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 ir 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

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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