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The Effectiveness of Integrative Psychological Therapy in Reducing Bulimia Nervosa Disorder and some Associated Disorders among Female University Students

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Abstract

Objectives: The study aims to verify the effectiveness of integrative psychological therapy in reducing bulimia nervosa disorder and some associated disorders such as anxiety and body image disorder among a sample of female university students at Fayoum University. It also aims to verify the continuity of the program's efficiency in achieving improvement beyond the follow-up period for the study sample.

Methods: The total sample consisted of (340) female students at Fayoum University. Their ages ranged from 18 to 23 years. The mean age was 20.18 ± 1.25. The final sample consisted of (27) female students who suffer from Bulimia Nervosa and Psychological disorders associated with it such as body image distortions and anxiety. Their ages ranged from 20 to 23 years old, and the average age was 20.11 ±1.25. The tools included a basic data collection form and Bulimia Nervosa and Psychological disorders Scales. To this end, all integrative therapeutic program scales were used in this study, combining behavioral, cognitive, and positive techniques.

Results: The results exhibited a significant reduction in symptoms of bulimia nervosa, anxiety, and body image disorder following the program, compared to their symptoms prior to it. The results also revealed that there were no statistically significant differences in bulimia nervosa, anxiety, and body image disorders between the post-test and the first and second follow-up tests. This demonstrates the effectiveness and efficiency of the program.

Conclusions: These results confirmed the effectiveness of integrative psychotherapy in reducing bulimia nervosa, anxiety, and body image disorder after implementing the therapeutic program and after the follow-up.

Keywords: Integrative psychotherapy; bulimia nervosa, anxiety-body image disorders, female university students.

فاعلية استخدام العلاج النفسي التكاملي في خفض اضطراب الشره العصبي وبعض الاضطر ابات المصاحبة لدى طالبات الجامعة

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ملخّص

الأهداف: هدفت الدراسة إلى التحقق من فاعلية العلاج النفسي التكاملي في الحدّ من اضطراب الشره العصبي وبعض الاضطرابات المصاحبة له مثل القلق واضطراب تشوه صورة الجسم لدى عينة من طالبات جامعة الفيوم. كما هدفت إلى التحقق من استمرارية كفاءة البرنامج في تحقيق التحسين بعد فترة المتابعة

المنهجية: تكونت العينة الكلية من (340) طالبة بجامعة الفيوم. تراوحت أعمارهن بين 18: 23 سنة. كان متوسط العمر 20.18± 1.25. وتكونت العينة النهائية من (27) طالبة واللاتي تعانين من الشره العصبي واضطرابات نفسية مرتبطة به مثل اضطراب تشوه صورة الجسم والقلق. كما تراوحت أعمار العينة بين 20 و23 عاماً ومتوسط العمر 20.11 ± 1.25. وتضمنت الأدوات استمارة جمع البيانات الأساسية، ومقياس الشره العصبي والاضطرابات النفسية المُصاحبة. أُعِدّت جميع المقاييس البرنامج العلاجي التكاملي المستخدم في هذه الدراسة، الذي جمع بين الأساليب المعرفية السلوكية وعلم النفس الإيجابي لأغراض هذه الدراسة.

النتائج: أشارت النتائج إلى أن عينة الدراسة أظهرت انخفاضًا جوهريًا في أعراض الشره العصبي والقلق واضطراب صورة الجسم بعد البرنامج مقارنة بالأعراض التي سبقتها. كما أظهرت النتائج عدم وجود فروق ذات دلالة إحصائية في الشره العصبي والقلق واضطرابات صورة الجسم بين الاختبار البعدي والفحص (الأول والثاني) مما يُشير إلى استمرارية كفاءة وفاعلية البرنامج.

الخلاصة: أكدت هذه النتائج على فاعلية العلاج النفسي التكاملي في تقليل الشره العصبي والقلق واضطراب صورة الجسم بعد تنفيذ البرنامج العلاجي والمتابعة.

الكلمات الدالة: العلاج النفسي التكاملي، الشره العصبي، القلق، اضطراب تشوه صورة الجسم، طالبات الجامعة.

Introduction:

Eating disorders (EDS) are the most common psychological disorder diagnosed in women (Brunet et al., 2021). Eating disorders such as anorexia nervosa and bulimia nervosa are psychological disorders, characterized by feelings of tension, emotional distress, psychosocial, and physical impairment (Van Doornik et al., 2021).

Eating disorders are serious psychosomatic conditions characterized by nutritional imbalances, such as patterns of compulsive abstinence from food and/or compulsive overeating, without attention to the quantity or quality of food consumed. These disorders are amongst the most prevalent and life-threatening mental health disorders in the United States today. Recent statistics indicate that 24 million people in the United States are suffering from anorexia, bulimia, and binge eating disorders (Biasetti, 2015). The prevalence of eating disorders has increased over the last few decades (Uhrich, 2018), and according to Adebimpe and Idehen (2015) they are the third most common chronic illness among female adolescents. Hansell & Damour (2008) indicated that approximately 90% of eating disorders occur in females especially during college years. The prevalence of eating disorders has significantly increased in the past 50 years. Approximately 20 million women and 10 million men in the United States struggle with an eating disorder in their lifetime (Schattie, 2018).

According to the fifth edition of the Diagnostic and Statistical Manual of Mental disorders (DSM5) eating disorders includes anorexia nervosa, atypical anorexia nervosa, bulimia nervosa, atypical bulimia nervosa, overeating associated with other psychological disturbances, vomiting associated with other psychological disturbances and the uncategorized eating disorders (Okasha & Okasha, 2018).

The (DSM-5-TRTM) provides diagnostic criteria for eating disorders: pica, or the consumption of non-food items such as clay or starch; rumination disorder, which is the regurgitation and consumption of previously ingested foods; avoidant/restrictive food intake disorder, or an apparent lack of interest or avoidance in the sensory characteristics of food; anorexia nervosa, which is characterized by food restriction as a result of an intense fear of weight gain; bulimia nervosa, as characterized by a cycle of bingeing followed by compensatory behavior; and binge-eating disorder, or bingeing which is not followed by compensatory behaviors (American Psychiatric Association., 2022; DeBois, 2020).

Bulimia Nervosa (BN) is one of two main categories of eating disorders. Individuals with bulimia nervosa, generally maintain a body weight near normal for their age, height, and sex. Approximately 85–90 percent of the people diagnosed with bulimia nervosa are women, and estimated 1–3 percent of women in the United States suffer from bulimia nervosa at some time in their life (Shepphird & Robert, 2022).

BN defined as an eating disorder characterized by a variety of compensatory weight-loss behaviors driven by self-evaluations that are dependent on body-weight and shape concerns(Dryer et al., 2012; Hansell & Damour, 2008).

Moses (2013) indicated that BN is a serious eating disorder that disproportionately affects women, with a lifetime prevalence rate of 1-4.2%. Hence, women suffer from BN more than men.

BN is characterized by symptoms of eating party, compensative behavior, and over evaluation of weight and shape, which often occur with symptoms of anxiety and depression (Levinson et al., 2017). Furthermore, BN is a set of severe psychiatric disorders associated with abnormal food appetite (Frank et al., 2012). The main distinguishing feature of BN is episodes of eating parties, which disrupt attempts to restrict food intake. The frequency of these episodes ranges from once a week to several times a day. The amount of food eaten per episode varies but is typically between 1,000 and 2,000 kilocalories (kcal)(Fairburn et al., 2008; Fairburn et al., 2016). Most people with BN report that they feel out of control while binging and that they cannot stop eating until they are uncomfortably full or sick to their stomachs (Hansell & Damour, 2008).

Several researchers (Kaye et al., 2004), confirmed that eating problems and anxiety disorders frequently co-occur. Several investigators (Swinbourne & Touyz, 2007) indicated that there was a positive relationship between bulimia nervosa and anxiety disorders. Yoshie et al. (2014) indicated that there was a positive relationship between inappropriate eating attitude and mood states, such as anxiety disorder; the same results confirmed before by Swinbourne and Touys (2007).

Kaye et al. (2004) indicated that about two-thirds of the individuals with eating disorders had one or more lifetime anxiety disorder. Many researchers such as (Benas & Gibb, 2008; Larrier et al., 2011; Seidel et al., 2009; Veltsista et al.,

2010). Research has emphasized the negative impact of bulimia nervosa and the accompanying psychological disorders, particularly anxiety and body image disorders. For example, the results of Mashalpourfard (2018) indicate that among university students, bulimia nervosa can be predicted through factors like social anxiety and perceived body image.

In most cases, each food party is followed by compensative, self-induced vomiting or laxative misuse but there is a subgroup of patients who do not "purge." The weight of most patients with bulimia nervosa is in the healthy range (BMI between 18.5 and 25.0) due to the effects of undereating and overeating balancing each other. Indeed anxiety features are prominent in bulimia nervosa, more than in anorexia nervosa (Fairburn et al., 2016).

Swinbourne (2008) indicated that the prevalence of eating and anxiety disorders comorbidity is high; she showed that 65% of women with eating disorders also met criteria for at least one comorbid anxiety disorder. Furthermore, 69% reported the onset of the anxiety disorder to precede the onset of the eating disorder. Moreover, Vitousek & Hollon (1990) suggest that individuals suffering from eating disorders develop schemata around the issues of weight and its implications for the self that influence their perceptions, thoughts, affect, and behavior, They also propose that these schematic processes fulfil the valued roles of simplifying, organizing and stabilizing the eating disordered person's experience of self and the external environment (Adebimpe & Idehen, 2015).

Previous studies indicated that individuals with EDS have negative thoughts and beliefs about themselves and their body image (Van Doornik et al., 2021). Grabhorn et al. (2006) asserted that Patients with bulimia nervosa have higher scores in internalized global shame than patients with anxiety disorders, so this means that bulimia causes a lot of psychological problems to the patient. Several studies have shown that sufferers of bulimia nervosa at the same time suffer from anxiety in 83% of cases(Mashalpourfard, 2018).

Bulimic patients not only suffer from anxiety, but also suffer from body image disorder: Striegel-Moore et al., (1993) indicated that there was a link of social self-concerns to body dissatisfaction and bulimia nervosa, so the women who suffer from bulimia nervosa also suffer from body image disorder.

Body image refers to the way that we perceive our own body and hence the way we assume other people perceive us (Vocks et al., 2007). Accordingly, body image is defined as an individual's perception of his or her own body(Yoshie et al., 2017). body image can be defined as the mental picture one holds of the shape, size, and form of one's body, along with the feelings concerning these characteristics and the constituent body parts. It consists of two factors, accuracy of body estimation, and feeling towards the body or body dissatisfaction(Biasetti, 2015). The body image is the perceptions, opinions, and beliefs that an individual has in his mind that relate to the image of his body and the extent to which he accepts or rejects it. Women who suffer from bulimia nervosa are too busy and have excessive attention to their external appearance and body image(Hansell & Damour, 2008).

Body image disorder is a widespread disorder among girls and women throughout Western cultures, as it affects Approximately 60% of girls between the ages of 13 to 15 years, 90% of women between the ages of 18 to 30 years, and 80% affects women in middle age, it largely expresses dissatisfaction with their shape or body structure(García Mendoza, 2021). Body image disturbance arises from the belief that certain parts of the body, related to shape and weight, are unacceptable and inappropriate from an individual's point of view(García Mendoza, 2021).

The person who suffers from bulimia nervosa often reports significant negative body image as well. Kimber et al (2015) reported that body dissatisfaction is associated with a greater risk of body image distortion when an individual is underweight or overweight. So, the negative effects of bulimia include psychological such as anxiety& body image distortions(Benas & Gibb, 2008).

Accordingly, these serious psychological disorders associated with nervous bulimia require psychotherapeutic intervention to help patients recover and get rid of these psychosomatic disorders. Previous studies Hansell& Damour, (2008) confirmed that psychotherapy is useful in dealing with eating disorders and psychological disorders associated with it. From the cognitive behavioral perspective, bulimia nervosa results from a combination of dysfunctional thoughts and repeated experiences that have reinforced eating disordered behavior, for example, believing that one's physical shape reflects one's value or worth as a person fuels a great deal of eating disordered behavior(Hansell & Damour, 2008). From

behavioral perspective, bulimia nervosa results from learned bad habits and if we want to get rid of it, we have to change these bad habits through behavior modification techniques.

Despite the strong body of evidence supporting the efficacy of cognitive behavioral therapy (CBT) in the treatment of BN, most individuals who suffer from BN do not receive CBT. This partly reflects challenges in training adequate numbers of therapists to provide CBT as well as therapists' concerns regarding the utility of CBT for the patients they treat(Brown & Keel, 2012). However, there are many studies reporting the efficacy of CBT for bulimia nervosa. For example, Craighead and Agras (1991) reviewed ten studies of the use of CBT for BN. The mean reduction in purging across these studies was 79%, with 57% reaching remission by the end of treatment(Riess, 2002). Cognitive behavioral interventions have been developed to treat a variety of other problems, related to bulimia nervosa such as anxiety disorders(Robin et al., 1998). Foster et al (1997) confirmed that cognitive behavioral therapy has effective impact in reducing eating disorders, and accompanying disorders such as depression, anxiety and lack of self-confidence. Furthermore, Devlin (2002) indicated that cognitive behavioral psychotherapy is appropriate in treating bulimia and psychological disorders such as depression, lack of self-confidence and body image disorder. Moreover, Wilson et al.,(2002) indicated that cognitive behavioral interventions are often highly effective in the treatment of bulimia nervosa. Some cognitive behavioral techniques are particularly successful in the treatment of bulimia nervosa. For example cognitive behavioral intervention for a client with bulimia may focus primarily on the negative effects of dieting and other weight-loss measures(Hansell & Damour, 2008).Wilson (2010) confirmed the effectiveness of cognitive behavioral therapy in treating bulimia, reducing anxiety & depression, and improving the level of psychological adjustment. Martin(2012) showed that CBT was effective in treating psychological disorders such as anxiety and body image disorders that caused by bulimia nervosa among university students. Adebimpe & Idehen (2015) indicated that cognitive behavioral therapy was effective for reducing eating disorders among adolescents. The Same results were obtained by(Wilson & Zandberg, 2012).

On the other hand, some studies confirmed that the efficacy of other kinds of psychotherapy in reducing bulimia nervosa. Wnuk (2009) indicated the efficacy of emotional rational psychotherapy in the treatment of women with bulimia. Dowling (2009) pointed out the importance of combining interpersonal psychotherapy with cognitive therapy in treating cases of bulimia nervosa and mental disorders associated with it among women. Ter-Huurne et al (2015) emphasized that intense psychotherapy contributed to the treatment of female patients with bulimia nervosa and binge eating disorder. Asbenson (2019) confirmed that positive psychotherapy was very useful in dealing with eating disorders. The same results were obtained previously by Schattie (2018) who has reported that positive psychotherapy was effective in treating eating disorders and body image disorder among women who suffer from bulimia nervosa.

Moreover, a lot of researchers (Hartman, 2010; Riess, 2002; Spinner, 2008) indicated that integrative psychotherapy is more effective than other psychotherapeutic techniques in overcoming psychological disorders.

Integrative psychotherapy refers to the process of integrating the personality: helping the client to assimilate and harmonize the content of his or her ego states, reducing negative defence mechanisms and recontact with reality (Erskine, 2018). So integrative psychotherapy is one of the most important and recent therapeutic approaches. The term integrative refers both to the synthesis of affective, behavioral, cognitive, and physiological theory and methods of psychotherapy- the integrative of assimilation within the client of fragmented or fixed aspects of personality(Erskine & Moursund, 2011, p. 8). So Integrative psychotherapy is a type of treatment based on the selection of the best therapeutic methods and techniques of psychiatric schools and theories, directions and different treatment methods, so that it includes dealing with the person totally in terms of his body, mind, emotions, spirit and surroundings.

Erskine(2018) indicated that integrative psychotherapy takes into account many views of human functioning such as psychodynamic, client centred therapy, behavioral therapy, cognitive therapy, rational emotive therapy, cognitive psychotherapy, positive psychotherapy, family therapy, Gestalt therapy, psychoanalysis and transactional analysis. Specialists in integrative psychotherapy must consider two very important principles before using this type of treatment: The first one is our commitment to positive life change. The second principle is that of respecting the integrity of the client, through respect, kindness, compassion, and maintaining contact with the patient (Erskine, 2018).

Some researches(e.g., Hartman, 2010; Riess, 2002; Spinner, 2008) indicated the efficacy of using integrative psychotherapy in treating bulimia nervosa and body image disorder among women who suffer from bulimia nervosa. The researchers have adopted in his design for the current treatment program the integrated approach to treatment, because of the importance and advantages that each of its multiple methods of treatment represents. Hence, the combination of several treatment approaches in the treatment of one disorder enriches the therapeutic method and at the same time helps to speed healing and achieve the desired goals from the program, as it turns away the therapist from stereotypes and traditional treatment and helps him to establish visions and all this is in the interest of the patient. Current researchers believe that integrative psychotherapy helps the patients to control their disorders, improve their experiences, relieve pressure on him, improve their daily life skills, improve their feelings towards him, and support his /her positive behaviors.

A bulimic patient suffers from cognitive schemes, irrational beliefs, and automatic negative thoughts, and needs cognitive therapy methods to modify these schemes and those irrational beliefs and stop automatic negative thoughts: accordingly, we need of behavioral therapy techniques. to achieve the efficacy and effectiveness of treatment, the patient needs to improve the level of positive thinking, developing motivation, persistence, psychological resilience, psychological hardiness, and self-efficacy, therefore we need the techniques of positive psychotherapy, and from here the researchers used the integrative psychotherapy based on cognitive behavioral therapy and positive psychotherapy techniques.

Because of the increasing rates of bulimia nervosa among female university students in Fayoum university according to the pilot study that was conducted by the researchers. Because of the efficacy of psychotherapy with bulimic cases and its accompanying psychological disorders, the researchers prepared and implemented a psychotherapeutic program based on using of integrative psychotherapy in order to reduce bulimia nervosa and psychological disorders associated with it, through experimental design with one experimental group and conducting pre-, post- and follow-up measurements.

Objectives of the Study:

The current study aimed to verify the efficacy of using integrative psychotherapy in reducing anxiety and body image disorder associated with bulimia nervosa among Female students at Fayoum University in Egypt.

The Significance of Study

The importance of the current study is highlighted by the psychological and health problems that bulimia nervosa represents for students in general and university students in particular, and the need to develop and design treatment programs for such disorders so that their risks to public health do not increase. The current study deals with an important category of society, namely university students, and the need to maintain their physical and psychological health. The importance of using modern trends in psychotherapy and not relying on a specific treatment method. Rather, it is better to pay attention to using all treatment methods. The current study is one of the few studies that focused on the use of integrative psychotherapy in treating bulimia nervosa, anxiety and distorted body image among university students.

Research Hypotheses:

The researchers posed the following hypotheses:

1-Integrative therapeutic program will reduce bulimia nervosa, anxiety, and body image disorder among the sample through comparing the pre-test and post-test.

2-There no statistically significant in differences bulimia nervosa, anxiety & body image disorders between the post-test and the first following up (two months after finishing therapeutic program) among the sample.

3-There no statistically significant in differences bulimia nervosa, anxiety & body image disorders between the post-test and the second follow up (four months after finishing therapeutic program) among the sample.

Method:

Experimental design:

The current research is part of the quasi-experimental approach that involves experimental treatment applied to a sample chosen according to the conditions in reality in the research community to verify the efficacy of using the integrative therapeutic program (as an independent variable) in reducing bulimia nervous, anxiety and body image disorder (as dependent variables) through experimental design with one experimental group and conducting pre-test, post- test and follow up measurements.

The authors did not use a control group because of the following reasons:

-The study depended on one group with two measurements pre and post-tests.

-Studies that depended on verifying the efficiency of treatment programs depend on the design of one group, especially if the sample suffers from serious health and physical disorders, because it is unethical to leave the control sample to suffer just to use it to compare the results, because this control sample may deteriorate due to the delay in subjecting it to treatment.

- Among the members of the total sample were those who were about to graduate from the university, and therefore we were unable to obtain the control sample again, and therefore we relied on the experimental sample only to ensure that it was obtained at the time of the program sessions.

Participants:

The total sample consisted of (340) female students at Fayoum University from Faculty of Arts, faculty of Pharmacy and faculty of Early Childhood. Their ages ranged between 18 to 23 years. The mean age was 20.18 years, and the standard deviation was 1.25 from the first, second, third and fourth years. The sample selected from three specializations: psychology, pharmacy and Hearing disability. Table (1) shows the sample demographic characteristics:

Table 1. Demographic Data of the sample

Category	Variables	N	%
Age	Ranges from 18-23 M =20.8 SD= 1.25		
Residence	Urban	148	43.5
	Rural	192	56.5
Faculty	Arts	224	65.9
	Pharmacy	88	25.9
	Early Childhood	28	8.2
Specialization	Psychology	224	65.9
	Pharmacy	88	25.9
	Hearing Impairment	28	8.2
Class	First	32	9.4
	Second	72	21.3
	Third	68	20
	Fourth	168	49.4

Regarding the total sample from this table we can find that some demographic data for this sample; 56.5% of students are living in rural environment, 65.9% of sample from faculty of arts and their academic specification is psychology, and finally 49.4% of sample from the fourth class. So this demographic data or information expresses the variety of characteristics among the total sample. The final experimental sample consisted of 27 female students who got score 40 or more on Bulimia Nervosa and Psychological Disorders Scale (see below). This group underwent the treatment program used in the current study. Accordingly, the clinical sample consisted of (27) female students who obtained the highest degrees in bulimia nervosa scale and suffered from anxiety and body image disorders.

Tools:

Bulimia Nervosa and Psychological disorders scale*: (Prepared by the researchers)*

The researchers prepared a scale to assess three dimensions of (Bulimia Nervosa, Anxiety & Body Image disorders).

The authors depended on the diagnostic criteria for Bulimia, Anxiety and Body Image Disorder in DSM-5 TR. Also they depended on some previous studies related to the variables such as (Jorm et al, 2003; De Sousa, 2008; Koch et al, 2008; Chen et al, 2009; Kogure et al, 2019; Satghare et al, 2019; Blasco et al, 2020; Geller et al, 2020, Simbar et al, 2020, American Psychiatric Association, 2022)

The final version of these consisted of (30) Items (10 item for each sub dimension). The response consisted of five-point Likert style choices (always, often, rarely, sometimes, never). The pointes given to these choices ranges from 5 to 1 respectively. Accordingly, scores of each scale ranges from 10 to 50 degrees.

Reliability. The researchers calculated reliability of each scale using Alpha Cronbach Method: the researchers calculated the reliability of bulimia nervosa scale, in a sample (n=50) and found that Alpha Cronbach has reached the coefficient consistency was 0.752, which confirms the reliability of bulimia nervosa scale, the coefficient consistency was 0.913 for anxiety scale which confirms the reliability of anxiety scale, and the coefficient consistency for body image disorder was 0.669 which indicate high level of reliability.

Validity. The researchers calculated the construct validity of the scales in two ways:

1. Exploratory factor analysis: The scale was applied in its pre-final form to a group of (150) female students at Fayoum university in Egypt. A factorial analysis was conducted to the items of the scale by using the varimax rotation, and calculating the common values to each scale items, according to the results of factor analysis after rotation (10) items loaded in bulimia nervosa scale, loadings on this factor accounts for 33.3% of the variance, and the eigenvalue was (9.4). the Communalities value of items were high. The loading values of the items ranged between 0.336 and 0.699. the items loading was (0.699, 0.684, 0.649, 0.610, 0.599, 0.577, 0.541, 0.473, 0.374, 0.336), (10) items loaded in anxiety scale, the variance of this variable was 23.7% the eigenvalue was (5.7). the communalities value of items was high. The loading of the items ranged between 0.590 and 0.852. the items loading was (0.852, 0.813, 0.798, 0.789, 0.780, 0.771, 0.750, 0.678, 0.647, 0.514), and (10) items loaded in body image disorder scale, the variance of this variable was 17%, the eigenvalue was (5.91). the Communalities value of items were high . The loading of the items the ranged between 0.381 and 0.899. the items loading was (0.799, 0.777, 0.772, 0.713, 0.690, 0.669, 0.664, 0.602, 0.548, 0.481). The cumulative variance of this scale was 74% and the total eigenvalues were 6721.1% . This confirms that the three sub-measures are valid.

Table 2. Items loading, eigenvalue and variance of bulimia nervosa, anxiety and body image disorders scales

N	Items	Loading	Eigenvalue	Variance
Bulimia				
1	Increasing of food, a petite.	0.699	9.4	33.3%
2	Feeling with hangar after having food	0.684		
3	Having food to the degree the you feel with physical pain.	0.649		
4	Using medication for urine after having food	0.610		
5	Unable to control the overeating behavior.	0.599		
6	Stopping in having food for day or more.	0.577		
7	Practicing sportive exercises for a long time after having food.	0.541		
8	Feeling with depression and low self-steam after having food.	0.473		
9	Having big a mounts of food even its type, smile or taste	0.374		
10	Having food in secrete far from the others eyes.	0.336		
Anxiety				
1	Feeling with fear without a reason	0.852	5.70	23.7%
2	Rapid affection or internal disorder	0.813		
3	Feeling with sudden horror without reason.	0.798		

N	Items	Loading	Eigenvalue	Variance
4	Anxiety for things in over way.	0.789		
5	Difficult in going to sleep.	0.780		
6	Feeling with tension.	0.771		
7	Thinking in death.	0.750		
8	Your sleeping is discomfort	0.678		
9	Feeling with panic crises without reasons.	0.647		
10	Feeling with un stability to the degree that you can't set alone	0.514		
Body Image Disorder				
1	Feeling with unattractiveness of your physical appearance	0.799		
2	Feeling that the others are more attractive than you.	0.777		
3	Feeling that a lot of your physical features have changed.	0.772		
4	Feeling with discomfort when you compare your body with the others.	0.713		
5	Feeling with critics from your body image in front of others.	0.690		
6	Feeling with disorders when you look to yourself in the mirror	0.669	5.91	17%
7	Refusing going to public places in order to the others can't see your physical disorders	0.664		
8	Vision of the people to my body shape causes a lot of tensions.	0.602		
9	Feeling with un coordinated body organs.	0.548		
10	Feeling that your tall isn't suitable to your weight.	0.481		
Total			21	74%

2. Confirmatory Factor Analysis: Before starting the confirmatory factor analysis, the researchers designed the model of the Bulimia Nervosa scale and the associated mental disorders according to the results of exploratory factor analysis as follows:

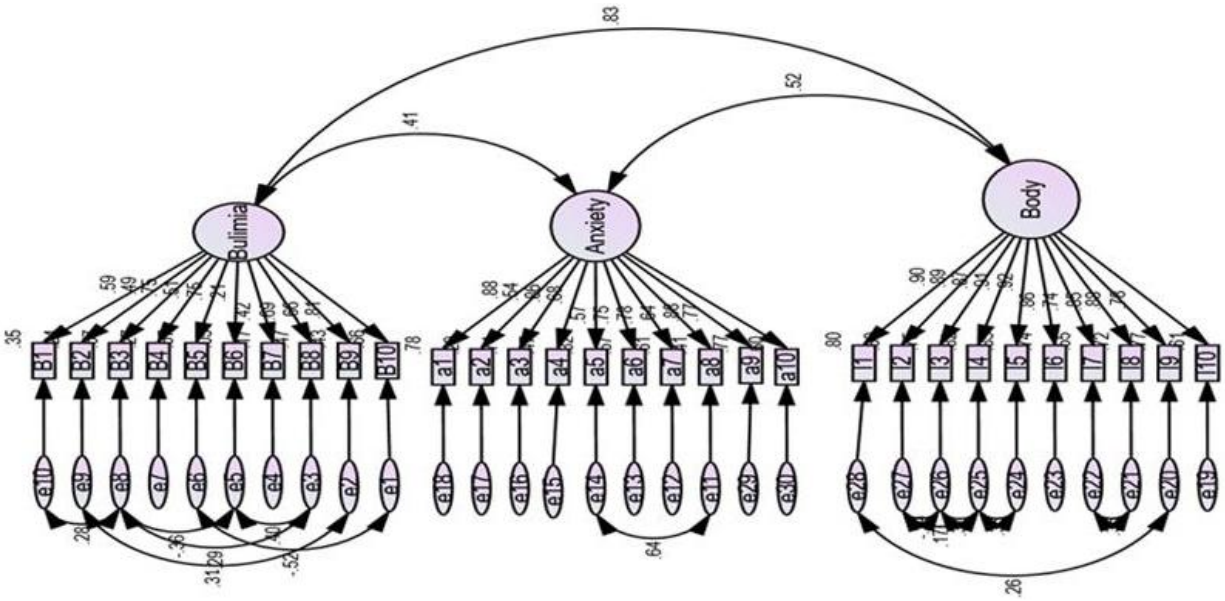

Figure 1. The hypothetical model of bulimia dimensions, associated mental disorders and ramifications of its components using Amos 24

The confirmatory factor analysis was performed on the same exploratory sample, and was calculated through the Amos 24 program, and it was found that high indicators of good conformity were achieved. Therefore, confirmatory validity of the scale was achieved. This was illustrated in the following table:

Table 3. Indications of model fit for the scale of bulimia and psychological disorders (n = 150)

Indications of model fit		**VALUE**
Chi-Square/df	X^2/df	1.58
Goodness of Fit Index	GFI	.972
Adjusted Goodness of Fit Index	AGFI	.910
Normed Fit Index	NFI	.919
Comparative Fit Index	CFI	.958
Incremental Fit Index	IFI	.959
Tucker-Lewis Index	TLI	.944
Root Mean Square Error of Approximation	RMSEA	.06

It is clear from the previous table that the hypothetical Model of the scale of bulimia nervosa and the accompanying mental disorders closely correspond to the data of the current sample, and the saturation of the items of the scale confirms two factors through several indicators indicating the quality of this match, which the assumed model is accepted or rejected in light of, which are known as indicators Quality of conformity, as the ratio between Chi-square

and degrees of freedom occurred in the ideal range of (1,58); If this value is less than (5), the model is accepted, in addition to the GFI index of conformity, the index of good conformity corrected by degrees of freedom or the average of AGFI, the standard matching index NFI, the comparative index of conformity CFI, the index of incremental conformity IFI, and the TOKER Lewis TLI index, all of which have high values You come close to the threshold equal to the maximum of these indicators (the correct one). The high value in these indicators indicates a better match of the model with the sample data, and therefore this indicated the quality of the model as in the results of the current model, in addition to that the average root square error index RMSEA was calculated because it is one of the most important indicators of conformity quality in confirmatory factor analysis, and its value reached In the current research (0.06), it is a modifier that confirms the quality of the model, and that the model matches the data, which confirms the structural validity of the scale in the current study, and that it has indications of global confirmatory validity on the Egyptian environment.

The Therapeutic Program: (prepared by researchers)

Aims of the program. *The program aims to achieve the following:*

1. Providing female students suffering from bulimia nervosa and distorted body image with important and comprehensive information about their problems, which makes them more understanding of the nature of this disease, and help them to know the characteristics, causes, physical and psychological symptoms related to their suffering.
2. Helping participants modify their irrational thought related to bulimia nervosa and turn them into positive thoughts that contribute to treating this disease in a more effective way.
3. Training participants to observe their distorted thoughts and express these thoughts so that they do not escalate and do not turn into real cognitive problems.
4. Helping sample members overcome negative automatic thoughts.
5. Understanding the way which the sample constructing their reality.
6. Catching dysfunctional thoughts.
7. Constructing balanced reality based on thoughts.

The general framework of the treatment program. *This treatment program included three main phases:*

1. The first stage: the evaluation and examination stage to determine the baseline and application of the diagnostic tools used in the program, and the establishment of the therapeutic relationship and it lasted one session.

2. The second stage: It is the stage of therapeutic intervention using the techniques of integrative psychotherapy to achieve the goals of the program, and it took sessions from 2 to 17.

3. The third stage: The follow-up phase and it included two phases, the first follow-up and it will be implemented after a time period equivalent to the program implementation period (one and a half months), and the second follow-up will be implemented after a period equivalent to twice the program implementation period (4 months)

Table 4: brief description of the therapeutic Program (sessions, Topics, gals& techniques)

Session number	Topics	Goals	Techniques
1	Preparing for program sessions and building therapeutic relationships	Acquaintance and formation of an effective therapeutic relationship between the researcher and the sample and between the sample members and each other, in addition to explaining the goals and stages of the program.	Lecture- Discussion (**Behavioral**)- Enhancing Motivation (**Cognitive**) - Developing Optimism-Instilling Hope (**Positive**)
2	Measurement Pre-Implementation	The application of the study tools represented in: Bulimia nervosa, anxiety and body image scales.	Discussion - Modeling - Positive Reinforcement (**Behavioral**) - Self Reflection - Enhancing Motivation (**Cognitive**)
3	Bulimia Nervosa: Causes & Effects	understanding bulimia nervosa Insight into the negative effects of bulimia nervosa.	The lecture - discussion **(behavioral)** -motivation sharpening - recording thoughts (**cognitive**) - homework (**behavioral**) Positive support, Cultivating Hope, Self-Efficacy, Self-assertiveness, Positive thinking, Mindfulness & emotional regulation (**positive**)
4	Relation between Bulimia Nervosa and psychological disorders	Understanding the inter-relationship between bulimia nervosa, anxiety and distorted body image	The lecture - discussion (**behavioral**) - motivation sharpening - recording thoughts (**cognitive**) - homework (behavioral) developing optimism - instilling hope - self-efficacy (**positive**)
5	Cognitive schema related to bulimia nervosa	-Understanding the negative cognitive schema related to bulimia nervosa. -Thought catching related to bulimia nervosa.	Thought catching, Cognitive Reconstruction, Positive Support, Socratic dialogue, Refutation Styles, Refutation Styles, Homework
6	Mindful Eating	Opening the way for the patient to reach mindful eating through the following:	The lecture - discussion **(behavioral)** - motivation

		-Stopping binge eating (by not responding to pressure from friends - limiting a small amount to food - and committing to a number of hours not less than i hours between meals and distracting with the wise mind" . -Intentionally eating outside of eating periods (preventing impulse eating(-Reducing eagerness through distraction and distraction from eating by focusing on what is in your hand at the moment but in every moment away from eating -Reducing bouts of defeat and surrender by practicing sport and pleasant activities -Reducing impulse buying behaviors -Increasing training on skills to regulate impulsivity and emotions through skills of reasoning, regulation of emotions, and acceptance of stressful situations	sharpening - recording thoughts (**cognitive**) - homework (**behavioral**) developing optimism - instilling hope- self-efficacy- mindfulness- emotional regulation (**positive**)
7	Body Image distortion	-Exchanging the views of the body image nature. -Suggesting the best ways in which flows through improving the body image. -Providing psychological education about body image, regarding to weight controlling keeping, and its relationship to the body. -Identifying the specific problems in the body. -Encouraging the adoption, a positive body image	Lecture, Discussion, Homework, Distraction, Imagery, Role Playing, Cultivating Hope
8	Problem-Solving skills & decision-making	Develop the ability to solve problems associated with bulimia nervosa and eating behavior. Helping the sample to understand the true causes and drivers behind this pathological behavior.	Self- meditation, Motivation sharpening, Activities schedules, Role Playing, Cultivating Hope, Discussion-Homework
9	Relaxation training	This session aims to discuss the homework in addition to training the sample members on the skills of psychological, muscular & physical relaxation in cases of anxiety, tension & disorders associated with stressful situations that the sample members suffer in order to control the negative effects resulting from these pressures. With assigning the sample to the necessity to repeat the relaxation exercises continuously.	Relaxation ,Gradual Desensitization, Self- meditation, Psycho- Education, Homework, Positive support, Activities schedules Modeling, Role Playing

10	Cognitive Re-construction toward Bulimia Nervosa	Cognitive reconstructing of the sample and teaching them new methods to get rid of the life-threatening problems that are threatened with treatment at the same time, and to achieve this, the cases will be trained to refute their false negative thoughts and complexities and replace them with rational and invalid ideas	lecture- discussion (**behavioral**) –motivation sharpening- recording thoughts- Thought Catching- cognitive reconstruction- Socratic dialogue(**cognitive**) - homework (**behavioral**) developing optimism - instilling hope - self-efficacy- flow (**positive**)
11	Coping skills and facing stress	This session aims to train the sample members on the final and effective practical skills that contribute to managing psychological and family pressures, and then convey the impact of this training on stressful life situations and solve the daily problems that may stand in their way, and then take positive steps towards not falling under the burden These pressures in the future, in addition to training members of the sample on some skills and strategies of emotional relief, and then achieving comprehensive psychological and social harmony. With giving the sample members a set of homework, including developing perceptions about strategies to face pressure and solve problems.	(Gradual desensitization, Negative Practice, Modeling, Role Playing , Relaxation, Activities schedules, **(behavioral)** - Motivation sharpening- Self-reflection- Recording ideas- Cognitive reconstruction, (**cognitive**) -Instilling hope- optimism - Flow - Self-efficacy- self-assertiveness (**positive**)
12	Coping skills, facing pressure, and social support	This session is a continuation of the previous session and an affirmation of its objectives, as it aims to discuss the homework in addition to training the sample members on the final and effective practical skills that contribute to managing psychological and family pressures, and then transmitting the effect of this training on stressful life situations and helps to solve daily problems that may arise. The family path and then taking positive steps towards not falling under the weight of these pressures in the future, in addition to training the sample members on some skills and strategies of emotional relief and then achieving comprehensive psychological and social harmony. With giving the sample members a set of homework, including developing a comprehensive evaluation of their benefit from the program, and whether there are some points or strategies that are not	Motivation sharpening, Positive support, Discussion, Activities schedules, Role Playing, Self –Efficacy, Self-assertiveness, Cultivating Hope Homework

		understood or ambiguous.	
13	Motivation to reduce the bulimic behavior	This treatment session aims to help the sample to develop motivation to reduce binge eating behavior with an emphasis on continuing this positive behavior associated with reducing bulimia nervosa.	Lecture - Discussion - Learning and new Attitudes and Behaviors-Homework **(behavioral)** - Motivation sharpening- Cognitive reconstruction (**cognitive**)- positive thinking- optimism - Flow - Self-efficacy (**positive**)
14	Healthy eating and self-monitoring	Encouraging and developing bulimic patients' awareness of healthy eating. -Training on healthy eating, which does not achieve an increasing in weight? -Encouraging and supporting psychological and social obese patients. -Training on self-monitoring of weight. - Helping to organize a meal positively. -Developing the skills to maintain weight in the long term. -Supporting and developing of personal responsibility in patients	Thought catching, Cognitive Reconstruction, Socratic dialogue, Homework, Refutation Styles, Refutation Styles, Positive Thinking, Cultivating Hope, Homework
15	self-confidence and self-efficacy	-Developing skills of self-confidence. -Achieving a good level of satisfaction with self and society. -Developing self-efficacy to overcome eating problems.	Lecture - Discussion - Modeling- Positive Reinforcement - Learning and acquiring new attitudes and Behaviors - Homework **(behavioral**) - (Thought Catching, Cognitive Reconstruction, Socratic dialogue, Methods of refutation, Self-meditation, Motivation sharpening, Lecture, Group Discussion, Homework) (**cognitive**) -optimism-Flow- Self-efficacy- positive thinking (**positive**)
16	Self-assertiveness	The current session aims to train the case on affirmation, self-management and organization, especially in social situations, through the following remedial measures: Each case will practice the meaning of self-affirmation in social situations by modeling, modeling and role-playing The case will identify the cognitive obstacles that prevent her from enjoying self-confidence and reduce self-efficacy through	Lecture - Discussion - Modeling - Positive Reinforcement - Learning new attitudes and Behaviors-Homework **(behavioral)** Motivation sharpening - Self-reflection- Recording ideas - Cognitive reconstruction- Self-assertiveness (**cognitive**) optimism - Flow-Self-efficacy –

		self-management and organization by training to transform the external control centre of thoughts, feelings, moods and behavior into a centre for internal control and responsibility. Each case will practice affirmative behavior in its new sense in all social contexts Each case will notice the positive indicators resulting from practicing affirmative behavior as the outbursts of anger and mood swings at home and university subside, and you will record them in the cognitive and behavioral self-monitoring schedules to realize how positively they have changed and not lose these gains	positive thinking -Cultivating Hope (**positive**) Homework
17	Reviewing the therapeutic program	-Giving alight on the general goals of the program, this had already been discussed and briefed by the sample. -Enlighten the patients' some of therapeutic techniques that the program has been depended in it. -Rising the motivation on the need for continuing the program. -Social and technical support for the sample in any matters related to the program. -Put the finishing touches to end the program.	discussion, positive reinforcement, shaping, exchanging roles, recording ideas, cognitive reconstruction, encouragement- homework
18	Ending the therapeutic program.	-Giving the patients written therapeutic plan to maintain the weight. -Finishing the therapeutic program through some technical strategies. -Performing post-tests. -Identifying the following-up sessions. -Enhancing the benefit of the program	Lecture - Discussion - Modeling- Homework (**behavioral**) -Motivation sharpening- Self-reflection- (**cognitive**) -Instilling hope- optimism - Flow - Self-efficacy (**positive**)

The Therapeutic Techniques used in this Program.

The current program uses some behavioural, cognitive, and positive Psychotherapy techniques as follows:

Behavioral Techniques. The researcher depended on behavioral techniques such as:

1. Gradual Desensitization: This technique is based on works of Joseph Wolfe who informed that relaxation could inhibit anxiety and tension. Types of gradual desensitization include: imaginary desensitization, gradual realistic desensitization and subjective gradual desensitization.
2. Negative Practice: This approach is based on Wolfe's work. It follows the muscle, mental relaxation and anti-anxiety response (gradual desensitization) and aims to dislike the unwanted behaviour. the participant is asked to do the disliked exercises in boring circumstances to the degree of fatigue, exhaustion and stop the practice.
3. Modelling: it is an essential behavioural modification technique. The applied content of this technique is training bulimic patients on positive behaviours they are required to do to alleviate their psychological disorders.

4. Role Playing: Participants demonstrated conflicts, motives, needs, and the identification of a personality related to their problems. Then they exchanged roles. The repetition of certain behaviours leads to awareness of feelings and the repeated role play of the situation gives the individual an opportunity to feel better about their social skills and change inappropriate self-statements.

5. Relaxation: Relaxation is used to relieve the subject's feeling of tension, psychological pressures, and the associated psychological and physiological disturbances, reduce muscle contractions, and thus voluntary control of heart rates, blood pressure and other Psychosomatic symptoms.

6. Self-assertiveness training: It trains individuals to deal with anxiety states by focusing on expressing their feelings in a socially acceptable manner.

7. Activities schedules: This method helps individuals plan their daily activities. This procedure reduces daily pressures represented in the accumulation of burdens and tasks through organization and planning to accomplish these tasks. The researchers taught participants to organize their time so that they accomplish many tasks in an orderly manner and take time to take care of themselves.

Cognitive Techniques. It is a novel psychotherapy method of directive therapy using specific mechanisms, tools, techniques and cognitive skills to help the patient identify negative thoughts and irrational beliefs that are accompanied by an emotional and behavioral defect and turn them into beliefs accompanied by emotional and behavioral control. The researchers used the following cognitive techniques in the current program:

1. Thought catching: This technique aims to make bulimic students monitor and record her conversations and ideas in a proper way. Recording thoughts will help the student increase her self-insight and errors in thinking. When she is able to identify and record her thoughts correctly, the therapist can ask student to monitor her own thinking and record these thoughts. Negative thoughts can be recorded by asking the patient to write a list of situations, the negative thinking that accompanies them and the resulting emotions. During this technique the patient is requested to record her thoughts on three things as follows :(Ideas about herself, ideas about the environment and those around her, and ideas about the future).

The researchers directed participants to record their negative thoughts and emotions associated with bulimia nervosa, to gain insight about them and their negative effects, and then the need to amend and replace them with new, positive thoughts.

2. Cognitive Reconstruction: This technique aims to modify the patient's misconceptions and enhance communication between them and their family or group members. This cognitive structure includes identifying the student's negative beliefs and thoughts, discussing them, and generating or finding positive cognitive models or ideas about the nature of daily problems.

3. Socratic dialogue: In this technique the therapist leads the patient to doubt their thoughts, build new ideas. The therapist creates a dynamic rational questioning about the patient's beliefs, so they can reach an open-minded, realistic understanding of the world (Buffet, 2019, p. 110).

4. Refutation Styles: This method helps reveal the negative or exaggerated aspects of thinking through refutation of erroneous ideas with persuasion. The greater the awareness and insight that there are valid and positive rational alternatives, the more likely it is to adopt them as a way of thinking, which increases the social effectiveness and the harmonic capacity of the individual (Ibrahim, 1998, p. 233).

5. Self- meditation: This technique helps the subject think slowly and clearly about their problems, triggers, stances, and crises.

6. Motivation sharpening: In this technique the therapist transmits energy and determination to, and raises motivation of the subject, which is transformed into internal energy, meaning that the subject acquires strength and the ability to sharpen her/himself and push it towards resisting their negative thoughts and overcoming them in various ways.

7. Psycho- Education: illustrating the influence of cognitions on affect and behavior and demonstrating the relation between thinking and affect by using daily thought recording and induced imagery techniques.

8. Distraction: A useful technique for helping clients to refocus their attention from the negative to positive things.

9-Imagery: Useful for assessment, identifying and dealing with stimulus conditions, refusal skills, assertiveness, seemingly irrelevant decisions, problem solving and adapting lifestyles.

Positive Techniques. Positive psychotherapy is a modern approach of psychotherapy, and this trend emerged from positive psychology in 1998 by Martin Seligman. This trend depends on using positive psychology strategies to help one understands one's motivations, emotions, directions, problems, struggles, aspirations and hopes by focusing on positive aspects of personality and trying to fade negative aspects. The researchers used various positive psychotherapy techniques as follows:

1. Positive support: The therapist helps patients think positively about their problems and illness through providing support (praise- raise- emotional participation) to bulimic students, especially when they participate in discussions in a positive way guided by several questions about the disorder. The patient's participation in these dialogues is necessarily followed by providing moral support to them.
2. Optimism skills development: Optimism expresses that the student's has certain positive about the future despite current problems and frustrations (El-Wakeel, 2015).
3. Cultivating Hope: It increases self-confidence and helps good psychological performance as it contributes to the individual's well-being. Hope is used in psychotherapy and is called hope therapy. Comparing students in the same faculties, mental abilities and potentials, they differ in results because of hope.
4. Self -Efficacy: It is the confidence in one's abilities to perform and control his life and face challenges, and therefore the development of self-efficacy makes the individual more willing to take risks, challenges and strive to overcome them. Self-efficacy increases by overcoming more challenges successfully.
5. Self-assertiveness: It refers to one's ability to act confidently in various social situations that allows him to protect his interests and rights without harming others or their interests (El-Wakeel, 2015).
6. Positive thinking: Positive thinking helps the individual set life goals better, contributes to the positive development of the individual's personality, results in increasing optimism skills and getting rid of negative thoughts.
7. Mindfulness: It means awareness of one's painful experiences in a balanced way, without ignoring, exaggerating, or over-uniting with them (Albertson et al., 2015, p. 4). The individual becomes aware of and experiences negative and painful experiences and feelings in the present moment in a balanced way without making negative judgments, avoidance or suppression. Reason helps the individual accept his negative inner experiences with composure, and deal with them in a rational and balanced manner (Mistretta, 2019, p. 5).

Validity of the Therapeutic Program.

The researchers presented the initial form of the therapeutic program to five professors of clinical psychology and Psychotherapy for verifying its efficacy and validity for application and made their comments. Consequently, changes were made, and the final version of the therapeutic program was prepared. The researchers presented the final form of the program after making the proposed changes to the same reviewers. All of them (100%) agreed on the validity of the therapeutic program, its techniques, and sessions to apply to bulimic female university students.

Data Collection and Analysis

Results:

First Hypothesis: "Integrative therapeutic program will reduce bulimia nervosa, anxiety and body image disorder among the clinical sample through comparing the pre and post intervention".

Table (5) shows the difference in the level of symptom (as measured by Bulimia nervosa and psychological disorders scale) before and after clinical intervention.

Table 5. T-test results for pre-test and post-test

Variables	Pre -test	Post-test	T	Sig

	M	S	M	S		
Bulimia Nervosa	43.71	5.62	25.63	7.61	9.72	0.000
Anxiety	42.27	3.21	20.11	4.37	20.91	0.000
Body Image Disorder	41.50	6.47	24.11	3.32	12.16	0.000

As shown in Table 5, there are statistically significant differences at 0.001 between the Pre-test and the Post-test in bulimia nervosa, anxiety, and body image disorders. These results indicate that clinical intervention reduced levels of bulimia nervosa, anxiety and body image disorders the efficacy of integrative psychotherapy in reducing bulimia nervosa, anxiety and improving body image.

Second hypothesis:

There are not statistically significant differences in bulimia nervosa, anxiety and body image disorders between the post-test and the first follow-up testing (two months after finishing therapeutic program) among the sample".

Table 6 shows the significant differences among the clinical group.

Table 6. Significant differences in bulimia nervosa, anxiety & body image disorders between the post and the first following up testing among the sample N=27

Variables	Post-test		follow up		T	Sig
	M	S	M	S		
Bulimia Nervosa	25.63	7.61	24.78	4.23	0.497	0.987
Anxiety	20.11	4.37	19.67	3.26	0.411	0.879
Body Image Disorder	24.11	3.32	23.40	6.14	0.518	0.456

Table 5 demonstrates that there are no statistically significant differences in bulimia nervosa, anxiety, and body image disorders between the post-test and after follow-up test among the experimental group. So, the fourth hypothesis has been achieved completely.

Third hypothesis:

There are no statistically significant differences in bulimia nervosa, anxiety and body image disorders between the post-test and the second follow-up test (four months after finishing therapeutic program) among the sample. Table (7) shows the significant differences among the clinical group.

Table 7. Results of T-test

Variables	Post-test		follow up		T	Sig
	M	S	M	S		
Bulimia Nervosa	25.63	7.61	24.85	4.87	0.441	0.889
Anxiety	20.11	4.37	19.79	5.34	0.237	0.981
Body Image Disorder	24.11	3.32	24.00	7.14	0.14	0.998

It is clear from Table (6) that there are no statistically significant differences in bulimia nervosa, anxiety and body image disorders between the post-test and after the second follow-up test among the experimental group. So, the fifth hypothesis has been achieved completely.

Discussion:

The present study aimed to verify the efficacy of using integrative psychotherapy in reducing anxiety and body image disorders associated with bulimia nervosa among Female Fayoum university students. Results indicated that integrative psychotherapy was effective in reducing anxiety and body image disorder associated with bulimia nervosa (BN) among Female University Students and this effectiveness continued after the follow-up stage.

The positive results can be attributed to different aspects of integrative therapy that proved useful for the participants. For example, participants were asked to record their negative thoughts and emotions associated with bulimia nervosa in order to gain insights into them and their negative effects, and then the need to amend them and replace them with new, more positive thoughts. Moreover, the current researchers assisted the participant's students in cognitive reconstruction, correcting their wrong ideas about themselves, enhancing communication with those around them, and generating positive cognitive ideas about the nature of her problem while using fun and humour to mock irrational thoughts.

These positive results validate the effectiveness of the therapeutic program employed in this study, in reducing both excessive obesity and associated psychological disorders. These results align with previous findings noted by several psychotherapy specialists regarding the effectiveness of integrative psychological therapy. They highlighted the importance of integrating cognitive, behavioral, and positive techniques in treating obesity and its associated psychological disorders.

The therapeutic program contributed to a significant improvement in the psychological state of the sample. The cognitive training through Distraction and Imagery helped them to get rid of negative thoughts related to eating behavior, through discovering distorted cognitive ideas and beliefs and replace them with more effective and positive ideas in relation to the process of eating. In addition, we can observe that behavioral techniques that used such as gradual desensitization, negative practice, relaxation exercises, self-assertiveness, modeling, and role exchange among the sample, in addition to the positive techniques such as mindfulness, Optimism skills development, cultivating hope, flow, self-efficacy, and positive thinking and Positive support in eating behaviors, it contributed significantly to the sample getting rid of the disorder Excessive appetite and the accompanying anxiety and disturbance of the body image, as well as the female technicians and the resulting negative results, and also contributed to their taking more positive behavioral steps with regard to eating behavior and overcoming the disorders associated with it.

So, this improvement can be explained in light of learning and practice problem-solving and decision-making skills, increasing their ability to solve problems, overcoming obstacles to losing weight and how to deal with them, increasing their self-confidence, learning and practicing sports activities regularly and in a scientific way, and their long-term healthy diet.

Many researchers (Benas & Gibb, 2008; Larrier et al., 2011; Seidel et al., 2009; Veltsista et al., 2010) emphasized the negative psychological impacts of bulimia nervosa, such as anxiety, depression, and body image disorder. The previous studies reported that there were certain personality characteristics or tendencies that may predispose an individual to develop bulimia nervosa, such overwhelming feelings of helplessness, anxiety, and depression, so he or she may also be prone to self-criticism, impulsivity, and body image concerns (in: Spinner, 2008). So the negative effects of bulimia, including the presence of psychological disorders associated with it such as anxiety and body image disorder (Benas & Gibb, 2008), require using psychological treatment methods to help patients to overcome and get rid of them in order to the dangerous health effects on human life are not multiplied and it becomes impossible to treat them.

On the other hand, some researchers such as Spinner (2008) indicated that there is a challenge within the field in terms of distinguishing between primary sources and factors such as distortions in body image, negative cognitions, compulsive behaviors, and self-esteem. Due to the variety of causes underlying bulimia nervosa, its etiology is often multifactorial

(Spinner, 2008). Recovery from eating disorders can be challenging for many reasons, including the difficulty clinicians face in distinguishing between the many presenting problems often co-occurring in individuals with eating disorders, such as comorbidity with depression and anxiety (Alleva et al., 2015). Accordingly, there is a need for a holistic understanding of the causes behind bulimia nervosa and an interpretation of these causes in order to develop an effective psychotherapy method.

Anitha et al. (2019) stated that Bulimia Nervosa (BN) is largely associated with body image disorder. In some countries, due to high obesity rates, females are known to consume more food, resulting in depression, anxiety, and hypochondriacal neurosis, all of which contribute to body image distortion.

As for the cognitive factors, we will find that cognitive factors including challenging core beliefs about eating, shape, and weight; and affective factors, such as learning to develop feelings of empowerment and hope for the future (Wilson et al., 2007). So cognitive-behavioral therapy (CBT) based on the idea that thoughts cause feelings and behaviors. Challenging and modifying unhealthy thoughts, assumptions, beliefs and behaviors to more functional behaviors and experiences (Wilson, 2010). So cognitive behavioral therapy is considered the treatment of bulimia nervosa by many clinicians. Interpersonal psychotherapy has also been widely recognized as helpful to recovery; both have received extensive empirical validation(Williams & Haverkamp, 2010).

As such, the results of this study affirm the efficacy of using psychotherapy, particularly integrative psychotherapy, in reducing anxiety and body image disorders associated with bulimia nervosa among female university students.

Findings of the current research are consistent with previous research (Hartman, 2010; Riess, 2002; Spinner, 2008) which confirmed that integrative psychotherapy is effective than the other psychotherapy styles in overcoming bulimia nervosa and treating body image and anxiety disorders.

Conclusion:

The integrative psychotherapy approach has proven to be more successful for female university students suffering from bulimia nervosa and associated psychological disorders, such as anxiety and body image disorder. Therefore, based on the data presented, it is critical to refine psychotherapy techniques to achieve effective results. The current research relied heavily on various cognitive psychotherapy techniques, such as thought catching, cognitive reconstruction, group discussion, and homework. Behavioural psychotherapy techniques were also employed, including gradual desensitization, negative practice, modelling, and role exchanging. Positive psychotherapy techniques, such as positive support, optimism skills development, cultivating hope, and self-efficacy were utilized as well. Given these findings, it's important to consider that the challenge in psychotherapy with bulimic patients is to find treatments that not only alleviate the symptoms of bulimia nervosa, decrease anxiety, and other associated psychological disorders but also enable healthier responses to each individual's personal life challenges.

Recommendations

Based on the results, the study recommends the following:

1- There is a need to implement therapeutic programs based on integrative techniques to reduce bulimia and related psychological disorders among university students.

2- Implementing sports and recreational programs can help reduce bulimia among university students. These could include regular physical education, daily activities, regular walks, and participation in recreational activities that build self-confidence.

3- It is crucial to educate society, particularly university students, about the dangers of obesity. They should also be taught techniques to improve self-confidence and assertiveness.

4- There is a need to develop additional psychological therapeutic and counseling programs to reduce obesity, bulimia, and related psychological disorders.

REFERENCES

Adebimpe, O. A., & Idehen, E. E. (2015). Cognitive behaviour therapy in the management of eating disorder among female undergraduates of Obafemi Awolowo University Ile-Ife. *Gender and Behaviour*, *13*, 6535-6539.

Albertson, E. R., Neff, K. D., & Dill-Shackleford, K. E. (2015). Self-compassion and body dissatisfaction in women: A randomized controlled trial of a brief meditation intervention. *Mindfulness*, *6*, 444-454. https://doi.org/10.1007/s12671-014-0277-3

Alleva, J. M., Sheeran, P., Webb, T. L., Martijn, C., & Miles, E. (2015). A Meta-Analytic Review of Stand-Alone Interventions to Improve Body Image. *PLoS One*, *10*(9), e0139177

AmericanPsychiatricAssociation. (2022). *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)*. American Psychiatric Association. https://www.psychiatry.org/psychiatrists/practice/dsm

Anitha, L., Alhussaini, A. A., Alsuwedan, H. I., Alnefaie, H. F., Almubrek, R. A., & Aldaweesh, S. A. (2019). Bulimia Nervosa and Body Dissatisfaction in Terms of Self-Perception of Body Image. *Anorexia and Bulimia Nervosa*.

Asbenson, A. (2019). *Using positive psychology to treat anorexia nervosa* Biola University].

Benas, J. S., & Gibb, B. E. (2008). Weight-related teasing, dysfunctional cognitions, and symptoms of depression and eating disturbances. *Cognitive Therapy and Research*, *32*, 143-160. https://doi.org/10.1007/s10608-006-9030-0

Biasetti, A. S. (2015). *Broken into life: A grounded theory on the role of self-compassion in eating disorder recovery* Sofia University].

Blasco, B. V., García-Jiménez, J., Bodoano, I., & Gutiérrez-Rojas, L. (2020). Obesity and depression: Its prevalence and influence as a prognostic factor: A systematic review. *Psychiatry investigation*, *17*(8), 715. doi: 10.30773/pi.2020.0099

Brown, T. A., & Keel, P. K. (2012). Current and emerging directions in the treatment of eating disorders. *Subst Abuse*, *6*, 33-61. https://doi.org/10.4137/sart.S7864

Brunet, J., Del Duchetto, F., & Wurz, A. (2021). Physical activity behaviors and attitudes among women with an eating disorder: a qualitative study. *J Eat Disord*, *9*(1), 20. https://doi.org/10.1186/s40337-021-00377-w

Buffet, C. (2019). *An Introduction to Cognitive Behavioral Therapies (translation: Bouziane Farhat)*. Dar Al Majd for Printing, Publishing and Distribution.

Chen, Y., Jiang, Y., & Mao, Y. (2009). Association between obesity and depression in Canadians. *Journal of Women's Health*, *18*(10), 1687-1692. https://doi.org/10.1089/jwh.2008.1175

DeBois, K. A. (2020). *The Development and Progression of Orthorexia Nervosa: Toward Defining an Emerging Eating Disorder* Kent State University.].

De Sousa, P. M. L. (2008). Body-image and obesity in adolescence: a comparative study of social-demographic, psychological, and behavioral aspects. *The Spanish journal of psychology*, *11*(2), 551-563.

Devlin, M. J. (2002). Pharmacological Treatment Of Binge Eating Disorder. In C. G. F. K. D. B. (Eds) (Ed.), *Eating Disorders And Obesity: A Comprehensive Handbook* (2nd Ed. ed., pp. 354- 357). Guilford.

Dowling, P. E. B. (2009). *A training manual for clients with Bulimia Nervosa combining interpersonal group psychotherapy with an on-line self-help program* The University of the Rockies].

Dryer, R., Tyson, G. A., & Kiernan, M. (2012). Bulimia Nervosa: Professional and Lay People's Beliefs About the Causes. *Australian Psychologist*, *48*, 338 - 344.

El-Wakeel, S. A. (2015). Positive Psychology and its Clinical, Social & Criminal Implementations. *Journal of Environmental Behavior 3*(1), 379-424.

Erskine, R. G. (2018). *Relational Patterns, Therapeutic Presence: Concepts and Practice of Integrative Psychotherapy*. Taylor & Francis. https://books.google.ae/books?id=kBVWDwAAQBAJ

Erskine, R. G., & Moursund, J. P. (2011). *Integrative Psychotherapy in Action*. Karnac Books. https://books.google.ae/books?id=55m7T1D9ax0C

Fairburn, C. G., Cooper, Z., Shafran, R., & Wilson, G. T. (2008). *Eating disorders: A transdiagnostic protocol*The Guilford Press.

Fairburn, C. G., Cooper, Z., Shafran, R., & Wilson, G. T. (2016). Eating disorders: A trans diagnostic protocol. In D. H. B. (Ed.) (Ed.), *Clinical handbook of psychological disorders: A step-by-step treatment manual* (pp. 578–614). The Guilford Press.

Foster, G. D., Wadden, T. A., Vogt, R. A., & Brewer, G. (1997). What is a reasonable weight loss? Patients' expectations and evaluations of obesity treatment outcomes. *J Consult Clin Psychol*, *65*(1), 79-85. https://doi.org/10.1037//0022-006x.65.1.79

Frank, G. K., Roblek, T., Shott, M. E., Jappe, L. M., Rollin, M. D., Hagman, J. O., & Pryor, T. (2012). Heightened fear of uncertainty in anorexia and bulimia nervosa. *Int J Eat Disord*, *45*(2), 227-232. https://doi.org/10.1002/eat.20929

García Mendoza, F. (2021). Body image dissatisfaction among rural population: a systematic review.

Geller, S., Dahan, S., Levy, S., Goldzweig, G., Hamdan, S., & Abu-Abeid, S. (2020). Body image and emotional eating as predictors of psychological distress following bariatric surgery. *Obesity surgery*, *30*, 1417-1423. https://doi.org/10.1007/s11695-019-04309-1

Grabhorn, R., Stenner, H., Stangier, U., & Kaufhold, J. (2006). Social anxiety in anorexia and bulimia nervosa: the mediating role of shame. *Clinical Psychology & Psychotherapy*, *13*, 12-19.

Hansell, J., & Damour, L. (2008). *Abnormal psychology* ((2nd ed.) ed.). Wiley.

Hartman, D. (2010). Integrative hypnotherapeutic protocols for treating bulimia nervosa: A treatment manual *Journal of Heart Centered Therapies*, *13*(1), 32-34.

Ibrahim, A. S. (1998). *Depression is a modern age disorder, its understanding and methods of treatment*. A series of knowledge world.

Jorm, A. F., Korten, A. E., Christensen, H., Jacomb, P. A., Rodgers, B., & Parslow, R. A. (2003). Association of obesity with anxiety, depression and emotional well-being: a community survey. *Australian and New Zealand journal of public health*, *27*(4), 434-440. https://doi.org/10.1111/j.1467-842X.2003.tb00423.x

Kaye, W. H., Bulik, C. M., Thornton, L., Barbarich, N., & Masters, K. (2004). Comorbidity of anxiety disorders with anorexia and bulimia nervosa. *Am J Psychiatry*, *161*(12), 2215-2221. https://doi.org/10.1176/appi.ajp.161.12.2215

Kimber, M., Georgiades, K., Jack, S. M., Couturier, J., & Wahoush, O. (2015). Body image and appearance perceptions from immigrant adolescents in Canada: An interpretive description. *Body Image*, *15*, 120-131. https://doi.org/10.1016/j.bodyim.2015.08.002

Koch, F. S., Sepa, A., & Ludvigsson, J. (2008). Psychological stress and obesity. *The Journal of pediatrics*, *153*(6), 839-844. https://doi.org/10.1016/j.jpeds.2008.06.016

Kogure, G. S., Ribeiro, V. B., Lopes, I. P., Furtado, C. L. M., Kodato, S., de Sá, M. F. S., ... & Dos Reis, R. M. (2019). Body image and its relationships with sexual functioning, anxiety, and depression in women with polycystic ovary syndrome. *Journal of affective disorders*, 253, 385-393. https://doi.org/10.1016/j.jad.2019.05.006

Larrier, Y., Bakerson, M., Linton, J., Walker, L., & Woolford, S. (2011). The Role of School Counselors in the Childhood Obesity Epidemic. *Journal of School Counseling*, *9*.

Levinson, C. A., Zerwas, S., Calebs, B., Forbush, K., Kordy, H., Watson, H., Hofmeier, S., Levine, M., Crosby, R. D., Peat, C., Runfola, C. D., Zimmer, B., Moesner, M., Marcus, M. D., & Bulik, C. M. (2017). The core symptoms of bulimia nervosa, anxiety, and depression: A network analysis. *J Abnorm Psychol*, *126*(3), 340-354. https://doi.org/10.1037/abn0000254

Martin, B. A. (2012). *the effects of dialectical behavior therapy on Individuals diagnosed with anorexia nervosa and bulimia Nervosa* University Of La Verne]. (Un published).

Mashalpourfard, M. (2018). Relationship of social anxiety, body image perception and depression with bulimia nervosa and anorexia nervosa in youth. *Journal of Fundamentals of Mental Health*, *20*, 138-147.

Mistretta, E. (2019). *Relation between Family Strain and Depressive Symptoms in Middle-aged Adults:The Moderating Effect of Self-compassion* [PhD Dissertation, Arizona State University]. Unpublished.

Moses, L. E. (2013). *Residential Care and Recovery in Women with a History of Treatment-refractory Bulimia Nervosa* [Doctoral dissertation Alliant International University]. Un published.

Okasha, A., & Okasha, T. (2018). *Contemporary Psychiatry*. Egyptian Anglo Library.

Riess, H. (2002). Integrative time-limited group therapy for bulimia nervosa. *Int J Group Psychother*, *52*(1), 1-26. https://doi.org/10.1521/ijgp.52.1.1.45469

Robin, A. L., Gilroy, M., & Dennis, A. B. (1998). Treatment of eating disorders in children and adolescents. *Clin Psychol Rev*, *18*(4), 421-446. https://doi.org/10.1016/s0272-7358(98)00013-0

Schattie, A. (2018). *Art Therapy and Body Image: Developing Positive Art Therapy Interventions for Adults with Body Image Concerns* Florida State University]. Un published. http://purl.flvc.org/fsu/fd/2018_Su_Schattie_fsu_0071N_14795

Seidel, A., Presnell, K., & Rosenfield, D. (2009). Mediators in the dissonance eating disorder prevention program. *Behaviour Research and Therapy*, *47*, 645-653. https://doi.org/10.1016/j.brat.2009.04.007

Shepphird, S. a. E., . Robert E. . (2022). bulimia nervosa. In *Encyclopedia Britannica*.

Simbar, M., Nazarpour, S., Alavi Majd, H., Dodel Andarvar, K., Jafari Torkamani, Z., & Alsadat Rahnemaei, F. (2020). Is body image a predictor of women's depression and anxiety in postmenopausal women?. BMC psychiatry, 20(1), 1-8. https://doi.org/10.1186/s12888-020-02617-w

Spinner, S. (2008). Integrative Hypnotherapeutic Protocols for Treating Bulimia Nervosa: A Treatment Manual *Dissertation* Abstracts International: Section B: The Sciences and Engineering, (5-B)(69), 3279.

Satghare, P., Mahesh, M. V., Abdin, E., Chong, S. A., & Subramaniam, M. (2019). The relative associations of body image dissatisfaction among psychiatric out-patients in Singapore. I*nternational Journal of environmental research and Public health*, *16*(24), 5162. https://doi.org/10.3390/ijerph16245162

Striegel-Moore, R. H., Silberstein, L. R., & Rodin, J. (1993). The social self in bulimia nervosa: public self-consciousness, social anxiety, and perceived fraudulence. *J Abnorm Psychol*, *102*(2), 297-303. https://doi.org/10.1037//0021-843x.102.2.297

Swinbourne, J. M. (2008). *The comorbidity between eating disorders and anxiety disorders* The University of Sydney].

Swinbourne, J. M., & Touyz, S. W. (2007). The co-morbidity of eating disorders and anxiety disorders: a review. *Eur Eat Disord Rev*, *15*(4), 253-274. https://doi.org/10.1002/erv.784

ter Huurne, E. D., de Haan, H. A., Postel, M. G., van der Palen, J., VanDerNagel, J. E., & DeJong, C. A. (2015). Web-Based Cognitive Behavioral Therapy for Female Patients With Eating Disorders: Randomized Controlled Trial. *J Med Internet Res*, *17*(6), e152. https://doi.org/10.2196/jmir.3946

Uhrich, L. R. (2018). *An Anorexia Prevention Program for Jewish Females* The Chicago School of Professional Psychology]. (Un Published).

Van Doornik, S. F. W., Glashouwer, K. A., Ostafin, B. D., & De Jong, P. J. (2021). The Causal Influence of Life Meaning on Weight and Shape Concerns in Women at Risk for Developing an Eating Disorder. *Front Psychol*, *12*, 593393. https://doi.org/10.3389/fpsyg.2021.593393

Veltsista, A., Laitinen, J., Sovio, U., Roma, E., Järvelin, M. R., & Bakoula, C. (2010). Relationship between eating behavior, breakfast consumption, and obesity among Finnish and Greek adolescents. *J Nutr Educ Behav*, *42*(6), 417-421. https://doi.org/10.1016/j.jneb.2009.12.004

Vitousek, K. B., & Hollon, S. D. (1990). The investigation of schematic content and processing in eating disorders. *Cognitive Therapy and Research*, *14*, 191-214. https://doi.org/10.1007/BF01176209

Vocks, S., Legenbauer, T., Rüddel, H., & Troje, N. F. (2007). Static and dynamic body image in bulimia nervosa: mental representation of body dimensions and biological motion patterns. *Int J Eat Disord*, *40*(1), 59-66. https://doi.org/10.1002/eat.20336

Williams, M., & Haverkamp, B. E. (2010). Identifying Critical Competencies for Psychotherapeutic Practice With Eating Disordered Clients: A Delphi Study. *Eating Disorders*, *18*(2), 91-109. https://doi.org/10.1080/10640260903585524

Wilson, G. T. (2010). Cognitive behavioral therapy for eating disorders. In *The Oxford handbook of eating disorders*. (pp. 331-347). Oxford University Press.

Wilson, G. T., Fairburn, C. C., Agras, W. S., Walsh, B. T., & Kraemer, H. (2002). Cognitive-behavioral therapy for bulimia nervosa: time course and mechanisms of change. *J Consult Clin Psychol*, *70*(2), 267-274.

Wilson, G. T., Grilo, C. M., & Vitousek, K. M. (2007). Psychological treatment of eating disorders. *Am Psychol*, *62*(3), 199-216. https://doi.org/10.1037/0003-066x.62.3.199

Wilson, G. T., & Zandberg, L. J. (2012). Cognitive-behavioral guided self-help for eating disorders: effectiveness and scalability. *Clin Psychol Rev*, *32*(4), 343-357. https://doi.org/10.1016/j.cpr.2012.03.001

Wnuk, S. (2009). *Treatment development and evaluation of Emotion-Focused group therapy for women with symptoms of Bulimia Nervosa* New York University.]. (Un published).

Yoshie, M., Asai, M., & Kato, D. (2014). Eating attitudes and anxiety in Japanese female university students. *Social Behavior and Personality*, *42*, 97-98.

Yoshie, M., Kato, D., Sadamatsu, M., & Watanabe, K. (2017). The eating attitudes, body image, and depression of Japanese female university students. *Social Behavior and Personality*, *45*, 943-950.