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Application of the concept of egosyntonicity to the assessment of anorexic patients' competence

Małgorzata Starzomska

Summary

Anorexia nervosa is a very serious and often chronic eating disorder. Egosyntonicity is one of the core features of anorexia nervosa which refers to the sense of the anorexia nervosa experienced by many patients being a part of themselves or of their identity. It seems to be responsible for the denial of illness and resistance to treatment. Many researchers stress the very role of a sense of identity in the course of anorexia nervosa. Unfortunately, it is underestimated especially in the context of discussions about capacity in anorexia nervosa. The concept of capacity currently in use, which is based on understanding and reasoning, does not capture the difficulty that arises from the impact of anorexia nervosa on the sense of personal identity. Therefore, the egosyntonicity should be considered as a key to a new proposition of capacity assessment in anorexic patients.

anorexia nervosa / capacity / egosyntonicity / identity

INTRODUCTION

Can anorexic patients be hospitalized involuntarily?

Anorexia nervosa is a serious mental disorder that is characterized by the following features: a self-perception of being too fat and a desire to lose weight leading to self-induced loss of weight below a certain criterion with widespread endocrine abnormalities. Anorexic patients may endanger their lives through the medical consequences of their severe weight loss, as well as through other associated behaviours such as vomiting, over exercising, laxative misuse, and self-harming [1]. It is an illness that often follows a chronic course, with prolonged and detrimental effects on sufferers in terms of physical, mental, and social health [2]. However, a very specific feature of this disorder is the reluctance to accept treatment that many sufferers experience even when they are very low in weight and at significant risk to themselves [1]. Because anorexia nervosa is "among the most intractable of all psychological disorders" [3, p. 164], it raises questions concerning the use of compulsory treatment. Particular problems arise because anorexic patients have difficulty in cooperating with attempts to help them to regain weight, even when their health is threatened [4]. There is no doubt that they would benefit from treatment, but according to the 1990 Mental Health Act anorexia nervosa does not fulfil the criteria of psychosis under the Act and anorexic patients cannot be compulsorily hospitalized (if anorexic patients are temporarily disturbed or pose a risk to themselves, the Act allows for detention to facilitate emergency treatment as "mentally disordered persons" for a maximum of 3 days) [5, 6]. In spite of these law regula-

Małgorzata Starzomska: Department of Psychology, The Maria Grzegorzewska Academy of Special Education, Warsaw, Poland; Correspondence address: Małgorzata Starzomska, Department of Psychology, The Maria Grzegorzewska Academy of Special Education, 40 Szczęśliwicka Str., 02-353 Warsaw, e-mail: eltram@life.pl

tions, there are different views among mental health professionals over the use of the mental health legislation or other means of compulsory treatment [4] and most of their debates are about whether these patients truly understand and have capacity [7].

PROBLEMS WITH CAPACITY ASSESSMENT IN ANOREXIC PATIENTS

Capacity (which is the equivalent of competence) [4] is a very important issue with respect to treatment consent and refusal: "it is a central tenet of the law and human rights that individuals should be able to make their own choices, even if these choices are medical decisions that may be irrational, idiosyncratic, or unreasonable" [1, s. 629] and "treatment without patient consent, even if legally permitted by mental health legislation, may be ethically difficult to justify if patients are unimpaired in their ability to make valid treatment decisions" [1, p. 629). Although there is a capacity-centred approach in common law legal systems [1], capacity itself is poorly defined [4].

For example, the use of capacity in the consideration of treatment refusal in anorexia nervosa can be problematic especially because anorexic patients' difficulties concerning their ability to make treatment decisions are poorly captured by the concept of capacity currently in use, which is based on understanding and reasoning [1, 7]. The legal criteria of capacity are largely intellectual ones, based on the abilities to believe and understand treatment information and to reason about it [7] and they seem to be inadequate in the case of anorexia nervosa, because it "affects patients' values rather than understanding and reasoning (…)" [7, p. 546]. This problem may be a consequence of two conceptual mistakes.

Firstly, it may be a consequence of scarcity of empirical studies examining the capacity or treatment decision-making ability in patients diagnosed with anorexia nervosa [1]. According to Jacinta Tan "there have been few studies examining the capacity to consent to treatment among patients and no studies generating empirical analyses of capacity or competence in patients diagnosed with anorexia nervosa (…)." [4, p. 698]. Additionally, "the empirical studies that have been done on capacity and competence to consent to treatment in psychiatric patients have used instruments based on the legal criteria of capacity, with focus on understanding and reasoning (…)" [4, p. 698]. For example, MacCAT-T – the most fully developed standardized method of assessing capacity - closely reflects the legal concept of capacity [7] and as such - may not be relevant in the case of anorexic patients [4].

Secondly, inadequacy of the current model of capacity to anorexia nervosa may result from a misunderstanding of the nature of capacity in anorexia nervosa: "despite the voluminous literature in which commentators, including clinicians, feminists, philosophers, and lawyers, have argued about whether patients diagnosed with anorexia nervosa should be allowed to refuse treatment or be forced to have treatment, there has been little attempt to study the nature of competence to make treatment decisions in general and of the problems in the making of treatment decisions, which may occur in anorexia nervosa in particular" [1, p. 629].

The problem of inadequacy of current model of capacity to anorexia nervosa clearly triggers scientific discussions. For example, on the one hand, Yuval Melamed and others [8] claim that while patients with anorexia nervosa may be able to make valid judgments and function normally, with regard to such matters as employment and education, they are often unable to make rational decisions concerning body weight, diet, and acceptance of medical care, because "if one domain of the ability to maintain reality testing is impaired, then all functions of reality testing are likely to be affected" [8, p. 622]. On the other hand, according to Heather Draper only "some anorexics may indeed be incompetent as individuals (be broadly incompetent): for example, those on the point of starving to death. Others are certainly not broadly incompetent; they are studying for school leaving exams, or degrees, or are running their own financial affairs, others are professionals working in demanding jobs" [9, p. 122]. It is easy to see that the above disputes seem to result mainly from a particular problem with estimation of anorexic patients competence, namely: most patients who refuse treatment appear to possess the capacity to refuse treatment [1, 4], thus a very good un-

derstanding of the facts of their disorder and the risks involved and the ability to reason, although they are at immediate risk of death [1, 7]. It is understandable why Pierre Beumont and Terry Carney used for anorexia a term: "challenge of psychiatric terminology" [10, p. 826].

It must be underlined that the use of capacity in consideration of treatment refusal in anorexia nervosa can be problematic and dangerous for three reasons. The first reason is that the participants' difficulties concerning their ability to make treatment decisions are inadequately captured by the concept of capacity currently in use, which is based on understanding and reasoning. It is clear for therapists, patients and their families that the difficulties extend beyond this concept. The second reason for the capacity-based approach being problematic is that some patients give accounts, such as being grateful in hindsight that their treatment refusal was overridden in their best interests. The third reason is that patients and their parents also hold views that compulsory treatment is justified and should be used to save life, without particular reference to capacity or competence [1].

TOWARDS A BETTER CONCEPTUALIZATION OF CAPACITY

Tan and other [1] authors as an antidote to the above problem, propose "a better understanding of the nature of competence to make treatment decisions" [1, p. 639]. This suggestion implies also a better understanding of problems that anorexic patients have with consent to treatment. As Tan and others underline "there have been no empirical studies of the factors relevant to the wider clinical concept of competence, nor any empirical studies exploring the nature of the difficulties that patients diagnosed with anorexia nervosa experience" [4, p. 698]. Strictly speaking, the authors suggest a better understanding of the nature of difficulties with competence to consent to, and refuse treatment in anorexia nervosa. This approach seems to be more fruitful than conducting research purely based on the legal criteria of capacity [1].

EGOSYNTONICITY AND INADEQUACY OF THE CURRENT CONCEPT OF CAPACITY TO ANOREXIA NERVOSA

According to Lucy Serpell and others "a fundamental aspect of anorexia nervosa is its egosyntonic nature, the fact that it is often valued by individuals with the disorder" [2, p. 416]. Arthur Crisp described egosyntonicity as a "core feature" [11, s. 190] of anorexia nervosa and added: "the disorder is egosyntonic" [11, p. 198]. Tan and others in this vein claim that "one aspect of anorexia nervosa that may account for the difficulty that patients with the disorder have in accepting treatment is the phenomenon that is called 'egosyntonicity'. This phenomenon refers to the sense, which many patients experience, of anorexia nervosa being a part of themselves or of their identity" [7, p. 537]. It must be underlined that for all of the women anorexia was inextricably linked with their sense of identity, what exemplifies the following statement of an anorexic patient: "I wasn't allowed to associate with other people.... I wasn't allowed to play sports ... so there was nothing else in my life that I was good at. My only other identity was grades and my body.... I was always known as the skinny one. (Cathy)" [12, s. 175; see also 13]. Fay Fransella and Eric Button called anorexic identity as "self at thinnest" [14, p. 113], and Ilona Wojciechowska used the term: "anorexic, inadaptable identity" [15, p. 92]. Alessandra Lemma-Wright described identity problems of anorexic patients' in the following way: "they adopted the only strategy that was seemingly open to them in order to preserve a sense of identity" [6, p. 40]. In this context, it is easy to understand anorexic patients' resistance to treatment. According to Walter Vandereycken "the dominant clinical interpretation of denial and resistance in anorexia nervosa is that they represent conscious and instrumental attempts to preserve its egosyntonic symptomatology" [16, p. 343], because "the decision to accept treatment can become heavily loaded with the implication of giving up a part of themselves, which can affect their decision" [7, p. 546]. Therefore, egosyntonicity "may account for the denial of illness and the difficulty patients have in accepting treatment" [16, p. 344; see also 17].

To illustrate this problem it is useful to cite the following two dialogues between therapist and the anorexic patient: "Interviewer: Let's say you've got to this point, and someone said they could wave a magic wand and there wouldn't be anorexia any more. 'I couldn't." Interviewer: You couldn't. 'It's just a part of me now.' Interviewer: Right. So it feels like you'd be losing a part of you. 'Because it was my identity.' " [7, p. 539]. "Interviewer: If your anorexia nervosa magically disappeared, what would be different from right now? 'Everything. My personality would be different. It's been, I know it's been such a big part of me, and – I don't think you can ever get rid of it, or the feelings, you always have a bit – in you.' " [7, p. 542].

Although egosyntonicity seems to be very important in the assessment of anorexic patients' capacity, "the current legal conception of capacity, which is based on understanding and reasoning, does not capture the difficulty that arises from the impact of anorexia nervosa on the sense of personal identity (…)" [7, p. 544]. It must be underlined that egosyntonicity should be considered as a key to a new proposition of assessing capacity in anorexic patients, because if anorexia nervosa was experienced as affecting the patients' personal identity, then their treatment decisions made while under its influence would be relevant to the issue of competence to consent to and refuse treatment. "It was therefore important to begin the attempt to understand the effects of having anorexia nervosa on the sense of personal identity of patients (…)" [7, p. 535]. Tan and others [7] suggest that personal identity should be considered as a relevant factor in the assessment of competence to consent to, or refuse treatment in anorexia nervosa, depending on how it affects an individual's sense of personal identity and their ability to make decision: "For instance, a patient who feels totally unable to accept treatment because she cannot conceive of what she might be like without anorexia nervosa may not be competent to make that treatment decision. However, another patient who feels that anorexia nervosa is part of herself, but nevertheless can conceptualize what she would be like without it, can perceive the benefits and risks of having the disorder and of having treatment and being without the disorder and can make a considered and reasoned decision based on these and other factors, even if this is a decision not to accept treatment, may be competent to make her own treatment decisions" [7, p. 546].

CONCLUSIONS

Undoubtedly, anorexia nervosa presents a challenge to the current legal conceptions of capacity because it does not reflect patients' understanding and reasoning and, at the same time, leads to distress and serious risks to health, because it is experienced as part of their personality and identity. This raises the question of whether such senses should be regarded as reducing capacity to refuse treatment. The current legal conception of capacity, which is based on understanding and reasoning does not capture the ways in which patients with anorexia nervosa may have to struggle with decisions of whether to accept treatment. Egosyntonicity – an anorexic phenomenon – which characterizes influence of anorexia nervosa on an afflicted person's sense of identity - seems to be a very useful term which makes possible the work/ or: initiates the work on a new conceptualization of capacity that may be applicable to anorexic patients.

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