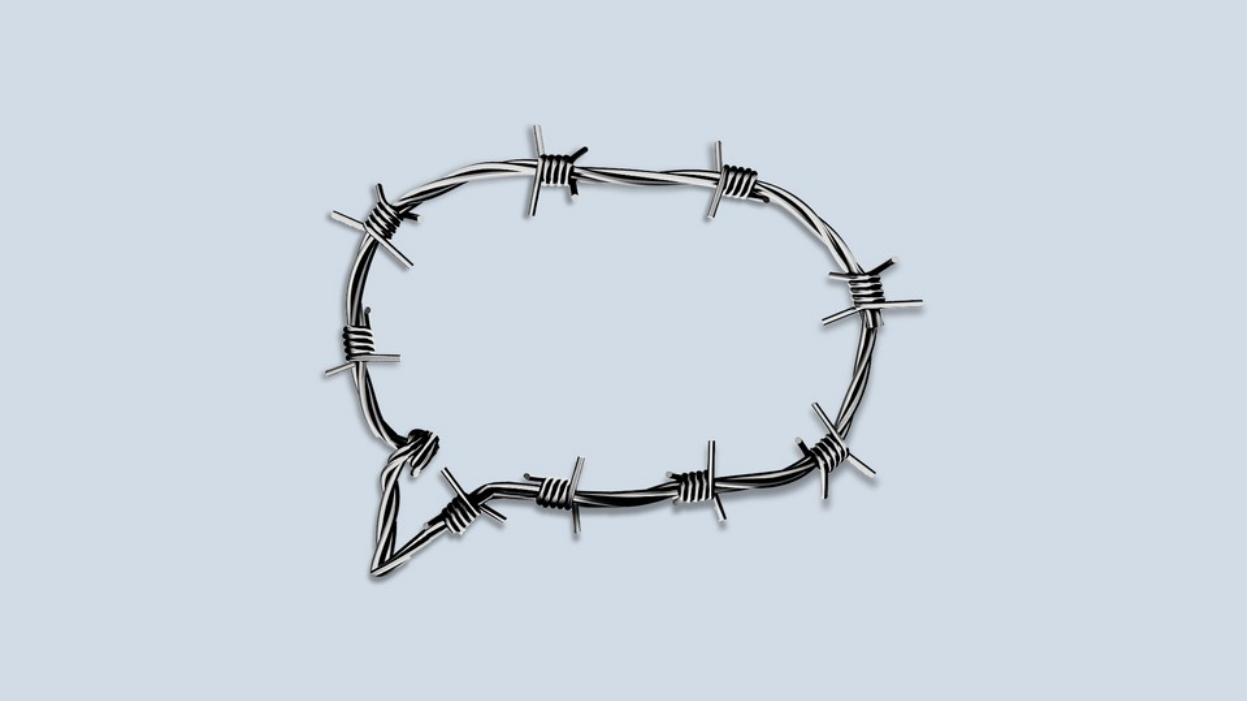
IDEAS

The Burden of Proof Is on the Language Police

Claims that specific terms hurt people should be evaluated in a rigorous way—not based only on hunches.

By Keith Humphreys



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In my work as a senior editor at a scientific journal, the most challenging arguments I mediate among reviewers, authors, other editors, and readers are not about research methods, empirical data, or subtle points of theory but about which terms describing vulnerable groups are acceptable and which are harmful. My field—addiction and drug policy—has a tradition of savage infighting over language. Are the people whom earlier generations derided as *vagrants* or *bums* more appropriately termed *homeless people*, *people who are homeless*, *unsheltered persons*, *persons with lived experience of being unhoused*, or something else? Similar arguments erupt in politics, in journalism, in the classroom, in the workplace, and between generations at the dinner table. When even sincere,

well-intended people cannot agree on which words reinforce social injustice and damage human well-being, the debates can be mutually bruising.

Sometimes the arguments resolve themselves over time, and plainly pejorative words such as *crackhead* and *junkie* vanish unlamented from the public discourse. To their credit, scholars who study and treat addiction are keenly aware of how negative language can instill negative public attitudes that turn public policy against people with drug- and alcohol-use disorders. That said, any claim that specific terms are actively harmful should be viewed as a hypothesis until it is established as fact. When confronted with claims that term *X* causes harm to people with a given characteristic, or that term *Y* is the only way to describe them respectfully, a fair-minded person can reasonably respond, "What evidence suggests that this is true?"

To be sure, when someone expresses clear preferences about how he or she wants to be described, that wish requires no evidentiary validation. In some cases, honoring other people's self-conception may mean tolerating language that well-meaning outsiders view as blunt, impolite, or even destructive. For example, some members of my field think people in recovery shouldn't burden themselves with the terms *addicts* and *alcoholics*—words that could very well stigmatize anyone labeled as such without their consent but that are widely claimed by participants in 12-step programs. Scientists and clinicians must show respect to other people's humanity, and that includes upholding their right to speak for and define themselves.

To ask for evidence when a term is asserted to be harmful will strike some people as mere resistance to change. In fact, quite a bit of evidence on the effects of terminology is available to guide us, and in some cases, it backs up a linguistic shift. According to one study in my field, seeing an individual described as a *substance abuser* rather than as *having a substance-use disorder* makes people more likely to view them as a safety threat and as deserving of punishment. Some terms are called harmful because that is demonstrably what they are.

But many other claims about the harmfulness or virtue of individual terms lack clear evidence, and we should therefore be humble in generalizing. The best evidence for why experts and policy makers should tolerate a broad range of terminology is the demonstrated diversity in what groups of people prefer to be called. One day, a white American colleague chastised me for using the allegedly demeaning term *elder* when discussing drug overdoses among Medicare participants, shortly before I got on a Zoom call in which Canadian colleagues of Indigenous ancestry repeatedly used the same term as a sign of respect for the longest-lived members of their community.

During my clinical training as a psychologist, I was informed (without evidence) that *patient* was a destructively medicalized term for people seeking mental-health care, and that I should use only *client*. But surveys of real-life people seeking care show no consensus. In one study, individuals seeing a psychiatrist or a nurse, for example, preferred *patients*, whereas *patients* and *clients* were equally popular among those consulting a social worker or an occupational therapist. Acceptance of other terms—including *service users*, *people who use services*, and *consumers*—varies considerably. In short, there is no single ideal term, and the search for one founders on the reality that individuals with the same condition routinely differ about what they wish to be called.

Ironically, the impulse to promote equity through new terminology fails in some cases to take account of individual and cultural diversity. Many U.S. academics quickly adopted the neologism *Latinx* as a more inclusive, gender-neutral alternative to *Hispanic* or *Latino*, even though the term bemuses or annoys some people of Latin American descent and survey data suggest that few use it to describe themselves. The impact of other language meant to lessen social stigma is not always clear. In the United States, *homeless* has fallen into disrepute in some quarters, but whether people without reliable shelter benefit from or prefer to use the ostensibly more egalitarian *unhoused* or *houseless* remains to be demonstrated. Good intentions sometimes yield bulky terms that are soon collapsed into acronyms. *Person with alcohol-use disorder* may have some humanizing potential, but whether abbreviating the term as *PWAUD*, as many academic papers do, has the desired effect is a matter of conjecture.

Denouncing other people's terminology as harmful, and demanding that others adopt your own, can be intoxicating—to the point that submitting such disputes to empirical tests can feel like a bit of a comedown. But making these judgments in a rigorous, fact-based way would prevent experts, policy makers, and the general public from being distracted by something easy—arguing about words—when we need to focus on doing something much harder: solving massive social problems. A shared commitment to evidence provides a way to resolve upsetting disagreements that can otherwise fester forever, while opening up chances to learn when we have in fact caused harm and genuinely need to treat others better.