

Week 4

Anger and Assertiveness



Lillie Weiss, Melanie Katzman, Sharlene Wolchik

Week 4—Anger and Assertiveness

**LILLIE WEISS,
MELANIE KATZMAN,
SHARLENE WOLCHIK**

e-Book 2016 International Psychotherapy Institute

From *Treating Bulimia* by Lillie Weiss, Melanie Katzman, and Sharlene Wolchik

All Rights Reserved

Created in the United States of America

Copyright © 1985 Lillie Weiss, Melanie Katzman, and Sharlene Wolchik

Table of Contents

[Week 4—Anger and Assertiveness](#)

[RELATIONSHIP OF ANGER AND ASSERTIVENESS TO BULIMIA](#)

[ASSERTIVENESS](#)

[SUMMARY](#)

[HOMEWORK](#)

[References](#)

[About the Authors](#)

Week 4—Anger and Assertiveness

RELATIONSHIP OF ANGER AND ASSERTIVENESS TO BULIMIA

In chapter 1, we reviewed some of the research findings that indicate binge eating is often precipitated by a difficulty in handling negative emotional states, such as anger or anxiety (Abraham & Beumont, 1982; Katzman & Wolchik, 1983a; Leon et al., 1985; Pyle et al., 1981). Our clinical observations of bulimic women were consistent with those findings. Many of the bulimic women we saw appeared to have difficulty expressing their emotions directly or assertively. Frequently, they ate instead of focusing on what was "eating" them.

Although our measurement of assertiveness did not reflect differences between bulimics, binge eaters, and normals (Katzman & Wolchik, 1984), other authors (Boskind-White & White, 1983) have hypothesized that assertion deficits are a central component of bulimia and are related to stereotypic "feminine" behavior, such as dependency and passivity. The exact relationship of bulimia to assertion is not clear, but helping women to express their feelings directly rather than eating as a result of them is one of the goals of our program. Assertiveness skills can help the bulimic woman overcome her limited coping skills, as well as her depression and low self-esteem.

Anger appears to be one of the emotions that is difficult to express assertively and directly. Our language has many expressions relating anger to eating behavior. We frequently hear people talking about "swallowing" their feelings or feeling "fed up." "I can't digest this," "he makes me puke," "I ended up eating my words," "swallowing my pride" and other expressions frequently creep into peoples' vocabularies when they discuss their anger. Anne discussed the direct relationship between her anger and her binge eating and purging: "I swallow my anger and then I spit it up," she said. "Stuffing" can refer to the bulimic episode as well as to the containment of feelings.

In this session, we discuss the relationship of anger and assertiveness to binge eating. In their binge diaries for the previous sessions women have provided numerous examples of when they have binged instead of dealing with their feelings assertively. For example, Donna recounted that she binged whenever she talked to her mother on the phone. Her mother would frequently make comments that angered her; however, rather than express her feelings, she would hang up the phone and go to the refrigerator instead. Other women reported being unable to stand up to boyfriends, husbands, or bosses and ended up dealing with their feelings by "stuffing" themselves. Frequently, women overeat when they feel overworked and drained because they are unable to say "no" to the demands of others.

ASSERTIVENESS

What is Assertiveness?

We provide a brief introduction to assertiveness in this session and review the differences between assertive, nonassertive, and aggressive behavior (Alberti & Emmons, 1970). We encourage women to express their feelings assertively, that is, in an open and direct manner without hurting themselves or hurting anyone else. We tell them that assertiveness is frequently confused with aggressive behavior, which is also open expression of feelings but expression usually done at the expense of someone else. When a person doesn't express her feelings and lets others step all over her, she is behaving nonassertively. We discuss the fact that at different times and with different people each woman may behave either assertively, aggressively, or nonassertively. Some women provide examples of when they alternate between acting "bitchy" and "like a mouse" in their relationships. Others recount that they can tell some friends anything they want but become tongue-tied around others.

Human Rights

Because behaving assertively frequently involves exercising our rights, we ask women to make a list of their basic human rights. Many women do not express themselves because they may not be aware that they have these rights. After listing these on the board, we discuss how they might exercise their rights more. We read over the list of Assertive Human Rights in Manuel Smith's book *When I*

Say No, I Feel Guilty (1975). These include the right to judge our own behavior, to make mistakes, to change our mind, and to say "I don't know," "I don't care," or "I don't understand." Other human rights are the right to express ourselves as long as we don't hurt others, to refuse a request without feeling guilty, to express anger, and to have our opinions respected.

Saying No

One of the rights that many women do not exercise is that of saying "no" without feeling guilty about it. We discussed in the previous chapter how many bulimics feel they are being "selfish" if they do not put other peoples' needs ahead of their own. For example, Connie felt she could not say "no" to anyone who asked for help. She was involved in too many activities and was finding it increasingly difficult to keep up with her schoolwork and daily chores. She was feeling fatigued, run-down, and depressed. The group asked her which of the many activities she had taken on could she give up. However, she felt that she would be unable to let go of any of them. She wanted to be able to do everything. After some time, she was able to accept her limitations and give up some of her extracurricular activities.

Living up to an image is one of the reasons why many women say "yes" when they would really like to say "no" to requests. As in the above example, many women want to believe that they should be able to do everything. We urge

women to explore their reasons for saying "yes" instead of "no" to requests. Jackie's reasons are similar to other women's: "I'm afraid that people will think that I'm not capable if I say I can't do something. I want people to say, 'Look at her. She can handle anything.'" Other women frequently report that they want to prove to themselves or to others that they can do everything. As we did in the previous session on perfectionism, we encourage women to lower their expectations and not to attempt to be perfect. This can be most effective when done with humor. For example, after a woman berates herself for being unable to keep up with all the demands she makes on herself, the therapist can sigh an exaggerated sigh of relief and wipe her brow, as she states "Whew! For a while there I was really getting worried. I thought Superwoman came back to earth! I'm so glad you are human after all!"

When women say "yes" only to end up feeling exploited and angry, they are probably saying "yes" for the wrong reasons. One of the most common reasons is to win acceptance and approval. Women report that they are afraid that if they refuse someone's request, the other person will stop liking them. We try to reassure them that some people are not going to like them regardless of what they do, and in fact, sometimes too much niceness can make others uncomfortable. We tell them that we don't need everyone's approval, but if we assert ourselves, we may get their respect, and that is more important. We encourage women to experiment by being more assertive, and they are usually surprised to find that they seldom get any of their anticipated negative consequences from others.

Some women report that they say "yes" instead of "no" to avoid hurting someone's feelings. However, by doing something that they do not really want to, their unwillingness may become apparent and result in the hurt feelings that they were trying to avoid in the first place. For example, Celia frequently went out with friends she didn't like just so she could be "polite." However, she resented being with them so much that she generally acted quiet, and her sulking was interpreted as rudeness.

Another wrong reason for saying "yes" for some women is to convince themselves that they are "okay," or normal, that there is nothing wrong. They try to make up for real or imagined failures and end up feeling exploited. Claire, for example, always gave in to her five-year-old son and gave him practically everything he asked for. She was afraid to say "no" to his requests for her time, attention, toys, or whatever else he asked for. Like many working mothers, she felt guilty for leaving him alone and then tried to make it up to him by overindulging him.

We let women explore their own reasons for saying "yes" when they wish to say "no" and then use role play to help them with difficult situations. The role play is generally effective, and many receive feedback from other group members. Sometimes the therapist can model effective assertive behavior. When we use role play, we make use of several guidelines. We tell each woman that she has a right to say "no" without feeling guilty, and that, with practice, this can become a habit. We

also remind her that saying "no" does not mean rejecting the other person, but is simply refusing a request. We encourage assertive, positive, and appropriate body language. We tell them that when saying "no" it is important to be direct and to the point and not to be swayed by guilt, pleading, threats, or other forms of manipulation. The other person is generally aware of a weak "no" and will use any method to change that to a "yes." In some cases, the woman may have to use the broken record technique, which is simply saying "no" over and over calmly without being distracted by side issues. The role play can be fun for group members and build group cohesiveness. Interjecting humor into the role play makes it less threatening.

Expressing Anger

A specific assertiveness skill that is difficult for many women is that of expressing anger directly rather than "stuffing it in" or "spitting it out." We ask women to think of a specific situation in which they felt angry and did not express their anger the way they wanted to. They could have either overreacted or underreacted in the situation, but in either case, they were unhappy with how they handled it. We ask them to write down their responses to the following questions about that specific situation: (a) To whom was my anger directed? (b) What did I actually do or say? (c) What did I want to do or say? (d) What were my fears behind saying or doing what I wanted to?

In providing responses to these questions, women become, aware of how they handle their anger and their fears behind expressing themselves in the manner that they wanted.

"I asked my brother when he was going to give me back the money I lent him. He started calling me so many dirty names. I was stunned. I was afraid I was going to hit him or that I would start to cry; so I just walked out of the room shaking," said Delores, one of the women in our program.

"My date was over an hour late. I was really mad and would have liked to say something to him, but I pretended it was okay. I was afraid if I told him how I really felt, he'd get angry at me and never ask me out again," said Jackie.

"My best friend asked me to babysit for her kids for the umpteenth time. I was angry at her for taking me for granted and wanted to tell her to get her own babysitter but I felt I was being petty, and I didn't think it was nice to feel that way, so I kept quiet," added Celia.

In these and other examples, women recounted that fears of their reaction or of other peoples' reactions to anger prevented them from speaking up. They were afraid that they would either lose control by crying, yelling, or saying something they would regret later. They were also afraid of reprisal if they became angry, afraid that the other person would either stop caring for them or would retaliate in anger as well. In addition, many women have been brought up to believe that it is not "nice" to feel angry and resentful, and they have learned to repress their feelings. For some women, anger is so threatening that they can not recall a single instance in which they felt angry.

The therapist needs to assure these women that anger is a normal and healthy emotion, and that anger and violence are not synonymous, as many people believe. Anger can be expressed quietly and tactfully, without being rude or losing control. Further, the therapist can reassure the women that expressing anger is a choice; that, in certain situations, one may choose not to state her feelings. For example, negative consequences may result if a woman expresses her anger to some authority figures who may become overly defensive and retaliate if provoked even slightly. However, in most situations, anger, if assertively expressed, can be constructive.

Role play can also be done in this session to help women rehearse difficult situations. Some guidelines for helping women to express their anger assertively are to have their words, voice, and facial expression match. Many women will smile while they are saying that they are angry, thus undermining the effectiveness of their message. Expressing anger with "I" rather than with "you" statements also tends to make the communication more effective and less threatening to the other person. For example, she can state "I feel angry right now" instead of "you make me so mad." The "you" messages suggest blame and may be construed as aggressive rather than assertive communications.

Although we encourage the expression of anger, in some situations women may choose to control their inner rage so that they can speak politely and assertively instead of striking out. We teach women to use messages to calm

themselves down so that they can express themselves confidently. We have already discussed with them in previous sessions how talking to themselves and changing the way they think can influence their behavior, and we apply this to anger situations as well. We provide examples of how changing their thinking about a situation can calm them down so that they can behave more assertively. For example, if someone is provoking a woman and she tells herself, "That creep! He's really getting to me!" she is likely to become more enraged. If instead she tells herself, "I'll just let him make a fool of himself," she is not as likely to become upset. We give them some examples of self-statements in stress inoculation training for controlling anger (Novaco, 1975) and ask them which of these statements they can use. Novaco cites examples of statements to make when preparing for provocation (e.g., "This is going to upset me, but I know how to deal with it," "Try not to take this too seriously"); at the time of confrontation (e.g., "Stay calm, just continue to relax," "I'm not going to let him get to me"); when coping with arousal (e.g., "Time to take a deep breath," "I'll let him make a fool of himself"); as well as when reflecting on the provocation when the conflict is unresolved (e.g., "Don't take it personally") or resolved (e.g., "I handled that one pretty well. It worked!").

For homework, we continue the work on anger by asking them to keep a record of situations in which they felt angry and how they handled these. This is designed to help them get further in touch with their angry feelings. For women who are participating in the group program, it may be appropriate to schedule the

second individual session, particularly if they are having difficulty expressing anger to others. For homework, they are to review the material on assertiveness discussed in the group and they are given an assignment called "Yes's and No's" adapted from Lonnie Barbach (1975).

According to Barbach (1980), the Yes-and-No exercise is the single most useful exercise she has found with psychotherapy clients with low self-esteem. The exercise involves asking the woman to say "no" to three things she did not want to do but would ordinarily agree to do, and to say "yes" to three things she would like to do but ordinarily would not accept. In both cases, the woman is being given permission to do what she really wanted to do anyway. The "yes's" are essentially an extension of the "nourishing activities," those ways of enhancing herself and telling herself that she is a worthwhile person, one who deserves to do nice things for herself. The "no's" are getting rid of the unrealistic "shoulds" and treating herself more kindly. This exercise affects the woman's self-esteem and sense of power and reverses her pattern of neglecting herself. Many bulimic women would not ordinarily "treat" themselves to something nice. However, being trained to be "good" girls, they follow the therapists' suggestions, which gives them permission to try new behaviors. Furthermore, they see that the consequences of assertive behavior are not as harsh as they anticipated.

SUMMARY

1. Review the homework from the previous week and focus on examples where women binged instead of expressed their feelings assertively. Ask them what was "eating" them when they ate. Briefly discuss the relationship between binge eating and assertiveness and anger.
2. Review basic assertiveness concepts and differentiate between assertive, nonassertive, and aggressive behavior.
3. Ask women to list their human rights and encourage them to exercise those rights.
4. Discuss the right to say "no" without feeling guilty and help women explore their reasons for saying "yes" when they wish to say "no." Role-play if appropriate.
5. Ask women to list situations in which they did not handle anger appropriately. Discuss guidelines for expressing anger and role-play if needed.
6. Give homework for Week 4, and schedule an individual session for those women who may need extra work at this point.

HOMework

1. Review the material on assertiveness, basic human rights, saying "no," and expressing anger. Review the definitions on assertiveness in Alberti and Emmon's book *Your Perfect Right* (1970), the basic human rights and guidelines on saying "no" listed in Smith's book *When I Say No, I Feel Guilty* (1975), and the self-statements in

stress inoculation training for controlling anger (Novaco, 1975, pp. 166-167).

2. This exercise is adapted from Lonnie Barbach (1975) and is called the "Yes's and No's." Say "no" to three things that you didn't want to do but felt that you should do. This could be to someone else or to yourself. For example, you can say "no" to babysitting for your niece when you don't feel like it, or you can say "no" to going out with someone you don't like when you don't want to. You can also say "no" to doing the laundry or cleaning up your closet when you feel like doing something else. Say "yes" to three things that you really want but would usually not let yourself have or ask others for. You can buy that new dress or new book that you wanted but didn't feel you could let yourself have, or you can go ahead and sleep an extra hour or take that luxurious bath you don't have time for. Or you can let your friends do something nice for you. Record these below.

No's

1.

2.

3.

Yes's

1.

2.

3.

3. Note situations this week in which you felt angry and how you handled them. Record these. How did you feel you handled them? What changes do you need to make?

Situations that Made Me Angry

How I Handled Them

4. Continue your binge diary (see Appendix).

References

- Abraham, S. F., & Beumont, P. J. V. (1982). How patients describe bulimia or binge eating. *Psychological Medicine*, 12, 625-635.
- Alberti, R. E., & Emmons, M. L. (1970). *Your perfect right: A guide to assertive behavior*. San Luis Obispo, CA: Impact.
- Alderdisen, R., Florin, I., & Rost, W. (1981). Psychological characteristics of women with bulimia nervosa (bulimarexia). *Behavioural Analysis and Modification*, 4, 314-317.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.
- Barbach, L. (1975). *For yourself: The fulfillment of female sexuality*. New York: Doubleday.
- Barbach, L. (1980). *Women discover orgasm*. New York: Free Press.
- Beck, A. T. (1967). *Depression: Causes and treatments*. Philadelphia, PA: University of Pennsylvania Press.
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J. E., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561-571.
- Berkman, L. F., & Syne, S. L. (1979). Social networks, host resistance and mortality: A 9 year follow-up study of Alameda County residents. *American Journal of Epidemiology*, 109, 186-204.
- Berzon, B., Pious, G., & Parson, R. (1963). The therapeutic event in group psychotherapy: A study of subjective reports by group members, *Journal of Individual Psychology*, 19, 204-212.
- Beumont, P. J. V., George, G. C. W., & Smart, D. E. (1976). "Dieters" and "vomitters and purgers" in anorexia nervosa. *Psychological Medicine*, 6, 617-622.

- Bo-Linn, G. W., Santa Ana, C., Morawski, S., & Fordtran, J. (1983). Purging and caloric absorption in bulimic patients and normal women. *Annals of Internal Medicine*, 99, 14-17.
- Boskind-Lodahl, M. (1976). Cinderella's stepsisters: A feminist perspective on anorexia nervosa and bulimia. *Signs' Journal of Women in Culture and Society*, 2, 342-356.
- Boskind-Lodahl, M., & Sirlin, J. (1977, March). The gorging-purging syndrome. *Psychology Today*, pp. 50-52, 82-85.
- Boskind-Lodahl, M., & White, W. C. Jr. (1978). The definition and treatment of bulimarexia in college women: A pilot study. *Journal of the American College Health Association*, 27, 84-86, 97.
- Boskind-White, M., & White, W. C. Jr. (1983). *Bulimarexia: The binge/purge cycle*. New York: W. W. Norton.
- Bruch, H. (1973). *Eating disorders: Obesity, anorexia nervosa and the person within*. New York: Basic Books.
- Burns, D. (1980, November). The perfectionist's script for self-defeat. *Psychology Today*, pp. 34-52.
- Casper, R. C., Eckert, E. D., Halmi, K. A., Goldberg, S. C., & Davis, J. M. (1980). Bulimia: Its incidence and clinical importance in patients with anorexia nervosa. *Archives of General Psychiatry*, 37, 1030-1035.
- Coffman, D. A. (1984). A clinically derived treatment model for the binge-purge syndrome. In R. C. Hawkins II, W. J. Fremouw, & P. F. Clement (Eds.), *The binge-purge syndrome* (pp. 211-226). New York: Springer.
- Coyne, J. C., Aldwin, C. A., & Lazarus, R. S. (1981). Depression and coping in stressful episodes. *Journal of Abnormal Psychology*, 5, 439-447.
- Crowther, J. H., Lingswiler, V. M., & Stephens, M. P. (1983). *The topography of binge eating*. Paper presented at the 17th annual convention of the Association for the Advancement of Behavior Therapy, Washington, DC.
- Derogatis, L. R., Lipman, R. S., & Covi, L. (1973). SCL-90: An outpatient rating scale.

Psychopharmacology Bulletin, 9, 13-26.

- Dunn, P. K., & Ondercin, P. (1981). Personality variables related to compulsive eating in college women, *Journal of Clinical Psychology*, 37, 43-49.
- Fairburn, C. G. (1980). Self-induced vomiting, *Journal of Psychosomatic Research*, 24, 193-197.
- Fairburn, C. G. (1981). A cognitive behavioural approach to the treatment of bulimia. *Psychological Medicine*, 71, 707-711.
- Fairburn, C. G. (1982). Binge eating and its management. *British Journal of Psychiatry*, 141, 631-633.
- Fairburn, C. G., & Cooper, P. J. (1982). Self-induced vomiting and bulimia nervosa: An undetected problem. *British Medical Journal*, 284, 1153-1155.
- Garfinkel, P. E., & Garner, D. M. (1982). *Anorexia nervosa: A multidimensional perspective*. New York: Brunner/Mazel.
- Garfinkel, P. E., Moldofsky, H., & Garner, D. M. (1980). The heterogeneity of anorexia nervosa: Bulimia as a distinct subgroup. *Archives of General Psychiatry*, 37, 1036-1040.
- Garner, D. M., & Bemis, K. M. (1982). A cognitive-behavioral approach to anorexia nervosa. *Cognitive Therapy and Research*, 6(2), 123-150.
- Garner, D. M., & Garfinkel, D. E. (1979). The eating attitudes test: An index of the symptoms of anorexia nervosa. *Psychological Medicine*, 9, 273-279.
- Goldberg, S. C., Halmi, K. A., Eckert, E. D., Casper, R. C., Davis, J. M., & Roper, M. J. (1978). Short-term prognosis in anorexia nervosa. *Colloquium Int. Neuropsychopharmacologicum*, Vienna, Austria.
- Goldberg, S. C., Halmi, K. A., Eckert, E. D., Casper, R. C., Davis, J. M., & Roper, M. J. (1980). Attitudinal dimensions in anorexia nervosa, *Journal of Psychiatric Research*, 15, 239-251.
- Gormally, J. (1984). The obese binge eater: Diagnosis, etiology, and clinical issues. In Hawkins II, R. C., Fremouw, W. J., & Clement, P. F. (Eds.), *The binge-purge syndrome* (pp. 47-73). New York:

Springer.

- Green, R. S., & Rau, J. H. (1974). Treatment of compulsive eating disturbances with anticonvulsant medication. *American Journal of Psychiatry*, 131, 428-432.
- Greenway, F. L., Dahms, W. T., & Bray, G. A. (1977). Phenytoin as a treatment of obesity associated with compulsive eating. *Current Therapeutic Research*, 21, 338-342.
- Grinc, G. A. (1982). A cognitive-behavioral model for the treatment of chronic vomiting. *Journal of Behavioral Medicine*, 5, 135-141.
- Halmi, K. A., Falk, J. R., & Schwartz, E. (1981). Binge eating and vomiting: A survey of a college population. *Psychological Medicine*, 11, 697-706.
- Hatsukami, D., Owen, P., Pyle, R., & Mitchell, J. (1982). Similarities and differences on the MMPI between women with bulimia and women with alcohol or drug abuse problems. *Addictive Behaviors*, 7, 435-439.
- Hawkins, II, R. C. (1982). *Binge eating as coping behavior: Theory and treatment implications*. Unpublished manuscript, University of Texas, Austin.
- Hawkins, II, R. C., & Clement, P. F. (1980). Development and construct validation of a self-report measure of binge eating tendencies. *Addictive Behaviors*, 5, 219-226.
- Hawkins, II, R. C., & Clement, P. F. (1984). Binge eating: Measurement problems and a conceptual model. In R. C. Hawkins, II, Fremouw, W. J. & Clement, P. F. (Eds.), *The binge-purge syndrome*, (pp. 229-251). New York: Springer.
- Herman, C. P., & Polivy, J. (1978). Restrained eating. In A. J. Stunkard (Ed.), *Obesity* (pp. 208-225). Philadelphia, PA: Saunders.
- Herzog, D. B. (1982). Bulimia: The secretive syndrome. *Psychosomatics*, 23, 481-483, 487.
- Holmes, T. H., & Rahe, R. H. (1967). The social readjustment rating scale, *Journal of Psychosomatic Research*, 11, 213-218.

- House, R. C., Grisius, R., & Bliziotis, M. M. (1981). Perimolysis: Unveiling the surreptitious vomiter. *Oral Surgery*, 51, 152-155.
- Hudson, J. I., Laffer, P. S., & Pope, H. G. (1982). Bulimia related to affective disorder by family history and response to the dexamethasone suppression test. *American Journal of Psychiatry*, 139, 685-687.
- Johnson, C., & Berndt, D. J. (1983). Preliminary investigation of bulimia and life adjustment. *American Journal of Psychiatry*, 140(6), 774-777.
- Johnson, C., Connors, M., & Stuckey, M. (1983). Short-term group treatment of bulimia. *International Journal of Eating Disorders*, 2(4), 199-208.
- Johnson, C., & Larson, R. (1982). Bulimia: An analysis of moods and behavior. *Psychosomatic Medicine*, 44(4), 341-351.
- Johnson, C. L., Lewis, C., Love, S., Lewis, L., & Stuckey, M. (1983). *Incidence and correlates of bulimic behavior in a female high school population*. Manuscript submitted for publication.
- Johnson, C. L., Stuckey, M. K., Lewis, L. D., & Schwartz, D. M. (1982). Bulimia: A descriptive study of 316 cases. *International Journal of Eating Disorders*, 2(1), 3-16.
- Johnson, W. G., Schlundt, D. G., Kelley, M. L., & Ruggiero, L. (1984). Exposure with response prevention and energy regulation in the treatment of bulimia. *International Journal of Eating Disorders*, 3, 37-46.
- Jones, R. G. (1968). *A factored measure of Ellis' irrational belief systems*. Kansas: Test Systems, Inc.
- Katzman, M. A. (1982). *Bulimia and binge eating in college women: A comparison of eating patterns and personality characteristics*. Paper presented at the 16th annual convention of the Association for the Advancement of Behavior Therapy, Los Angeles, CA.
- Katzman, M. A. (1984). A comparison of coping strategies between bulimic, binge eater, depressed and control groups. (Doctoral dissertation, Arizona State University) *Dissertation Abstracts International*, 45, 0000A.

- Katzman, M. A., & Wolchik, S. A. (1983a). *Behavioral and emotional antecedents and consequences of binge eating in bulimic and binge eating college women*. Paper presented at Eastern Psychological Association, Philadelphia, PA.
- Katzman, M. A., & Wolchik, S. A. (1983b). *An empirically based conceptual model for the development of bulimia*. Paper presented at the Western Psychological Association, San Francisco.
- Katzman, M. A., & Wolchik, S. A. (1984). Bulimia and binge eating in college women: A comparison of personality and behavioral characteristics, *Journal of Consulting and Clinical Psychology*, 52, 423-428.
- Katzman, M. A., Wolchik, S. A., & Braver, S. L. (1984). The prevalence of frequent binge eating and bulimia in a nonclinical college sample. *International Journal of Eating Disorders*, 3, 53-62.
- Kenny, F. T., & Solyom, L. (1971). The treatment of compulsive vomiting through faradic disruption of mental images. *Canadian Medical Association Journal*, 105, 1071-1073.
- Kurtz, R. (1969). Sex differences and variations in body attitudes, *Journal of Consulting and Clinical Psychology*, 33, 625-629.
- Lacey, J. H. (1982). The bulimic syndrome at normal body weight: Reflections on pathogenesis and clinical features. *International Journal of Eating Disorders*, 2(1), 59-66.
- Lacey, J. H. (1983). Bulimia nervosa, binge eating, and psychogenic vomiting: A controlled treatment study and long term outcome. *British Medical Journal*, 286, 1609-1613.
- Lachar, D. (1974). *The MMPI: Clinical assessment and automated interpretation*. Los Angeles: Western Psychological Services.
- Leitenberg, H., Gross, J., Peterson, J., & Rosen, J. (1984). Analysis of an anxiety model and the process of change during exposure plus response prevention treatment of bulimia nervosa. *Behavior Therapy*, 15, 3-20.
- Leon, G. R., Carroll, K., Chernyk, B., & Finn, S. (1985). Binge eating and associated habit patterns within college student and identified bulimic populations. *International Journal of Eating*

Disorders, 4, 43-47.

- Levenson, R. W., & Gottman, J. M. (1978). Toward the assessment of social competence. *Journal of Consulting and Clinical Psychology*, 46, 453-462.
- Levin, P. A., Falko, J. M., Dixon, K., & Gallup, E. M. (1980). Benign parotid enlargement in bulimia. *Annals of Internal Medicine*, 93, 827-829.
- Linden, W. (1980). Multi-component behavior therapy in a case of compulsive binge-eating followed by vomiting. *Journal of Behavior Therapy and Experimental Psychiatry*, 11, 297-300.
- Long, C. G., & Cordle, C. J. (1982). Psychological treatment of binge-eating and self-induced vomiting. *British Journal of Medical Psychology*, 55, 139-145.
- Loro, A. D., Jr., & Orleans, C. S. (1981). Binge eating in obesity: Preliminary findings and guidelines for behavioral analysis and treatment. *Addictive Behaviors*, 6, 155-166.
- Metropolitan Life Insurance Company of New York. (1983). *New weight standards for males and females*. New York: Author.
- Mitchell, J. E., & Pyle, R. L. (1981). The bulimic syndrome in normal weight individuals: A review. *International Journal of Eating Disorders*, 1, 61-73.
- Mitchell, J. E., Pyle, R. L., & Eckert, E. D. (1981). Frequency and duration of binge-eating episodes in patients with bulimia. *American Journal of Psychiatry*, 138, 835-836.
- Mitchell, J. E., Pyle, R. L., & Miner, R. A. (1982). Gastric dilatation as a complication of bulimia. *Psychosomatics*, 23, 96-97.
- Mizes, J. S. (1983). *Bulimia: A review of its symptomatology and treatment*. Unpublished manuscript, North Dakota State University, Fargo.
- Mizes, J. S., & Lohr, J. M. (1983). The treatment of bulimia (binge-eating and self-induced vomiting): A quasiexperimental investigation of the effects of stimulus narrowing, self-reinforcement, and self-control relaxation. *International Journal of Eating Disorders*, 2, 59-63.

- Morris, K. T., & Shelton, R. L. (1974). *A handbook of verbal group exercises*. Springfield, IL: Charles C Thomas.
- Nisbett, R. D. (1972). Hunger, obesity, and the ventro-medial hypothalamus. *Psychological Review*, 79, 433-453.
- Novaco, R. A. (1975). *Anger control: The development and evaluation of an experimental treatment*. Lexington, MA: D. C. Heath.
- Nowicki, S., & Strickland, B. R. (1973). A locus of control scale for children, *Journal of Consulting and Clinical Psychology*, 40, 148-154.
- O'Neill, G. W. (1982). *A systematic desensitization approach to bulimia*. Paper presented at the 16th annual convention of the Association for the Advancement of Behavior Therapy, Los Angeles.
- Orbach, S. (1978). *Fat is a feminist issue*. New York: Paddington Press.
- Ondercin, P. A. (1979). Compulsive eating in college women. *Journal of College Student Personnel*, 20, 153-157.
- Palmer, R. L. (1979). The dietary chaos syndrome: A useful new term? *British Journal of Medical Psychology*, 52, 187-190.
- Piers, E. V., & Harris, D. B. (1969). *The Piers-Harris children's self-concept scale*. Nashville, TN: Counselor Recordings and Tests.
- Pope, H. C., Hudson, J. I., Jonas, J. M., & Yurgelun-Todd, D. (1983). Bulimia treated with imipramine: A placebo-controlled, double-blind study. *American Journal of Psychiatry*, 140(5), 554-558.
- Pyle, R. L., Mitchell, J. E., & Eckert, E. D. (1981). Bulimia: A report of 34 cases. *Journal of Clinical Psychiatry*, 42, 60-64.
- Pyle, R. L., Mitchell, J. E., Eckert, E. D., Halvorson, P. A., Neuman, P. A., & Goff, G. M. (1983). The incidence of bulimia in college freshmen students. *International Journal of Eating Disorders*, 2, 75-85.

- Rachman, S., & Hodgson, R. (1980). *Obsessions and compulsions*. Englewood Cliffs, NJ: Prentice-Hall.
- Rosen, T. C., & Leitenberg, H. (1982). Bulimia nervosa: Treatment with exposure and response prevention. *Behavior Therapy*, 13, 117-124.
- Rosenberg, M. (1979). *Conceiving the self*. New York: Basic Books.
- Ross, S. M., Todt, E. H., & Rindflesh, M. A. (1983). *Evidence for an anorexic/bulimic MMPI profile*. Paper presented at the annual convention of the Rocky Mountain Psychological Association, Salt Lake City, UT.
- Rost, W., Neuhaus, M., & Florin, I. (1982). Bulimia nervosa: Sex role attitude, sex role behavior, and sex role related locus of control in bulimarexic women, *Journal of Psychosomatic Research*, 26(4), 403-408.
- Roth, G. (1982). *Feeding the hungry heart*. New York: Bobbs-Merrill.
- Roy-Byrne, P., Lee-Benner, K., & Yager, J. (1984). Group therapy for bulimia. *International Journal of Eating Disorders*, 3(2), 97-117.
- Ruff, G. (1982). *Toward the assessment of body image*. Paper presented at the 16th annual convention of the Association for Advancement of Behavior Therapy, Los Angeles, CA.
- Russell, G. (1979). Bulimia nervosa: An ominous variant of anorexia nervosa. *Psychological Medicine*, 9, 429-448.
- Smith, M. (1975). *When I say no, I feel guilty*. New York: Dial Press.
- Spence, J. T., & Helmreich, R. L. (1978). *Masculinity and femininity: Their psychological dimensions, correlates, and antecedents*. Austin, TX: University of Texas Press.
- Stangler, R. S., & Prinz, A. M. (1980). DSM-III: Psychiatric diagnosis in a university population. *American Journal of Psychiatry*, 137, 937-940.
- Stunkard, A. J. (1959). Eating patterns and obesity. *Psychiatric Quarterly*, 33, 284-295.

- Walsh, T., Stewart, J. W., Wright, L., Harrison, W., Roose, S., & Glassman, A. (1982). Treatment of bulimia with monoamine oxidase inhibitors. *American Journal of Psychiatry*, 339(12), 1629-1630.
- Weiss, L., & Katzman, M. K. (1984). Group treatment for bulimic women. *Arizona Medicine*, 41(2), 100-104.
- Weiss, S. R., & Ebert, M. H. (1983). Psychological and behavioral characteristics of normal-weight bulimics and normal-weight controls. *Psychosomatic Medicine*, 45, 293-303.
- Weiss, T., & Levitz, L. (1976). Diphenylhydantoin treatment of bulimia. *American Journal of Psychiatry*, 133, 1093.
- Wermuth, B. M., Davis, K. L., Hollister, L. E., & Stunkard, A. J. (1977). Phenytoin treatment of the binge-eating syndrome. *American Journal of Psychiatry*, 134, 1249-1253.
- White, W. C., Jr., & Boskind-White, M. (1981). An experiential-behavioral approach to the treatment of bulimarexia. *Psychotherapy: Theory, Research and Practice*, 18, 501-507.
- Wilson, G. T. (1978). Methodological considerations in treatment outcome research on obesity. *Journal of Consulting and Clinical Psychology*, 46, 687-702.
- Wolchik, S. A., Weiss, L., & Katzman, M. K. (in press). An empirically validated, short term psycho-educational group treatment program for bulimia. *International Journal of Eating Disorders*.
- Wooley, O. W., & Wooley, S. C. (1982). The Beverly Hills eating disorder: The mass marketing of anorexia nervosa. *International Journal of Eating Disorders*, 1, 57-69.
- Wooley, S. C., & Wooley, O. W. (1981). Overeating as substance abuse. In N. Mello (Ed.). *Advances in substance abuse*: Vol. 2. (pp. 41-67). Greenwich, CT: JAI Press.
- Yalom, I. D. (1970). *Theory and practice of group psychotherapy*. New York: Basic Books.

About the Authors

Lillie Weiss received her PhD in clinical psychology at the State University of New York at Buffalo. She is a psychologist in private practice, Adjunct Associate Professor in the Department of Psychology at Arizona State University, and President of the Maricopa Psychological Society. She was formerly Director of the Eating Disorders Program at Good Samaritan Medical Center in Phoenix, Arizona. Melanie Katzman received her PhD in clinical psychology from Arizona State University and is currently working at the Eating Disorder Institute of The New York Hospital—Cornell Medical Center (Westchester Division). Sharlene Wolchik received her PhD in clinical psychology from Rutgers University and is currently Associate Professor in the Department of Psychology at Arizona State University.