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International Journal of Law and Psychiatry
26 (2003) 533–548

INTERNATIONAL JOURNAL OF
**LAW AND
PSYCHIATRY**

Anorexia nervosa and personal identity: The accounts of patients and their parents

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1. Introduction

Anorexia nervosa is a mental disorder that typically affects young women either in adolescence or young adulthood. It occurs disproportionately in females as compared to males and has a higher incidence in westernised countries (Hsu, 1996; Tsai, 2000; Wakeling, 1996). It has been suggested that sociocultural influences, such as the increasing westernisation of cultures and the idealisation of slimness amongst young women, have a role in this. However, the exact role of sociocultural influences, which include country of residence, race, ethnicity, and acculturation in the development of anorexia nervosa as opposed to subclinical eating disturbance and body dissatisfaction, is as yet unclear (Wildes, Emery, & Simons, 2001). Other risk factors for the development of anorexia nervosa are dieting behaviours, a family history of eating disorders, early childhood eating or digestive problems, body dissatisfaction, low self-esteem and a premorbid personality pattern of compliance, perfectionism, and dependence (Polivy & Herman, 2002; Walters & Kendler, 1995). The disorder has the cardinal features of a self-perception of being fat and an intrusive dread of fatness, significant weight loss that is self-induced, and associated endocrine abnormalities (World Health Organization, 1993).

Patients who suffer from anorexia nervosa can place themselves at significant physical and psychological risk through self-starvation, bingeing, purging, excessive exercise, and deliberate self-harm. Despite the development of various treatment methods, the course

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of the illness is often chronic with slow recovery. Up to 25% of patients who never achieve a full recovery (Strober, Freeman, & Morrell, 1997). There is also a significant morbidity and mortality associated with the disorder, with some studies giving rates amongst the highest of the psychiatric disorders (Ratnasuriya, Eisler, Szmukler, & Russell, 1991).

2. The research enterprise

There have been no studies examining either competence or capacity in patients with anorexia nervosa. Studies of competence and capacity in psychiatric patients have tended to treat the two concepts as equivalent and have focused principally on understanding and reasoning (Grisso & Appelbaum, 1991, 1995; Grisso, Appelbaum, Mulvey, & Fletcher, 1995; Moser et al., 2002). Most of these have employed semiquantitative methodology on the basis that the factors involved in competence are known and measurable, being to all intents and purposes identical to the legal concept of capacity.

The study reported in this article was conducted with the intention of exploring the different factors relevant to competence to make treatment decisions in anorexia nervosa, through the mechanism of allowing patients and their families to give accounts of their own experiences and difficulties with this, as opposed to imposing preexisting criteria in attempts to test competence. Due to the preponderance of females with the disorder and the possibility that there would be different issues involved for each gender, the study was limited to female patients. Because the participants were young women, many below the age of legal majority, and the fact that proxy consent for their treatment was often given by parents, it was felt that the views of parents were equally relevant to the analysis in this age group. Further, the involvement of parents helped to counterbalance the internal viewpoint of how the patients suffering from anorexia nervosa felt and perceived things by providing an external viewpoint of the parents' observation of the effect of anorexia nervosa on their daughters. In the analysis, it was not assumed that one account was superior to the other, but each was taken as complementing the other. In order to observe whether these accounts have any relation to the conventional testing of competence, a standardised test developed for psychiatric patients and validated with psychotic patients, the MacCAT-T, was also used.

With respect to personal identity and competence, it is generally agreed that when a patient is not competent, then his previous wishes could be relevant, as are appeals to 'what he would have wanted'. Where the effect of the disorder on the personal identity is an obliteration, obtundation, coarsening, or caricature of the previous personality, as for instance in dementia or chronic schizophrenia, then the issue is relatively less problematic; most people would wish to give precedence to the previous healthy competent personality over the current ill and noncompetent self. The case of anorexia nervosa, however, may present a challenge to this simple view, as anorexia nervosa is not a degenerative disorder and it may also have additional distinctive effects on the identity, as opposed to exaggeration of preexisting traits. This is an area not previously explored

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