

RESEARCH BRIEF

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"He's Not Marrying my Daughter": Stigma against People in Recovery from Substance Use Disorder

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Would you hire a person in recovery from a substance use disorder? Would you accept your daughter marrying someone in recovery? The language we use to describe people with substance use disorders impact how such people are perceived and how willing we are to accept them into our social and professional circles. Our research shows a general desire to distance ourselves from people in recovery from substance use disorders.

In this study, ¹ we used a series of vignettes that described a person in recovery from substance use disorder to assess individual's desire for social distance from people in recovery. We used three different, randomly assigned vignettes (see Table 1). The control vignette described an individual but did not mention substance use or recovery, the second vignette

KEY FINDINGS

- We are generally unwilling to accept people who are recovering from substance use disorders into our social and professional circles
- People in recovery, regardless of the label used to describe them, may experience social distancing from others as the intimacy of the relationship increases.
- In an experimental study, vignettes that described substance use recovery in any form prompted a greater desire for social distance. In contrast, the control group vignette that did not mention substance use or recovery at all elicited no desire for social distance under any context.

described the individual as a "substance abuser" and "recovering addict." The third vignette used "substance use disorder" and "person in long-term recovery." We then administered the Bogardus Social Distance Scale (BSDS)^{2,3} to assess respondents' comfort levels with the person described in the vignette, asking about various types of social relationships: marrying into the family, having the person

Table 1: Vignettes

Control (n = 15) Mary is a White woman who has completed college. She has experienced the usual ups and downs of life but managed to get through the challenges she has faced. Mary lives with her family and enjoys spending time outdoors and taking part in various activities in her community. She works at a local store.

Substance abuser (n = 15) Mary is a White woman who has completed college. She is also a substance abuser but has managed to get through the challenges she has faced. As a recovering addict, she lives with her family and enjoys spending time outdoors and taking part in various activities in her community. She also works at a local store.

Substance use disorder (n = 14) Mary is a White woman who has completed college. She also has a substance use disorder but has managed to get through the challenges she has faced. As a woman in recovery, she lives with her family and enjoys spending time outdoors and taking part in various activities in her community. She also works at a local store.

as a neighbor, having the person in your immediate social circle, having the person as a co-worker, and allowing the person as a citizen or visitor into the U.S. The BSDS has been used by sociologists for decades to determine the basic natural response to proposed intimacy with others through the inclusion or exclusion of the individual described within specific social contexts.

Social Distance and Substances

The vignettes that described substance use recovery in any form (Vignettes 2 and 3) prompted a greater desire for social distance. In contrast, the control group vignette (Vignette 1), did not mention substance use or recovery and elicited no desire for social distance under any context. This means that in general, descriptions of people who resolved their substance issues, no matter how they were described, prompted a greater desire for social distance.

How Comfortable are you with People in Recovery from Substance Use Disorders?

The Bogardus Social Distancing Scale^{2,3} highlighted several areas where respondents desired social distance from persons in recovery from substance use disorders. Compared to respondents who received the control group vignette (Vignette 1), those exposed to the abuser/addict vignette (Vignette 2) and those exposed to the substance use disorder/long-term recovery vignette (Vignette 3) were less comfortable with the person described marrying into their family, being in their immediate social circle, as a neighbor, and as a co-worker. However, there were no differences in willingness to have this person a citizen in their country or to excluding the individual from their country.

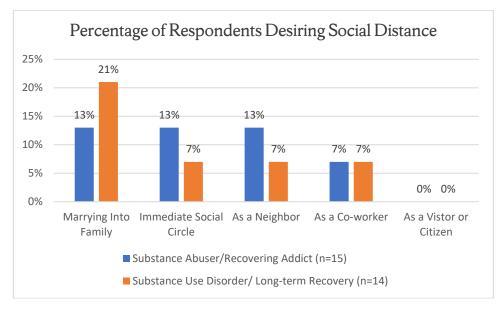


Figure 1. The Desire for Social Distance from Persons in Recovery from Substance Use Disorders Varies Depending upon the Language Used to Describe Them and the Intimacy of the Relationship

Note: N=44 (2019)

Recommendations for Policy and/or Practice

Substance use disorders are one of the most highly stigmatized health conditions. While the average desire for social distancing was only slightly higher for vignettes that utilized "substance abuser/recovering addict", we see that both vignettes that mentioned a history of substance abuse prompted a desire for social distance, particularly within immediate family, social circles, neighbors, and work environments. Identifying as a person who has survived a substance use disorder carries social risks. These individuals may avoid disclosure in an effort to "fit in" to social circles.

It is important for researchers and professionals to understand that people in recovery from a substance use disorder are often hesitant to disclose their recovery identities. Their recovery identity may not be well received by at least some of the population. This is particularly true the more intimate the

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relationship becomes. Many who have survived a substance use disorder may still experience stigma, bias, and marginalization. As such, those who openly identify as being in recovery are taking a social risk in doing so. Their hesitancy in disclosing their identity may be perceived as dishonesty by some. This is erroneous. People in recovery instinctually understand that they face social risks in openly embracing their recovery identity. Social integration is essential for recovery stability. Hence, exclusion from social groups, facing bias in employment, housing, and intimate social arrangements may increase social isolation thereby increasing risk of relapse.

Data and Methods

Data came from a larger study that assessed the language used to describe people in recovery. A convenience sample was drawn through digital recruitment flyers via social media pages related to the topic of substance use disorders in 2018. Data in this brief is descriptive. Comparisons were drawn between randomly assigned groups, including a control group.

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