Like most behavior disorders, bulimia nervosa and anorexia nervosa are multifaceted problems which cannot be assessed adequately with a single type of measure. The following review will show that there are a variety of measures for each of the important features of these disorders. In view of the rapid development of assessment methodology in this area, there needs to be some framework for selecting and organizing a battery of measures for eating disorders. No matter what theoretical orientation one wishes to apply to eating disorders, ultimately the type of assessment one chooses should be related to the diagnostic criteria. In keeping with this notion, we are limiting our review to psychological and behavioral measures of the symptoms of eating disorders, that is, to abnormal eating behavior, strict weight control, and body image disturbance.

Although most assessment methods we evaluated possess acceptable psychometric properties, there are important differences in their clinical utility for patients with eating disorders as distinct from the vast

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number of individuals without eating disorders who appear to share many of the same attitudes and behaviors. The review does not address the assessment of other psychopathology that is frequently associated with eating disorders, such as depression, low self-esteem, maladaptive personality traits, family dysfunction, sexual dysfunction, and so on. This is not meant to imply that overall psychopathology is not important in the evaluation of eating disorders. In many instances, other psychopathologies have been shown to be responsive to treatment of eating disorders and predictive of recovery. Nonetheless, aside from the symptoms included in the diagnostic criteria, no other form of psychopathology has been identified as being unique to eating disorders. The review also does not address psychophysiologic measures, because no reliable response pattern of this nature has been identified in eating disorders. Finally, we should note that we are excluding obesity from the domain of eating disorders due to the lack of compelling evidence that obesity results from or is characterized by abnormal eating behavior.

ASSESSMENT OF BINGE-EATING, PURGING, AND EATING ATTITUDES

As implied by its diagnostic terminology, a distinguishing feature of eating disorders is the presence of abnormal eating behaviors. The objective of this section is to identify the eating behaviors and attitudes of importance to these disorders, and the strengths and weaknesses of different methods to assess them. We believe that the conclusions we reach are equally relevant to anorexia nervosa and bulimia nervosa; however, at the outset we should note that the bulk of the assessment literature regarding eating behavior is based on studies of women with bulimia nervosa. In fact, there has been an explosion of work with this population without a parallel study of eating in anorexia nervosa. This seems to be a consequence of the widespread use of behavioral treatment methods with bulimia nervosa patients which focus on modifying eating behavior. Whereas in anorexia nervosa it is generally assumed that if psychopathology can be addressed successfully, changes in eating behavior will follow. Moreover, it is often argued that beyond restoring normal weight, focusing attention on eating behavior might even be counter-productive in the treatment of anorexia nervosa.

In anorexia nervosa, the central eating abnormality is extreme restriction of food intake. Neither the food restriction nor accompanying weight loss can be ascribed to physical disease or externally imposed demands. It should be fairly evident that anorexia nervosa would not exist if the