WOMAN TO WOMAN: A HANDBOOK FOR WOMEN NEWLY DIAGNOSED WITH BREAST CANCER. Hester Hill Schnipper and Joan Feinberg Berns. *New York: Avon Books, 1999, 146 pages, U.S. $12.00, Canada $18.00, paperback.*

All of life must be viewed through a double lens, that of possible future good health and that of possible future disaster. Learning to live well after breast cancer is a lesson in hope. (p. 114)

These are the words Hester Hill Schnipper uses to describe how she perceives the stressful challenge of living with breast cancer. Callan (1989) identified three primary themes of psychological adjustment that an individual processes while cognitively adapting to a threatening event: a search for meaning in the experience, an attempt to regain mastery over the event in particular and over one’s life more generally, and an effort to enhance one’s self-esteem—to feel good about oneself again despite the personal setback. All three themes of psychological adjustment Callan identified are incorporated within the content of Woman to Woman.

Both Schnipper and Berns used their personal lessons of maintaining hope after a diagnosis of breast cancer to develop Woman to Woman. Their book is structured to help women newly diagnosed with breast cancer to understand better their thoughts, feelings, and personal relationships as well as how to solve problems through the overwhelming course of treatment decisions, recovery, and survivorship. The content provides essential baseline information and advice that can help women begin to regain mastery over the event of receiving a diagnosis of breast cancer.

The Introduction reviews how the authors formalized their thoughts behind the development of the book, with an emphasis on the perspective of being a
survivor. They validate the emotional impact one can experience while addressing the initial search for meaning behind this personal event. The authors strongly encourage finding peer support as a means of taking care of oneself emotionally.

The focus of Chapter 2 is on what you should know and consider in choosing a treatment site, a treatment team, and complementary therapies. Practical tips and suggestions on how to ease some of the day-to-day stresses experienced during the time of diagnosis to treatment are covered in Chapter 3.

Chapter 4 addresses the impact a diagnosis of breast cancer has on one’s own personal relationships with a partner and children. The authors emphasize honest and open communication as the best advice in helping a partner or child begin to talk about the impact and perceived perceptions of the cancer experience on the family system. In addition, the chapter identifies important developmental issues for children of preschool age to adulthood that can help guide women in providing reassurance and promoting a greater understanding of the medical facts. The authors review multicultural issues and a few key issues confronting single women, with the emphasis on obtaining support from family, friends, and community resources.

Chapter 5 provides information on the primary treatments for breast cancer and practical tips to help manage the side effects of treatment. Chapter 6 addresses sexuality issues of adjusting to life after chemotherapy-induced menopause. This chapter outlines a comprehensive list of practical tips to help women manage the symptoms of menopause as well as methods to improve their sexual sensitivity. It addresses not only the sexuality issues that women want to know about once they are experiencing symptoms of menopause but how to feel good about themselves again as well.

The final chapter reinforces the message of hope and acceptance as a central component of survivorship. For readers who want additional information, the authors also provide a list of primary resources about breast cancer, Internet sites, guided imagery/stress-release tapes, and a bibliography of recommended readings.

The content of Woman to Woman is easy to read and appropriately written for women with newly diagnosed breast cancer. At the time of diagnosis, when women are most overwhelmed, the book provides a streamlined view of what information is important to know at that time. Although each chapter could be expanded, that additional level of information would cancel out the book’s primary purpose.

The authors are clear when pointing out their personal views and why they believe in their perspective. One strong view emphasized throughout the book is the importance and value of making a connection with other women who are surviving a diagnosis of breast cancer. Professionals should include Woman to
Woman in their patient library or recommended bibliography because it is appropriate to recommend routinely to women of all ages and ethnic backgrounds.

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**A PHYSICIAN’S GUIDE TO PAIN AND SYMPTOM MANAGEMENT IN CANCER PATIENTS.** Janet L. Abrahm. *Baltimore, MD: Johns Hopkins University Press, 2000, 432 pages, $21.50, paperback.*

*A Physicians Guide* is a book that models, in content and form, the expert, interdisciplinary, and multidimensional care that is at the core of the best oncology practice. It is a text that needs to be in offices and clinics and on hospital floors where clinicians can gain access to its wisdom and practical guidance as they go about the complex and important work of providing informed and compassionate care to cancer patients and their families.

Although the book is titled *A Physician’s Guide*, its contents are useful for all clinicians caring for patients. Members of oncology teams will find practical guidance, tools, algorithms, and case discussions on an array of topics reflecting Dr. Abrahm’s expertise in a multidimensional approach to management of pain and other symptoms. This text is an integrated discussion of the medical, psychosocial, cognitive, and spiritual aspects of caring for cancer patients and their families along the continuum of illness from diagnosis to death. Science and pharmacology are enriched by Dr. Abrahm’s expertise in such areas as communication, advanced care, and nonpharmacologic modalities. Case examples weave science with an understanding of the complexities of patients and families, with the result that readers learn state-of-the-art management of pain and other symptoms that integrates such variables as belief system, emotions, and culture.

One comes away from reading the book with a deeper appreciation of how unique and complex the physician’s role and responsibility are in such areas as
breaking bad news, advance care planning, decision making, and resuscitation discussions. A Physician’s Guide offers practical guidance, empathy, and a user-friendly format to help physicians carry out their role with expertise and compassion and, at the same time, encourages the integration of members of the interdisciplinary team to meet the multidimensional needs of patients and their families.

The book is divided into two parts: “Hidden Concerns, Unasked Questions” and “Pain Control and Symptom Management.” Part One lays the groundwork for Part Two by including three chapters focused on communication and concerns that need to be addressed along the illness continuum.

Chapter 1, “Early Days,” discusses breaking bad news and advance care planning and the reluctance of some physicians to engage in these areas. It includes suggestions regarding what to say and how to work with patients’ families. The author raises important points about confused use of language, which often heightens the distress during discussions concerning these issues. Included are sample living will and proxy forms. The chapter also describes conflict in end-of-life decision making and offers practical suggestions for working with such conflicts.

Chapter 2, “Helping Patients Accept Opioid Pain Medication,” includes such topics as fear of addiction, tolerance and side effects, religious barriers, and techniques to enhance adherence to treatment. There is an important discussion about “hidden patient agendas”: for example, guilt and denial as they relate to the expression and treatment of pain.

Chapter 3, “Approaching the End,” discusses components of “a good death,” avoiding patient abandonment, prioritizing symptoms from the patient’s, family’s, or physician’s perspective. Transitions to comfort care, hospice, and religious factors as they affect treatment decisions are explored. Also included are discussions about physician-assisted suicide and the important issue of “staff preservation.”

Part Two is a handbook with five chapters covering assessment and management of symptoms, pharmacologic and nonpharmacologic interventions, caring for patients at end of life, and bereavement issues. Each chapter begins with an outline of the topics to be covered and ends with a summary and a bibliography that is often grouped by subject and follows the order of discussions in the chapter. Practice points that summarize main concepts and interventions contribute to the book’s useability.

Chapter 4, “Assessing the Patient in Pain,” is a comprehensive discussion of basic principles of assessment, including patient self-reports, assessment tools, and the comprehensive evaluation of physical, psychological, social, financial, spiritual, and cultural variables. Cancer-related pain syndromes also are described. Tools, such as pain diaries, scales, and inventories, are included in the
chapter as well as specific questions that help to elucidate the multidimensional aspects of pain.

Chapter 5, “Pharmacologic Management of Cancer Pain,” includes comprehensive information about pharmacologic agents, including treatment of their side effects. In addition, anesthetic methods are discussed. There are sections focused on relief of pain in the elderly and in patients with substance abuse problems. Also included are common clinical situations, such as starting a patient on opioids, changing opioids or routes of delivery, and relieving excruciating pain. Educating a “recalcitrant” staff and bringing about organizational change are topics that reflect the author’s commitment to a comprehensive approach to improving the practice of professionals and institutions and the lives of patients. Multiple tables, guidelines, and practice points help the readers integrate theory into practice.

Chapter 6, “Nonpharmacologic Strategies for Pain and Symptom Management,” includes physical techniques, such as cold, heat, and massage, as well as a complete, practical discussion of cognitive behavioral techniques presented as adjuncts to pharmacologic management. Education and reassurance, diversion of attention, relaxation, hypnosis, and counseling also are discussed. The author provides a script to help practitioners to integrate techniques into their practice and suggests an approach to helping patients accept referral to clinicians for these interventions.

Chapter 7, “Managing Other Distressing Problems,” provides information on the assessment, impact, and management of anxiety and depression, gastrointestinal disturbances, respiratory problems, insomnia, weakness, fatigue, and other symptoms. A small section on hospice complements the more complete discussion of hospice in Chapter 3.

Chapter 8, “The Last Days . . . and The Bereaved,” includes components of care, support of family and team, and a symptom management guide for the dying patient. There are specific guidelines and practice points related to communication and support as well as tables that help physicians manage symptoms, such as delirium, death rattle, terminal agitation, and dyspnea. The section on the bereaved delineates phases of grief and mourning, provides practice points to support survivors, and includes sample letters and enclosures sent to grieving families. The chapter also includes a bereavement risk assessment tool.

The book ends with a comprehensive bibliography for physicians and clinicians that includes videos and websites. A separate bibliography for patients and families includes books, videos, websites, and databases as well as a list of organizations and support groups.

In summary, A Physician’s Guide is a wonderful tool for practitioners who work in the field of oncology, pain, palliative care, and end-of-life care. It weaves together expert holistic assessment and management of physical symp-
toms with such topics as communication, family dynamics, advance care planning, and decision making in a practical, understandable way. Dr. Abrahm has summarized thousands of pages of expertise and produced a text that has something to offer to the newest as well as experienced clinicians.

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HUMAN SERVICES TECHNOLOGY. Dick Schoech. Binghamton, NY: The Haworth Press, Inc., 1999, 439 pages, $49.95, paperback.

We are awash in technology. It has even changed the patois of our language. There was a time when chips were chocolate, webs were the work of spiders, computers were nerds who got A’s in math, and technology was the stuff scientists did in laboratories. Now, toys are computerized and chips are silicon wafers. Our cars, banking, televisions, and radios are computer enhanced and web enabled.

Unfortunately, routine advances in computing power have not reduced the difficulties of learning how to tell these machines what we want them to do. They are not mature technologies like television and the telephone, which are so easy to use they are practically invisible (Gershenfeld, 1999). Unlike our relationship with computing technology, our relationship with TVs and telephones is nonthreatening and effortless.

Yet few would deny that computing technology has a useful place in a social worker’s repertoire. It is the time and effort to maintain a working relationship with computing technology that gives us pause (Stoll, 1995). Dick Schoech, in his book Human Services Technology, takes a stand: Social workers need a strong commitment to both learning and using computer technology.

The book is a comprehensive overview of the major areas of computing technology that a professional social worker is likely to encounter or find useful in the work setting. This treatment of information technology, or IT as the
author refers to it, is composed of four major parts: computing basics and history, practical applications of IT in social work settings, design and implementation of IT, managing IT projects in the human services, plus a final chapter on future trends that are likely to affect the human services.

A prodigious work, *Human Services Technology* has 13 chapters and 439 pages. It is an encyclopedic covering of digital technology by an author who has been at the forefront of computing in social work for the last 20 years. No prior computing knowledge is assumed or needed to understand the concepts in the book.

A professor of social work at the University of Texas in Arlington, Schoech reassures the reader that the proper goal of computing technology is service to the missions of social work. He explains the workings of hardware and software by comparing them to older, more mature technical wonders, such as the automobile, the stereo, and the ubiquitous telephone. Although intended to be useful to social workers in any kind of setting, the book may be most useful to those in a position to introduce and have responsibility for IT in their setting.

The book is replete with charts, graphs, tables, drawings, and numerous references to familiar objects, such as city maps, that enhance the reader’s understanding of how computer chips do their magic, how software applications work, and how linked computers bring the extraordinary Worldwide Web to millions of homes.

Too often, however, the author lapses into technical nomenclature. This unfortunate tendency to explain how complicated digital machines and software work by merely listing their working parts does not enable understanding, it confounds it. Schoech seems to confuse the definition of a thing with how the thing works. Describing all the pieces of a car, to use one his analogies, says little about how it moves, though Schoech does do a good job of describing all the things one can do with that car.

The lapse into explanation by description of parts is, unfortunately, a much repeated strategy in *Human Services Technology*. It runs throughout the book and gives it a choppy, outline feeling—as if it were compiled from lecture notes. Worse, Part III, “Developing, Designing and Implementing IT,”’ is so dry, technical, and prone to classifications of knowledge that I found myself skimming, faster and faster. Lest I blame technology, these parts are equally divided between discussion of decision-making processes, hoary systems theory, management techniques, and, only later, technical topics.

However, the book also addresses the higher purpose of defining a comfortable role for IT in the busy social worker’s life. To this end, there is much to learn from the author and his years of experience sorting through the mound of available digital technology in search of what fits for social work.

Part I, “Basic Concepts and History,” is a two-chapter exploration of a usable philosophy of technology for human service workers. Scenarios are
drawn, case-study style, to illustrate how technology could work for the profession in real world situations. It is a clever and excellent handling of material and hands-on wisdom I have not found elsewhere.

Part II, “Applications of IT in the Human Services,” consists of three chapters about what software might be useful for social work. It provides brief overviews of word processing, spreadsheet, publishing, database, and speech-recognition software. One definition of software application after another is rolled out. Although the information generally is useful, the explanations vary from thorough to breezy.

Part III, “Designing, Developing and Implementing IT,” consists of six chapters of theoretical material on IT design and decision-making choices. It is less about available digital technology than about the sort of conceptualizing found in management theory and public administration. Its purpose seems to be to teach social workers who might need to introduce IT into their agencies how to define their needs methodologically and plan for the evaluation of their digital choices. The last two chapters, on database and networking technology, are insufficiently represented. The fascinating and straightforward concepts underlying database theory are presented in such a confusing and obfuscating manner that comprehension is foiled. The chapter on networking is too brief and laden with terminology to provide the reader with a clear grasp of the material.

Part IV, “Maintaining IT,” containing two chapters, is as strong as Part I. Evaluation of IT and future trends are covered here, and Schoech’s strengths as an experienced social scientist/technologist and as a visionary are again obvious. He succeeds in standing back from our current fixation with the technical and the Internet and offers a balanced view of the future—one in which technology is hidden, the dynamics of local and global networking recede, and the fruit of such connectedness is effortlessly enjoyed. A good social worker to the end, Schoech reflects on the dangers of technological inequality, the precarious and already apparent gap between those who have access to such power and those who do not.

Reader beware, however. This is a book of theory and description, not a how-to book of digital technology about the Web, the Internet (try Grohol’s manual of Internet resources on mental health instead), or any other aspect of IT. Although there are no practical help aids in Human Services Technology, the book is a flexible treatment of the subject, and the reader can skip about, picking and choosing which chapters are most interesting and useful. The writing style is always competent. An excellent cartoon on page 362 goes far in explaining the complexities of IT decision making.

I finished the book with a nagging concern about its intent and direction: why it is necessary to know how to design and implement IT and why it is necessary for social workers to know most of the book’s contents at all. The book
is an odd amalgam of technological overview and the implicit assumption that many social workers have the time, the technical orientation, or the administrative authority to direct such a massive undertaking as implementing a high-budget IT system.

The author’s assumptions seem rooted in the earlier days of computer use in our society. Then, the only people with access to IT were the technically inclined, self-taught workers willing to bring the new technology into the workplace. Well-trained computerists were either not available or in short supply. The “knowledge worker” (Drucker, 1994) did not exist, and IT had not been industrialized (Cass, 2000).

Now, opportunities for IT training abound and have given rise to technologists (Drucker, 1999), a new class of workers who are eminently more qualified to design and implement IT than are busy social workers trying to train and retrain (Schendler, 2000) in an alien realm. In many settings, the autonomy to implement a social worker-inspired system does not even exist. A full-service IT environment already has been installed and maintained by on-site computer professionals; no room remains, even for modifications.

Maybe serving two masters, social work and IT, is ill advised. Maybe we have come full circle to a more traditional role of advocate for our clients and our work environments. Perhaps the adversary is IT and those who design and implement it without consideration of social work priorities. In such a scenario, the knowledge needed is not how IT works or how it can be set up, but how to ensure that the installed IT serves social worker and client alike. The book is mute on these social, philosophical, political, and posturing dynamics.

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SMEARING THE QUEER: MEDICAL BIAS IN THE HEALTH CARE OF GAY MEN. Michael Scarce. New York: Harrington Park Press, 1999, 199 pages, $17.95, paperback.

In his foreword to Smearing the Queer, Eric Rofes, PhD, writer and long-time community organizer, states:

Thirty years after Stonewall and 20 years after our victorious efforts to transform the American Psychiatric Association’s stance on homosexuality, most writings on gay men’s health continue to treat gay men as public health outlaws. (p. xii)

It is from this apparently shared view that Michael Scarce, the 28-year-old writer, author, doctoral student, cultural critic, community activist, and emerging expert on gay health, sets out to challenge the currently accepted understandings of gay men’s health, stating that it is time for radical changes.

The book’s title represents a childhood game of Scarce’s based on a premise of violence against gays and

a larger ideology that positions gay male sexuality as something to be violated in a punitive fashion . . . situated on a border of sex and disease, embodied by resistance to taxonomy, and elusive in a fluidity of performances, identities, and representation . . . [where] homophobia and heterosexism throughout facets of health science converge at the two primary points of treatment and research as vehicles for smearing the queer both literally and figuratively. (p. 3)

In an interesting literary twist, he uses a different definition of the word smear to set a theme for each of the first three sections.

Section I is dedicated to the meaning of smear as a form of slander. In the single chapter in this section, he focuses almost exclusively on gay bowel syndrome, the first purportedly gay disease that preceded the identification of AIDS by several years and was originally reported in an article in the Journal of Homosexuality. With the recognition that physicians and researchers are themselves interpreting data through the values of the cultures of medical science from which they come, Scarce offers a compelling argument regarding science’s bias in identifying gay men as a disease-specific population in the first place. Through exhaustive research, he goes on to show how this first gay disease has been and continues to be used as medical evidence against gay men in struggles ranging from employment discrimination to adoption rights and “forces gay male bodies into positions of social, cultural, medical and political subordination” (p. 46).
Section II, composed of Chapters 2 and 3, uses the definition of smearing as the action of spreading a wet substance across a surface. These chapters look at female safer-sex technology and the unauthorized appropriation of these technologies by gay men for the benefit of safer anal-receptive intercourse.

Chapter 2 focuses on Reality, the female condom, a device that is applied internally as opposed to externally, thereby offering the receptive partner more control in the relationship, especially with regard to safer sex protection and this rising concern in light of the AIDS epidemic. Chapter 3 continues this line of exploration by focusing on protective creams or gels known as microbicides. Both chapters discuss the appropriateness of these technologies for safer anal intercourse and the denial of access and research because of politics and cultural bias.

Section III, consisting of two chapters, refers to the smear as a prepared medium for microscopic examination. For the oncology professional, Chapter 4 probably is the most relevant and interesting chapter in the book. It talks about an increase in the prevalence of anorectal cancers in populations of gay males who practice anal-receptive sex and draws a correlation between these practices and gay men with a history of human papillomavirus of the anus. Comparing the higher rates of anal cancer among gay and bisexual men to the rates of cervical cancer among women, Scarce offers compelling reasons to provide gay men access to Pap smears and other early detection devices, such as colposcopy, to find internal lesions. He then thoroughly exposes the many biased systems that currently preclude gay males from access to these technologies and suggests how gay men could benefit from the knowledge and progress produced by women’s health movements. Chapter 5 discusses new health technologies in the forms of drugs and devices, with a central focus on Viagra and the cultural and political responses it elicits when the drug becomes appropriated for use outside a narrowly defined set of sexual acts.

The concluding section, “Clearing the Smear,” consists of two chapters. One chapter includes a fictional, tongue-in-cheek, medical journal article titled “Heterocopulative Syndrome,” which is intended to reveal contradictions and biases built into the allegedly objective field of medical science.

I did find the book to be a bit strident at times, especially Scarce’s arguments against a wide spectrum of diverse viewpoints expressed by everyone from pundits of the religious right and gay and mainstream national media to Miss America. Yet, I was equally impressed by the author’s scholarly ability to synthesize a variety of ideas and to articulate a clear vision of what he believes needs to come about to effect change in the health care of gay men.

Overall, though, I am not sure whether the book will be particularly relevant to the overwhelming majority of professionals in psychosocial oncology. Although it offers an interesting look at the impact of cultural biases in the interpretation and outcomes of research and subsequent treatment goals, its specificity
to the gay male population will not resonate throughout the profession and the populations served. However, the one exception is Chapter 4, with its focus on the appropriation of female technologies, such as Pap smears and colposcopies, in the early detection of rising incidents of anal cancer among certain segments of the gay and bisexual male population. With the incidence of disease even higher among segments of HIV-positive men, professionals who work with this population indeed might be well served and duly informed by this book.

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