since the demarcations of "majority" and "minority" in multicultural realities are rarely constant, marked, and universal. Nonetheless, Song's work is a welcome intervention in contemporary conversations on diaspora, indigeneity, and multiculturalism that frequently exoticize or vilify non-white and non-Christian cultural and religious communities, all the while leaving the dominant norms uninvestigated.

Wing Hin Lee is a Ph.D. candidate at the School of Women's Studies at York University in Toronto, Canada. Her dissertation concentrates on diasporic understandings of heterosexuality, multiculturalism, and conservative Christian beliefs in the recent same-sex marriage debates in Canada.

WOMEN'S HEALTH IN CANADA: CRITICAL PERSPECTIVE ON THEORY AND POLICY

Marina Morrow, Olena Hankivsky, and Colleen Varcoe, Eds. Toronto: University of Toronto Press, 2007

REVIEWED BY DEBORAH MCPHAIL

Women's Health in Canada comes at a time when the use of the word "women" in "women's health" is suspect, and (some) feminism has been critiqued for employing a monolithic understanding of women's experiences. Despite its title, Women's Health in Canada does not gloss over differences among women. Rather, the book provides a collection of articles that highlight women's diverse health issues related to health policy, healthcare access, and women's own experiences of and in their bodies.

Divided by the editors into four subject areas, named "Locating Our-

selves," "Theory and Methods," "The Social Determinants of Health," and "Key Issues in Women's Health," the articles in this anthology make three major theoretical contributions to the women's health field. First, authors show the continuing viability of the category "women" to health issues and health policy. While maintaining an intersecting analysis, authors show that health is a gendered experience. Such authors as Sue Wilkinson, who writes about breast cancer, and Olena Hankivsky and Colleen Varcoe, who discuss violence against women, demonstrate that some health issues remain particular to women. In the same vein, authors argue that women, both categorically and individually, continue to experience gender discrimination in the healthcare system, often with disastrous effects. Lynne E. Young, for example, maintains that cardiovascular disease (CVD) is articulated by medical researchers and practitioners as a male disease because of the imagined "economic implications of the effects of athlerosclerosis on working men." As a result, and in spite of evidence indicating that "males and females have equal rates of CVD," women are the victims of under- and mis-diagnosis.

Though the articles in Women's Health in Canada demonstrate the continuing relevance of "women" in feminist health research, the authors also recognise that "women" is a social construction that is often reproduced by health rhetoric. This is the second major theoretical contribution of the anthology. Writing about the gendered politics of homecare in "Relocating Care," Pat Armstrong shows how government policies create and re-create patriarchal solipsisms between femininity and domestic work. In relying upon the unpaid and under-paid reproductive work of women, government health policies re-position women as biologically nurturing, and women's femininity is re-defined by the domestic work that governments expect and fall back on when making neo-liberal cuts to healthcare funds.

For some authors, this constructionist approach to "women" spills out into their discussions of health and illness, as writers argue that states of health and illness, themselves, are constructed categories. It is on this point, the third major theoretical contribution made by the collection to the women's health field, that the authors are in tension. Lisa Diedrich is a particularly notable example of an author who argues that illness and health are socially constructed categories. In "Cultures of Dis/Ability," Diedrich maintains that "we cannot understand disability as a state of being." Challenging the bio-medical categorisation of disability as a static illness, and indeed as an illness at all, Diedrich argues that both the meanings and embodied experiences of disability differ according to time and place. She points to the notion that illnesses are malleable, produced in and by historically-contingent categories of gender, race and class. For Diedrich, biomedical definitions of health and illness are ubiquitously questionable.

Diedrich's essay contrasts with other authors' articles, in which health and illness are regarded as extra-discursive states that, while moulded by social factors, are biologically static in essence. Hankivsky and Friesen, for example, use obesity to point out flaws in cost-effectiveness analysis (CEA), an analytic popular in current health policy and research. Because they fail to take in all "environmental, economic and social forces" which cause obesity, the true costs of obesity are under-estimated by CEA studies. While Hankivsky and Friesen put obesity and its ostensive spread into a social context, the usual bio-medical definitions of obesity, in which obesity is always and forever a pathology, remain intact. Whether or to what degree obesity may be a discursive problem, one which, in its construction, not only interacts with but also produces gender, race, class, patriarchy, racism, and capitalism, are questions left unexplored by the authors.

Women's Health in Canada thus incorporates a number of different and sometimes conflicting perspectives. Such theoretical tensions might be characterised as textual inconsistency, but the over-arching commitment of the writers to an intersecting analysis of health and illness holds this book together. The wide range of approaches to a panoply of topics renders Women's Health in Canada a highly useful collection.

Deborah McPhail is a Ph.D. Candidate in Women's Studies at York University.

CULTURE-INFUSED COUNSELLING: CELEBRATING THE CANADIAN MOSAIC

Nancy Arthur and Sandra Collins, Eds.

Calgary: Counselling Concepts, 2005

REVIEWED BY DAWN MCBRIDE

Starting from the powerful and colourful illustration on the cover of the book to the last chapter addressing the future of multicultural counselling, the book Culture-Infused Counselling: Celebrating the Canadian Mosaic offers a wonderfully rich and comprehensive view of multiculturalism and multicultural counselling from the Canadian perspective. For too long Canadian faculty, counselors, and psychologists had to rely on American sources for information on multicultural counselling, in spite of significant differences in social and political climate, patterns of immigration, and national policies on multiculturalism. Thanks to the editors of this well designed and engaging book, Canadians in the helping professions finally have a

solidly written book to consult on how to weave culture into their everyday practice.

Arthur and Collins provide an excellent balance of theory and practice. These two editors contributed four strong conceptual chapters at the beginning of the book that drew on existing literature on multicultural counselling and multicultural counselling competencies to provide a new perspective on how culture fits into all areas of professional practice. They also contributed individual chapters on specific populations and wrote a concluding chapter, which pulled together the key themes from the book and related it to upcoming trends and challenges for the helping profession.

To introduce the reader to the field, the book begins with a very interesting review of the Canadian context addressing the history of the First Nations people, the bilingual nature of Canada, and Canada's policy on multiculturalism. The editors/authors then carefully define some of the key constructs associated with multicultural counselling, providing a conceptual framework for their perspective on culture-infused counselling. This is such an important section that it will be explained in more detail after presenting the editors/authors' definition of culture.

One of the main strengths of the book is Arthur and Collins' broadening the definition of culture to be inclusive of ethnicity, gender, sexual orientation, ability, age, and socioeconomic status, pushing the boundaries of what is traditionally considered within the focus of multicultural counselling, and emphasizing the interplay of various multiple non-dominant identities. This unique perspective is reflected in their counselling orientation which they refer to as "Culture-Infused Counselling. "This is a style of counselling that emphasizes "the conscious and purposeful infusion of cultural awareness and sensitivity into all aspects of the counselling process and all other roles assumed by the counsellor or psychologist." This is an exciting and respectful approach as it recognizes and celebrates the people who make up the Canadian mosaic, hence—the title of the book.

One of the most significant and highly beneficial contributions this book has made to the field of multicultural counselling is the development of a new multicultural competency model (see Chapter 2). The skilled editors of this book reviewed a number of conceptual models that outlined multicultural competencies. It should be noted that many of these models used today are based on the American perspective and have remained unchanged and unchallenged for decades. Thanks to Arthur and Collins, Canadians in the helping field finally have a competency framework to refer to that is based on Canadian research and inclusive of the broader conceptualization of culture, as noted above. To further enhance the usefulness of this new theoretical model, numerous concrete examples of how to apply the key concepts in practice contexts are presented to the reader. Examples range from working with individuals to larger systems such as organizational consultation, supervision, and counsellor education. Overall, the editors/authors clearly demonstrate how their new competency model can be used to ensure the infusion of culture into a broader definition of roles and practice areas.

Interestingly, the authors used the working alliance as a central organizational structure for their culture-infused competency model. They effectively argue that this construct provides a more inclusive and robust conceptual framework than the traditional model, setting the following as the core competency domains:

Domain I:

Cultural awareness of self—Active awareness of personal assumptions, values, and biases Domain II:

Cultural awareness of other—