

EATING DISORDERS COMMUNITY



Your Words Can Be the *Difference* Between *Stigma* and *Support*

When describing a study sample, find alternatives to the following words:
struggling with an eating disorder and ***sufferers***

WHY?

Referring to individuals in this way can be perceived as pejorative

INSTEAD TRY:

Treatment-seeking, enrolled in a treatment program, or exhibiting an eating disorder or related symptoms

Use person-first language such as ***individuals, patients, or participants with anorexia nervosa, bulimia nervosa, or binge-eating disorder***, respectively

WHY?

Labels, such as ***anorexic, bulimic, and binge-eater***, can feel limiting and imply that the person is defined by the diagnosis or symptoms that they experience

When describing an assessment tool or treatment, describe either as ***extensively validated*** or ***demonstrably superior***—Avoid using ***gold standard*** whenever possible

WHY?

Even well-validated instruments are imperfect

In scholarly communications, use ***anorexia nervosa*** and ***bulimia nervosa*** rather than abbreviated names, such as anorexia or bulimia

WHY?

Abbreviated terms may have different medical meanings (i.e., anorexia means loss of appetite in general, and can be a symptom of many different illnesses)

When referring to the behavior of binge eating, avoid using ***bulimic episode***

WHY?

Binge-eating episode is more accurate

Based on suggested language use guidance in the following article:

Weissman, R. S., Becker, A. E., Bulik, C. M., Frank, G. K. W., Klump, K. L., Steiger, H., . . . Walsh, B. T. (2016). Speaking of that: Terms to avoid or reconsider in the eating disorders field. *International Journal of Eating Disorders, 49*, 349–353. doi:10.1002/eat.22528