# Week 6 Enhancing Body Image



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## Week 6—Enhancing Body Image

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## Week 6—Enhancing Body Image

#### **BULIMIA AND BODY IMAGE**

How women feel about their bodies is an emotional issue, and for many women, regardless of their size and shape, their bodies tend to be a source of anxiety and hurt. Bulimic women in particular experience a great deal of emotional pain in their perceptions of their bodies. As noted at the beginning of this book, bulimic women report being preoccupied with their weight and body size (Fairburn, 1980; Palmer, 1979; Russell, 1979; Wermuth et al., 1977). In addition, our research findings suggest that they have a poorer body image in comparison to normals and binge eaters (Katzman & Wolchik, 1984). In our work with these women, we have found them to have very negative feelings about their bodies.

We discussed in the last chapter how the media and designers of women's clothing set different standards of what a woman should look like each year. Some years the curvaceous look is promoted, in contrast to other years, where the tall, willowy look is displayed on all magazine covers. If a woman is not this year's model, she feels like a failure. A body can be in fashion one year and out of fashion the next. Trying to rearrange and remold the body to fit the times is absurd.

However, many women go to considerable lengths to do just that and experience a great deal of anguish in trying to go against the natural contours of their bodies.

Even when there is agreement as to what constitutes a beautiful body, the truth for most women is that they will not look like the models depicted on magazine covers regardless of how much weight they lose or whatever other "improvements" they make in their physical appearance. They could spare themselves much anxiety and pain if they could accept their bodies as they are instead of reaching for unrealistic and impossible standards.

In trying to attain these impossible goals, women frequently deny some of the realities of body shape and function and try to go against their natural body contours. Anne expressed it this way: "All the women in my family have large rounded breasts and thighs. We are not really fat, just curvy. Yet I keep trying to look like a beanpole! I know that no matter what I do, I won't look like a skinny model simply because this is my body shape—I wonder why I'm trying to change nature."

Anne, similar to many other women, kept trying to get rid of her "rounded" stomach (she had a flat stomach by almost anyone's standards). She wanted her stomach to look "concave," even though she said "I know that is not anatomically possible, but I still want my tummy to be sucked in." Despite her awareness that she was trying to fit her body into an artificial mold, she still felt depressed over her "imperfections."

Anne's feelings about her body are similar to those of many bulimic women. They feel depressed about and ashamed of their bodies and let that interfere with their deriving pleasure from it. Many women report that their feelings about their bodies interfere with sexual enjoyment because they won't allow their partners to look at them or touch them. This self-consciousness about the body leading to less enjoyment of sex was supported in a study by Alderdissen et al. (1981) comparing bulimic and normal women on a variety of psychological measures. Bulimics reported less enjoyment of sexual relationships, a greater difficulty in expressing their sexual wishes, and more fear of not meeting their partner's sexual expectations. Additionally, they held to a greater degree the belief that their satisfaction of sex would improve if they were slimmer and more attractive. The negative feelings about their bodies and lack of sexual satisfaction may lead some women to binge, substituting food for sex and love. Unfortunately, the binge eating further reinforces the negative feelings about the body. Several women have reported using binge eating as a substitute for sexual satisfaction and intimacy.

#### **GOALS OF THE SESSION**

In this session, we review the homework exercises from the previous session to help women see their bodies more positively and realistically. The exercises in this session are more effective when done in a group because feedback and confrontation from others are important. The feedback and confrontation provide insight for these women on their distorted body images and on how others perceive them, which is usually much less critical than the way they perceive themselves. Women gain insight into their own behavior by observing other group members. When the woman is seen individually, anecdotal material and feedback from therapist and friends helps her see her body more realistically and feel better about it.

There are several goals for this session: (a) to enhance body image, (b) to help women realize that weight is not the only physical criterion for attractiveness, (c) to show that *behaviors* and not only *appearance* are important in defining one's attractiveness, and (d) to help women become aware of and decrease distortions in body image. The homework exercises from the previous week and the exercises in the group are done to help them correct their negative perceptions of themselves and to feel better about their bodies.

#### Enhancing Body Image: Review of the Body Mirror Exercise

Women recount what they liked about their appearance when they looked in the mirror. They are asked to stand in front of the group and validate their bodies, telling the group what they liked about them. They are not to mention anything they did not like. If group members have difficulty doing this at first, the therapist can model as she stands up and goes through each of her own body parts, starting from the top of her head and ending with her toes. It is important that the therapist does not mention weight when doing this exercise, but focuses more on the "functional" qualities of her features (e.g., "I love my hair because it is so easy to manage," "I like my hands because they are so agile," "I like my eyes because they are so expressive," "I like my breasts because they feel so good when they are touched," etc.). What we hope to accomplish here is to have women "own" their bodies, imperfections and all, and feel comfortable with them. When the client does this exercise and tends to skip certain body parts, we encourage her to go back to those parts and validate them. If she qualifies her statements, tending to discount them (e.g., "My hair is nice when I set it" or "My smile is pretty except for my crooked teeth"), we point out that a feature does not have to be perfect to be liked. We encourage her to go back and say, "I like my smile," "I like my pretty hair," etc. When she mentions a nice feature (e.g., "I have nice ankles"), we ask her to talk about it and show us what it looks like from all angles. Essentially, we attempt to reinforce positive responses.

This may seem artificial, and some women may have a very difficult time not saying anything negative about their bodies. We are not asking them to lie about their feelings, only to focus on positive aspects because they have "tunnel vision" and focus only on negatives. If they have a real problem with a certain body part, we ask them to exaggerate that, both in the group and in doing body work at home, until they can feel comfortable with it. For example, they are to stick out their stomach or wiggle their thighs and keep looking at them until some desensitization takes place. They do not necessarily have to like every body part, but they need to feel comfortable with each part. Some aspects of their appearance can be changed, others they have no control over; and they must make friends with their bodies.

After each woman validates her body, group members and therapists give her feedback on what they see as her attractive features. It is important for the therapist not to focus on the woman's thinness except if she has a very distorted body image and sees herself as fat. We also attempt to give feedback on her attractive *behaviors* (e.g., a smile, certain mannerisms, bubbliness, and so on) and not to focus solely on *appearance*. We point out that factors other than physical features, and particularly other than weight, play a role in how others perceive us. Women are surprised to find that when they gave feedback to others, it was the *behaviors* they noticed first rather than the appearance.

The women may not at first accept the feedback; however, as they observe others, they may become aware that they too have been displaying an overly critical attitude towards their own bodies. We tell them to see their bodies through other people's eyes and not through their own critical ones. We encourage them to change their perfectionist attitudes and thoughts about their body parts, and we stress that their bodies do not have to be perfect before they can accept them. Together with that, we suggest a change in behavior. We urge them to buy clothes for now and not wait until they are perfect (i.e., slim). By giving their bodies the proper attention, they are really saying that they can accept them for now. We ask them to wear "thin clothes" even if they weigh more than they want to. Susie Orbach (1978) challenges the notion that loose clothes make women look smaller than fitted ones. We tell women to dress as they would if they really liked their figures, and gradually they will come to accept their bodies. We ask them to continue doing the Body Mirror Exercise at home until they can learn to accept their bodies and to "own" all of its parts.

#### **Correcting Distortions in Body Image**

Being comfortable with one's body also means learning to see it more realistically, without distortions. As we noted at the beginning of the book, bulimics tend to have distortions in body image. For example, bulimic individuals commonly reported an exaggerated fear of becoming obese and a perception of feeling fat when, indeed, they were not (Fairburn & Cooper, 1982; Garfinkel & Garner, 1982; Pyle et al., 1981). The severity of this distortion is highlighted in Fairburn and Cooper's (1982) study in which 63.2% of 499 bulimic women stated their desired weight to be less than 85% of matched population mean weight. Boskind-Lodahl and White (1978) found that all 12 of their subjects in a pilot study manifested a distorted body image. After women review what they like about their bodies, we ask them to show us the photos they had cut out from magazines of what they *thought* they looked like and what they *wanted* to look like. There is invariably much distortion in how they perceive themselves. Slim or normal weight women bring in pictures of obese women. Group members provide them with feedback about their distortions. Frequently, women are unable to see their own bodies realistically but are incredulous at distortions by other group members. This can provide them with insight into their own perceptions. We tell them that even if they "feel" as though they had "humongous thighs" or "pregnant stomachs," they need to accept intellectually what they look like and take at face value what others tell them.

Through the feedback, group members can correct some of the distortions they have about their bodies. The therapist can give feedback as well, if group members do not. If done with humor, this can be quite effective. For example, as a woman mentions the fat under her arms, the therapist's genuinely incredulous expression and asking "where?" can bring laughter from the group. A woman will obviously not be convinced that she is distorting just because other women tell her she is. However, we ask her to trust other members' perceptions rather than her own, to go by what she *knows* rather than by what she *feels*.

We encourage her to try some reality testing on her own as well, if she is not willing to take other peoples' assessments at face value. She can draw her perceived body outline on a large sheet of paper and then lie down on the paper and ask a friend to trace her actual body outline. The discrepancy between her drawing and her friend's tracing is the extent of distortion. If the feedback indicates that she does indeed have a distorted image of her body, she is to learn to *think* of herself as looking the way she does, even if she still *feels* fat.

#### Showing that Factors Other than Weight Constitute Attractiveness: What is Sexy?

Not all women distort, of course, and some women *are* overweight, even by the most objective standards. How big a role do their bodies play for others? Is being thin the only way to be attractive? How else can women be attractive or sexy without being thin? The next exercise is designed to bring to their awareness that features other than weight constitute attractiveness to the opposite sex. We ask women to tell us what the men they talked to said they considered sexy or attractive in women, and we write these down on the board. We also ask them to think of what is sexy to them and write that down. Although being thin is mentioned sometimes, personality and behavioral characteristics are noted with even more frequency than physical features. Women are surprised that "averagelooking" women with imperfect features are considered sexy. "Sexiness" or "attractiveness" are intangible qualities and do not only include weight or physical appearance. As women tell us what they and others consider sexy we write them on the board. Words used to describe sexiness include, "bright," "in love," "handsome," "athletic," "healthy," "kind," "considerate," "caring," "loving," "selfconfident." "talented." "has a sense of humor." "sensitive." "musical." "a good

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personality," "delivery," "a nice tan," "a good voice," "an 'individual'." Very few of these qualities had to do with weight or even with physical appearance.

As we review the previous week's homework through these exercises, our aims are to help women appreciate their bodies and see them more realistically, as well as to realize that weight, or even physical appearance, is not the sole criterion for attractiveness. We want to stress to bulimic women that there is nothing wrong with self-improvement and wanting to look good. However, it is a problem when self-improvement begins and ends with weight loss. Women have inflated expectations of what being thin will do for them and many postpone living until the day they reach the "perfect" weight. They delay buying clothes, making friends, or doing anything nice for themselves. They feel that everything will fall into place when life begins; in other words, when they lose weight. We try to make them aware of how they have lost perspective, of how dieting has taken over every aspect of their lives. Couldn't the time and effort spent on trying to be thin be put to better use? If they direct their energies to other areas of their lives, even to other physical improvements, they may get more satisfaction, and others may see them as more attractive, as well. Those "extra" pounds appear to be a burden on their minds more than on their bodies.

The homework for this session reinforces the work in the group and is again designed to help them like their appearance more and to focus on factors other than weight in feeling good about themselves. They are to write down what they

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like about their appearance, what others like about it, and what their "attractive behaviors" are. This is to reinforce the feedback they received in the group so that they can refer to it in the future. They are also told to pick one of their "attractive behaviors" from the list and exaggerate it, that is, to change something *behaviorally* that will improve their attractiveness (e.g., to smile more often if it is attractive, to exaggerate certain movements, etc.). They are to record the reactions from others when they deliberately exaggerated these behaviors. They are frequently surprised and delighted to see how much attention they get from males when they are more verbal, smile more, or listen more, when no one notices if they gained or lost a few pounds! They are also asked to change something in their *appearance* aside from losing weight and to record other people's reactions to this change. Again, a change in hairstyle or make-up is likely to bring more comments than the pound or two that is hardly noticed by anyone. In addition, they are to continue their binge diary.

#### SUMMARY

- Review the Body Mirror Exercise for each woman. Let her tell the group what she likes about her body and have her receive feedback from other members. In providing feedback, focus on the "functional" aspects of the features and on "behaviors," not only on appearance. Help women "own" and accept their bodies. Emphasize living and dressing for now.
- 2. Review the photos and help women correct distortions in body image

by getting feedback from others. Encourage group members to go by the feedback rather than by their own perceptions and feelings.

- 3. Review what is sexy for others and what they find sexy. Bring to awareness that features other than weight define attractiveness and that behaviors and not only appearance make one attractive to the opposite sex.
- 4. Give homework for this week.

#### HOMEWORK

This week we will ask you to do three exercises to help you feel better about your body and to become aware of factors other than weight in your attractiveness to others.

1. Write down what you like about your appearance, what others like about it and list your "attractive behaviors" below.

What I Like About My Appearance

What Others Like About My Appearance

*My "Attractive Behaviors"* (How else am I attractive aside from appearance?)

2. Pick one of your "attractive behaviors" from your list and exaggerate it this week: that is, change something behaviorally that will improve your attractiveness. For example, if people like your smile, make a conscious effort to smile more this week. If they like your movements, try exaggerating those. Record the reactions from others to this.

- 3. Change something in your appearance aside from losing weight. Try a new hairstyle, new make-up, wearing earrings, or anything else aside from weight that will make a difference in your appearance. Record the reactions from others to this.
- 4. Continue your binge diary.

## References

- Abraham, S. F., & Beumont, P. J. V. (1982). How patients describe bulimia or binge eating. *Psychological Medicine*, 12, 625-635.
- Alberti, R. E., & Emmons, M. L. (1970). Your perfect right: A guide to assertive behavior. San Luis Obispo, CA: Impact.
- Alderdissen, R., Florin, I., & Rost, W. (1981). Psychological characteristics of women with bulimia nervosa (bulimarexia). Behavioural Analysis and Modification, 4, 314-317.
- American Psychiatric Association. (1980). Diagnostic and statistical manual of mental disorders (3rd ed.). Washington, DC: Author.

Barbach, L. (1975). For yourself: The fulfillment of female sexuality. New York: Doubleday.

Barbach, L. (1980). Women discover orgasm. New York: Free Press.

- Beck, A. T. (1967). Depression: Causes and treatments. Philadelphia, PA: University of Pennsylvania Press.
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J. E., & Erbaugh, J. (1961). An inventory for measuring depression. Archives of General Psychiatry, 4, 561-571.
- Berkman, L. F., & Syne, S. L. (1979). Social networks, host resistance and mortality: A 9 year follow-up study of Alameda County residents. American Journal of Epidemiology, 109, 186-204.
- Berzon, B., Pious, G., & Parson, R. (1963). The therapeutic event in group psychotherapy: A study of subjective reports by group members, Journal of Individual Psychology, 19, 204-212.
- Beumont, P. J. V., George, G. C. W., & Smart, D. E. (1976). "Dieters" and "vomiters and purgers" in anorexia nervosa. *Psychological Medicine*, 6, 617-622.

- Bo-Linn, G. W., Santa Ana, C., Morawski, S., & Fordtran, J. (1983). Purging and caloric absorption in bulimic patients and normal women. Annals of Internal Medicine, 99, 14-17.
- Boskind-Lodahl, M. (1976). Cinderella's stepsisters: A feminist perspective on anorexia nervosa and bulimia. Signs' Journal of Women in Culture and Society, 2, 342-356.
- Boskind-Lodahl, M., & Sirlin, J. (1977, March). The gorging-purging syndrome. *Psychology Today*, pp. 50-52, 82-85.
- Boskind-Lodahl, M., & White, W. C. Jr. (1978). The definition and treatment of bulimarexia in college women: A pilot study, *Journal of the American College Health Association*, 27, 84-86, 97.
- Boskind-White, M., & White, W. C. Jr. (1983). *Bulimarexia*: The binge/purge cycle. New York: W. W. Norton.
- Bruch, H. (1973). Eating disorders: Obesity, anorexia nervosa and the person within. New York: Basic Books.
- Burns, D. (1980, November). The perfectionist's script for self-defeat. Psychology Today, pp. 34-52.
- Casper, R. C., Eckert, E. D., Halmi, K. A., Goldberg, S. C., & Davis, J. M. (1980). Bulimia: Its incidence and clinical importance in patients with anorexia nervosa. *Archives of General Psychiatry*, 37, 1030-1035.
- Coffman, D. A. (1984). A clinically derived treatment model for the binge-purge syndrome. In R. C. Hawkins II, W. J. Fremouw, & P. F. Clement (Eds.), *The binge-purge syndrome* (pp. 211-226). New York: Springer.
- Coyne, J. C., Aldwin, C. A., & Lazarus, R. S. (1981). Depression and coping in stressful episodes, *Journal of Abnormal Psychology*, 5, 439-447.
- Crowther, J. H., Lingswiler, V. M., & Stephens, M. P. (1983). The topography of binge eating. Paper presented at the 17th annual convention of the Association for the Advancement of Behavior Therapy, Washington, DC.
- Derogatis, L. R., Lipman, R. S., & Covi, L. (1973). SCL-90: An outpatient rating scale.

Psychopharmacology Bulletin, 9, 13-26.

Dunn, P. K., & Ondercin, P. (1981). Personality variables related to compulsive eating in college women, *Journal of Clinical Psychology*, 37, 43-49.

Fairburn, C. G. (1980). Self-induced vomiting, Journal of Psychosomatic Research, 24, 193-197.

- Fairburn, C. G. (1981). A cognitive behavioural approach to the treatment of bulimia. *Psychological Medicine*, 71, 707-711.
- Fairburn, C. G. (1982). Binge eating and its management. British Journal of Psychiatry, 141, 631-633.
- Fairburn, C. G., & Cooper, P. J. (1982). Self-induced vomiting and bulimia nervosa: An undetected problem. British Medical Journal, 284, 1153-1155.
- Garfinkel, P. E., & Garner, D. M. (1982). Anorexia nervosa: A multidimensional perspective. New York: Brunner/Mazel.
- Garfinkel, P. E., Moldofsky, H., & Garner, D. M. (1980). The heterogeneity of anorexia nervosa: Bulimia as a distinct subgroup. *Archives of General Psychiatry*, 37, 1036-1040.
- Garner, D. M., & Bemis, K. M. (1982). A cognitive-behavioral approach to anorexia nervosa. *Cognitive Therapy and Research*, 6(2), 123-150.
- Garner, D. M., & Garfinkel, D. E. (1979). The eating attitudes test: An index of the symptoms of anorexia nervosa. *Psychological Medicine*, 9, 273-279.
- Goldberg, S. C., Halmi, K. A., Eckert, E. D., Casper, R. C., Davis, J. M., & Roper, M. ]. (1978). Short-term prognosis in anorexia nervosa. *Colloquim Int. Neuropsychopharmacologicum*, Vienna, Austria.
- Goldberg, S. C., Halmi, K. A., Eckert, E. D., Casper, R. C., Davis, J. M., & Roper, M. J. (1980). Attitudinal dimensions in anorexia nervosa, *Journal of Psychiatric Research*, 15, 239-251.
- Gormally, J. (1984). The obese binge eater: Diagnosis, etiology, and clinical issues. In Hawkins II, R. C., Fremouw, W. J., & Clement, P. F. (Eds.), *The binge-purge syndrome* (pp. 47-73). New York:

Springer.

- Green, R. S., & Rau, J. H. (1974). Treatment of compulsive eating disturbances with anticonvulsant medication. *American Journal of Psychiatry*, 131, 428-432.
- Greenway, F. L., Dahms, W. T., & Bray, G. A. (1977). Phenytoin as a treatment of obesity associated with compulsive eating. *Current Therapeutic Research*, 21, 338-342.
- Grinc, G. A. (1982). A cognitive-behavioral model for the treatment of chronic vomiting. *Journal of Behavioral Medicine*, 5, 135-141.
- Halmi, K. A., Falk, J. R., & Schwartz, E. (1981). Binge eating and vomiting: A survey of a college population. *Psychological Medicine*, 11, 697-706.
- Hatsukami, D., Owen, P., Pyle, R., & Mitchell, J. (1982). Similarities and differences on the MMPI between women with bulimia and women with alcohol or drug abuse problems. *Addictive Behaviors*, 7, 435-439.
- Hawkins, II, R. C. (1982). Binge eating as coping behavior: Theory and treatment implications. Unpublished manuscript, University of Texas, Austin.
- Hawkins, II, R. C., & Clement, P. F. (1980). Development and construct validation of a self-report measure of binge eating tendencies. *Addictive Behaviors*, 5, 219-226.
- Hawkins, II, R. C., & Clement, P. F. (1984). Binge eating: Measurement problems and a conceptual model. In R. C. Hawkins, II, Fremouw, W. J. & Clement, P. F. (Eds.), *The binge-purge syndrome*, (pp. 229-251). New York: Springer.
- Herman, C. P., & Polivy, ]. (1978). Restrained eating. In A. J. Stunkard (Ed.), *Obesity* (pp. 208-225). Philadelphia, PA: Saunders.

Herzog, D. B. (1982). Bulimia: The secretive syndrome. Psychosomatics, 23, 481-483, 487.

Holmes, T. H., & Rahe, R. H. (1967). The social readjustment rating scale, Journal of Psychosomatic Research, 11, 213-218.

- House, R. C., Grisius, R., & Bliziotes, M. M. (1981). Perimolysis: Unveiling the surreptitious vomiter. Oral Surgery, 51, 152-155.
- Hudson, J. I., Laffer, P. S., & Pope, H. G. (1982). Bulimia related to affective disorder by family history and response to the dexamethasone suppression test. *American Journal of Psychiatry*, 139, 685-687.
- Johnson, C., & Berndt, D. J. (1983). Preliminary investigation of bulimia and life adjustment. American Journal of Psychiatry, 140(6), 774-777.
- Johnson, C., Connors, M., & Stuckey, M. (1983). Short-term group treatment of bulimia. International Journal of Eating Disorders, 2(4), 199-208.
- Johnson, C., & Larson, R. (1982). Bulimia: An analysis of moods and behavior. *Psychosomatic Medicine*, 44(4), 341-351.
- Johnson, C. L., Lewis, C., Love, S., Lewis, L., & Stuckey, M. (1983). Incidence and correlates of bulimic behavior in a female high school population. Manuscript submitted for publication.
- Johnson, C. L., Stuckey, M. K., Lewis, L. D., & Schwartz, D. M. (1982). Bulimia: A descriptive study of 316 cases. International Journal of Eating Disorders, 2(1), 3-16.
- Johnson, W. G., Schlundt, D. G., Kelley, M. L., & Ruggiero, L. (1984). Exposure with response prevention and energy regulation in the treatment of bulimia. *International Journal of Eating Disorders*, 3, 37-46.
- Jones, R. G. (1968). A factored measure of Ellis' irrational belief systems. Kansas: Test Systems, Inc.
- Katzman, M. A. (1982). Bulimia and binge eating in college women: A comparison of eating patterns and personality characteristics. Paper presented at the 16th annual convention of the Association for the Advancement of Behavior Therapy, Los Angeles, CA.
- Katzman, M. A. (1984). A comparison of coping strategies between bulimic, binge eater, depressed and control groups. (Doctoral dissertation, Arizona State University) *Dissertation Abstracts International*, 45, 0000A.

- Katzman, M. A., & Wolchik, S. A. (1983a). Behavioral and emotional antecedents and consequences of binge eating in bulimic and binge eating college women. Paper presented at Eastern Psychological Association, Philadelphia, PA.
- Katzman, M. A., & Wolchik, S. A. (1983b). An empirically based conceptual model for the development of bulimia. Paper presented at the Western Psychological Association, San Francisco.
- Katzman, M. A., & Wolchik, S. A. (1984). Bulimia and binge eating in college women: A comparison of personality and behavioral characteristics, Journal of Consulting and Clinical Psychology, 52, 423-428.
- Katzman, M. A., Wolchik, S. A., & Braver, S. L. (1984). The prevalence of frequent binge eating and bulimia in a nonclinical college sample. *International Journal of Eating Disorders*, 3, 53-62.
- Kenny, F. T., & Solyom, L. (1971). The treatment of compulsive vomiting through faradic disruption of mental images. *Canadian Medical Association Journal*, 105, 1071-1073.
- Kurtz, R. (1969). Sex differences and variations in body attitudes, Journal of Consulting and Clinical Psychology, 33, 625-629.
- Lacey, J. H. (1982). The bulimic syndrome at normal body weight: Reflections on pathogenesis and clinical features. *International Journal of Eating Disorders*, 2(1), 59-66.
- Lacey, ]. H. (1983). Bulimia nervosa, binge eating, and psychogenic vomiting: A controlled treatment study and long term outcome. *British Medical Journal*, 286, 1609-1613.
- Lachar, D. (1974). *The MMPI: Clinical assessment and automated interpretation*. Los Angeles: Western Psychological Services.
- Leitenberg, H., Gross, J., Peterson, J., & Rosen, J. (1984). Analysis of an anxiety model and the process of change during exposure plus response prevention treatment of bulimia nervosa. *Behavior Therapy*, 15, 3-20.
- Leon, G. R., Carroll, K., Chernyk, B., & Finn, S. (1985). Binge eating and associated habit patterns within college student and identified bulimic populations. *International Journal of Eating*

Disorders, 4, 43-47.

- Levenson, R. W., & Gottman, J. M. (1978). Toward the assessment of social competence. Journal of Consulting and Clinical Psychology, 46, 453-462.
- Levin, P. A., Falko, J. M., Dixon, K., & Gallup, E. M. (1980). Benign parotid enlargement in bulimia. *Annals* of Internal Medicine, 93, 827-829.
- Linden, W. (1980). Multi-component behavior therapy in a case of compulsive binge-eating followed by vomiting, *Journal of Behavior Therapy and Experimental Psychiatry*, 11, 297-300.
- Long, C. G., & Cordle, C. J. (1982). Psychological treatment of binge-eating and self-induced vomiting. British Journal of Medical Psychology, 55, 139-145.
- Loro, A. D., Jr., & Orleans, C. S. (1981). Binge eating in obesity: Preliminary findings and guidelines for behavioral analysis and treatment. *Addictive Behaviors*, 6, 155-166.
- Metropolitan Life Insurance Company of New York. (1983). *New weight standards for males and females*. New York: Author.
- Mitchell, J. E., & Pyle, R. L. (1981). The bulimic syndrome in normal weight individuals: A review. International Journal of Eating Disorders, 1, 61-73.
- Mitchell, J. E., Pyle, R. L., & Eckert, E. D. (1981). Frequency and duration of binge-eating episodes in patients with bulimia. *American Journal of Psychiatry*, 138, 835-836.
- Mitchell, J. E., Pyle, R. L., & Miner, R. A. (1982). Gastric dilatation as a complication of bulimia. *Psychosomatics*, 23, 96-97.
- Mizes, J. S. (1983). Bulimia: A review of its symptomatology and treatment. Unpublished manuscript, North Dakota State University, Fargo.
- Mizes, J. S., & Lohr, J. M. (1983). The treatment of bulimia (binge-eating and self-induced vomiting): A quasiexperimental investigation of the effects of stimulus narrowing, self-reinforcement, and self-control relaxation. *International Journal of Eating Disorders*, 2, 59-63.

- Morris, K. T., & Shelton, R. L. (1974). *A handbook of verbal group exercises*. Springfield, IL: Charles C Thomas.
- Nisbett, R. D. (1972). Hunger, obesity, and the ventro-medial hypothalamus. *Psychological Review*, 79, 433-453.
- Novaco, R. A. (1975). Anger control: The development and evaluation of an experimental treatment. Lexington, MA: D. C. Heath.
- Nowicki, S., & Strickland, B. R. (1973). A locus of control scale for children, *Journal of Consulting and Clinical Psychology*, 40, 148-154.
- O'Neill, G. W. (1982). A systematic desensitization approach to bulimia. Paper presented at the 16th annual convention of the Association for the Advancement of Behavior Therapy, Los Angeles.
- Orbach, S. (1978). Fat is a feminist issue. New York: Paddington Press.
- Ondercin, P. A. (1979). Compulsive eating in college women. *Journal of College Student Personnel*, 20, 153-157.
- Palmer, R. L. (1979). The dietary chaos syndrome: A useful new term? *British Journal of Medical Psychology*, 52, 187-190.
- Piers, E. V., & Harris, D. B. (1969). *The Piers-Harris children's self-concept scale*. Nashville, TN: Counselor Recordings and Tests.
- Pope, H. C., Hudson, J. I., Jonas, J. M., & Yurgelun-Todd, D. (1983). Bulimia treated with imipramine: A placebo-controlled, double-blind study. *American Journal of Psychiatry*, 140(5), 554-558.
- Pyle, R. L., Mitchell, J. E., & Eckert, E. D. (1981). Bulimia: A report of 34 cases. *Journal of Clinical Psychiatry*, 42, 60-64.
- Pyle, R. L., Mitchell, J. E., Eckert, E. D., Halvorson, P. A., Neuman, P. A., & Goff, G. M. (1983). The incidence of bulimia in college freshmen students. *International Journal of Eating Disorders*, 2, 75-85.

Rachman, S., & Hodgson, R. (1980). Obsessions and compulsions. Englewood Cliffs, NJ: Prentice-Hall.

Rosen, T. C., & Leitenberg, H. (1982). Bulimia nervosa: Treatment with exposure and response prevention. *Behavior Therapy*, 13, 117-124.

Rosenberg, M. (1979). Conceiving the self. New York: Basic Books.

- Ross, S. M., Todt, E. H., & Rindflesh, M. A. (1983). Evidence for an anorexic/bulimic MMPI profile. Paper presented at the annual convention of the Rocky Mountain Psychological Association, Salt Lake City, UT.
- Rost, W., Neuhaus, M., & Florin, I. (1982). Bulimia nervosa: Sex role attitude, sex role behavior, and sex role related locus of control in bulimarexic women, *Journal of Psychosomatic Research*, 26(4), 403-408.

Roth, G. (1982). Feeding the hungry heart. New York: Bobbs-Merrill.

- Roy-Byrne, P., Lee-Benner, K., & Yager, J. (1984). Group therapy for bulimia. International Journal of Eating Disorders, 3(2), 97-117.
- Ruff, G. (1982). *Toward the assessment of body image.* Paper presented at the 16th annual convention of the Association for Advancement of Behavior Therapy, Los Angeles, CA.
- Russell, G. (1979). Bulimia nervosa: An ominous variant of anorexia nervosa. *Psychological Medicine*, 9, 429-448.

Smith, M. (1975). When I say no, I feel guilty. New York: Dial Press.

- Spence, J. T., & Helmreich, R. L. (1978). Masculinity and femininity: Their psychological dimensions, correlates, and antecedents. Austin, TX: University of Texas Press.
- Stangler, R. S., & Prinz, A. M. (1980). DSM-III: Psychiatric diagnosis in a university population. American Journal of Psychiatry, 137, 937-940.

Stunkard, A. J. (1959). Eating patterns and obesity. Psychiatric Quarterly, 33, 284-295.

- Walsh, T., Stewart, J. W., Wright, L., Harrison, W., Roose, S., & Glassman, A. (1982). Treatment of bulimia with monoamine oxidase inhibitors. *American Journal of Psychiatry*, 339(12), 1629-1630.
- Weiss, L., & Katzman, M. K. (1984). Group treatment for bulimic women. *Arizona Medicine*, 41(2), 100-104.
- Weiss, S. R., & Ebert, M. H. (1983). Psychological and behavioral characteristics of normal-weight bulimics and normal-weight controls. *Psychosomatic Medicine*, 45, 293-303.
- Weiss, T., & Levitz, L. (1976). Diphenylhydantoin treatment of bulimia. *American Journal of Psychiatry*, 133, 1093.
- Wermuth, B. M., Davis, K. L., Hollister, L. E., & Stunkard, A. J. (1977). Phenytoin treatment of the bingeeating syndrome. *American Journal of Psychiatry*, 134, 1249-1253.
- White, W. C., Jr., & Boskind-White, M. (1981). An experiential-behavioral approach to the treatment of bulimarexia. *Psychotherapy: Theory, Research and Practice*, 18, 501-507.
- Wilson, G. T. (1978). Methodological considerations in treatment outcome research on obesity. *Journal* of Consulting and Clinical Psychology, 46, 687-702.
- Wolchik, S. A., Weiss, L., & Katzman, M. K. (in press). An empirically validated, short term psychoeducational group treatment program for bulimia. *International Journal of Eating Disorders*.
- Wooley, O. W., & Wooley, S. C. (1982). The Beverly Hills eating disorder: The mass marketing of anorexia nervosa. *International Journal of Eating Disorders*, I, 57-69.
- Wooley, S. C., & Wooley, O. W. (1981). Overeating as substance abuse. In N. Mello (Ed.). Advances in substance abuse: Vol. 2. (pp. 41-67). Greenwich, CT: JAI Press.

Yalom, I. D. (1970). Theory and practice of group psychotherapy. New York: Basic Books.

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