

Campbell deals directly with the ticklish issue for the practitioner of using videotapes to document interviews with children, pointing out that while it has strong protective aspects, it can also lay the MHP open to attack on cross-examination where clinical techniques either match a technique that has been devalued in a preceding case or fail to meet some criterion of scientific methodology.

The second part of the book, dealing with allegations of memories of childhood abuse repressed and then recovered, is not as strong as the first. By design, the book deals only with cases of false allegations, but the critical issue of distinguishing between true and false allegations is slighted. Relying largely on cases studies, Campbell does a good job of illustrating the devastating impact on families of claims of past abuse, but provides no conclusive evidence that most such claims are false.

The strongest evidence for the falsity of recovered memory claims comes from the group of people known as “retractors,” women (all) who developed memories of forgotten abuse, usually in the course of therapy, but then, at a later date, disowned the reality of those memories. In addition, the book covers in considerable detail a number of cases where ex-patients and their families have successfully sued therapists, alleging that therapeutic malpractice engendered false memories of childhood abuse. While it is true that many of the therapeutic techniques illustrated in these cases would give the most conservative of therapists pause, and the numerous careful illustrations make the nature of these dangerous techniques evident to all, it still does not follow that the jurors’ judgments were necessarily in accord with the true facts of the individual cases presented.

Nevertheless, both the illustrative cases and the interesting reviews of studies on the state of the science of memory research (especially those frequently cited in support of repressed memory claims), on the reliability of retrospective reports—including the famous Loftus “Lost in a Shopping Mall” study—and on beliefs and practices of practitioners will be of considerable value to anyone with an interest in the issue and problem of false-memory claims, no matter what side training and experience tend to favor.

Campbell’s clear and engaging style makes this a highly readable reference text that should not be missed by the up-to-date practitioner.

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J. KEVIN THOMPSON (ED.): *Body Image, Eating Disorders, and Obesity: An Integrative Guide for Assessment and Treatment*. American Psychological Association, Washington, D.C., 1996, 517 pp., \$49.95, ISBN 1-55798-423-0.

An excellent resource for professionals, *Body Image* is clearly written and to the point. The editor, J. Kevin Thompson, has organized the book to be comprehensive and accessible, and his introduction to each of the three sections clearly previews the scope of the work to be covered.

The first goal of the book is to examine the central role that body image plays in

eating and weight-related disorders; the second is to provide a contemporary review of empirically supported assessment and treatment approaches. Section I thoroughly examines body image; Sections II and III, which cover eating disorders and obesity, respectively, review treatment of each disorder and also interweave body-image treatment for eating disorders and obesity. The treatment options offered for body image, eating disorders, and obesity are clearly stated to be behavioral and cognitive behavioral therapy. In addition, pharmacological interventions are explored, as well as surgery for the morbidly obese.

According to Thompson, cognitive-behavior and behavior therapy are the preferred treatment options because they have received the most empirical support in the literature. Thompson frankly acknowledges the possible shortcomings of this approach and says, in a disclaimer, that different psychotherapeutic approaches, i.e., feminist and interpersonal, though potentially helpful, might be shortchanged in this volume and would not be reviewed because "they have not been empirically studied with outcome results." This having been said, readers may assume that also missing will be the literature of psychoanalytical, psychodynamic, and family therapy, but the section covering eating disorders does, in fact, recommend long-term psychotherapy.

The "Body Image Disturbance" section, headed up by Leslie J. Heinberg in her chapter "Theories of Body Image Disturbance: Perceptual, Developmental, and Sociocultural Factors," starts out strongly but disappoints because it lacks depth and elaboration on the development of body image. However, interesting points are raised, e.g., the question of cortical deficits. Thompson contributes a strong chapter on measurements and methodologies of assessing body image. He includes a several-page table of the widely used measures for the assessment of the different components of body-image disturbances, complete with authors' names and addresses for contact purposes.

Thomas F. Cash's discussion of treatment raises the question of whether body satisfaction can be achieved without weight loss. Thomas Pruzinski's exploration of cosmetic plastic surgery is a must-read for those involved in the evaluation of candidates for plastic surgery. And Madeline Altabe's review of body-image disturbances among culturally diverse populations reminds us that they are not reserved for western Caucasian populations alone. The section is closed by James Rosen, who helps us understand how to assess patients for body dysmorphic disorder and also discusses treatment.

The "Eating Disorders" section depicts the difficulty in focusing solely on body image in eating disorders. Thus, it is more comprehensive, covering not only assessment and treatment of anorexia nervosa, bulimia nervosa, and binge-eating disorder but also the physical, medical, and pharmacological considerations in these diagnostic areas. These chapters also are rich in structured interviews and psychological assessments.

Again, although Thompson tells us the book won't include much in the way of psychotherapy because of the lack of empirical studies, David M. Garner and

Lawrence D. Needleman, in "Stepped Care and Decision Tree Models for Treating Eating Disorders," do refer extensively to psychodynamic, interpersonal, family, and feminist psychotherapies. They say that "although there have been no controlled comparisons between long-term psychodynamic psychotherapy and other forms of treatment, it is important to mention that there have been other well-articulated dynamic treatments that have been recommended on clinical grounds." They also "recommend applying long-term dynamically oriented therapy as an alternative to long-term cognitive behavioral therapy for patients who do not progress with less expensive approaches."

The mention of expense makes this reviewer question whether the emphasis on empirical outcomes is based on validation of treatment or is a response to the current climate in psychotherapy in which practitioners are pressured by managed care to provide outcome studies that validate psychotherapy and allied fields. A partial answer may be given by Kathleen M. Pike, Katherine Loeb, and Kelly Vitousek, who explain why cognitive-behavioral therapy is the treatment choice for bulimia nervosa but is not so successful for anorexia nervosa. Following is a chapter by Thompson, Neinberg, and Alicia J. Clarke that focuses on cognitive treatment of body-image disturbance in eating disorders. William G. Johnson and Laine J. Torgrud give us a comprehensive review of binge-eating disorder, assessment, and treatment and corroborate that binge-eating disorder is associated with increased psychopathology.

In Section III, "Obesity," Myles S. Faith and David B. Allison tackle the prime question of whether there is elevated psychopathology in obese subjects and do a very good job of reviewing current available data. Although concluding that the jury is still out, they indicate that some studies depict more psychopathology in this population, at least in those who come for treatment.

Clearly, there are high levels of psychopathology in those diagnosed with binge-eating disorder. While offering nothing new, Carlos M. Grillo discusses the wide range of treatments available for obesity, focusing selectively on those intervention programs that have received the most study—diet (including very low calorie), exercise, behavior, and drugs. James Rosen, in his review "Improving Body Image in Obesity," also raises the issue of body satisfaction without weight loss. Like Cash, he notes that body image is an area in the obesity field that has had little systematic attention, and he outlines a cognitive-behavioral program for treatment. He attempts to clarify a technical question: Does body image disturbance in obese patients lend itself to a body-dysmorphic diagnosis? His answer is no. Patricia H. Fettes and Donald E. Williams, in their review of surgical treatment for the morbidly obese, recommend that surgeons be provided with psychological guidelines by mental health professionals—something sorely missing in most programs. Robert C. Klesges, Margaret DeBon, and Andrew W. Meyers alert us that African-American women have a higher incidence of obesity than Caucasian women, and although weight loss is less successful, body-image acceptance is higher.

In sum, this is a worthwhile read and we come away with a fuller understanding of body image. The book's exclusion of psychotherapy, though initially stated, is a shortcoming; in this reviewer's opinion, inclusion could have made it richer.

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J. KEVIN THOMPSON, LESLIE J. HEINBERG, MADELINE ALTABE, AND STACEY TANTELEFF-DUNN: *Exacting Beauty: Theory, Assessment, and Treatment of Body Image Disturbance*. American Psychological Association, Washington, D.C., 1998, 396 pp., \$39.95, ISBN 1-55798-541-3.

The goal of this book—the third on body image that was either authored or edited by J. Kevin Thompson—is “to attempt to integrate theory, assessment, and treatment for the field of body image; to provide a guide for researchers and clinicians interested in the field of body image disturbance and to bridge research and practice.” After reading this text, the clinician would hope to come away with a clear sense of the etiology of body-image disturbances and then to be able to identify the best clinical treatment that would match patient diagnostic presentation. Although the research material is well handled, the treatment aspect is somewhat incomplete.

The authors present a good overall view of the origin of body image and body-image disturbance, and an excellent historical review of research in the field of eating disorders, i.e., anorexia nervosa and bulimia nervosa, as well as binge-eating disorder and obesity. The book also addresses the complexity of defining, measuring, and creating theoretical models while exploring the social and cultural aspects of body image and the public media emphasis on thinness. And it outlines the current thinking about making a differential diagnosis of body-dysmorphic disorder, often a difficult matter. Some important work in body-dysmorphic disorder is missing, however, such as that of Eric Hollander, M.D.

The book's forte is presenting the reader with a strong array of models for measurements and assessment and different testing methodologies, as well as including helpful tables, appendices, and references.

The 11 chapters are divided into five parts: 1. An Overview: Prevalence, Diversity, Assessment, and Treatment; 2. Societal and Social Approaches; 3. Interpersonal Approaches; 4. Feminist Approaches; and 5. Behavioral, Cognitive, and Integrative Approaches. The term “approaches” is somewhat misleading because it infers presentation of several different treatment methodologies that the book only partially delivers.

The authors conclude that the cognitive-behavioral modality of treatment, supported by “empirical findings,” has been the most successful in the treatment of body image thus far, and they are not nearly as exhaustive in covering other treatment modalities, such as the feminist perspective. They state, rather awkwardly, that “the two primary approaches for treating body-image disturbance by way of controlled studies and widespread use and acceptance from leading researchers and clinicians is cognitive-behavioral and feminist methodologies.”