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frameworks that will point the way to help broaden the concept of personality. Suyemoto views identity as a subjective, self-created, self-organizing construct that focuses on active choice and the importance of the social world. While an important beginning, in my opinion, the nature of identity still needs fleshing out. Ballou et al. offer a first step by cataloguing, from the personal to the political and ecological, the range of theories and levels of analysis relevant to a feminist viewpoint. Both chapters will be difficult for readers unfamiliar with the constructs because the authors use abstract and idiosyncratic language and long and complicated sentence structure, and provide too few examples.

The second section of the book, "Psychopathology," contains chapters that analyze specific disorders. The authors initially define disorders using DSM diagnoses; however, they then critique these diagnoses for conceptual limitations. They discuss important factors ignored by DSM regarding diagnosis and treatment, and, in some cases they suggest alternative conceptualizations and interventions. These chapters provide an overview of important issues and current literature. Webster's chapter on somatoform and pain disorders and Chrisler and Johnston-Robledo's chapter on premenstrual syndrome and postpartum depression both capably review current literature and theories and discuss psychotherapy intervention issues when women have poorly understood physical conditions or bodily experiences. Rivera's chapter on the Chrysalis Program and Porter's work on diagnosing children and adolescents are especially strong in both clinical suggestions and grounding clinicians in an experiential starting point. Collins' chapter on alcohol and drug addiction and Sparks' chapter on depression and schizophrenia especially focus on connections between symptoms and the larger social context.

What is missing from the book? We don't have a theory of the body and of embodiment. The chapters on biology and bodily disorders catalogue what we don't know or understand or critique current theories. We don't have an alternative conceptual system to DSM that incorporates developmental, situational, and other factors into the description of a person in distress. However, the editors warn us that this is not a finished work: The state of the art is incomplete, in flux, and in need of further development. This book aims to be a cross-sectional snapshot of the current time and is a valuable resource for graduate students and professionals.

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DIVERSITY: SOCIAL REALITY, NOT POLITICAL CORRECTNESS

Teaching Gender and Multicultural Awareness: Resources for the Psychology Classroom. PHYLLIS BRONSTEIN AND KATHRYN QUINA (Eds). Washington DC: American Psychological Association, 2003. 360 pp., \$34.95 (paperback), ISBN 1-55798-991-5.

In their edited book, Bronstein and Quina work to inspire a philosophy of teaching that is inclusive and reflective of the diversity that constitutes our society. Their mission is to demonstrate how far our society has advanced in terms of addressing (and being able to address) more than just the White male experience, and to urge curriculum transformations to continue promoting the reality of our societal composition.

On the one hand, the authors clearly hit their mark. Their compilation of 25 chapters provides a wide array of insights into diverse experiences, backgrounds, and people. As a whole, the book offers invaluable classroom strategies that foster consideration of and exposure to diversity, and these strategies take the form of historical backgrounds, suggested dialogues, exercises, demonstrations and simulations, readings, and movies. The introduction by Bronstein and Quina provides a particularly nice overview of the authors' intent and Chapters 13 (by Connie Chan) and 15 (by De Las Fuentes, Baròn, and Vásquez) provide outstanding historical backgrounds and raise important considerations in teaching and including classroom materials on the experiences of Asian Americans and Latinos. Although not quite as compellingly written as the former two chapters, Chapters 16 through 20 were still convincing arguments for giving attention to American Indians and Alaska Natives; individuals of Jewish identity; individuals with disabilities; older adults; and individuals who are lesbian, gay, bisexual, or transexual.

As a whole, this book will undoubtedly lead teachers to reflect on the extent to which their individual teaching styles comprise diversity initiatives. Furthermore, it will equip them with information and ideas on how to go beyond their current pedagogies to enhance diversity initiatives. Finally, Chapters 15 and 22 reveal that if professors are themselves negligent in being inclusionary, graduate students can also use their voice and succeed in making departments aware of and respond to diversity needs.

On the other hand, I worry that many readers will view Bronstein and Quina's book as an instructional guide on how to be politically correct professors. Some of the chapters are not outstandingly written and provide class examples that are not at all novel (e.g., instructing students to write personal reactions to readings, critiquing publications for a research methods class) or are just plain unclear (e.g., Chapter 4 use of the photographic lens, Chapter 9 use of the fundamental attribution error).

For any book of this type (not just Bronstein and Quina's), there will always be forgotten, omitted groups and the definition of what constitutes diversity can become very subjective. For instance, this book has no chapters on groups such as Muslims, Indians (who get very little coverage in the chapter on Asian Americans and perhaps should as they have a unique history and experience), White women only, individuals who are poor, and those who are mentally ill. Why include groups that are numerically tiny (Chapter 17 suggests that less than one-third of 1% of the world population is Jewish) while omitting other groups that constitute much more significant representation? I am not suggesting that the experiences of those who identify as Jewish are unimportant; rather, I am questioning the basis by which one group is included and another is not. To be certain, Chapter 21 on Men and Masculinity (aren't the editors suggesting we go beyond this?) could easily be replaced with diversity within a more global context reflecting experiences, for instance, of Africans, Muslims, Canadians, or Australian aborigines.

The response I would suggest is that one class cannot simply be everything to everyone. One must draw the line somewhere and being too inclusive, at its extremes, can be more dangerous Reviews 269

than helpful to our field. First, we run the risk of fragmenting, rather than integrating our field. Second, we run the risk of overusing case studies, personal communications, and correlational data to build psychological conclusions. A major focus away from experimentation, in my opinion, would be a major catastrophe for our field. I propose that the answer is that we need more research on non-Caucasian groups. We must demand that research be more inclusive and creative about getting samples. We must also demand from our colleagues, our departments, and ourselves as a whole, a commitment to strive toward inclusion and diversity initiatives. As the foreword by Stanley Sue suggests, diversity is not actually political correctness; rather, it is a social reality.

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ANOREXIA: AN EXAMINATION OF CULTURAL HIERARCHIES IN A SELECT TREATMENT SETTING

Feeding Anorexia: Gender and Power at a Treatment Center, HELEN GREMILLION. Durham, NC: Duke University Press, 2003. 277 pp., \$21.95 (paperback), ISBN: 0-8223-3120-9.

In 1993–94 anthropologist Helen Gremillion spent 14 months as an observer-participant in an inpatient psychiatric unit located in a teaching and research hospital. This unit contained child and adolescent patients with a variety of diagnoses. Her interest was in those female patients who were diagnosed with anorexia nervosa. Gremillion followed 52 patients in treatment, attending group, individual, and family therapy sessions, and staff meetings, during which she conducted 146 interviews with patients, parents, and staff. She reported that at this treatment center, an estimated 80% of the patients were both middle-class and White. Of the patients she followed, 44 were Caucasian, 4 were Chicano, 2 were Japanese American, 1 was Filipino, and 1 was Chinese American.

Gremillion identified the purpose of her book as being "to situate psychiatric approaches to anorexia within certain powerful, problematic, and contradictory discourses that surround feminine identity and family life in the United States today" (p. 23). Although the book clearly situated the inpatient treatment of anorexia in one psychiatric unit and explored the promised discourses, several aspects of the book were of concern to me.

I was most concerned that this book was based on fieldwork conducted 10 years ago. With the passage of time, research findings, insurance companies, and health maintenance organizations have continued to impact inpatient treatment programs in terms of admission criteria, length of stay, and treatment practices. I found no indication of follow-up fieldwork to examine the relevance of the original observations.

Second, the author appeared to assume that the dynamics, hierarchies, and treatment routines observed in one psychiatric inpatient treatment unit represented most inpatient units that provide treatment for anorexia. Many points regarding treatment for anorexia and the culture at large seemed to rest on this premise. Perhaps her observations took place in a highly representative unit, but the author's arguments would have been more powerful and compelling had she observed in and reported on more than a single inpatient treatment setting.

I also had concerns about Gremillion's treatment recommendations. Without reviewing other psychological treatment approaches and without citing or discussing studies on efficacy or differences in delivery sites, she identified narrative therapy as holding potential for future direction in treatment improvement. Perhaps it does, but I found myself wondering how an anthropological observation of an inpatient psychiatric unit could yield such a specific recommendation and extensive description of one type of psychological approach to treatment (the author devotes the entire epilogue to narrative therapy). Given the fact that this study took place in one inpatient psychiatric unit, I had no way of knowing whether the author had been exposed to a variety of psychological treatment approaches for anorexia.

Inpatient treatment, by the very nature of being situated in a hospital setting, often emphasizes medical stabilization of patients. Treatment goals often focus on behavioral, physical, and physiological measures of change. Therefore, inpatient settings would probably not provide the opportunity to observe a variety of psychological approaches.

More important, this study was not designed to review the range of psychological approaches in the treatment of anorexia. The book focused on observed inpatient unit practices, how these reflected the culture at large, and how these practices might have had the potential to exacerbate chronicity. A discussion on the value of one psychological approach to anorexia would have been more productive in a book in which the author had reviewed and examined the efficacy of various psychological treatment approaches.

My final concern involved the method Gremillion used to protect staff privacy. The author stated that she sometimes created composite staff, altered quotations, and attributed words spoken by one person, to someone else. I found myself asking, what impact would ascribing a quote to someone other than the speaker have on working relationships on a unit? What impact might negative quotations have on relationships? Would altering quotations make readers question the veracity of all quotations? Perhaps the ideas could have been expressed without quotations and without the development of composite staff persons.

On the positive side, this book offers a thorough bibliography and commendable discussions of Western cultural demands on women and views of women. One noteworthy discourse is the review of the debate regarding sociocultural factors in the etiology of anorexia. The author succinctly captures the nuances of the debate without losing sight of the main point of agreement: "anorexia is culturally and historically situated and that so-called sociocultural factors play a role in its development and maintenance" (p. 26).

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