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How Diagnostic Terms may Catalyze or Extend the Duration of Anorexia Nervosa

Leslie Pyo

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INTRODUCTION

Anorexia nervosa (AN) has the highest rate of mortality among psychiatric disorders. It is categorized as an Axis 1 Clinical Disorder in the DSM-IV and a Mental/Behavioral Disorder in the ICD-10. No research, however, has been conducted on how linguistic categorization may psychologically and neurobiologically contribute to the etiology or duration of AN.

LANGUAGE

LABELING THEORY OF DEVIANCE (1993): Deviance is not a quality or an act a person commits, but rather the consequence of a quality or act falling outside of a rule or norm that society has established.

DICTION MATTERS: Instances of changes in the titles of acts, replacing the term “handicap” with “disabilities”, has been supported by Britain, the United States, and the U.N. General Assembly. Example: Without changing the *content* of the act, U.S. legislation changed the 1975 “The Education for All Handicapped Children Act” to the 1990 “Individuals with Disabilities Act”.

DIAGNOSTIC TERMS TRANSFORM: Diagnostic terms, once introduced into everyday language, transform. Psychologists originally used the term *moron* as a medical description of individuals with an IQ of 51-70. They used the term *imbecile* to describe individuals with an IQ of 26-50. These diagnostic terms have since become unusable in medical practice, as they have transformed into everyday insults.

WHY ANOREXIA NERVOSA?

Individuals with AN exhibit three characteristics which make language especially important to understanding the etiology and duration of the eating disorder: **body image disturbance**, **information processing bias** and **hyper reactive amygdala** function.

LANGUAGE’S NEUROBIOLOGICAL IMPACT ON PATIENTS WITH AN

BODY IMAGE DISTURBANCE:

Individuals with AN are fundamentally unable to form a stable self-image. As a result, they rely on contextual clues such as others’ utterances and attitudes towards them. They also have cognitive predispositions such as excessive perfectionism and excessive attention to detail, which make them even more susceptible to negative external stimuli.

INFORMATION PROCESSING BIAS:

The modified Stroop Test has been used to test attention bias in individuals with AN, and results have shown that patients are slower to process words associated with AN, showing that they spend a longer time considering these words.

HYPER REACTIVE AMYGDALA:

Studies show that the amygdala is hyper reactive when individuals with AN are exposed to AN-related stimuli (words, pictures, etcetera). One of the amygdala’s central roles is to process and coordinate a response to threats within an individual’s environment. A patient’s response to the threat of negative evaluation (such as being deemed “disordered”) would be to increase AN behavior in order to achieve the ultimate “positive” effect, thinness.

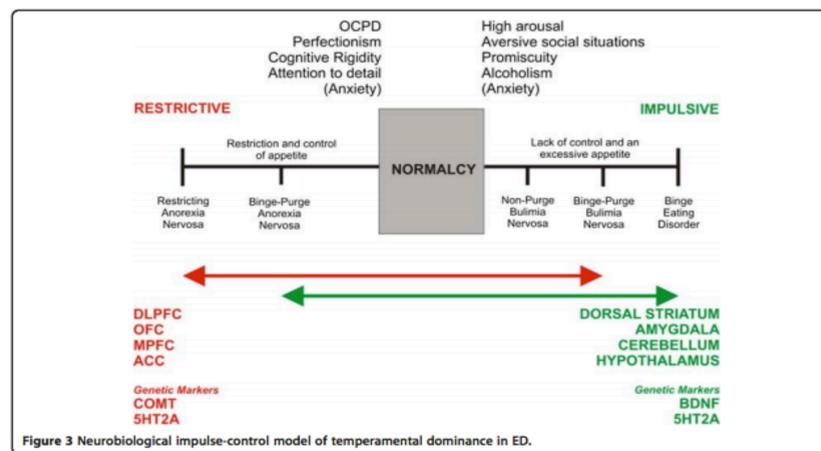


Figure 3 Neurobiological impulse-control model of temperamental dominance in ED. Brooks, S.J., & Rask-Anderson, M., & Benedict, C., & Schiöth, H.B (2012). A debate on current eating disorder diagnoses in light of neurobiological findings: is it time for a spectrum model? *BMC Psychiatry*, 12, 76-86.

CONCLUSIONS

AN has typically been regarded as an eating disorder that originates in the patient himself. The way that external factors may contribute to its development has previously been debated, but no conclusion other than an affirmation of AN’s complex etiology, which includes interrelated psychological and biological components, had been reached. In order to best understand, diagnose, and treat AN, this etiology must be explored, and the present study has investigated a previously unacknowledged component of AN: language. In reviewing literature regarding the proven power of labels on the human mind, the neurobiology of dynamic body image in AN, and the amygdala’s role in directing the attention of individuals with AN to disorder-specific language, there is strong evidence that the language used in diagnostic manuals, such as “disorder” or “mentally ill,” may not only extend the duration of AN, but also actually catalyze its full development in non-medical individuals with eating disorder tendencies. Future treatment methods for AN must account for the impact of diagnostic language, and work to help the patient understand that these labels are not negative, identity-related “threats” to that individual’s evaluation by others.

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