Book, Video, and Film Reviews

Disability Studies Quarterly
Winter 2001, Volume 21 No. 1
www.cds.hawaii.edu

Aggleton, Peter, Hart, Graham, and Davies, Peter, eds. *Families and Communities Responding to AIDS*. London, England: UCL Press (Distributed by Taylor & Francis, Inc., 47 Runway Rd., Suite G, Levittown, PA 19057-4700; 1-800/821-8312), 1999, 236 pages, $26.95 softcover.

Reviewed by J. Gary Linn, Ph.D., School of Nursing, Tennessee State University.

In industrialized and developing societies, families and communities play key roles in providing care for persons living with HIV and AIDS. Commonly held beliefs and feelings and reciprocal ties provide support and compassion when it is most necessary and they help people confront the personal problems related to AIDS. Unfortunately, family and community often have a negative side. Too often, individuals and groups are hostile towards people with HIV and AIDS. Indifference, stigmatization, and ostracization are frequent responses to the news that an individual is seropositive or has AIDS.

This volume of the "Social Aspects of AIDS" series includes a variety of chapters that explore these issues. Every contribution is based on a paper delivered at the 9th Conference on the Social Aspects of AIDS, organized by South Bank University in London in May 1997. Throughout the book the focus is on social factors that shape the form that responses take, the perceptions that underlie them, and the implications of these responses for transforming society.

Brian Heaphy, Jeffrey Weeks, and Catherine Donovan, in their discussion of non-heterosexual family formations, emphasize the importance of "families of choice" over more traditional definitions, such as blood relatives and immediate kin. Within families also, perceptions on illness differ. Mary Boulton and her co-authors discuss the differences between adults' and children's comprehension of HIV/AIDS. While this is an insightful and methodologically sophisticated study of parents' attempts to "normalize" HIV illness, it is already dated because it was written before the impact of the new multi-drug therapies. Perhaps the most disturbing chapter is the discussion of African Refugee Children and HIV/AIDS in London by Martha Chinouya-Mudari and Margaret O'Brien. They describe how children, who follow the cultural norms of their homelands and become caregivers for their sick parents, are robbed of their childhood.

Janet Bujra and Carolyn Baylies, and Gill Seidel and Rosalind Coleman explore how people have responded to the epidemic in Africa and what have been its differential effects for men and women. The authors argue that neo-liberal approaches to HIV prevention, with their emphasis on individualism and choice, are inappropriate for development contexts because they are historical and underestimate the centrality of social relations. They write that, despite a background of poverty and limited resources in Africa, the major impulse to change and the effort to transform the context of HIV risk must come from local people themselves and it must be under their control. While it is essential to have local commitment to sex behavior change for it to occur, outside (national and international) resources are necessary to have effective HIV prevention in Africa and other areas of the Third World.

One of the groups most affected by HIV and AIDS in North America, Europe, and Australia is that constituted of gay and other homosexually active men. Several chapters, including "An Ethnographic Study of London's Cottages and Cruising Areas," "Sydney Gay Men's Agreements about Sex," and "Young Gay Men and HIV Risk," dispel the romantic notion that the gay scene is an environment characterized by support, tolerance, and understanding. All of these papers and others focusing on gay men are insightful and informative, but they are dated because they do not fully take into account the behavioral implications of the new drug therapies.

Perhaps the most useful paper in the book from a prevention perspective is "A New Method of Peer-Led HIV Prevention with Gay and Bisexual Men" by Jonathan Shepherd, Glenn Turner, and Katherine Weare. They test an innovative peer-led HIV prevention initiative that successfully addresses such questions as "How can peer educators target people in a range of settings?"; "How can peer-led interventions be based on individual HIV prevention needs?"; and "How can the effectiveness of peer education interventions be evaluated?"

Overall, Families and Communities Responding to AIDS offers a collection of informative, thought-provoking papers that should be of interest to clinicians, researchers in the behavioral aspects of HIV, and policy makers. The chapters are limited because, for the most part, they do not take into account the impact of the new multi-drug therapies. Furthermore, they say little or nothing about minority and/or drug-injecting communities with HIV in the United States.

Bolander, Anne M., and Renning, Adair N. *I Was Number 87: A Deaf Woman's Ordeal of Misdiagnosis, Institutionalization and Abuse*. Washington, DC: Gallaudet University Press, 2000, 198 pages, $24.95 softcover.

Reviewed by Alexa Schriempf, University of Oregon, Eugene, OR.

I Was Number 87 is a memoir of a severely deaf woman who was misdiagnosed at age five with "mental and developmental retardation" (p. 86) at Johns Hopkins University. I cannot help but be infuriated by what seems to me to be a deliberate and ultimately successful attempt to be rid of a "difficult child." When Anne "wouldn't sit still and listen when [her parents] talked," Pat, the stepmother, took Anne to Johns Hopkins University and "asked them to test and see if [Anne] was retarded" (p. 86). The records of this episode at the hospital are somewhat ambivalent with the records proclaiming her to be retarded while one doctor notes that she needed attention and training in language skills (as do all deaf children, not to mention hearing children). I am equally suspicious of the additional diagnoses of hyperactivity and epilepsy later in Anne's life, given the horrendous abuse and isolation that she endured.

The first third of the book is a description of her institutionalization at Stoutamyre School for Special Education, followed, in the last sections of the book, by her continued struggle with betrayals and discrimination as an adult. We are taken through what is, undoubtedly, one of the most severe and criminally unjust forms of abuse and punishment. Indeed, as Anna observes, criminals lived better lives in jail with access to religious services, books, and recreation. Regulated like cogs in a machine the children at Stoutamyre (numbered 1 through 87 and rendered nameless) were whipped, bloodied, and broken into the annihilation of silence and isolation. Treated like automatons, but given nothing to produce the children were made to sleep, eat, urinate, and defecate at precisely the second they were ordered to do so. The rest of the day was devoted to letting them sit outside, with no games or diversion, or to delivering punishment. Living in this panopticon, the children were whipped and tied to chairs if they spoke, laughed, cried, or even glanced at another child being whipped or vomiting. Divorced from humanity, divorced from each other, it is a miracle any of them survived.

An objective reader might be tempted to argue that, no doubt, Anne's stepmother and her family were victims of poor diagnoses, corrupt medical authority, and the false understanding that Anne was getting an education suitable for mentally disabled children. This objective reader would continue that we ought to consider that complex set of social and individual forces at play in the decision to institutionalize Anne.

However, we can, at the end of this journey, safely spare no sympathy for Anne's parents. The only "complex set of forces" with which we need to concern ourselves are those that did, indeed, disable Anne's capacity for language and learning. Questions that Disability Studies readers should be asking are: How is it possible that two additional diagnoses of deafness in Anne's adolescence were denied by her family and replaced with threats such as "Quit trying to get sympathy by pretending to be deaf"? How is it possible that a doctor diagnoses Anne's seizures as epileptic when her father repeatedly physically abused and raped her? How was an institution like Stoutamyre permitted to exist? How could rampant abuse from a parent have been made invisible even to other family members living under the same roof?

No doubt the reader of this review will smile benignly at my railings against what, in fact, are commonplace injustices, especially given the decade in which Anne grew up. Let me offer my own testimony as a sobering counterfact: Anne was misdiagnosed in the 1950s at Johns Hopkins University. Twenty-five years later I, too, was misdiagnosed as "normal," as "not deaf," in 1975. It was only my mother's persistence of two and a half years to prove my deafness that enabled her to tap into the resources I would need to be educated. So, I ask, what shall be done about this? Anne's co-author, Adair Renning, writes in the prologue that they have attempted to create "a story of misdiagnoses, neglect and abuse but also a story of hope" (p. ix). Perhaps, a less cynical reader would agree, but I am moved not by hope, but by rage.

Bowling, Ann. *Measuring Health: A Review of Quality of Life Measurement Scales* (Second Edition). Buckingham, England: Open University Press (Distributed by Taylor & Francis, Inc., 47 Runway Rd., Suite G, Levittown, PA 19057-4700; 1-800/821-8312), 1997, 171 pages, $30.95 softcover.

Reviewed by David Pfeiffer, Center on Disability Studies, University of Hawaii.

When I first looked at this book, I decided that it was absurd. Believing that reaction was not a professional one, I set the book aside. The second time I looked at this book, I again decided that it was absurd. Still not believing that such a reaction was a professional one, I set the book aside again. The third time I looked at this book, I again decided that it was absurd. Now, I must prove my contention.

The easy argument is to cite the title and subtitle. The title is *Measuring Health*, which is a fine title, although different people have different approaches to doing that. But the subtitle, *A Review of Quality of Life Measurement Scales*, shows that this author, along with many other authors, believes that health and quality of life have an isomorphic relationship. That belief is not only absurd, it is illogical and counters empirical evidence. Health and quality of life are related, but there are many healthy persons who feel miserable and have a very low quality of life. At the same time, there are people who are not healthy, but have a great quality of life.

Bowling begins her first chapter in a good way seemingly acknowledging the point I just made. In Chapter One she writes that previous measurements of health were based on the "disease model" which looked for pathological abnormalities. However, she notes, ill health is not always the result of a pathological abnormality or at least a person can feel ill, but medical science can detect no disease or any abnormality that causes the feeling of illness. As she writes: "What matters . . . is how the patient feels, rather than how doctors think they ought to feel on the basis of clinical measurements" (p. 1).

She then reverts back to the medical model when she writes in reference to chronic illness and life-threatening situations: "The therapy has to be evaluated in terms of whether it is more or less likely to lead to an outcome of a life worth living in social and psychological, as well as physical, terms" (p. 1). Nowhere is there the statement that the "patient," not the physician, should make the decision of whether the life will be one worth living. The rest of the book is downhill.

To her credit, Bowling criticizes the traditional measurements of health outcomes in terms of mortality and morbidity, service utilization, subjective health scales, and functional ability. She points out the ambiguities in the concepts of positive health, negative health, social health, and quality of life. She is very clear that the measurement of quality of life depends on who is doing the measurement: physicians, nurses, medical students, volunteers (without specifying further who these volunteers are), or patients. And she plainly says that little attention is paid to the patient's perceptions even though they are the "element which is largely responsible for predicting whether individuals seek care, accept

treatment and consider themselves to be well and `recovered'" (p. 7). Should she not, then, say that these perceptions must be given the most weight? Finally, she raises major questions about how health status and quality of life measurements are related to each other by researchers to come to conclusions. All of her criticisms are well documented with bibliographic references.

The thing that puzzles me is how, after presenting a thorough analysis of the problems that these measures have, can she have gone on to write this book?

Chapter Two, "Theory of Measurement," is a competent discussion, but it is presented as if Chapter One did not exist. The first three pages of Chapter Three, "The Measurement of Functional Ability," are a competent discussion of the problems in measuring function, but the remainder of the chapter is a review of ten scales trying to measure functional ability. The same thing happens in Chapters Four through Seven which cover the measurement of health status, psychological well being, social support, and life satisfaction.

In no way is this a history of these measurement scales, but, rather, an analysis for users of these scales in spite of her first chapter which says (in my words) not to use them. The book concludes with an appendix which is titled "A Selection of Useful Scale Distributors and Addresses." She really intends for these scales to be used!

The book also has a 35-page listing of references and a short index. I am impressed with her grasp of the literature discussing and using these scales. She could write a devastating critique of them, but instead she retreats to the point of encouraging their use. Perhaps absurd is too harsh a word to use to describe this book, but I have been told that I say things that others think and fear to say. This book is absurd.

Braithwaite, Dawn O., and Thompson, Teresa L., eds. *Handbook of Communication and People with Disabilities: Research and Application*. Mahwah, NJ: Lawrence Erlbaum Associates, Publishers, 2000, 573 pages, $125.00 hardcover.

Reviewed by Marcia J. Scherer, Ph.D., MPH, Author, *Living in the State of Stuck: How Technology Impacts the Lives of People with Disabilities*; Director, Institute for Matching Person and Technology, Webster, NY.

This book can truly be said to be one of a kind. It is not from the field of Disability Studies, but that of communication. In fact, the authors state that a major catalyst for the conceptualization and development of this volume was the National Communication Association's Caucus on

Communication and Disability. It is important to note that the book carries a dedication honoring Irv Zola and has the purpose of illuminating experiences of interaction between people with and without disabilities and of improving such interactions. The book is

intended both to stimulate further research in this area and to provide practical assistance for interacting.

This 573-page volume is a collection of contributions and essays representing forty-five authors, primarily from higher education in the U.S. (two authors are from Canadian universities). This is probably a good thing since communication, in general, is so culture-bound (not to mention the complexities associated with adding disability issues into the mix).

There are twenty-nine chapters divided into six major sections as follows: (1) Interpersonal and Relationship Issues -Help provision, romantic relationships, and identity are just a few of the topics discussed here. (2) People with Disabilities in Organizational Settings - Communication issues for students and for the workplace are the focus. (3) Disability and Culture - Two key themes are identity management and crossing international

boundaries. (4) Media and Technologies - The images of people with disabilities in films, advertising, and other forms of media are presented. (5) Communication Issues as They Impact Specific Types of Disabilities - From the visible to the hidden, from physical disabilities to chronic health problems, particular communication strategies are discussed in the ten chapters comprising this section. (6) Setting a Future Agenda for Communication and Disability Research - Here, the importance of an enhanced collaboration of disability and communication scholars/practitioners is outlined.

In summary, and from my personal perspective, I really enjoyed this book and think it would be of interest to all who subscribe to *Disability Studies Quarterly*. As with edited volumes in general, the quality of the chapters is uneven, but anyone who reads the entire book will come away with a better understanding of the many nuances, issues, and practicalities involved in successful interactions between those with and without disabilities.

Brueggemann, Brenda Jo. *Lend Me Your Ear: Rhetorical Constructions of Deafness*. Washington, DC: Gallaudet University Press, 1999, 302 pages, $49.95 hardcover.

Reviewed by Tanis Doe, Ph.D., University of Victoria, and Pearson College, Victoria, BC.

Another title for this investigative project could have been "Cover your Ears: Rhetorical Conflicts Among and About Deaf People." I write this only because this exploration of the lives of Deaf people is far more personal than it is political. I procrastinated writing this because it hurt me to read it. It hurt, maybe, because I am a parent of a Deaf daughter, who, at 19, is still barely able to read and write. It hurt, perhaps, because it hit too close to the "truth" that is so often hidden within the "Deafness" debates. The text reminds us that, although metaphors and linguistic use of "deafness" invade our attitudes and thoughts, the "real" issue is actually about people. The author is someone who claims a bilingual/bicultural identity and the clear ability to be competent in both English and American Sign Language. The personal contributions of the author make this text a MUST READ for those unfamiliar with deaf people and their issues. From my perspective as a late deafened adult who immigrated to the Deaf culture after adolescence, the intended audience for this book is really rookies. That is, it is not for Deaf people already familiar with the issues or for deafened people trying to find their place. It is an academic and intensely passionate analysis that will benefit those people who still cannot understand what Deaf people want and what all the fuss is about. The text is divided into three sections -Deafness as Disability, Deafness as Pathology, and Deafness as Culture. It is effective, and interesting, that the author has chosen to separate (quite literally) disability from pathology. In the chapter on Deafness as Disability, the education system is held accountable for "treating" deaf children as "disabled" under the law (P.L. 94-142 and, later, IDEA) and providing services in later life under the disability frame.

What is not engaged in this section is the concept of disability AS culture, or capital-D Disability as identity. Disability itself is framed as "handicapping" or "limiting" language instruction. The next section - Deafness as Pathology -is a strong illustration of the medicalization of deafness. The rise of audiology as a profession that measures and prescribes intervention is a refreshing step into the world of "impairment" that Disability Studies so often avoids like a contagion. But the world of impairment has so much to do with the constructions and contradictions of the lives of deaf people that it fits nicely into Brueggeman's book. Deafness as Culture is also useful to those unfamiliar with the history of Gallaudet and the significance of (capitalized) Deaf Identity. The book is not directly intended to look at gender, race, sexual orientation, or class, but, through the meta-narratives, examples, and analogies, the author is able to express the intersections and connections between deaf identity/deaf people and other characteristics and identities.

P.S. In an attempt to be bound by the rules of English, as the deaf subjects of Brueggeman's book are, I spell checked this review before submitting it and was told (by the Microsoft dictionary) to replace audiology with ideology. I almost did. Pushing that "change" button seems so much easier than changing one's own deeply held beliefs.

Buchanan, Robert. *Illusions of Equality: Deaf Americans in School and Factory: 1850-1950*. Washington, DC: Gallaudet University Press, 1999, 218 pages, $39.95 hardcover.

Reviewed by Paul Preston, Through the Looking Glass, National Resource Center for Parents with Disabilities, Berkeley, CA.

As a researcher of Deaf culture and a member of the Deaf community, I am always on the lookout for well-documented non-pathological views of my family and my history. Yet, based on a cursory interpretation of the title I was reluctant to pick up this book. A treatise on one hundred years of school and factory life among the Deaf sounded fairly peripheral and potentially tedious. It would have been a true loss not to read this book which I found to be both professionally and personally enlightening. Buchanan provides an absorbing, well-researched, and much needed study of critical junctures in Deaf and American history.

Set against the emerging American industrialization from the mid-19th Century to post-World War II, Buchanan's history documents how Deaf people struggled to define themselves and to determine the best course for their education and their employment. Buchanan convincingly depicts the dynamic interplay between Deaf people's school and work life as the potential for social acceptance and advancement withered under an unrelentingly Hearing world. Educational policies shifted from sign language as a preferred method of instruction in the 19th Century to the banishment of sign language and deaf teachers from schools for the deaf by the first half of the 20th Century. An increasingly undereducated Deaf workforce compounded the already tenuous status of Deaf workers whose job security, typically, was at the whim of employers or the availability of hearing workers.

Buchanan examines how the Deaf community responded to these shifting fortunes as Deaf people sorted through key issues that had an impact on their daily lives and, even today, remain contentious: oralism vs. sign language, the establishment of residential schools, rejecting special privileges, emphasizing individual achievement over protective legislation, and disavowing any connection to those with "disabilities."

Because so much of Deaf history during this time was unrecorded or is scattered in archival publications, Buchanan provides an especially important contribution by drawing from a wide variety of essays and articles by Deaf activists as they responded to threats to their community. Although strongly empathic to the determination and self-advocacy of the Deaf, Buchanan acknowledges divisions among Deaf leaders as they advocated competing strategies to address attacks on their language and their livelihood. Nor does Buchanan shirk from documenting and critiquing the white male Deaf community's passivity regarding the plight of Deaf women and Deaf African Americans, who were marginalized in both school and work. Yet, in recognizing and giving voice to differences within the Deaf community, Buchanan's provocative and informative history reflects the real-world complexity that, so often, is blunted by those who presume a monolithic Deaf world.

Chase, Nancy D., ed. *Burdened Children: Theory, Research, and Treatment of Parentification*. Thousand Oaks, CA: Sage Publications, 1999, 213 pages, $46.00 hardcover, $19.95 softcover.

Reviewed by Jan L. Hitchcock, Lewiston-Auburn College, University of Southern Maine, Lewiston, ME.

I wish there was a term other than "parentification" for the phenomena addressed in this volume. But, as with any challenging area of inquiry, any one label is bound to be less than fully satisfactory. The editor offers this unifying description: "Parentification in the family entails a functional and/or emotional role reversal in which the child sacrifices his or her own needs for attention, comfort, and guidance in order to accommodate and care for logistical or emotional needs of the parent" (p. 5). Compelling examples include the overt, such as the ten-year old daughter of an alcoholic mother struggling to carry out practically all household and child care responsibilities, to the adolescent relied upon by a divorced parent for emotional support, to the more subtle dynamics of how a child's pattern of difficult behaviors can function to deflect attention from parental conflicts.

This book's interdisciplinarity is striking. It draws from fields of social work, education, and developmental, Jungian, and clinical psychology, as well as perspectives from history, postmodernism, and mythology, and earlier research on topics such as child abuse and neglect, family systems, workaholism, attachment, divorce, and substance abuse.

One chapter specifically addresses parentification in the context of disabilities. Suzanne Lamorey, in "Parentification of Siblings of Children with Disability or Chronic Disease," makes an important point, supported also by other of the volume's authors, that circumstances can require children to take on substantially more logistical and emotional responsibilities than found on average without inevitable harm, especially when these contributions to the family are both "supported and recognized" (p. 85). Readers of DSQ will find the other nine chapters, while not specifically focused on disabilities, extremely thought-provoking and useful for considerations of how family experiences can affect children, both during childhood and into their adult years.

This book presents very specific recommendations for the assessment, prevention, and treatment of negative effects of parentification and for new research thereon. At the same time, any temptation towards over generalization is repeatedly challenged by reminders of the importance of cultural contexts, the power of economic pressures and societal roles (including gender), the continuum of "normal" to "dysfunctional" adoption of adult roles by children, and the moderating effects of other factors related to a child's resilience and risk. This volume, thus, makes great contributions through both its reviews of varied specific literatures and clinical approaches and its creation of an extremely rich, thought-provoking inquiry into topics of parentification.

Enns, Ruth. *A Voice Unheard: The Latimer Case and People with Disabilities*. Halifax, NS, Canada: Fernwood Books Ltd. (P.O. Box 406, Stn. C, Toronto, ON M6J 3P5; 416/595-1085), 1999,

176 pages, $19.95 (Canadian), $17.95 (U.S.) softcover.

Reviewed by Patrick McDonagh, Concordia University, Montreal, Quebec, Canada.

On October 12, 1993, Robert Latimer, a farmer in the province of Saskatchewan in Canada, bundled up his twelve-year-old daughter, Tracy, drove her in his pickup truck to a far corner of his fields, ran a pipe from the exhaust into the truck's cab, and gassed her to death. He carried her body home and put her in her bed to be discovered later. But this premeditated murder did not result in the public condemnation one might suspect. Tracy had cerebral palsy and an intellectual disability and the media quickly framed the story as one of compassionate homicide, a mercy-killing that ended a life of pain and deprivation. The debate has been played out in Canada's law courts and media ever since, but the coverage has been painfully one-sided: Indeed, Tracy's more frequent spokespersons in the media have been her parents and disability rights activists have had a difficult time getting the smallest fragment of media attention. Even the lenient sentences given to Latimer have been seen as unfair by a goodly portion of the population.

Ruth Enns' book is an antidote to the uncritical and biased media coverage. Her prose is clear and accessible (much of it in the "plain language" demanded by such groups as People First), arguing that Robert Latimer was never truly the person being tried. Instead, she argues in the first chapter, "Tracy on Trial," the daughter he killed was judged and found wanting. Her analysis covers the range of issues that helped put the dead girl on trial and turn the case into an national debate on euthanasia. She reconstructs Tracy's life with her family; analyzes the trial coverage and assesses evidence presented at the trial, but ignored by both prosecution and media; and interviews disabled advocates extensively to illustrate the systemic prejudice that permeates our society. The conclusion should come as no surprise to anyone in the disability rights community: Deep and resilient biases consistently devalue the lives of people with disabilities. This book is distressing in its honesty and accuracy, and it demonstrates the critically important work that needs to be done in changing legal and public opinion. As Enns concludes, "If the rights of one group of citizens can be as easily eroded as they were in the Latimer case, then the same can happen to other marginalized people - poor, elderly, gay and lesbian and racialized minorities" (p. 164). A Voice Unheard is essential reading for an understanding of the ongoing Latimer case and the culture that has made it possible.

Goldstein, Michael S. *Alternative Health Care: Medicine, Miracle, or Mirage?* Philadelphia, PA: Temple University Press,

1999, 288 pages, $59.50 hardcover, $19.95 softcover.

Reviewed by Laurie Ringaert, Chair of the Canadian Centre on Disability Studies, and Director of the Universal Design Institute, Winnipeg, Manitoba, Canada.

Goldstein presents a comprehensive review of the presence of alternative medicine in America. He provides a clinical, economic, and political perspective on the subject. The value of this account is that it provides a perspective from both sides: from the perspectives of both the nay sayers and those who value alternative medicine. The author tells us he became interested in the area when he had to make a decision regarding treatment methods after his infant son experienced a severe burn to his foot.

He begins with a discussion on changing views of health and illness and on conventional medicine's inability to treat all of humankind's ills. The author illustrates how alternative medicine has become more mainstream in recent years. For instance, magazines such as Life Magazine have feature articles on the topic and celebrities have provided accounts of their own experiences. Managed health care systems now have, as part of the billing system, what would have been termed alternative medicine in the past. There is evidence that Americans are more actively accepting alternative practices. One study showed that over 42% of a national sample used alternative practices.

The author suggests that one reason for the rise in alternative approaches is the rising cost of conventional medicine and the need to hold down the costs (managed care). This contains "the potential for fostering its integration into the broader health care system and imposing restraints on the form and content of that integration" (p. l1). Another reason for the rise in alternative approaches is that many of the treatments and treatment methods in conventional medicine have little documented scientific basis showing that they are, indeed, efficacious (p. 32).

In order to define alternative methods, the author discusses what he calls six significant points that distinguish alternative medicine from the medical mainstream: holism; an emphasis on integration of the body, mind, and spirit; a view of health as a positive state on a continuum with illness; a belief that the body is suffused by the flow of energy; a belief in vitalism; and a distinctive view of the healing process.

I found it interesting that, in 1997, the editors and senior staff of JAMA (a prestigious medical journal) ranked alternative medicine as one of the three (out of 86) most important subjects for the journal to address. The year before it had been ranked #86. Goldstein concludes by presenting two views of the future of alternative medicine: one, as a "medicine of great possibilities," and the other, as a piecemeal assimilation of particular techniques into managed care settings and others on the basis of their ability to demonstrate cost-effective outcomes (p. 219).

The down side of this book for Disability Studies is that there is very little discussion of alternative medicine and disability issues. The only reference to disability in this book is a brief paragraph noting that movements, such as the disability rights movement, have all stressed that a medically dominated understanding of their members' problems is usually not helpful (p. 34).

As a novice in this area, I found this book very enlightening. I was surprised at the extent of acceptance of alternative methods/medicine within the health care system. I would highly recommend this book to anyone interested in the politics of the topic.

Herring, Roger D. *Counseling with Native American Indians and Alaska Natives: Strategies for Helping Professionals*. Thousand Oaks, CA: Sage Publications, 1999, 199 pages, $64.95 hardcover, $25.95 softcover.

Reviewed by Diane Weiner, Ph.D., Research Anthropologist, UCLA American Indian Studies Center.

According to the Association of American Indian Physicians, only 11 Native psychiatrists are currently registered with this national organization. Few Native mental health professionals exist overall; therefore, the overwhelming majority of Native people seeking clinically-based counseling tend to be served by non-Natives. Roger D. Herring has written an introductory text for those non-Natives planning to work with Native individuals and their families. Like many of his Native counterparts, Herring argues that "helping professionals" should attempt to understand disorders of affect in culturally sensitive (and, possibly, culturally competent) terms and to employ suitable treatments. His call for synergistic assessments and interventions (p. 43) is based on his prior work and that of such seminal Native mental health theorists and practitioners as Attneave, Garret and Garret, LaFromboise, Manson, Tafoya, and Trimble.

Herring is a compassionate writer who bolsters his arguments with a basic overview of the historical impact of 500 years of colonialism and neo-colonialism on contemporary Native demographic, economic, social, cultural, linguistic, and health circumstances. Even though the consequences of Euro-American domination of Native peoples have been tragic, Herring notes that Native peoples are not vanishing victims as is so often portrayed in the media. Indeed, this youthful population - nearly 39% of Natives are under 20 years of age (U.S. Bureau of Census, 1990) -is one of the fastest growing in the United States. The author notes that members of

Native populations tend to seek mental health services when community-based helping networks are unavailable or undesirable. Herring, thus, offers health providers information on such topics as Assessing Native Populations, Counseling Native American Indian/Alaska Native Youth and Adults, Career Development and Counseling, Using the Creative Arts in Counseling Native Populations, and Implications for Training, Practice, and Research.

The descriptions of anthropology and sociology concepts and of levels of acculturation are quite insightful. Herring uses these tools constantly to remind readers of the diversity among and within Native populations. Moreover, the author stresses the importance of inter- and intra-cultural variation on health status and health-seeking behaviors. It is unfortunate that he neglects any discussion of intra-individual variation. In its place are worthwhile reviews of biculturalism, bias-free assessment, and many pan-Native cultural values.

Although this book targets mental health professionals, much of the information might be used by teachers, health educators, vocational rehabilitation counselors, and those who work with individuals who are chronically ill. For instance, there are clearly written, jargon-free testimonies, task lists, and tables of tips throughout the book. There are also experiential activities which might be useful for providers, counseling sessions, and even students working on such varied issues as psychology, diversity, or public health. The suggestions for learning to assess personal and collective understandings of power and prejudice include a visit to a popular public meeting place in which the "student" is requested to "observe social and class and power differential discrimination or prejudice" (p. 19). However, some of the activity ideas may prove difficult, stressful, or impossible, such as the suggestion to "Make an attempt to visit a traditional Native family or group. Describe the context and any insights you may gain" (p. 19). As a non-Indian who has worked in Indian communities since 1984, I can assure you this is no easy task. First, the "student" must define "traditional," a complex and variable notion. Furthermore, she may have no means to make such contact. Herring does not explain ways to gain access to such a family or group.

Some of the other expectations Herring has for his readers may also prove to be strenuous. He admonishes his readers to gain "a thorough knowledge of the oral literature of Native peoples [in order to] . . . enhance the helping professional's understanding of a client's verbal and nonverbal communications" (p.22). This goal is wonderful, but may be unrealistic, especially if the provider is working in a multi-tribal setting. The author's in-depth reference list might ease this task. I would caution readers to be alert that some of the resources in the Appendix would probably not be particularly helpful to some providers or to their clients (texts on "hidden teachings," shamanic quests, and medicine cards). Rather, the audience may prefer to read some of the numerous life histories and autobiographies of Native individuals or to review the mental health and medical references cited by Herring.

One last comment about this mainly useful book: Herring's inclusion of some indigenous methods of healing, such as vision quests, talking circles, sweat lodges, and sings, appears to be a simplistic overview. It seems that the author merely intends for his readers to become familiar with these terms and associated meanings and techniques. Nevertheless, since the descriptions of these complex and often sacred avenues of healing are not thoroughly examined readers might assume that their Native clients are both familiar with and comfortable with such practices and that Non-Natives might be able to lead such practices for Natives. These are dangerous premises that I doubt Herring would encourage. Instead, I hope that his readers will use this text as a commencement for additional investigations of ways to assist their Native clients.

Hess, David J. *Science Studies: An Advanced Introduction*. New York, NY: New York University Press, 1997, 205 pages, $16.95 softcover.

Reviewed by Marcia J. Scherer, Ph.D., Director, Institute for Matching Person and Technology.

This six chapter text presents an excellent, highly readable, and very comprehensive overview of the field of "science studies," a.k.a. "philosophy of science," "history and philosophy of science (HPS)," "science, technology, and society," "science, technology, and society studies (STS)," and "science and technology studies (also STS)." David Hess chose the term "science studies" because "it has come to be used colloquially as a broad and inclusive name for the field" (p. 3).

It must be apparent by now that, as with Disability Studies, there are proponents of different emphases and approaches, yet there is a shared understanding of the fundamental principles undergirding the discipline. It is also the case that the field has undergone what Hess refers to as the "science wars" which were characterized by intense attacks on the more "radical" figures in the field and which led to attempts to dismiss the field as a whole as a "hotbed of postmodern irrationalism" (p. 1). Anyone in Disability Studies familiar with the August 18, 1999, Salon article by Norah Vincent critiquing our field can immediately empathize with the "science wars."

Hess' goal is an important one. His book has a heavy sociological flavor by design as his purpose is to stimulate thinking and dialogue on the place of science and technology in a democratic society. I was disappointed, then, in spite of his comprehensiveness in the terrain of science and technology, to find no discussion of the important effect technology has had on the lives of people with disabilities. This could have been done quite easily.

As just one example, there is Scientific Management, as brought to the factory by Frederick Winslow Taylor in the late 1800s. The efficiency of manufacturing processes was studied by breaking these processes down into parts or job modules. Then, ways were devised to make work and workers more efficient. Thus began the reign of machine over man. Since the machine was supreme, control over the individual worker had to be exercised. This led to the assembly line in manufacturing, which eventually moved into the service sector (think about the assembly line of hamburger production at Burger King). This is when people with disabilities who could not keep up with efficiency standards became undesirable employees whom society had to either cure or fix or support through social welfare programs.

So I lament the omission of the connection among science, technology, and disability. But, perhaps, that is a book better left for someone in Disability Studies to write anyway.

Karp, Gary. *Life on Wheels: For the Active Wheelchair User*. Sebastopol, CA: O'Reilly & Associates, Inc., 1999, 568 pages, $24.95 softcover.

Reviewed by Michael L.N. Shannon, Universal Design Consultant, San Luis Obispo, CA.

Most of us have wished for a manual to provide instructions on coping with problems found in everyday life while navigating within the framework of the human experience. On that "wish list" we would find a large variety of topics needing instruction ranging from managing a household to specifically rearing teenagers or navigating today's healthcare maze. In addition to all of this, most of us remember hearing a statement to the effect that, "unfortunately, children don't come with an instruction manual; parents are really on their own." That same phrase applies to having to become dependent on a wheelchair suddenly for your chief source of mobility and independence. *Life on Wheels: For the Active Wheelchair User* just may be that manual for anyone who faces the challenge that such a lifestyle can create.

First, since the author, Gary Karp, is a chair-user, the book has a basic validity based on personal experience. His trial and error gives readers an advantage in that area. There is no better instructor, in my opinion, than one who has experienced the curriculum of the course being taught. As a wheelchair-user myself, I, too, can speak from experience in my evaluation of this marvelous book.

Mr. Karp's book is extremely broad-based in its scope of reference making it a real "only book," if there is to be just one on the subject. In addition, all of the topics are presented in a format that is informal, yet informative and flowing. Perhaps most important is the fact that each subject is easily accessible within the book's user-friendly framework with its excellent index.

Life on Wheels: For the Active Wheelchair User has 25 pages of valuable resource links included in the back of the book. That highly useful information is well organized by topic and equally accessible to the reader.

As a reviewer and also as a seasoned wheelchair user, I recommend *Life on Wheels: For the Active Wheelchair User* to anyone who has an interest in the subject, personal or otherwise. This book really has it all, from an introduction to medical and technical terminology and legal rights, housing modification, to social and psychological issues. It includes a section on day-to-day living issues, including, for example, thoughts on personal hygiene and challenged sexuality. Bravo to Gary Karp!

Kazarian, Shahe S., and Evans, David R., eds. *Cultural Clinical Psychology: Theory, Research, and Practice*. New York, NY: Oxford University Press, 1998, 423 pages, $70.00 hardcover, $39.95 softcover.

Reviewed by Linda R. Mona, Ph.D., Visiting Assistant Professor, Pacific Graduate School of Psychology, Palo Alto, CA.

Culture and diversity in clinical psychology: How do we define these constructs? Even though cultural components of psychology have been on the minds of theorists for many years, it is only recently that more attention has been paid to this topic in terms of training new psychologists. *Cultural Clinical Psychology: Theory, Research, and Practice* presents topics associated with cultural diversity and is intended to be used with graduate students of clinical psychology. This book is thorough in its attempts to broaden our knowledge about overall cultural notions in psychology as well as ethnic cultural issues.

This textbook is arranged by broad psychological conceptual categories, including 1) conceptual framework, 2) practical issues, 3) health and mental health issues, and 4) groups of special interest. Within this structure, the chapters are well organized and are written in a fashion that is easily understandable for those people who may be new to this field. The early 1990s marked a time of great efforts by the American Psychological Association (APA) to increase diversity and cultural understanding of a wide variety of individuals. Controversy has arisen around how psychologists should define culture and/or diversity. Should we use these terms exclusively to refer to ethnic cultural groups or do we also use them when we are trying to reach a better understanding of other diverse groups (e.g., people with disabilities, gay, lesbian, bisexual, transgendered individuals)? APA has indicated that, when attempting to understand the psychological experiences of people from a wide variety of backgrounds, diversity and multiculturalism must include ethnicity, disability, and sexual orientation and identity groups.

Clinical psychologists are ethically bound to receive training and obtain knowledge about diverse issues before they can legally practice in clinical settings. Individuals looking for material for their cultural clinical psychology courses can use this book to cover a variety of content. However, if this text is intended to be the primary reader for a cultural clinical psychology course, supplemental readings on disability and gay, lesbian, bisexual, transgender issues will be necessary. Even though one chapter focuses on disability, cultural aspects of deafness, cultural factors relating to the general disability experience per se, and the history behind the emergence of disability culture are absent. Overall, this piece is interesting and can be used easily as part of a graduate level cultural clinical psychology course. Scholars of psychology and Disability Studies are encouraged to visit the APA website (www.apa.org) or to contact this organization for additional suggestions on diversity and multicultural readings. One specific recommendation on disability cultural clinical notions is Rhoda Olkin's book *What Psychotherapists Should Know About Disability* (New York, NY: The Guilford Press, 1999) which discuses clinical aspects of disability and provides an overview of the social experience of disability and disability culture. This additional information will serve as a great addition to *Cultural Clinical Psychology: Theory, Research, and Practice* when teaching this course.

In summary, this book is recommended to be used as an essential component of a cross-cultural clinical psychology course. This book, combined with other diversity readings, can serve as a great foundation for exposing students to this essential component of their training as psychologists.

Krotoski, Danuta M., Nosek, Margaret A., and Turk, Margaret A., eds. *Women with Physical Disabilities: Achieving and Maintaining Health and Well-Being*. Baltimore, MD: Paul H. Brookes Publishing Co., 1996, 482 pages, $42.00 softcover.

Reviewed by Loren Faibisch, Ed.D., Walden University, Minneapolis, MN.

In editing *Women with Physical Disabilities: Achieving and Maintaining Health and Well-Being*, Krotoski, Nosek, and Turk address problems in healthcare applications and systems that have excluded women with disabilities from taking on the leadership roles that would make it possible for them to define healthcare and well-being in their own terms. This work serves as a springboard for the redefinition of women's health and well-being that takes seriously the perspective of the women who live their lives within the boundaries of social constructions of disability experiences and healthcare systems.

The authors offer alternatives to the medical model, which constructs disability as a "problem," and they offer positive options for how scholars and community members can think about health and disability in women's lives.

Krotoski, Nosek, and Turk define their task as a multi-faceted examination of key issues in the life and health of women with disabilities. In organizing this guidebook to issues specific to the health and well-being of women with disabilities, the authors pinpoint two goals for their book: 1) to extend and stimulate research and to encourage researchers to ask questions in a way that respects the lives of women with disabilities; and 2) to disseminate information regarding the experiences, strengths, needs, and viewpoints of women with disabilities.

Krotoski, Nosek, and Turk provide a set of examples on which researchers and practitioners can draw to identify and extend issues pertinent to women with disabilities. In addition, researchers and practitioners who are interested in reframing how practice-oriented fields address a specific sub-sector of the population will find the material in this book rich with a variety of perspectives that honor the alternative quality of the lives of women with disabilities.

Through dissemination the editors address the need to provide clear information and frameworks for people with disabilities and those who work closely with them. Information dissemination provides a foundation of support that can help women with physical disabilities deal with their needs and conceptualize and analyze their experiences in ways conducive to mental health. One of the challenges the authors had to address was their desire to combine information relevant to trained experts in fields such as nursing and rehabilitation counseling as well as to provide information that would interest members of the greater community of women with disabilities. Some of the information, for example the major parts of the section on bladder and bowel management, are highly technical and not likely to interest large segments of the greater community of women with disabilities. It may be that this section reflects remnants of the medical model of disability that focusses on a "problem," in this case bladder dysfunction, and tries to create change by "fixing" the theoretically "broken" bladder. The book contains quite a number of articles that would fit better in a text that is aimed at a more technically-oriented audience rather than a mix of non-technical and technical readers. In articles like Carol Gill's "Becoming Visible: Personal Health Experiences of Women with Disabilities" experiences of women with disabilities are so outstanding and accessible to both community and technical readers that the book is truly deserving of attention.

The book's organization, opening with a section that addresses overriding issues, and following up with sections attending to sexuality and reproductive health, stress and well-being, physical fitness and well-being, helps readers understand just how much women with disabilities are challenged by the misguided preconceptions of healthcare professionals. For example, little attention has been paid to stress in women's lives compared to the actual amount of stress they experience. To address the unique quantities and qualities of stress in the lives of women with disabilities is an absolute necessity that the authors' work brings into full focus. Merely by attending to these issues from the perspective of women with disabilities, this book is able to highlight the severe exclusion of women with disabilities from the mainstream of scholarship and to give positive attention to the improvement of their life conditions.

This book deserves attention from technical and non-technical readers interested in understanding how healthcare is distributed to women with disabilities and how this distribution is affected by social constructions of womanhood, disability, and the interplay between the two. It is likely to serve as a springboard for reconstructing how healthcare practitioners and researchers attend to the health and well-being of women with disabilities.

Lang, Harry. *A Phone of Our Own: The Deaf Insurrection Against Ma Bell*. Washington, DC: Gallaudet University Press, 2000, 260 pages $29.95 softcover.

Reviewed by Bob Buchanan, Director, Individualized BA/MA, Goddard College, Plainfield, VT.

In surveying the Twentieth Century few would question the revolutionary impact of the harnessing of electricity and the use of the telephone. After all, for the past half century, the voice telephone - invented by Alexander Graham Bell in the 1870s, and subsequently marketed by the American Telephone & Telegraph Company (AT&T) - has been widely accessible to and has greatly benefitted citizens from all sectors of American society. Or has it?

In *A Phone of Our Own: The Deaf Insurrection Against Ma Bell* Harry Lang, a deaf professor and researcher at the National Technical Institute for the Deaf (NTID) in Rochester, NY, turns to the deaf community to question this common, but incomplete, portrayal of the voice telephone and AT&T. "For nearly a century after the advent of the voice telephone," Lang explains, "we deaf people were without a phone of our own" (p. 1). Thus, in this welcomed study, Lang chronicles how widespread indifference, as well as narrow self interest at AT&T, long hampered the production and distribution of communication technologies including the TTY the recent development of which has especially aided deaf and hard of hearing citizens.

A Phone of Our Own, however, is much more than another case study of the way mainstream ignorance and profit motives intersected to restrain the production of technological advances of special interest to a minority community (and, in so doing, contributed to that group's marginalization!). For example, Lang chronicles how deaf individuals from across the country, led by Robert Weitbrecht, James Marsters, and Andrew Saks, worked tirelessly from the l960s through the 1980s first to design and then to promote successfully the production and distribution of equipment that has culminated in the current TTY.

These unsung deaf adults, Lang further explains, also went on to spur state and federal governments to establish a national telephone relay system that now crisscrosses the nation. Finally, Lang demonstrates how these largely unrecognized efforts have been instrumental in enhancing educational, vocational, and social opportunities for deaf individuals. This untold story of self-activity is a "missing" chapter in the still unfolding history of the nation's deaf community and, likely, the work's most lasting contribution.

Leibs, Andrew. *A Field Guide for the Sight-Impaired Reader: A Comprehensive Resource for Students, Teachers, and Librarians*. Westport, CT: Greenwood Press, 1999, 277 pages, $49.95 hardcover.

Reviewed by Beth Omansky Gordon, George Mason University.

A useful addition to the sometimes-overwhelming world of resources for visually impaired and blind people, this well-researched guide adroitly fills a gap. Divided into seven chapter topics and several appendices, the Field Guide provides comprehensive lists of sources for books in Braille and large print, free and commercial audiotapes, and technology resources. Each source listing includes a short descriptor about what type of material each vendor carries as well as the vendor's postal address, phone numbers, and Internet address.

Leibs includes a "Great Books" chapter in which he briefly describes his favorite readings and he thoughtfully includes National Library Service and Recordings for the Blind and Dyslexic shelf numbers. The lists gave me a gentle reminder of books I have intended to read, but either forgot or just have not found the time to read. Of course, I wish that he had included some Disability Studies books on his list of must-reads.

Nearly one-third of the book is devoted to a state-by-state listing of departments of special education, vocational and other rehabilitation agencies, and regional National Library Services (Talking Books) outlets. Here is where the author makes his ideological bent known by omission. He lists National Federation of the Blind offices and completely ignores the existence of the American Council of the Blind. This evidently intentional, politically motivated omission mars the otherwise thorough guide. Leibs denies readers the opportunity to avail themselves of all consumer organizations and he robs them of the chance to investigate both organizations, then make up their own minds about which group is the best fit.

Leibs also fails to include small sectarian organizations that provide resources for blind and visually impaired patrons. Finally, as it is unusual to find accessible print resources for visually impaired and blind people, the publisher earned some points for using a large, uncluttered font, although I cannot go so far as to say that it is a large print book.

Marschark, Marc. *Raising and Educating a Deaf Child*. New York, NY: Oxford University Press, 1997, 255 pages, $13.95 softcover.

Reviewed by John B. Christiansen, Gallaudet University, Washington, DC.

Raising and educating a deaf child is a challenge, but, according to Marc Marschark, a research psychologist at the National Technical Institute for the Deaf, it is a job that can be done well and can lead to deaf children who are "as happy, smart and successful as hearing children, as long as they are given equal opportunities" (p. 3). Marschark has written a comprehensive, readable, and entertaining book; and many parents, particularly hearing parents who have no knowledge of deafness when they discover their child is deaf (which is to say, most of them), should find answers to many of the questions they have.

Marschark clearly supports the use of signing in the socialization of deaf children and he emphasizes that in educational settings and for social relationships, sign language is just as good as spoken language. He is not an ideologue, however, and stresses that the most important thing for the young deaf child is early access to language, whether spoken or signed. He also notes, contrary to what many believe, that there is no evidence that early exposure to signing makes it difficult for a deaf child to subsequently develop spoken language. Indeed, he stresses that it is crucial for a deaf child to develop competency in English (at least in the U.S.).

One annoying aspect of the book is the rather inconsistent documentation. While parents may appreciate the lack of extensive endnotes, others might like to know the source of much of the specific information discussed in the book. Also, since the book was written several years ago, some of the information about cochlear implants is a bit dated.

In spite of some minor shortcomings, this is a valuable book that succinctly summarizes a large amount of research. There is a helpful list of suggested readings for each chapter at the end of the book and an excellent list of "information sources and organizations" for parents and a useful glossary appear there as well.

Munden, Alison, and Arcelus, Jon. *The AD/HD Handbook: A Guide for Parents and Professionals on Attention Deficit/Hyperactivity Disorder*. London, England: Jessica Kingsley Publishers (Distributed by Taylor & Francis, Inc., 47

Runway Rd., Suite G, Levittown, PA 19057-4700; 1-800/821-8312), 1999, 160 pages, $17.95 softcover.

Reviewed by Rosalyn Benjamin Darling, Ph.D., Associate Professor of Sociology, Indiana University of Pennsylvania.

The authors of this book state that they "have attempted to present a concise, comprehensive and cohesive account of both theoretical and practical aspects of ADHD, in a form that is accessible to all interested professionals and parents" (pp. 11-12). The book is "written from a specifically UK viewpoint" (p. 11); however, the authors suggest that it will be useful to readers in other countries as well. The authors are child and adolescent psychiatrists and the book reflects their medical training and thinking. Yet, unlike some other books based on a medical model of disability, the volume does suggest in a number of places that the characteristics of ADHD can, in fact, be strengths rather than deficits in many situations.

The book includes chapters on the nature and possible causes of ADHD as well as chapters on various treatment modalities and on long-term prospects and adults with ADHD. Each chapter includes summary lists that highlight the main points made in the chapter. In addition, a good annotated resource list is included in one of several appendixes. Some of the discussion on diagnostic criteria and on causation is rather technical and may not appeal to lay readers. Moreover, the British terminology may be off-putting for some Americans and much of the discussion on treatment is based on the British medical, social service, and education systems.

I am not an expert on the medical aspects of ADHD and cannot comment on the accuracy of the information presented in this regard. The authors do take a strong stand in favor of the use of Ritalin, a position that has been somewhat controversial in recent years. The information on parents' reactions, stigma, and other psychosocial aspects is entirely consistent with the large body of work on childhood disability with which I am familiar. The authors are careful to avoid victim-blaming and note that parents' child-rearing practices are not involved in causation.

Overall, the book is well written and provides a considerable amount of information in a relatively small number of pages and would serve as a good reference for anyone who wants a concise overview of the medical aspects of this disability. Researchers and others seeking more in-depth information might want to look elsewhere especially because the book is inconsistent in providing reference citations for its statements of fact. Parents looking for a "how-to" manual may also be disappointed by the lack of depth.

National Association of the Deaf. *Legal Rights: The Guide for Deaf and Hard of Hearing People (Fifth Edition)*. Washington, DC: Gallaudet University Press, 2000, 332 pages, $24.95 softcover.

Reviewed by Charles D. Goldman, Esq., Washington, DC.

Simply put: If you work in the disability field, buy this book. Do not think it is not for you if you do not work with deaf or hard of hearing people. The book could be a model of what to include in a disability rights book.

This book grows better with age as more information is being added each time. It covers a lot of topics, from The Americans with Disabilities Act to telephone services, well. There are practical hints on what is a reasonable accommodation and suggestions, such as the American Medical Association's position on interpreters. There is also a list of state agencies that serve deaf and hard of hearing persons, a recognition of the practical reality that there is life beyond the Washington Beltway.

There are a few minor criticisms, such as not separating out the provisions relating to the Fair Housing Act. (It is included under architectural barriers.) The list of state telephone relay services should be an appendix, too. It would be more practical to point out the role of the private bar in enforcing the various mandates and not to give people the impression that the federal government will be out there all the time. Overall, these criticisms are like complaining about going to the Louvre Museum on a sunny day and not a rainy one. Buy and read this book!

Ovretveit, John. *Evaluating Health Interventions: Introduction to Evaluation of Health Treatments, Services, Policies, and Organizational Interventions*. Buckingham, England: Open University Press (Distributed by Taylor & Francis, Inc., 47 Runway Rd., Suite G, Levittown, PA 19057-4700; 1-800/821-8312), 1998, 336 pages, $34.95 softcover.

Reviewed by Jae Kennedy, Assistant Professor, Department of Community Health, University of Illinois at Urbana Champaign.

Evaluation plays a central and growing role in program development and administration and *Evaluating Health Interventions* provides a thorough and thoughtful introduction to the theory and practice of program evaluation. It would make a good reference text for health or social services administrators as well as for researchers and academics. The content, however, may be a bit advanced for a course text at anything other than the upper division graduate level.

After a somewhat labored discussion of the question "What is evaluation?," Ovretveit provides a succinct, but comprehensive, review of the major theories of evaluation. He delineates six basic evaluation designs and reviews the strengths, weaknesses, and appropriate uses of each design. These are followed by case examples that illustrate the different designs. The next several chapters lay out different evaluation domains, including experimental, economic, developmental, and managerial evaluations.

The second half of the book provides pragmatic advice on planning and executing an evaluation. It is peppered with wry observations, such as "Those who stand to lose from an evaluation are not as crude as to shoot the messenger - they just destroy the credibility of the message. An evaluation is never scientific enough for the losers. If there are no losers, then the evaluation probably has few practical consequences and is of little value" (p. 188). A chapter on evaluating quality gamely tackles one of the most muddled domains of health services research. The book ends with a nice discussion of ways to enhance the utility of evaluations.

Evaluating Health Interventions, like another text in this series (Bowling's Research Methods in Health), reveals its European lineage in more ways than in the odd spelling of words such as "programme." Its examples seem to assume a level of rationality and coherence in planning that is largely absent from our U.S. system and they inadvertently provide a critique of that system. One wonders whether program evaluations stand a better chance of being used there than here.

Ovretveit comes across in this book as war-weary veteran of the evaluation enterprise, one who has managed to keep a sense of humor and his commitment to the field. *Evaluating Health Interventions* is a welcome addition to the health services research and program evaluation literature.

Petersen, Alan, and Waddell, Charles, eds. *Health Matters: Sociology of Illness, Prevention and Care*. Buckingham, England: Open University Press (Distributed by Taylor & Francis, Inc., 47 Runway Rd., Suite G, Levittown, PA 19057-4700; 1-800/821-8312), 1998, 382 pages, $29.95 softcover.

Reviewed by Kristine Mulhorn, Health Care Department, The University of Michigan-Flint.

Health Matters presents a more than acceptable reader for a sociology of medicine course at the undergraduate level. It covers a wide range of topics, philosophical perspectives, and methods. For example, the three populations included in this group are frail elderly people, those who are under 65 and homebound, and seriously mentally ill individuals. As these populations continue to grow due to demographic and technological changes, society has developed policies within two separate social service and health care systems. The authors present the various types of care available and the problems of coordination and comprehensiveness of care as the need for more and more diverse array of services increases. For example, the sociology and epidemiology of alcoholism is discussed in a chapter entitled, "Alcohol in Indigenous Australian Communities." In the chapter, the author draws from John Stuart Mill and others to capture an understanding of alcohol abuse. It is refreshing to see such an in-depth coverage of an area of sociology of illness that is truly at the essence of the medicalized concept of a formerly social problem. The editors should be applauded for including such depth. In addition, the chapter on AIDS and women brings currency and heightened sensitivity to an important measure of health and illness - AIDS and related complications. Addressing a particular group affected greatly by recent increases in rates of infection is particularly challenging to young readers.

The broad range of areas covered - for example, it includes a chapter on body fluids and evolutionary medicine - makes this book quite a unique and engaging monograph. The chapters continue the in-depth approach the editors have allowed laying the groundwork for lively classroom discussion and discourse.

There is limited coverage of the topic of disability which is discussed in a chapter on "psychiatric disability." This focus is appropriate and current, but there could be more discussion of disability rights, the disability rights movement, and disability as a political and social identity rather than a medical diagnosis. While this chapter does distinguish the medical model from the social model of disability, an important distinction in a course on sociology of medicine, the range of issues is not as broad as it should be considering the current understanding of disability.

Racino, Julie Ann. *Policy, Program Evaluation, and Research in Disability: Community Support for All*. New York, NY: The Haworth Press, 1999, 501 pages, $69.95 hardcover, $39.95 softcover.

Reviewed by Elaine Gerber, American Foundation for the Blind, NY.

Using qualitative evaluation research, the purpose of this book is to identify and describe the strategies and practices that states use to promote community integration and deinstitutionalization in order to better understand the nature of systems change. One strength is that the text focuses on psychiatric, cognitive, and physical disabilities, brain injuries, and youth, topics that have received less research attention in the past. It is clearly a well-researched book, as evidenced by the 60-page bibliography.

The main drawback is also one of its strengths. This book is actually the composite of several studies, and, at times, it reads as such. Nearly half is devoted to the story of New Hampshire - the process of institutional closure and the creation of a community care system - the other half is comprised primarily of case studies, problematizing the use of personal assistance services and different housing and family supports. The best segments are ones where individual voices (be they of provider or of consumer) are heard (e.g., Chapter 9, dealing with self advocacy, and Chapter 14 on foster care).

The New Hampshire case illustrates different elements necessary to make such a transition successfully, including a number of fortuitous events - from the court decision (Chapter 3) to having the "right" kind of administration on the inside (Chapter 4) to having a vacuum in which to design ideal services. I particularly enjoyed Chapters 5 and 7 (the study of self advocacy and guardianship, and the story of local agency) as they importantly demonstrate the role of individual disabled people's involvement in producing change. The author suggests areas of future research for replicating systemic change, such as how new ideas come to the attention of policymakers, how grassroots coalitions can affect service users and agencies, and types of administrative skills necessary for "dismantling" work.

Overall, this tome reflects a huge amount of work that the author has accomplished in the field with much less effort in tying it all together. In the end, this book stands as a tribute to the political effort of individuals in bringing about change, and, in that sense, it is an inspiring, albeit sluggish, read.

Schneider, Edgar. *Discovering My Autism: Apologia Pro Vita Sua (with Apologies to Cardinal Newman)*. London, England: Jessica

Kingsley Publishers (Distributed by Taylor & Francis, Inc., 47 Runway Rd., Suite G, Levittown, PA 19057-4700; 1-800/821-8312), 1999, 126 pages, $18.95 softcover.

Reviewed by Johnson Cheu, Department of English, The Ohio State University, Columbus, OH.

Reading Schneider's memoir, the argument about accommodating people with disabilities from a literary standpoint kept running through my head. In brief, the argument goes something like this: in providing accommodations for PWDs (people with disabilities) the concern is a "lowering of the bar," a "lowering" of "standards." (Would not everyone do better on tests, for instance, without a time limit?) The counter argument is that, indeed, the bar is not "lowered"; rather, what is achieved is a "leveling of the playing field" allowing PWDs to "compete" with others. (This way the PWDs can, at least, complete the test and be judged as others are.)

So what does this have to do with Schneider? His memoir is unlike any others I have read with the possible exception of Temple Grandin, fellow autistic, (*Thinking in Pictures*, New York, NY: Random House, 1996). As a literature scholar, and even as a general reader, I (and most readers, I would imagine) expect certain things from a memoir: 1) an examination of the author's life (why write a memoir otherwise?); and 2) a "story" involving scenes, dialogue, flashback, character, etc. *Discovering My Autism* provides little of either.

At first, though, I thought I was not being fair. There are virtually no scenes or emotional drama in the book. Sure, we get brief glimpses of his work life, his misdiagnosis as a schizophrenic, his marriage, but no scenes. He writes, "I asked that MSW therapist what he thought my actual problem was; he replied that he didn't know. After about a year, he told me that he had come around to believe that I was probably schizophrenic" (p. 21). Most of the book reads like this, flat prose. As a creative writing or composition teacher might say, he "tells rather than shows."

But wait, I thought. Maybe I need to accommodate him. If his autism prevents him from experiencing emotion in the "normal" sense (or as Schneider calls the non-autistic throughout, NT, "neurologically typical"), then is it unfair of me, in a sense, not to accommodate his disability in my own reading practice? Should I try to understand his sense of the world and read the memoir with that in mind?

Those who are saying "yes" at this point might choose to stop reading this review. I tried, and mostly I can forgive his lack of emotional, dramatic, colorful prose. In writing of religion, for instance, he writes, "I have never felt the emotional exhilaration that people must feel when they have a `religious experience.'. . . The only thing that has moved me is the *reasonableness* [sic] of it all" (p. 73). Fine, no drawn-out confessional scene.

Where the memoir fails for me is at the genre level. Partway through the text the memoir stops being a memoir, for the most part, and metamorphoses into a manual on autism. Both stylistically (chapter headings such as "Grief," "Solitude and Loneliness," "Waxing Philosophical about Love Among the Non-Autistic") and literally, the memoir turns into little more than grand pronouncements about what it is like to have autism. In contemplating the question of marriage, Schneider writes:

Perhaps the most important question of all, to be asked of herself by a woman contemplating marriage to a man who is either blind or autistic, is this: How much does it count, in her own life, and for her sense of personal fulfillment, to have children of her own? If the answer is `a great deal,' then, perhaps, she should reconsider making such a marriage for herself. The problems with the autistic husband are rather subtle. First, even though he is physically able to see a dangerous situation, he very likely will not recognize it as such, which could leave a child exposed in a way similar to that of a blind father. There is a mitigating factor in my case. Even though I have found myself clueless about personal danger, I have found myself sensitive to danger to others" (p. 85).

Little personal reflexivity here and no illustrative example. Though he acknowledges his own type of autism, he writes largely as though he is speaking for all. If he were writing a journal such as John Hull's *On Sight and Insight* (Boston, MA: Oneworld Publications, 1997) or a manual, I might be more forgiving of his tone and the form of the memoir. As it stands, *Discovering My Autism* offers little in the way of a personal reflexive memoir.

Perhaps, going back to my accommodation analogy, you will argue that it is I who need to change my notion of what a memoir is. Maybe, but it seems to me that not holding him up to the same standards as an NT memoirist is the issue. Accommodation may change the method of how one accesses the playing field, but on the field one is still expected to play by the rules. To allow Schneider an "out" because of his disability seems, in a word, discriminatory.

So, yes, if you want, accommodate Schneider's disability, and adapt your reading practices. Still, he needs to reach the same goal of "an examined life" that other memoirs achieve. On that level, this memoir falls short.

Shapiro, Arthur. *Everybody Belongs: Changing Negative Attitudes toward Classmates with Disabilities*. New York, NY: Garland Publishing, Inc., 1999, 561 pages, $75.00 hardcover.

Reviewed by Sheila Saravanabhavan, Ed.D., Department of Education, Virginia State University.

The book *Everybody Belongs* by Arthur Shapiro provides answers to three important questions: how to change negative attitudes, how to influence school children to be positively inclined toward their peers with disabilities, and how to promote integration.

The answers to these three crucial questions are found within the six chapters that make up the book. Chapter One, "Why Change Attitudes," states how attitudes can be changed by the "development of cognitive sophistication through planned intervention based on an understanding of important learning principles" (p. 34). Chapter Two, "Issues of Language and Terminology," highlights the need to "eliminate words and expressions that stereotype persons with disabilities before we can fashion a truly inclusive environment" (p. 37). The chapter makes clear that language shapes thought and a shift to person-first language testifies to a more positive attitude toward individuals with disabilities. Chapter Three, "The Minority Group and Medical Model Paradigms," presents the need to view disability from an educational point of view rather than from a medical point of view.

Chapter Four, "Early Attitudes and Their Legacies," examines the treatment and segregation of individuals with disabilities and the more familiar current attitudes. The chapter reveals an "evolutionary progression suggesting how far our society has come in its acceptance, treatment, and integration of persons with disabilities" (p. 265). Chapter Five, "Disabilities and Commonsense Approaches," provides basic information on various disabling conditions as well as those common sense approaches for interacting with persons with disabilities (p. 267). Chapter Six, "Critical Educational Practices for Changing Negative Attitudes," presents experiential techniques such as role-playing, simulation activities, behavior rehearsing, etc. The chapter clearly indicates that, when students without disabilities participate in such diverse experiential activities, their attitudes are more than likely to change from negative to positive.

The goal of the book is simply this: "All people are valuable," "people are people with wide variations," and "negative attitudes can be changed" (p. 446). The theme "people are more alike than different" is well interwoven into all of the six chapters.

A special feature of the book is the resource section which includes lists of curriculum kits on disability awareness and prejudice reduction, audio visual resources for teaching disability awareness, disability organizations and self-help groups, books including juvenile books on disability, magazines relating to persons with disabilities, networks and cable stations, and state assistive technology programs.

Best practice is accomplished when values drive perspectives and attitudes. The book from cover to cover emphasizes the value, to "confront bigotry in all its ism forms." Everyone who reads the book will realize that, whatever differences may appear, the differences are not in kind, but only in degree. This realization is enough for the book to have achieved its goal.

Although there is an entire chapter on the use of appropriate language when referring to persons with disabilities, it is disappointing that the person-first language is not fully followed through in the book. Here and there, terms such as "disabled children," "disabled persons," and "handicapped friends" are found.

The book increases awareness of persons with disabilities as individuals first who are no longer seen as limited by their impairments, but who may require an accommodation or intervention to carry out their normal life activities.

Thone, Ruth Raymond. *Fat: A Fate Worse Than Death?* New York, NY: The Harrington Park Press, 1997, 229 pages, $39.95 hardcover, $19.95 softcover.

Reviewed by Beth Franks, Hobart & William Smith Colleges, Geneva, NY.

Where have all the good editors gone?

Apparently not to the Harrington Park Press. Someone there should have stopped Ruth Raymond Thone well before the middle of her first chapter.

Thone is angry, hurt, outraged, and sad about the way women's bodies are viewed especially as these bodies age or when they weigh more than the norm. She is particularly angry at how dismissive powerful men can be of women whose appearance does not conform to a fashion-magazine ideal. Although one does not question Thone's outrage, this quality is hardly adequate to sustain a reader's interest in a book of some 200 pages especially if what begins with anger ends in hypocrisy. For example, although Thone says she stands for defending a woman's right to age without embarrassment, she also pokes fun at an elderly pom-pom enthusiast. And it is hardly to her credit that she hastens to add that she herself had been a real high school cheerleader.

Furthermore, if a book is described on its back cover as "using statistics, research, anecdotes, and personal experiences" to combat our culture's obsession with women's appearances, discerning readers would expect to find more than anguish and anger inside. Perhaps Thone cannot be blamed for the cover claims; however, given her extensive diatribe against advertising, one would think that some care would have been taken to make the cover consistent with the contents.

Preoccupied by advertising, Western culture, herself, men (her husband in particular), skinny women, and, of course, Barbie, Thone interlards her expose of the tyranny of appearance with some of her favorite quotations. Her intention is to offer her readers encouraging words modeled on the format of Alcoholics Anonymous. Unfortunately, the effect is a confusing pastiche of criticism and homily. The first part of her book reads like a personal diary; the second like a loosely connected script for one of her workshops (Women, Weight, and Appearance). Without the descriptive talent of a Pepys or the depth of a Virginia Wolf, Thone's book can best be described as premature.

There is no question that appearance-driven aspects of our culture need to be challenged. But is a poorly formed challenge better than no challenge at all? If, in fact, Thone's book were the only argument against sexism, agism, and the treatment of women's bodies as objects, then one would have to say "yes"; but there are any number of gifted thinkers and writers who have laid a path before us. The fact that Thone mentions some of them is to her credit, but why waste time reading the snippets Thone has collected if you can read the complete thoughts of Rosemary Garland Thompson, Simi Linton, Kim Chernin, Marion Woodman, and Naomi Wolf to name only a few?

Books, articles, workshops, essays, or presentations that examine the character-eroding grip that our culture's obsession with appearance has on women are to be applauded. But when they embarrass their readers with personal confession, when they are annoyingly disorganized, and when the author has not yet learned to develop a sustained argument in print, they deserve a fate worse than death.

Tyler, Janet Siantz, and Mira, Mary P. *Traumatic Brain Injury in Children and Adolescents: A Sourcebook for Teachers and Other School Personnel*. (Second Edition). Austin, TX: Pro-ed, 1999, 161 pages, $26.00 softcover.

Reviewed by Nancy Vitalone-Raccaro, Ph.D., Assistant Professor, New York Medical College.

This book was specifically designed as a sourcebook for teachers and other school personnel who serve children with traumatic brain injury (TBI) in schools. *Traumatic Brain Injury in Children and Adolescents* hits the mark perfectly and should be required reading. It effectively and efficiently provides educators with the necessary requisite information to successfully meet the needs of students with TBI. Busy teachers and school personnel will find the book quick and easy to read, yet replete with valuable information. This characteristic should serve as a real incentive since the reader does not have to spend a great deal of time in order to gain knowledge. Each chapter is short and adheres to the same appealing format: presentation of information, a case study to edify content, then bulleted summary points.

The book translates medical information into language useful to educators. Practical suggestions, characteristics of TBI, short- and long-term effects of TBI, development of comprehensive programs, and planning for successful school maintenance are included. The annotated bibliography directs the reader to a variety of published materials offering additional information on TBI.

This reviewer particularly liked the appendices. They provide easily accessible and, possibly more importantly, practical information. For example, there is a physical facilities and planning checklist for schools, a case manager checklist for school reentry following TBI, a sample evaluation summary report, a sample neuropsychological report, and a glossary.

It is clearly apparent that the authors have considerable personal experience, both working directly with students with TBI and training educators and related service personnel to serve students with TBI. *Traumatic Brain Injury in Children and Adolescents* does not contain anything insubstantial. The forthright manner in which information is provided makes this book a great tool for teachers and other school personnel.

Tyler and Mira favor presenting lists with accompanying explanations to instruct the reader regarding specific points. Examples of such lists include critical elements that should be in place in schools before reentry, barriers that can impede successful school reintegration, dealing with behavior problems, and how schools can work with families of children with TBI. The comprehensive nature of the information contained in the book, coupled with the ease with which the information can be accessed, create a successful sourcebook that should not be overlooked by teachers and other school professionals who are responsible for serving children with TBI.

Willey, Liane Holliday. *Pretending to Be Normal: Living with Asperger's Syndrome*. London, England: Jessica Kingsley Publishers (Distributed by Taylor & Francis, Inc., 47 Runway Rd., Suite G, Levittown, PA 19057-4700; 1-800/821-8312), 1999, 175 pages, $17.95 softcover.

Reviewed by Patrick McDonagh, Concordia University, Montreal, Quebec, Canada.

This autobiographical narrative details the life of a woman with Asperger's Syndrome (AS), a mild form of autism. It focusses on the obstacles she confronts, her means of overcoming them, and her ultimate recognition and acceptance of her status as an "aspie." This emphasis on personal overcoming in this book, without critical analysis, steers the book's tone dangerously toward the Oprahesque. My response to it, thus, is decidedly ambivalent.

The author achieves what she sets out to do which is to describe her life with AS. We learn, both in her narrative and in the appendices on strategies for living with AS that conclude the final fifty pages of this book, that people with AS need: (a) supportive networks of family and friends who will accept them as they are with their idiosyncrasies (she recounts that, early in her relationship with her future husband, he told her "You are so weird," which gave her joy, she relates, because he recognized and accepted her difference); (b) some means of expressing themselves (which is why, she suggests, so many artists and academics seem to have AS characteristics); and (c) a way to structure their environment to help them function.

Willey makes little reference to the history of AS or its diagnostic criteria. However, the medical model lurks beneath the narrative in her willingness to assume responsibility for the disabling effects of AS. She describes situations where she credits her AS with creating anxiety: experiencing peer pressure to join a faculty choir, worrying about whether she needs to engage a pony ride when arranging a class party for her daughter, and being scolded by a supermarket employee for letting her youngest daughter (also an aspie) cover herself in groceries while in her shopping cart. But these examples illustrate a restrictive and hyper-normalizing social context.

Unfortunately, as far as I can tell from the book, Willey does not share this perspective. Her problem, she seems to suggest, lies in her alternative experience of reality. She does not identify her environment with any specificity although she does say that, at one point, she moved to Houston. It is not clear if she is still there, but I wonder if AS in Houston could be more disabling than AS in a less conservative city (like New York or Montreal, for instance). So, while her book details the actual day-to-day experience of life with AS, I wanted more critical analysis.

The book will be an aid for people who have AS and it may be even more useful for those who do not have it, but who are close to someone who does. But it does not explore the social environment critically and thus it effaces the very thing that makes AS a disability, rather than a series of interesting personality characteristics.

Books for Kids

Andrews, Jean F. *Hasta Luego, San Diego*. Washington, DC: Kendall Green Publications, 1991, 94 pages, $4.95 softcover.

Reviewed by Elizabeth Rogovsky, MSW, ABD, Mount Rainier, MD.

Hasta Luego, San Diego is the third in a series, The Flying Fingers Mysteries. The "flying fingers" alludes to fingers flying when signing and finger spelling. The Flying Fingers Mystery Club is composed of three members: Donald and his sister Susan plus Donald's friend Matt, who is deaf. This club solves mysteries. In this story, the mystery they tackle and solve involves the Lopez family and a pair of gang-gang cockatoos at the San Diego Zoo.

Very high marks are given for how deaf and interpreting issues are treated in the story. Brief and clear experiences and explanations of these issues are woven into the story line so that young readers learn while enjoying the story. A variety of situations into which the main characters get themselves lend ample opportunities for mini lessons on nuances related to deafness and interpreting.

A few low marks are given for several events that truly stretch credibility. In one situation the boys are seated next to each other at an emergency exit on a plane waiting on the runway for take-off. On a whim, the boys decide they want "fresh air" and proceed to open the window (using the emergency exit). Their first efforts yield no results so they stand to get more leverage in whooshing open the exit. First, it is highly unrealistic that ten-year old boys would believe that plane windows open and secondly that no one on the plane would notice their efforts to open the window.

In another situation a woman from Child Protective Services (CPS) comes with an interpreter to talk with the two families (Donald's and Matt's) about abuse that occurred in the Lopez family. My suspicion is that this event was worked into the story to educate about abuse and about using a professional interpreter. However, such confidential information would never be divulged by a CPS worker to non-family members in this manner. A simple sentence stating that the Lopez family requested a CPS worker to talk with Donald's and Matt's families would have lent more credibility to this situation.

Would I recommend this book for kids to read? Yes, it is packed with action, well paced, and has reliable and realistic deaf and interpreting experiences. Some events and adventures are slightly embellished in the book, but Nancy Drew also got into and out of tight scrapes. Donald and Matt seem to have a similar knack for adventure and solving mysteries.

Video Clips

Ibi, Keiko (Director/Producer). *The Personals: Improvisations on Romance in the Golden Years* [video]. Boston, MA: Fanlight Productions (4196 Washington St., Suite 2, Boston, MA 02131; 1-800/937-4113), 1999, 35 minutes, $195.00 purchase, $50.00/day rental.

Reviewed by Debra Sheets, Department of Health Sciences, California State University-Northridge, Northridge, CA.

The Personals is an Academy Award winning short documentary that explores loneliness, loss, and the never-ending longing for intimate relationships regardless of age. The video profiles a group of seniors rehearsing an original play in a community theater. The play is about seeking dates through the personal ads, a topic that provides considerable opportunity for humor and drama.

On stage, the drama group brings insight, laughter, and energy to their roles which are improvised and refined during the rehearsals. The roles reflect their real life problems dealing with chronic illness and disabling conditions. Off stage, the film maker's camera follows the individual members to their homes where they lead lonely and quiet lives. The editing of the film contrasts the lively drama group, which brings a sense of purpose and meaning to their activities, with the individual members who reflect on the absence of these qualities in their daily lives.

The seniors speak about their personal experiences with love and loss with extraordinary candor and they reveal sexual preferences that are strikingly diverse. However, the desire for love and meaning in their lives is evident in all and their cohesion as a drama group fills some of this void. Late in the video the continued existence of the drama group is threatened when they lose their director due to lack of funding.

Overall, the video paints a portrait of growing older that is bittersweet - elders increasingly aware their lives are finite and that many of their remaining moments are empty and lonely. The video can be highly recommended to all. The universal themes of loneliness, meaning, and love will resonate with most audiences.