

Eating Disorders: The Cognitive Model



This activity will help you to:

- Understand and recall evidence relating to the cognitive approach to eating disorders
- Write effective commentary on research evidence
- Consider the strengths and weaknesses of the cognitive model of abnormality

Cognitive Research Studies

The cognitive model assumes that errors in perception and thinking underlie eating disorders. Researchers in the cognitive tradition have therefore conducted a number of investigations into the thinking patterns that surround eating, body image and eating disorders.

Two such studies are outlined below. You need to write a commentary on each, explaining its significance for the cognitive view of eating disorders. In your commentary...

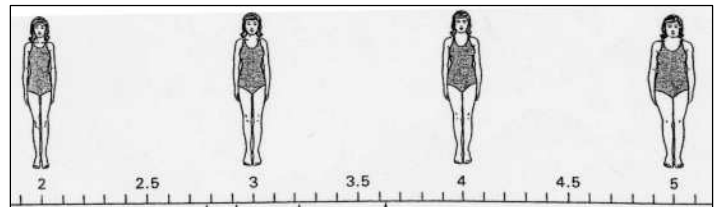
- You must** explain what conclusions could be drawn from the study regarding our understanding of eating disorders.
- You should** comment on any problems or limitations you can identify with these research studies.
- You could** use these criticisms to indicate the limitations of the cognitive explanation of eating disorders.

The Studies

Fallon & Rozin (1985)

Fallon and Rozin (1985) showed male and female students a series of body silhouette pictures of increasing size and asked them to rate:

- Their current body shape ('current')
- Their ideal body shape ('ideal')
- The body shape that the other sex would find most attractive ('other-attractive')



They found that men rated 'current' and 'ideal' very closely together, and 'other-attractive' as being smaller than this, so their ideal was heavier than what they thought most women liked best. Women, however, tended to rate 'other-attractive' as significantly smaller than 'current' and 'ideal' as significantly smaller than both.

McKenzie et al (1993)

McKenzie et al (1993) interviewed female eating disorder patients and a control group about their body weight, shape and ideals, and got them to estimate their own size in relation to other women. They found that:

- When asked to compare themselves with controls who were the same size, ED patients tended to overestimate their own body weight.
- When asked to indicate their ideal body shape/weight, ED patients chose a weight/shape significantly lighter/thinner than the control group.

The participants were then given a chocolate bar and a soft drink to consume. Following this they were asked to re-estimate their body weight/shape. The ED patients judged that their size has increased, whilst the control group judged that their size had not changed.