

Book, Video, and Film Reviews

Airhihenbuwa, Collins O. *Health and Culture: Beyond the Western Paradigm*. Thousand Oaks, CA: Sage Publications, 1995, 152 pages, \$38.00 hardcover, \$18.95 softcover.

In his book *Health and Culture*, Airhihenbuwa maps out a case for culturally-sensitive health education. He begins by explicating a theory of health and culture in an African cultural context. Airhihenbuwa cognitively views culture as “a system of interrelated values active enough to influence and condition perception, judgment, communication, and behavior in a given society” (p. 3). Within his conceptual and cultural contexts (he is a member of the Edo tribe of Nigeria), he argues that several Western concepts should be evaluated for their relevance and applicability to African cultures. He focuses on health, health promotion, development, and globalization, and he successfully argues for understanding them as Westernized concepts that further colonialization efforts. Airhihenbuwa’s premise is “that African theory and practice, particularly within the context of health, must be rooted in African cultural codes and meanings” (p. xi). In other words, he argues against the possibility that there are universal truths and values of health.

I find two aspects of *Health and Culture* most helpful. First, Airhihenbuwa argues for what he claims is a distinctly non-Western view of learning. This view, he indicates, is of the primacy of oral tradition. He notes that “people in oral traditional cultures [as in many African countries] are accustomed to learning by listening. Learning by seeing [which he argues is a Western way of learning, and the view of learning most often replicated by health promotion campaigns] is important to the extent that what is seen is congruent with what is heard” (p. 9). By demonstrating a primary conflict between typical health promotion campaigns and the non-Western cultures in which they are often implemented, Airhihenbuwa presents a fundamental problem with cross-cultural health promotion in general.

A second helpful aspect of this text is Airhihenbuwa’s cross-cultural model for health education. He labels this three-dimensional model the PEN-3. The acronym PEN refers to the three aspects of each of the three dimensions of his model. In the first dimension, the health education domain, Airhihenbuwa recommends health education that focuses on the person, the extended family, and the neighborhood. The second domain, educational diagnosis of health behavior, focuses on perceptions, enablers, and nurturers of health within their cultural contexts. The final domain, cultural appropriateness of health behavior, examines the positive, existential, and negative health behaviors of culture members and groups. Within all three domains, Airhihenbuwa remains consistent in his recommended approach to health education as an extension of the learning tradition of the culture in which it occurs.

While most of the text of *Health and Culture* examines ways in which Airhihenbuwa’s theory of health education is applicable to various groups within African and African-American society, it is the first few chapters, in which he argues for his theory, that are the most powerful. Unfortunately, these are also the chapters in which Airhihenbuwa has the most difficulty writing for his audience. As the book continues, he becomes more and more accessible to the reader. Many of the later chapters, however, are revised from previous works.

In the end, this text will be useful for disability scholars and students in public policy, public health and health education, education, anthropology, and sociology, and perhaps even the humanities (particularly cultural studies). The book is theoretically useful and offers what appears to be a viable alternative for culturally-sensitive health education.

(Susan Gabel, Assistant Professor of Education, The University of Michigan-Flint)

Bakely, Donald C. *Bethy and the Mouse: A Father Remembers His Children with Disabilities*. Cambridge, MA: Brookline Books, 1997, 165 pages, \$16.95 softcover.

This book was originally published in 1985, though a little new matter is fitted in at the end of the book. The new matter consists of a one-page update on the “Bethy” of the title, which, while undated, appears to have been written in 1996, since Bethy is 20 years old in the update (and was born in 1976). The dedication page, foreword, and introduction are all undated, but it would appear they are original to the initial publication of the book. While initially rather confusing (for instance, the author tells us in the introduction that another daughter, born in 1963, has just finished high school), this is a relatively minor matter. In addition, the time-frames serve to remind us that dealing with disability, especially that of one’s children, is a long-term process; the author was not finished with the Mouse when he died in 1965, for example.

This work is a sort of journal, consisting of poems and other materials, collected or authored by the father of Bethany Flagg Bakely (born with Down syndrome) and Matthew David Bakely (born with “microcephaly” due to incomplete brain development). All the material is direct, unpretentious, and, sometimes, touching—even the occasional reports of professionals working with Bethy, which are worked into her part of this memoir, show the guarded pride of professionals in her progress and (likely for this reason) are also apparently important to the father as well.

Matthew—The Mouse—last in the title, but the first child with a disability in his family, was born in 1960 and died just over five years later. The father’s memories of the Mouse seem sharper, sweeter, and, at the same time, more bitter somehow than those of the same father for his daughter, Bethy, born in 1976. This reader gets the impression that the story of the Mouse hurts Donald more, though this is not in any way to suggest that the father loves one child more than another. The sense of yearning, of loss, of the special place that the Mouse held and holds in this father’s heart is clear, as is the pride and joy and amusement that shines through when the author writes about Bethy.

Reading this book is like looking at a series of snapshots of Bethy and, to a lesser extent, the Mouse—with running commentary from the father. One can imagine listening to Donald while he passes around photographs of his children, all the while telling a story about the moment captured by the photograph or the way he (as a parent) felt about some minor or major development in his children’s lives.

This is an honest and emotional father’s perspective on two children with disabilities, born sixteen years apart, a point of view that is unique, so far as I know. Donald Bakely asks himself some questions which are not any more easily answered today than when he asked them originally: Would abortion have been a better idea? Why did God give us these “partial people” (p. 7)? Why do we need kids like these?

I believe that this work is worth examination, especially by those intending to work with families, because it is from the perspective of a father. While there has been some improvement in understanding fathers of children with disabilities, it is still an area in need of attention by professionals and even by some parents.

(Timothy Lillie, Assistant Professor, The University of Akron)

Bates, Maryann S. *Biocultural Dimensions of Chronic Pain: Implications for Treatment of Multi-Ethnic Populations*. Albany, NY: State University of New York Press, 1996, 205 pages, \$49.50 hardcover, \$16.95 softcover.

Biocultural Dimensions of Chronic Pain is a relatively short book that manages to include not only an overview of biomedical assumptions and approaches to chronic pain and chronic pain patients, but also a summary of the author’s original cross-cultural research on these topics, as well

as her suggestions for improvement in the treatment and management of chronic pain in the United States.

Chapter One includes an overview and summary of the most common biomedical attitudes and stereotypes about people with chronic pain. It is often assumed that "pain patients" are a homogenous group, that they have similar pain "careers," and that they experience some type of "gain" from these careers. Bates does an excellent job throughout this chapter and the rest of the book in demonstrating the weakness of these assumptions and their origin in the subculture of biomedicine. In Chapter Two the author provides the reader with a concise treatment of Melzack and Wall's gate-control theory of human pain perception, a theory which she believes best explains the physiology of chronic pain.

Chapters Three through Seven present the results of the author's quantitative and qualitative studies of chronic pain patients from 1987 to 1993. Her comparison of 372 patients from six ethnic groups who were receiving treatment at an outpatient center in New England clearly demonstrates the importance of sociocultural factors in the perception, experience, and long-term adjustment to chronic pain. The fact that "many of the differences in the pain center population were between the Latinos and the other five groups" (p. 97) led her to initiate a three-year study of 100 chronic pain patients at an outpatient medical center near San Juan, Puerto Rico.

The last chapter presents the comparisons and conclusions of the two research projects in the context of a biocultural model that includes a consideration of the micro and macro factors which are important in the care and rehabilitation of chronic pain patients. Bates suggests the use of case managers to coordinate and integrate the components of such care, an interesting idea in light of the fragmented treatment experience of most chronic pain patients. She also concludes that successful adaptation to chronic pain (as defined by the patient) most often depends on "cultural, psychological/cognitive, social, and economic factors" (p. 96), the very factors that make chronic pain patients a heterogeneous group.

In summary, this is a well written, well organized book that provides the reader with thoroughly documented summaries of biomedical assumptions about and approaches to the treatment of chronic pain, the results of the author's two studies of chronic pain patients, and her recommendations for changing the way biomedicine deals with chronic pain in the United States. It would be useful to health professionals as well as to patients and their families—anyone trying to alleviate or live with the multiple effects of chronic pain.

(Christine A. Loveland, Professor of Anthropology, Shippensburg University, Shippensburg, PA)

Brown, Cordell. *I Am What I Am by the Grace of God*. Warsaw, OH: Echoing Hills Village Foundation (36272 County Road 79, Warsaw, OH 43844), 1996, \$19.95 hardcover, \$12.95 softcover.

This book is an autobiography by Cordell Brown, a Christian minister with a physical disability. Although Brown's life and work hold the potential to say something substantive about issues pertaining to disability and faith, the book hardly hints at his views about the barriers between churches and parishioners with disabilities or the opportunities people with disabilities can create to influence ministerial practice.

I Am What I Am is so romanticized that it almost seems like fiction. A hefty portion of the book focuses on a childhood which features stereotypically overprotective parents. His account of his relationship with his wife is one-dimensional and focuses on their shared interest in the church.

But, without any genuine discussion of what it is like to struggle with those within and without the church who are uncomfortable with clergy who have disabilities, or the perspectives that the

disability experience brings to his ministerial practice, the book is a flat description that one would expect to hear on a telethon.

(Randy D. Davis is a consultant and holds a masters degree in theological studies from Harvard Divinity School.)

Chesworth, Jennifer, ed. *The Ecology of Health: Identifying Issues and Alternatives*. Thousand Oaks, CA: Sage Publications, 1996, 337 pages, \$46.00 hardcover, \$22.95 softcover.

For people who are unsatisfied with the conventional model of health, *The Ecology of Health* provides multiple perspectives with rich information. The contributors include Ivan Illich, who consulted in the early stages of Clinton's health care reform plan; Wayne Jonas, Director, the Office of Alternative Medicine at the National Institutes of Health; and William Ruckleshaus, former Director, the U.S. Environmental Protection Agency. Through extensive discussion of ethics, other issues, and alternatives, the book challenges the biomedical concepts of health care and their underlying ideology. Merging the two fields, health and ecology, the principle of health is presented here in its ecological context, contingent upon historical, philosophical, political, socioeconomic, psychological, anthropological, and spiritual concerns, rather than in striving to destroy pathogens. Thus, much of the contributors' energy is devoted to concepts of self, the importance of community, the relationship of human beings to the environment, mind/body interaction, and problems regarding quality of life.

A broad array of issues are covered in the three parts of this book. The first part addresses the fundamental concepts of health, ecology, nature, and self. As Illich points out, health is a plastic word, its meaning varying with time, context, and individual perspectives. Ecology means the study of correlations between living forms and their habitats. This part also includes explorations of human relationship with other species; the role of health providers, patients, family, and nature in health; technological impacts; and alternative perspectives on healing. The second part provides interesting discourse on policy issues in health and health ecology. The discussion involves conflicting viewpoints on protection, attention to socioeconomic and cultural contexts and controversies related to cancer, radiation protection, ecological issues on women's health, primary care, rural health care, and relationships between farming, diet, and health. The final part offers innovative alternatives to health and ecology from diverse points of view, including the self-mastery principle of yoga, supportive group and community-oriented approaches, enhancements of the body's natural healing power, and the use of humor in health.

The Ecology of Health is a fresh contribution to health-related areas in the context of an increasing public dissatisfaction with the allopathic biomedical model of health care today. Although the book does not focus primarily on disability, it involves important implications for care of chronic illnesses, the leading cause of disability today. It also raises important ethical questions regarding disabled people and the elderly, their caregivers, and the societal arrangements, notably on the choice of treatment and care, including terminal care. Overall, the book offers a potpourri on health and ecology in relation to policy-making and practice. However, whether the ecology of health is likely to become a coherent study achieved through an emerging scientific discipline remains unclear. To answer this question, a decade of interdisciplinary endeavors among scientists and others may be needed.

(Amy Ai, Ph.D., School of Social Work, The University of Michigan)

Cooper, James W. *Urinary Incontinence in the Elderly: Pharmacotherapy Treatment*. New York, NY: Haworth Press, 1997, 72 pages, \$24.95 hardcover, \$14.95 text (5+ copies).

This book, a compendium of current, very practical information on the diagnosis and management of urinary incontinence in the elderly, updates prior publications of an expert panel supported by the Agency for Health Care Policy and Research, US Public Health Service (AHCPR). The book consists of four parts. The first, "Practice Guideline," is a basic reference guide for clinicians, covering evaluation and management of acute and chronic urinary incontinence. "Caregiver Guideline," the second part, explains incontinence, ways of managing the problem, and how the caregiver can assist. The third part, "Consumer Guideline," is a clearly written section, which the clinician can obtain separately for patients and their families from AHCPR. The final section is oriented to Directors of Nursing and discusses continence programming in long-term care facilities. Dr. Cooper has provided an extensive bibliography of relevant Medline citations from 1966-1996.

It is very pleasing to find that a set of government publications has been updated and compiled at a very modest price. So many times excellent work produced by an expert panel disappears soon after grant-funded publication ends. The AHCPR clinical guidelines projects have been particularly useful to clinicians because they have included parallel materials for practitioners, caregivers, and consumers, enabling the clinician to provide information at the appropriate and needed level of understanding. An additional "plus" in *Urinary Incontinence in the Elderly* is the listing of more sources of information and assistance.

(Nancy D. Prendergast, Ed.D., OTR, Associate Dean for Academic Affairs, School of Allied Health Sciences, Medical College of Georgia, Augusta, GA)

Cunningham, Clifford. *Understanding Down Syndrome: An Introduction for Parents*. Cambridge, MA: Brookline Books, 1996, 243 pages, \$14.95 softcover.

This is the first American edition of a book based on Cunningham's research in England and originally published in 1982. As a disability studies scholar, I would have liked to have learned more about the methodology and findings of the study itself. The book, however, is geared towards parents of infants and young children newly diagnosed with Down syndrome, and it is likely to meet their needs quite well.

Recognizing that parents of children who are diagnosed at birth may feel burdened by information about possible future medical and developmental problems that they may never actually encounter, and that the amount and appropriate timing of desired information may vary from family to family, the author organizes the book in such a way that each chapter can stand on its own. Specific information can be easily accessed with the help of a detailed table of contents. The book also provides occasional warning statements before sections that might be distressing to some new parents, such as the appendix of photographs of older children. Cunningham's sensitivity to parents' dual desires to have access to as much information as possible and to take one day at a time may stem in part from his research method in which almost 200 families were visited regularly in their own homes. Throughout the book he also refers to the findings of other researchers, but, in a decision that may be somewhat frustrating to scholars and interested parents alike, he rarely provides citations that would direct the reader to the published research.

The book provides a fairly detailed explanation of the meanings, strengths, and weaknesses of IQ tests and behavioral assessments, leading parents toward a healthy skepticism of tests that might be used to determine an individual child's curriculum or prognosis for the future. The author encourages parental and professional collaboration, but places the burden where it has always been—on parents—to learn professional jargon. While the book is not as strong as one might wish in providing parents with information they might use to advocate for their child's rights, it does an excellent job in other areas (including discussions of causes and characteristics of Down

syndrome) and will be a useful resource for parents of newly-diagnosed infants.

(Gail Landsman, Anthropology Department, State University of New York at Albany)

DeBoskey, Dana S., ed. *Working after Brain Injury: What Can I Do?* Houston, TX: HDI Publishers (1-800/321-7037), 1996, 129 pages, \$12.50 softcover (quantity discounts available).

As the title suggests, this book is presented as an instruction manual for people who have brain injuries, and it focuses on issues and concerns related to returning-to-work. In the preface, the author reminds us of the crucial role employment plays in self-perception for those individuals who must adjust to the cognitive changes associated with brain injury. The author states in the introduction that the goal of the book is to provide a "comprehensive list of all the problems that could possibly arise" (p.1) in the cognitive and emotional domains of re-employment.

The manual contains five chapters: an introduction, three instructional chapters, and a conclusion. In Chapter 2, the author presents a variety of scenarios relating to cognitive processes on the job, gives examples of how those situations may affect performance on the job, and gives a list of compensation techniques. Addressing affect and behavior on the job, Chapter 3 uses a consistent, sequential process to identify and resolve potential problems by: (a) describing symptoms, (b) presenting possible causes of the symptoms, (c) describing the impact of the problem and symptoms on the job, (d) offering a variety of solutions, and (e) providing the reader with the opportunity to develop an action plan for implementing chosen solutions. The fourth chapter uses a didactic format to present the reader with information pertaining to community re-integration.

Although this book contains a large amount of useful information, there are several limitations that may make it unsuitable for individuals with severe or even moderate cognitive deficits. The material in Chapter 2 is presented in a distracting format (e.g., the techniques offered do not follow the sequence of the examples, pp. 20 and 21), requiring the reader to search for a match between examples and compensation techniques. Similarly, those people who are experiencing difficulty returning to work because of cognitive deficits will probably find many of the descriptive words and phrases used throughout the book (e.g., "decreased cognitive processing," p. 26; "you may be able to delineate some alternative solutions," p. 33; "they aid us in providing for generalization of cognitive skills," p. 111) equally difficult.

In conclusion, although *Working After Brain Injury* may not be suited to individuals who have severe cognitive impairments, this manual will provide a wealth of information to people who have mild to moderate brain injuries, their families, employers, and anyone else who is interested in understanding the issues associated with returning-to-work following a brain injury.

(Charles D. Palmer, National Center for Employment and Disability, University of Arkansas at Fayetteville)

DeBoskey, Dana S., Calub, Connie J., Burton, John, and Morin, Karen. *Life After Brain Injury: Who am I?* (2nd Ed.) Houston, TX: HDI Publishers (1-800/321-7037), 1996, 99 pages, \$9.50 softcover (quantity discounts available).

Life After Brain Injury: Who am I? is a clearly written and extremely useful manual for individuals coping with traumatic brain injury. The opening paragraph states, "This book is written for you—the person with a brain injury. It is not for your family, not for your therapist, not for your employer . . . it was developed with only you in mind" (p. 1). From this vantage point, the book explains common cognitive problems with which individuals with brain injury must cope, behavioral issues associated with the injury, and interpersonal problems that injured individuals often confront. The goal of the manual is to have individuals with traumatic brain injury recognize and

understand injury-related traits and difficulties, and to help them develop coping strategies and effective resolutions.

A candid, forthright approach to describing typical difficulties is provided. Each chapter discusses real-life situations likely to be encountered, and each discusses practical solutions and living skills. Readers will be able to identify with the examples and solutions offered, especially since the scenarios discussed are based on actual experiences of individuals with brain injuries.

Although much has been written about the effects of traumatic brain injury, little has been written explicitly for the individual coping with a brain injury. *Life After Brain Injury* provides such a hands-on guide. Rehabilitation professionals, family members, educators, and others will want to recommend this book as a useful resource for anyone living with the effects of brain injury.

(Debra A. Swoboda, Oklahoma State University, Stillwater, OK)

Dittmar, Sharon S., and Gresham, Glen E., eds. *Functional Assessment and Outcome Measures for the Rehabilitation Health Professional*. Gaithersburg, MD: Aspen Publishers, Inc., 1997, 233 pages, \$49.00 hardcover.

As the title indicates, this book provides the reader with an overview of the psychometric considerations, methodological issues, and functional assessment instruments related to outcome measurement in rehabilitation. The authors seek to "serve the needs of many rehabilitation disciplines in their continuing efforts to document and quantify the functional status of individuals before, during, and after rehabilitation intervention" (p. xi).

To achieve this goal, the authors organized the book into two main sections. The first section is composed of Chapters 1 through 8, which focus on topics such as models of functional assessment, selection of functional assessment instruments, methodological issues in measurement of functional status, the environment as a factor in functional assessment, and assessment of psychosocial factors in rehabilitation. The second section (Appendices A and B) provides the reader with a description and display of 36 specific functional assessment and outcome measures, organized into 13 global categories (e.g., comprehensive instruments, ADL instruments, cognition and affect measures, community integration measures), and a list of functional assessment resources (e.g., books, journals, on-line/Internet sources).

The strengths of this book lie in both its conceptual underpinnings and its careful review of the 36 selected measures. The authors, in their Overview Chapter (#1), lucidly describe the concepts of function and functional assessment, and provide an abbreviated, yet well-organized, discussion of the World Health Organization-based model of impairment, disability, and handicap, and its role in the conceptualization, classification, and selection of functional assessment and rehabilitation outcome measures. The discussion of each of the 36 selected measures, likewise, is generally well-structured and includes sections on their psychometric properties and, at times, a brief summary of their strengths and limitations.

The book, however, is not always successful in meeting its intended mission or in providing readers with a comprehensive view of functional assessment and its measures. For example, of the book's eight chapters, Chapter 4 ("Instruments Used to Assess Function and Measure Outcomes in Physical Rehabilitation") is only three pages long and appears to be misplaced. (It serves better as an introduction to Appendix A.) Another chapter (Chapter 6, "Environment as a Mediating Factor in functional Assessment") is 19 pages long and includes extremely detailed and often redundant information.

Additional concerns can be directed toward the choice of the 36 assessment instruments (Appendix A). The authors neglect to address the rationale behind their selection of instruments.

Furthermore, the omission of other commonly-experienced functional limitations and of other popular measures (e.g., measures of experienced pain, measures of neuropsychological functioning, and the Psychosocial Adjustment to Illness Scale) is perplexing. Also, the choice of several of the cognitive function and affect measures (e.g., Hamilton Rating Scale for Depression, Zung Self-rating Depression Scale, and the CES-D Scale) is never discussed, especially since these are measures of symptoms (or signs) and not of functional limitations. Similarly, the choice of the McMaster Family Assessment Device is somewhat peculiar since it transcends individual functioning and does not directly bear on limitations relating to impairment, disability, or handicap.

Finally, the list of functional assessment resources (Appendix B) should have included journals such as *Journal of Applied Rehabilitation Counseling*, *Rehabilitation Education*, and *Journal of Rehabilitation Sciences*.

In sum, this book, despite its minor weaknesses, is a useful tool for rehabilitation practitioners. Rehabilitation clinicians and trainees in a wide range of rehabilitation-related disciplines will find this book's coverage of functional assessment and outcome measures in rehabilitation a valuable resource. Rehabilitation researchers and administrators may appreciate its practicality as a source for conducting outcome-based evaluations, determining appropriate levels of care, and addressing managed care concerns.

(Hanoeh Livneh, Rehabilitation Counseling Program, Portland State University, Portland, OR)

Foster, Peggy. *Women and the Health Care Industry: An Unhealthy Relationship?* Buckingham, England: Open University Press (distributed by Taylor & Francis, 1900 Frost Road, Suite 101, Bristol, PA 19007-1598), 1995, 218 pages, \$25.95 softcover.

Women and the Health Care Industry: An Unhealthy Relationship? is not just another book about the poor condition of health care—in this case in Great Britain, but not different from the inadequacies in the U.S. and elsewhere. What is unusual and noteworthy about *Women and the Health Care Industry*, despite some flaws (e.g., not the latest of references), is the adversarial perspective of a population and an industry that purports to serve them.

The thesis Peggy Foster, Senior Lecturer in Social Policy at The University of Manchester, propounds is this: Health care consumption is not always beneficial to women; there are vested interests that profit from the medicalization of women's lives; and the problems women face—even medical problems—stem from their unequal positions in society.

Radical feminism, you might say.

There is much detail offered to support these arguments. Take menopause, for example. Modern medicine cannot really say it has a handle on its causes and effects. It is viewed as a deficiency disease, and medical and pharmaceutical efforts thrive on treatment as if the condition must be fixed.

Little certainty exists also regarding diet and cancer, yet a mega-industry urges "proper diet," with the implication for those who develop cancer that they have done something wrong or behaved irresponsibly. Environmental risk factors, such as chemical pollutants, says the author, are more strongly and clearly related to cancer than diet.

"Medical imperialism at its most rampant" (p. 176) is how Foster describes the recent approach for young women at risk of breast cancer to be advised to undergo double mastectomies.

The patriarchal nature of women's experience of the mental health care system is another example of women's relationship with medicine. Women are greater consumers than men, both because of the manipulation of advertising and the fact that women are under more stress than men in a sexist society. "Patriarchy can make people sick," says Peggy Foster (p. 2).

Rape, seen as an individual problem, she says, should be a political issue. Empowerment of

females and an emphasis on male responsibility seem to be missing ingredients. Her take on such pandemics as AIDS is that campaigns against heterosexual AIDS are always directed toward women. And some believe that developing countries are being sold expensive drugs rather than being supplied with food and education.

Paranoid? Biased? The facts are there. All workers in the medical and pharmaceutical endeavors, not to mention state bureaucracies, need patients. In addition to the reprehensible control over women's lives, there is the fact that the over prescribing of psychotropic drugs or hormone replacement therapy, to name just two practices, reduces one's ability and incentive to seek and consider alternative remedies.

Indeed, women in general lack information for making wise choices. The vested interests that determine priorities and the direction of the health care system leave few resources for changing social policy. In 1977, Ivan Illich wrote, "People who are angered, sickened and impaired by their industrial labour and leisure can escape only into a life under medical supervision and are thereby seduced or disqualified from political struggle for a healthier world" (Illich, cited by Foster, 1995, p. 178).

This is not an outdated citation. Twenty years later, the medical system indisputably exerts widespread social control. This book reflects a view and documentation of women's relationship to that system. Peggy Foster thinks it is unhealthy.

(Adele Gorelick, Washington, DC)

Hales, Gerald, ed. *Beyond Disability: Towards an Enabling Society*. London, England: Sage Publications and The Open University, 1996, 200 pages, \$18.95 softcover.

Beyond Disability: Towards an Enabling Society gets its title from the fact that it critically examines the social factors that create disadvantages for people with physical and mental impairments. It argues that, in the absence of physical barriers, discriminatory policies, and other obstacles, people with impairments would no longer suffer substantial hardships; and that requiring access and accommodation would cease to be a handicap—in short, that people with disabilities could finally move "beyond disability."

Editor Gerald Hales establishes the book's premise in his brief introduction. He argues that people with disabilities "are in a feudal society, not a democratic and self-determining one" (p. 2). In such a society, professional "intervention" designed to help people with disabilities can, instead, further jeopardize their autonomy and quality of life. Indeed, many services "entail the personal rights of the disabled person being disregarded and the risk that they may end up worse after the intervention has taken place than they were before!" (p. 3).

Published in England, *Beyond Disability* carries a British frame of reference. Some of the book's details will be irrelevant to U.S. readers, but the broader issues transcend national borders and political systems.

Like most anthologies that attempt to cover many different aspects of a topic, *Beyond Disability* is not always consistent, either in approach or in quality. However, it does contain more than its share of insightful, challenging articles.

The book contains several chapters that discuss barriers in the physical environment—a frequent and familiar topic, but here dealt with both more personally and more analytically than usual. Sue Napolitano, a freelance writer and a wheelchair user, explores some of the psychological effects of access barriers—and of less-than-perfect access modifications. For example, she describes entering an art gallery from the rear, via elevator, while nondisabled visitors arrived by a flight of stairs. All the displays face the stairway, creating a stunning first-impression effect, which

is completely lost on visitors using wheelchairs. Napolitano urges planners to consider how individuals will experience a facility, and to strive not just for access, but for equal access.

Another section addresses issues related to service provision for people with disabilities—from the perspectives of both consumers and providers. Sian Vasey contemplates, in some detail, the experience of relying on paid personal assistants for help with activities of daily living. Vasey's piece offers some interesting observations about "the helping relationship." However, it could have been more useful by having fewer personal details, and more scrutiny of the social, cultural, and psychological dynamics that shape these experiences. Vasey enumerates the difficulties involved in funding, scheduling, and managing attendant services, but does not really offer a vision of social change through which these services could become more readily available, reliable, and empowering.

This lack of vision ultimately weakens many of the essays in this volume. While they do offer description and critique of existing circumstances, they stop short of exploring a future "beyond disability."

One very important contribution in *Beyond Disability* is Sally French's critical essay about the simulation exercises that are so often used by disability awareness trainers. French questions the very premise of such exercises. Regardless of how carefully the experience is designed or implemented, spending an hour or a day wearing a blindfold or riding around in a wheelchair simply cannot provide a realistic sense of living with a disability. In addition, French provides documentation showing that nondisabled participants in simulation exercises often learn the wrong lessons—i.e., they conclude that people with disabilities are either incompetent, exceptionally courageous, or both; and that life with a disability is miserable, lonely, or frightening. French contrasts *disability awareness training*, which emphasizes personal feelings and "attitudes," with *disability equality training*, which provides tools for understanding barriers, discrimination, and other socially-constructed disabling conditions. Disability equality training encourages participants to take responsibility for helping to eradicate inequality—not just to play at "being" disabled.

In addition to the essays described above, *Beyond Disability* contains chapters on various impairments, including hearing loss and learning disabilities; several issues surrounding disability-rights legislation; the experience of counseling from both the counselor's and the client's viewpoints; and health workers' attitudes toward disability. Despite its limitations, the book does offer a useful overview of some of the philosophical issues involved in the disability-rights movement. It would probably be most useful for giving human service professionals a sense of disabled consumers' perspectives on service provision.

(Laura Hershey, AccessPlus Consulting, Denver, CO)

Harkness, Sara, and Super, Charles M., eds. *Parents' Cultural Belief Systems: Their Origins, Expressions, and Consequences*. New York, NY: The Guilford Press, 1996, 558 pages, \$60.00 hardcover.

I approached this book with optimism. The reviews on the dust jacket were enthusiastic. As one said, the book "encompasses dozens of cultures and diverse domains of child development, ranging from sleep and temperament to school learning, work, and relationships" (W. Andrew Collins Ph. D.). I looked forward to learning about parental beliefs on a wide range of topics across a broad spectrum of cultures. In particular, I hoped to find information about the impact of parental belief systems on raising a child with a disability.

The book consists of 21 chapters organized into five different parts and, indeed, covers a wide range of topics. It begins with a discussion about children's temperaments and the cultural beliefs that explain, organize, and shape children's temperaments, and it ends with an analysis of parental beliefs about delayed development. Additionally, the editors have chosen to include information

drawn from such countries as the United States, Japan, Mexico, Tahiti, Nepal, Tanzania, Sweden, Italy, Nigeria, Nicaragua, and the Netherlands, with some countries appearing in more than one chapter. Contrary to my initial expectations, however, the analyses concentrate heavily on practices found in the United States and Europe. This emphasis results in a lack of focus because Western child rearing practices are not used as a comparative measure; instead, they are reintroduced in each chapter as if the reader had never heard of them. Rather than organizing the contents, this weighting tends to discourage the emergence of a central theme, with author after author reintroducing the Western perspective.

The large number of topics also works against the text. Chapters skip from temperament studies, to sleep practices, to beliefs on whether a child needs to be taught to crawl or whether s/he learns on his/her own. The book deals with too many unrelated subjects to be a good graduate study text, and it will be difficult for most undergraduates because it demands of them considerable background knowledge in child development.

The chapters themselves are not without interest. For the discipline of disability studies, one of the more informative chapters ("Ask the Doctor") examines conversations between parents and pediatricians. Illustrative dialogue and commentary alternate throughout the chapter. If this pattern and focus had been recreated in a number of different cultural settings, we would have had sound comparative information on parent/doctor interactions.

When I read through the table of contents, I had great hopes for Part Five, "The Consequences of Parents' Cultural Belief Systems for Children's Health Development." Two chapters in Part Five focus on nutrition and attitudes toward feeding, but have little discussion of health consequences of the practices described. The discussion of women's epistemologies seems misplaced in this section. Furthermore, I do not understand why a study on rest and arousal is included, especially when a chapter dealing with children's sleep patterns can be found in a prior section. And, most disappointing of all, the last chapter on parental recognition of developmental delays adds nothing to what I have already encountered in previously published books and articles.

I realize that the editors of this book were not interested in answering my questions, but they do not seem to be answering any particular questions at all. The studies themselves are competent and interesting, but they do not pull together. The book covers a wide range of topics and, yet, does not serve the purpose of a survey text.

And, although each of the chapters reads competently on its own, the book as a whole lacks a gestalt. In the case of this text, the parts are, unfortunately, greater than the whole.

(Beth Franks, Assistant Professor, Hobart & William Smith Colleges, Geneva, NY)

Henderson, Gail E., King, Nancy M P., Strauss, Ronald P., Estroff, Sue E., and Churchill, Larry R., eds. *The Social Medicine Reader*. Durham, NC: Duke University Press, 1997, 517 pages, \$79.95 hardcover, \$29.95 softcover.

The Social Medicine Reader evolved as a text for a course taught to first-year medical students by social scientists, humanities scholars, and physicians. What a shame it would be to have this text read only by medical students. This very important *Reader* would provide a sound framework for any professional, clinical or non-clinical, interested in health care work. By combining discussions of pathology with narrative accounts, short stories, and poetry, the editors make the issues of health care real and poignant. The editors rely on the writings of experts, individuals directly affected, and families to take us from a discussion of "a cultural perspective of experiences of illness, disability, and deviance," through "the influence of social factors," into an examination of the "culture of medicine," "health care ethics," and finishing with "medical care financing, rationing, and managed care." Along the way we have the opportunity to read the likes of Annie Dillard, Amy Bloom,

Irving Kenneth Zola, Bobbie Ann Mason, William Carlos Williams, and many other fine authors. Each area was developed with reasoned insight, thoughtfulness, and with a focus on the major issues facing both the delivery and the receipt of health care services. The one area in which I would have liked a more developed discussion was in the area of assisted suicide, "Health Care Ethics and the Provider's Role." This is an area that deserves the full range of debate, including that in opposition to physician-assisted suicide.

(Stephen French Gilson, Assistant Professor, School of Social Work, Virginia Commonwealth University, Richmond, VA)

Ingstad, Benedicte, and Whyte, Susan, eds. *Disability and Culture*. Berkeley, CA: University of California Press, 1995, 307 pages, \$15.00 softcover.

This is a book I really wanted to like. It is the first collection of ethnographic essays on disability, most about Africa. It is published by a press noted for its excellence in anthropology. It was written by anthropologists for anthropologists, although it also attracts a broad range of disability studies scholars. It will be purchased, read, and assigned, as well it should be. It is unique. However, as an anthropologist, I am embarrassed; as a disability studies scholar, I am troubled.

This is strong language to use about my colleagues, some of whom I know, like, and respect. Is it jealousy? I have sat on this review, re-read the book, and done a lot of reality testing with other anthropologists, disabled and not, and with people working in disability studies, disabled and not. I am not alone in my discomfort.

Like any collection, the essays vary, but the total effect is disturbing. Most of the 12 authors have the same goals: to see disability through the eyes of another culture in order to better understand "western culture," and in order to contribute to anthropological scholarship and to international rehabilitation. The debate the volume sparks will help accomplish these goals.

With the exception of a posthumous reprint of a book chapter by Columbia University professor Robert Murphy (What is it doing in this book?), the authors are all from Britain or Northern Europe. This might help explain some of my problems with the book: disciplinary parochialism, fuzzy or absent definitions, and value-loaded language.

Although the editors refer to a rich non-anthropological literature on disability (p. 1), only Devlieger's essay makes any real use of the work of disability studies scholars from other disciplines. This parochialism does little to advance disability studies and is not necessary to legitimate and promote the study of disability within anthropology.

The introduction starts, "A preliminary common-sense definition of disability might be that it is a lack or limitation of competence" (p. 3). Later, "Disability is used to refer to limitations resulting from dysfunction . . . the core meaning of disability for most of us is a biopsychological one" (p. 3). Despite attention given to definitions and the sociocultural construction of disability in introductory and concluding chapters, few authors define what they mean by disability before they jump to how their informants think about and respond to "it." We are left in a tangled web of concepts and behaviors with an impression that, although other cultures have various concepts similar to the western "disability," they are not necessarily as biologically determined as are the ill-defined concepts of disability of too many of the authors. Most seem to have an unstated, but concrete, notion of disability as a constant. They then look at the lives of people they consider disabled in a different culture to see if they are treated as disabled. Is disability a constant or a process? It is not the accuracy nor the utility of the authors' ethnographic description and analysis that I question, but rather their understanding of the social science of disability in western culture and how they ignore it or apply it to other cultures.

In this respect, the articles that limit their analysis to a case study or to a particular impairment are much more successful (if less daring): Bruun's case study of a soldier in Nicaragua (pp. 196-199) and Sachs' of a single Turkish woman (pp. 210-225), Devlieger on limb impairment (pp. 94-106), Monk and Frankenberg on multiple sclerosis (pp. 107-136), Sentumbew on blindness (pp. 159-173), and Whyte on epilepsy (pp. 226-245). The issue of assignation of disability is focused.

Value-loaded language: The first three sentences of the Preface talk of *impairments*, *biological defects*, and *deficit*; word choice then goes downhill. Disability, *handicap* (p. 39), *loss of competency* (p. 39), *anomaly* (p. 40), *crippled* (p. 47), *inability* (p. 52), *abnormal* (p. 95), *deficient bodies* (p. 137), *mutilated* (p. 197), *deviants* (p. 212), *impaired* (p. 222), *deformity* (p. 272), *afflicted* (p. 278), and *infirmity* (p. 281) are too often used interchangeably to describe disability. I have no problem with words used to attempt to translate a term from a field language, such as Devlieger's (p. 96) use of "faulty children." The examples above are all from the authors' voices. At best, the reader feels like the authors are overzealous with a new electronic thesaurus.

I may be too harsh. I may generalize too much about 14 different essays. I intend to take up my critique at more length in a full article, and I welcome comments both from anthropologists and from other disability studies scholars. As Whyte says, "The study of people's conceptualization and experience of disability is fraught with difficulties and dangers, especially when we are trying to study across cultures" (p. 240). There are some gems of ethnographic description and analytical insight in this book. Setting aside all interpretation, the ethnographic essays comprise a body of valuable primary descriptive data about other cultures that should be read and analyzed. The epic ethnophysiological descriptions of conceptions of the causes of disability are a classical starting point in medical anthropology. Precious ethnography is in itself a significant contribution. I will read this book again, and I will learn from it and assign it to my students, but I cannot like it.

(Devva Kasnitz, Ph.D., Research Director, Research and Training Center on Independent Living and Disability policy, World Institute on Disability, Oakland, CA, devva@wid.org)

L'Institut Roehrer Institute. *Harm's Way: The Many Faces of Violence and Abuse Against Persons with Disabilities*. North York, Canada: L'Institut Roehrer Institute (Kinsmen Building, York University, 4700 Keele Street, North York, Ontario, Canada M3J 1P3), 1995, 262 pages, \$28.00 softcover.

In *Harm's Way*, the forward outlines the reasoning and need for the materials in this book, while the introduction lays the groundwork with definitions and explanations. The chapters in *Harm's Way* stand independently; they do not flow from one to another, and this can be confusing until you realize that it is similar to reading independent articles. They are filled with concise information, quotes, and supporting notes at the end of each chapter.

Harm's Way predominantly uses research and statistics from Canada. Do not let this put you off when considering this book as a resource. The materials are easily transferred to other countries because the underlying components are the same. The materials in each of the chapters are skillfully woven. Case studies and examples are used to illustrate the statistics and research. This serves a dual purpose: First, those individuals who prefer scientific methodology will find the research compelling; and, second, those individuals who prefer the humanization of information will be intrigued.

Harm's Way goes from defining the problem to detailing solutions. At the end of the book are pages of statistical tables, methodology, and a formidable bibliography that can be used to enlarge anyone's knowledge of this subject matter.

Harm's Way does a very good job of taking a complex subject matter, "the abuse of disabled," and opening it up for all to grasp. It illustrates the socialization factors, both with the victims and

with those who perpetrate violence and/or abuse. Systems that were designed to help individuals, but often are the problem, are inspected. As an individual who works with women who are both disabled and abused, I find this book to be a good primer for defining an area in society upon which very little light has been shed. I believe that understanding abuse of disabled people is at the stage at which child abuse was twenty years ago. This book is a step on the right path.

(Debora Beck-Massey, B.A., Volunteer Coordinator/Victim Advocate, Domestic Violence Initiative for Women with Disabilities, Denver, CO)

Josephson, Gretchen. (Edited by Lula O. Lubchenco and Allen C. Crocker). *Bus Girl: Poems by Gretchen Josephson*. Cambridge, MA: Brookline Books, 1997, 119 pages, \$14.95 softcover.

It is not that the poems in *Bus Girl*, penned by a woman with Down syndrome, are badly written; many may like the messages and imagery found in these poems. A question, though, stayed with me throughout my reading. Although I am sure the feelings and ideas are Josephson's own, I am unsure to what extent the poems are concerned with poetic form, or even to what extent it is Josephson's voice that I am reading.

On the front cover under Josephson's name are the lines "Edited by Lula O. Lubchenco, Assistance by Allen C. Crocker." Lubchenco is Josephson's mother; Crocker, a doctor/family friend. Since the severity of Josephson's Down syndrome is never explained, and since Lubchenco, who thanks herself as editor in the Acknowledgments, gives thanks "to our friends in Denver who are writers or poets [who] read Gretchen's poems and encouraged us to continue," I was left wondering exactly what kind of editorial help and assistance Josephson received.

Maybe for families of children with Down syndrome who need to find hope and encouragement in Josephson, to whom Lubchenco alludes, it should not matter. Many writers receive advice from others, and/or are at the mercy of editors and publishers at some point. But most authors do not have Down, and most ghostwriters are not credited on the front cover. So when Josephson writes in "Loneliness" that "Loneliness is thinking silently when you are/lying in bed/or watching the moon dipping/more slowly than ever before" (p. 9), or when she writes in "Who to Pray To" that "The dark is so kind/(It provides privacy)/And also so cruel (It allows violence)" (p. 10), one wonders who is responsible for the imagery, grammar, and somewhat stark quality of these lines. And who shapes these thoughts into visual poems if not the poet?

It seems an important, if unanswerable, question. For now, I will look at *Bus Girl* as a collection of work.

Bus Girl is an account of Josephson's life as a bus girl in the tea room of the Denver Dry Goods store, of a failed love affair, and of various other issues which permeate her world. Interestingly, disability is not explored in this collection. Whose choice was that? Or was disability, personal or political, even a mentionable subject growing up? The poems that do appear here are uneven. Some display dense thoughts and images, such as "A shadow of a kiss/Could mean marriage/...A shadow of a kiss/How thin is a shadow?/It is like a whisper/Or maybe a prayer" ("A Shadow of a Kiss," p. 21). Others are simpler, like "Joy is for/The one you love" ("Love and Joy," p. 25). A certain sweetness exists in the directness of her thoughts.

One final note, and this is no fault of Josephson. It is obvious in Lubchenco's acknowledgments, Crocker's forward, and the words on the back cover which read, "Bus Girl provides a clear-eye view of what it is to see the world through the lens of a perceptive young woman who despite her disability, is determined not only to be heard, but ultimately, to prevail," that readers are supposed to be inspired by Josephson and by what she has "overcome." This, like much else written about people with disabilities (usually by nondisabled people), posits the disability as tragic, as something negative to be overcome. Josephson appears to enjoy her life and the world as she is.

Thus, the "triumph over tragedy" label may not be one Josephson would want, or accept.
(Johnson Cheu, Department of English, The Ohio State University, Columbus, OH)

Josselson, Ruthellen, and Lieblich, Amia, eds. *Interpreting Experience*, Volume 3 of *The Narrative Study of Lives*. Thousand Oaks, CA: Sage Publications, 1995, 262 pages, \$52.00 hardcover, \$24.00 softcover.

Josselson, Ruthellen, ed. *Ethics and Process in the Narrative Study of Lives*, Volume 4 of *The Narrative Study of Lives*. Thousand Oaks, CA: Sage Publications, 1996, 293 pages, \$52.00 hardcover, \$24.00 softcover.

These collections of essays are the third and fourth in a series of annual edited volumes that approach the international and interdisciplinary study of human experience through the analysis of narrative. None of the essays are about disability per se. However, they do demonstrate cross-cultural issues and applications of the collection and close examination of narrative interviews.

As disability studies grows and matures, an important goal is to communicate the lived experience of people with disabilities. A majority of recent disability research employs some version of the interview. As social scientists understand disability to be situationally constructed, it is increasingly important to describe context so that subsequent quantitative research is well grounded in rich experience. This is particularly true of the cross-cultural or cross-ethnic study of disability in which the context(s) are diverse. We review these books here because of the utility of the interview as a research method to accomplish these ends. The analytical techniques the books explore are very useful to disability studies.

In Volume Three, *Interpreting Experience*, the nine essays vary in their goals from methodological discussions to the presentation of actual research conclusions. The book is perhaps more satisfying, particularly to disability scholars, in the former role, as a methodological "how to" with emphasis on eliciting and interpreting narrative data.

The first three chapters are perhaps the most compelling. The first chapter, "Taking Narrative Seriously," by Susan Chase is an elegant, yet easy to understand, discussion of how to develop an interview style that best elicits stories. This chapter could be very useful to graduate and undergraduate students embarking on their first fieldwork. It is illustrated with passages of actual interviews and serves as a good example of the analysis of narrative. The second essay, "Imagining the Real," by Ruthellen Josselson is also a useful, if a little more dense, presentation of the social analysis of oral discourse. It is a little less accessible to students. The third essay, "Biographical Work and the New Ethnography," by Jaber F. Gubrium and James A. Holstein employs the idea of "local culture." This postmodern way of talking about "sub-cultures" could help in understanding disability in the context of "local" ethnic cultures.

Volume Four, *Ethics and Process*, contains 18 varied essays organized in five parts. They range from longer, somewhat idiosyncratic depiction of maximizing success in obtaining interviews (Scott Webster) to brief, more philosophical pieces (David Bakan), but they are all engaging. The editor's intent to present "narrative about doing narrative research" (p. xiii) is quite successful—the volume as a whole truly relates the experience of undertaking narrative research and is fine reading for anyone unsure about undertaking this endeavor. Josselson did not select essayists of a mind about ethical choices, but rather presents differing viewpoints on the ultimate ownership and disposition of narrative data and its interpretation. It is indeed "an effort to develop a narrative of the ethics of narrative" (p. xvii).

Bakan sets the tone of the volume in a brief, accessible essay on hurt, harm, and truth. Perhaps no one does a better job of relating his or her own emotions to his/her research than Bar-On does in his essay on the children of Nazi perpetrators. This is important to us. As more scholars with

disabilities study disability, the issue of managing one's own emotional investment in the research is critical.

Josselson includes a group of four essays by recent doctoral students that makes an interesting contrast to chapters by established scholars. In all, it is a charming and engaging volume, especially for anyone like me who devours the prefaces, acknowledgments, and introductions of ethnographies looking for clues about who writers are and what makes them tick—the things that tell me through which ethnic and cultural screen the writer is interpreting her or his observations.

Once again, Sage has published methodological volumes fun to read and well-suited to new and continuing researchers.

(Devva Kasnitz, Research Director, Research and Training Center in Independent Living and Disability Policy, World Institute on Disability, Oakland, CA)

Kemp, Susan P., Whittaker, James K., and Tracy, Elizabeth M. *Person-Environment Practice: The Social Ecology of Interpersonal Helping*. New York, NY: Aldine De Gruyter. 1997, 263 pages, \$45.95 hardcover, \$23.95 softcover.

Although *Person-Environment Practice* is written from a social work perspective, the book offers a framework for broadening the scope and effectiveness of rehabilitation services. The authors describe an emerging model of direct social work practice that integrates social ecology with interpersonal helping. The model focuses not only on the individual, but also on the individual's nested environments as areas for assessment and intervention. Environments include the perceived, physical, social and interactional, and the institutional and organizational, as well as the sociopolitical and cultural. Instead of expecting the individual to make all of the adjustments and adaptations to his or her environment, the model recommends setting goals related to change in one or more of the client's environments.

The model, according to the authors, focuses on "direct practice that makes strategic use of time to accomplish three things: 1) Improving a client's sense of mastery in dealing with stressful life situations, meeting environmental challenges, and making full use of environmental resources; 2) Achieving this end through active assessment, engagement, and intervention in the environment, considered multidimensionally, with particular emphasis on mobilizing the personal social network; 3) Linking individual concerns in ways that promote social empowerment through collective action" (pp. 2-3).

The book includes tables summarizing the assessment tools and intervention strategies for each kind of environment at the individual, family, group, and neighborhood levels. For assessment, tools range from inventories (Perceived Support Network Inventory) to maps (Ecomap, Social Network Map), from scales (Family Empowerment Scale) to culturalgrams, from participant-observation to Force Field Analysis and power analyses. Interventions range from interviewing for client strengths to mediation and advocacy, from critical reflection to social action, from community capacity awareness to social planning and program development.

The authors carefully weave the rationale for their model from the historical roots of social work practice beginning in the 1890s with Charity Organization Societies and Settlement Houses, and address challenges to the model in today's managed care and welfare reform, sociopolitical climate. The building blocks for the model include partnership, mutuality, reciprocity, social assets, resilience, optimization, natural helping, social integration, coherence, and hope. The model builds on prevalent emphases of empowerment, strengths perspective, multiculturalism, and intervention eclecticism. The authors are open to refinement of the model through participatory-action research or practice by research scientists and practitioner as personal scientists.

(Laura A. Edwards, Ph.D., MSLVR Program Coordinator, Department of Graduate Studies in Vision Impairment, Pennsylvania College of Optometry)

Kroll, Ken, and Klein, Erica Levy. *Enabling Romance: A Guide to Love, Sex, and Relationships for the Disabled (and the People Who Care about Them)*. Bethesda, MD: Woodbine House, 1995, 209 pages, \$15.95 softcover.

A very thoughtful, encouraging book, *Encouraging Romance* begins with relationship building and progresses through its development, with specific information on sexual relationships. The book discusses the importance of sexual relationships built upon friendship and mutual respect. Throughout the book there are stories by persons with disabilities discussing their trials and triumphs.

The book begins with meeting other people, both disabled and nondisabled, how to approach questions about the disability, and concerns that a person may hear from friends and relatives regarding the choice of a partner. The authors then discuss specific disabilities, such as blindness, deafness, spinal injuries, amputations, and progressive disabling conditions, and the sexual implications for each. The authors explain how to foster sexual relationships when there is a personal care attendant. They deal specifically with sexual techniques and provide anecdotal information about their use.

The book is educational, specific, and practical, emphasizing the importance of relationships between adults, be they friendly or sexual. Contacts for organizations that may provide additional information related to specific types of disabilities are listed at the end of each chapter. Persons, such as those with developmental disabilities who have been living in institutions, who may not have been able to develop their socialization skills fully would benefit greatly from this basic relationship-building approach.

(ElizaBeth Grubb, Saint Louis University; Executive Director, TNC Community, Kansas City, MO)

Kumin, Libby. *Communication Skills in Children with Down Syndrome: A Guide for Parents*. Bethesda, MD: Woodbine House, 1994, 241 pages, \$14.95 softcover.

Written in 1994, this is not a new book, but its practical and realistic approach make it an enduring and helpful resource. The target audience is families of children with Down syndrome. It is, therefore, written in comfortable and usable language.

Much of the information in this book is available in other sources. Kumin's contribution is to provide a concise and complete reference for those who need to know about language and communication for children who have Down syndrome.

Although the primary audience is parents and other family members, educators, rehabilitation workers, early intervention professionals, and others may learn a great deal from the descriptions of topics, such as precursors to language development, Total Communication, and various communication and speech evaluation strategies. For example, in Chapter 5, there is a list of basic concepts and vocabulary considered essential to communication success. Kumin mentions that these are also items that are often tested during language evaluations. Chapter 8 provides a thorough discussion of "intelligibility." The idea is that understanding what is said may not be sufficient. The child must also be able to respond in a manner that can be understood even by those outside the family. As in other chapters, for each problem mentioned, a series of activities and exercises are recommended in order to correct the difficulty.

The book's pragmatic approach is evident throughout. Kumin reminds parents and others that

each child has unique learning styles and preferences. Techniques that build on the child's strengths and abilities will be more successful and much easier to implement.

This is a useful, practical resource for parents and professionals. Its comprehensible style and comprehensive approach make it an appropriate tool for anyone working with young people who have Down syndrome.

(Peggy Quinn, Associate Professor of Social Work, University of Texas at Arlington)

Lanig, Indira S., Chase, Theresa M., Butt, Lester M., Hulse, Kathy L., and Johnson, Kelly M.M. *A Practical Guide to Health Promotion after Spinal Cord Injury*. Gaithersburg, MD: Aspen Publishers, Inc., 1996, 336 pages, \$59.00 softcover.

I could call this book the best thing to come out of Craig Hospital in Denver since I did, but there are those on both sides of the aisle (for better or for worse) who would take exception. True to form, Lanig follows the Craig style and philosophy of teamwork out of the blocks and stays with it throughout the text. All members of her team also hold up Craig's "patient as person" and "save your own butt" credos exceptionally well. I came out of Craig in 1984 and headed back to the steppes of Nebraska, knowing full well that my existence depended on my ability to communicate what I had learned in the prior eight weeks. I knew that I had to be ready to teach my own doctor "everything he always wanted to know about spinal cord injury (SCI) but was afraid to ask." In the "SCI Survivors Perspectives" section, Vickie Baker tells of just such a confrontation, "dysreflexic in a generic hospital . . . doctor stated patronizingly, 'Now dearie, don't you think this was caused by stresses in the past?'" (p. 123). Luckily, I was armed with my trusty fat black three-ring binder Craig handbook.

Lanig and mates have created much more than a survival guide. They have pulled together a veritable plethora of cornerstones for this virtual reality we call "(is there?) life after spinal cord injury." They have also crafted an essential textbook on SCI that the healthcare industry must digest and absorb if our friends, enemies, lovers, parents, selves with SCIs are to do more than survive! The first cornerstone is laid in "The Framework" introductory section, where the reader is introduced to state of the art statistical information. Chapters 2, 3, and 4 deal with nuts and bolts for rehab professionals. (Chapter 4 on program development is generic enough to apply to any type of program or project.) "The Interdisciplinary Assessment of Health" follows in the same vein as above and includes questionnaires, etc., that can be used now to help individuals and programs assess drug, tobacco, and alcohol dependency. Craig's philosophy of whole person treatment comes through loud and clear in the next major section, Part II—"Psycho-Social Dimensions of Health." You will find practical problems and solutions dealing with "Stress Management" (Chapter 6) and promoting sexual health (Chapter 8). Finally, in Part III, physical health issues are tackled. I gleaned some practical things from reading "Promoting Nutritional Health" (Chapter 9) such as "Examples of common dishes in which these complementary proteins occur are red beans and rice, bean burritos, and [as I always suspected] peanut butter sandwiches" (p. 207). In Chapter 10 we are introduced to serious competitive exercises, including weight lifting and pushing, mixed in with some plain old rehab stretching exercises (pp. 280-281) from which even TAB (temporarily able-bodied) desk jockeys will benefit.

Who should own this book? Medical schools should expose all their aspiring GPs to it, and residents and interns in hospitals that claim to be doing rehab could benefit from the field-/time-tested knowledge and practical mental and physical health methods contained herein. Professors teaching medical rehab in our universities offering undergraduate and graduate degrees in rehab should be able to impart the knowledge/wisdom of this volume. Paralyzed Veterans of America

(PVA) chapters around the country ought to have a couple of copies circulating. Public, college, and university libraries, any place that people go to do research, will be incomplete if this book is not on the shelves. Drug and alcohol treatment centers could benefit by giving better services through better understanding of this disability. Most importantly, every person and family affected by SCI should have the book to live better.

The resources and research references are worth the price of admission to own *A Practical Guide to Health Promotion After Spinal Cord Injury*. If you have any private or monetary interest in a person or people with spinal cord injuries, you owe it to yourself and to them to buy this book. An added plus is the packaging, soft cover and spiral bound; it lies flat and stays there! Final analysis: Four Stars!

(Jack Ennis Campbell, Origins Society, Faculty/ Administration, Tucson, AZ)

Robinson, Frank M., West, Doe, and Woodworth, Dwight, Jr. *Coping + Plus: Dimensions of Disability*. Westport, CT: Praeger Publishers, 1995, 260 pages, \$55.00 hardcover.

The purpose of this book is to answer the question of how people with disabilities cope with the everyday aspects of their disabilities. Information was integrated from over 200 personal coping experiences that were solicited from disability agencies and individuals. As well, many experiences were discussed from the repertoires of the authors themselves. Doe West and Dwight Woodworth have disabilities, while Frank Robinson gains experience as a camp counsellor who worked with people with various disabilities, and from family and friends with disabilities.

The book begins with Theoretical Foundations with Coping, which discusses basic theories of coping. Chapter 2, "Coping+Plus=Coping with Disability" establishes the view that coping with disabilities involves both the daily coping that everyone does and the necessary coping with disability and its impacts—hence the term COPING + PLUS. Part II is called "Techniques for Coping with Disability" and is meant to deal with specific aspects of disability. I found some of the chapter headings to be confusing in this part of the book. For instance, "Coping with Difficulty in Mastering the Environment" is not on dealing with such issues as inaccessible environments, as I had expected, but rather on how persons with cognitive disabilities deal with life.

As well, confusion arose for me within chapters themselves. In Chapter 3, "Coping with Limitations in Mobility and Physical Functioning," there is a section on "abuse." It would seem that people with various disabilities would have to deal with this issue, and this section could be better placed. Another confusing section is the one on technology. Rather than putting all technology issues together in Chapter Three, they are interspersed with "personal care attendants" and "monkeys and canine companions." Another example of disorganization occurs in Chapter 5: "Coping with Chronicity and a Life of Uncertainty" is combined with a discussion of "abandonment," for instance, of being forgotten by an attendant. This topic arose already in Chapter 3. Chapter 7 does have a summary at the end, and it would have been helpful to have had one at the end of each chapter.

One major section missing is an overall summary for the book. Instead, it ends rather abruptly. Yet another confusing portion of the book was the addition of Coping + Plus templates (or forms) to be filled out, supposedly, by a person who is having difficulty coping. These templates seem to have very little relationship to the discussion in the text, and it is difficult to understand their purpose. I found that a great deal of the book dealt with community supports rather than specific coping mechanisms from individuals' data that the authors have gathered.

Although the concept of the book is a good one, perhaps the meat of the book, it seems hidden and would have been brought out better by some further work by an editor.

(Laurie Ringaert, Manager, Canadian Institute for Barrier-Free Design, and Board Member, The Canadian Institute for Disability Studies)

Ryden, Michael. *Dyslexia: How Would I Cope?* London, England: Jessica Kingsley Publishers (distributed by Taylor & Francis, 1900 Frost Road, Suite 101, Bristol, PA 19007-1598), 1997, 64 pages, \$11.95 softcover.

Written by an individual with dyslexia, this book is intended to be read by the lay public to learn what it is like to live with dyslexia. The author's professed goals are twofold: to describe how it feels to have dyslexia, and to cultivate more informed and accepting attitudes about the disorder. In this light, the book succeeds on a certain level and fails on another.

Dyslexia: How Would I Cope? provides excellent examples of the experience of dyslexia from the perspective of someone who is dyslexic. The illustrations of processing problems in reading, listening comprehension, and fine motor skills will help readers understand the dyslexic person's frustrations and difficulties. A section citing common attitudes about individuals with dyslexia is also useful in capturing the level of misinformation and prejudice that exists. Readers of the book, regardless of their formal knowledge of dyslexia, will gain insight into what it is like to live with the disorder.

The book, for all its accessibility, nonetheless has flaws that limit its recommendation for use to a wide audience. Although Ryden's intention is to describe the characteristics of dyslexia per se, some characteristics outlined are more reflective of other types of specific learning disabilities, of attention deficit disorder, or of behavioral coping styles that may or may not be concomitant to dyslexia. In this respect, the book is similar to other popular literature on learning disorders in its tendency to attribute a generic set of characteristics to specific learning disabilities. Some of the author's perspective may be due to the fact that he was diagnosed in 1969 (long before dyslexia was well understood to be a specific form of learning disabilities) and was educated in the United Kingdom (where dyslexia is still commonly associated with developmental disabilities). Consequently, *Dyslexia: How Would I Cope?* would best be used as a manual for individuals wishing to gain an illustrative, although rudimentary, understanding of dyslexia.

(Debra Swoboda, Oklahoma State University, Stillwater, OK)

Van Dyke, D.C., Mattheis, Philip, Eberly, Susan Schoon, and Williams, Janet, eds. *Medical & Surgical Care for Children with Down Syndrome: A Guide for Parents*. Bethesda, MD: Woodbine House, 1995, 395 pages, \$14.95 softcover.

This volume, in a series entitled "Topics in Down Syndrome," provides a comprehensive review, in lay language, of current medical information of interest to parents of children with Down syndrome. The book emphasizes in an editors' note at the beginning and throughout the text that children with Down syndrome are "first and foremost children." A secondary theme, which qualifies the first, is that they are children with medically relevant differences. Because of these differences, they are at higher risk than other children of certain health impairments, such as cardiac disease. Thus, parents and medical practitioners need to be aware of potential treatment concerns, as well as of current practice guidelines based on research on this population.

I need to state that I am not a physician and am not able to judge the accuracy of any of the medical information provided in the book. However, as a medical sociologist who has worked in the field of childhood disability for a long time, I am familiar with the names of many of the chapter authors and know them to be experts in this field. As a lay reader, I was also impressed with the clarity of the language and lack of medical jargon in the book. Most parents, even those with less

than a high school education, should have little difficulty understanding the rather complex medical concepts that are presented.

As Emily Perl Kingsley suggests in the book's preface, medical practice has come a long way in the past 20 or so years. At one time, parents were given overly pessimistic prognoses by professionally-dominant physicians who knew little about the potential of children with disabilities. Today, thanks to better training in medical school and good continuing education programs (cf. R.B. Darling & M.I. Peter, *Families, Physicians, and Children with Special Health Needs: Collaborative Medical Education Models*, Westport, CT: Auburn House, 1994), and to consumer advocacy, most parents receive accurate information, as well as early support from other parents. This book clearly reflects this newer approach, which respects these children and their families. As Allen Crocker states in the Introduction, "Families can now consider themselves full partners in health care diagnosis, decisions, and quality assurance" (p. xxvii).

My only concern with the book is that it tends to disregard cultural and socioeconomic diversity. A chapter on "resilient families," for example, seems to suggest a single model of family coping. We know from research and practice that families adapt in many different ways, and that resources such as support groups are not always culturally appropriate. I would have liked to have seen a chapter on tailoring intervention options to the needs of diverse families and communities. Aside from this omission, the book appears to be an important step forward in educating consumers about the medical complexities involved in Down syndrome and should be made available to as many parents of individuals with this disability as possible.

(Rosalyn Benjamin Darling, Department of Sociology, Indiana University of Pennsylvania, Indiana, PA)

Williamson, Stan, Stevens, Robert E., Loudon, David L., and Migliore, R. Henry. *Fundamentals of Strategic Planning for Healthcare Organizations*. Binghamton, NY: Haworth Press, Inc., 1997, 260 pages, \$49.95 hardcover, \$17.95 text (5+ copies).

Strategic planning is really just a common sense approach to running organizations. You define the purpose of the organization through a formal mission statement. You carefully assess your environment and your internal resources. Then you set organizational goals (i.e., realistic, but challenging, performance objectives stated as concretely as possible), and come up with a strategy for reaching them. You monitor progress and try to figure out what is going on when goals are not met (e.g., Are the goals unrealistic? Has something changed in the environment? Is there a problem with staff or other resources?). Based on these observations, you modify the strategy, or possibly the objectives.

Of course, this is all easier said than done. All organizations engage in some planning activities, but few do so in a systematic fashion. There are myriad challenges to the development and full implementation of a strategic plan, particularly in direct service organizations. To their credit, the authors of *Fundamentals of Strategic Planning for Healthcare Organizations* recognize many of these obstacles, even if they do not really come up with ways to overcome them. Their basic position seems to be "Look we know it's tough, but consider the alternative: running about aimlessly from crisis to crisis."

This text will not replace more extensive and scholarly texts on strategic planning, such as Duncan, Ginter, and Swayne's (1996) *Strategic Management of Health Care Organizations* (Malden, MA: Blackwell Publishers), but it may be useful for executives and board members considering adopting this approach. It offers a fairly concise summary, but can be competitive and rather evangelical. True to the genre, there is a bit of oblique business jargon, such as "Your organization

cannot afford to let generalized eventualities and uncertainties keep you from being proactive in strategic planning and changing in response to environmental demands" (p. 56), but most of the text is pretty straightforward.

There is some egregious padding, particularly when the detailed worksheets at the end of each chapter are reprinted at the end as an appendix, but the worksheets are also the most useful part of the book. Indeed, it is possible to use them as a do-it-yourself guide to strategic planning (though probably not advisable if your organization is in serious trouble). Certainly, reviewing and completing the worksheets will prepare you to get the most out of a planning consultant.

Organizations which provide services for persons with disabilities are too important to too many people to be managed poorly. Yet many organizational leaders arrive in these positions without formal management training. Some are spectacular successes, some are spectacular failures, but most muddle along and learn as they go. A program of self-study can improve the chances for the success of such managers and their organizations, and books such as *Fundamentals of Strategic Planning for Healthcare Organizations* are a good place to start.

(Jae Kennedy, Department of Community Health, University of Illinois at Urbana-Champaign, Champaign, IL)

Wodarski, John S., Feit, Marvin D., and Ferrari, Joseph R. *Adolescent Health Care: Program Designs and Services*. Binghamton, NY: The Haworth Press Inc, 1996, 134 pages, \$29.95 hardcover, \$19.95 text (5+ copies).

Adolescent Health Care Program Designs and Services is a seminal text that represents an important milestone in the field of program evaluation. The three editors of this volume are all well known and respected experts in the fields of social work education and psychology. The book contains five chapters, each written by a different group of scholarly investigators. The major premise that underlies the research on the prevention intervention programs discussed in the book is that adolescents need to enter their teen years equipped with adequate knowledge about behaviors that have the potential to adversely affect their health.

In the introductory chapter, Wodarski and his colleagues review current findings documented in the social science literature on substance abuse, AIDS, smoking, teen suicide, and child abuse and maltreatment. The authors posit that these problem behaviors have reached epidemic proportions among adolescent populations in the United States. They contend that the proliferation of such problem behaviors has led to a variety of long-term and short-term negative outcomes for the physical and mental health of our nation's youth. These include an increased incidence of traffic injuries and deaths among the young, higher rates of substance abuse and HIV/AIDS transmission, venereal disease and unwanted pregnancies, premature parenthood, and child neglect, to name just a few. The authors believe that the most viable strategic approach to dealing with these situations is through the development and implementation of structured and semistructured prevention programs, such as life skills training intervention model and the teams games tournaments technique, which are designed to teach adolescents positive social skills that will enable them to resist external environmental pressures to become involved in unhealthy behavioral situations. Wodarski and his colleagues end their discussion with a review of specific clinical settings where service providers can utilize these intervention strategies to help adolescents involved in their treatment programs.

In later chapters researchers examine the importance of designing school-based HIV/AIDS prevention intervention programs that are culturally sensitive and relevant to the needs of ethnic minority adolescents at risk. The authors review research on the prevention of drug and alcohol abuse among youth who have been identified as vulnerable or high risk. They also discuss how community coalitions and collaborative partnerships, such as those developed in Wichita, Kansas,

in 1990 through Project Freedom, are utilized to prevent substance abuse among adolescents in multiple sectors of the community. The investigators conclude their discussion with a review of the implications of substance abuse prevention research for clinical practice and social policy.

The final chapter closes out the book with an evaluative discussion of the theoretical and research foundations related to the efficacy of using intensive family preservation services to help families in crisis prevent the removal of children from their home environments. The researchers posit that family preservation service programs have six main goals, which are (a) to protect children, (b) to promote family reunification, (c) to stabilize crisis situations, (d) to improve family relationships, (e) to increase family coping skills and competencies, and (f) to facilitate family use of appropriate formal and informal helping resources (p. 111). The chapter ends with a discussion of the implications of family preservation programs for child welfare policy and social work practice.

In the opinion of this reviewer, this book is well organized and contains a wealth of useful information. The statistical data in the book are presented to readers in a clear, concise, and understandable manner. I would strongly recommend that *Adolescent Health Care* be included on the reading list of social work educators and psychologists who are developing graduate level courses on program evaluation and assessment. The book would also make a valuable resource for practitioners working in community-based clinical settings that provide social services to troubled adolescents and their families.

(Mitchell A. Kaplan, Ph.D., CSRS, CPSP, Program Evaluation Consultant, Mayor's Office on AIDS Policy Coordination, New York City)

Worcester, Nancy, and Whatley, Mariamne H., eds. *Women's Health: Readings on Social, Economic, and Political Issues* (2nd Ed.). Dubuque, IA: Kendall/Hunt Publishing Company, 1994, 432 pages, \$31.95 softcover.

This volume was specifically developed as a reader for a University of Wisconsin course, Women's Studies 103: Women and Their Bodies in Health and Disease. Over 100 articles are reprinted and organized into 13 topical units, including "Women and Health Care Systems," "Diversity and Health Issues," "Gender Roles, Images and Stereotypes," and "The Politics of Disease." Each unit is accompanied by a brief introduction and a worksheet intended to promote students' reflection on and discussion of the material.

In their introduction, editors Worcester and Whatley emphasize that the volume is designed to complement other required course readings, *Biology of Women* (E. Sloane, 1993, Albany, NY: Delmar Publishers), *The Black Women's Health Book* (E.C. White, 1993, Seattle, WA: Seal Press), and *The New Our Bodies, Ourselves* (Boston Women's Health Book Collective, 1996, Magnolia, MA: Peter Smith Publisher, Incorporated). The present volume, thus, was not intended to stand alone as an overview on all facets of women's health. As compared to the 1st edition, published 1988, this volume, the editors note, includes both more recent articles and earlier "classic" articles now recognized as groundbreaking in identifying key issues for current debates in women's health.

Most of the articles do not specifically address disabilities or chronic illnesses. As a set, however, the very engaging mix of scholarly literature reviews, personal accounts, and position papers reinforce the importance of the "larger picture" of social, economic, and political perspectives in understanding "health" and "disease" as experienced by any individual—male or female, with or without disability. Further, many of the articles could inform considerations of how "disabilities" are conceptualized and responded to in the context of gender, social class, race, cultural context, etc.

The articles in this volume that do directly address disability issues include "Disability and the Medical System" (Boston Women's Health Book Collective), "On Being an Outreach Group: Women

with Disabilities" (M. Saxton), "Chronic Fatigue Syndrome—Searching for Answers" (A. Rudner); and two articles concerning reproduction and disabilities, "Forbidden Fruit" (A. Finger) and "Born and Unborn: The Implications of 'Choice' for People with Disabilities" (M. Saxton). The editors note that, at the time of publication, work was underway on the 3rd edition, which will incorporate more thorough consideration of health issues related to "poverty, ageism, racism, anti-semitism, heterosexism, fat phobia, and what it means to be differently abled" (p. ix).

DSQ readers, particularly those with special interest in women's health, will find the current edition an engaging and interesting resource, whether or not it is utilized in the classroom. Given the directions indicated for planned revisions, the 3rd edition will offer even more material directly addressing disability issues.

(Jan L. Hitchcock, Social and Behavioral Sciences, Lewiston-Auburn College, University of Southern Maine)

Film Clip

Carmody, Mary Ann, and Lieberman (Producers), Pascale, Brian (Director). *Roots and Wings* [videotape]. Boston, MA: Fanlight Productions (47 Halifax Street, Boston, MA 02130), 1995, 36 minutes, \$175.00 purchase, \$50/day or \$100/week rental.

This short video may be useful to teachers, parents, and vocational rehabilitation professionals who work with young adults with developmental disabilities and who want to support them in preparing for the social world of adult life. The title is an apt metaphor for the theme running throughout the video: that people with developmental disabilities need "roots of support" and "wings of independence." The film is divided into three segments, each segment representing a thematic focus of this video.

Within each theme we are introduced to one or more individuals who are representative examples of the theme. First, we meet Oliver, who is preparing to start a new job and who is receiving some coaching from his teachers and his mother about job-related behaviors. We are told that Oliver has had difficulty keeping jobs because of his intense desire to have friends. He is particularly interested in a girlfriend. The narrator notes that Oliver is an example of what often happens to people with developmental disabilities: Their needs are ignored until "inappropriate behaviors are manifested." Oliver's mother and teachers are observed in this segment helping him rehearse appropriate job behaviors, including focusing on his responsibilities, and interacting appropriately with females in his workplace.

In this first segment, we observe a lengthy cut from a small group lesson about sexuality and privacy. The group facilitator, who appears to be a teacher, leads the young adults through a discussion and role play of various dilemmas related to privacy. Several aspects of privacy are explored, and participants appear actively engaged in the process.

The second segment focuses on Bruce and Cecelia, who are participating in therapeutic drama. They are preparing to perform the play "The Frog Prince." The director, a drama therapist, notes that dramatic performance provides opportunities for self expression, and it increases self esteem. She notes that drama is a rehearsal for "real life," and that participation in drama helps people with developmental disabilities differentiate between real and pretend. She implies that young adults with developmental disabilities have difficulty understanding the difference between reality and fantasy. She adds that the play "The Frog Prince" is, in a sense, a metaphor for the feelings her actors have about their own lives. Just as the frog prince wanted to be a real person, so do her actors want to be "real."

The final segment introduces us to Phillip and his family. Phillip is preparing to leave home to live semi-independently in an apartment. As would be expected of any young man his age, he appears to be quite excited about the move. An interesting scene, and one familiar to any parent of adolescents, is of Phillip and his family having dinner. The dinner conversation is focused on Phillip's upcoming move and his current social life, and on how the move will or will not affect his ability to socialize. Phillip is convinced that his social life will improve when he leaves home because he views his parents as restricting his social choices. His parents, on the other hand, view Phillip as needing to develop some more appropriate social skills and perspectives. For example, Phillip complains that his friends are coming home from college, but no one wants to see him. His parents suggest that perhaps these friends merely have many things to do and that Phillip is on a very long social agenda for them. Phillip disagrees, stating, "They're coming back to see them (other people) more than me." The banter continues until Phillip's mother admits that his opinion is a possibility, although Phillip's father never agrees, at least not in the film. My reaction to this scene was that Phillip sounded more realistic than his parents in his assessment of the situation with his "friends" from high school.

I have mixed responses to this video. As the parent of young adults with developmental disabilities, I see my concerns for my own children and my responses to their independence in the interactions between the parents and their children. On that level, this film feels comfortable and appears helpful. It offers some concrete alternatives to old-fashioned notions about people with developmental disabilities as dependent and immature.

As a mother, I have always appreciated my children's humor. The individuals in this video demonstrate remarkable creativity and wit. I laughed several times as I watched. A particularly humorous scene occurred when Phillip was role playing a phone call in which the caller was trying to get his address. The telephone caller asked Phillip for his address, and, instead of just hanging up, Phillip first responded, "Sorry, my house is on fire. I have to go." Then he slammed down the phone. Another witty individual, Jon, had a wonderfully creative answer to the question, "Are there private places where you could kiss someone if you want to?" His response, "Not in the bathtub!" made everyone in his group laugh.

As a disability scholar, the nuances and some of the observable interactions of this film are problematic. First, I am bothered by the premise of the drama therapy experiences in segment two. A close friend of mine, Judith Sheldon, is the Chair of the Dance Department at the Center for Creative Studies, Institute of Music and Dance in Detroit, Michigan. She has always adhered to the belief that disabled people should be given the freedom to be artists and should be allowed to express themselves for the pleasure of self expression, and not as some type of treatment for their "conditions." She has always avoided employing dance therapists because she believes "therapy" clinicalizes the art form. It seems to me that this must also be true of drama, visual arts, and any other artistic expression. If there is truth in Judith's claim, that disabled people should have treatment-free artistic expression, and if it is possible that dance therapists, music therapists, and drama therapists clinicalize the artistic experience, then the segment focusing on Bruce and Cecelia and their performances suggests a more therapeutic or clinical experience and a less artistic one. While the dance therapist's goals, to "give voice" to the actors and to increase their self esteem, might be noble, I wonder if the actors' performance experiences might have been even more rich if they had been truly artistic, if they had been participants in a drama in which actors represented a wider range of community members and for which the love of performing and artistic self expression were the only goals.

My second reservation from a scholarly point of view is one that I share with the recognition that it is, in some ways, too critical. The tacit assumption in this film is that these interventions

(group role playing and discussion, drama therapy, and whole-family preparation for independent living) are necessary as the result of having a disability. In this film, the disability resides within the individual. In this view, disabled individuals require specialized teaching or therapeutic strategies in order to be prepared for “real life,” “appropriate behaviors,” “independent living,” and other aspects of young adulthood. Rather than examining ways in which the larger social environment (the community, the local high school, the workplace) can be transformed to be inclusive of individuals with developmental disabilities, the growth of “roots” and “wings” focuses on the disabled individuals themselves. Therefore, rather than developing the “roots” needed by workplaces so that all workers can be as independent as possible, Oliver is drilled over and over again on how he can change to be able to keep his new job. Instead of addressing the “wings” that grow naturally from doing art for the sake of art, Bruce and Cecelia participate in the less meaningful genre of drama therapy. While this is, indeed, a biting commentary on what is basically a positive film about supporting disabled young adults as they transition into adulthood, it is also a necessary examination of the implicit assumptions at work in some of the more humane responses to disability in our society.

I recognize the risks of being a scholar and know that I have become a bit jaded as a result of my critical training. So I gave the video to my fifteen year old daughter, April, who has developmental disabilities. I asked her to watch it and tell me what she thought. She was reluctant until the film started running. Then she was captured by the images of her peers role-playing what, for her, were hilarious situations and ones about which, I must admit, she has sometimes expressed concern. April laughed often as she reviewed the film. She took copious notes because she wanted her comments to be considered seriously. Here is what she wants you to know. She likes the program in which Oliver is involved. She thinks he goes to a good school where his teacher cares about him. She was particularly interested in Oliver’s “problem” approaching girls. She also noted that Oliver is smart and cool. She thought he was funny. She laughed heartily at the drama segment and asked if I would please get her into a dramatic production like theirs. She noticed that Phillip’s family was like ours and that Phillip acted a lot like Bobby, her older brother, who lives in a group home with other mentally retarded men.

So much for scholarly approaches to reviews.

(Susan Gabel, Assistant Professor, The University of Michigan-Flint)

Web Sightings

Morse, T.B. *America’s War on the Disabled: 1975-92: A Personal Account*. Albuquerque, NM: ’60s Press (P.O. Box 13564, Albuquerque, NM 87192-3564), 1996, 150 pages, free on the World Wide Web at <http://www.ramtech.com/promom/freebook>

America’s War is an intriguing account, which regrettably stops way too soon, significantly diminishing its value as a resource.

T.B. Morse’s personal trials and tribulations with the Social Security Administration are good reading, a page turner, that trace her battles with the SSA and the medical and legal professions, bringing in the appropriate graphic details. But, unfortunately, the energy and wit which Morse brings to the first hundred or so pages (through the early Reagan years, when SSA was a major issue) evaporate at the end. The saga in the last ten years is way too abbreviated.

The value of this book is that it brings disability alive in the context of life’s realities. It makes you realize that persons with disabilities who seek benefits are persons—a simple, but profound, concept that those who want to work with people with disabilities must master. People with disabilities have medical problems, issues with the men or women and the children in their lives, as well as with their lawyers and SSA officials.

The book is a good documentary of the personal impact of the early 1980s' practices of the Social Security Administration and how personally degrading and impacting they were. The "reviews" of the '80s really affected people's everyday lives. But that is where it stops, dramatically curtailing its utility to students of disability policy.

It was dismaying to see a book that proposes to chronicle events in the 1990s make no mention of the Americans with Disabilities Act, the Rehabilitation Act, or other civil rights issues for persons with disabilities.

While the book was originally done in 1993, it was not published until 1996. The author missed a golden opportunity to add detailed chapters on the Bush Administration (barely mentioned) or on what has transpired most recently, with many of the same issues involving SSA delays, etc., surfacing in a Democratic administration, leaving it open to partisan criticism. Such a chapter could also have let us know how the other themes in the book—which give the early vibrancy—her health, her children, and her personal life—are faring under the new administration about which she is so hopeful.

T.B. Morse's *America's War* is a well-written story of her skirmishes at the peak of the SSA controversy. Sadly, she does not chronicle the rest of the "war" with the detail applied to the first few years or tell us how the peace is faring.

(Charles Goldman is a Washington, DC, attorney whose practice concentrates on disability issues and includes Social Security. He is the author of the *Disability Rights Guide* [2d Ed., 1991].)

Coming (and Past) Events

The 15th Annual Summer Series on Aging was held on June 28-July 1, 1998, at the Hyatt Regency Hotel, Lexington, KY. It was sponsored by the Sanders-Brown Center on Aging at the University of Kentucky. For more information contact Mattie A. Umscheid at mumsch@pop.uky.edu or 606-257-8301.

CAPED '98 was held in San Jose, CA, on October 29-31. The theme is Education, Technology & Students with Disabilities: Planning for an Accessible Millennium. For more information contact the California Association on Postsecondary Education and Disability, <http://www.CAPED.org> or 510-679-0628.

Call for Manuscripts

The Summer 1998 issue of *DSQ* will be on Disabling Heterosexism: Disability Studies Meets Queer Theory with Shelley Tremain as special editor. The Fall 1998 issue will be on Oral History with Karen Hirsch as special editor. Contributions and suggestions should be sent to the special editors.

Research in Social Science and Disability is a new annual volume to be published by JAI Press. It will focus on linkages between disability and the social and cultural environment. It is based upon the premise that disability is not purely a medical phenomenon, but rather is based on the interaction between the social and physical environment and a person's physical or mental state. It will consider aspects of disabilities as viewed through the lens of social science disciplines including history, economics, geography, political science, psychology, anthropology, sociology, demography, or closely related fields. It will consider all forms of disability, including mental and physical.

Submissions could include theoretical and critical papers, analyses based on qualitative as well as quantitative research methodologies, methodological or conceptual papers, and compre-