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Psychological responses to body shape exposure in patients with bulimia nervosa

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Abstract

One of the unresolved issues regarding research on bulimia nervosa concerns the question as to how patients diagnosed with bulimia nervosa respond to body image exposure. In addition, it remains unclear whether there are differential responses associated with different exposure techniques (e.g. in vivo exposure vs. exposure by visualization). The aim of the present study was to investigate psychological responses to body image exposure. Twenty participants diagnosed with bulimia nervosa (DSM IV) and twenty non-eating disordered individuals were exposed to their body image using a video recording (video confrontation). In addition, they were asked to imagine and describe the appearance of their body (imagery task). Results indicate that self-reported negative emotions increased in response to both, video confrontation and imagery task, in the clinical as well as in the control group. Furthermore, video confrontation led to more pronounced group differences than exposure by visualization (imagery task). Participants diagnosed with bulimia nervosa took less time to describe their waist, hips and bottom compared to non-eating disturbed controls. This last result could be interpreted in terms of avoidance behavior and other mechanisms during body image exposure.

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Keywords: Bulimia nervosa; Body dissatisfaction; Body image exposure; In vivo exposure; Exposure by visualization

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1. Introduction

Frequently patients with bulimia nervosa are excessively concerned with body weight and shape, and these factors are assumed to be important for self-evaluation (American Psychiatric Association, 1994) and the maintenance of bulimia nervosa. The majority of studies investigating psychological responses of eating disordered patients to their body has been done on *body perception* operationalized as the accuracy of body size estimation (Gleghorn, Penner, Powers, & Schulman, 1987; Kulbartz-Klatt, Florin, & Pook, 1999; Lindholm & Wilson, 1988; Probst, Vandereycken, & van Coppenolle, 1997; for an overview see Cash & Deagle, 1997). In some studies, patients with bulimia nervosa estimated their body size to be larger compared to controls (Kulbartz-Klatt et al., 1999; Lindholm & Wilson, 1988), but their estimates also tended to be more accurate. In other studies no group differences were found (Probst et al., 1997). Such contradictory results led researchers to question the validity and clinical significance of the body image concept (Hsu & Sobkiewicz, 1991) as operationalized by the accuracy of body size estimation (Probst, Vandereycken, Vanderlinden, & van Coppenolle, 1998).

Most researchers distinguish at least between perceptual body size distortion and cognitive-evaluative dissatisfaction (Cash & Brown, 1987; Lautenbacher, Roscher, Strian, Pirke, & Krieg, 1993; Polivy, Herman, & Pliner, 1990; Probst et al., 1998; Thomson, 1990). Studies on cognitive-evaluative aspects of body size found that bulimic patients often are dissatisfied with their body and would like to be thinner (Cash & Deagle, 1997; Hsu & Sobkiewicz, 1991). However, there is also some evidence that body dissatisfaction does not discriminate between non-eating disordered persons and individuals diagnosed with bulimia nervosa (Goldfein, Walsh, & Midlarsky, 2000). Concerns about body shape and weight are widespread in women ranging in age between 18 and 70 years (Cash & Heryn, 1995; Ricciardelli, Tate, & Williams, 1997; Wood, Becker, & Thompson, 1996). It has been suggested that body dissatisfaction may be a risk factor for the development of bulimia nervosa only if it occurs in combination with dietary restraint, the latter being viewed as one of the main etiologic risk factors for binge eating or bulimic eating (Stice, 1994).

In contrast to etiologic processes, concerns about shape and weight are thought to be of primary importance for the maintenance of eating disorders, as they can lead to food restriction and dieting behavior (Wilson, Fairburn, & Agras, 1997). Cognitive-behavioral therapies, therefore, use a variety of procedures (e.g. cognitive restructuring, exposure) for overcoming extreme concern with body weight and shape (Fairburn, Marcus, & Wilson, 1993; Tuschen & Bents, 1995). Recently, video feedback and mirror exposure have been used to change body disparagement in eating disorders (Fernández & Vandereycken, 1994; Geissner, Bauer, & Fichter, 1997; Norris, 1984; Rushford & Ostermeyer, 1997). These techniques mainly focus on body size perception. However, results on improvements in body size perception are inconsistent. Interestingly, three studies (Fernández & Vandereycken, 1994; Geissner et al., 1997; Rushford & Ostermeyer, 1997) report a decrease in subjective feelings of fatness after visual body image exposure. The authors conclude that visual feedback may improve the cognitive-emotional component of body image disparagement without explicitly focusing on it. Since bulimia nervosa is more affected by a body image disturbance in terms of cognitive-emotional distortions than by a perceptual body image disparagement, a more direct or explicit focus on cognitive-affective aspects of body image may be useful.

Reports on studies using exposure techniques which focus more on cognitive-emotional aspects

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