

## BOOK REVIEWS

J. KEVIN THOMPSON AND LINDA SMOLAK (EDS.): *Body Image, Eating Disorders, and Obesity in Youth: Assessment, Prevention, and Treatment*. American Psychological Association, Washington, DC, 2001, 403 pp., \$39.95, ISBN 1-55798-758-0.

*Body Image, Eating Disorders, and Obesity in Youth* is one of the first edited books on children and adolescents that deals with body image, obesity, and eating disorders, and as such, it is a groundbreaker. The editors distill and summarize the findings of examination of risk factors, prevention programs, assessment strategies, and treatment options for 6- to 17-year-olds into a manageable review for beginning clinicians, graduate students, and seasoned researchers.

The impetus for the text is that obesity, eating disorders, and body-image disturbances affect a significant number of children today. The volume consists of 14 chapters and an introduction by the editors. The chapters are divided into four sections: Foundations; Risk Factors; Assessment and Prevention; and Treatment.

Section I lays the groundwork for the discussion of eating-related problems among children and adolescents. Authors Jennifer O. Fisher and Leann L. Birch lead the section by exploring *in utero* possibilities of developing a dietary taste. They also discuss formula versus breastfeeding. The view of the etiology of eating problems originating from children's earliest experiences with food and eating is in tune with the more psychodynamic literature. This vantage point marks the scope of the problem.

Linda Smolak and Michael P. Levine address the important DSM differential diagnostic question: "Are there body image disturbances among children, or body image problems?" They examine genetic influences to body-image disturbances. Their studies concede that there are no conclusions, just suppositions.

Jennifer Zoler Douchis, Helen A. Hayden, and Denise E. Wilfrey give an excellent appendix of the summary of body-image and eating-disorder studies within ethnically diverse child and adolescent populations.

Section II, a strong section, reviews the research of risk factors thought to connect to eating disorders. Catherine M. Shisslak and Marjorie Crago give us a thoughtful and provoking chapter that tries to separate eating disorders from a generalized psychiatric diagnosis.

Ari B. Steinberg and Vicky Phares examine parental influences on body-image and weight concerns. They cite a number of studies that conclude that family therapy is an "effective treatment strategy" since the relationship between parents' attitudes and beliefs concerning weight, eating, and body shape and the development of body-image concerns and eating disturbances has been well established.

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Mary E. Connors tries to throw light on the connection of the relationship of sexual abuse among children (CSA) to body-image and eating disorders. There is a decent review of the literature. She also raises an interesting question: Does CSA increase psychic distress, which gives rise to tension-reducing activities so that survivors of CSA may use self-mutilation, as well as binge eating, as temporary relief?

Section III is the best section. Kelley Hill and Claire Pomeroy present a new and different view of body-image disturbances from the other chapters. They clearly state that "many adolescents are preoccupied with and critical of their appearance, however, only a small percentage of adolescents go on to develop a true eating disorder." The typical adolescent struggles with control and body image are magnified. They address obesity and offer a warning about total liquid protein diets, medications, and surgery for children and adolescents.

Rick M. Gardner notes that most body-image studies focus on adults, not children and suggests there is a need for assessment tools for studying children. He raises another important point—earlier research used perceptual assessment methods, which may account for inconsistency in their findings, whereas current research uses attitudinal measures. This way of thinking is further supported by Susan B. Netemeyer and Donald A. Williamson, who cite the problem of using DSM criteria for children who have not reached menarche. They introduce a special checklist for children.

It is not until Chapter 10 that authors Michael P. Levine and Linda Smolak raise what in this reviewer's mind ought to be the point of this volume—that prevention is key. Once one has an eating disorder, it is very difficult to treat. They review paradigms for primary prevention. There is a valuable review of the literature for 42 published and unpublished studies of the prevention of negative body image.

Myles S. Faith, Brian E. Saelens, Denise E. Wilfley, and David B. Allison tell us that nutritional education alone is not good enough. Behavior-modification strategies must be included. They discuss which children are most appropriate candidates for treatment. They caution against hospitalization and the use of medications for children and adolescents.

The volume ends with a provocative chapter on plastic surgery for children and adolescents. David B. Sarwer points out that there is no absolute psychological contraindication of surgery except body dysmorphic disorder, that has an average age of onset of 16.

There are two main complaints this reviewer has with this edited volume. The first is that although the editors try to be careful not to pathologize children, they do not quite succeed. There is no review of the normal developmental issues/milestones for this age group. The authors leap too quickly to give a psychiatric diagnosis. It is not until Chapter 5 that Ari B. Steinberg and Vicky Phares point out the importance of understanding the normal development process before understanding abnormal developmental process of the individual as seen in family

functioning. Kelley Hill and Claire Pomeroy point out in Chapter 7 that typical adolescents struggle with control and body image are magnified.

Further in the volume, it is suggested that body dysmorphic disorders receive scant attention, although this diagnosis may be relevant for children and adolescents. Again, this places an adult diagnosis on children and adolescents. This is clinically inaccurate.

The second complaint is that definitions are not made earlier in the volume. It is not until Chapter 3 that “body image” and “body image disorders” are defined. Eating disorders and disordered eating are also not clearly explained and are used inconsistently throughout the text.

What is introduced as a novel concept is a “spectrum” or a “continuum model” for an eating-disorders diagnosis. This is important since the DSM IV diagnoses for eating problems are limited, and many could fit into eating disorders NOS. The method of classification suggested is called “partial syndrome,” i.e., subclinical, subdiagnostic, subthreshold, subfrequency, atypical and eating disorder NOS. Many children and adolescents may fit into this category although not fitting into the direct DSM diagnosis.

In conclusion, taking into account its drawbacks, this is still a worthwhile clinical volume to add to your reading list.

*New York, NY*

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PHOEBE S. PROSKY AND DAVID V. KEITH (EDS.): *Family Therapy as an Alternative to Medication: An Appraisal of Pharmland*. Brunner-Routledge, New York, 2003, 352 pp., \$34.95, ISBN 0-415-93398-6.

Empirical evidence based upon experimentation is essential to the physical sciences. In other words, there wouldn't have been advances made in physics, chemistry, engineering, and the other hard sciences without the continuous input of empirical studies. These advances influence almost every aspect of our daily world. In contrast, can anyone cite even a single empirical psychological study that has had a significant influence on how most of us live our lives? I submit that there are no such studies. If this contention is valid, then how do mental health clinicians, as applied practitioners of psychology, carry out a professional practice? I submit that because of the political respectability of practicing in accord with scientific principles, most psychotherapists today—as Sigmund Freud did in the past—pay only lip service to science while largely eschewing its demands.

*Family Therapy as an Alternative to Medication* is supposedly a book about the clash between biological “empirical-based” mental health clinicians and those who practice from the more humanistic perspective of family systems. However, the depictions of most practitioners described above suggest that science is a pseudo-issue in the great controversy in psychotherapy today about what should be the value base of practice. In this regard, *Family Therapy as an Alternative to Medication* makes a significant contribution to understanding the controversy by such features as a well-articulated distinction between disease and illness, clearly

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