



Changes in body image during cognitive-behavioral treatment in women with bulimia nervosa

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Abstract

The purposes of this study were: (1) to examine multidimensional aspects of body image of individuals with bulimia nervosa (BN) at pre-treatment, post-treatment, and at follow-up, compared to a group of participants without BN; and (2) to investigate whether measures of body image predicted outcome at post-treatment and follow-up. The clinical sample consisted of 109 females with BN who were enrolled in a 12-week cognitive-behavioral group treatment program. Participants were assessed at baseline, at the completion of treatment, and at 1- and 6-month follow-up visits. The 82 females who comprised the non-bulimic sample were assessed at comparable time intervals. At baseline, the participants with BN reported greater body dissatisfaction and overestimated body size to a significantly greater degree than the comparison group, and reported a significantly smaller ideal size relative to perceived size. Results at the end of treatment indicated significant improvement in self-reported attitudinal disturbance and size overestimation, with continued reductions at follow-up. Logistic regression analyses did not demonstrate a predictive relationship between body image measures at baseline and outcome at post-treatment or follow-up, or between post-treatment and follow-up. Implications for treatment include specifying the source of body image-related distress and enhancing treatment efforts for perceptual and attitudinal aspects of body image.

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Introduction

The importance of body image in bulimia nervosa (BN) is widely recognized, and it has been described

as one of the central features of the disorder (Fairburn & Garner, 1988). Dissatisfaction with and concerns about weight and shape are considered significant risk factors for the development of BN (Striegel-Moore, Silberstein, & Rodin, 1986), and have been found to be predictive of the onset of bulimic symptoms in longitudinal studies of eating disorders (Killen et al., 1996; Leon, Fulkerson, Perry, & Cudeck, 1993; Stice

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& Agras, 1998). In addition, the DSM-IV diagnostic criteria for BN include the overvaluation of shape and weight in self-evaluation (American Psychiatric Association, 1994).

Although widely studied, the exact nature of body image in eating disorders remains unclear, in part because of problems in defining and measuring the body image construct. Definitions of body image have varied, but most definitions have generally included a perceptual aspect, referring to the accuracy with which one perceives size and shape, and a cognitive-affective component, involving the evaluative experience of one's body (Cash & Deagle, 1997; Garner & Garfinkel, 1981–1982; Rosen, 1996). Although these two components are considered to be independent, several investigations have indicated that the perceptual component may be strongly influenced by cognitions and attitudes (Smeets, 1997; Szymanski & Seime, 1997; Williamson, 1996) rather than reflecting a purely visual sensory process. Recent attention has also been paid to understanding body image as a self-schema (Altabe & Thompson, 1996; Kearney-Cooke & Striegel-Moore, 1997).

The complexity of the body image construct has made its measurement problematic (see reviews by Ben-Tovim & Walker, 1991; Cash & Brown, 1987; Hsu & Sobkiewicz, 1991; Smeets, Smit, Panhuysen, & Ingleby, 1997; Thompson, 1990; Thompson, Penner, & Altabe, 1990). As a result, greater emphasis has been placed on recognizing the multidimensional nature of body image, and attempting to measure its various components systematically (Cash & Brown, 1987; Thompson et al., 1990). Cash (1990) has even suggested referring to the phenomenon as body "images" in plural form to reflect its complexity and multidimensional nature.

Investigations of body image in individuals with bulimia nervosa have focused primarily on three different types of measures: (1) perceived body size, including the accuracy of overall body size estimates and specific body parts; (2) attitudinal evaluation of size, shape, and body parts; and (3) ideal body size, and the discrepancy between perceived and ideal size. Studies of size perception have included variations of the moving caliper technique (MCT) (Slade & Russell, 1973) to assess perceptual accuracy in estimating body parts, as well as video and photographic image distortion methods to evaluate

whole-body estimates. The majority of these studies have found that individuals with BN overestimate their body size and parts to a greater extent than non-eating disorder participants when using image distortion methods (Collins et al., 1987; Freeman, Thomas, Solyom, & Koopman, 1985a; Freeman, Thomas, Solyom, & Miles, 1983; Gleghorn, Penner, Powers, & Schulman, 1987; McKenzie, Williamson, & Cubic, 1993; Powers, Schulman, Gleghorn, & Prange, 1987; Whitehouse, Freeman, & Annandale, 1986) and various moving caliper procedures (Bowden, Touyz, Rodriguez, Hensley, & Beumont, 1989; Gleghorn et al., 1987; Norris, 1984; Nudelman, Rosen, & Leitenberg, 1988; Powers et al., 1987; Sunday, Halmi, Werdann, & Levey, 1992; Thompson, Berland, Linton, & Weinsier, 1986; Whitehouse et al., 1986; Willmuth, Leitenberg, Rosen, Fondacaro, & Gross, 1985). However, some studies did not find significant group differences in size estimates (Birtchnell, Lacey, & Harte, 1985; Fernandez, Probst, Meermann, & Vandereycken, 1994; Huon & Brown, 1986; Lindholm & Wilson, 1988; Probst, Vandereycken, van Copenolle, & Pieters, 1995). In studies that have modified verbal directions to differentiate between affective versus cognitive perception, participants with BN have reported "feeling" larger than they "thought" they looked, and to a greater extent than participants without BN (Bowden et al., 1989; Huon & Brown, 1986; Probst et al., 1995). Inconsistent results in size perception studies may be related to measurement error and method variance in the assortment of instruments that have been utilized (Bowden et al., 1989), as well as the potential influence of other factors on size perception including body weight, mood, menstrual cycle, and recent food consumption (Altabe & Thompson, 1990; Birtchnell, Dolan, & Lacey, 1987; Bowden et al., 1989; Cash & Deagle, 1997; McKenzie et al., 1993; Thompson, 1987).

Attitudinal measures of body image have relied on participant responses to questionnaires or interviews. Studies using attitudinal measures have found that individuals with BN consistently report greater body dissatisfaction and concerns about appearance compared to non-eating disorder participants (Cooper, Cooper & Fairburn, 1989; Cooper & Fairburn, 1992; Cooper, Taylor, Cooper, & Fairburn, 1987; Garfinkel, 1992; Garfinkel, Goldbloom, Davis, Olmsted,

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