



Body image interventions in cognitive-behavioural therapy of binge-eating disorder: a component analysis[☆]

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Abstract

The present study sought to investigate effects of body exposure in the treatment of binge-eating disorder (BED). Cognitive-behavioural therapy with a body exposure component (CBT-E) was compared with CBT with a cognitive restructuring component focused on body image (CBT-C). Twenty-eight patients diagnosed with BED were randomly assigned to CBT-E or CBT-C, both delivered in a group format. Negative automatic thoughts about one's body, dysfunctional assumptions about shape and weight, and body dissatisfaction were assessed using experimental thought-sampling techniques, a clinical interview (Eating Disorder Examination), and self-report questionnaires. At posttreatment and at 4-month follow-up, CBT-E and CBT-C were equally effective in improving body image disturbance on all indicators assessed. Both CBT-E and CBT-C produced substantial and stable improvements in the specific and general eating disorder psychopathology. Results suggest that both treatment components are equally effective in the treatment of BED.

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1. Introduction

In contrast to the diagnostic criteria of the eating disorders bulimia nervosa (BN) and anorexia nervosa (AN), DSM-IV research criteria for binge-eating disorder (BED) do not include body image disturbance (i.e. undue influence of body shape and weight on self-evaluation; [American Psychiatric Association, 1994](#)). However, there is increasing empirical evidence supporting the notion that negative body image may also be important in BED. For example, compared to non-eating-disordered individuals with a similarly high body mass index (BMI), patients with BED are more concerned with body shape and weight, and over-evaluate their importance; furthermore, patients with BED reveal more body dissatisfaction and feelings of fatness, a stronger fear of gaining weight, and more discomfort with and avoidance of seeing one's body ([Spitzer, Yanovski, Wadden, Wing, Marcus, Stunkard et al., 1993](#); [Wilson, Nonas, & Rosenblum, 1993](#); [Eldredge & Agras, 1996](#); [Hay & Fairburn, 1998](#); [Striegel-Moore, Wilson, Wilfley, Elder, & Brownell, 1998](#); [Telch & Stice, 1998](#); [Wilfley, Schwartz, Spurrell, & Fairburn, 2000](#)). Body image disturbance appears to result from eating disorder psychopathology rather than from obese body weight, since patients with BED present similarly on shape and weight concerns, irrespective of their degree of overweight ([Eldredge & Agras, 1996](#)). Further, there is evidence that over-evaluation of shape and weight predicts less spontaneous recovery in BED over a 6-month follow-up period ([Cachelin et al., 1999](#)). Using structural equation modeling, shape and weight concerns were identified as maintaining factors directly leading to binge eating in individuals with BED ([Pratt, Telch, Labouvie, Wilson, & Agras, 2001](#)). Against the background of this research, treatment of body image disturbance in BED appears to be vital.

Within cognitive-behavioral therapy (CBT), considered the most well-established treatment for BED ([Wilson & Fairburn, 2002](#)), interventions targeted at body image disturbance frequently include information about shape and weight concerns, and cognitive restructuring of these concerns (see [Agras, Telch, Arnow, Eldredge, Wilfley, Raeburn et al., 1994](#); [Telch, Agras, Rossiter, Wilfley, & Kenardy, 1990](#)). Recent formulations of CBT additionally focus on behavioural aspects of body image disturbance, for example, using exposure techniques to address body-related avoidance. Avoidance of seeing one's body or of exposing one's appearance to others may limit a person's functioning in a broad range of situations, such as social activities, intimate relationships, professional engagements, dressing, or exercise. A treatment focus on both cognitive and behavioural aspects of body image disturbance has been effective in improving body image in patients with BN (e.g., [Tuschen-Caffier, Pook, & Frank, 2001](#)) and in obese patients ([Rosen, Orosan, & Reiter, 1995](#); [Ramirez & Rosen, 2001](#)), and further eating disorder and general pathology were also improved. However, such a treatment focus has not yet been systematically employed and investigated in patients with BED. This may be important, as research on BN suggests that the successful treatment of body image disturbance mediates treatment outcome and predicts long-term maintenance ([Wilson, Fairburn, Agras, Walsh, & Kraemer, 2002](#); [Fairburn, Peveler, Jones, Hope, & Doll, 1993](#)).

Knowledge of effects and mechanisms of body exposure is still sparse. According to a description of body exposure by [Tuschen-Caffier and Florin \(2002\)](#), in vivo exposure to one's body is assumed to induce both habituation (i.e. decreased reactivity) of negative feelings and cognitive changes associated with the body. In terms of learning theory, repeated and prolonged exposure with the conditioned stimulus "seeing one's own body" (CS) is assumed to decrease conditioned

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