

important in the recovery process, and if there are elements of recovery not described in the TTM or ACM that they consider important. One hundred and eighty six (179 female) recovered and recovering eating disorder sufferers were asked about what they believe helps someone recover from an eating disorder. Participants' responses contained 419 response units, which were coded and categorised into factors of the TTM and ACM by four trained raters. Inter-rater reliability, using Krippendorff's alpha, was poor for the TTM ($\alpha=0.47$) and ACM ($\alpha=0.53$), indicating eating disorder sufferers do not describe change in the same manner as the models. Subsequent content analysis of participants' responses revealed factors participants believe to be helpful to recovery, such as support from others, awareness and expression of one's thoughts and feelings, and developing acceptance and responsibility for oneself.

Personality changes and the occurrence of dementia

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Previous reports have suggested that personality changes are associated with the development of dementia, notably increased social isolation and passivity in people later diagnosed with Alzheimer's disease. Here data from the first two waves of the Canadian Study of Health and Aging (CSHA) are used to evaluate differences in personality characteristics between 99 people with dementia and 270 controls assessed to be cognitively intact. Ratings on seven variables from the Cambridge Examination for Mental Disorders of the Elderly (CAMDEX) at CSHA-1 by proxy informants for the person being rated were compared for normal controls and the group diagnosed with dementia five years later in CSHA-2. Most of the sample was female (63.1%), with a mean age of 77.5 years ($SD = 6.44$) and a mean of 9.4 years of education ($SD = 4.19$). Personality changes were twice as common in the dementia group as in normal controls, with aggravation of premorbid personality features, and changes in mood also being more common, while other personality factors did not differ between groups. These results are at odds with some earlier studies, suggesting that further studies of people in the early stages of

dementia are needed to better understand the development of dementia.

Body image ideals of thinness and muscularity for self and others

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Body image ideals for both genders now incorporate leanness and muscularity dimensions. Sociocultural theory proposes that internalisation mediates the impact of exposure to societal body shape ideals disseminated in the media on body dissatisfaction. Using Fallon and Rozin's figural stimuli paradigm, current ideals for leanness and muscularity for the self and others were investigated. The impact of internalisation of societal body ideals on body expectations of the opposite gender was also investigated. Ninety-five males and 106 females aged between 18 and 30 used separate figural stimuli sets varying in muscularity and leanness to report their perceptions of the body shape matching their current, ideal, most attractive in the opposite sex and most attractive to the opposite sex. Media consumption, internalisation and body shape expectations of the opposite sex was also assessed. While female and males' body image concerns were primarily related to leanness and muscularity, respectively, both were important to both genders. Consumption of leanness-related media was associated with leanness internalisation for both genders. However, consumption of muscularity or leanness-related media was unrelated to body dissatisfaction for either gender. Females' body dissatisfaction and both genders' internalisation of body image ideals were related to expectations of the opposite sex.

The developmental structure of the therapists' thinking and their experience of building the therapeutic alliance

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The psychological development of therapists and its association with their experience in building and maintaining a therapeutic alliance was explored using a constructivist developmental approach. Eight female psychologists participated in two semi-