

of investigation for investigations which could yield more immediate results: "Many negative aspects and inconsistencies found in medical science, and absent from other natural sciences were the result of the pressure of medical practice on the science of pathology" (p. 41).

Zygmunt Kramsztyk founded the journal *Medical Critique* which was in circulation for 11 years. According to Löwy Kramsztyk believed that physicians should be aware "of the two principal dangers besetting the medical profession: the routine application of treatments, and the blind following of the latest fashion. Those two dangers, quite different at first sight, are in fact, Kramsztyk affirmed, two sides of the same coin. Both result from an over-confidence in authority, from lack of critical thinking, and from an inability to learn from one's experience" (p. 130). The aim of *Medical Critique* was precisely to create a forum for such critical discussions and thinking.

Interestingly enough, as Professor Löwy points out, this emphasis on clinical practice and crucial thinking disappears

after a few years and is associated with the professionalisation of the field. The next generation of philosophically interested physicians in Poland introduced more traditional approaches to the philosophy and history of medicine. This is reflected in the journal *Archives of History of Medicine* and the establishment of academic chairs in philosophy and history of medicine. Consequently, there was also a loss of interest in the kinds of questions asked by these early physician-philosophers. This, it seems to me, shows that the developing field of philosophy of medicine today needs to keep in close contact with clinical practice if it is to address some of the really important theoretical questions facing modern medicine.

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Perspectives on Mental Handicap in South Africa, edited by SUSAN LEA and DON FOSTER

Perspectives on Mental Handicap in South Africa is a comprehensive and fascinating look at the status of mental handicap in a country persistently visible on the international scene for ostensibly very different reasons. Part history, part textbook, part polemic, the book challenges this safe and comfortable traditional separation between science and politics, on the contrary arguing that the two are inextricably mingled. For all of us who live in socioeconomically, ethnically and culturally diverse societies, the book provides a window onto a vista where the logical conclusions of such racial and economic separatism and inequality are enacted daily. In their vociferous acknowledgement of the connections between apartheid and racism on the one hand, and the assessment and treatment of mentally handicapped persons on the other, the authors take a radical and courageous leap. In perusing the text, it becomes abundantly clear how race and disability interact to perpetuate limitations and violations of human rights among this segment of the population.

What has been referred to elsewhere as the double stigma [1] of disability among racial and ethnic minorities is illustrated with crystalline clarity in South Africa, because of its (up to very recently) official policies and practices separating the races. The statistics and descriptions presented in the text provide irrefutable evidence that whites receive the most prolific and the most contemporary services for mental disability, while blacks are fortunate to receive any services at all. Shockingly, until quite recently, legislation specifically excluded black children from receiving any rehabilitation or educational intervention for mild mental handicap.

Because of apartheid, South Africa is saddled with an almost intolerable systemic redundancy in its efforts to provide separate and inevitably unequal service to the four racial categories of its society. A true bureaucratic nightmare exists, with extensive partialization of services, outright duplication, and lack of efficiency. Often, when money is allocated, it goes into impressive building programs, rather than less tangible but perhaps more valuable programmatic and staff development. Not only are social services extremely fragmented, but there are large holes in terms of the services actually provided, especially to nonwhite groups. One of the inescapable consequences of a racist state is this differential allocation of resources and facilities among the various racial groups. In a similar vein, it becomes apparent how a seemingly creative concept such as privatization, supposedly introduced to circumvent the cumbersome obstacles of government bureaucracies, becomes simply another tool to reinforce existing racist practices.

A few of the chapters are particularly worthy of note. In Chap. 2, Don Foster provides what is probably a unique history of mentally handicap in South Africa, beginning in the early part of the nineteenth century. He challenges the conventional wisdom that this history illustrates a steady progression from oppression to enlightenment in the understanding and care of mental handicap. Rather, he uses an historical perspective to document how issues of power, politics, and control are consistently manifest in the changing policies and practices toward mentally disabled individuals. An underlying theme of this chapter is the way in which supposedly objective and scientific classification and categorization systems may be bent to serve political aims.

This latter insight receives careful scrutiny in a subsequent chapter, in which authors Jeremy Davidson and Beverly Dickman tackle the contentious issue of assessment. In particular, they assert that while psychological assessment can serve a valuable function, overreliance on the IQ measure to determine eligibility for education, training, and other resources is shortsighted and, given the biases of IQ testing, inherently unfair. Many of the intelligence tests used in South Africa, for example, were normed on whites only samples. The authors observe that frequently such testing is unproductive, because it is not tied to specific intervention, but simply results in stigmatization. The profession of psychology itself is indicted, as the authors recall work done during the 1930s to provide a scientific basis for the prevalent assumption of black intellectual inferiority. Similarly, several local intelligence tests were developed that perpetuated racial stereotypes. In their conclusion, the authors recommend functional assessment of coping skills and adaptive behavior, irrespective of race, as a more useful testing alternative.

In an excellent chapter on psychosocial aspects of disability, Susan Lea presents two divergent explanatory models for mental disability, the 'personal tragedy theory' and the 'social oppression theory'. Strongly influenced by social constructivist thinkers [2, 3], Lea encourages us to acknowledge the extent to which mental retardation is the product of social judgments, biases, and conventional consensus. She questions traditional efforts to medicalise and personalise disability, instead emphasizing how the concept of mental handicap can become an expression of power, oppression, and social control. Echoing the voices of many who are themselves mentally disabled, she observes that the stigma of labelling may be the greatest disability faced by the mentally handicapped individual. Lea is particularly concerned with 'voice', and makes a strong case for more research that takes an ethnographic approach to persons who are mentally disabled, by directly eliciting their concerns, needs, and

recommendations. Lea worries that the 'expertise' applied so unrelentingly to the condition of mentally disabled persons may be patronizing and distorting. She points out that even such apparently beneficial concepts such as mainstreaming remain by and large in the hands of professionals, often omitting the much-needed feedback loop of how those mainstreamed, and their families, respond to the experience. Lea also observes that most efforts in the direction of normalization are still directed primarily at white clients.

In a final section, Lea addresses with sensitivity and insight the problems of families of individuals who are mentally handicapped. She makes reference to what has elsewhere been called the spread effect, or the tendency of stigma to extend throughout the client's entire family [4]. She nicely distinguishes between professionals' tendency to distance emotionally from such families by labeling them as extraordinary and pathological; and the families' own perception that they are essentially ordinary people capable of positive coping and adaptation no different than any other family faced with stress and difficulties. In this analysis, Lea highlights how the bias of the investigator (i.e. the assumption of pathology) can lead to skewed findings that reflect the study's misconceptions more than the research subjects' realities.

One especially interesting chapter by Julian Sleight describes the pioneering efforts of the Austrian Karl Konig, who transplanted an innovative residential community for mentally retarded children and young adults called the Camphill centers to South African soil. Based on the anthroposophical writings of Rudolf Steiner, these communities, which emphasize the worth and uniqueness of the individual, incorporate a self-sufficient ethic in a village-like atmosphere. Disappointingly, even this free-thinking experiment has been largely limited to the white segment of the population.

The editors/authors criticize previous research efforts in the field of mental disability on several counts, the first being an obstinate rootedness in the medical model, which is more comfortable defining mental handicap as an individual tragedy rather than as a social construction. Secondly, they comment that most work in the field ignores historical data, and is not theory driven. Historical omissions enable us to ignore important patterns of interrelatedness between social developments and attitudes toward mental handicap. Absence of theory forces us to be preoccupied with specific at the expense of insight into contextual forces which may provide more authentic explanations for the phenomena we observe. Finally, few researchers have investigated specific interactions between mentally handicapped individuals and the society in which they must function and survive.

Throughout the book, four major themes are advanced. The first is that the racist policies of apartheid have had pervasive and unavoidable discriminatory implications for individuals with mental handicap. Second is the conviction that responsibility for services for such individuals should lie with a centralized national health service, rather than current private developments, because of the potential in the latter for abuse and inequality. The third issue raises concerns about the need to establish and protect human rights for mentally handicapped persons, regardless of race, class or economic level. The editors' final theme contrasts historical trends toward incarceration and institutionalization with the more recent movement toward deinstitutionalization and normalization, but pessimistically cautions that the latter are likely to be stifled by the contextual pressures of South African society.

The editors/authors argue convincingly that societal responses to mental handicap are determined in large part by issues of power and social regulation. For example, under the law, mentally ill and mentally handicapped individuals are treated equivalently. In the opinion of the authors (Davis and Foster), the weight of the law comes down too heavily on the side of social control, and pays insufficient attention to protection of human rights of individuals who are mentally

disabled. Similarly, it is observed that psychologists and other experts are granted extraordinary power in making ultimate determinations regarding the lives of mentally handicapped individuals. The supremacy of the medical model is presented as further evidence of an approach that tends to diminish and dehumanize the recipient of services. Medicalization of mental handicap has resulted in an extensive system of classification and categorization which purports to convey a complete identity to the client, but is inherently limiting and distorting.

This is a book with an agenda, and the agenda is, by any definition, a revolutionary one. Once mentally handicapped individuals are viewed from the 'politically correct' perspective of an oppressed minority group, there are profound implications for issues such as diagnosis, prognosis, intervention, education, and the allocation and management of resources. At times the narrative seems somewhat strident in tone, and might have benefitted by the inclusion of a rebuttal, or alternative perspective, as well. Perhaps more surprising, in light of the authors' stated biases in favor of discovering the 'voice' of disabled persons and their families, is the omission of any personal narrative or commentary from such individuals. To their credit, the authors themselves are aware of this oversight, and note the difficulty of executing such a project. Yet it is in this area that some of the fundamental dilemmas of a social constructivist analysis of mental handicap become evident. To give credence to an approach which claims to empower and destigmatize mentally handicapped persons, inclusion of their voices becomes essential. That the authors have found no way to accomplish this objective significantly limits the power of their arguments.

A further criticism is that at times the social constructivist analysis is often little more than an unexpurgated application of Thomas Szasz' [5] and R. D. Laing's [6] radical reinterpretations of mental illness to the sphere of mental handicap. In the twenty odd years since these interpretations achieved popularity, their own distortions, insensitivities, and plain wrongness have become all too evident. In adopting such extreme positions, without sufficiently differentiating, for example, between individuals with mild and profound mental retardation, the authors risk a loss of credibility.

The book concludes with a series of 'fundamental' and 'transformative' recommendations including centralization of planning and administrations, improved resources, and innovative approaches to training and research. In all these conclusions, the book attacks conventional racist, social control constructions which limit the rights and humanity of the individuals with mental disability they are supposed to serve. One hopes that in the current climate of tumultuous change and upheaval in South Africa today, the authors' recommendations will be met with tolerance and respect.

The most potentially disappointing (and clearly unintended) consequence of *Perspectives on Mental Handicap* would be that if it were to give those of us living in countries other than South Africa reason to be self-congratulatory. Although in its specifics, compared to other countries' approaches to mental handicap, there are clear differences of both degree and kind, at the level of its most fundamental, core concerns, we are not contemplating a sociomedical oddity produced by the bizarre systemic intricacies of apartheid. Rather, we are looking in a mirror, and if we are wise, we will see ourselves reflected there.

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