BOOK REVIEWS

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As the title suggests, this text was written for a wide range of practitioners and researchers. Two issues become immediately important to address when assessing the quality of an edited book: (a) the index and (b) the consistency of the quality and style of writing throughout.

First, researchers who pick up this book are not likely to read it from cover to cover, but rather read issues that are relevant to them. As a result, the index is of utmost importance. We tested the index and found it most useful. In fact, we found it better than most edited books we have reviewed.

Second, the editors have done an exceptional job in offering consistency in quality and style of the writing. Again, in our experience, they outperform most other edited volumes.

We see two major and somewhat serious problems. The first deals with research, while the second addresses an important practice issue.

After we read the research section, we felt confused. As a result, we reread the preface. The editors point out that the “research section includes cutting-edge projects that focus on relatively unexplored dimensions of reminiscence” (page xxv). Such material duplicates the purpose of journals such as Activities, Adaptation & Aging. If researchers were the intended audience, as the editors state, little is offered for them. If the authors of the research section address the following questions, they will offer a significant contribution to other researchers:

a. What are the most difficult variables to control in reminiscent research?

b. What methods have been used to successfully control for confounding variables?

c. How have past studies operationalized or measured key concepts in reminiscent research?

d. What are the ethical issues peculiar to reminiscent research?

Generally speaking, the authors and editors do not deliver what one might ordinarily expect from such a section. Scholarly journals are supposed to be cutting edge, while books should have more of a timeless quality. Most importantly, this section does not appear to satisfy the editors’ objectives that are articulated in the preface.

In terms of applications for practitioners, the editors do a thorough job
of addressing most of the main issues. However, we found one serious issue lacking. Most contemporary books that address an interventive strategy include a section on contraindications. Such sections are important for the obvious reason of "quality of care," but also for what lawyers call "risk management" or avoiding malpractice suits. Contraindications are tersely addressed in the theory section and in chapter 12. In an era of profound accountability, we find it strange that more attention was not given to contraindications. Here, the editors decided to go contrary to current trends.

The failure to address the issue of contraindications is not merely a criticism of this book, but rather an indictment of all clinical gerontologists. It is an issue that smacks of ageism. The point is that books on therapeutic intervention for children, young adults, and marriage counseling normally include a clearly written section on contraindications. Failure to include contraindications for intervention strategies for elderly populations seems to state, "It doesn't make any difference what we give 'em, they're going to die anyway. Let's give 'em anything!" This attitude is in much of the gerontology literature and not only in the work of Haight and Webster. We need to offer the same kind of systematic mental health services to elderly people as we do to other age cohorts.

Although the criticism leveled at the work of Haight and Webster may seem harsh, we generally like and recommend this book. It is consistently well-written and we suggest it for all academic libraries that have programs in gerontology, nursing, recreation, and social work.

Stephen M. Marson, PhD, ACSW
Pembroke State University

Toni E. Pipkin, BSW
St. Joseph Home Health Care