BULIMIA: A GUIDE TO RECOVERY


Leslie Langdon

This is primarily a self-help book co-written by a recovered bulimic and her supportive husband. In providing a guide to understanding the so-called “binge-purge” syndrome, the authors have successfully integrated the personal experience of Ms Hall and over two hundred female respondents to their survey to examine the salient themes of the illness and the diversity of techniques which can be used in confronting it.

The book is divided into three major parts. The first section, presented in a very readable question-and-answer format, provides a wealth of accurate medical information regarding the physiological aspects of bulimia. Included is an excellent discussion of set-point theory of weight regulation, where body size and type are seen to be biologically and genetically determined. The authors condemn “normal dieting” and advocate regular eating of an adequate caloric intake. Unfortunately, they fail to describe the almost predictable cycle of bulimia which begins with women dieting to enhance self-esteem; which results in weight loss, hunger, physical and psychological deprivation; which is followed by bingeing, causing guilt; which leads to purging which results in guilt which returns back again to dieting to enhance self-esteem. Also included in this first section is an important examination of predisposing and perpetuating factors in bulimia, which considers such issues as cultural pressures to be thin, role expectations, and the struggle between control and connection. The authors examine the complex tie between food and nurturance, and consider the way many bulimics use food as an expression of ambivalence about relationships, femininity, and sexuality. However, the similarities between bulimic, anorexic and “normal” women are underplayed.

Ms Hall also provides a personal account of her history of bulimia; how it developed, how it affected her health, how it affected her sense of self and her relationships, and how she endeavoured to free herself from the serious and chronic course of the disease. Her story is informative, inspirational, and supportive. She neither sensationalizes the disorder, nor oversimplifies the cure. However, the implication of her successful self-treatment and, in fact, many parts of the entire book (e.g., the section on self-help groups) is that people with bulimia can overcome their illness in a relatively short time through their own determined, well organized efforts. While the authors do refer to the need for professional counselling, they do not provide a current overview of the more recent advances in the multidimensional treatment of bulimia.

The second section of the book offers a series of creative and practical suggestions that Ms Hall and respondents to her survey have found helpful in their attempts to overcome bulimia. Included is a checklist of alternative behaviours or “diversions” to bingeing and purging such as journal writing and relaxation exercises. The authors take the reader through each step of the recovery process including how to make the decision to stop bingeing, how to set realistic goals, how to get past food fears and acknowledge that overcoming bulimia is a gradual process. There is a heartwarming emphasis on self-love and self-affirmation.

The third part of the book contains several appendices which address topics such as advice for family and friends, a guide for forming and running a support group, results of the bulimia survey, and a reading list. Also included is a two week program to stop bingeing primarily through behaviour and stress management techniques. While this appears to be a well organized and potentially useful plan, of concern is the author’s suggestion to confront food fears through an all day binge while refraining from all forms of purging. This technique seems very risky and would almost certainly lead to an overwhelming sense of panic and guilt. I also have extreme reservations about the recommendations to use friends and lovers to “police” the behaviour of women who have often experienced excessive control in their pasts.

Overall, this book is a good introductory resource for women with bulimia or for any lay person attempting to understand this prevalent problem. It could be well utilized as an adjunct to professional counselling as it offers accurate information, sound advice and genuine hope for women who suffer greatly from this chronic, disabling, secret disease. As Kim Chernin suggests in The Obsession, women’s preoccupation with food is really a spiritual hunger for a state of being. The honest, personal testimony of Lindsey Hall’s successful self-recovery is a celebration of the possibility of new growth.

Reference

includes some discussion of the principal themes of concern to feminist therapists and thus provides a useful general reference.

On the debit side, the book lacks integration and cohesion. Although the title suggests a focus on feminist therapy, many of the papers are only tangentially related to this theme. It is not unreasonable to assume that a book with this title would contain descriptions of the techniques of feminist therapy, the relevant theoretical and philosophical formulations underlying feminist therapy, the problems or concerns of women that must be addressed in feminist therapy, the particular problems encountered by feminist therapists, issues related to the training of feminist therapists, research, particularly evaluative research relevant to feminist therapy. These sub-themes, although not absent, are not highly salient. And the editor’s attempt to force structure by grouping supposedly related articles into sections is singularly unsuccessful. The resulting organization appears both arbitrary and contrived.

Of special interest to therapists coping with a heterogeneous clientele or those who have specialized but wish to enhance their knowledge about other client groups are the analyses of the particular psychological and social conflicts confronting specific subgroups of women. Dasgupta, for example, reports on a study of Asian Indian women. Her comparison of housewives with women in male or female dominated or neutral occupations revealed some unexpected findings. She concludes that although these women are aware of the inequities of their traditional role, they tend to adopt the role nevertheless and are skeptical about the sensitivity of the women’s movement to the needs of Indian women. Similarly, McCombs, focusing on black women, alerts therapists to the need for attending to both the client’s idiosyncratic history as well as her social or collective history which derives from the experiences of black women as a group. Pressures for assimilation into mainstream culture force a denial or rejection of a black woman’s developmental history and cultural integrity with consequent negative impacts on self identity and adjustment. The case excerpt highlights the wrenching, agonizing quality of the struggle to straddle competing cultures. Beverly Green describes the triple jeopardy situation of lesbian black women and Siegel, in a compelling, poignant article, illustrates the destructive consequences of anti-Semitic stereotyping on Jewish women.

The Swink and Leveille article dealing with incest survivors is one of the best in the book. They provide a descriptive quasi-theoretical framework and delineate the myriad consequences of an incest experience. Finally they conclude with an exposition of how these consequences might be handled in a therapy context. Other special populations discussed include: elderly women, reentry women, battered women and women in prison. With respect to this last group, Moss makes the case that the incidence of both childhood and adult abuse is particularly high. Additionally, she documents the disparity in services available for male inmates as compared to the female prison population.

All of the above articles serve to emphasize the necessity for viewing the client not in isolation but as embedded in her cultural surround. Unless therapists are knowledgeable and sensitive to the nature of the client’s particular cultural affiliation the effectiveness of therapeutic interventions is likely to be limited. This is an extremely important message since there is a tendency among feminists to oversimplify and assume that all women’s oppression takes similar forms and has similar consequences.

Somewhat disappointing is the section reputedly dealing with theoretical issues. The editor admitted did not restrict the submissions here to those focusing on theory directly pertinent to the practice of feminist therapy, but rather cast a much wider net to include women’s dynamics in general. Even so, the majority of articles, although interesting and useful from some perspectives, are descriptive and there is little or no evidence of model building. Nor are the connections or implications for application in the therapy context well-developed. The Rogalski article is a case in point. Discussing the perception male drug abusers have of women, she presents several case examples illustrating the distorted nature of the relationships these men have with women. However, the Rigby-Weinberg article is an extremely valuable contribution to the theory collection. She identifies a key issue for feminist therapists—"the lack of a specific theory of psychotherapy on which feminist psychotherapists could agree." Rejecting object-relations theory as a potential filler of this lacuna, she makes a case for the utility and appropriateness of Adlerian theory to feminist therapy. Another illuminating selection in the theory portion of the book is authored by Violet Franks, a recognized authority on women’s mental health issues. Franks provides an excellent overview of the relevance of traditional sex-role socialization and sex-role stereotyping to the development of three syndromes with an exceptionally high incidence among women — depression, agoraphobia and anorexia.

Given that much of the material in the book is descriptive or prescriptive, with relatively minimal reliance on the huge body of research on the psychology of women, it is understandable that the editor perceived a need to include a specific section on research. Unfortunately, the papers here are not well-integrated, do not relate directly to feminist therapy, and do not utilize feminist methodologies. Instead, the rather pedestrian selections appear to have been chosen on the basis of the topics addressed — that is, topics not covered elsewhere in the text (e.g. extramarital sex, stress and marital satisfaction, street harassment). Webster’s study of the models of therapy employed by feminist nurse therapists is the most relevant item. Research evaluating the effectiveness of specific treatment programs based on feminist principles is singularly absent apart from the admirable work of Towns and Gentzler who present a description and evaluation of a comprehensive program (PROBE) designed to provide a variety of employment reentry services to women.

The first section of the text contains a selection of readings that are most directly related to feminist therapy in action. The case for self-disclosure as a valuable and appropriate technique for feminist therapists is ably argued by
that family therapy is non-sexist, Bograd illustrates how the ostensible neutrality of family therapists in fact hides an underlying sex bias. Hayden’s interesting contribution is in the tradition of feminist clinicians who toil to transform or translate selected psychoanalytic constructs into a feminist mode.

In spite of the shortcomings outlined above, *The Dynamics of Feminist Therapy* is an eminently readable volume and a quick reference source for a variety of women’s issues. But it is both more and less than a book about feminist therapy.

WOMEN AND MENTAL HEALTH IN CANADA: STRATEGIES FOR CHANGE


WOMEN AND MENTAL HEALTH, NEW DIRECTIONS FOR CHANGE


**Ella Haley**

Like their titles, both of these books follow a similar theme. The Canadian report considers key issues and concerns, regarding women and their mental health in Canada. This report by the Canadian Mental Health Association (CMHA) is unique in that women’s mental health has not been a specific focus in any of its previous research. CMHA was requested by Health and Welfare Canada to conduct this research because it is a national, voluntary organization, one of whose mandates it is to advocate improvements in mental health services and in social policies. Previous to this publication, women have not been one of CMHA’s specific foci.

The committee followed several basic assumptions of the Pan American Health Organization (PAHO): 1) Improvements in women’s health will only come about by improving their status in education, employment and decision-making roles; 2) Women must be active participants in developing mental health programmes at all levels and stages; 3) Mental health programmes must avoid exploiting women’s volunteer health care work for others.

Topics examined within the report include international perspectives on women and health, the mental health and economic status of women in Canada, barriers to improving women’s mental health, and mental health services and treatment of women. The authors then assess CMHA’s research reports to date, showing the lack of focus on Canadian women’s mental health needs in each report and suggesting areas for improvement. In the final chapter a lengthy list of recommendations is presented on a number of key areas. These include: data collection and research, promotion and dissemination of information, primary health care providers, acute and chronic disease control, environmental health, human resource development, support services and recommendations specific to CMHA.

In Chapter Two, the authors point out the lack of research on the mental health status of Canadian women. It is unfortunate that they do not refer to Carl D’Arcy’s research in Saskatchewan. He and his colleagues specifically research gender differences in the use of the various health care providers for mental health care. Another gap in this chapter is the lack of reference to George Brown and his colleagues for their community mental health research in the Maritimes. Guttentag is referred to, but her cautions about the validity and reliability of community health surveys is not heeded. The authors of this CMHA report accept the findings of the Canadian Health Survey without questioning whether women are more expressive than men of the affects being measured.

The chapter on the current economic status of Canadian women is an important contribution to understanding the stress that many women are under. The authors provide a good overview of women’s economic disadvantages and the female job ghettos that they work in. A brief mention is made of additional problems which rural, immigrant and refugee women face in entering the job field. The poverty of many single mothers and elderly women is discussed. The authors argue that maternity benefits and affordable child care are essential for mothers to manage economically. However, they offer no suggestions for the young widow, too old to try entering the job market and too young to qualify for a pension. Women’s unpaid labour in the home, as homemaker and as health caregiver is examined. Yet no mention is made of the stressors facing disabled or northern women.

Chapters Four and Five examine specific barriers to women’s mental health. These include mental health professionals’ failure to go beyond the medical model and examine the social stressors of women’s behavior in blaming, devaluing ways, and physical and psychological violence towards women. Topics covered also include the excess administering of psychotropic drugs and/or electroconvulsive therapy (ECT) to women patients. Many mental health professionals continue to locate problems exclusively within the individual and thus regard her as responsible for her own misfortunes such as rape, incest, and wife-beating. Unfortunately mental health services other than psychiatric are not funded by provincial health care. This restricts women’s choice of counselling services.

Among the recommendations are calls for research on rural women, lesbian women, women of colour, immigrant women and handicapped women. I would add that the needs of northern women and caregivers of the disabled also require examination. The CMHA authors argue that the various aspects of a woman’s life are interwoven. The effects of different barriers which women face are in many cases not independent of each other. A disabled native woman frequently faces problems of lack of services in a rural area. In addition, she must cope with the lack of understanding on the part of health and mental health care workers of her mental health needs as a member of an oppressed group.

The American book on *Women and Mental Health* is written by the Women’s Task Force of the Department of Michigan. Its twelve authors held public hearings on women’s mental health problems and their treatment. The authors combine two mandates in their book: 1) to present research findings on women’s mental health problems, causes and treatment, and 2) to recommend changes and alternatives for improving prevention and treatment of women’s mental health problems.

The various sections of the book cover...