

Feeling Good About the Way You Look. A Program for Overcoming Body Image Problems. By Sabine Wilhelm; The Guilford Press, New York, New York; 2006; ISBN 978-1-57230-730-8; \$14.95 (paperback) or \$35 (hardcover); 211 pp.

Looking “good” is very important in our “image-obsessed” society. Not looking good makes many not feel good about themselves, or in general. A lot has been written about the most extreme form of body image disturbance—the body dysmorphic disorder—and its treatment. However, millions of people suffer from body image concerns not necessarily meeting the criteria for this disorder. They may or may not be paralyzed by the negative thoughts about their image, and they may or may not look for help. Some may not look for help because they are ashamed, some because they do not know help is available, possible, or affordable, and some because they do not feel comfortable in a treatment situation. Dr. Sabine Wilhelm, a psychologist and director of the Body Dysmorphic Disorder Clinic and Research Unit, at Massachusetts General Hospital wrote a book for those “who feel they worry too much about how they look and want to do something about it” (ix). This is clearly a self-help book, but Dr. Wilhelm believes that, “therapists who don’t have a lot of experience with body image concerns, in fact, may find this book a useful guide, too” (ix).

The book consists of a Preface, eleven chapters, an appendix, and a list of resources. The first chapter, “For the sake of appearance,” assures the reader that he/she is not alone and that many people share body image concerns in various forms. The author explains that “your body image is an inner view of your outer physical body” (p. 4) and that “your body image will affect how you think, feel, and act in certain situations” (p. 5). This chapter also discusses what is normal and what is not, how one determines whether he or she has a body dysmorphic disorder, and whether one worries enough to do something about it. She also provides some clues to the presence of body dysmorphic disorder and to self-diagnosis of depression. The next chapter is trying to answer the question, “Why do I feel so unattractive?” and how our environment creates body image problems. It focuses on several areas, starting with the impact of media, that has made beauty “today’s Holy Grail.” Further areas include the impact of toys (“Barbie has grown thinner and thinner over the years ... and the current GI Joe is much more muscular than his original counterpart,” p. 23), beauty industry (advertisement for cosmetics, plastic surgery, etc.), cultural influences, impact of family and peers, the role of one’s personality (perfectionism, fear of disapproval), genetic factors, and triggering events. The author concludes that there is a “wide range of possible triggers for severe body image concerns, including stress, negative comments, and physical changes related to adolescence and, less frequently, aging” (p. 39). This part of the book is well written, except for the discussion of brain imaging, which I consider far too preliminary in the case of body image problems and far too complicated to be included in a self-help book.

Chapter three, “Thinking about change,” is an opening for the main goal of this book—self-help in a way of cognitive-behavioral therapy. It starts interestingly with a cost-benefit analysis, presenting questions such as, “What is your poor body image costing you?”, “What benefits can you expect from change?”, and “How much will it cost to change?” The author points out that trying to change means taking a risk, that giving up rituals might mean looking even worse, that letting go of appearance rituals might mean feeling worse, and that trying to change will take a lot of time and effort. The chapter ends with some suggestions on how to get most out of the presented program. Chapter four, “Understanding your problems and planning solutions,” gets into more specifics, providing guidance on how to assess what kind of problems one has and how severe they are. It contains questionnaires on assessing satisfaction with body parts, on assessing appearance-related thoughts, on assessing situations one is likely to avoid or endure with discomfort, and on assessing the severity of one’s beauty rituals. The chapter ends with the discussion of setting one’s long-term goals. Chapter five, “Managing your thoughts,” emphasizes that one’s negative feelings are caused by his/her thoughts. It further provides suggestions on how to manage negative thoughts, starting with their identification and with identification of thinking errors, and later getting into evaluating of one’s thoughts (e.g., by questioning your thoughts, answering negative thoughts with a rational response).

Continuing further into the process of cognitive-behavioral therapy, chapter six, “Getting your life back with exposure exercises,” explains what exposure is and how it works. Dr. Wilhelm educates the reader that “exposure will help you get comfortable with reentering avoided situations. After a while, you’ll get used to them...” (p. 110). The chapter gets again concrete in suggestions on how to prepare your exposure practices, how to conduct your first one, and how to practice exposures over time. It even provides a template for an exposure worksheet. The next chapter, “Freeing yourself from rituals with response prevention,” begins with the suggestion that avoidance and rituals are twin engines that keep one’s body image going over time, and thus one has to work on ritual prevention. The author explains how ritual prevention works and how to prepare for it, how to set goals, prepare a trigger situation worksheet, and conduct the response prevention exercise. This chapter also includes suggestions on how to evaluate one’s progress, and discusses the management of some specific rituals such as skin picking, muscle dysmorphia, and others.

Chapter eight, “Getting at your core beliefs,” gets more into the principles and beliefs of cognitive-behavioral therapy. It discusses when to start working on deeper-level beliefs, how to identify assumptions and beliefs, how to change those related to a narrow appearance focus, how to modify them and how to evaluate the progress of this process. Chapter nine, “Staying well,” deals with the last important step of self-administered cognitive-behavioral therapy—the maintenance of the benefit, of well-being. Dr. Wilhelm advises to review the strategies that helped and the insight gained prior to tapering the practice

discussed in previous chapters. The chapter further discusses how to prevent relapse and how to substitute healthy behavior for rituals and avoidance.

Chapter ten, "Should I take medication?," reviews the pros and cons of medication for body dysmorphic disorder ("medication can be very helpful..."), and what could be done if medication does not work. The last chapter, "Helping a family member or friend with body image concerns," contains a lot of useful advice for family members, such as, "don't enable," "don't get angry," "don't feel guilty," "learn about the problem," "seek emergency care if necessary," and others.

The Appendix reviews the relationship of body-dysmorphic disorder to other disorders such as eating disorders, obsessive-compulsive disorder, depression, social phobia, and trichotillomania. Finally, the resources provide a list of specialty clinics around the country, a list of organizations and websites, and a list of some useful books.

This is an interesting book for all those struggling with their body image. It provides detailed guidance for basically self-administered cognitive-behavioral therapy for those suffering from various dissatisfactions or preoccupations with their body image or looks. The book could be recommended to many of those suffering from body image problems, especially to those who cannot afford therapy, as one \$14.95 book provides an inexpensive, though time-consuming, alternative.

While I enjoyed reading this book and agree with the author that even therapists not quite experienced with treating body image problems may find this book useful, two questions crept into my mind:

1. How do we know that this approach is effective? Has anybody really tested it?
2. Is it possible that we are replacing one ritualistic behavior with another one?

Hopefully time and further research will help us answer these questions.

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The Physician's Guide to Depression & Bipolar Disorders.
Edited by Dwight L. Evans, Dennis S. Charney, and Lydia Lewis; The McGraw-Hill Companies, Inc., New York, New York; 2006; ISBN 0-07-144175-1; \$59 (softcover); 528 pp.

This comprehensive book stresses the importance and relationship between mood disorders and chronic medical illnesses. The authors nicely summarize the recent pertinent literature on mood disorder, with references at the end of each chapter. However, there is more emphasis on Major Depressive Disorder (MDD) versus Bipolar Disorder (BPD). The authors, perhaps, are trying to target the primary care clinicians in addition to the mental health clinicians. Also, they acknowledge that MDD is "a growing international public health problem."

Several chapters address the comorbidity between depression and general medical illnesses in a holistic view. These chapters discuss the impact of depression and that it "may even figure as a causal factor in the onset and course of certain medical conditions."

The book is divided into six sections with several chapters in each section. The first section addresses mainly the diagnosis and treatment of mood disorders and is dedicated primarily to clinicians "not specifically trained in the care of patients with mental illnesses." The first chapter discusses the diagnosis in the primary care setting and is concise and informative. It is written by Drs. DeGruy and Schwenk, family physicians and chairpersons of University of Colorado and University of Michigan, respectively.

In the second chapter, Drs. Rush and Trivedi summarize the literature on the treatment of depression with a section on 'Guidelines and Algorithms,' followed by a section on the 'Effectiveness of Guidelines.' In the latter section, they present some discussion on key studies, such as the famous Sequenced Treatment Alternatives to Relieve Depression (STAR*D) trial, the Texas Medication Algorithm Project (TMAP) study, and Improving Mood-Promoting Access to Collaborative Treatment (IMPACT) study done in the primary care setting.

Aaron Beck, MD, the founder of cognitive behavioral therapy, and Brad Alford, PhD, coauthor the third chapter, and do a good job summarizing the literature on the cognitive approach in the treatment of MDD. They emphasize that a higher percentage of patients stay depression-free after treatment with cognitive behavioral therapy versus pharmacotherapy. Several of these studies are summarized in Table 3-2 of the book.

The fourth chapter overviews the hot topic of the diagnosis and treatment of MDD and BPD in children and adolescents. In the pathophysiology part, the authors bravely state that "as understandings of mental disorders have evolved, investigators increasingly recognize the degree to which current nosology must remain tentative. As pathophysiologic understandings increase, the current nosologic boundaries of MDD and other syndromes may change." (p. 106, paragraph 2). It is an interesting comment on the constant evolution of the description of psychiatric disorders that was first established by the seminal work of Feighner et al. (1) in 1972. In Table 4-8, the authors present a useful summary of the SSRI trials in youth with MDD. In the differential diagnosis part of this chapter, they present practical ways for teasing out the common dilemma of separating BPD from ADHD in children. The fifth chapter on 'Empowering Patients and Families to Achieve Lasting Wellness,' though an important practical issue, I found it a bit redundant.

The remaining part of the book focuses on the relationship between mood disorders, mainly depression, and specific medical illnesses. These chapters address common chronic illnesses that face the practitioner on a daily basis, such as diabetes (ch. 6), obesity (ch. 7), cardiovascular disease (ch. 10), stroke (ch. 11), cancer (ch. 15), and HIV (ch. 16). The authors also do not neglect to dedicate chapters to Alzheimer's disease, Parkinson's disease, and epilepsy. Each of the above-mentioned