

Book Reviews

Altman, Dennis. *Power and Community: Organizational and Cultural Responses to AIDS*. Bristol, PA: Taylor & Francis, 1994, 179 pages, \$20.95 softcover.

Power and Community is a broad overview of global responses to AIDS before 1994. Its eight chapters include HIV and Community; The Emergence of a Non-governmental Response to AIDS; What Do COB's Do?; The Changing Pandemic; The Evolution of the Community Sector; Expertise and Professionalism: Who Owns AIDS; The International Dimension; and Overview: CBO's as Subversive.

In the preface written by the series editor, Peter Aggleton states, "This is the first book to examine in detail the diversity of voluntary and community sector responses to HIV and AIDS" (p. vii). Alas, this book is, for this reviewer, too generalized to provide those details needed to effectively inform anyone interested in understanding the diverse cultural competencies at work around the world. Though ambitious and well footnoted, the intended audience for this book is unclear, as is the author's point of view. The subject is too broad and spans too many changes to be manageable.

Perhaps in-depth examinations of several particular examples from different times in the epidemic might have provided more grounded case study information if rooted in distinct geographic locations, specific cultural determinants, snapshot community responses, awareness of changing organizational development stages, and an awareness of behavioral change theory and case management models. Altman bit off too much, mixing prevention education and case management, community response, and organizational development world-wide.

In the United States, for example, it would have been interesting to look beyond 1994, Altman's publication date, to the CDC's development of mandated community planning groups in each of the 50 states. This initiative could have been a rich example of a successful attempt by established "authorities" and "affected community members" to work together in writing planning documents which guide each State Bureau of Health's local community funding of specific interventions for specific populations. Are there similar specific attempts elsewhere in the world?

The Western CDC-CPG model raises important questions as HIV/AIDS moves into the next millennium. The epidemic today is not what it was ten years ago, nor can or should communities respond as they did at the beginning of an unknown pandemic. But, in the meantime, the story of these changes remains to be told.

(John Holverson, Director of Policy & Program, The AIDS Project, Portland, Maine)

Anderson, Robert C., ed. *A Look Back: The Birth of the Americans with Disabilities Act*. New York, NY: The Haworth Pastoral Press, 1996, 90 pages, \$24.95 hardcover, \$14.95 text (5+ copies).

The eight articles which compose this book, and which also have appeared in the *Journal of Religion in Disability and Rehabilitation*, offer very little in the way of an analysis of the Americans with Disabilities Act or a chronicle of the emergence of the disability rights movement as the title might imply. It is instead a collection of six short articles dealing with various aspects of religion and disability and two brief articles based on the ADA.

The two ADA-related articles are written by a well-known activist - the late Evan Kemp - and one of the best writers on the disability movement - Joe Shapiro. Kemp's article, "The Significance of the ADA to All Americans: The Process of Getting It, and Now that We Have It, How Is It Shaping Up?," and Shapiro's work, "What the ADA Teaches Us About the Value of Civil Rights," are only brief introductions to broad themes and issues that face the disability community and society as a result of the passage of the ADA. Although well-written, these articles, which are collectively less than eight pages long, provide an incomplete glimpse into any of the issues surrounding people with disabilities.

The other six articles in the book, which is edited by the director of the Religion and Disability Program at the Lakeshore Foundation in Birmingham, Alabama, focus on various aspects of religion and disability.

While these articles lack a unifying theme within the general framework of religion and disability, some of them do provide interesting glimpses into the work of one of the pioneers in the field and into the construction of a disability-based theology. Three of the articles focus on the life of the Reverend Harold Wilkie, founder of "The Healing Community," an organization that promotes the inclusion of people with disabilities in congregations across the country. Robert Pietsch's article provides a thorough summary of the work of the nation's foremost minister with a disability. And, in the article "Thoughts and Reflections: Envisioning the Future from the Guiding Principles of My Past," Wilkie himself offers insights both to professionals in ministry and to lay people with disabilities.

The remaining three articles on religion highlight disparate issues affecting ministry to people with disabilities. William Gaventa presents a summary of how chaplains in institutional settings can adapt to the changing needs of people with disabilities in clinical settings. William Blair and Dana Davidson suggest tips on how congregations can be more welcoming to persons with disabilities. And, in the most insightful article in the book, Helen Betenbaugh, an Episcopal minister and a person with a disability, makes a moral argument for the inclusion of people with disabilities based on the writings of St. Augustine and Reinhold Niebuhr.

Although not recommended as a primer on the ADA, Anderson's book

does provide some value to those seeking to understand more about the intersection of disability and religion.

(Randy D. Davis, the reviewer of this book, is an independent consultant and holds a Master of Theological Studies from Harvard Divinity School.)

Atkinson, Paul. *Medical Talk and Medical Work: The Liturgy of the Clinic*. Thousand Oaks, CA: Sage Publications, 1995, 164 pages, \$21.95 softcover.

Medical Talk and Medical Work is both an essential and a challenging text that advances new theoretical orientations and methodologies in the study of the sociology of medicine as it pertains to doctor-doctor communication. Using as his primary data ethnographic fieldwork conducted among hematologists in the U.S. and Britain, Atkinson reveals how doctors work to produce and reproduce medical knowledge about patients and their conditions through medical discourse and the narrative construction of medical cases.

The text itself forms a representation of "the writing of qualitative research" on the ethnopoetics of medicine. In this sense, the first three chapters present the sociocultural and temporal context of Atkinson's treatise, his framework for viewing the production of medical knowledge through narrative discourse between doctors. They are the "talk" chapters. In the final four chapters he applies his analytic framework to specific examples of doctor-doctor interactions. These are the "work" chapters.

In Chapter One, "Work among the Haematologists," Atkinson discusses his research setting, Beacon Hospital (a pseudonym), and his subjects: attending physicians, clinical fellows, medical students, and additional personnel (e.g., clinical pathologists, laboratory workers, medical subspecialists). The reader needs to be aware of the limited amount of time Atkinson spent doing fieldwork (approximately ten weeks in the U.S. collecting approximately forty hours of tape-recorded interactions), the logistical difficulties of transcribing medical language, and the limitations of contextualizing the relationships between the speaking physicians, although none of these points detract from the power and uniqueness of his analysis of doctor-doctor communication. The subsequent three "talk" chapters review and expand on the anthropological construction of biomedicine. Atkinson argues against a reductionist model for viewing medical science and demonstrates how sociologically-constructed dichotomies (e.g., illness vs. disease, symptoms vs. signs, lay vs. professional) delimit the boundaries of biomedicine in such a way as to make prior studies of the system, as well as the medical culture itself, appear systematic and incomplete. Through an ethnographic analysis of socially-organized medical practice, he explains the social construction of clinical knowledge and how it is produced, reproduced, discussed, legitimated, and used. He shows how medical decision-making is a complex process (through time and space) in which

different types of information (e.g., personal knowledge, professional opinions, scientific literature) are shared through medical discourse (i.e., conversations between physicians), mediated by an implicit set of values and interpretations by the physicians themselves, and subsequently formed into clinical cases through narrative and rhetorical acts. It is these formal and informal spoken acts that help form the "liturgy of the clinic."

The remaining four "work" chapters, where Atkinson actually uses his primary data to demonstrate the theoretical and methodological points he discusses in the first three chapters, are wonderful. Chapter Four, "Reading the Body," is especially germane to those in the field of disability research. In it Atkinson demonstrates how the human body is "transformed into a series of signs and representations, by means of a complex array of techniques of inspection. The technical division of labour within the modern clinic is, in part, a diversity of specialized means for visualizing and enumerating the fragmented body" (p. 62). These representations are then decontextualized from the patient and reformed during later discussions of the patient. Expanding on the work of Anspach, Kleinman, Labov, Prince, Fox, and others, Atkinson shows how the case presenter unites different sources of information based on chronological and evaluative frames of reference into one spoken performance and how the certainty and uncertainty of specific medical knowledge is presented and coded in medical narratives. He brings everything together in his final chapter, "Voices of Medicine," when he shows how different voices (reflecting different orientations to medical knowledge) come together to form the clinical discourse of the case.

For the medical anthropologist, sociologist, and medical linguist, Atkinson's work is required reading for the theoretical advances he makes in the sociology of medicine, his use of discourse analysis in describing doctor-doctor interactions, and his delineation of the concepts of medical work and medical talk in the rhetorical constructions used in the clinic. The utility of his approach to studying the concept of disability and the cases of individuals with disabilities as presented by doctors waits to be applied.

(Jeffrey P. Collins, MD, Harvard Medical School Combined Program in Internal Medicine and Pediatrics, Massachusetts General Hospital, Boston, MA)

Bonnie, Richard J., and Monahan, John, eds. *Mental Disorder, Work Disability, and the Law*. Chicago, IL: The University of Chicago Press, 1997, 308 pages, \$27.50 hardcover.

This collection of papers examines, from a variety of perspectives, employment for persons with mental disorders. Two papers present data on employment and employment experience, while several other papers address employment in the context of the mixed messages of income support programs.

Finally, four papers examine the Americans with Disabilities Act and the ways it may or may not benefit people with mental disorders.

Several issues are threaded throughout this collection, two of which I will mention here. First, to what extent should employment be a key goal for persons with mental disorders? In addressing this, Yelin and Cisternas discuss the low labor force participation rate of people with psychiatric disabilities, while Estroff et al. conclude that bad work experiences and difficulties maintaining employment lead people to reliance on income support programs. Strauss and Davidson propose that, rather than seeing work as stressful or harmful until specific recovery milestones have been crossed, for some people work is a choice at any point as part of a systems perspective.

A second issue involves the fit between the structure of the ADA and the nature of mental disorders. Stating that the ADA was constructed around a model of physical impairments, several papers assess whether this model works equally well for mental disorders. They consider the possibility that there may not be a way to accommodate someone who lacks "social and interpersonal skills," an essential function of a great many jobs. They also discuss the dilemma of disclosure, where the disability may not be evident or where it is under control. The potential for discrimination may be needlessly increased by disclosure; however, waiting to disclose until there is a disability-related performance difficulty poses other problems.

The articles in this volume represent a mix of methodologies - quantitative and epidemiological analyses of national data, qualitative interviews, case study, policy analysis, and philosophical analysis. This variety is a strength. While there is merit in each of the contributions, some are too long or contain too many different components. Some articles present data in more detail than necessary, since I believe a volume such as this should strive to paint the big picture. Nonetheless, there is much food for thought in this collection of articles. They challenge those concerned about work disability and employment rights to examine how their paradigms operate for those with mental disorders.

(Nancy R. Mudrick, Professor, School of Social Work, Syracuse University)

Boulton, Mary, ed. *Challenge and Innovation: Methodological Advances in Social Research on HIV/AIDS*. Bristol, PA: Taylor & Francis Press, 1994, 264 pages, \$27.50 hardcover.

The HIV/AIDS pandemic offers substantial challenges to social and behavioral researchers worldwide. How, for example, do we obtain reliable and valid descriptions of usually private behaviors, and how do we construct theories to explain and predict changes in sexual behaviors? How can we validly assess the risks confronting marginal and disadvantaged groups in the community and society?

Challenge and Innovation provides a lucid discussion of how social science has addressed these challenges. The book assembles examples of innovative research that has been completed in the area of HIV/AIDS, and shows the relevance of the methodologies utilized for other health-related studies.

The 14 chapters represent the work of 12 research groups that, in reaction to the challenge of HIV/AIDS research, have improved the tools of social research to higher levels of sophistication, or have used them in new and more productive ways. The investigations address a variety of research populations including adolescents and young adults, community groups, patients, gay men, sex workers, intravenous and other drug users, and the "wider" population. Although the focus is on the methodologies that the researchers have developed, it is in the substantive results of their studies, and in their enhancement of our understanding of the epidemic that the methods have shown their value.

Challenge and Innovation brings together research questions, methodological problems, and significant and theoretically relevant findings. It examines questions of research design, sampling, data collection, and evaluation, while assessing the adequacy of existing conceptual and explanatory frameworks. It is a useful volume for social and behavioral researchers, and informative reading for all concerned with the social dimensions of health. The editor, Mary Boulton, is a senior lecturer in Sociology and Applied Medicine at St. Mary's Hospital Medical School, University of London. A special, if not unique, strength of this book is that it integrates the works of British, European, and American researchers in the social and behavioral sciences, as well as those involved in policy, planning, and evaluation.

(J. Gary Linn, Tennessee State University and Alvin C. York Veterans Administration Medical Center)

Brantlinger, Ellen. *Sterilization of People with Mental Disabilities: Issues, Perspectives, and Cases*. Westport, CT: Auburn House, 1995, 258 pages, \$59.95 hardcover.

The recent epiphanies from Northern European countries about their eugenic sterilization practices place a new spotlight on an explicit type of human rights violation against disabled people, as we understand disability history and the nexus of disability and reproductive rights today. In the meantime, Ellen Brantlinger, Associate Professor in the School of Education at Indiana University, wrote *Sterilization of People with Mental Disabilities* to argue that sterilization should now be considered a pragmatic strategy which advances the sexual freedom of people labelled mentally retarded.

It is true, as the author contends, that the pendulum has swung away from compulsory sterilization to a creation of restrictive sterilization policies around the U.S., especially for people (mostly women) who have been adjudicated to be

incompetent by the courts. For other women who are medically diagnosed with mild mental retardation, Brantlinger points out that restrictions are more in practice than in policy. Both groups, therefore, do not have the full range of reproductive rights. (And what disabled woman does?)

The author asserts that the theory and practice of normalization are in themselves arguments for greater access to sterilization. Indeed, throughout *Sterilization of People with Mental Disabilities*, Brantlinger delineates the ongoing ethical debate between protecting disabled women from the use of sterilization as a eugenic device on the one hand, and the need by some disabled women to permanently prevent pregnancy for a variety of medical and developmental reasons on the other hand. In doing so, the author attempts to take the middle road.

Brantlinger organizes *Sterilization of People with Mental Disabilities* into three sections. Part One gives an historical and theoretical overview of eugenics, sterilization law, and reproductive health care ethics, and a discussion of the efficacy of temporary versus permanent methods of birth control. Part Two delineates family and professional perspectives on cognitively disabled people, and their future for sexual, reproductive, and family life. Part Three presents various case studies of people who are considered to be mildly, moderately, or severely retarded.

This book is a good introduction for students of disability and/or women's health policy who want to start to think about this controversial aspect of reproductive health policy. A word of caution: This book does not necessarily resolve the controversy of how to make sterilization available to the disability community in a safe and judicious way. In fact, it brings up some more ambiguities about our eugenic culture.

(Barbara Waxman Fiduccia, Cupertino, CA)

Eddy, Robert. *Reflections on Multiculturalism*. Yarmouth, ME: Intercultural Press, Inc., 1996, 213 pages, \$19.95 softcover.

The purpose of this book is to focus on multiculturalism in the United States today. The book is divided into two sections, with the first section addressing theories and issues in multiculturalism, and the second section relating personal experiences through multicultural dialogicalism. In the Forward, Lloyd V. Hackley leads with a discussion on the disparity in education received by multicultural children and the critical consequence this has for the position of the United States in global affairs. Hackley states, "The quality of American education has dropped from second to seventh in the world economy, and nearly 90 percent of the workforce growth by the year 2000 will come from the minorities, immigrants, and women" (p. xvi). Contrary to communities making good schools, Hackley states that it is essential for us to become good communities to ensure quality and parity in our educational system for all children. The process begins with us, as adults who are

parents, neighbors, teachers, politicians, and so forth, to let go of political correctness. We need to begin dialog about our own and collective multicultural backgrounds so we can begin or enhance the process of becoming good communities.

Most of what is written between the covers is not new, but it brings to the forefront our historic and contemporary approaches to multiculturalism. In the first section of the book, which addresses theories and issues related to multiculturalism, there are three history-related articles. Two of these articles reflect on historic treatment of multiculturalism in print and moving media. Although not done here, similar analysis has been done of the historic treatment of disability in the print and moving media, yielding comparable understanding of forces shaping society's perceptions today. The third article modifies Mario Barrera's theoretical model on assimilation and applies it to multiculturalism in the Colonial period. These three articles are important in their contribution to historic knowledge, which influences and shapes our perceptions of multiculturalism today.

The two remaining articles in the first section deal with language and the politics of understanding multiculturalism. The essay on language and metaphors has a good discussion of their importance in conditioning our responses to other cultures. The author explores this in terms of judgments we intentionally and unintentionally make regarding use of language. The other article in the first section applies the following three Jewish traditions and themes to the issue of multiculturalism: partnership in creation, midrash, and exile. Of the three themes, the most interesting to this reader was the concept of midrash, which involves new interpretations of texts based on a historic sense of what has come before, but also an openness to new readings or interpretations. The author applies this concept to contemporary multicultural interactions in a personal and meaningful way. This encourages an active questioning and processing of our interactions with others that is applicable to disability culture.

The second section of the text focuses on personal multicultural experiences which, overall, I did not find too enlightening or instructive. The five essays in this section cover issues such as discussion on a trans-Atlantic cultural identity, Chinese in America or Chinese-American, a bicultural dialog, disability, and the contact zone. The last essay is a most interesting and refreshing look at an old subject. The author discusses our tendency to approach multiculturalism as if we are on a tour bus detached from the culture being viewed. She calls this "cultural tourism." Her point is that we frequently act as if cultures are distinct and separate instead of more interactive and intersecting as implied in the "contact zone" of commingling. This resonates in regard to disability in the sense that issues and problems disabled people face are frequently perceived as theirs instead of a commingling of "our" issues and problems. The article on disability is a mixture of historical information, discussion about language such as the "dis" in disability, and the personal experience

of the author becoming disabled as a young adult. The author presented interesting historic and personal information, but the discussion on the language of disability was old regarding the negative implication of "dis" in disability and the lack of consensus regarding preferred terminology in the disability community. While I agree there will probably never be complete agreement on preferred terminology, it seems to me that the contemporary political activism of the disabled community is collectively redefining the term into a more positive connotation.

This is not a must-have text, but it would be a good contribution to one's personal library.

(Elizabeth Rogovsky, Gallaudet University, Washington, DC)

Fallon, Patricia, Katzman, Melanie A., and Wooley, Susan C., eds. *Feminist Perspectives on Eating Disorders*. New York, NY: The Guilford Press, 1994, 465 pages, \$40.00 hardcover, \$24.95 softcover.

The title, *Feminist Perspectives on Eating Disorders*, is an accurate description of the contents of this book - a collection of 22 essays that explore the history, construction, treatment, and reconstruction of eating disorders from a number of different feminist perspectives. Since the gendered profile of eating disorders invites a feminist analysis, it is surprising to realize that this collection is one of the first of its kind to be published.

This book will demand more of its readers than other texts, not because it is poorly written, for, in fact, just the opposite is true, but because the reader will need to read creatively; greater interaction between reader and text will be needed than in books that deal with disability issues directly. This book can be used, however, like a map - to chart the distance covered and to point toward territory that is, as yet, unexplored.

The book is divided into five sections: history, therapy, treatment issues, reconstruction, and possibilities. The first section, which is probably the most relevant to the study of disability, examines the history of the female body through an analysis of both the distant and the more recent past. Unfortunately, as many of the authors of this section point out, when dealing with issues of gender (disability), change does not come easily. Roles that have been oppressed historically do not become liberated without opposition; bodies that have been viewed traditionally as unentitled do not become titled without resistance. According to Naomi Wolf, whose chapter has been reprinted from her book *The Beauty Myth*, eating disorders are a backlash phenomenon accompanying women's bid for freedom. This foreshadows what might happen in the disability community.

The essays raise provocative questions. While Wolf's analysis alerts us to the invisible winds that may yet blow through the disability community, Wooley's suggestion that pornography fragments female bodies causes us to speculate about

the effect a physically-fragmented body might have on the viewer - a fragmentation not controlled by the voyeur, but by the condition of the body itself. We wonder if this explains why looking at the disabled body often has pornographic overtones. We also wonder if there is a comment here on the medical profession. As another example, Rothblum summarizes her final section with the title "Women's Appearance as Social Control" (p. 70). We wonder if removing the word "women" from her heading describes the experience of most people with a disability.

Some chapters in the book are more relevant than others, some more challenging. Hutchinson's title, "Imagining Ourselves Whole: A Feminist Approach to Treating Body Image Disorders," seems problematic in regard to disability issues. What is wrong with not being whole? And what about real (as opposed to image-related) body disorders? But even this chapter, as unpromising as its title initially appears, is sympathetic and useful to the study of disability.

Although feminist voices have been heard throughout the literature on disability, the study of eating disorders through feminists' eyes provides a unique opportunity to make relevant comparisons between issues of gender and issues of disability. This is hardly surprising when one recognizes that both are grounded firmly in the shared assumption that social construction dominates our interpretation of biological difference. With this in mind, the reader will find ample opportunities while studying the text to create useful parallels for himself or herself between gender and disability.

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

Figert, Anne E. *Women and the Ownership of PMS: The Structuring of a Psychiatric Disorder*. New York, NY: Aldine de Gruyter, 1996, 191 pages, \$41.95 hardcover, \$20.95 softcover.

In this well-researched book, author Anne E. Figert, Assistant Professor of Sociology at Loyola University in Chicago, uses sociological research to discuss the complexities and implications of the American Psychiatric Association diagnosis of PMS. She opens the book by asking the question "Is Premenstrual Syndrome a mental illness?" The rest of her book is devoted to answering this question, and the answer is certainly not a simple one. The answer reminds the reader how powerful diagnostics and diagnosticians are in controlling "labeled" individuals. Further, the reader comes to understand that individuals involved in defining diagnoses are engaged in complicated negotiations for power, control, and economics.

In the first part of the book, "Setting the Stage," Figert presents a history of the players who are involved in defining mental illness and describes the history of the label of PMS from the 1980s to its present diagnosis as Late Luteal Phase Dysphoric Disorder (LLPDD) in the DSM-IV. The DSM-IV is the fourth edition

of a publication of the American Psychological Association, the *Diagnostic and Statistical Manual of Mental Disorders*. In addition, Figert presents multiple definitions of PMS including scientific, medical, social, and cultural definitions. Scientific definitions provide evidence that demonstrate a link between PMS and behavioral changes, supporting the creation of a psychiatric diagnosis or definition. Medical professionals “medicalize” these behavioral problems, further advancing the need for a diagnostic definition of PMS. In one example of the social influence on definitions, the book describes how PMS was medicalized to exclude women from the workforce after both World War I and World War II, thus returning jobs to men. One cultural ramification of PMS is presented using images of women under the influence of “raging hormones.” Once depicted this way, women certainly cannot be envisioned as political powers in the United States or as being responsible for the medical or surgical care of American citizens. Figert also reminds the reader of the economics of psychiatric diagnosis. There is a lot of money to be made by those who have the cognitive authority to diagnose, not to mention the industry of pharmaceuticals through the products developed to overcome or alleviate diagnosed problems.

In Part II of the book, “The Three Domains of Conflict,” Figert first presents and critiques existing analyses of the development of PMS diagnoses from three perspectives: economic, political, and rational. The economic perspective discussion focuses on the APA’s economic motives for revising the DSM III-R, including financial benefits of both a new publication and an increased client base generated by inclusion of different diagnoses. The political account describes the interests of stakeholders concerned with this diagnosis. A struggle for control over this diagnosis occurred between the APA and feminists opposed to the notion of PMS being a psychiatric diagnosis. The struggle resulted in placing the diagnosis in the appendix of the DSM rather than in the manual itself. This struggle and its outcome are a metaphor for the politics of medical diagnosis and the ownership and, thus, control inherent in diagnostics. The rational perspective explains the controversy over location of the diagnosis as a bureaucratic procedure of the APA. “The outcome, i.e., to place LLPDD in an appendix, is seen here to be the most reasonable, judicious, and even inevitable decision” (p. 61).

Figert’s criticism of these existing perspectives is that they lack a sociological analysis of the controversy. This critique sets up the next part of her book, which examines the PMS controversy using a sociological research study. In this study she asks questions “about the controversy and construction of scientific and medical artifacts”: “Who is making these claims and why?” “On what grounds does a certain claim to truth exist?” “How is this truth determined and settled?” (p. 68). The three domains of analysis that the author presents are the health and mental health domain, the domain of science, and the woman domain. In Chapter

5, the health and mental health domain discussion, professional ownership controversies are addressed. For example, depending on whether or not PMS is a medical (gynecological) or psychiatric diagnosis determines who has ownership of the diagnosis. Is PMS a medical problem and, thus, a psychiatric issue; or is it an environmental problem and, thus, a psychological issue? Where do other professionals such as nurses and social workers fit into the controversy? The controversy between groups to define, diagnose, and thus treat individuals with particular diagnoses is well substantiated by the author.

In Chapter Six, "The Woman Domain," controversy about PMS is presented as a gender issue. The controversy took place between those women who have PMS and those women concerned about those who have PMS. Publicly, the controversy lost prestige because it was labeled as a feminist issue rather than an issue of all women, including women's health experts. As such, the controversy was "diminished in both the public and scientific/medical presses" (p. 116). The location of the diagnosis of PMS in the appendix of the DSM III-R, then, represents the importance of studying this diagnosis using science, rather than leaving PMS in the ownership of women. Figert continues to pursue the importance of the placement of the diagnosis in the following chapter.

In Chapter 7, "The Scientific Domain" is presented. The author presents Latour's black box notion of settling controversies that surround issues such as PMS as a solution advanced by the scientific domain to end the PMS controversy. "Latour states that constructing a black box around an artifact means that 'no matter how controversial their history, how complex their inner workings, how large the commercial or academic networks that hold them in place, only their input and output count'" (p. 138). By placing the diagnosis in the appendix of the DSM III-R, the controversy was solved. How so? Figert contends that a diagnosis that is placed in the appendix can be used by professionals to identify a mental illness, but scientific research is still needed to support the diagnosis. Either way, however, the diagnosis still remains the property of the APA.

In the final part of the book, "Settling the Conflict," Figert reminds the reader of the point she has made throughout the book, that the winner of the conflict depends on which player's perspective is used to answer the question. Even though the diagnoses of PMS and LLDPP have been "black boxed," the author points the readers' attention to the controversies and complex issues involving multiple domains and players.

I would highly recommend this book to those who are interested in not only understanding the complex issues surrounding psychiatric diagnoses, but also in understanding the implications of these diagnoses. The book is well written, and Figert frequently summarizes and reiterates recurrent issues so that the reader does not get lost. Although there are parts of the book that become a bit tiresome if the

reader is not interested in the diagnoses of PMS, it is easy to get through these details and still benefit from the overall findings that Figert presents.

(Lynn Gitlow, Assistant Research Professor, Center for Community Inclusion, University of Maine, Orono)

Floyd, Michael, ed. *Vocational Rehabilitation and Europe*. London, England, and Bristol, PA: Jessica Kingsley Publishers, 1997, 132 pages, \$45.00 softcover.

Vocational Rehabilitation and Europe is a text that includes the revised and updated papers from a conference on "Vocational Rehabilitation and 1992" organized in 1992 and hosted by The Rehabilitation Resource Center of the City University in London, as well as some additional contributions. The result is a nine-chapter book of which the first five deal with the situation of vocational rehabilitation in the United Kingdom; the next three chapters present perspectives at the European Community level; and one final chapter offering a perspective of vocational rehabilitation in the United States. The structure of the book leads to both an inward and an outward examination of the current state and the future of vocational rehabilitation policy in the United Kingdom on the occasion of the Maastricht Treaty. Unfortunately, it does not have a concluding chapter in which the impact of international developments could have been summarized, thus leaving readers with many open-ended questions on larger issues.

The topics of policy, research, and services in vocational rehabilitation are presented in a detailed way. The authors have all reflected in some way on how these topics are intertwined and need to be addressed in view of historical developments and achievements. The different historical and local contexts of disability policies and legislation are of particular interest and provide much ground for the relationships between people with disabilities and their governments. Medical claims for accident victims, the economic and social renewal, the various acts, the effectiveness of approaches such as supported employment, and the impact of training are some of the examples that are developed.

Vocational Rehabilitation and Europe is a timely text that shows some of the difficulties of achieving a transnational perspective on disability in Europe. Some of the European approaches, such as the quota system, are vastly different from those in the United States. An interpretation of the various European treaties from the perspective of people with disabilities seems to have, potentially, many important consequences that include "combating exclusion," a moving towards a language and ethos that reflect "special needs," an approach that concentrates on the person rather than the disability, and the changing role of service providers as contractors. It also shows how, under the European Social Fund, persons with disabilities will continue to be categorized with other disadvantaged groups, such

as migrants, that need to be "helped." The networking among rehabilitation centers and the development of databases that facilitate this work are also part of an effort to achieve a transnational perspective. While some of the more fundamental issues will be recognized easily by an American readership, the final well-written chapter on vocational rehabilitation in the United States underlines the historical premises of a uniquely intertwined dynamic between policy, service, and research.

This text has important implications for readers of DSQ. For one, a comparative reading brings into perspective the goals that are pursued in rehabilitation. As global access to every sector of American life is a major goal of rehabilitation in the United States that brings challenges of discrimination that are deeply ingrained, the goals of transnational unity bring about the unique differences of the European nations. As the unification of Europe in its development of a common market is currently in full development, a follow-up to this book seems warranted.

(Patrick J. Devlieger, Assistant Professor of Human Development, Institute on Disability and Human Development, University of Illinois at Chicago)

Gregg, Noel, Hoy, Cheri, and Gay, Alice, eds. *Adults with Learning Disabilities: Theoretical and Practical Perspectives*. New York, NY: Guilford Press; 1996, 460 pages, \$45.00 hardcover.

Adults with Learning Disabilities is a comprehensive review of the issues involved in the diagnosis and treatment of learning disabilities in adults. The book is timely, given that people with learning disabilities are the fastest growing population of disabled individuals in this country. Despite this growth, researchers in the field of learning disabilities have concentrated their efforts within certain parameters. Investigators and educators are still child-oriented in mission, still focus on the high achievers in the population, and still think assessment should specify the origins of learning problems rather than identify environmental factors or disability management strategies.

Several chapters in the book discuss the "paradigm wars" being waged over the proper diagnostic techniques for assessing learning disabilities in adults. From different vantage points, the authors point out that the current lack of agreement over appropriate evaluation methods results in incomplete documentation, inconsistent identification procedures, and misdiagnosis. Further, scant attention is paid to the impact of race, class, and gender in evaluation. Consumers and service providers alike have a huge stake in the outcome of these debates, since the diagnostic models used determine eligibility for services. Because the readings in the text provide an astute, non-jargon based description of the empirical and political issues involved in adult learning disability assessment, *Adults with Learning Disabilities* is an informative guide for consumers, parents, educators, and researchers interested

in these issues.

Remaining chapters in the text examine fundamental issues when working with adults with learning disabilities. Authors discuss such issues as literacy, comorbidity, life-span development, employment training, legal rights, and access to technology. Drawing from existing studies that have examined the social, affective, and career outcomes associated with adult learning disabilities, these chapters outline models of effective screening, training, and service delivery. For individuals looking to develop transition plans for individuals in this population, *Adults with Learning Disabilities* provides an excellent review of the issues involved.

The fields of learning disabilities, post-secondary service delivery, and rehabilitation are experiencing significant changes. In the midst of changing paradigms and the search for more effective interventions, *Adults with Learning Disabilities* describes the problems to be addressed and the importance of listening to individuals with learning disabilities in this process.

(Debra Swoboda, Oklahoma State University)

Harrison, Maureen, and Gilbert, Steve, eds. *The Americans with Disabilities Act Handbook*. Beverly Hills, CA: Excellent Books, 1992, 246 pages, \$15.95 softcover.

The Americans with Disabilities Act (ADA) Handbook provides the full text of the Americans with Disabilities Act and the Act's legislative history in an easy to use, readable, reference style format. The book contains President Bush's statement on signing the Act, a copy of the introduction to the Act, legislative reports concerning discrimination on the basis of disability, questions and answers on the Act prepared by the Federal government, a history of the legislative process leading up to the ADA's enactment, the actual text of the Act, and a list of sources and resources for further information on the Act, including the addresses of major agencies charged with enforcing the ADA.

The book would be useful as an introductory textbook for students learning about the Act. It would also be useful for personnel managers who need to check the actual wording of the Act. The *Handbook*, copyrighted in 1992, lacks a discussion and text of the Americans with Disabilities Act implementing regulations and, thus, is slightly outdated.

The chapter on the legislative reports concerning discrimination on the basis of disability, highlighting how a zookeeper refused to admit children with Down Syndrome because he feared they would upset the chimpanzees, underscores the reason why this legislation was enacted. The Act was also needed to help resolve the conflict of spending millions to educate people with disabilities only to have them enter a society which refused to treat them with dignity and respect. The *Handbook* points out that the ADA was enacted so that people would be judged on

the basis of their abilities and not on the basis of their disabilities.

In the questions and answers chapter, many practical questions and answers on implementing the ADA are provided. For example, are restaurants required to have Brailled menus? No, not if employees are available to read the menu to a blind customer. The *Handbook* on pages 98, 99, and 215 provides a clear and concise overview of the ADA's impact on employer-provided insurance coverage.

The book lacks a sufficient discussion on the transportation provisions of the ADA because the regulations implementing the transportation provisions were issued after the book was published.

The public accommodation section of the ADA points out that, even if separate programs for people with disabilities exist, people who have disabilities must still have access to regular programs. The *Handbook* notes that the goal of the ADA is to make access for persons with disabilities the rule rather than the exception.

(Ellen Abberbock, Attorney, Nassau County Department of Social Services, Mineola, NY)

Hatfield, Agnes B., and Lefley, Harriet P. *Surviving Mental Illness: Stress, Coping, and Adaptation*. New York, NY: The Guilford Press, 1993, 206 pages, \$42.00 hardcover, \$19.95 softcover.

The strength of this book lies with its focus on three individual chapters each written by a highly respected consumer/survivor - Dr. Frederick Frese, Esso Leete, and Daniel Link - and on the authors' review of "first person accounts." For me, the book had a slow academic start, but it took off with Dr. Frese's chapter. The authors' theoretical perspective on coping and adaptation complements the recovery dialogue that is currently challenging public policy and human service professionals to reconsider design of financial, clinical, and support programs serving people with mental illness. Concerns about the book include the authors' lack of description of their research methodology and the nature of selecting specific topics for discussion throughout the book. Hatfield and Lefley set themselves squarely in the social psychology realm; however, the book can also be useful as support reading in disability studies, psychiatry and psychiatric nursing, psychosocial rehabilitation, social work, and any other related human services programs.

The authors provide a thorough review of coping and adaptation theory and an overview of literature about the difficulty of doing research on personal accounts, but they do not tell us how or what they reviewed as the knowledge base for the book. They provide only indirect comments about their sources, leaving the reader to review the bibliography. From a social research perspective, the book feels more like a literature review of first-person accounts, focusing on other types of literature to support selected themes.

The problem that I have with my review is the same problem I have with

the authors' perspective - although we have family and friends with mental illness, we are not identified consumer/survivors. As a social researcher interested in participatory action research - I wonder what differences there might have been had consumer/survivors been directly involved in the authors' research/interpretive process. What kind of a book review might have been offered had it been done by a consumer/survivor social researcher? Indeed, this is what makes the book so valuable as a teaching tool. There are clear questions about the role of self, the value of first-person accounts in social research, and the usefulness of findings for clinical and support program design.

(Barbara Granger, Ph.D., Director of Special Projects, Matrix Research Institute, Philadelphia, PA)

Keating, AnaLouise. *Women Reading Women Writing: Self-Invention in Paula Gunn Allen, Gloria Anzaldua, and Audre Lorde*. Philadelphia, PA: Temple University Press, 1996, 240 pages, \$49.95 hardcover, \$18.95 softcover.

There probably exist as many different feminist viewpoints as there are feminists, and often these feminist viewpoints are seriously at odds with one another. AnaLouise Keating's book *Women Reading Women Writing* attempts to find common ground between two extremely different feminist perspectives: feminist postmodernism and feminist identity politics. An explication of the differences between feminist postmodernism and feminist identity politics is well beyond the scope of this review, but an example of one area of conflict may be helpful to the reader. Feminist identity politics are based in the commonalities among women, while postmodern feminism suggests that "perhaps there are no commonalities" (p. 60).

Keating is steeped in the postmodern perspective, but she finds bridges between the two feminist perspectives in the works of three U.S. third world lesbian feminists who hold what Keating calls a "transformational identity politics." Because the U.S. third world lesbian feminists whose works Keating explores experience multiple forms of oppression and belong to several minority groups, the identity politics they advocate emphasize both commonalities and differences among women.

Women Reading Women Writing is a difficult book to read and is most suited for readers who are sympathetic to postmodern feminism. Although the book takes a critical approach to postmodernism, Keating's focus is on how transformational identity politics can address the arguments of postmodernism. The reader unfamiliar with postmodern feminism will struggle with this book. The reader unfamiliar with both postmodern feminism and the works of the U.S. third world lesbian feminists on whom Keating focuses should probably skip this book.

Women Reading Women Writing does not address disability issues directly. The book will be useful to disability scholars only in its attempt at a rapprochement

between postmodern political views and identity politics. Each of these political perspectives is represented in the field of disability studies, and the conflict between the perspectives may become problematic for disability studies in the future. This book has value for disability activists in its attempt to move toward a politics that allows for both commonalities and differences. On the other hand, the heavy postmodern emphasis of the book worries this reviewer, as postmodern feminist perspectives have not seemed particularly stimulating of feminist activism. As a source of useful perspectives on developing a politics that addresses multiple forms of oppression, I unreservedly recommend the original works of the three U.S. third world lesbian feminists who were well chosen by Keating. See, for example, *Sister Outsider* by Audre Lorde, *The Sacred Hoop* by Paula Gunn Allen, and *Making Face, Making Soul* edited by Gloria Anzaldúa.

(Jeanne Neath, Arkansas Research and Training Center in Vocational Rehabilitation, University of Arkansas, Fayetteville, Arkansas)

Kreps, Gary L., and Kunimoto, Elizabeth N. *Effective Communication in Multicultural Health Care Settings*. Thousand Oaks, CA: Sage Publications, 1994, 146 pages, \$36.00 hardcover, \$16.95 softcover.

I was quite excited when the DSQ Book Review Editor suggested that I read *Effective Communication in Multicultural Health Care Settings*. My particular fantasy was that the work by Kreps and Kunimoto would aid in my understanding of some of the underlying and subtle reasons for communication disjunctures among different types of health professionals and between physicians and their patients. This book did not meet my expectations; it clearly was not written as an intricate analysis of communication approaches. Instead, *Effective Communication in Multicultural Health Care Settings* is a very useful introductory level text on the subject.

Kreps and Kunimoto create a foundation for exploring multicultural health care communication issues. They argue that beneficial physiological, psychological, and social health care outcomes hinge on respectful and interdependent interactions between participants in health care events. Such cooperation is based on acknowledgment and comprehension of cultural variation and on coordination of goals. Since communication processes encompass a variety of levels, the authors encourage health professionals to engage in intrapersonal, interpersonal, group, organizational, and societal assessments. The book is subsequently divided into chapters that cover each of these topics.

In their introduction, Kreps and Kunimoto include a thorough and accessible explication of the notions of culture and cultural influences on health care communication. Each section employs case studies to clarify theoretical and methodological points. It is a bit difficult to decipher if these case studies are based

on anecdotal or ethnographic data. Many of them appear to be autobiographical. This is not a criticism, just cause for some confusion. Throughout much of the book, the authors include thoughtful explanations of academic terms such as ethnocentrism and emergent phenomena. Curiously, certain nomenclature, including acculturation (frequently confused by researchers, providers, and administrators alike), is italicized and discussed, but never defined. The final chapter, "Guidelines for Effective Multicultural Health Communication," lists 92 different recommendations that are based on the preceding pages. The great majority of these suggestions are quite explicit and helpful. For instance, #17 states, "Establish and maintain clear implicit contracts for coordinating activities in the health care enterprise" (p. 115). However, some of the recommendations are vague. How are we, as #37 advocates, to "develop a personal style of interpersonal communication that strengthens your relationships and is mutually empowering" (p. 117)? Such advice demands additional explanation, exercises, and guidance.

Professors of nursing, social welfare, and communication would be well advised to include this book in their lower level classes. Health planners and promoters, especially those used to interacting with only one type of population, will also find this text to be handy. This text should be read in conjunction with other materials that offer 1) additional case studies based on ethnographic data, and 2) detailed intervention approaches. There is a wealth of writing on the former topic by scholars such as Cicourel (1982, 1985), Kuipers (1989), Mishler (1984), and Todd and Fisher, eds. (1993), to name but a few; unfortunately, our field is sorely lacking in materials that outline specific ways to enhance multicultural communication about disabilities. Scholars, health planners, and health promoters would provide a great service by developing more explicit guides.

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(Diane Weiner, UCLA American Indian Studies Center)

Lanspery, Susan, and Hyde, Joan, eds. *Staying Put: Adapting the Places Instead of the People*. Amityville, NY: Baywood Publishing Company, Inc., 1997, 283 pages, \$39.95 hardcover.

From the very beginning this new, yet well-aged, edited volume offers the reader immediate insight into its contents. The opening lines of the Preface state, "This volume constitutes a first effort to assemble contributions providing a comprehensive treatment of a topic (topics?) that has been within at least marginal awareness of the gerontological community for well over a decade" (p. iii). Actually, its contents are more like a "Who's Who" in that field.

Luckily for the reader, the book is divided into four main parts. Without those divisions, the scope and magnitude of the material presented would have been totally unmanageable. In Chapter 2, by Irving Kenneth Zola, the very important issue of a merging between two groups long considered separate, the aged and people with disabilities, is expertly covered, as might be expected by such a giant. That lead position in Part I adds balance to weaker forthcoming chapters.

As the balance of Part I attempts to utilize some good information concerning the differences between traditional theoretical research and methods used by designers and planners, in the study of Home Adaptation, there is simply too much material and too little space. Well-known authors such as Victor Regnier, AIA, do not shine in severely summarized formats such as those presented here. Also, in such abbreviated chapters, important current topics like "Universal Design" are only mentioned. Strangely enough, this book claims strength in that area, and I just did not find it.

Part II of *Staying Put: Adapting the Places Instead of the People* gets a boost in Chapter 5. Here the authors, Russell J. and Brenda Ohta, move the reader right into the present with a discussion of important current trends. Among these is the importance of user input in the success of home adaptations, the role of consumers as self-advocates, and consumer resistance to home adaptation in light of their perceptions of hospital-medical models and the weakness and resolve they represent.

Unfortunately, after a smooth beginning, the remainder of Part II bogs down in an almost unwieldy presentation of good information in an awkward format.

While the editors of *Staying Put: Adapting the Places Instead of the People* seem quite confident, at least in the Introduction to Part III, that the section is a guide for groups who are seeking to provide services and raise certain policy issues surrounding the implementation of Housing Adaptation Programs, it just does not happen that way. Part III's three chapters are very general in their coverage of a huge amount of specific material on their topics. By now, the reader is also left with the feeling that contributors to this edited volume are either competing with one another or canceling one another out while covering the subject of Home Adaptation.

Part IV, the final section of *Staying Put: Adapting the Places Instead of the People*, is not much more than a general overview of legislation that affects Adaptive Housing. This includes the Americans with Disabilities Act of 1990 (ADA) and The Fair Housing Act of 1988.

This volume has fewer implications for seasoned readers of DSQ than for those who are neophytes in the field. It certainly is a valid retrospective look at the work of many dedicated and talented, often familiar, names in the field of sociology and gerontology. The attempt to present these worthy contributors and their research needs some revision before the next edition. It just does not read with any fluidity in its present format.

(Michael L.N. Shannon, M.S. Arch., Universal Design Consultant, San Luis Obispo, CA)

Lefley, Harriet P. *Family Caregiving in Mental Illness*. Thousand Oaks, CA: Sage Publications, 1996, 261 pages, \$45.00 hardcover, \$22.50 softcover.

Mental health system policy today relies heavily on deinstitutionalization and community support, including dependence on families to provide much of that support. This book, which examines the ramifications of that policy, is for professionals and academics. However, as a mother and relative of several people with serious psychiatric diagnoses, I found this book to be comprehensive, reflective of the real issues families face, and respectful of all members of the family, including those who are diagnosed with mental illness. I would recommend it for professionals and students within any discipline that works with adults with mental illness and their families. At the same time, I would recommend that they also examine the work of members of the psychiatric survivors' movement.

Few categories of disability generate as much controversy as mental illness. Indeed, the terms "mental illness" and "disability" are typically rejected by the psychiatric survivors' movement, whose members speak eloquently about the shortcomings and abuses of the mental health system and question many of the basic ideological frameworks upon which that system rests. *Family Caregiving in Mental Illness* quietly addresses many of these controversies, while it presents the perspectives of and much information about family members who live with and/or care for people with psychiatric diagnoses.

After an introduction that includes a definition of the population in need of caregiving, a review of the caregiving literature, and an historical overview of family caregiving, Lefley explores the unique background of mental illness. She looks at the historical and cultural influences on the definition(s) of mental illness, and at conceptual models of mental illness (e.g., psychodynamic, family systems theory, and biogenesis), settling on an integrative biopsychosocial-cultural model. She also presents and examines the implications of the research on family theories

(especially those that implicate families in causation of mental illness) for caregiving policy.

She then moves to a thorough discussion of the experience of mental illness in the family. Her emphasis on caregiving during the family life cycle, including the life cycle of the individual with mental illness as well as the life cycles of the parents, siblings, spouses, and children of the individual, is especially important and ground breaking. The final section of the book investigates the social context and the future of family caregiving, including cross-cultural issues and the effects of advocacy movements on caregivers. An extremely sensitive and well-thought-out chapter, "Patients' Rights Versus Treatment Needs: The Family Dilemma," analyses the painful questions that must be faced by well and mentally ill family members throughout the search for help. Lefley points out that there are few families who want to pursue involuntary treatment of any kind, and she suggests some possible alternatives - such as advanced directives made out by individuals with mental illness and mobile outreach teams made up of others who have experienced mental illness - as ways of providing help without pitting family members against each other.

Lefley's chapter on social change, mental health policy, and future directions, which ends the book, points out that even though current policy depends on it, "Family caregiving is valuable only under certain circumstances . . . when it is culturally normative and expected by patient and family alike and when there is every prospect of continuity if the primary caregiver dies" (p. 218). While families are important and permanent sources of caring, she says, private and public community resources must be a major source of support. Support must also, she stresses, go beyond the "system" to include caregiving by peers and an emphasis on recovery and the personal strengths of those labelled as having mental illnesses.

(Bonnie Shoultz, Center on Human Policy, Syracuse, NY)

Lupton, Deborah. *Moral Threats and Dangerous Desires: AIDS in the News Media*. Bristol, PA: Taylor & Francis, 1994, 186 pages, \$24.95 softcover.

Obviously, AIDS has been the high-profile disability-causing disease of the 1980s and 1990s. Many might argue it invokes the kind of fear that reports of polio once did. Of course, AIDS is also wrapped in the additional stigmas of homosexuality and substance abuse. Because of its complexity and new arrival, most people have had to rely on the news media for their understanding of AIDS. Therein lies the potential for misinterpretation of the disease.

Deborah Lupton, in her analysis of Australian media coverage of AIDS, tries to delineate the mass media's influence in relaying public health information to society. She says that too often public health researchers and practitioners ignore the impact of mass media in framing health issues and possible media effects on

policy decisions. In her interdisciplinary analysis of the media coverage, she combines textual analysis, cultural studies, medical anthropology, sociology of health, and history of medicine.

Her analysis finds that AIDS was reported on as a modern moral tale - punishment for misdeeds and sins. Homophobia was also an underlying narrative theme in much of the news. Her study adds a crucial component to the body of research in the United States on AIDS coverage. But she misses the disability link within her analysis. Disabilities of all kinds have been linked narratively to "punishment from the gods" since Biblical times. The phenomenon of the media placing blame on the person with a disability, whether it be AIDS or any other disabling condition, is nothing new in news coverage, and her failure to acknowledge this link leaves a wide gap that could have been remedied with a quick review of the research produced by U.S. disability studies scholars.

(Beth Haller, Towson University)

Marsh, Jayne D.B., ed. *From the Heart: On Being the Mother of a Child with Special Needs*. Bethesda, MD: Woodbine House, 1995, 149 pages, \$14.95 softcover.

This book grew out of group meetings in which mothers discussed their experiences of living with and loving a child with a disability. Reading through each chapter provides us with an opportunity to sit with the group and listen to the conversations and stories that were shared. The authors of the book, nine mothers of children with disabilities, discuss their relationships with professionals, their families, their community, and, of course, their children. Their voices are individual, strong, and present.

The authors state that they "offer this book as a testament to all families of children with special needs" (p. ix); however, the book commands a much wider audience, for it is relevant not only to parents of children with disabilities, but also to parents of children who have disabled friends and/or classmates. Although the voices we hear are not the voices of Every Mom, they certainly reflect the experiences of parenting - not just of children with disabilities, but of any child. Parenthood brings with it both the heights of joy and the depths of despair. Any parent reading the experiences of these mothers will recognize some of her/his own emotional highs and lows in the tales. After all, what parent does not feel anguish if her or his child has not been invited to a classmate's birthday party, has been left out of a game, or has been overlooked or excluded from other important events. Disability may magnify the opportunities for such feelings, but it is not unique to them. This book allows the reader to discover the commonality of these emotional experiences and to make connections with the families who share their stories.

The book speaks equally clearly to professionals who work with families

in which there is a disabled child. The foreword, written by a pediatric geneticist, underlines the importance of listening to parents. This message is stated clearly throughout the book. Some mothers were heard by the professional with whom they were working; others were not. Some mothers were treated dismissively; others were supported. But whether the experience with the professional was useful or destructive, the book does not preach - it guides. It says, through eloquent examples, "Look! This is what helps." Its message is an affirmative one, saying to professionals, "You can do this - you really can help by listening to us." And, in conveying this message, the book clearly locates the power of decision-making in the family's hands.

Finally, the book is augmented by an attractive layout - the editor has made good use of italic, bold, and enlarged print. The addition of pictures of the children at the beginning of some chapters further enhances our experience of the contents. (Beth Franks, Assistant Professor, Hobart & William Smith Colleges, Geneva, NY)

Mashaw, Jerry L., Reno, Virginia, Burkhauser, Richard V., and Berkowitz, Monroe, eds. *Disability, Work and Cash Benefits*. Kalamazoo, MI: W.E. Upjohn Institute for Employment Research, 1996, 426 pages, \$32.00 hardcover, \$22.00 softcover.

This book is a collection of papers presented at a workshop sponsored by the National Institute of Disability and Rehabilitation Research of the U.S. Department of Education and the National Academy of Social Insurance. The workshop was held December 8-10, 1994, in Santa Monica, California. The purpose of the workshop was to explore the causes of work disability and the kinds of programs that would support people remaining at work, returning to work, or entering the labor force for the first time. The conference was motivated by the fact that current approaches to either moving those with work disabilities into the work force or keeping them there have not been successful. Rapid growth in the cost of Social Security disability benefits has been taken as evidence of the lack of success of these current approaches and has provided some urgency to the workshop.

The papers in this collection are organized into three groupings. The first set attempts to describe, along several dimensions, who the work disabled are in terms of demographic characteristics and how different groups are affected by labor market and program policy changes. The second set of papers analyzes public and private return-to-work policies for their impacts on the variety of work disabled populations. The last section considers broader public policy initiatives that may be required in order to improve the effectiveness of the more targeted programs.

All of the papers are well footnoted and offer extensive bibliographies for further study. Though most of the papers are fairly detailed reports of scholarly studies, they are generally accessible to the intelligent lay person and should prove

quite useful to both students and professionals in the area.

(Sharon J. Bonney, Oakland, CA)

Piette, John D., Kaplan, Robert M., and Ferrari, Joseph R., eds. *Preventing Illness among People with Coronary Heart Disease*. New York, NY: The Haworth Press, Inc., 1996, 200 pages, \$ \$34.95 hardcover, \$24.95 text (5+ copies).

This book, co-published simultaneously in the *Journal of Prevention & Intervention in the Community* (Vol. 13, No. 1/2), examines research on behavioral and mental factors that influence coronary heart disease (CHD) outcomes. CHD is the leading cause of death and illness in the United States, and, because it is a strong determinant of health care utilization, health status, and well-being, interventions addressing CHD have become a major public health priority. Research contributing to our understanding of behavioral and mental factors affecting outcomes is particularly important given the rising incidence of several cardiac risk factors (e.g., rising obesity and diabetes mellitus) and the aging of our population. Outcomes research on preventive care for persons with CHD indicates that there is significant potential to alter the course of the disease process. This collection of articles provides an excellent overview of the present state of knowledge on secondary and tertiary preventive care for persons with coronary heart disease. Among readers of DSQ, the book will be especially useful to practitioners and researchers interested in identifying the behavioral and mental factors that influence CHD outcomes.

A strength of this book is the representation of researchers from a variety of disciplines to assess three areas of secondary and tertiary preventive care. The majority of the articles address the role of health promotion/prevention among persons with CHD; however, there are also articles examining the effects of mental health (e.g., depression) on physical health and quality of life, and others addressing the effects of CHD on mental health and quality of life. In the introductory chapter, Dubbert and Sears provide a comprehensive review of the literature on the relationship between alcohol and heart disease. The evidence suggests that limiting alcohol intake may minimize the risks of high blood pressure. Next, Langer and Kaplan review evidence that treating high blood pressure with medications among elderly men may be ill-advised and may raise important questions about the appropriateness of applying findings from studies on younger men to older adults.

Four chapters focus on the cardiac rehabilitation context to examine the influence of psychosocial factors on CHD outcomes and their implications for preventive care. Holahan et al. propose a theoretical framework for understanding psychosocial factors - social resources and adaptive coping strategies - that affect CHD outcomes. Examples illustrate the differential effects of social support and coping strategies on cardiac rehabilitation goals. Next, Fair and Haskell evaluate

the effects of intensive risk reduction intervention on psychosocial and health-related quality of life outcomes. They find that risk reduction interventions may have a significant impact on the course of CHD and do not have a negative effect on quality of life. Squier and Kaplan provide a very brief overview of definitions and dimensions used to measure psychosocial and health-related quality of life indicators used to assess outcomes in cardiac rehabilitation programs. Lastly, a retrospective study conducted by Patten et al. identifies predictors for the cessation of smoking among individuals participating in a cardiac rehabilitation program. Other chapters consider the role of technology in preventive care, depression and anxiety among persons with CHD, and exercise interventions for older adults with high blood pressure.

Perhaps the primary limitation of this book is the emphasis of many of the articles on secondary and tertiary CHD prevention provided in the context of a cardiac rehabilitation program. The articles represent a medical model perspective and an acute care approach to reducing the cardiac risk of individuals. The reader is left lacking information on what factors influence health behaviors once an acute cardiac event recedes in memory and on what interventions are effective among individuals with long-standing CHD.

(Debra J. Sheets, Andrus Gerontology Center, University of Southern California, Los Angeles, CA)

Shelby, R. Dennis. *People with HIV and Those Who Help Them*. New York, NY: Harrington Park Press, 1995, 245 pages, \$29.95 hardcover, \$14.95 softcover.

People with HIV and Those Who Help Them is "an historical document. . . it is about how gay men experienced HIV infection in the years between 1989 to 1993" (p. 5). This qualitative study initially involved 26 formal participants, some of whom agreed to be involved on an individual level, and some of whom participated through group psychotherapy. Over the course of the study, six men dropped out voluntarily, relocated, or passed away. The twenty remaining participants were primarily white, middle-class professionals or service providers. "General themes centered around changes in the self since testing positive, revealing one's antibody status to others, and adapting to life as a person infected with the HIV virus" (p. 10).

Shelby, an experienced, gay psychotherapist and faculty member at the Institute for Clinical Social Work in Chicago, brought something unique to the study. Despite his clinical and academic background with HIV since the pandemic first began to have an impact on Chicago, he approached this investigation unincumbered by his knowledge. Instead, he presumed not to know. As a result, he genuinely captured the experiences of HIV-positive men and was able to provide

them with custom support, referral, and follow-up. In addition, he was able to offer providers with insights and sophisticated clinical HIV intervention models.

Depending on where individuals are in their disease progression, HIV-infected men are likely to find Shelby's work validating, sensitive, and helpful in mobilizing them to actively participate in their medical and psychosocial treatment plans. Clinicians will find relief and guidance as they encounter men in various pre- and post- stages of testing positive.

Unfortunately, I was unable to appreciate the vast contributions of Shelby's work until three quarters of the way into the book. Although the study respectfully documents respondents' experiences through direct quotes, and appropriately integrates these personal experiences with theory, the tone is overwhelmingly negative. There are multiple references to death as the ultimate destiny of HIV-positive men. In fact, the negativity was so pervasive that I was angered at the lack of responsibility on the part of the publisher and writer to include an addendum to the manuscript addressing advances in treatments, such as protease inhibitors and their potential impact on longevity. So striking is this omission as to be considered unethical. Inexperienced clinicians, students of social work and psychology, and particularly HIV-positive men risk vulnerability. It is imperative that anyone approaching this text be fully appraised of advances in HIV/AIDS treatments and use this study exclusively for its psychosocial contributions. The Siskel in me says "thumbs up"; the Ebert says "thumbs down."

(Joan Finn, Massachusetts Department of Public Health, HIV/AIDS Bureau, Boston, MA)

Stark, Evan, and Flitcraft, Anne. *Women at Risk: Domestic Violence and Women's Health*. Thousand Oaks, CA: Sage Publications, 1996, 264 pages, \$48.00 hardcover, \$22.95 softcover.

This analysis of violence against women is an excellent, thorough presentation of studies done nationally and internationally. The authors' work spans 20 years, beginning with Flitcraft's resident thesis on women receiving emergency room services for injuries resulting from domestic violence. There is a detailed discussion of the theoretical and sociological underpinnings of violence against women from the feminist perspective. It is a sobering book, demanding considerable emotional fortitude and anger control on the part of readers.

It is truly unfortunate that, despite its recent publication, this work makes very little mention of domestic violence against women with disabilities, tending to group it with elder abuse. Disability is not even included in the subject index. One statement strongly implies that women with disabilities have no civil rights and/or are unable to exercise their rights: "Children, the disabled, and the frail elderly, for instance, are all dependent groups who either lack civil rights or lack the capacity

to exercise their civil rights. Women who are victims of domestic violence are socially adults, fully competent individuals" (p. 194). The authors do not acknowledge that women with disabilities who are victims of domestic violence are fully competent.

Despite its failings in the area of disability, this book provides a valuable resource on the roots and consequences of domestic violence and on society's response to it. Part I reviews findings from early research, showing how domestic violence and the medical response converge in the evolution of a battering syndrome, and links this process to larger social and historical currents. The theoretical framework developed in these chapters draws on feminism and Marxism, as well as on more conventional sociological and psychiatric paradigms. The authors situate women battering in the struggles that surround sexual inequality, emphasizing the social rather than the psychological or interpersonal dimensions of male domination and female subordination. Women are battered in this schema not because individual men use violence or other inappropriate means to stifle their subjectivity, but because male resistance to women's personal and political liberation is reinforced by the very systems to which women turn for help, including organized medicine. This part also emphasizes how the key dimensions of battering, from its prevalence and dynamics in a given population to the paradigms used to explain domestic violence in different societies, take shape amidst class, race, and sexual struggles for the most fundamental material, social, and psychic resources.

Part II views the overall significance of domestic violence for women's health through the prism of child abuse, female suicidality, and homicide, three of its most extreme outcomes. Part III discusses clinical interventions, beginning with a chapter on mental health that reframes prevailing models of treatment in terms of recent knowledge regarding the coercive elements in battering. This section also traces the implications of theory and data for improved practice in medicine, social work, and community health.

The authors derive three basic conclusions from their studies. First, more women sought medical treatment for injuries resulting from domestic violence than for any other cause. Though criticized heavily by conservative writers and journalists, these findings provided the necessary documentation for passage of the Violence Against Women portion of the 1994 Crime Bill. Second is the linkage between domestic violence and a range of family and women's health problems, including child abuse, homicide, alcohol and drug abuse, rape, poor pregnancy outcomes, and female suicide attempts. The authors' third major conclusion is that the medical response to abuse directly contributes to the isolation and entrapment that are hallmarks of the battering syndrome. Perhaps the most depressing aspect of this book is its illustration of how current ways of understanding and treating domestic violence contribute to its perpetuation. So significant are the effects of

medical neglect, minimization, labeling, and victim blaming that the authors conceptualize battering as a dual trauma constituted from parallel strains of male coercion and clinical mistreatment.

Because this book is a compilation of various research studies, there is considerable repetition from one chapter to another. It would have been helpful to have one chapter that reviews literature and different theoretical frameworks for domestic violence instead of repeating some of the same studies in several chapters. There are excellent concluding paragraphs in each chapter, pulling all issues together and making appropriate recommendations for policy change and treatment of abused women.

The message is clear for advocates and researchers in the field of violence against women with disabilities. Our work must be grounded in the strong body of literature on battered women. There is a critical need for us to be in close communication with the battered women's movement and with investigators doing medical and social research in this area so that we can inform them of the unique vulnerabilities to violence that are experienced by women with disabilities, the difficulties in assessing the impact of violence against women with disabilities as separate from the symptoms of the disability itself, and the shortcomings of existing battered women's resources in meeting the needs of women with disabilities.

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Trevarthen, Colwyn, Aitken, Kenneth, Papoudi, Despina, and Roberts, Jacqueline. *Children with Autism: Diagnosis and Interventions to Meet their Needs*. London, England, and Bristol, PA: Jessica Kingsley Publishers Ltd., 1996, 228 pages, \$24.95 softcover.

As reported by the authors, this book grew from a report they made for the Department of Education of the Scottish Office in 1992. The authors include three psychologists and a music therapist, with one chapter written by a psychoanalyst. The authors provide a historical overview of autism including proposed causes, an excellent and very complete discussion of brain development both before and after birth and its relationship to autism, very complete descriptions of the range of behaviors of people with autism, and a summary of most, if not all, of the interventions that have appeared in the literature. They also explain their point of view about the cause of autism and relate particular interventions as being especially effective based on their theory.

Having described communication (in the broad sense of mutuality of reaction and interaction, looking, reaching, pointing, vocalizing, etc.) between mother and child occurring from birth, the authors suggest that autism "originates in failure of the cerebral systems that regulate a child's motivation for learning meanings in

communication” (p. 96).

In providing their explanation of the cause of autism, however, they fall into the very common trap of failing to explain two of the agreed-upon characteristics: difficulties with movement and motor planning, and differences in the way sensory perceptions are received and processed. As to the first, Hill and Leary (1993) have provided an excellent rationale for considering difficulties with movement and motor planning as one cause of the behavior seen in people with autism. As to the second, while almost everyone acknowledges the differences in the way sensory perceptions are received and processed, very few, including these authors, have analyzed the impact on the individual with autism and how this may affect the individual's behavior.

From my point of view of always evaluating others' work about disability based on their degree of respect and recognition of humanness, I find both positives and negatives in this book. On the positive side, the interventions they support (including an entire chapter on music therapy) are presented from the point of view of respectfulness for the child. They do not support rigid behavioral programs. They fully support a flexible, child-centered approach. They also stress the importance of parental involvement. On the negative side, I was distressed to find this sentence in the introductory chapter: “Stephan Wiltshire has become famous for his ability to draw, often from memory, most difficult architectural subjects and city-scapes, capturing space and perspective with a freedom that a professional artist must envy” (p. 2). Stephan Wiltshire supports himself through sale of his art. Why is he not a “professional artist?” Also, large numbers of experts are quoted, but not one has autism. Dr. Temple Grandin, a woman with autism and a Ph.D., is mentioned by a professional expert, but she herself is not quoted, although she has written extensively about her experience with autism.

With the exceptions noted, this book does provide an almost complete overview of the field of autism at the time of its writing.

Reference

Hill, D. A., & Leary, M. R. (1993). *Movement disturbance: A clue to hidden competencies in persons diagnosed with autism and other developmental disabilities*. Madison, WI: DRI Press.

(Sandra McClennen, Professor, Department of Special Education, Eastern Michigan University)

Wills, David. *Prosthesis*. Stanford, CA: Stanford University Press, 1995, 350 pages, \$49.50 hardcover, \$18.95 softcover.

For those who have worried over or denounced the penchant in artistic and academic discourses for metaphorizing disabilities as a symbol/symptom of various

social ills, David Wills' *Prosthesis* will prove to be an interesting reading experience. Wills sets out his study of the theory and history of prosthesis in Europe as a philosophical fulcrum for exploring the workings of language and communication. Like the marriage between an artificial limb and bodily tissue, Wills argues that language emanates from the body as an artificial and imperfect "faulty" mechanism upon which we uneasily base our explanations and definitions of our world.

For the author - who is the son of a father who spent most of his adult life using an artificial leg - a prosthesis seeks both to "reproduce some lost natural faculty" (p. 25), while simultaneously reminding us that the disabled body never completely recovers its ability to "re-assimilate" into the fold of a socially imposed idea of normalcy. This "inability" to navigate a seamless reintegration into the ideal of normative physicality sets up a productive conundrum that the book goes on to analyze and philosophize upon: The disabled body's resistance or inability to redefine itself as "normal" serves as a more accurate metaphor for explaining language's productive incapacity for "truthfully" depicting that which it seeks to explain or "know." In exploring this interesting paradox, Wills delves into a full-blown investigation of prosthesis as a metaphor for all discourse; as the prosthetic limb that seeks to successfully approximate the myth of a normative gait, Wills argues that language seeks to compensate for its own lack of a hold on Truth by feigning a claim to a mastery of its topic that it can never accomplish. *Prosthesis* brilliantly oscillates between the author's personal experience of his father's life as an amputee, a history of the development of prostheses (particularly that of the artificial leg), and a Derridean-like deconstruction of the ways in which information "gives the appearance of an uninterrupted fluidity" but actually functions with a "limp or zig zag" (p. 24).

Wills' book demonstrates the ways in which the representation of a corporeally-lived existence is not strictly or simply at odds with those who approach the question of disability-as-metaphor with a well earned dose of suspicion. *Prosthesis* takes disability and the attendant cultural efforts to normalize the "dysfunctional body" and demonstrates that the concealment of physical "inadequacy" serves to expose the impossibility of a desire for wholeness that is always a fiction. Wills garners a great deal of philosophical mileage out of his prosthesis, which is an "impure" mixture of mediums - flesh and wood - that co-exist in tension with one another. Wills' prosthesis is not a romantic marriage of body and machine, but an academic exercise in the myriad ways in which discourses cannot remain "pure" or "graceful." Like the prostheticized gait, discourse proceeds unsteadily - this philosophical move centralizes disability (rather than its able-bodied ideal) as a more adequate foundation for our current discussions of representation, linguistic authority, the body, social constructions of the normal and deviant, as well as the operations of language itself.

Yet, unlike many philosophers who lay claims to discussions of the body without any mooring of their argument in the experience of the bodily, Wills insightfully draws upon the ways in which his father's prosthesis not only caused him to reimagine his own life, but the entire familial fabric. For example, the narrator recalls taking walks on the beach with his father when he was younger. The length and duration of those walks were largely determined by the distance that his father could walk comfortably across the unsteady surface of the sand. One night, he takes a walk with another family and senses himself tiring long before the others in his party. On his return, he thinks about the ways in which his own expectations of the length and duration of a walk on the beach have been conditioned by his father's own capacities and abilities. Yet, the wonder of *Prosthesis* is that the narrator comes to understand exactly how malleable experience is, rather than remarking upon his own "limitations" that are the result of his father's physical condition. Families tend to naturalize that which might seem unusual or "limiting" from the outside, and, in doing so, Wills' book provocatively demonstrates the multiple ways in which the normal proves to be utterly contingent upon those experiences that are inevitably dependent upon the variability of physical capacity.

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