

object reciprocally affect and develop one another." I was particularly taken with Gadow's presentation of the "symbols" of aging as opposed to the "facts" of aging; when the skin wrinkles and memory "winds around itself," Gadow sees these phenomena as expressions of reality's becoming "many-layered, folded upon itself, woven and richly textured." What a fresh and meaningful way to view the beauties of old age!

In the final essay, Edmund Pellegrino explores the modern experience of illness, and the obligations of the caregiver. In the age of technology and "modern medicine" the common reaction to illness ("Why me?") is reinforced by an expectation of some kind of magic pill to make it all go away. *Homo patiens*, he writes, is wounded, vulnerable, and in need of help. The healer or caregiver, whether health professional, hospital, or government agency, has a moral obligation beyond the obvious ones of competence and honesty: they must "assist the patient to recover as much as possible the freedom . . . lost by the fact of illness."

Viewing illness as vulnerability, and relationships between the ill and healers as inherently unequal, places a moral burden on healers to redress this inequality in every possible way. This, essentially is what all of the writers are saying in this benchmark book of collected essays. It is highly rewarding reading.

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Heart to Heart: A Manual of Nutrition Counseling for the Reduction of Cardiovascular Disease Risk Factors

NIH Publication No. 83-1528,
Constance Raab and Jeanne Tillotson, eds.,
U.S. Department of Health and Human Services,
National Institutes of Health,
Bethesda, Maryland, 1983

The National Heart, Lung, and Blood Institute (NHLBI) presents this manual of practical ideas and information to those who are or wish to be involved in nutritional counseling with patients at risk for or who already have cardiovascular disease. *Heart to Heart* is a result of recommendations made at the Nutrition Behavioral Research Conference (1975) and the NHLBI Working Conference on Health Behavior (1975). The manual is a product of a pilot series of nutrition counseling workshops developed by NHLBI and the American Heart Association (1978-1981).

The editors point out that this manual is designed to be a source of self-help and information, with the

understanding that it will never take the place of in-depth academic education and training. The nutrition counselor should consider the manual as a way to get started toward learning to help patients to more effectively change their eating habits.

The first chapter is a short overview on good nutrition counseling; the second chapter leaves generalizations behind and concentrates on the details of nutrition assessment and monitoring. The chapter includes a short review of treatment regimens, anticipating that the patient may raise questions regarding treatment he was hesitant to raise with his physician. Some of the issues included are: alcohol and LDL cholesterol, salt and blood pressure, and the applicability of a lipid-lowering diet for all family members. In addition, the chapter includes sample forms with suggestions for obtaining information prior to the first visit and self-monitoring forms for recording the diet following counseling. The authors explain the Food Record Rating, a method of assessing the patient's average daily intake of fat and cholesterol and the relative effect of specific changes in eating habits on the accomplishing of the long-term goal—a fat modified diet.

The chapter on practical nutrition-counseling guidelines and skills includes nine sections based on counseling principles, concluding with a checklist for adherence potential. The checklist includes a section for noting progress the patient has made and problem areas. There is a chapter with recommendations for effective nutrition counseling in groups, followed by a short chapter with suggestions for improving counseling skills on the job. A counseling competency checklist concludes the manual. Two appendices include a list of readings on eating behavior change, and a list of sources for patient-education materials with a checklist for assessing patient-education materials. In addition to the readings listed in Appendix A, each chapter has a bibliography which will prove a valuable addition to the files of anyone concerned with compliance and dietary counseling.

The manual clearly will be useful to nutritionists and dietitians engaged in any diet counseling, not just that focused on the reduction of cardiovascular disease risk factors. The counseling principles discussed will be well known to health educators but I suspect this group will nonetheless find the context of the discussion interesting and useful. The section on assessment and monitoring will be valuable to both dietitians and health educators; the forms alone are worth the effort spent in obtaining a copy. The material is well-organized and to the point. The reader is not only encouraged to be an effective counselor, he is presented with concise suggestions and tools to measure the patient's success in changing diet behavior and to assess counseling skill.

Single free copies are available from: Public Inquiries and Reports Branch, Box HH, National Heart, Lung,

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The Art of Helping

Robert R. Charkhuff,
Human Resources Development Press, Inc.,
Amherst, Massachusetts, 1983 (fifth edition)

Charkhuff has developed a text that is useful both to patient educators and to instructors of patient educators. He has packed into less than three hundred easily read pages a guide to the helping process which is both concrete and practical. By establishing criteria for each level of helping, the process is readily subjected to evaluation. Helping is the term used to indicate the interaction of client and provider which leads to change and personal growth.

The helping process is described as four phases with levels of helping activities and helpee behaviors listed for each phase. Level one, *nonattending*, is a separate behavior. The prephase of helping includes level two, *attending activities*, which include preparation of one's self, the environment, information, and support of the helpee; the helpee's behavior at this level is *involvement*. Phase I of the process includes level three, *responding*, which is appropriately reacting to the content, feelings, and meaning of the helpee's message; the corresponding helpee activity is one of *exploring*. Phase II refers to more specific activities with level-four helper activities of *personalization* and helpee behaviors of *understanding*; this is where future goals are established. The third and final phase includes level-five helper activities of *initiating* and helpee behaviors of *acting*.

Each phase and the corresponding level of activity is broken down into think steps and specific activities. For example, the last phase, with the activities of initiating and behaviors of acting, would include scrutiny of each dimension of goal achievement. Think steps include defining the components, the various functions, the process, the conditions, and the standards of goal achievement. The program is further broken down into small steps of activity. As with all behavior modification, reinforcements are selected for these activities. Also, feedback and recycling are discussed as an integral part of the process.

The use of this process in group settings is given special attention. The necessity of helping both the individual and the group as a whole is discussed. An additional dimension, "teaching as treatment" (TAT), is introduced for group settings. This involves teaching

the helpee coping skills for future use. Again the process is clearly delineated for the reader.

This material, which could be a very tedious reading experience, is in fact presented in deceptively simple and readable text. The use of well placed bold print, graphics, illustrations, and diagrams emphasizes content very well. Examples of skilled and unskilled helping dialogues clarify meanings. The presentation of the material is as dynamic as the process being described.

The author summarizes by listing research that supports the notion that skilled intervention can and does create positive changes. This notion holds true for all helping professions. While no model can fit every situation, this book can contribute to the skill of practitioners and instructors in the area of patient education.

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Selfwatching. Addictions, Habits, Compulsions: What to Do about Them

Ray Hodgson and Peter Miller,
Facts on File, Inc., New York, 1983

Attempting to break a problem habit like smoking or overeating is a constant battle for many of us. This book presents what may be a very effective measure of controlling problem habits such as these. The authors, who are experienced psychologists, maintain that there is a simple and well-proven set of techniques by which to combat a wide variety of habits, addictions, and compulsions, from smoking to severe sexual obsessions. This set of techniques—collectively called "selfwatching"—combines data from clinical observations and from the experiences of qualified psychologists with meditational and relaxation techniques. Selfwatching basically involves learning to identify factors in one's day-to-day experiences that support motivation and morale, as well as learning specific techniques by which to avoid or modify negative influences.

Examples of selfwatching techniques, data from clinical observations and from historical and recent experiences, and theories and research of qualified psychologists are presented in the form of excerpts from actual case histories and research reports, and through realistic pictures relating to the identified problem behaviors. This format makes the book of practical use to health practitioners who aim to help clients change problem habits in order to improve or maintain life. This format also lends itself to practical use by readers outside the health profession who are interested in self-health care.

The first chapter briefly reviews ways human beings learn behavior and acquire and deploy skills in manag-