ACADEMY FOR EATING DISORDERS
NEWSLETTER

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MESSAGE FROM THE PRESIDENT
Ruth Striegel-Moore, Ph.D.

In just a few weeks, my term as President of the Academy for Eating Disorders comes to an end. It has been an exciting and eventful year. At the New York International Conference for Eating Disorders, we will experience the culmination of the intense and productive efforts of several AED committees whose work has been vital to the success of our organization. This newsletter and its attachments highlight the most significant developments of the year and prepare us for the business and membership meetings to be held in April, 1996. The following issues warrant special attention: the revision of the bylaws, the schedule of AED meetings to be held during the NY International Conference, and the workshop on Eating Disorders preceding the NY International Conference.

AED Bylaws. During the meeting of the Board in April 1995, I was charged with the task of initiating and overseeing the revision of the AED Bylaws. The Board considered a revision to be necessary to achieve a more workable organizational structure of the AED. In late January, after considerable deliberation, the Bylaws Committee made its recommendations to the Executive Council and the Executive Council, after consultation with the members of the Board, is now ready to circulate to the membership the result of the process of reviewing and revising the Bylaws. Attached with this newsletter is a copy of the revised Bylaws. Because of the extensive changes made to the original text (many of these changes are stylistic

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FROM THE PRESIDENT-ELECT
B. Timothy Walsh, M.D.

It is a great honor to have been elected the third President of the Academy. I have spent much of my career trying to better our understanding and treatment of individuals with eating disorders, and the opportunity to join forces with so many like-minded professionals is very exciting.

As president-elect for the past 12 months, I have had the privilege of working with Dr. Ruth Striegel-Moore. Thanks to her enthusiasm, persistence, and powers of persuasion, the Academy has grown substantially, with a membership now numbering over 300. I hope I can match her energy and commitment, and build on the foundation she has helped provide.

One of my goals during my term will be to emphasize and to enhance the educational role of the Academy. Through the Academy, members should have ready access to new knowledge about the origins, prevention, and treatment of eating disorders. For example, in the last decade, clearly effective methods of psychotherapy have been developed for Bulimia Nervosa. I believe that the Academy can be of substantial benefit both to its members and to the patients they care for by helping to disseminate knowledge of such treatment methods.

As a first step in this direction, the Academy is sponsoring a Teaching Institute in New York on April 25th, the afternoon before the opening of the International Meeting. In four sessions, open to a maximum of 30 attendees each,

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FOUNDING MEMBERS

Aronld Andersen, M.D., Amy Baker Dennis, Ph.D., William N. Davis, Ph.D., Pat Fallon, Ph.D., David M. Garner, Ph.D., Leah Graves, R.D., L.D., Katherine A. Halmi, M.D., David B. Herzog, M.D., Laura Hill, Ph.D., Kathy Hotelling, Ph.D., James I. Hudson, M.D., Craig Johnson, Ph. D., Melanie Katzman, Ph.D., WalterKaye, M.D., Paula Levine, Ph.D., John Levitt, Ph.D., Margo Maine, Ph.D., Marsha Marcus, Ph.D., Vivian Meehan, D.Sc., Diane Mickley, M.D., James E. Mitchell, M.D., Stacey Lynn (Steinberg) Nye, Ph.D., Pauline S. Powers, M.D., Richard L. Pyle, M.D., Dan W. Reiff, M.P.H., R.D., Patricia Santucci, M.D., Charles Schoengrund, Ph.D., S. Kenneth Schonberg, M.D., Garry Sigman, M.D., Catherine Steiner-Adair, Ed.D., Ruth Striegel-Moore, Ph.D., Michael Strober, Ph.D., B. Timothy Walsh, M.D., C. Jean Williams, D.M.Sc., R.D., Susan C. Wooley, Ph.D., Joel Yager, M.D., Preston Zucker, M.D.

President

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rather than substantive), we decided against highlighting the changes in the text of the bylaws. Rather, I will summarize the major substantive changes; members who wish to receive a copy of the old bylaws should contact the business office.

The revision of the bylaws was guided by the overarching goal to achieve democratic representation of the membership on the Board while structuring the organization in a way that would enable meaningful work to be conducted by the Board. In commissioning the revisions, the Board was particularly concerned about the role of the divisions in the AED and the role of the division chairs as members of the Board. One concern was that the existing divisions ranged considerably in size (currently, the largest divisions are psychiatry and psychology; the smallest are Academic Sciences and Human Ecology), yet every division had equal representation on the Board by virtue of the fact that each division chair had a seat on the Board. Several members have expressed dissatisfaction over how they are being assigned to a particular division, because they find that the division does not fit their particular professional identification. This is particularly true for the division of Human Services. Another central concern was to preserve the AED's interdisciplinary nature; any changes in the governance structure needed to be such as to not undermine the fundamental commitment of the AED to be an interdisciplinary organization. Yet another concern was that the Board be limited to a relatively small number of individuals so as to ensure that meaningful work could be performed by the Board during its meetings, and to ensure that the Board could come together for regular business meetings at a cost that would not represent an undue burden to the AED. In keeping with these goals, the AED Executive Council proposed revisions to the AED Bylaws summarized next under "Revision of the AED Bylaws". If you have any questions, please do not hesitate to contact me (203-347-9411; rstriegel@eagle.wesleyan.edu).

Revision of the AED Bylaws

1. The divisional structure of the AED will be preserved. Divisions determine how they elect their division chairs and divisions are free to determine their business agenda. Divisions may assist the Membership Committee in evaluating the qualifications for membership of applicants; they may elect to assist the Recruitment Committee in identifying potential members; they may make recommendations to the Nominating Committee for preparing slates for AED elections; they may chose to make recommendations to the Awards Committee for candidates for AED awards; and they may consider topics and issues of particular relevance for the Professional Division. Division chairs report directly to the President. Division chairs are invited to attend Board meetings; however, they attend such meetings as non-voting participants. New Divisions may be created by petition from at least 15 members. If Division membership falls below seven members, the Board may elect to eliminate these small Divisions.

2. The Board of Directors will consist of the members of the Executive Council (Immediate Past President, President, President-Elect, Secretary, Treasurer) and six elected Members-at-large, and Vivian Meehan as a non-voting honorary member of the Board. To ensure interdisciplinary representation, no two Members-at-large may be from the same professional division. All Board members (Executive Council and Members-at-large) are elected by the membership, using a single slate prepared by the Nominating Committee.

3. The Nominating Committee is comprised of six elected members and is chaired by the Immediate Past President. Excluding the Immediate Past President, no two members may be from the same professional division. The Nominating Committee prepares the election slates. In addition to potential candidates being identified by the Nominating committee, the bylaws also permit nominations from the general membership, by petition.

4. While we are not eliminating any of the AED's committees, only committees vital to the organizational structure and functioning of the AED will be specified in the Bylaws. Committees may be formed and dissolved with approval of the Board. As already specified in the old Bylaws, the President appoints chairs and members of AED committees.

Members of the Executive Council sincerely hope that you will agree that the revised Bylaws represent a significant step forward toward a democratic and efficient governance structure and that you will approve these bylaws. You may vote on the revised bylaws in one of two ways. One, if you attend the general membership meeting (for details, see below), you may vote at the meeting. Two, if you are unable to attend the general membership meeting, you may vote by returning the enclosed absentee mail ballot on or before April 20, 1996.

Academy for Eating Disorders presents a Clinical Teaching Institute

Thursday 2-5 pm, April 25, 1996

The Clinical Teaching Institute will occur in connection with the New York International Eating Disorders Conference

Program

I Pharmacotherapy of Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder

II Interpersonal Therapy for Bulimia Nervosa

III Cognitive-Behavioral Therapy for Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorders

IV Assessment and Treatment Planning for the Eating Disorders

For further information, contact The Academy For Eating Disorders Business Office: 718-920-2176

President Elect

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leading experts will provide concrete and down-to-earth instruction on key clinical topics in eating disorders, including CBT, Interpersonal Psychotherapy, the use of medication, and treatment planning. The initial response to the Teaching Institute has been strong, and I urge you to register now if you are interested.

I also would like to hear your thoughts on the Academy's emphasizing a teaching role and any other ideas about how the Academy can be helpful.

I look forward with enthusiasm to the challenges of becoming President. I ask for your forbearance for my missteps and your continued help in building an organization that can genuinely help alleviate the suffering caused by eating disorders.

7th New York International Conference on Eating Disorders

April 26-28, 1996, New York City

The New York International Conference program has been finalized and it promises to be a stimulating, highly informative meeting. Continuing a tradition started at the last NY International Conference, the AED will hold an annual awards luncheon during the conference. You are invited to attend the NY International Conference, the awards luncheon, and the AED general membership meeting. The conference will be co-sponsored by the Academy with a $50 reduction in tuition for Academy members. Members of the Academy received a copy of the program with the last issue of the Newsletter. Further information regarding the Conference can be obtained from the AED Business Office.
Phone: 718 920-2176; Fax: 718-920-5289

ACCOMMODATIONS: Grand Hyatt New York; Park Avenue at Grand Central New York, NY 10017
A limited number of conference rate accommodations are available at $155 until April 6, 1996. Call 212-883-1234 and state that you are with the "Eating Disorders Conference".

NIDDK/AED Co-Sponsored Workshop on Development of Research Priorities in Eating Disorders

April 24-25, 1996, New York City

The Academy is cosponsoring a workshop with the National Institute of Diabetes, Digestive and Kidney Diseases (NIDDK) on eating disorders and it will precede the Seventh New York International Conference on Eating Disorders at the Grand Hyatt Hotel.

The workshop will involve extensive discussions of the state-of-the-art of research (basic and applied) in our field. Sue Yanovski of the NIDDK has invited several experts to lead discussion groups and she will write a report summarizing the proceedings. To date, approximately sixty participants have pre-registered. Registration is free, but room size is limited, so colleagues who wish to attend should register with NIDDK. If you have any questions, please contact Mr. Fred Hill, Conference Manager, at 301-493-9674 (Fax: 301-530-0634).
Registration Deadline: April 6, 1996.

General Membership Meeting

On Saturday, April 27, a AED general membership meeting will be held from 5:15pm to 6:30pm at the Grand Hyatt Hotel in New York. Among other business items, two major items will be on the agenda: the bylaws, and elections. Three sets of elections will be held during the general membership meeting:

1) A President-Elect and a Secretary will be elected to the Executive Council.

2) Provided the revised Bylaws are accepted, six Members-at-large will be elected to the Board of Directors.

3) Again, provided the revised bylaws are accepted, six members will be elected to the Nominating Committee.

The candidates for these positions are announced in this *Newsletter*. The elections for these positions will be held, by acclamation, during the General Membership Meeting.

Board Meeting: April 25, 1996, 7:00-8:15 pm (open to Members of the Board and to Chairs of Academy Committees).

Special Article

Obsessive Perfectionism, Symmetry, and Exactness in Anorexia Nervosa

Walter Kaye, M.D.

It is well-recognized that anorexics invariably display certain behavioral characteristics, such as rigidity, ritualism, meticulousness, and perfectionism (Strober, 1980). Perfectionism has been described (English & English, 1958) as "the practice of demanding of oneself or others a higher quality of performance than is required by the situation." This demand is accompanied by tendencies for overly critical evaluation of one's own behavior (Frost, Marten, Lahart, & Rosenblate, 1990). In addition, perfectionistic qualities include "setting unrealistic standards and striving to attain these standards, selective attention to and over-generalization of failure, stringent self-evaluations, and a tendency to engage in all-or-none thinking where total success or total failure exist as outcomes" (Hewitt & Flett, 1991).

Perfectionism in anorexia nervosa (AN) has been mainly assessed by a subscale of the Eating Disorder Inventory (Garner, Olmstead, & Polivy, 1983), a 64-item, self-report questionnaire that measures cognitive and behavioral characteristics of anorexia nervosa. The EDI contains eight subscales, one of which is a measure of perfectionism.

Some researchers view the characteristic of perfectionism as multidimensional. Frost (1990) developed the Multidimensional Perfectionism Scales (MPS) in which five dimensions of perfectionism are identified: concern over mistakes, high personal standards, parental expectations, doubt about quality of performance, and, finally, organization, order and precision. Frost's MPS measure overlaps slightly with the EDI perfectionism subscale in that it contains 4 questions from this subscale.

We have characterized perfectionism in anorexics by using the Frost MPS (Bastiani et al., 1995; Srinivasagam et al., 1995). We assessed anorexics when

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Special Article

Body Size Distortion and Eating Disorders

Rick M. Gardner, Ph.D.

The recent increasing interest in body image distortion is likely due to the recognition that it is a defining feature of eating disorders, particularly anorexia nervosa. Many studies report that eating disorder patients overestimate body size. However, these findings are far from universal with numerous failures of replications (see reviews by Slade, 1985, 1986, 1988). These inconsistencies are likely due in part to the wide variety of techniques for measuring body size. Classical psychophysical methods have been typically employed to estimate body size. Most studies use some variation of the method of adjustment, in which the subject sees some initial image or representation of their body size that is either larger or smaller than their actual body size. Typically, the size is adjusted smaller or larger until the subject reports it is an accurate representation of their body size. Techniques include movable calipers, anamorphic lenses, adjustable light bars, figures or silhouettes of varying sizes, and adjustable video images. Two recent reviews have characterized much of the research as poorly conceived and conducted (Thompson, Penner & Altabe, 1990; Cash & Pruzinsky, 1990). Most body image researchers agree that an individual's image of their physical appearance has two main components; a "perceptual component" (how accurately they estimate their body size) and an "attitudinal component" (attitudes or feelings towards one's body). The separation of perceptual judgments from those considered to be attitudinal, affective and cognitive is a basic tenet of theorizing in this area. However, the technologies and methodologies used to measure body image have been ineffectual in separating these two aspects. I have reviewed these methodological issues in a recent paper (Gardner, 1995).

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Lifetime Achievement Awards and Honory Lifetime Membership in the AED

The AED will award Professor G.F.M. Russell, M.D. and Professor A.H. Crisp, M.D. Lifetime Achievement Awards and Honary Lifetime Membership in the AED for outstanding research and clinical contributions in the field of eating disorders. The awards will be presented at the 7th International Conference on Eating Disorders on Saturday, April 28, 1996.

Professor Gerald Russell and Professor Arthur Crisp are two of the most distinguished psychiatrists in the world today. Fortunately for the field of eating disorders, both scholars independently began studying anorexia nervosa in London over 35 years ago and sustained brilliant research careers that richly shaped the field for today's experts. Professor Russell is probably best known for giving us the term bulimia nervosa and Professor Crisp for his model of anorexia nervosa as a phobic avoidance disorder related to growth and maturity. However, both men have made enormous scientific contributions in a wide range of other topics outside of the eating disorder area.

Professor G.F.M. Russell, M.D.
Professor Russell is currently Emeritus Professor of Psychiatry and the Director of the Eating Disorders Unit at the Hayes Grove Priority Hospital in Kent. His major past appointments include:

Professor of Psychiatry and Head of the Department of Psychiatry, Institute of Psychiatry: 1979-1993; Professor of Psychiatry, Royal Free Hospital School of Medicine: 1971-1979; Dean, Institute of Psychiatry: 1966-1970.

Professor A.H. Crisp, M.D.
Professor Crisp is currently Emeritus Professor of Psychological Medicine at St. George's Hospital Medical School. His major past appointments include:
Professor of Psychiatry and Head of Department of Mental Health Scientces, University of London at the St. George's Hospital: 1967-1995; Dean, Faculty of Medicine, University of London: 1976-1980.

From the AED Nominating Committee

The Nominating Committee (Randy Sansone, M.D., Chair) wanted to update the membership on the status of nominations for various posts within the Academy for Eating Disorders. Following are the nominated members and their respective Divisions (see below for key to Divisions*:

*Officers***
Joel Yager, M.D., President-elect (6)
Leah Graves, R.D., Secretary (2)

*Member-at-large***
Judy Baldridge, M.S.W. (8)
Felecia Boyd, M.S. (4)
Martin Fisher, M.D. (5)
Walter Kaye, M.D. (6)
Gloria Leon, Ph.D. (1)
Stephen Wonderlich, Ph.D. (7)

Nominees for the Nominating Committee
Tim Brewerton, M.D. (6)
Mary Ellen Druyan, Ph.D., R.D. (2)
Laura Hill, Ph.D. (7)
Arline Iannicello, M.A. (3)
John Levitt, Ph.D. (8)
Preston Zucker, M.D. (5)

*Key to Divisions
1= Academic Sciences
2= Dietetics
3= Human Services
4= Nursing
5= Primary Mecicine
6= Psychiatry
7= Psychology
8= Social Work

** Voting members on the AED Board.

National Eating Disorders Screening Program Update

The National Eating Disorders Screening Program, held from February 5 to February 11, 1996 during National Eating Disorders Awareness Week, was a success. More than 600 colleges participated from all over the country.

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The schools were of varying demographies including very large universities, community colleges, and those schools with primarily African American populations. The Harvard Eating Disorders Center worked closely with the National Mental Illness Screening Project in developing the National Eating Disorders Screening Program. The Center was responsible for creating an educational video, lecture, and slide show that was provided at each participating site. Our national Scientific Advisory Board included:

Susan J. Blumenthal, M.D., M.P.A., Paul Garfinkel, M.D., David M. Garner, Ph.D., Harold Goldstein, Ph.D., Kathy Hotelling, Ph.D., David C. Jimerson, M.D., James E. Mitchell, M.D., Catherine Steiner-Adair, Ed.D., Ruth H. Striegel-Moore, Ph.D., Michael Strober, Ph.D., B. Timothy Walsh, M.D., Joel Yager, M.D., Susan Yanovski, M.D.

The Center in collaboration with the Scientific Advisory Board developed the self-report screening questionnaires and referral guidelines piloted at each site. We will be following up on a subgroup of the participants to assess whether those referred for further evaluation actually did follow through with that recommendation. We welcome comments or suggestions as we plan for National Eating Disorders Day 1997. Please send comments to the following address:

David B. Herzog, M.D.,
Scientific Director or
Anne E. Becker, M.D., Ph.D.,
Associate Scientific Director,
National Eating Disorders
Screening Program,
c/o Massachusetts General Hospital,
15 Parkman Street, ACC725,
Boston, MA 02114

Request for Proposals: The McKnight Foundation Grant

"Review of Curricula and School Materials on Eating Disorders"

The McKnight Foundation has issued a Request for Proposals (RFP) to review curricula and teaching materials used by teachers and other school personnel to educate young people and their parents about eating disorders. The first stage of the project, the subject of the RFP, is to identify and collect the most frequently used educational materials concerning the nature, prevention, identification, and treatment of eating disorders. The second will be to assess the scientific and educational quality of the information.

For more information, please contact Jocelyn Ancheta at 612-333-4220. Proposals are due April 26, 1996.

Anorexia Nervosa Sibling Study

Patients meeting diagnistic criteria for anorexia nervosa and who have a sibling who has suffered from an eating disorder, are being solicited as potential participants in a study being conducted at the Cornell Medical Center investigating possible genetic factors that may account for anorectic behavior. Participation involves being interviewed about eating disorder symptoms and related behaviors, as well as giving a 20cc blood sample (equivalent to about two tablespoons). Participants will receive $100 for completing the study. Individuals interested and who qualify should contact Carolyn Aibel at (914) 997-5927.

Academy Newsletter

The AED Newsletter is published quarterly featuring Special Articles, Book Reviews, News Items, Grant Information, Job Opportunities, Upcoming Events and Meetings. If you have suggestions for articles or other newsworthy items, please contact the Newsletter Editor:

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The submission deadline for the Summer *Newsletter* is June 1.
All contributions to the Newsletter must be submitted to the Newsletter Editor in hardcopy and on 3½ disk, preferrably in Wordperfect 6.0 or 5.1 (DOS).

Perfectionism

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underweight, immediately after achieving a target weight, and after good outcome and long-term recovery from anorexia nervosa. The purpose of this design was to determine whether these characteristics persisted after nutritional restoration. We found (Table One) that anorexics, at all 3 states, scored significantly higher than control women on a total measure of perfectionism. Importantly, there was no difference in scores of total perfectionism between the 3 groups of anorexics.

The Yale-Brown Obsessive-Compulsive Scale (YBOCS, Goodman et al., 1989a; 1989b) is an interview that rates the severity and type of symptoms in patients with Obsessive Compulsive Disorder (OCD). We assessed classic OCD symptoms in underweight and long-term recovered anorexics, but excluded symptoms pertaining to core AN symptoms. In terms of severity of symptoms (time spent, self-control, etc), both underweight and long term recovered anorexics had elevated YBOCS scores compared to control women (Table One). Importantly, the severity and impairment from obsessional behaviors was much greater in underweight AN than in long term recovered AN. In terms of types of symptoms, underweight and long term recovered AN had only a few specific OC symptoms. That is, a majority of both groups had obsessions concerning symmetry and exactness, or ordering and arranging compulsions. Together, these data suggest that malnutrition exaggerates the severity of obsessions, but does not alter the target symptoms.

We (Bastiani et al., in press) compared YBOCS scores for 18 underweight AN women to 16 women with OCD but no eating disorder. OCD and AN women had similar total YBOCS scores (22 ± 6 vs. 19 ± 9, $t=1.06$). However, patients with OCD endorsed about three times more obsessive and compulsive target symptoms than did restrictor AN patients (26 ± 12 vs 9 ± 7 target symptoms per patient, $p=.001$). Compared to restrictor AN, the OCD patients endorsed significantly more target symptoms of aggression, contamination,

Continued next page

Table

	Subjects with Anorexia Nervosa			Control women
	Underweight	Immediately after getting to target weight	Long-term weight restoration and good outcome	
Frost Total Perfectionism	96 ± 31*	85 ± 21*	95 ± 23*	60 ± 11
YBOCS	22 ± 11*†		9 ± 8*	3 ± 4

* $p < .01$ AN vs CW; † $p < .01$ underweight vs long term recovered anorexic subjects

checking, cleaning, miscellaneous compulsions and obsessions, repeating, somatic obsessions, and sexual obsessions. As noted above, the most common target symptoms in ill restrictor AN women were order/arranging compulsions, and symmetry/exactness. These data suggest that restrictor AN and OCD women have a similar magnitude of impairment from obsessions and compulsions. However, OCD patients endorsed a wide variety of obsessions and compulsions, while AN tended to endorse symptoms which were related to symmetry and order. In summary, it is important to emphasize that many AN do not have classic ego-dystonic OCD. Rather, in AN, OCD symptoms tend to be ego-syntonic and mainly focused on symmetry, exactness, and arranging.

In summary, our data, and that of Casper (1990), suggest that certain behaviors persist after recovery from anorexia nervosa. These behaviors include an obsessive need for symmetry and perfectionism, greater risk-avoidance, restraint, and increased impulse control. These behaviors appear to be exaggerated when malnourished.

Theoretically, such traits could be the behavioral expression of a biologic vulnerability. Serotonin is one neurotransmitter system that could contribute to such behaviors. Reduced serotonin activity has been associated with impulsive and aggressive behaviors (Corraro, Kavoussi, & Lesser, 1992; Asbert, Traskman, & Thoren, 1976; van Praag, 1983; Linnoila, Virkkunen, Scheinin, Nuutila, Rimon, & Goodwin, 1983). Behaviors found in anorexia nervosa are opposite in character to impulsive and aggressive behaviors. In fact, we have reported women after long-term recovery from anorexia nervosa have evidence suggestive of increased neuronal serotonin activity (Kaye, Gwirtsman, George, & Ebert, 1991) and that serotonin-specific medications may improve outcome in anorexia nervosa (Kaye, Weltzin, Hsu, & Bulik, 1991). Together these data raise the possibility that such behaviors are traits that are the expression of an underlying biologic vulnerability.

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Join the Academy!

Membership Benefits

Participate in an international multi-disciplinary organization aimed at meeting the needs of professionals in the field of eating disorders

Plus

- $50 discount on subscription to the International Journal of Eating Disorders
- 15% discount: initial subscriptions to Eating Disorders: Journal of Treatment and Prevention
- 20% discount to Eating Disorders Review
- $50 Discount at the NY International Eating Disorder Conference
- Participation in advocacy projects and special interest groups
- Membership in Professional Divisions
- Quarterly Academy Newsletter
- Student memberships available

✍ Complete a Membership Application for the Academy on the last page of this issue of the Newsletter.

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Body size estimation

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Research in our laboratory has focused on using psychophysical techniques which allow for a separation of the perceptual and attitudinal components. We have used a distorting TV-video methodology in which subjects view video images of their body that can be distorted in width. In an early study (Gardner & Moncrief, 1988) we used a signal detection approach to examine whether body size distortion in anorexics is a perceptual distortion or whether it reflects a distortion or bias in how subjects report their body size. Subjects were presented video images of their body in which size distortion was either present or absent and judged whether distortion was present or absent. Anorexics were found to have no perceptual deficit in their body image size estimates. Rather, the distortion occurred in the response criterion they adopt about their body size. Specifically, anorexics were more likely than controls to report an image of themselves as distorted, regardless of whether distortion was actually present.

In a recent study we used a psychophysical technique called adaptive probit estimation (APE) which also allows for a separation of perceptual and attitudinal components (Gardner & Bokenkamp, 1995). The APE technique is a variant of the classical psychophysical procedure of method of constant stimuli. Anorectic and bulimic subjects were compared to controls using a video-distortion technique wherein subjects viewed life size images projected on a screen. Subjects judged their whole body, chest, hips and stomach regions.

Eating disorder subjects overestimated body size more than control subjects. There were no significant differences between anorectics and bulimics. Anorectics and bulimics were found to be much more variable in their judgments as compared to the controls. Both eating disorder and control subjects overestimated body size more when judging their whole body as compared to body regions. The stomach region was overestimated more than the chest region. There were no differences in perceptual sensitivity to detecting size differences between groups. As in the previous study, differences in body size distortion between eating disorder and control subjects were due exclusively to attitudinal or affective factors.

The data of a small sample of the eating disorder groups with a history of sexual abuse were examined separately. These individuals had much more severe body image distortion as compared to eating disorder subjects with no history of sexual abuse.

The finding that body size distortion is not a perceptual phenomena but rather one influenced by attitudinal, affective and cognitive factors holds obvious ramifications for clinical treatment. Furthermore, it belies the reports of eating disorder patients that when they look in a mirror they "see" a fat person. Rather, these individuals are shown to have a response bias to judge their body image as distorted too big, despite the accurate perceptual information being received. Research is needed to determine whether efforts to redress this response bias in body size estimation might prove beneficial as part of a clinical intervention for eating disorders.

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