

Considering the author's ambitious goals for the book, it is not surprising that the chapter on treatment of anxiety disorders is somewhat disappointing. He limits himself primarily to behavioral techniques and the treatment of specific phobias. The treatment of dental phobias is particularly insightful, which is not unexpected in view of the author's specialization in this area. The author has taken on some extremely ambitious goals in this slender work, but he manages to provide an informative review of the overall field.

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MARIA P. P. ROOT, PATRICIA FALLON AND WILLIAM N. FRIEDRICH:
Bulimia: A Systems Approach to Treatment. W.W. Norton & Company, Inc.,
New York, 1986, 329 pp., \$34.95.

The authors promise to provide an "integrated conceptual basis for assessment and diagnosis of bulimia." They say they will offer a treatment approach that reflects their "blend of feminist and family systems theory." However, Root, Fallon, and Friedrich appear to have fallen short of their mark.

While the book well describes the sociocultural perception of women in society, it is weak in linking the relevance of this to the feminist position in treatment. In Parts I and II, the authors succeed, however, in applying concepts of structural family therapy from the schools of Minuchin and Haley to a population where one member of a family is bulimic. Tracing the development of bulimia, the authors conceptualize bulimic families in an interesting and diagnostically useful way. For those who are not so well acquainted with bulimia, a feminist approach, or family systems theory, the book provides an overview of these subjects. They offer a typology of families within the bulimic spectrum.

The authors claim that the "chaotic family type" has not been described in the literature on eating disorders. But, this type certainly has been widely recognized in the literature on psychosomatic families, family therapy, and childhood development.

Conceptually, Part III, "The Family Typologies," should prove generally instructive, in particular for the novice to family systems theory. The notion of multigenerational issues is important, but except for "spreading the symptom around," the authors fail to develop the concept and to show the therapist how to use this knowledge in planning more effective treatment. Their review of the literature is sparse. Although not much is written on bulimic families, there is a great deal of material on bulimia which would have been useful to the reader.

Part IV, "The Treatment of Bulimia," is interesting and informative, showing the authors flexibility by acknowledging the need for other types of intervention. Their criteria for referrals to individual, couple, and group therapy is well noted. The authors make an effort to be comprehensive, but they clearly prefer family-oriented approaches over individually oriented methods. When discussing psychopharmacology, the authors think of the systems issues related to medication, rather than the primary use of medication for the bulimic.

Part V, "Treating Bulimic Families," has the best case examples in the book. In other parts, examples are not so well placed and may even be somewhat confusing. Part VI, "Planning for the Inevitable Sabotage," is clearly presented and clinically useful for long-term treatment planning.

The work as a whole is thought provoking. It is general in scope and best when describing family phenomenology. The lack of synthesizing what is known in the field into a coherent treatment model is perhaps the book's main weakness. The chapters on family material are strong, while those on couples, group, and psychopharmacology are less sophisticated in presentation. The content is inconsistent in so far as global statements are made that are not backed by specific references or statistical data. Most conclusions are drawn from observations stemming from the authors' clinical work.

Bulimia represents a complex clinical challenge. Clinicians are constantly confronted with diagnostic and treatment decisions related to this disorder. However, the range of options for treatment available is increasing. This text highlights the family-systems method, one dimension of treatment preferred by the authors. It is hoped that increased study and research in the field will help shed light on the ultimate value of family techniques in the treatment of bulimia.

New York, N.Y.

FRAN WEISS, M.S.W., C.S.W.

GABRIELLE WEISS and LILY TROKENBERG HECHTMAN: *Hyperactive Children Grown UP: Empirical Findings and Theoretical Considerations*. The Guilford Press, 1986, 367 pp., \$32.50.

The syndrome of Attention Deficit Disorder with Hyperactivity (ADD/H) is the most intensively studied and researched disorder of childhood. In recent years, it has been thought that the condition reached into adulthood resulting or becoming a major factor in a variety of learning and behavioral disturbances, e.g., sociopathy and alcoholism. However, the field of ADD/H (and its earlier cognomens of minimal brain damage and minimal brain dysfunction) has always been a particular focus of controversy. Well-respected child psychiatric and developmental researchers continue to question the validity of the concept of ADD/H.

For decades, Gabrielle Weiss and her coworkers in Montreal have conducted a longitudinal study of a large group of hyperactive boys who have now reached adulthood. This study is thought by many to be the most definitive longitudinal study carried out so far in the area of ADD/H. In "Hyperactive Children Grown UP" Weiss and her coauthor, Lily Hechtman, summarize the wealth of data accumulated over the decades of the study. Not only are their findings presented but the reader is provided an excellent general overview of the history and perplexities of the field of ADD/H.

The authors are cautious about their conclusions. Although one half of the subjects "outgrew" ADD/H and became normal, the other half continued to have a variety of learning and behavioral problems in adulthood. It appeared that many of these subjects were helped by "multimodal treatment," i.e., individual, family, and educational therapy. The prescription of stimulants did not appear to be an important factor in the long-term outcome. Those who turned out to have behavioral or conduct disorders had been those who had similar disturbances in childhood. Were these children simply conduct disordered with the symptoms of ADD/H an incidental finding? The authors grapple with these and other thorny issues and wisely do not try to force their data into providing factitious final answers.

It is most unusual to find a case history in the literature on ADD/H. The authors