

PUBLISHED VERSION

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[Studies in eating disorders. The prevention of eating disorders](#), Psychological Medicine, 2000; 30 (2):477-478.

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6th May 2011

<http://hdl.handle.net/2440/33004>

Studies in Eating Disorders. The Prevention of Eating Disorders. Edited by W. Vandereycken and G. Noordenbos. (Pp. 232; £45.00 hb, £16.95 pb.) Athlone Press: London. 1999.

The Prevention of Eating Disorders is a welcome and timely text in this area. It is the second in an international series of studies in eating disorders. Striegel-Moore and Steiner-Adair set the scene in challenging the disease model and its limitations when applied to primary prevention. Too much emphasis they argue has been placed on determining risk factors and their specificity, rather than their potency. I was struck by their comment that 'we may feel more comfortable educating young girls about the perils of dieting than we are about trying to achieve social change necessary to reduce physical and sexual victimisation perpetuated against young girls, yet perhaps the latter would be more effective than the former in reducing the incidence of eating disorders (and, of course, other forms of female psychopathology)'. The second chapter by Levine and Smolak addresses the mass media and disordered eating. Their aim was to explore ways in which the mass media might be transformed from 'monolithic obstacle to collaborator in primary prevention'. They also contrast and discuss the lessons from the prevention of cigarette smoking in the community.

The next chapters address specific programmes in primary prevention. Shisslak and colleagues describe the McKnight Foundation prospective study of risk factors for the development of eating disorders. This is a large well-designed 10-year multi-site longitudinal research study of girls from grades 4 through to 9. Gresko and Rosenvinge report on the Norwegian general population-based (via Government schools) prevention model, its development and evaluation. The first phase was an extensive, comprehensive and free educational package to all secondary schools and colleges, the school health services, tertiary colleges and schools of nursing. A follow-up project aimed to establish support groups for students who were preoccupied with food, eating, dieting, weight and body shapes. Evaluation of outcome is clearly complex but a number of indirect effects may have occurred, including the establishment

of the first regional centre for the treatment and prevention of eating disorders.

On a much smaller scale Stewart describes a school-based eating disorders prevention programme that had rigorous methodology. They regarded its main strength to be in its focus on encouraging the development of skills and behavioural change. The somewhat controversial results of this programme have since been published (Carter *et al.* 1997). Smolak and colleagues describe a controlled primary school programme (ages 6 to 11 years). Their model and intervention was similar to that of Stewart, however it did not aim at any secondary preventative strategies. In the results there was no difference between curricula and control groups 'the data, indeed, suggests that our current curricular programmes are not very effective'. They point to the fact that newer programmes need to coordinate interventions with system wide changes in the schools' culture and with community and mass media effects. Piran describes a participatory approach to the prevention of eating disorders in a dance school relying primarily on dialogue by participants (groups of staff and students) rather than a set curriculum. It is an interesting and somewhat different approach to those described in the early part of the book and the outcome was more promising in that there appeared to be a fall over time in the incidence of new cases of anorexia and bulimia nervosa in the school and a fall in eating disorder symptomatology. There was, however, no control group.

The final two chapters shift focus with one by Schoemaker on the principals of screening for eating disorders, and the last on eating disorders in primary care addressing more specifically secondary preventative strategies, by Noordenbos. Schoemaker points to the difficulties in studying secondary prevention including the lack of empirical knowledge about the cause and early course of eating disorders, and problems with prospective studies in order to investigate this further because of the low incidence of eating disorders among the population as a whole. Noordenbos is, however, more positive about secondary prevention, while addressing the problems. Practical ways for doctors to identify eating disorders more easily and for improved physician knowledge in this area are

discussed with examples from the Dutch experience.

Prevention is a vexed area with respect to eating disorders and this book covers most of the current controversies in the area. It is rather heavily focused towards primary prevention, which has proved somewhat elusive, and has a mixed approach towards secondary prevention. Future editions would benefit from more material addressing secondary prevention. The book also relies a good deal on descriptions of programmes that have, or had, yet to be evaluated, leaving the reader needing to read further or await the results. It can be recommended for people interested in the area of eating disorders, for those interested in the area of mental health and prevention and for specialist, university or medical libraries. The book highlights the work that needs to be done to put much of the theory, myth and beliefs around this area onto a more scientific basis.

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Carter, J. C., Stewart, D. A., Dunn, V. J. & Fairburn, C. G. (1997). Primary prevention of eating disorders: might it do more harm than good? *International Journal of Eating Disorders* **22**, 167–172.

Cognitive Behavioral Therapies for Trauma. Edited by V. M. Follette, J. I. Ruzek and F. R. Abueg. (Pp. 431; £32.50.) Guildford Press: New York. 1998.

The title of this book might be considered slightly misleading as many of the chapters of this edited book are behavioural rather than cognitive-behavioural. In fact, a number of the chapters apply a radical behavioural perspective. The editors of the book explain that the title 'cognitive-behavioural' was selected to be clear that the focus of the book is on both private and observable behaviours. Readers of this book will see that radical behaviourists deal with 'events' inside the person as behaviours. For example, memory becomes remembering. This is not just a word game as the behavioural orientation of many chapters of this book leads to a strong focus on the function of behaviours.

The book is organized into three parts. The first part of the book with three chapters starts with a brief review of the behavioural and

cognitive theories relevant to understanding trauma with an introduction to the importance of contextual analysis. The second chapter deals with the effectiveness of cognitive and behavioural therapies for trauma. This is followed by a chapter on functional analysis of trauma symptoms. Such an approach to assessment is often neglected in out-patient psychotherapy where assessment commonly stops at taking a standard psychiatric history and collecting sufficient information for a diagnosis.

Part two of the book is the largest section with 10 chapters devoted to treatment strategies for particular symptoms or constellation of symptoms rather than treatment for particular trauma experiences. Thus, there are chapters dealing with the treatment of intrusions and arousal, trauma related guilt, anger and trauma, dissociative behaviour, sexual revictimization, concurrent substance misuse problems and PTSD, and couple surviving trauma. For clinicians with some experience of cognitive-behavioural therapy (CBT) several of the chapters (e.g. Cognitive Therapy for Trauma Related Guilt) provided sufficient detail to function as mini-therapy manuals. However, for the clinician with little experience of implementing exposure therapy and cognitive therapy with trauma victims more detailed instruction can be found in for example Foa and Rothbaum's book *Treating the Trauma of Rape: Cognitive-behavioural Therapy for PTSD*.

While I suspect that Follette *et al.*'s book may not have sufficient instruction for the clinician new to the CBT treatment of trauma problems, it contains some novel and enlightening information on certain problems commonly found in trauma victims. For example the chapter on dissociative behaviour from a behavioural perspective by Wagner and Linehan contains very useful theory and practice. Similarly, the chapter by Novaco and Chemtob, on anger, should prove helpful for clinicians working with trauma victims who present with anger problems. However, Novaco and Chemtob do not deal with anger stemming from humiliation. This is a gap in their chapter given the frequency of revenge fantasies in humiliated trauma victims.

Walser and Hayes's chapter describes the application of Acceptance and Commitment Therapy (a new psychotherapy derived from radical behaviourism) to trauma. While I found