The Psychology of Bulimia Nervosa: A Cognitive Perspective

The modern description of bulimia nervosa begins with the work of Dr. Gerald Russell. His and others early descriptions of the disorder lead to adoption of the term and diagnosis of bulimia nervosa in the ICD-10 and DSM-IV. Chris Fairburn provided the first detailed cognitive account of bulimia nervosa focusing on how beliefs, values, and rules develop into specific meanings about the life of an individual struggling with bulimia nervosa. In the short span of 25 years, knowledge regarding bulimia nervosa has expanded geometrically encompassing areas related to medicine, psychology, family structure, physiology, and neuroscience. Therapies suggested for this disorder are similar to other mental health problems as evidenced by empirical trials of medications and psychosocial interventions resulting in positive treatment outcome. Cognitive behavioral therapy (CBT) has been shown to be the most successful intervention and has been recommended as the first line of treatment in this disorder. Due to the volume of information about bulimia nervosa it is difficult for researcher and practitioner to understand the complete nature of this disorder. The current volume written by Myra Cooper is a successful work on addressing bulimia nervosa from a cognitive perspective.

The Psychology of Bulimia Nervosa: A Cognitive Perspective is divided into thirteen chapters that run the gamut on information about bulimia nervosa. There are good sections on diagnosis and current definitions of the disorder as well as chapters describing key features of bulimia nervosa, the medical dangers and psychological consequences of the disorder. Three chapters discuss internal and external aspects of the disorder, comment on developmental factors related bulimia nervosa and look at the epidemiology of the disorder. Although the book is written from a cognitive perspective, Cooper discusses non-cognitive theories of the development of bulimia nervosa that balances the remainder of her book, which focuses on a cognitive approach in treating this disorder. Each chapter builds very effectively on the others. The design of the book makes for easy and efficient reading. The tables in each chapter efficiently connect material in the body of the text making it effortless to differentiate areas for further understanding. The most intriguing part of this book is the comparison of the Standard in the treatment of bulimia nervosa (developed by Chris Fairburn and colleagues) and that proposed by Cooper. Although similar in many ways there are conceptual differences that separate the two approaches. Cooper’s model has a greater emphasis on underlying assumptions and core beliefs, distinguishing different types of core beliefs, developing a rationale for schema-based processes, and places a much greater emphasis on the role of emotions. Maintenance of the disorder is related to the interaction of cognition, behavior, emotion, and physiology. She emphasizes the importance of early experiences in the development of core beliefs and that automatic thoughts and basic assumptions can be schema driven processes. This viewpoint has a conceptualization more akin to that discussed in the work of Aaron Beck and Christine Padesky who more recently have emphasized the role of basic assumptions and schemas as important aspects for behavior and cognitive change. There is a chapter on the treatment of two individuals with bulimia nervosa that provides a good “road map” to treatment as well as a useful blueprint to conceptualize this disorder from a cognitive therapy perspective.

The book ends with a thought-provoking and sobering discussion about the future of cognitive therapy for bulimia nervosa. It highlights the distance that has been traveled in understanding and treating bulimia nervosa—indicating that cognitive therapy is a highly
successful intervention—but not with everyone. Also, even with detailed treatment manuals, strong empirical data and positive therapeutic outcomes these manuals are not widely utilized. Moreover, few mental health professionals obtain specialized training or supervision in cognitive therapy in the treatment of bulimia nervosa. These observations underscore the need for more empirical research, better dissemination of treatment guidelines and training in cognitive therapy for eating disorders.

Although this is a specialized volume it would be a good textbook for advanced undergraduate students who are interested in understanding a cognitive perspective in the treatment of bulimia nervosa. It would be excellent reading for any mental health professional who desires to move into the treatment of bulimia nervosa. Moreover, this text would be beneficial to graduate students in psychology, counseling, social work, nursing and to residents in psychiatry and family practice. It is a clinically useful and relevant volume in the treatment of bulimia nervosa.

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