Breakout 9 — Labels and the Power of Words — Shed the Labels, Define Yourself

One sentence for the board: A label is somebody else's sentence about you — you do not have to serve it.

Purpose	Teach how labels and words shape identity and behavior — stigma, labeling, and the stigma a person turns inward — and why person-first language about substance use matters for help-seeking and recovery. Give every participant structured time to name the labels they have carried, from family, from systems, and from themselves, examine each one honestly, and begin re-authoring: shedding the terms that defined them and defining themselves, in their own words. What a participant writes in this group belongs to the participant and stays with the participant.
Who chooses this group	Curriculum groups meet separately for men and for women. Breakout groups are coed unless otherwise specified. Placement for participants who do not fit a men/women split follows the participant's stated preference, confirmed with staff for safety and privacy. Nothing about a participant's placement is disclosed to the group. Any participant. Especially valuable for participants who introduce themselves by their worst chapter, who hesitate to ask for help because of what they have been called, or who are approaching discharge and deciding who they will be outside this program. No participant is required to share a label, a story, or anything they write. The stated preference stands unless a stated safety reason requires a private conversation. Safety and privacy are the only criteria.
Length	60 minutes

Materials	Paper and pens for every client, whiteboard or flip chart and markers, and the topic resources named in this outline

Time	Segment	What happens
0–5 min	Welcome	Ground rules, confidentiality limits, right to pass. State plainly at the start: nothing you write in this group is collected, and no one has to say a label out loud to belong here.
5–30 min	Teaching	The teaching points below, in order, on the board: how labels stick, stigma turned inward, person-first language, examining a label, and re-authoring.
30–45 min	Discussion	Prompts below. General answers are always complete answers — no one is asked to disclose their own labels.
45–55 min	Practice — name it, test it, re-author it	Clients privately work the three-part practice in this outline: name the labels, test one, and write the words they choose instead. Writing stays with the client.
55–60 min	Close	Takeaways. Anyone who wants to may read only the words they chose for themselves — never the labels they shed — and the facilitator notes any follow-up a client asks for.

Teaching points

- **Labels stick, and then they steer.** Every person in this room has been handed words: names from family, words from courtrooms, clinics, and case files, words from the street, and words from the mirror at 3 a.m. A label is a word or phrase other people — or we ourselves — attach to a person until it starts to sound like the person's name. Labels are powerful because they do not stay descriptions. Repeated often enough, a label becomes an expectation, then an identity, then a set of instructions a person starts living out. A stigmatized attribute can swallow the whole person in other people's eyes — the person stops being seen as a whole person and is seen as the mark. The companion point is: when a label is applied and enforced by people with authority, a person can be pushed toward living inside it, because the labeled role starts to be the only role left open.

- **Whose lens is it?** Stigma is several things happening together: people are labeled and set apart, the label is tied to negative stereotypes, the labeled person loses status and is treated unequally — and all of it depends on power, on who gets to make their label stick to somebody else. That power piece matters in this room. The words piled on you were piled on by people and systems looking through their own lens — their fears, their failures, their need for a simple story. A distorted lens produces a distorted picture. What they handed you says at least as much about the lens as it ever said about you.
- **When the label moves inside.** The hardest labels to shed are often not the ones shouted at us. They are the ones we picked up and started carrying ourselves — what the literature calls internalized stigma, or self-stigma: a person absorbs the public story about "people like me," agrees with it, and applies it to themselves. Self-stigma sounds like: I am the problem. People like me do not get better. There is no point asking for help — they will see the label, not me. It shrinks what a person attempts: help not sought, treatment left early, chances not taken, because the verdict already feels delivered. Naming self-stigma in the room is not blame. A person did not invent these words; they were handed over, usually young, usually by people who should have known better. But what was handed over can be handed back.
- **Person-first language, and why it matters.** Words are not decoration on recovery; they are part of its machinery. The Substance Abuse and Mental Health Services Administration (SAMHSA) advises person-first, non-stigmatizing language in substance use care: a person with a substance use disorder, a person in recovery — language that names a condition a person has, not a verdict on who a person is. Compare the two shapes. "Addict," used as a person's whole name, carries a stereotype into every room the person enters — including the rooms where they go for help. "A person with a substance use disorder" leaves the person standing next to the condition, able to be treated, housed, hired, and heard. Words like "clean" and "dirty" for test results do the same quiet damage, implying the person is dirty while using and clean only when not. In this program we watch our words — staff included — because people deciding whether to seek help are listening to how help talks about them.
- **Examine the label before you carry it.** A label is a claim, and claims can be examined. Painful beliefs are treated the way this group treats labels: as thoughts to be tested, not facts to be obeyed. Three questions do the testing in this group. First: what is the evidence — what actually supports this word, and what in my life stands against it? Second: whose lens is it — who handed me this word, what did they see, what did they miss, and what did they need to believe? Third: what do I choose to keep — is there a hard truth inside this label I honestly own, separated from the contempt wrapped around it? A label usually fails at least one of the three. And where a piece of it is true — I did harm, I do have a disorder — it gets restated in honest, person-first words a person can act on, not a name they have to wear.
- **Re-authoring — define yourself.** Start from a simple separation: the person is not the problem; the problem is the problem. A life gets told as a story, and a label is a story somebody else edited — usually down to the worst chapters. Re-authoring is the disciplined work of telling the fuller story: finding the chapters the label edited out — the times you showed up, protected someone, told the truth, got back up — and letting those chapters carry weight too. This is not pretending. Nothing in re-authoring erases what happened or what it cost. It refuses to let the worst pages be the whole book, and you write your own line about yourself, in words you chose. Nobody else can do this work for you. A facilitator can hand you the questions; only you know your whole story, and only you can decide what it means.

- **The warrior's naming.** So the core of this group, said plainly: let go of the words and attitudes people pile on you. That pile is their problem — their distorted lens, their unfinished business — and carrying it was never your assignment. Shed the terms that defined you. Keep the honest lessons; lessons are yours. Then define yourself, in words you chose and can defend with evidence, and let your conduct argue for those words every day. That is the naming this group teaches: do not let the crowd or the past do the naming. Know who you are, say it straight, and walk it out.

Discussion prompts

- "What kinds of labels get handed to people in recovery — from family, from systems, from the street? Name the kinds, not anyone's story."
- "How can a label change what a person attempts — asking for help, applying for work, walking back into a room?"
- "What is the difference between honest accountability — 'I did that, and I am repairing it' — and a label: 'that is all I am'?"
- "Whose words about you have proved wrong over time? What did you do that the label said you could not?"

Practice — name it, test it, re-author it (10 minutes, your writing stays with you)

1. On your own paper, list the labels you have carried, grouped by where they came from: family, systems (courts, clinics, case files, programs), and self — the ones you say about yourself. Write small and honestly; no one will see this list but you. Step 1 is homework-before or optional pre-writing. The 10 in-room minutes cover only testing one label (steps 2 and 3) and writing the re-authored line (step 4).
2. Test one label with the three questions: choose the one label that weighs the most right now. What is the evidence for it — and against it? Whose lens handed it to me, and what did that lens miss? What, if anything, do I choose to keep — restated in honest words?
3. Write the verdict in one line: what you are shedding, in the label's own words, struck through or set aside on the page as shed.
4. Write your own line about yourself, in words you chose: "I am a person who ..." — in person-first language, that your own evidence supports. If you want, that is the only line you may choose to read aloud at the close.
5. Keep your paper or fold it away — your choice. Nothing from this practice is collected, copied, or kept by the facilitator or the program.

Facilitator boundaries — Labels and the Power of Words

- **Education, not therapy.** The examination in this group is of labels and beliefs, using CBT-style questions as recovery education. It is not individual therapy, not a clinical assessment, and not treatment of any diagnosis. A client who wants to work a label through in depth is connected to their counselor through program procedure.

- **The writing belongs to the client.** Labels written or spoken in this practice belong to the client. Facilitators do not collect, copy, photograph, file, or keep a client's label list or re-authored writing, and never require a client to read their labels aloud. Only the re-authored line may be shared, and only by the client's own choice.
- **Watch every word in the room.** Facilitators use person-first, non-stigmatizing language throughout this group and correct the room's language the same way — directly and kindly, including their own slips. No facilitator repeats a client's label back to them as a name, in group or anywhere else.
- **Truth stays; contempt goes.** Shedding a label never means shedding accountability, a diagnosis that guides real treatment, or a legal obligation. This group separates a person from a contemptuous name; it does not erase conduct, consequences, or care. If a client uses the session to dismiss a genuine safety or treatment concern, name that plainly and connect them to staff the same day.
- **Warrior close:** Close with the naming: “Other people handed you their words through their lens — that was their problem, and it stops being your load today. You tested the labels. You kept what was true. The rest, you shed. Now walk out of here under your own name — the one you chose, the one your evidence backs. That is what a warrior does.”

Sources & Evidence

Clinical evidence: Goffman, E. Stigma: Notes on the Management of Spoiled Identity (Prentice-Hall, 1963) — stigma as an attribute that discredits a person in others' eyes and can engulf the whole identity. Link, B. G., & Phelan, J. C. “Conceptualizing Stigma.” Annual Review of Sociology, 27, 363–385 (2001) — stigma as the co-occurrence of labeling, stereotyping, separation, status loss, and discrimination in a situation of power. Internalized (self-) stigma is described in the stigma literature as the process by which a person endorses public stereotypes about their group and applies them to themselves. Beck, A. T. — cognitive therapy's foundational literature: distressing beliefs and automatic thoughts are examined against evidence rather than accepted as fact; the three examination questions in this outline adapt that method to labels, as education.

Recovery-support evidence: Substance Abuse and Mental Health Services Administration (SAMHSA) — guidance for behavioral health communication favoring person-first, non-stigmatizing language about substance use (for example, “person with a substance use disorder”), on the ground that stigmatizing words shape attitudes toward people who use substances and can stand between a person and help. White, M., & Epston, D. Narrative Means to Therapeutic Ends (W. W. Norton, 1990) — narrative practice: externalizing the problem (“the person is not the problem; the problem is the problem”) and re-authoring, in which a person develops a fuller account of their life from evidence the problem story left out. This outline teaches these ideas as recovery education in one group hour; it does not reproduce narrative therapy, and, like every group in this packet, it promises no outcome.

Facilitator background only: the Goffman, Link and Phelan, Beck, and White and Epston citations in this box are background for the facilitator. In the room, teach only the plain sentences, in order: labels stick and steer; whose lens; labels move inside; person-first words; three test questions; re-authored line. Do not teach the names, books, or years aloud.

Note: No outcome is promised for any group in this packet.