

Eating Disorders

TOPIC OVERVIEW

Anorexia Nervosa

The Clinical Picture
Medical Problems

Bulimia Nervosa

Binges
Compensatory Behaviors
Bulimia Nervosa vs. Anorexia Nervosa

What Causes Eating Disorders?

Psychodynamic Factors: Ego Deficiencies
Cognitive Factors
Mood Disorders
Biological Factors
Societal Pressures
Family Environment
Multicultural Factors: Racial and Ethnic Differences
Multicultural Factors: Gender Differences

How Are Eating Disorders Treated?

Treatments for Anorexia Nervosa
Treatments for Bulimia Nervosa

Putting It Together: A Standard for Integrating Perspectives

LECTURE OUTLINE

I. EATING DISORDERS

- A. Although not historically true, the current Western beauty standard equates thinness with health and beauty
 1. Thinness has become a national obsession
- B. There has been a rise in eating disorders in the past three decades
- C. The core issue is a morbid fear of weight gain

- D. Two main diagnoses:
 1. Anorexia nervosa
 2. Bulimia nervosa

II. ANOREXIA NERVOSA

- A. The main symptoms of anorexia nervosa are:
 1. A refusal to maintain more than 85 percent of normal body weight
 2. Intense fear of becoming overweight
 3. Disturbed body perception
 4. Amenorrhea
- B. There are two main subtypes:
 1. Restricting type
 - a. Lose weight by cutting out sweets and fattening snacks, eventually restricting nearly all food
 - b. Show almost no variability in diet
 2. Binge-eating/Purging type
 - a. Lose weight by vomiting after meals, abusing laxatives or diuretics, or engaging in excessive exercise
 - b. Similar to bulimia nervosa, people with this subtype may engage in eating binges
- C. About 90 to 95 percent of cases occur in females
 1. The peak age of onset is between 14 to 18 years
 2. Between 0.5 and 2 percent of females in Western countries will develop the disorder in their lifetime
 - a. Many more display some symptoms
 3. Rates of anorexia nervosa are increasing in North America, Japan, and Europe
- D. The “typical” case:
 1. A normal to slightly overweight female has been on a diet
 2. The escalation toward anorexia nervosa may follow a stressful event:
 - a. Separation of parents
 - b. Move or life transition
 - c. Experience of personal failure
 3. Most patients recover
 - a. However, about 2 to 6 percent become seriously ill and die as a result of medical complications or suicide
- E. The clinical picture
 1. The key goal for people with anorexia nervosa is becoming thin
 2. The driving motivation is fear:
 - a. Of becoming obese
 - b. Of giving in to the desire to eat
 - c. Of losing control of body shape and weight
 3. Despite their dietary restrictions, people with anorexia experience an extreme preoccupation with food
 - a. This includes thinking and reading about, and planning for meals
 - b. This relationship is not necessarily causal:
 - (a) It may be the *result* of food deprivation as evidenced by the famous 1940s “starvation study” with conscientious objectors
 4. Persons with anorexia nervosa also think in distorted ways:
 - a. Usually have a low opinion of their body shape
 - b. Tend to overestimate their actual proportions
 - (a) Adjustable lens assessment technique
 - c. Hold maladaptive attitudes and misperceptions:
 - (a) “I must be perfect in every way”
 - (b) “I will be a better person if I deprive myself”
 - (c) “I can avoid guilt by not eating”
 5. People with anorexia also may display certain psychological problems:
 - a. Depression (usually mild)

- b. Anxiety
- c. Low self-esteem
- d. Insomnia or other sleep disturbances
- e. Substance abuse
- f. Obsessive-compulsive patterns
- g. Perfectionism
- 6. People with anorexia also are susceptible to certain medical problems caused by starvation:
 - a. Amenorrhea
 - b. Low body temperature
 - c. Low blood pressure
 - d. Body swelling
 - e. Reduced bone density
 - f. Slow heart rate
 - g. Metabolic and electrolyte imbalance
 - h. Dry skin, brittle nails
 - i. Poor circulation
 - j. Lanugo
- 7. People with anorexia are caught in a vicious cycle
 - a. Fear of obesity and distorted body image lead to starvation
 - b. This, in turn, leads to preoccupation with food, increased anxiety and depression, and medical problems
 - c. These cause them to feel even more afraid that they will lose control over their weight, their eating, and themselves
 - d. This leads to even greater attempts to achieve thinness

III. BULIMIA NERVOSA

- A. Bulimia nervosa, also known as “binge-purge syndrome,” is characterized by binges:
 - 1. Bouts of uncontrolled overeating during a limited period of time
 - a. Eat objectively more than most people would/could eat in a similar period
 - 2. The disorder also is characterized by inappropriate compensatory behaviors, which designate the subtype of the condition:
 - a. Purging-type bulimia nervosa
 - (a) Vomiting
 - (b) Misusing laxatives, diuretics, or enemas
 - b. Nonpurging-type bulimia nervosa
 - (a) Fasting
 - (b) Exercising frantically
- B. Like anorexia nervosa, about 90 to 95 percent of bulimia nervosa cases are in females
 - 1. The peak age of onset is between 15 and 21 years
 - 2. Symptoms may last for several years with periodic letup
 - 3. Patients generally are of normal weight
 - a. May be slightly overweight
 - b. Often experience marked weight fluctuations
- C. A related diagnosis may be “binge eating disorder”
 - 1. Symptoms include a pattern of binge eating with *no* compensatory behaviors
 - 2. This pattern is not yet listed in the DSM-IV-TR
- D. For teens and young adults, a binge-purge pattern frequently is attempted as a means of weight loss, often after hearing accounts of bulimia from friends or the media:
 - 1. According to global studies, 25 to 50 percent of students report periodic binge eating or self-induced vomiting
- E. For people with bulimia nervosa, the number of binges per week can range from one to thirty
 - 1. Binges often are carried out in secret
 - 2. There is consumption of massive amounts of food rapidly with little chewing
 - a. Usually sweet foods with soft texture

3. Binge-eaters commonly consume more than 1,000 calories (often more than 3,000 calories) per binge episode
4. Binges usually are preceded by feelings of great tension and/or powerlessness
 - a. Although the binge itself may be pleasurable, it usually is followed by feelings of extreme self-blame, guilt, depression, and fears of weight gain and “discovery”
- F. After a binge, people with bulimia nervosa try to compensate for and “undo” the caloric effects
 1. The most common compensatory behaviors:
 - a. Vomiting
 - (a) Fails to prevent the absorption of only half the calories consumed during a binge
 - (b) Affects ability to feel satiated ⇒ greater hunger and bingeing
 - b. Laxatives and diuretics
 - (a) Also almost fails completely in reducing the number of calories consumed
 2. Compensatory behaviors may temporarily relieve the negative feelings attached to binge eating
 3. Over time, however, a cycle develops in which purging leads to bingeing which leads to purging.
- G. The “typical” case of bulimia nervosa:
 1. A normal to slightly overweight female has been on an intense diet
 2. Research suggests that, even among normal subjects, bingeing often occurs after strict dieting
 - a. For example, results from a study of binge-eating behavior in a low-calorie weight-loss program found that 62 percent of patients reported binge-eating episodes during treatment

IV. BULIMIA NERVOSA VS. ANOREXIA NERVOSA

- A. Similarities
 1. Onset after a period of dieting
 2. Fear of becoming obese
 3. Drive to become thin
 4. Preoccupation with food, weight, appearance
 5. Feelings of anxiety, depression, obsessiveness, perfectionism
 6. Elevated risk of self-harm or attempts at suicide
 7. Substance abuse
 8. Distorted body perception
 9. Disturbed attitudes toward eating
- B. Differences
 1. People with bulimia are more worried about pleasing others, being attractive to others, and having intimate relationships
 2. People with bulimia tend to be more sexually experienced and active
 3. People with bulimia are more likely to have histories of mood swings, low frustration tolerance, and poor coping
 4. People with bulimia tend to be ruled by strong emotions—may change friendships easily
 5. People with bulimia are more likely to display characteristics of a personality disorder (more than one-third)
 6. Different medical complications:
 - a. Only half of women with bulimia experience amenorrhea vs. almost all women with anorexia
 - b. People with bulimia suffer damage caused by purging—especially from vomiting and laxatives

V. WHAT CAUSES EATING DISORDERS?

- A. Most theorists subscribe to a multidimensional risk perspective:
 1. Several key factors place individuals at risk

- a. More factors equals greater risk
 - b. Leading factors:
 - (a) Psychological problems (ego, cognitive, and mood disturbances)
 - (b) Biological factors
 - (c) Sociocultural conditions (societal and family pressures)
- A. Psychodynamic factors: Ego deficiencies
- 1. Hilde Bruch developed a largely psychodynamic theory of eating disorders
 - 2. Bruch argues that eating disorders are the result of disturbed mother-child interactions which lead to serious ego deficiencies in the child and to severe perceptual disturbances
 - 3. Bruch argues that parents may respond to their children either effectively or ineffectively:
 - a. Effective parents accurately attend to a child's biological and emotional needs
 - b. Ineffective parents fail to attend to child's internal needs; they feed when the child is anxious, comfort when s/he is tired, etc.
 - 3. There is some empirical support for this model from clinical reports
- B. Cognitive factors
- 1. Bruch's theory also contains several cognitive factors, according to cognitive theorists, these deficiencies contribute to a broad cognitive distortion that lies at the center of disordered eating
 - a. Disproportionate concerns about body shape and weight
- C. Mood disorders
- 1. Many people with eating disorders, particularly those with bulimia nervosa, experience symptoms of depression
 - 2. Theorists believe mood disorders may "set the stage" for eating disorders
 - a. There is empirical support for this model:
 - (a) Many more people with an eating disorder qualify for a clinical diagnosis of major depressive disorder than do people in the general population
 - (b) Close relatives of those with eating disorders seem to have higher rates of mood disorders
 - (c) People with eating disorders, especially those with bulimia nervosa, have serotonin abnormalities
 - (d) Symptoms of eating disorders are helped by antidepressant medications
- D. Biological factors
- 1. Biological theorists suspect certain genes may leave some people particularly susceptible to eating disorders
 - 2. Consistent with this model:
 - a. Relatives of people with eating disorders are up to six times more likely to develop the disorder themselves
 - b. Identical twins with anorexia = 70 percent; fraternal twins = 20 percent
 - c. Identical (MZ) twins with bulimia = 23 percent; fraternal twins = 9 percent
 - 3. These findings may be related to low serotonin
 - 4. Other theories are that eating disorders may be related to dysfunction of the hypothalamus
 - 5. Researchers have identified two separate areas that control eating: the lateral hypothalamus (LH) and the ventromedial hypothalamus (VMH)
 - a. Some theorists believe that the LH and VMH are responsible for weight set point—a "weight thermostat" of sorts
 - b. Set by genetic inheritance and early eating practices, this mechanism is responsible for keeping an individual at a particular weight level
 - (a) If weight falls below set point, hunger increases while metabolic rate decreases, often leading to binges
 - (b) If weight rises above set point, hunger decreases while metabolic rate increases
 - (c) Dieters end up in a battle against themselves to lose weight
- E. Societal pressures

1. Many theorists believe that current Western standards of female attractiveness are partly responsible for the emergence of eating disorders
 2. Standards have changed throughout history toward a thinner ideal:
 - a. Miss America = <0.28 lbs/yr; 0.37 lbs/yr for winner
 - b. Playboy centerfolds have lower average weight, bust, and hip measurements than in the past
 3. Members of certain subcultures are at greater risk from these pressures:
 - a. Models, actors, dancers, and certain athletes
 - (a) Of college athletes surveyed, 9 percent met full criteria for an eating disorder while another 50 percent had symptoms
 - (b) 20 percent of gymnasts appear to have an eating disorder
 4. Societal attitudes may explain economic and racial differences seen in prevalence rates
 5. Historically, women of higher SES expressed greater concern about thinness and dieting and had higher rates of eating disorders compared with women of the lower socioeconomic classes
 6. Recently, dieting and preoccupation with food, along with rates of eating disorders, are increasing in all groups
 7. The socially accepted prejudice against overweight people also may add to the “fear” and preoccupation about weight
 - a. About 50 percent of elementary and 61 percent of middle school girls currently are dieting
- F. Family environment
1. Families may play an important role in the development of eating disorders
 2. As many as half of the families of those with eating disorders have a long history of emphasizing thinness, appearance, and dieting
 3. Mothers of those with eating disorders are more likely to be dieters and perfectionistic themselves
 4. Abnormal interactions and forms of communication within a family also may set the stage for an eating disorder
 - a. Influential family theorist Salvador Minuchin cites “enmeshed family patterns” as causal factors of eating disorders
 - (a) These patterns include overinvolvement and overconcern in the details of family member’s lives
- G. Multicultural factors: Racial and ethnic differences
1. A widely publicized 1995 study found that eating behaviors and attitudes of young African American women were more positive than those of young white American women
 - a. Specifically, nearly 90 percent of the white American respondents were dissatisfied with their weight and body shape, compared to around 70 percent of the African American teens
 - b. The study also suggested the groups had different ideals of beauty
 2. Unfortunately, research conducted over the past decade suggests that body image concerns, dysfunctional eating patterns, and eating disorders are on the rise among young African American women as well as among women of other minority groups
 - a. The shift appears to be partly related to acculturation
 3. Eating disorders among Hispanic American female adolescents are about equal to those of white American women
 4. Eating disorders also appear to be on the increase among young Asian American women and young women in several Asian countries
- H. Multicultural factors: Gender differences
1. Males account for only 5 to 10 percent of all cases of eating disorders
 2. The reasons for this striking difference are not entirely clear, but Western society’s double standard is, at the very least, one reason
 3. A second reason may be the different methods of weight loss favored
 - a. Men are more likely to exercise

- b. Women more often diet
- 4. It seems that some men develop eating disorders as linked to the requirements and pressures of a job or sport
 - a. The highest rates of male eating disorders have been found among:
 - (a) Jockeys
 - (b) Wrestlers
 - (c) Distance runners
 - (d) Body builders
 - (e) Swimmers
- 5. For other men, body image appears to be a key factor
 - a. A new kind of eating disorder has emerged and is found almost exclusively among men—reverse anorexia nervosa or muscle dysmorphobia

VI. TREATMENTS FOR EATING DISORDERS

- A. Eating disorders treatments have two main goals:
 - 1. Correct abnormal eating patterns
 - 2. Address broader psychological and situational factors that have led to and are maintaining the eating problem
 - a. This often requires participation of family and friends
- B. Treatments for anorexia nervosa
 - 1. The immediate aims of treatment for anorexia nervosa are to:
 - a. Regain lost weight
 - b. Recover from malnourishment
 - c. Eat normally again
 - 2. In the past, treatment occurred in a hospital setting; it now is offered in an outpatient setting
 - a. In life-threatening cases, clinicians may need to force tube and intravenous feeding on the patient
 - (a) This may breed distrust in the patient and create a power struggle
 - b. In contrast, behavioral weight-restoration approaches have clinicians use rewards whenever patients eat properly or gain weight
 - c. The most popular weight-restoration technique has been the combination of the use of supportive nursing care, nutritional counseling, and high calorie diets
 - d. Necessary weight gain often is achieved in 8 to 12 weeks
 - 3. Researchers have found that people with anorexia must overcome their underlying psychological problems in order to achieve lasting improvement
 - a. Therapists use a combination of therapy and education to achieve this broader goal, using a combination of individual, group, and family approaches; psychotropic drugs have been helpful in some cases
 - b. In most treatment programs, a combination of behavioral and cognitive interventions are applied
 - (a) On the behavioral side, clients are required to monitor feelings, hunger levels, and food intake and the ties among those variables
 - (b) On the cognitive side, they are taught to identify their “core pathology”
 - (c) Such approaches can take place in either individual or group therapy formats
 - c. Therapists help patients recognize their need for independence and control
 - d. Therapists help patients recognize and trust their internal feelings
 - e. Another focus of treatment is correcting disturbed cognitions, especially client misperceptions and attitudes about eating and weight
 - f. Using cognitive approaches, therapists will correct disturbed cognitions and educate about body distortions
 - g. Another focus of treatment is changing family interactions
 - (a) Family therapy is important for anorexia
 - (b) The main issue often is separation/boundaries
 - 4. The use of combined treatment approaches has greatly improved the outlook for people with anorexia nervosa

- a. But even with combined treatment, recovery is difficult
 - b. The course and outcome of the disorder vary from person to person
 - 5. Positives of treatment:
 - a. Weight gain often is quickly restored
 - (a) 83 percent of patients still showed improvements after several years
 - b. Menstruation often returns with return to normal weight
 - c. The death rate from anorexia is declining
 - 6. Negatives of treatment:
 - a. Close to 20 percent of patients remain troubled for years
 - b. Even when it occurs, recovery is not always permanent
 - (a) Anorexic behavior recurs in at least one-third of recovered patients, usually triggered by new stresses
 - c. Many patients still express concerns about their weight and appearance
 - d. Lingering emotional problems are common
- C. Treatments for bulimia nervosa
- 1. Treatment often is offered in specialized eating disorder clinics
 - 2. The immediate aims of treatment for bulimia nervosa are to:
 - a. Eliminate binge-purge patterns
 - b. Establish good eating habits
 - c. Eliminate the underlying cause of bulimic patterns
 - 4. Programs emphasize education as much as therapy
 - 5. Cognitive-behavioral therapy is particularly helpful:
 - a. Behavioral techniques
 - (a) Diaries often are a useful component of treatment
 - (b) Exposure and response prevention (ERP) is used to break the binge-purge cycle
 - b. Cognitive techniques
 - (a) Help clients recognize and change their maladaptive attitudes toward food, eating, weight, and shape
 - (b) Typically teach individuals to identify and challenge the negative thoughts that precede the urge to binge
 - c. Other forms of psychotherapy
 - (a) If clients do not respond to cognitive-behavioral therapy, other approaches may be tried
 - (b) A common alternative is interpersonal psychotherapy, the treatment that seeks to improve interpersonal functioning
 - (c) Psychodynamic therapy has also been used
 - (d) The various forms of psychotherapy are often supplemented by family therapy and may be offered in either individual or group therapy format
 - (i) Group therapy provides an opportunity for patients to express their thoughts, concerns, and experiences with one another
 - (ii) Group therapy is helpful in as many as 75 percent of cases, especially when combined with individual insight therapy
 - d. Antidepressant medications
 - (a) During the past decade, all groups of antidepressant drugs have been used in bulimia treatment
 - (b) Drugs help as many as 40 percent of patients
 - (c) Medications are best when used in combination with other forms of therapy
 - 6. Left untreated, bulimia can last for years
 - a. Treatment provides immediate, significant improvement in about 40 percent of cases
 - b. An additional 40 percent show moderate response
 - c. Follow-up studies suggest that 10 years posttreatment, about 90 percent of patients have recovered fully or partially

7. Relapse can be a significant problem, even among those who respond successfully to treatment
 - a. Relapses usually are triggered by stress
 - b. Relapse is more likely among persons with a longer history of symptoms, who vomited frequently, who had histories of substance use, and who have lingering interpersonal problems

LEARNING OBJECTIVES

1. List the central features of anorexia nervosa and bulimia, then discuss the age groups in which anorexia and bulimia are most common.
2. Compare and contrast the various behavioral patterns of anorexia and bulimia.
3. Compare and contrast ways in which those with anorexia and bulimia perceive their eating disorders.
4. Describe medical problems that can be caused by each of the major eating disorders.
5. Explain how each of the following factors can place a person at risk for an eating disorder: ego deficiencies, cognitive factors, mood disorders, biological factors, societal pressures, family environment, racial and ethnic differences, and gender differences.
6. Describe treatments for anorexia nervosa, including weight restoration and resumption of eating; then discuss broader psychological changes and the aftermath of this disorder.
7. Describe treatments for bulimia nervosa, including individual insight therapy, group therapy, behavioral therapy, and antidepressant drugs; then discuss the aftermath of this disorder.

KEY TERMS

amenorrhea
 anorexia nervosa
 binge
 binge-eating disorder
 binge-purge syndrome
 bulimia nervosa

compensatory behavior
 enmeshed family pattern
 exposure and response
 prevention
 hypothalamus
 lateral hypothalamus (LH)

multidimensional risk
 perspective
 ventromedial
 hypothalamus (VMH)
 weight set point

MEDIA RESOURCES

Abnormal Psychology Student Tool Kit

Produced and edited by Ronald J. Comer, Princeton University and Gregory Comer, Princeton Academic Resources. Tied directly to the CyberStudy sections in the text, this Student Tool Kit offers 57 intriguing Video

Cases running three to seven minutes each. The Video Cases focus on persons affected by disorders discussed in the text. Students first view the video and then answer a series of thought-provoking questions. Additionally, the Student Tool Kit contains multiple-choice practice test questions with built-in instructional feedback for every option.

PowerPoint Slides

Available at the Instructor's site on the companion Web site are comprehensive PowerPoint slide presentations and supplemental student handouts for Chapter 11. The slide files reflect the main points of the chapter in significant detail. Student handouts were created using the instructor slides as a base, with key points replaced as "fill-in" items. Answer keys and suggestions for use also are provided.

DSM-IV-TR Masters

B-33, DSM-IV-TR Diagnostic Criteria for Anorexia Nervosa

B-34, DSM-IV-TR Diagnostic Criteria for Bulimia Nervosa

Internet Sites

Please see Appendix A for full and comprehensive references. Sites relevant to Chapter 11 material are:

<http://www.nedic.ca/>

The National Eating Disorders Information Centre of Canada provides information relevant to eating disorders, body image, and self-esteem, including definitions, treatment, prevention, and statistics. It also includes a resource library with different forms of information related to the topic.

<http://www.nimh.nih.gov/health/publications>

This Web site, provided by the National Institute of Mental Health, supplies downloadable links to PDF files and booklets on a variety of mental health topics.

<http://www.nationaleatingdisorders.org>

The Web site for the National Eating Disorders Association, an excellent source of resource information and support.

<http://www.eating-disorder.com>

This site contains discussion of symptoms, support groups, and links to other sites to explore the eating disorders. The organization sponsoring this site describes itself as "one of the nation's most comprehensive programs for the treatment on anorexia, bulimia, and binge-eating disorders."

<http://www.something-fishy.org>

A major site on all eating disorders including descriptions, diagnosis, and treatments.

Mainstream Films

Films relevant to Chapter 11 material are listed and summarized below.

Key to Film Listings:

P = psychopathology focus

T = treatment focus

E = ethical issues raised

Please note that some of the films suggested may have graphic sexual or violent content due to the nature of certain subject matter.

The Best Little Girl in the World

From 1986, this film poignantly portrays a young woman's struggle with anorexia nervosa. **P, T, serious film**

Girl, Interrupted

Based on an autobiographical novel by Susanna Kay-sen, this film details the experiences of several women as patients in a psychiatric hospital in the 1960s. The 1999 film challenges the diagnosis of mental illness and the relationship between diagnosis and social norm violations. **P, T, serious film**

I Don't Buy Kisses Anymore

This 1991 film stars Jason Alexander as a store owner with a compulsive eating disorder. **P, comedy/serious film**

Requiem for a Dream

From 2000, this film addresses the multiple addictions of a boy, his girlfriend, his buddy, and his mother (including food and diet pills). **P, serious film**

Other Films:

The Nutty Professor (1996 remake) eating disorder. **P, T, comedy**

Comer Video Segments

Available as a supplement, this revised set of videotapes contains short clips depicting various topics related to abnormal psychology. Please see the accompanying Video Guide for specific clips linked to Chapter 11.

Recommendations for Purchase or Rental

The Comer Video Segments include excerpts from many superb clinical documentaries. While the segments alone are ideal for use in lectures, it often is useful to assign the entire documentary for special class screenings or library use by students. The following

videos and other media are available for purchase or rental and appropriate for use in class or for assignment outside of class.

An Anorexic's Tale: The Brief Life of Catherine
Films for the Humanities and Sciences
P.O. Box 2053, Princeton, NJ 08543
1-800-257-5126

Eating Disorders
Films for the Humanities and Sciences
P.O. Box 2053, Princeton, NJ 08543
1-800-257-5126

Eating Disorders: When Food Hurts
Fanlight Productions
4196 Washington St., Suite 2
Boston, MA 02131
1-800-937-4113

I Don't Have to Hide
Fanlight Productions
4196 Washington St., Suite 2
Boston, MA 02131
1-800-937-4113

Inside Out: Stories of Bulimia
Fanlight Productions
4196 Washington St., Suite 2
Boston, MA 02131
1-800-937-4113

Shadows and Lies: The Unseen Battle of Eating Disorders
Fanlight Productions
4196 Washington St., Suite 2
Boston, MA 02131
1-800-937-4113

Slender Existence
Filmmakers Library
124 East 40th Street
New York, NY 10016
1-212-808-4980

Slim Hopes
Media Education Foundation
26 Center Street
Northampton, MA 01060
1-413-586-4170

CLASS DEMONSTRATIONS AND ACTIVITIES

Case Study

Present a case study to the class.

Panel Discussion

Have students volunteer (or assign them) to portray mental health “workers” from different theoretical perspectives in a panel discussion. Each student should present the main explanation and treatment for the eating disorders from his or her theoretical perspective. Students in the audience can ask questions of the panelists. Additionally, other students can role-play patients suffering from particular eating disorders. [NOTE: A brief reminder about sensitivity and professionalism is useful here.] Have the panelists attempt to diagnose, based on their theoretical orientation.

Group Work: Cultural Attitudes and Food

Have the class form small groups and develop an example of contradictory cultural or familial attitudes with respect to food and eating behavior. That is, ask groups to come up with extreme or dramatic differ-

ences in attitudes between two cultures or families. Have groups present their findings. Discuss how these may influence eating disordered behavior.

Calculating BMI

The best way to determine whether weight is reasonable is to calculate the body mass index (BMI). BMI equals one's weight in kilograms divided by one's height in meters squared (kg/m^2). (There are several reliable BMI calculators available free of charge online) Allow the students some time to calculate their own BMI. It will be necessary to provide conversion formulas for pounds to kilograms and inches to meters. Write the following on the board:

BMI	Classification
17.5	cutoff for anorexia nervosa
<18	severely underweight
18–20	slightly underweight
20–25	optimal for health
25–27	slightly overweight
>30	obese

The typical reaction to these figures, which are based on scientific, longitudinal research, is skepticism. Students are often skeptical that a BMI can be considered healthy, given that the person “looks fat.” This is an extremely useful way to jump-start a discussion on the attitudes of Americans toward weight; that is, Americans are more concerned about weight with respect to appearance than about weight with respect to health.

Ideal Female Body

To emphasize the changes in the ideal female body image, you can bring in pictures of women considered to embody the ideal in various eras. Good examples are a painting by Reubens; any screen idol of the 1950s (e.g., Marilyn Monroe), whose bust and hips swelled from a tiny waist; the emaciated model Twiggy of the 1960s; and Kate Moss today.

The Anonymous Five-Minute Essay

Ask students to develop a list of assumptions they make when they see a thin person or a fat person. What do the students assume about the person based solely on body type? Read some of these stereotypes and open the class to discussion. Be careful not to offend anyone in the class.

What Effect Does Dieting Have?

Dieting makes one hungry and predisposes one to binge eat, which predisposes one to feel guilty and either try to purge the food (e.g., vomit) or expunge it through even more dieting, setting up a vicious cycle. In short, dieting declares war on food, a biological necessity, and encourages one to conclude that food is the enemy and must be avoided at all costs (e.g., anorexia nervosa) or that any admission of food into the body

must be counteracted (e.g., purging). While leading a general discussion on the effects of dieting, bring up the following two studies. A sample of 15-year-old school-girls in London was divided into dieters and nondieters; of the dieters, 21 percent developed an eating disorder within the subsequent year, compared to about 3 percent of the nondieters. In a different study of 1,033 twins, researchers found that dieting status predicted subsequent diagnosis of bulimia nervosa over a three-year follow-up period.

“Here’s \$25,000 to be awarded to . . .”

Related to the previous activity, divide the class into groups and have them create school-based programs to encourage girls to resist the messages they are exposed to every day that are pressuring them to be thin and to dislike their bodies. Have the groups present their ideas, then have a class vote to see which group receives the grant to implement their idea.

“Pretend, for a moment, that you are a counselor.”

Divide students into groups. Ask them to imagine that they are a counselor seeing a patient with anorexia nervosa. Ask them to develop an effective therapy. How would they proceed? After five minutes or so, change the presenting problem to bulimia nervosa. Now how would they proceed? Do groups favor cognitive or behavioral approaches? Do the disorders require similar or different approaches? Why? Use this as a lead-in to a discussion of therapies and treatments for these disorders, pointing out that forced feeding is often necessary with anorexia nervosa; that is, reasoning with the person simply does not work.

SUGGESTED TOPICS FOR DISCUSSION

“Not for Women Only”

Using the chapter as a platform, discuss the rising incidence of eating disorders in men. Which of the possible explanations strikes students as the most probable?

Open Discussion: Twin Studies and Weight

A research study analyzed weight and height records from a Swedish sample of 247 identical twin pairs and 426 fraternal twin pairs. The investigators found that identical twin siblings ended up with similar body weights whether or not they were raised in the

same home, whereas childhood environment did not strongly affect body weight. Lead a discussion on the implications of this study. What does it say about dieting and trying to lose weight? Point out that many persons are well over their set weight and should attempt to lose weight, but that deciding what one’s body should look like without regard to what one’s body “wants” may set one up for extreme frustration and eating disordered behavior.

Advertising

The message implicit in all advertising is “never be satisfied.” If consumers can be convinced that the way

they look or the way they are is inadequate, then they will be more likely to buy products that help them be the way they want to be. It has been estimated that the average person sees between 400 and 600 ads per day, and it is estimated that 1 in 11 ads include a direct message about beauty. Ask the class whether these might have anything to do with the finding that most young women in the United States are dissatisfied with their body (i.e., consider themselves overweight). Discuss the Dove “Campaign for real beauty” advertising.

Open Discussion: Why More Women than Men?

Judith Rodin coined the term “normative discontent” to describe women’s pervasive dissatisfaction with

their bodies. Forty-five percent of U.S. households have someone currently on a diet; 55 percent of females between the ages of 25 and 54 are currently “dieting,” and a study in California found that 80 percent of fourth-grade girls are currently dieting or have in the past dieted. Most (63 percent) females say their weight affects how they feel about themselves. Ask groups or the whole class to discuss why women are particularly vulnerable to eating disorders (e.g., beauty ideals apply more to women than to men; boys are praised for doing and excelling, whereas girls are praised for how they look).

ASSIGNMENTS/EXTRA CREDIT SUGGESTIONS

“Write a Pamphlet”

With the use of a software program like Microsoft Publisher or simply paper and markers, students can create a pamphlet on one or all of the eating disorders (anorexia, bulimia, and/or binge-eating disorder). Students should be encouraged to be as accurate and up-to-date as possible and also to present all sides of the disorder (e.g., alternate treatment approaches or theories).

Keep a Journal

In addition to helping students synthesize material, this activity is helpful in developing writing skills. Have students keep a journal of their thoughts on the course material through the semester. This can be done in the first or last five minutes of class or as an out-of-class assignment. Faculty generally should have students submit their journals for review on an on-going basis since students can tend to delay writing until the end of the semester. Some suggestions for journal topics include: reactions to the case examples; strengths and weaknesses of prevailing theoretical explanations; hypothetical conversations with sufferers of specific disorders, etc.

Food and the Media

In preparation for the next class, ask students to analyze messages (implicit and explicit) from television, popular magazines, newspapers, and tabloids about food. Some students can contrast food ads on prime-time TV and on children’s TV shows. Others can evaluate whether food is sold as a biological necessity or as

a reward, a status symbol, or as a way to fulfill a psychological need. Others can evaluate types of manipulations used to lure the potential customer into buying specific foods. Lead an open discussion on the findings during the next class.

Diets

Ask students to collect diet articles in popular magazines. Additionally, ask them to find some very old examples; these might be found in your school library. On an overhead transparency analyze the advice, the quality, and the emotional tone of current and older diets. Ask students to discuss the differences between the two types as listed on the overhead. Do the students think the current approach is more effective?

Abnormal Psychology Student Tool Kit Video Questions

As a homework assignment, have students watch a video clip and answer the accompanying questions. Students can answer the questions directly into the on-line assessment feature. The results of these quizzes report to the site’s built-in grade book.

Web Site Quiz

For homework or extra credit, have students complete the quiz for Chapter 11 located on the companion Web site. Students can complete an on-line test of the key chapter material (using questions NOT from the test bank) and have their scores e-mailed directly to the course instructor.

Essay Topics

For homework or extra credit, have students write an essay addressing one (or more) of the following topics:

- (1) Compare and contrast anorexia nervosa and bulimia nervosa. What are the main similarities and differences? Do you think that either disorder is common on your campus?
- (2) What are your thoughts and opinions on the Western beauty standard as described in the chapter (and *Eye on Culture*, p. 359 in the text)? Do you think the media are responsible for the increase in eating disorders? If so, what can be done to change the situation?
- (3) Read *A Closer Look*, p. 356 in the text, and discuss the obesity issue. What are the relevant factors.

Research Topics

For homework or extra credit, have students write a research report addressing one (or more) of the following topics:

- (1) Conduct a “Psych Info” search and write an annotated bibliography on treatments for eating disorders. What are the major treatment variables that are compared? Are researchers studying different populations?
- (2) Research and report on famous examples of people with eating disorders (*Psych Watch*, p. 343 in the text). Besides their celebrity status, what else did these people have in common?
- (3) Research and report on men with eating disorders. Are there any articles in the psychological literature that specifically deal with this population?

Case Study Evaluations

To complement the Comer and Gorenstein supplemental case study text, case study evaluations have been created. Students can be assigned the appropriate case study and evaluation as homework or for class

discussion. While case-study evaluation questions are listed in their entirety on the companion Web site at www.worthpublishers.com/comer, the relevant case studies follow.

Case Study 9: Bulimia Nervosa

Case Study—You Decide

The Comer and Gorenstein supplemental case study text offers three cases in which patients are neither diagnosed nor treated. These cases provide students with the opportunity to identify disorders and suggest appropriate therapies. Throughout each case, students are asked to consider a number of issues and to arrive at various decisions, including diagnostic and treatment decisions. The case study relevant to Chapter 11 is referenced below.

You Decide: The Case of Julia, Excessive Weight Loss

Web-Based Case Study Evaluations

Nine Web-based case studies have been created and posted on the companion Web site. These cases describe each individual’s history and symptoms and are accompanied by a series of guided questions which point to the precise DSM-IV-TR criteria for each disorder. Students can both identify the disorder and suggest a course of treatment. Students can be assigned the appropriate case study and questions as homework or for class discussion. The cases relevant to Chapter 11 follow.

The Case of Carrie: Anorexia Nervosa

The Case of Laura: Bulimia Nervosa

Crossword Puzzles

As a homework assignment or for extra credit, have students complete and submit Crossword Puzzle #11.

Word Searches

As a homework assignment or for extra credit, have students complete and submit Word Search #11.