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Core beliefs and underlying assumptions in bulimia nervosa and depression

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Abstract

In a pilot study, core beliefs and underlying assumptions were investigated in patients with bulimia nervosa, patients with depression and female controls, using a new self-report measure. The patients with bulimia nervosa did not differ from the patients with depression in negative self beliefs but they did differ in assumptions concerned with weight, shape and eating. Both groups of patients also differed from the female controls, with the exception of one comparison including the depressed patients. The findings support recent developments in cognitive theories of eating disorders. Treatment implications are briefly discussed.

1. Introduction

The precise cognitive content of eating disorders is still a matter of some dispute and has not been widely investigated in empirical studies. In recent years, cognitive theorists and cognitive therapists have suggested that bulimia nervosa and anorexia nervosa are characterised by negative self beliefs (core beliefs)[1] that may be common to other psychiatric disorders, particularly depression (Vitousek and Hollon, 1990; Cooper et al., 1997 in press). In contrast, the specific psychopathology is thought to lie in beliefs, particularly underlying assumptions, concerned with weight and shape (e.g.Vitousek and Hollon, 1990; Cooper et al., 1997, in press). Attitudes or beliefs about food and eating, which include underlying assumptions, are also important (e.g. Fairburn et al., 1986; Cooper et al., in press). However, as for other

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[1] The concepts of underlying assumptions and core beliefs are, for the purposes of this paper, defined using criteria described elsewhere (e.g. Padesky and Greenberger, 1995; Beck, 1996). Underlying assumptions are cross-situational beliefs or rules, including 'should' statements and conditional 'if...then' beliefs; core beliefs are absolute and dichotomous beliefs about the self, others and the world.

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cognitive content (and processes) in eating disorders, empirical evidence for the role of core beliefs and underlying assumptions in anorexia nervosa and bulimia nervosa is not extensive. A new measure, the Eating Disorder Belief Questionnaire (EDBQ; Cooper et al., 1997), assesses negative self beliefs and three types of underlying assumptions (weight and shape as a means to acceptance by others; weight and shape as a means to self acceptance; control of eating), and has promising psychometric properties. The present study was designed as a small pilot study to investigate each of these three theoretical suggestions. It sought to test the hypothesis that bulimia nervosa patients, as well as depressed patients, would score highly on the negative self beliefs subscale of the EDBQ, but that, compared to the depressed patients, the patients with bulimia nervosa would score more highly on the three underlying assumptions subscales (the two weight and shape subscales and, in addition, the control of eating subscale).

2. Method

Twelve patients with a primary diagnosis of bulimia nervosa (BN), 12 patients with a primary diagnosis of depression (D) and 18 non-eating disordered controls (FC) without a psychiatric history took part in the study. All participants were female, aged between 18 and 35 years. Patients met DSM-IV criteria for a primary diagnosis of either bulimia nervosa or depression (American Psychiatric Association, 1994). None of the depressed patients met DSM-IV criteria for an eating disorder. Depressed patients and female controls were not currently dieting to lose weight. Patients were recruited through their main therapist. Control participants were hospital staff who volunteered to take part in the study. All participants were seen individually. Demographic information was obtained, including information on age, weight and height together with details of any psychiatric history. Diagnosis was then confirmed or excluded by a clinician using the eating disorder and depression modules of the Structured Clinical Interview for DSM-IV (Spitzer et al., 1996). Depressed patients and female controls were also asked about current attempts to diet. Finally, three self report questionnaires were completed: the Eating Attitudes Test (EAT: Garner and Garfinkel, 1979), the Beck Depression Inventory (BDI: Beck et al., 1961) and the four subscales of the EDBQ (Cooper et al., 1997).

Table 1
Mean scores and standard deviations for age, BMI, EAT and BDI self-report questionnaires in the three groups

	FC (N = 18)		BN (N = 12)		D (N = 12)	
	M	SD	*M*	SD	*M*	SD
BMI	22.4	1.6	22.3	2.3	23.2	2.4
EAT	2.4	2.0	30.1	10.5	5.9	4.5
BDI	5.4	3.8	25.5	8.6	25.3	11.2

FC = Female controls. BN = Bulimia nervosa patients. D = Depressed patients.
BMI = Body Mass Index; weight in kg/(height in m)^2. EAT = Eating Attitudes Test. BDI = Beck Depression Inventory.