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OF BODY IMAGE AMONG NORMAL WEIGHT BULIMICS?

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EATING DISORDERS IN ADOLESCENTS AND YOUNG ADULTS

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ABSTRACT. Distortion of body image has been found in the literature to be common among people who were bulimic. Indeed, the major therapeutic issue in a hospitalized group of 13 normal weight bulimics was their perceived overweight. Observations by the author and two independent judges agreed, however, that this group was different from a comparison group of non-bulimics. Forty six percent of the group showed a distinct physical similarity found only in fifteen percent of the comparison group. These patients had either high zygomatic arches (cheekbones) or wide lower mandible bones (jaws) creating a "wide face" image. The significant validity of these observations were subsequently confirmed by empirical measuring. It has been suggested that wide face skeletal features may constitute a risk factor that can contribute to the distortion of body image among normal weight bulimics. The integration of body-oriented art therapy and cosmetic counseling into an eating disorders treatment program is discussed.

Body image seems to be an emotional issue for many women, and a painful source of anxiety for some. Bulimic females (who constitute ninety percent of all bulimics) are significantly more preoccupied with their weight and body size than controls (Fairburn, 1980; Palmer, 1979; Russell, 1979; Wermuth et al., 1977). Not only do normal weight bulimics report a desire to be thinner than their current weight (Leon et al., 1985; Katzman and Wolchik, 1984; Pyle et al., 1981; Russell, 1979), but they actually overestimate their physical dimensions significantly more than controls (Ruff, 1982). Halmi et al., (1981), found that a belief that they weighed more than their actual weight distinguished those who fulfilled bulimic criteria from

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those who did not. It has also been reported that the higher the frequency of bingeing and purging, the more distorted the body image is (Strober et al., 1979; Garner et al., 1976; Button et al., 1977).

Over concern with body image was, indeed, the major therapeutic issue for a normal body weight population of young females hospitalized for severe binge-purge behaviors. A recurring issue shared in this thirteen-member therapy group has been a life-long struggle to rid themselves of excessive weight as perceived to have been primarily manifested in their faces. Painful memories about endearing remarks made regarding their faces were shared mostly by three group members. These patients tearfully reported being referred to as "chipmunk" or being repeatedly told they have a "cute round face". These incidents were remembered as the earliest affirmations of their "obesity". The feelings and memories shared by the in-patient group members drew the author's attention to an unusual similarity between group members. It seemed as if several patients, indeed, had wide, Slavic-like facial structures. Further exploration of this topic revealed that most of the group members have only used their bathroom or compact mirrors for self observations. Full length mirrors were either absent from their homes or were deliberately avoided. It seemed, thus, that at least part of that in-patient cohort actually did have wide facial features, that their body self-consciousness was at least partially influenced by early remarks directed at their faces and that their validating self-observations were based on the use of small mirrors.

Although a major treatment assumption of our in-patient program has been that distortion of body image is an important etiological factor in bulimia, the discussed cohort did seem to be characterized by an unusual mutual resemblance. The purpose of this study was to try to determine if indeed this group looked differently from a comparison group, and if indeed there was a reality factor in the distorted body image of some of our patients. This study offers an initial exploration of a potential risk factor for bulimia. The research hypotheses were: (1) Compared to a control group, this particular in-patient cohort of normal weight bulimic females had a higher proportion of people classified as having a wide face (WF); (2) Those classified as WF indeed showed higher proportions of width to length of face than those not classified as such.

METHOD

The research sample consisted of thirteen female patients hospitalized for bulimia. All were of normal weight and had daily episodes of self-induced vomiting. Their average age was twenty-four, their median age was twenty-one. Average duration of illness was 5.5 years. The comparison sample of thirteen patients undergoing out-patient psychotherapy had no history of eating disorder. Both samples were comparable in terms of affective disorders, age, ethnic background and education. Two independent judges, blind to the research purposes, were asked to classify the facial shapes of the sub-

jects. The judges were asked to assess whether the subjects had a narrow, regular or a wide shaped face. The subjects were then asked to volunteer for facial measurements. Seven of the bulimic patients and five of the control subjects agreed to have their faces measured.

A thirteen inch long metal compass was used as a measuring tool. The tips of the compass legs were bent inward to enhance accuracy of measurements. For each volunteered subject two measures were taken. Facial width was defined as the widest dimension of the skull. The recorded measures were either the distance between the cheekbones or the distance between the mandible bones, whichever the larger (W). The second measure recorded the distance between the bottom of the chin and the top of the skull (L). Since only skeletal dimensions were of interest, at each measurement the tips of the compass were pressed into the skin until the resistance of the bone underneath was clearly felt. In this manner, fat tissue only minimally affected the measurements.

RESULTS

The judges agreed that six of the thirteen bulimics (forty six percent) had wide facial characteristics (WF). Only two of the thirteen comparison group members (or fifteen percent) were unanimously classified as WF. This finding seems to validate the author's impression that the in-patient cohort had a higher proportion of WF people. The three patients who originally shared memories about early comments directed at their faces were among those classified as WF.

To validate these observations the W:L ratio of five WF patients who volunteered to have their measures taken, were compared to the W:L ratios of five patients who were differently classified. The mean W:L ratio for the WF patients was .61 (S.D. = .023). The mean W:L ratio for the other group was .50 (S.D. = .042). This difference between the groups was statistically significant: $t(1,8) = 4.71$, $p < .005$. This means that the judges' classifications were valid and that those classified WF indeed had significantly higher proportions of width to length of face. The findings supported the research hypotheses and suggest that this group of hospitalized normal weight bulimics had a higher incidence of wider facial characteristics compared to those found in a control group.

DISCUSSION

This study investigated one cohort of hospitalized normal weight female bulimic patients. As typical of bulimic patients (Halmi, et al., 1981) this group spent considerable group therapy time discussing their body weight concerns. Three of the group members explicitly complained about their faces and shared childhood memories pertaining to remarks made about their facial characteristics. Observations by the author and two independent judges revealed that forty-six percent of the group members could be classified as having wide

facial characteristics, compared to fifteen percent of the control group. These classifications were corroborated by empirical data.

This study does not claim to have identified a distinct feature of bulimic people. The high prevalence of a particular facial structure within one cohort only drew attention to a possible additional risk factor. It is proposed that among those prone to develop bulimic symptoms, wide facial features may constitute a relevant contributing factor to the onset of the illness. It is postulated that, as these patients were growing up, they were made aware of their unique facial characteristics. Being hypersensitive to the opinion of adults, as many bulimics are, they mistakenly learned to think about themselves as overweight. This self percept has been reinforced each time they looked in their bathroom mirrors. No weight loss diet could, obviously, ever correct this appearance.

The anthropological paradox of being thin yet appearing overweight is well used in an American television commercial for low-calorie frozen dinners, starring actress Lyn Redgrave. In that commercial the actress promotes the product wearing a loose overgarment. The general impression of this "wide faced" woman, at that point, is of one who could make good use of the low-calorie food she is promoting. Before long, however, the actress dramatically sheds her overgarment to reveal a well shaped thin body. I propose that for some normal weight bulimics, the struggle to achieve an ideal body image is made even more complicated due to this visual-cognitive error. High zygomatic arches and wide lower mandible bones can create an illusion of plumpness. Since females prone to bulimia experience a great deal of distortion and emotional pain in their perception of their bodies, such skeletal features can increase the risk level for bulimia. Future research is needed to more firmly determine if the bulimic population has a higher incidence of this skeletal characteristic than expected.

We, however, felt that in light of these findings more emphasis on body image therapy for bulimics is needed. Weiss, Katzman and Wolchik (1985) illustrate in their book how bulimic women frequently deny some of the realities of their body shape and try to go against their natural body contours. They quote a patient named Anne who kept trying to rid herself of her "rounded" stomach and wanted it to look "concave", even though she said "I know that is not anatomically possible, but I still want my tummy to be sucked in." This patient was also quoted to say, "All the women in my family have large rounded breasts and thighs. We are not really fat, just curvy. Yet I keep trying to look like a beanpole!" This process of futile repetitive attempts at changing the unchangeable needs to be addressed before the bulimic can truly heal.

Cognitive therapy and psychoeducational approaches are suggested specifically for the identification of cultural expectations of thinness for women. Many bulimic women attempt to find acceptance through bodily change. The absurdity of this culturally induced body insecurity needs to be exposed and externalized. Body mirror exercises (Barbach, 1975) utilizing full length mirrors are suggested. These exercises should ideally be done in group therapy, where they

can be more effective. In group, these patients can gain more insight on their distorted body images through feedback from others. Reality testing of body image can also be improved through the use of art therapy techniques. Facial plaster casts can be created during group art therapy sessions to provide patients with an opportunity to closely observe and manipulate an accurate three-dimensional model of their faces. Tracing of body boundaries on paper can also facilitate examination of body image distortions. It is suggested that during processing of these exercises, patients be encouraged to substitute their maladjusted self critical body image statements with the more accurate feedback statements offered by the group.

Finally, although we tend to encourage bulimic women to be much more respecting of their inner feelings and inner worth, we do recognize that outer appearance is a significant factor in self and social acceptance. It is therefore suggested that female bulimic patients be offered cosmetic counseling. The rationale of such consultations is teaching the bulimic female alternative ways to highlight her attractive facial and body characteristics. The bulimic female needs to be taught how to utilize the most appropriate choices of wardrobe, accessories, hair styling and make-up techniques to create a desirable visual-cognitive effect. The gained sense of efficacy and real control such a skill can provide may be of immense value to these patients who generally feel out of control. Such a therapeutic component delivered within a multi-modality treatment program can show the self-abusive bulimic not only how to be more respectful of her body, but, hopefully, how to begin to like it.

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