

# Information Handout

Professional Version | US English

## Cognitive Behavioral Model Of Anorexia Nervosa (Fairburn, Cooper, Shafran, 2003)



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## Description

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The DSM-V (APA, 2013) characterizes anorexia nervosa in terms of the following symptoms:

- A restriction of energy intake relative to requirements leading to significantly low body weight.
- Intense fear of gaining weight or becoming fat, or persistent behavior that interferes with weight gain.
- Disturbances in the way body shape and weight is experienced, and/or undue influence of body weight or shape on self-evaluation.

Fairburn, Cooper & Shafran (2003) argue that over-evaluation of eating, shape and weight, and their control is central to the maintenance of anorexia nervosa. They propose that this cognitive process drives dieting and weight control behavior which results in 'starvation syndrome' and further cognitive changes. Their model of anorexia nervosa presented here describes the maintenance of both a 'restricting type' and a 'binge-eating / purging type'. In their extended transdiagnostic theory of eating disorders (of which the present maintaining processes form a part) the authors identify a number of additional maintenance mechanisms which operate in *some* cases of anorexia nervosa. These include:

- Clinical perfectionism.
- Core low self-esteem (persistent and pervasive negative self-beliefs that are viewed as part of the individual's self-identity).
- Mood intolerance (difficulty coping with strong mood states).
- Interpersonal difficulties.

One interesting characteristic of the full transdiagnostic model is that:

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*"The patient's specific eating disorder diagnosis is not of relevance to the treatment. Rather, its content is dictated by the particular psychological features present and the processes that appear to be maintaining them".*

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Fairburn, Cooper, Shafran (2003)

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# Instructions

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This is a Psychology Tools information handout.

Suggested uses include:

- Client handout – a psychoeducation resource.
- Discussion point – to provoke a discussion and explore your client's beliefs.
- Therapist learning tool – to improve your familiarity with a psychological construct.
- Supervision tool – to develop formulations and knowledge.
- Teaching resource – a learning tool during training.

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# References

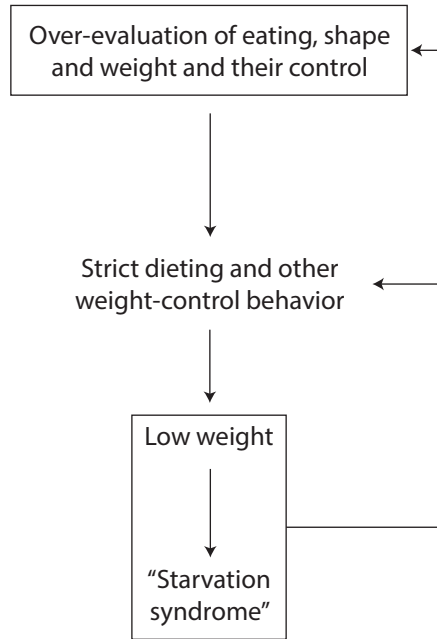
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American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: American Psychiatric Publishing.

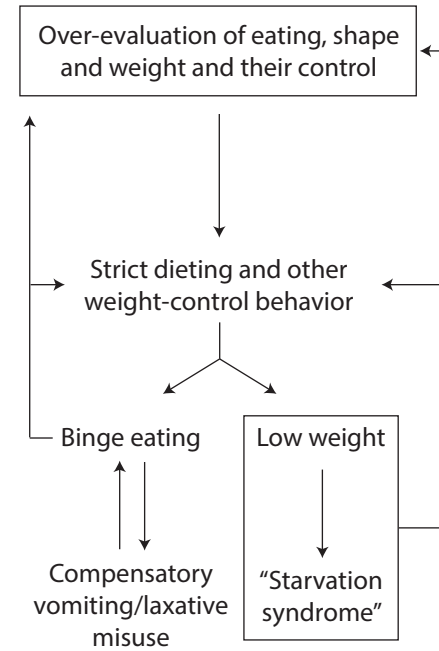
Fairburn, C. G., Cooper, Z., Shafran, R. (2003). Cognitive behaviour therapy for eating disorders: a “transdiagnostic” theory and treatment. *Behaviour Research and Therapy*, 41, 509-528.

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## Restricting type



## Binge-eating / purging type



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