

# Eating Disorders:

## Anorexia and Bulimia Nervosa

Robin Winkler  
CLINIC  
Department of Psychology



THE UNIVERSITY OF  
WESTERN AUSTRALIA

We may all worry about how much or what we eat. We may also worry about how we look and the size of our bodies. Although people with eating disorders experience these same concerns, their experience is different because these worries and concerns are their main preoccupation.

## **Anorexia Nervosa**

Anorexia nervosa is an eating disorder in which someone eats very little or uses activities like exercise, vomiting, or laxatives to remove food from their bodies.

People with anorexia are below the normal body weight for their age and height but still have an intense fear of gaining weight. People with anorexia focus a lot on their shape and weight. These concerns affect all areas of their lives, including how they see themselves. Anorexia can also result in the loss of menstruation in girls that have begun puberty. Between 1 and 2% of teenage girls in Australia have suffered from anorexia. Approximately 5% of people with anorexia are male.

## **Bulimia Nervosa**

Bulimia is characterised by binge eating where an individual eats, in a single setting, more than most people could eat during a similar period of time. People with bulimia keep eating during because they do not feel in control of their eating. These binges may be followed by vomiting, laxatives, fasting, exercise or other activities aimed at removing the food to stop any weight gain.

People with bulimia also evaluate themselves largely according to their shape and weight. Bulimia is believed to affect more people than anorexia.

## What causes anorexia and bulimia?

The search for causes that lead to the development of eating problems like anorexia and bulimia has proved to be a challenging task. Although everybody has concerns about what they eat and how they look, only a very small proportion of people develop an eating disorder. Clinical psychologists generally believe that people with anorexia and bulimia have very high expectations of themselves and tend to view themselves negatively when they do not reach these expectations. They also tend to be so hard on themselves that they will view any failure as a complete loss.

Generally, it is believed that this perfectionist type of thinking is part of the cause of anorexia and bulimia.

Sometimes these high expectations of themselves are so unrealistic that people with anorexia or bulimia almost set themselves up for failure, and constant “failures” lead these individuals to view themselves negatively. This negative view of themselves leads anorexics and bulimics to view their weight and shape negatively also and eventually weight and shape become the main focus of the negative view of themselves. Concerns with weight and shape can then lead to the development of intense and rigid dieting practices.

The perfectionist style of thinking plays a part here because people with anorexia believe that if they do have complete control over their diet then they will lose all control, whilst people with bulimia believe that if they do not keep to their diet perfectly then there is no point in keeping the diet, and they might as well eat as much food as they want. Any break in the diet then leads these individuals to view themselves even more negatively.

A vicious circle begins, where people with anorexia and bulimia continually become more concerned about their weight and shape as they view themselves more and more negatively and consequently, increase the rigidity of their diets.

## **Treatment Is Available**

A number of studies have looked at the success of cognitive-behaviour therapy and found it to be one of the more effective strategies available.

### **Cognitive-Behavioural Treatment**

Cognitive behaviour therapy aims to change both the behaviour (self-monitoring, exposure and response prevention, and problem-solving skills) and the shape and weight-related cognitions, or thoughts, that lead people with anorexia and bulimia to want to restrict the food they eat or remove the food they eat from their stomach.

## Self-Monitoring and Problem-Solving Skills

People with anorexia and bulimia often have such a well-practised and rigid pattern of eating behaviour that they don't think about what they are doing. Self-monitoring helps discover what circumstances lead to changes in their eating habits, and the thoughts and feelings that accompany changes in their eating habits and weight. Individuals write down the events and feelings that surround eating food each day. The events or feelings that seem to lead to bingeing or excessive dieting or exercising are the identified in a collaborative effort between the therapist and the client, and individuals are taught problem-solving skills to deal specifically with these problem situations. For example, individuals with bulimia are taught to perform alternative behaviours, like telephoning or visiting friends, exercising, or having a bath or shower, when they feel the need to binge.

## Exposure and Response Prevention

Exposure and response prevention is a treatment that allows an individual to face feared objects or situations where the outcome they fear does not occur. As facing fears can be very difficult, a process of **progressive exposure** is used in which feared objects are approached in order of the amount of fear they create in an individual.

As the fears of anorexics and bulimics often focus around food and associated weight gain, graded exposure is used to confront individuals with fears related to food and weight.

With regard to food, individuals are asked to write down all the foods they would generally not eat because of concerns that they would affect shape and weight. These foods are then listed from 'most reluctant to eat' to 'least reluctant to eat'. Then, the therapist asks the participant to introduce one of these foods, starting from least reluctant, into their diets each week. At this stage, it does not matter how much of the food is eaten. This is continued until individuals are no longer anxious about eating these foods. Treatment then aims to increase the total amount eaten, and this is achieved in a similar way to eating anxiety-provoking foods. Individuals gradually increase the number of calories they eat each day. With regard to weight, progressive exposure is used to reduce the fears individuals with anorexia and bulimia have about others seeing their shape. These individuals usually wear loose-fitting clothes and avoid undressing in private to make sure nobody sees their body shape. The treatment involves helping clients to enter situations where it is necessary to reveal themselves (for example, by wearing less concealing clothes when going swimming, going to aerobics).

## **Cognitive Therapy**

Another component of cognitive-behaviour therapy focuses on cognition (or thoughts). In order to challenge anorexic and bulimic individuals' views that their means of controlling their eating and weight gain is the only and most effective way, education is also used as part of the therapy process.

Individuals are taught about body weight and its regulation, and the costs and effects of binge eating and/or dieting, as well as the effects of using vomiting, laxatives and other inappropriate behaviours as a means of weight control.

In order to address thoughts about shape and weight, therapist and client need to identify a representative problem thought. The thought is then noted down, arguments and evidence for the thought are identified, arguments and evidence against the thought are identified, the patient then concludes which thought is more reasonable to think. This process means that the individual will be able to replace unhelpful thoughts with thoughts that are more helpful, and less likely to lead the individual to worry about their eating habits or weight. Individuals are encouraged to practice these four steps of cognitive restructuring between therapy sessions.

## **Medication for Anorexia and Bulimia**

In addition to psychological treatment, medication can be used to aid the treatment process. Anti-depressant medication may be effective in helping to treat anorexia and bulimia. Anti-depressant medication is used because people with eating disorders usually also experience feelings of depression. This medication can aid psychological treatments by reducing feelings of hopelessness in these individuals, and by making them feel more positive about themselves and their ability to change.

## **USEFUL BOOKS**

Fairburn, C.G. (1995). *Overcoming binge eating*. Guildford Press, New York.

Cooper, P.J. (1995). *Bulimia nervosa and binge eating*. Robinson, London.

**Robin Winkler**  
CLINIC  
Department of Psychology

**Robin Winkler Clinic, Department of Psychology  
The University of Western Australia  
10-12 Parkway, NEDLANDS WA 6907  
Telephone: (08) 9380 2644 Fax (08) 9380 2655**

This information pamphlet is not medical advice and should not be relied on without taking professional advice.