The following clinical example illustrates overcompliant behavior and phobia related to weight gain.

**CLINICAL EXAMPLE**

Simone is a tall, quiet girl who was considered polite, well-liked, and a good student. She was given responsibility beyond her years at both school and home because of her quiet competence and maturity. When she was 15, she entered a beauty contest at a local amusement park as a lark but did not win. She became convinced that she lost because her legs were too large and her abdomen protruded. She decided to diet. To radically control her own intake without arousing the family’s suspicions, she began preparing all the family’s meals. She herself did not eat, but played with her food during mealtimes.

Simone spent long hours alone in her room studying, dancing, and exercising vigorously. She weighed herself several times daily, and if the scales showed an unacceptable number, she exercised even more frenziedly. As she lost weight, Simone disguised her gauntness with loose, layered clothes. One day, when she and her mother were shopping, her mother saw her disrobed and was dismayed. She insisted that Simone see the family physician, who encouraged her to eat more and prescribed nutritional supplements.

When Simone collapsed at a shopping mall a few weeks later, her parents prevailed on the family doctor to admit her to the psychiatric unit of the community hospital. As an IV was started in the emergency room, Simone asked the nurse, “How many calories are in that bag?”

**BULIMIA NERVOSA**

There is a cyclic behavioral pattern in **bulimia nervosa**. It begins with skipping meals sporadically and overstrict dieting or fasting. In an effort to refrain from eating, the person may use amphetamines, which can lead to extreme hunger, fatigue, and low blood glucose levels. The next part of the cycle is a period of **binge eating**, in which the person ingests huge amounts of food (about 3,500 kcal) within a short time (about 1 hour). Binges can last up to 8 hours, with consumption of 12,000 kcal. Binge eating usually occurs when the person is alone and at home, and most frequently during the evening. The cycle may occur once or twice a month for some and as often as five or ten times a day for others. The binge part of the cycle may be triggered by the ingestion of certain foods, but this is not consistent for everyone. Although eating binges may involve any kind of food, they usually consist of junk foods, fast foods, and high-calorie foods.

The final part of the cycle is **purging** the body of the ingested food. After excessive eating, people with bulimia force themselves to vomit. They often abuse laxatives and diuretics to further purge their bodies of the food. Some use as many as 50 to 100 laxatives per day. In rare cases, they may resort to Syrup of Ipecac to induce vomiting. Purging becomes a purification rite and a means of regaining self-control. Some describe it as feeling “completely fresh and clean again.” The DSM-IV-TR diagnostic criteria for bulimia nervosa follow.

After the purging, the cycle begins all over again, with a return to strict dieting or fasting. Some people with bulimia

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**DSM-IV-TR Diagnostic Criteria for Bulimia Nervosa**

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
   1. eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
   2. a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).

B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.

C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.

D. Self-evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

**Purging Type**

During the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

**Nonpurging Type**

During the current episode of Bulimia Nervosa, the person has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

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**USING DSM-IV-TR**

Health care providers often use language unfamiliar to clients and their families. Explain purging behaviors in such a way that a family might better understand the characteristics of bulimia nervosa.