

pregnant women was hazardous: their effects were passed on to the fetus; certain features of a pregnant woman's physiology made the drug therapy more hazardous than for non-pregnant patients; and since labour lasted longer than surgery, more drugs were needed which itself was a complication. The perception of these difficulties was heightened because pregnancy was seen as a non-healthy state, to be handled by medical personnel.

Drugs in childbirth made patient participation difficult and this led to more intervention so that physicians could monitor the progress of the delivery. Because drugs were viewed as hazardous, pregnancy was increasingly seen as dangerous which may not have helped women any, but certainly increased the status of obstetricians. By providing doctors with more activity they also relieved the boredom of childbirth from the physician's perspective. Along with drugs arose an entire retinue of procedures: forcep delivery, episiotomy, the early removal of the placenta, and Caesarean sections.

Although women may have demanded the use of drugs to reduce pain, they had not demanded total immobility. Many were discovering that if motherhood was the fulfillment of their lives as women, the childbirth experience as presented to them in hospitals was a less than auspicious beginning to it. The result was the demand not only to eliminate pain but to provide pleasure in the childbirth experience. By the 1950s, the mind/body link had been reestablished. "The physician who treated women for their reproductive problems was also treating their minds since so much of the symptomatology encountered in these patients was of 'purely mental origin.'" (59) Such an attitude was based on the work of Helene Deutsch who maintained that "the center of a woman's mental and emotional life lay in her reproductive organs." (58) The wisdom of the nineteenth century had been reinvented. Because childbirth involved body and mind, physicians now had to monitor both.

With the stress of the psychological, attention was paid to the fear of pain in childbirth. Grantly Dick-Read, a British obstetrician, was the main proponent of eliminating this fear through natural childbirth. Advocates argued that it was safer than drug controlled birth and it allowed women to participate. Critics accused it of rejecting physicians and science. Needless to say, in the U.S., natural childbirth became Americanized. Drugs continued to be used, but not to the same degree. American medicine simply could not accept non-intervention, for too many physicians, pregnancy itself was an abnormal condition. Natural childbirth in turn was refined by the Lamaze method which not only placed women at the centre of the childbirth experience, as did natural childbirth, but also put her in control of her pain. Or at least some pain for Lamaze ignored, as did all the rest, the pains accompanying afterbirth, episiotomy, and breast engorgement. It did, however, shift the focus to the pleasure of childbirth and recognized that pain was both physical and mental. Nevertheless, it still left doctors overseeing childbirth.

*Pain, Pleasure, and American Childbirth* is an excellent study. It reveals the way in which the medical profession has maintained control of the childbirth experience. It analyzes the consequences of our search to alleviate pain in society. Pain is to be ostracized from childbirth. Those feeling it have failed in the twentieth century search for pleasure.

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**Small Expectations. Society's Betrayal of Older Women.** Leah Cohen. *Toronto: McClelland and Stewart, 1984. Pp. 228.*

This book examines how older women are treated in our society and seeks to expose the great injustices they suffer. Cohen wishes to en-

courage older women to speak openly about their lives, their deprivations, and their outrage. It was spurred by the death of the author's grandmother and is based on Cohen's personal experiences and interviews with 250 women over a span of four years.

The first five chapters, spanning 146 of the 209 pages of text, focus on what the author perceives as the exceptionally disadvantaged and negative experiences of older women in society. The underlying theme of these chapters is that old women experience the double whammy of ageism and sexism. Women in our society are valued for sex, so as they age they are devalued. Ours is a youth centered and couple oriented society.

One of the chapters deals with housing, which is linked to poverty and women's financial dependence. She has a major emphasis here on institutionalization and the creation of dependency. Another chapter is devoted to violence in the family, in institutions, and by home care providers and volunteers. A separate chapter is devoted to finances and pensions and it is noted that not only are older women discriminated against in terms of finding employment, but that the CPP and QPP are tied to paid labour, thereby excluding most women.

I have no quarrel with most of the points made in these first five chapters. It is noted that the problem for women starts young in life because they are socialized to be passive and dependent, the characteristics which leave them disadvantaged in old age. The author notes there should be an emphasis on achievement and development, but society does not teach us to be this way.

The book is easy to read, although not particularly well-written. There is an overreliance on quotes. Frequently after wading through numerous long quotes, the commentary by the author adds nothing.

In addition, sentences provide various statistics or mention studies without adequate references in most instances. For example, we are told on page 9 that 15% of women termed senile, suffer from over medication, under stimulation, and rejection. Without denying that some individuals diagnosed as senile are not suffering from senile dementia, there is absolutely no support provided for its validity. On page 58 we are told that researchers tend to study the captive institutionalized audiences and then to generalize from those in institutions, to claim that all elderly are frail, dependent, infantile, and incompetent. While not denying researchers' many human faults, it has been a number of years since this particular criticism could be considered valid. Indeed, much and probably most current research in North America includes community living elderly individuals. This is but another reflection of the author's almost total lack of familiarity with gerontological writings and research.

The only place where the author claims to have done a thorough review of the literature is in relation to the chapter on violence (chapter 4). On page 91 she states that this thorough review included a library search and computer search of the New York Times. Her reliance on newspaper reportings is evident throughout the book. She does not seem to even be aware of long-standing journals in the area such as *The Gerontologist*, *Research on Aging*, *The Journal of Gerontology*, to name a few.

While in no way claiming that conclusive answers to anything found in journals, it is astonishing that the author is unaware of their existence, or has discounted being able to learn anything valuable from them. This is evident in her blatant claim on page 100 that the extended family has disintegrated, that previously the few who lived to old age could expect to be cared for by their immediate or extended families. Over a decade of research (see for example Shanas, 1979a; 1979b; Hauser, 1976; Chappell, 1983) has

established that a modified extended family exists, that many exchanges take place between elderly individuals and their families. The neglect of elderly individuals by their families has been documented overwhelmingly as false.

Chapter 6 starts on page 147 and speaks about magnificent survivors. Here it is argued that a very small group has managed by superhuman efforts to live relatively happy lives during old age. These individuals have maintained dignity and self-respect through two major themes: intergenerational support and self-help. Chapter 7, the last chapter before the conclusion, discusses emerging political activists. It is argued that the current generation of feminists will demand and expect a major role during old age. These are probably the two most stimulating chapters in the book.

Even here, while the analysis is interesting, it does not show originality or insight. There is no discussion by this author of the fact that by simple numbers more individuals are living to old age. That means not only each of us will likely experience old age in the future, but that all of us are currently more likely to experience having elderly parents or grandparents. This to my mind will be an enormous catalyst to social change, one that will take place in an evolutionary, not revolutionary manner. This is not mentioned and is seemingly unrecognized by the author.

Finally, the author claims in her chapter on magnificent survivors, that "The experiences presented here portray how intensely individual an experience aging is. Yet society tends to lump older women together and deny their uniqueness" (page 167). The author herself does precisely that, except for a hint of some heterogeneity in the epilogue. That in fact would be my major criticism of the book - by spending by far the majority of time lumping all elderly women together and emphasizing their inability to cope and share disadvantages, the author does not con-

vey the tremendous heterogeneity amongst elderly individuals and the fact that many elderly individuals cope and cope well despite society's expectations of them. Instead, the book tends to promote yet another problem-oriented view of aging.

Nevertheless, the book is easy reading and does provide important information and a valuable perspective. Many of her points are important and worthwhile, even though they may be drawn to an extreme in the book.

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**Women and Legal Action. Precedents, Resources and Strategies for the Future.** M. Elizabeth Atcheson, Mary Eberts and Beth Symes, with Jennifer Stoddart. *Ottawa: Canadian Advisory Council on the Status of Women, 1984. Pp. 200, \$4.95.*

Section 15 of the Canadian Charter of Rights and Freedoms came into effect on 17th, April, 1985. It contains a constitutional promise of equality for everyone in Canada, specifically forbidding discrimination on the basis of race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

Many questions will have to be addressed with respect to the effect of this provision on Canadian society. What is the meaning of equality? What is the scope of section 15 - does it apply to statute law and government action only? Are all distinctions forbidden? If not what does this