

nity organization, utilization of indigenous community resources, and empowerment. The book provides an overview of ethnomedical systems within the four ethnic groups along with the interface between therapy and these systems.

Part 3 addresses work with special populations within ethnic groups. The chapter on women contains an interesting exposition of historical circumstances relevant to women of various ethnic groups and also suggests that spiritual issues should be addressed for this population. Matters of poverty, health, dementia, depression, substance abuse, and discrimination, along with interventions and treatment approaches for ethnic-minority elderly, are included in this section.

Part 4 considers current epidemiology and historical factors related to substance abuse, along with treatment approaches and strategies for each of the four ethnic groups. An outstanding chapter on physical health links HIV risk behaviors with the different attitudes, beliefs, life styles, social networks, interactions with the health care system, societal forces, and living conditions of the four ethnic groups—for example, the effect of the Catholic Church's view of birth control and abortion on Latinas and the isolation of African-American gays from the larger gay subculture, which may limit access to HIV-AIDS information.

Elsewhere, contributors note that ethnic group status is a vulnerability factor for homelessness. Besides discussing problems of work with homeless ethnic groups, they suggest guidelines for interventions on societal, programmatic, and service delivery levels.

The final part of the text presents salient conundrums about treatment research, such as defining ethnicity, appropriately applying Western theories, obtaining enough research participants, using ideal research designs, controlling for confounding variables (such as ethnicity, class, and discrimination), and validating germane measures. Questions about research on efficacy of therapy with ethnic groups are raised, and topics of

service utilization, length of treatment, treatment outcome research, and the value of research for improving treatment are considered.

Contributors make the distressing observation that the overall ethnic representation in psychology hasn't changed significantly during the past decade. Barriers to education and training on the societal, community, institutional, departmental, programmatic, and individual levels are outlined, along with strategies for incorporating ethnic content and experiences into graduate and professional training programs. Although the number of curriculum courses and

training experiences in treating ethnic groups has increased, unfortunately the vast majority of training programs do not consider such training a requirement for graduation.

One strength of the text is its wide variety of important, current references. A weakness is the lack of any discussion of how the increased medical vulnerability of ethnic groups impacts on their mental health—for instance, the high prevalence of hypertension in some ethnic groups and the prevalence of multi-infarct dementia in their elderly. But overall, this publication is a very positive addition to the literature on cultural diversity.

Between Voice and Silence: Women and Girls, Race and Relationship

by Jill McLean Taylor, Carol Gilligan, and Amy M. Sullivan; Cambridge, Massachusetts, Harvard University Press, 1995, 253 pages, \$22

Maxine Harris, Ph.D.

In *Between Voice and Silence*, Taylor, Gilligan, and Sullivan apply the methodology they established in a series of earlier works, that of dedicated listening to girls' voices, to a multicultural group of 26 adolescent girls deemed to be at risk for school dropout or teenage pregnancy. Unlike the predominantly white, middle-class girls who were the subjects of their earlier studies, these girls experienced less pull to conform to mainstream ideals of femininity. Rather, they were influenced by other cultural agendas, those that were imparted by family members who were concerned with economic and social survival in an often hostile and racist environment. Nonetheless, during the three years in which they were interviewed, the girls evidenced some of the same "silencing" of their voices that had been observed in the groups of middle-class girls.

The authors address "at-risk" adolescents in their book; however, one cannot help but wonder how the themes of voice and silence play out in the lives of adult women, in particular those who

are socially and economically marginalized. What happens to a poor minority woman who is silenced either because she has lost access to her inner voice or because she is too afraid of losing what little she has by speaking out? Does she become the eventual resident of a shelter for battered women? Does she sink into depression under the weight of responsibilities she cannot possibly bear?

Taylor, Gilligan, and Sullivan do not take on these issues, but that is not their intent. Theirs is not a long-term, longitudinal study, although they do attempt an informational follow-up of the girls in the study. What we learn is that six of the 26 girls eventually did drop out of high school, and five became pregnant. When the authors attempted follow-up contact several years later, the six drop-outs were the hardest to find. One young woman spent some time on the streets; only one of the girls who became pregnant married the child's father; and one girl was a likely survivor of sexual abuse. The authors themselves risk breaking silence by asking what role sexual abuse and the misuse of girls by men has played in the societal col-

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lusion to drown out the voices of girls.

An equally compelling political question concerns what happens to those "at-risk" girls who refuse to be silenced. How does society contend with the poor, minority, disenfranchised woman who refuses to shut her "big mouth?"

The authors suggest that these women may experience even further marginalization in adulthood. Just how might that happen? Homeless shelters, mental hospitals, and prisons are filled with women who refused to be silent. In each of these institutions, from the most community based and lenient to the most structured and punitive, women who failed to be socialized into silence are given one more chance to

keep their mouths shut and behave like good girls. While in adolescence, these women had to choose between saying what they felt to be true and honoring their important relationships. Now they must choose between speaking out and maintaining shelter, liberty, and survival.

Perhaps the most interesting reading in the book comes from the authors' attempts to interweave their more personal work on issues of race and voice, culled from six weekend retreats over two years, with the stories of the adolescent girls. The parallel struggles of the girls and the authors highlight just how difficult it is for any of us to overcome the pressures to silence our true voices.

Meeting the Needs of Ethnic Minority Children: A Handbook for Professionals

edited by Kedar N. Dwivedi, D.P.M., F.R.C.Psych., and Ved P. Varma, Ph.D.; Bristol, Pennsylvania, Jessica Kingsley Publishers, 1996, 196 pages, \$24.95

Jeanne Spurlock, M.D.

Dwivedi and Varma have collected a series of 12 papers that address various aspects of cultural diversity that warrant understanding in the assessment and treatment of children with mental disorders. Although the setting is England and the focus is on ethnic minority children and families, the issues addressed are relevant to minority people of other countries, such as Canada and the U.S. Thus the volume should be of interest to a wide range of service providers in countries that have a sizeable immigrant or minority population or both. Of course, the matter of culture should be considered by service providers in the delivery of care for any individual.

In the introductory chapter Kedar Dwivedi addresses differences in cultural ideology and how these differences affect children and their fami-

lies as well as service providers and policy makers. Attention is also given to legislative acts that influence professional practice. Other contributors focus on single topics mentioned by Dwivedi. For example, Harish Mehra writes in chapter 6 on the impact of legislation in the United Kingdom, the Race Relations Act, on residential care for ethnic minority children.

A range of mental health services is discussed in several chapters, such as those on psychiatric needs of ethnic minority children; on children, families, and therapists; and on family therapy and ethnic minorities. The practice and value of community psychiatry are spelled out and well documented by Radha Dwivedi in a chapter on community and youth work with Asian women and girls.

Harry Zeitlin addresses a topic of particular interest and concern to professional groups in the United States, adoption of children from minority groups. Zeitlin's findings and conclusions are relevant to the work of all service providers working in the arena of foster care and adoption. Issues ad-

dressed in other chapters, such as antiracist strategies for educational performance and the health needs of children from ethnic minorities, are also relevant to a range of communities beyond the shores of England.

This volume should be a valuable addition to the libraries of mental health training programs as well as of individual service providers.

Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society

edited by Bessel A. van der Kolk, M.D., Alexander C. McFarlane, M.D., F.R.A.N.Z.C.P., and Lars Weisaeth, M.D., Ph.D.; New York City, Guilford Press, 1996, 596 pages, \$55

Daniel L. Breslin, M.D.

This book is a state-of-the-art compendium of knowledge about the psychiatric and social sequelae of traumatic experience. It includes the work of 33 contributors from the United States, Europe, Israel, and Australia and is divided into six sections: Background Issues and History; Acute Reactions; Adaptations to Trauma; Memory (mechanisms and processes); Developmental, Social, and Cultural Issues; and Treatment.

Much of the research reviewed in the book investigates the responses of individuals to natural disasters and to the large-scale disasters that are the products of human civilization, including warfare, accidents, and terrorist and other anonymous criminal assaults. There are both methodological and epidemiological reasons for this content. American psychiatry's encounter with returning Vietnam veterans was one of the direct stimuli for the creation of posttraumatic stress disorder (PTSD) as a diagnostic entity, and the military around the world continues to generate an ample

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