

lates that mate selection is not random but rather is predicated on interplay between genetic factors and exterior features, such as status, physical attractiveness, personality traits, and attitudes. These factors interact throughout the course of the relationship.

In the final section, Fletcher explores sex, passion, and domestic violence, which he cites as challenges to the evolutionary and social psychological framework. He explores gender differences in sexuality, jealousy, and sexual orientation historically and through the lens of evolutionary de-

velopment. He compellingly confronts such conundrums as aggression, domestic violence, and culture in intimate relationships.

Fletcher has an accessible writing style and actively confronts several camps in this book: pop psychological stereotypes about relationships, social constructionist models, and feminist theoretical frameworks. Thus *The New Science of Intimate Relationships* is a thought-provoking, provocative, and challenging framework for social scientists and laypersons who are interested in exploring intimate relationships in-depth.

### **Combating AIDS: Communication Strategies in Action**

by Arvind Singhal and Everett M. Rogers; Thousand Oaks, California, Sage Publications, 2003, 426 pages, \$29.95 softcover

**Francine Cournois, M.D.**

**H**IV infection has been documented in virtually every country in the world, and the epicenter of the epidemic has moved to resource-poor countries. *Combating AIDS: Communication Strategies in Action* offers a broad perspective on attempts to contain this global HIV epidemic. Based on the authors' own work and experiences, the book examines primarily strategies adopted by Brazil, India, Kenya, South Africa, Thailand, and, to a lesser extent, Cambodia, Tanzania, Uganda, the United States, and Zambia.

The variability described by the authors in different geographic approaches lends itself to examination of many controversial questions, such as How does HIV break out of high-risk groups and enter the general population? What are the most effective population-based strategies for reducing HIV transmission? How can prevention be tailored to specific groups and local culture? How can communication theory and the media be used most effectively to convey

prevention messages? What governmental responses have helped or hindered in containing the epidemic and its impact? And, finally, What factors influence the manufacture and distribution of generic antiretroviral medications? The authors offer illuminating commentary on each of these questions, giving health and mental health researchers and clinicians an opportunity to step back from the heavily biomedical or clinical focus of their work and see its place in the larger global framework.

*Combating AIDS* strongly emphasizes the value of community involvement in creating innovative prevention approaches and reducing stigma. Its detailed account of how HIV first spreads among specific risk groups—for example, truck drivers, commercial sex workers, gay men, and intravenous drug users—and then makes its way into the larger population is particularly informative. The descriptions of entertainment and education programs shed light on how to make HIV-prevention messages engaging, fun, and even erotic. The value of ethnographic, qualitative, and participatory research methods is cogently presented, as is the argument for empowering local people in planning

their own change processes. The authors emphasize that biomedically dominated prevention programs focused on individual behavioral change are less effective than multidisciplinary approaches that incorporate the social sciences, a public health perspective, and communication theory. Moreover, approaches that involve local populations and their leaders have the best chance of engendering the political will and resources needed to fight this epidemic.

Structuring a narrative that has such ambitious goals is not an easy task. It is perhaps for this reason that I experienced the book as somewhat disjointed, jumping back and forth between countries and topics. And this is not a text that one can turn to for precise explanations of HIV-related medical approaches: the authors are not physicians, and this topic is not at the heart of what the book is about. But the reader who wants to learn about how governments, local communities, and communication science can be enlisted in the fight against HIV will find *Combating AIDS* to be a very rewarding read.

### **Regarding the Pain of Others**

by Susan Sontag; New York, Farrar, Straus and Giroux, 2003, 126 pages, \$20

**Maxine Harris, Ph.D.**

**I**n *Regarding the Pain of Others*, author Susan Sontag raises the compelling moral and intellectual question, What role do images of war and human suffering play in shaping our response to the pain of others? Do we become numbed to the pain as we watch the succession of images that scroll across the screen as we watch the evening news? Or do the

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images arouse in us a sense of compassion that leads—or at least has the possibility to lead—to constructive actions? Sontag's deep understanding of the photographer's art and reality serves as the backdrop for her discussion and the debate she invites the reader to join.

Even those of us who are not students of photographic art will find much to consider in this short and thoughtful essay. The role of the witness has significance for any clinician who works with men and women who have survived abuse or profound loss and trauma. And although the survivor rarely has a photographic account of the trauma, he or she often has a verbal or written record of lived pain and suffering. For many survivors of abuse, being able to tell one's story to a compassionate witness is often the beginning of the recovery process.

Sontag questions whether too many images of suffering will inure the viewer to the pain of others. Although this may be a risk for the reader leafing through a magazine and scanning pictures of war atrocities, it seems less likely to be the case when the witness is a clinician listening to the stories of trauma survivors. First, and most important, the clinician-witness has a relationship with the survivor who sits opposite him or her in the interview room. The survivor is not an anonymous other but a real person with a deeply personal story. What is stirred in the clinician is not indifference but, rather, what the Dalai Lama calls compassion, a desire to relieve the suffering of others. So stirring and profound can the effect on the clinician be that some have rightly raised questions about the vicarious traumatization that many clinicians experience just by the act of bearing witness.

Sontag legitimately points out that the purpose of some images is to shock the viewer, to disturb the complacency and obliviousness that characterizes much of the modern response to tragedy. And although some trauma survivors may tell their stories with an eye to the shock value of the tale, most do not. Instead, the

survivor tells the story in order to be heard and seen, to relieve some of the intense isolation and madness that surrounds the experience of abuse. The survivor wants to reach out and make contact with a person who might be able to understand and witness the pain. Sometimes the account results in action taken by the witness, but sometimes it merely builds a bridge out of loneliness and despair.

Perhaps the fundamental difference between the images that Sontag describes and the stories of abuse

that many clinicians hear and witness is that Sontag's images are not the product of the victim-survivors themselves but are the work of a third eye, a photographer who is telling someone else's story. When clinicians listen to the accounts of pain and suffering that trauma survivors bring into the consulting room, the clinic, or the hospital, they are witnessing the firsthand account of one who has lived through suffering, and that account can do nothing but arouse compassion and, hopefully, a desire to help.

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### **Intervening in Adolescent Problem Behavior: A Family-Centered Approach**

*by Thomas J. Dishion and Kate Kavanagh; New York, Guilford Press, 2003, 243 pages, \$35*

**Joanne Corbin, M.S.S., Ph.D.**

**I**n *Intervening in Adolescent Problem Behavior: A Family-Centered Approach*, Thomas J. Dishion and Kate Kavanagh summarize 15 years of developing and researching an ecological approach for working with adolescents with problem behaviors—the Adolescent Transitions Program. Adolescent behaviors for which this intervention is effective include delinquency, substance abuse, alcohol abuse, aggression, academic difficulties, and social skills deficits.

Specific chapters address the developmental and ecological theories used in the creation of this program. Several chapters focus on the articulation of the multiple levels of interventions in the program, such as a family resource center (universal level), a component supporting adolescents and families not yet at high risk (selected level), and a component addressing adolescents and families at high risk (indicated level).

Key messages throughout the

book include the importance of placing adolescent problem behaviors in a developmental framework, of planning interventions within the context of the family, and of actively using the broader social and academic systems that affect adolescent functioning.

Evaluation data on the program and related evidence-based studies are presented. The reader is invited to understand how modifications were made on the basis of the data—even negative data are shown to be meaningful to program decisions. The authors use their findings to discuss and dispute common treatment practices and beliefs, such as dose response, the preference for close adherence to a treatment manual or curriculum, the practice of a traditional clinical treatment “session,” and the recommendation of group work with adolescents.

One chapter addresses the methodologic issues encountered during data collection. Measurement issues such as parents' underreporting of adolescent problem behaviors or the tendency of teachers to rate African-American or non-white males as having a higher risk of

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