Information Handout

Professional Version | US English

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



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Description

Bulimia nervosa is characterized by frequent episodes of binge eating as well as episodes of compensatory behavior to prevent weight gain. This behavior can include self-induced vomiting, misuse of laxatives, or excessive exercise.

Fairburn, Marcus & Wilson (1993) proposed that a dysfunctional system for evaluating self-worth is central to the maintenance of bulimia nervosa. Instead of evaluating one's self-worth based on a broad range of criteria they argue that people with bulimia judge themselves "largely, or even exclusively, in terms of their eating habits, shape, or weight (and often all three) and their ability to control them." The 'problems' of bulimia nervosa, such as weight-control behavior and preoccupation with weight, are seen as resulting from this primary mechanism. Binge eating episodes are understood to be a result of negative reactions to 'slips' in attempts to adhere to rigid dietary control. An additional factor maintaining binge eating in those individuals who practice vomiting or the use of laxatives is the mistaken belief that these practices are effective strategies to minimize weight gain. The cognitive behavioral model of bulimia nervosa presented here illustrates these processes central to the maintenance of the disorder.

Fairburn, Cooper & Shafran (2003) developed a transdiagnostic model of eating disorders, of which these maintenance cycles of bulimia nervosa form a part. To account for a broad range of eating disorder presentations the transdiagnostic model includes four additional maintenance mechanisms which operate in *some* individuals:

- · 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 "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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Instructions

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.

References

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.

Fairburn, C. G., Marcus, M. D., & Wilson, G. T. (1993b). Cognitive-behavioral therapy for binge eating and bulimia nervosa: a comprehensive treatment manual. In C. G. Fairburn, & G. T. Wilson (Eds.), *Binge eating: nature, assessment and treatment* (pp. 361–404). New York: Guilford Press.

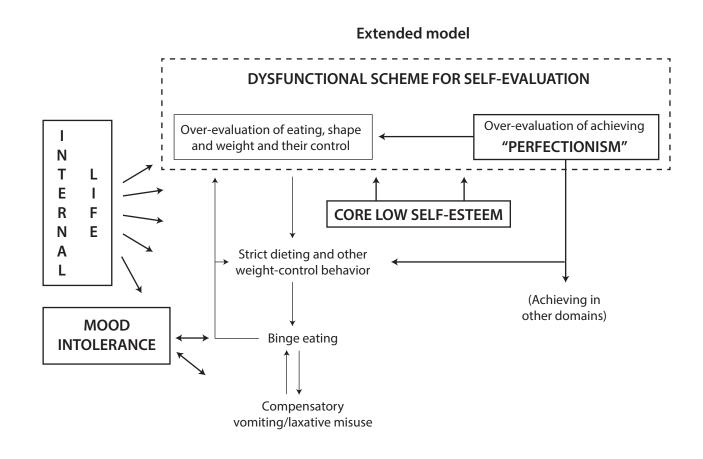
Cognitive Behavioral Model Of Bulimia Nervosa (Fairburn, Cooper, Shafran, 2003)

Over-evaluation of eating, shape and weight and their control Strict dieting and other weight-control behavior Binge eating

Compensatory

vomiting/laxative misuse

Core model





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