would like to be referred to. This shows that there is not a single way of identifying a collegiate recovery student or staff in recovery that is preferred by everyone within collegiate recovery programs; although there was a significantly higher amount of participants who reported comfortability with affirming language compared to those who reported comfortability with the non-affirming language.

Implications for Collegiate Recovery Programs

Previous studies have shown that non-affirming language led to negative connotations for those employed as healthcare professionals (Ashford, 2019). The findings from that study indicated that professionals working with people experiencing substance use disorder or distress from substance use behaviors should be utilizing affirming and person first language in order to decrease negative connotations with their patient population. Clearly the data from this study indicate that professionals working in a collegiate recovery program should work to employ a consistent use of affirming language. The data showed that majority of students and staff in recovery reported higher comfortability with affirming language such as "person with a substance use disorder" and "person in recovery/person in sustained recovery" compared to the percentages of those who rated high comfortability with non-affirming language such as "addict/alcoholic." With the increase in recovery ally trainings being developed at universities across the nation, we should be utilizing this information to further push the shift to person first language within collegiate recovery programs and institutions of higher education.

The results from this study found that the respondents reported high levels of recovery capital. This study also found a positive correlation between recovery capital and self-compassion. As self-compassion can be associated with psychological health which is one of the key factors in recovery capital (Vilsaint, et. al., 2017), recovery professionals should continue aiding students in the process of increasing their self-compassion thus increasing their overall recovery capital. Utilizing positive, affirming language can help students change their internal narrative and feel more compassionate about themselves as a person in recovery.

When identifying stigma related to recovery, it's important to recognize that the first year in recovery was associated with higher amounts of internalized stigma among participants.

Recovery professionals can view this as an essential time to create a safe space for students to establish themselves in their recovery and begin working through the process of decreasing their internalized stigma. Using their preferred identifiers when referring to them and talking about their recovery while in a collegiate recovery community environment can aid in the decrease of their internalized stigma which will help them continue their recovery.

Differences among gender identities may also have an impact on word choice comfortability as male participants reported having higher levels of comfort with the non-affirming language than those who identified as female or non-binary. This is not surprising as much of what we termed "non affirming language" comes from the 12 Step peer support approach, which was originally designed by and for men. As collegiate recovery programs serve students all along the gender identity spectrum, it's important to consider how the intersectionality of the recovery identity and other identities may come together to impact how students view themselves, especially in regard to self-compassion and stigma levels. By consistently utilizing affirming language in collegiate recovery spaces, recovery professionals can support students from a diversity of backgrounds and identities which will create more inclusive and equitable recovery programming for students seeking collegiate recovery.

Limitations

This study has a number of limitations that should be noted. These data were derived from a convenience sample of those who self-selected to participate in this research. Sample size was small; thus these findings may not be applicable to the collegiate recovery community as a whole. There was also an overrepresentation of participants who were involved in 12 step recovery programs which may have impacted individuals' comfort levels with words such as "addict" or "clean." The sample itself was relatively homogenous, as the majority of respondents

identified as white, heterosexual, and female. Thus, these results may not generalize to male participants or those from diverse racial/ethnic backgrounds. We did not receive any responses from those who were in the Midwest and had a limited response rate from the Northeast compared to the South and West. Similarly, the majority of respondents were students; thus, these findings may not be directly applicable to collegiate recovery community administrators and staff members. The small sample size also limited our ability to engage in multivariate analyses to predict which students may be more comfortable with the use of affirming or non-affirming language. Future studies should focus on increasing response rates to get a more comprehensive picture of language preferences of those engaged in collegiate recovery programs. Despite these limitations, this work adds to the currently limited empirical literature on participants un collegiate recovery communities.

Conclusion

This was the first national study to explore the impact of word choice within collegiate recovery programs. This study sought to better understand how word choice when referencing people with a substance use disorder may be associated with their self-compassion, stigma, and overall recovery capital while in a collegiate recovery program primarily focusing on how students personally identify, how they prefer to be identified by individuals not in recovery, and how they prefer to be identified by other people. This study found that there were significant correlations for comfort with affirming and non-affirming language, enacted and anticipated stigma, and recovery capital and self-compassion. Individuals with one year or less of time in recovery had significantly higher levels of internalized stigma with internalized stigma being negatively related to self-compassion and recovery capital. Non-affirming language was found to

be more comfortable for students than staff members and more comfortable for those who identify as male in comparison to participants who identified as female or non-binary.

While there was comfort with non-affirming language for some participants, the vast majority of respondents reported higher levels of comfort with affirming language. With more people associated with collegiate recovery programs reporting comfortability with affirming language, the shift to using this affirming, person-first language opposed to traditionally used but non-affirming language can shift the environment of collegiate recovery programs to being more comfortable for the diverse student populations who identify as a student in recovery. Creating equitable and inclusive environments for students from diverse backgrounds and identities through the use of affirming language to cultivate compassion and recovery capital can aid in increasing the number of students who engage with collegiate recovery programs, increase retention rates, and decrease the number of students who experience a recurrence of use during their time in higher education.

When we utilize affirming language when talking about people with a substance use disorder, we begin to shift the narrative surrounding the biased view society has for people who use drugs. Within the higher education space, creating an environment where person-first language is the consistent norm can help shift any negative connotations administrators may feel when it comes to students who identify as in recovery from substance use. With administrators in support of collegiate recovery programs, the field can continue to increase the resources and care provided to students in recovery. We could see more collegiate recovery programs pop up around the country, we could see more funding being funneled into these programs, and we can see more students thriving in recovery.

Implications for Social Work Practice and Policy

Those within recovery spaces deserve the autonomy to self-identify and have their identity respected. For social workers, using preferred identifiers that people in recovery share that they are comfortable with provides space for self-determination, increases the dignity of the person in recovery, and fosters respect for both the person in recovery and for the social worker. How people with a substance use disorder are treated has an impact on how they recover. As found in this study, those in early recovery with less than one year are more likely to experience internalized stigma from their previous substance use. In order to provide them the support they need to overcome that internalized stigma and continue their journey in recovery, they need to find their identity in recovery and have that be supported and bolstered by the support they receive from social workers on a level as basic as the language used to refer to them and their recovery journey. This study was an important step in building on the research available in the collegiate recovery field and continue to develop evidence practices that support students on their holistic journey through recovery.

Moreover, a discussion of language can be used as an opportunity to introduce the consistent use of affirming language to help reduce stigma toward those with substance use concerns. As the field of social work progresses, research is showing the impact of language on client populations served. If we want to create a system that supports the recovery of people with substance use disorders, we need to use the affirming language that supports them, decreases stigma, and increases their self-compassion and recovery capital.

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Table 1

Sociodemographic Characteristics of Participants

Categorical Variables	*n*	%
Gender (*n* = 57)		
Female	36	64.3
Male	15	26.8
Non-Binary	5	8.9
Age (*n* = 59)		
18-24	20	33.9
25-34	18	30.5
35-44	14	23.7
45-54	6	10.2
55+	1	1.7
Race/Ethnicity (*n* = 52)		
Black/African-American	3	5.8
White/Caucasian	37	71.2
Hispanic/Latinx	6	11.5
Asian/Pacific Islander	3	5.8
Multiracial	2	3.8
American Indian/Indigenous Peoples	0	0.0
Sexual Orientation (*n* = 58)		
Bisexual	15	25.9
Heterosexual/Straight	28	48.3
Queer	7	12.1
Pansexual	2	3.4
Gay	4	6.9
Lesbian	2	3.4
Recovery Pathway (*n* = 56)		
12 Step	38	69.1
SMART Recovery	8	14.5
Harm Reduction	5	9.1
Other	4	7.3
Time in Recovery (*n* = 56)		
Less than 1 year	8	14.3
2- 4 years	23	41.1
5-10 years	16	28.6
11-20 years	6	10.7

20+ years	3	5.4
Student or Staff (*n* = 57)		
Student	47	83.9
Staff	9	16.1
Region (*n* = 59)		
South	33	55.9
West	20	33.9
Northeast	6	10.2
Public or Private School (*n* = 59)		
Public	46	78.0
Private	13	22.0
School Size (*n* = 57)		
Small (under 5,000)	7	11.9
Medium (between 5,000 and 15,000)	9	15.3
Large (between 15,000 and 30,000)	18	30.5
Extra Large (over 30,000)	25	42.4

Table 2

Word Choice Comfortability for Self-Identity Please answer the following by identifying your comfort level:		
Being referred to by someone else as an "addict/alcoholic."	Very comfortable	*n = 13, 22%*
	Somewhat comfortable	*n = 10, 16.9%*
	Neutral	*n = 6, 10.2%*
	Somewhat Uncomfortable	*n = 12, 20.3%*
	Very Uncomfortable	***n = 18, 30.5%***
Being referred to by someone else as a "person with a substance use disorder."	**Very comfortable**	***n = 16, 27.1%***
	Somewhat comfortable	***n = 16, 27.1%***
	Neutral	*n = 9, 15.3%*
	Somewhat Uncomfortable	*n = 11, 18.6%*
	Very Uncomfortable	*n = 7, 11.9%*
Being referred to by someone else as a "person in recovery/person in sustained recovery."	**Very comfortable**	***n = 38, 64.4%***
	Somewhat comfortable	*n = 12, 20.3%*
	Neutral	*n = 8, 13.6%*
	Somewhat Uncomfortable	*n = 4, 6.8%*
	Very Uncomfortable	*n = 10, 16.9%*
Referring to myself as an "addict/alcoholic."	**Very comfortable**	***n = 25, 42.4%***
	Somewhat comfortable	*n = 12, 20.3%*
	Neutral	*n = 8, 13.6%*
	Somewhat Uncomfortable	*n = 4, 6.8%*
	Very Uncomfortable	*n = 10, 16.9%*
Referring to myself as a "person with a substance use disorder."	**Very comfortable**	***n = 20, 33.9%***
	Somewhat comfortable	*n = 16, 27.1%*
	Neutral	*n = 9, 15.3%*
	Somewhat Uncomfortable	*n = 7, 11.9%*
	Very Uncomfortable	*n = 7, 11.9%*
Refer to myself as a "person in recovery/person in sustained recovery."	**Very comfortable**	***n = 40, 67.8%***
	Somewhat comfortable	*n = 13, 22%*
	Neutral	*n = 5, 8.5%*
	Somewhat Uncomfortable	*n = 0, 0%*
	Very Uncomfortable	*n = 1, 1.7%*
Having someone in the collegiate recovery program refer to me as an "addict/alcoholic."	**Very comfortable**	***n = 22, 37.3%***
	Somewhat comfortable	*n = 7, 11.9%*
	Neutral	*n = 11, 18.6%*
	Somewhat Uncomfortable	*n = 8, 13.6%*
	Very Uncomfortable	*n = 11, 18.6%*
	Very comfortable	***n = 21, 35.6%***
	Somewhat comfortable	*n = 9, 15.3%*

Having someone in the collegiate recovery program refer to me as a “person with a substance use disorder.”	Neutral	*n = 16, 27.1%*
	Somewhat Uncomfortable	*n = 9, 15.3%*
	Very Uncomfortable	*n = 4, 6.8%*
Having someone in the collegiate recovery program refer to me as a “person in recovery/person in sustained recovery.”	**Very comfortable**	***n = 40, 67.8%***
	Somewhat comfortable	*n = 9, 15.3%*
	Neutral	*n = 8, 13.6%*
	Somewhat Uncomfortable	*n = 2, 3.4%*
	Very Uncomfortable	*n = 0, 0%*
When hearing the term "clean" regarding sobriety time length.	**Very comfortable**	***n = 18, 30.5%***
	Somewhat comfortable	*n = 11, 18.6%*
	Neutral	*n = 10, 16.9%*
	Somewhat Uncomfortable	*n = 14, 23.7%*
	Very Uncomfortable	*n = 6, 10.2%*
When hearing the term "dirty" used regarding active addiction.	Very comfortable	*n = 3, 5.1%*
	Somewhat comfortable	*n = 4, 6.8%*
	Neutral	*n = 9, 15.3%*
	Somewhat Uncomfortable	*n = 12, 20.3%*
	Very Uncomfortable	***n = 31, 52.5%***

APPENDIX

INFORMED CONSENT FOR STUDY PARTICIPATION
Study Title: How Word Choice Influences Collegiate Recovery**:** A Mixed Methods Analysis on the Impact of Identifying Terms on Self-Compassion and Recovery Capital Principal Investigators: Morgan Humberger, MSW Candidate and Micki Washburn, PhD, LMSW, MA, LPC-S

What is this research study? This study is being conducted to explore how language related to addiction impacts self-compassion and recovery capital for students who identify as being in recovery at a college or university with a collegiate recovery program. We hope that the information gathered in this study helps collegiate recovery staff and peers to better support students like you on their recovery journey. This study is confidential. We will not be collecting information such as your email address or phone number unless you volunteer to be contacted for a follow up interview.

What should I know about the research study? Participating in the study is voluntary. You can withdraw at any time without penalty. Your contact information will not be collected unless you volunteer to be contacted for an interview or enter into the drawing for one of four $50 Amazon gift cards.

How long will the research last? The study will be ongoing until July 2022.

Who can participate in the study? This study is open to all students who identify as being in recovery and are enrolled in a college or university with a collegiate recovery program or staff members that work in collegiate recovery in the United States.

What happens if I say yes, I want to be in this research? You will be asked to complete a brief 30-minute survey that you can complete now. The survey will ask about your demographic information, recovery status and participation in your collegiate recovery program, comfortability with recovery terms used as identifiers, stigma, and your current self-compassion. After you complete this survey, you will have the ability to share your contact information if you wish to be contacted for a 60-minute interview with the primary investigator via Zoom. The interview will be voice recorded, transcribed, and then the original audio file will be destroyed immediately following transcription. The survey is confidential, and your contact information will not be collected unless you volunteer to be contacted for the follow up interview.

What happens if I do not want to be in this research? You can choose to not take part in this research and it will not be held against you.

Is there any way being in this study could be bad for me? There are no foreseeable risks related to taking part in this study other than the potential to feel uncomfortable answering questions. If you do feel uncomfortable at any part in the survey, you are able to skip the question. If you wish to not finish the survey, already collected data will not be removed from the study record.

Will I be compensated for being in this study? You can choose to be entered into a random drawing for one of 4 $50 Amazon e-gift cards.

What happens to the information collected for the research?
Efforts will be made to limit the use and disclosure of personal information. This study is confidential and no identifying information will be gathered for the survey that could identify you personally. Organizations that may inspect the data collected in this survey are the IRB and representatives of the University of Texas at Arlington. Study results may be published and will not include any identifying information about you personally.

Who can I talk to with further questions? If you have any questions about this survey, please contact the PI of this study, Morgan Humberger, at mah3899@mavs.uta.edu or her supervisor, Dr. Micki Washburn, at 832-498-1015 or micki.washburn@uta.edu. This project has been approved by the UTA Internal Review Board (IRB). For questions about your rights or to report a complaint, contact the UTA Research Office at 817-272-3723 or regulatoryservices@uta.edu. Consent will be received by participants clicking on Yes, I agree to participate; or No I do not agree to participate in the online survey.

Resources

National Suicide Prevention Hotline https://suicidepreventionlifeline.org/1-800-273-8255 Never Use Alone Hotline https://neverusealone.com/ (800) 484-3731 Psychology Today Find a Therapist https://www.psychologytoday.com/us/therapists

1. Yes I agree to participate
2. No I do not agree to participate

What is your gender identity?

What is your sexual orientation?

Age

1. 18-24
2. 25-34
3. 35-44
4. 45-54
5. 55-64
6. 65+

Which of the following best describes you? (Please select all that apply)

1. Hispanic or Latino
2. American Indian or Alaska Native
3. Asian
4. Black or African American
5. Native Hawaiian or Other Pacific Islander
6. Caucasian or White
7. Multiracial
8. Other
9. Prefer not to say

Do you consider yourself to be a person in recovery?

1. Yes
2. No

How long have you been in recovery?

What is your recovery pathway? (12 Step, SMART Recovery, harm reduction, medication-assisted recovery, etc.)

Are you enrolled at a college or university with a collegiate recovery program?

1. Yes
2. No
3. I don't know

Do you consider yourself a member of your school's collegiate recovery program?

1. Yes
2. No
3. I don’t know

Are you staff at a collegiate recovery program?

1. Yes
2. No

What state is your college or university located in?

1. ALABAMA
2. ALASKA
3. ARIZONA
4. ARKANSAS
5. CALIFORNIA
6. COLORADO
7. CONNECTICUT
8. DELAWARE
9. DISTRICT OF COLUMBIA
10. FLORIDA
11. GEORGIA
12. HAWAII
13. IDAHO
14. ILLINOIS
15. INDIANA
16. IOWA
17. KANSAS
18. KENTUCKY
19. LOUISIANA
20. MAINE
21. MARYLAND

22. MASSACHUSETTS
23. MICHIGAN
24. MINNESOTA
25. MISSISSIPPI
26. MISSOURI
27. MONTANA
28. NEBRASKA
29. NEVADA
30. NEW HAMPSHIRE
31. NEW JERSEY
32. NEW MEXICO
33. NEW YORK
34. NORTH CAROLINA
35. NORTH DAKOTA
36. OHIO
37. OKLAHOMA
38. OREGON
39. PENNSYLVANIA
40. RHODE ISLAND
41. SOUTH CAROLINA
42. SOUTH DAKOTA
43. TENNESSEE
44. TEXAS
45. UTAH
46. VERMONT
47. VIRGINIA
48. WASHINGTON
49. WEST VIRGINIA
50. WISCONSIN
51. WYOMING

What is the name of your college or university?

Is your college or university public or private?

1. Public
2. Private

What is the student population size of your college or university?

1. Small (under 5,000 students)
2. Medium (between 5,000 and 15,000 students)
3. Large (between 15,000 and 30,000 students)
4. Extra Large (over 30,000 students)

Please answer the following by identifying your comfort level

	Very comfortable	Somewhat comfortable	Neutral	Somewhat uncomfortable	Very uncomfortable
Being referred to by someone else as an "addict/alcoholic."	❑	❑	❑	❑	❑
Being referred to by someone else as a "person with a substance use disorder."	❑	❑	❑	❑	❑
Being referred to by someone else as a "a person in recovery/person in sustained recovery.”	❑	❑	❑	❑	❑
Referring to myself as an "addict/alcoholic."	❑	❑	❑	❑	❑
Referring to myself as a "person with a substance use disorder."	❑	❑	❑	❑	❑
Referring to myself as a "a person in recovery/person in sustained recovery.”	❑	❑	❑	❑	❑
Having someone in the collegiate recovery program refer to me an "addict/alcoholic."	❑	❑	❑	❑	❑
Having someone in the collegiate recovery program refer to me a "person with a substance use disorder."	❑	❑	❑	❑	❑

Having someone in the collegiate recovery program refer to me as a "a person in recovery/person in sustained recovery.”	❑	❑	❑	❑	❑
When hearing the term "clean" regarding sobriety time length.	❑	❑	❑	❑	❑
When hearing the term "dirty" used regarding active addiction.	❑	❑	❑	❑	❑

Please answer the following questions

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
There are more important things to me in life than using substances.	❑	❑	❑	❑	❑
In general I am happy with my life.	❑	❑	❑	❑	❑
I have enough energy to complete the tasks I set myself.	❑	❑	❑	❑	❑
I am proud of the community I live in and feel part of.	❑	❑	❑	❑	❑
I get lots of support from friends.	❑	❑	❑	❑	❑
I regard my life as challenging and fulfilling without the need for using drugs or alcohol.	❑	❑	❑	❑	❑
My living space has helped to drive my recovery journey.	❑	❑	❑	❑	❑
I take full responsibility for my actions.	❑	❑	❑	❑	❑
I am happy dealing with a range of professional people.	❑	❑	❑	❑	❑
I am making good progress on my recovery journey.	❑	❑	❑	❑	❑

	Never	Not often	Somewhat often	Often	Very Often
Family members have thought that I cannot be trusted.	❑	❑	❑	❑	❑
Family members have looked down on me.	❑	❑	❑	❑	❑
Family members have treated me differently.	❑	❑	❑	❑	❑
Healthcare workers have not listened to my concerns.	❑	❑	❑	❑	❑
Healthcare workers have thought that I'm pill shopping or trying to con them into giving me prescription medications to get high or sell.	❑	❑	❑	❑	❑

Healthcare workers have given me poor care.	❑	❑	❑	❑	❑

How likely is it that people will treat you in the following ways in the future because of your alcohol and/or drug use?

	Very unlikely	Unlikely	Neutral	Likely	Very likely
Family members will think that I cannot be trusted.	❑	❑	❑	❑	❑
Family members will look down on me.	❑	❑	❑	❑	❑
Family members will treat me differently.	❑	❑	❑	❑	❑
Healthcare workers will not listen to my concerns.	❑	❑	❑	❑	❑
Healthcare workers will think that I'm pill shopping or trying to con them into giving me prescription medications to get high or sell.	❑	❑	❑	❑	❑
Healthcare workers will give me poor care.	❑	❑	❑	❑	❑

How do you feel about your alcohol and/or drug use history?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Having used alcohol and/or drugs makes me feel like I'm a bad person.	❑	❑	❑	❑	❑
I feel I'm not as good as others because I used alcohol and/or drugs.	❑	❑	❑	❑	❑
I feel ashamed of having used alcohol and/or drugs.	❑	❑	❑	❑	❑
I think less of myself because I used alcohol and/or drugs.	❑	❑	❑	❑	❑
Having used alcohol and/or drugs makes me feel unclean.	❑	❑	❑	❑	❑
Having used alcohol and/or drugs is disgusting to me.	❑	❑	❑	❑	❑

Please answer the following questions

	Never	Once in a while	About half the time	Most of the time	Always
When I fail at something important to me, I become consumed by feelings of inadequacy.	❑	❑	❑	❑	❑
I try to be understanding and patient towards those aspects of my personality I don't like.	❑	❑	❑	❑	❑
When something painful happens, I try to take a balanced view of the situation.	❑	❑	❑	❑	❑
When I'm feeling down, I tend to feel like most other people are probably happier than I am.	❑	❑	❑	❑	❑
I try to see my failings as part of the human condition.	❑	❑	❑	❑	❑
When I'm going through a very hard time, I give myself the caring and tenderness I need.	❑	❑	❑	❑	❑
When something upsets me, I try to keep my emotions in balance.	❑	❑	❑	❑	❑
When I fail at something that's important to me, I tend to feel alone in my failure.	❑	❑	❑	❑	❑
When I'm feeling down, I tend to obsess and fixate on everything that's wrong.	❑	❑	❑	❑	❑
When I feel inadequate in some way, I tend to remind myself that feelings of inadequacy are shared by most people.	❑	❑	❑	❑	❑
I'm disapproving and judgmental about my own flaws and inadequacies.	❑	❑	❑	❑	❑
I'm intolerant and impatient towards those aspects of my personality I don't like.	❑	❑	❑	❑	❑

Do you want to be entered into a drawing for one of four $50 Amazon gift cards?

1. Yes
2. No