medicine or to society as a whole.’ (p. 82) Each is also concerned with ‘how to encounter patients who are radically different in the material, intellectual, and spiritual condition of their lives.’ (p. 82) Using these writings, Frank explores such matters as Rafael Campo’s discovery that ‘the other man is not me, but the other man shares enough with me to remind me that I exist on the boundary between us.’ (p. 82)

Towards the end of Chapter 4, and more full in Chapter 5, Frank explores the complex impact of open dialogue and generosity on those who give care. In discussing identification between the caregiver and the ill, Frank understands identification as the ability to suffer with the patient in dialogue, as a compassionate witness to the other’s suffering, not incorporation of the other’s suffering into the person of the caregiver. Chapter 5, ‘So That I Can Carry On,’ describes in detail the experiences of a palliative care nurse with her dying patients, including the personal cost of dialogue to those giving care. Frank develops the concept of the ideal dialogical relationship, neither one with too much distance, in which the caregiver takes a role-based, medical stance, nor too much fusion, in which aspects of the identity of the patient and the caregiver become merged.

Chapter 6, ‘Unfinalized Generosity,’ explores the way forward, how to establish within medical practice more capacity to ‘live a human life’ (p.126) while being either a patient or a clinician. Frank emphasizes once again that generosity ‘always begins in dialogue; speaking with someone, not about them; entering a space between I and you, in which we remain other, *alter*, but in which we each offer ourselves to be changed by the other.’ (p. 126)

The Renewal of Generosity should be of interest to clinicians seeking a deeper understanding of the impact of their relationships with their patients, and how those relationships contribute to their growth as human beings, and their ability to alleviate suffering and truly heal the ill. The stories in the book will resonate with personal memories of clinicians, evoking their own experiences with patients. As they reflect on the value of human dialogue in the

medical setting, they will also learn how relationships with patients can serve as a paradigm for how we know ourselves and others, and how we use that knowledge in all of our relationships.

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doi: 10.1111/j.1369-7625.2006.00390.x

User Controlled Research: Its Meanings and Potential

By Michael Turner and Peter Beresford, 2005.
Shaping our Lives and the Centre for Citizen Participation, Brunel University¹

‘User Controlled Research: Its Meanings and Potential’ is a report of a project commissioned by INVOLVE (<http://www.invo.org.uk>) to find out more about the definition, nature and operation of user-controlled research. INVOLVE is a UK-based organization that promotes public involvement in National Health Service, public health and social care research. Although the report is focussed on user-controlled research in the UK, the nature of the report makes it relevant on an international level to a certain extent. Indeed the literature review and list of source material includes references from international and non-UK-based journals.

User-controlled research is... well that is the point of this project. Service user approaches to research are a relatively recent phenomenon in health and social care, and there is still significant misunderstanding about what these approaches are and what they involve. Does this report address these misunderstandings and clarify the role of user-controlled research in health and social care? To a great extent, yes, but I do feel as though there is something missing.

The report is divided into two documents: the final report (in excess of 100 pages) and the report summary (which can be downloaded

¹The summary and the full report are available to download from the publications section of the INVOLVE website http://www.invo.org.uk/All_Publications.asp.

from the INVOLVE website). Each of these is useful in different ways and helpful to different groups of people.

The report summary is (obviously!) a summary of the whole project. It is quick and easy to read and gives a useful insight into the origins, definitions and principles of user-controlled research that would be helpful for those who do not know much about it and were too afraid to ask. It includes a one-page (eight bullet point) synopsis of Good Practice for User Controlled Research and a nice concise description of the barriers faced by user-controlled research. It is a good, user-friendly document (excuse the pun) that is well presented, and easily accessible over the Internet.

The final report is more comprehensive and is a resource for those who are more interested in service user involvement in research, and is a very detailed source of information relating to User-controlled Research, including its origins, its relation to other types of service user research, definitions, good practice guidelines, the benefits of and barriers to user-controlled research and concerns for the future. Importantly, it clearly and helpfully discriminates between *user-controlled* research and research *involving users*. Even more importantly, the list of source material at the back of the report is one of the most valuable resources currently available for people interested in user-controlled research. The list includes helpful organizations, as well as a fantastic comprehensive list of literature, which is usefully grouped into key categories (including one category of examples of user-controlled research).

What's missing? Well this study is very much focussed on the definitions and meaning that service users attach to user-controlled research. The authors readily admit that the project does not seek definitions and meanings from 'conventional' researchers and therefore may only represent 'one side of the story'. But as this is about user-controlled research and not user involvement in research I do not see that *not* having the viewpoints of conventional researchers is a major drawback except that they may have more to say about the limitations of user-controlled research.

Not addressing the limitations of user-controlled research in my opinion *is* a major drawback of the report. User-controlled research is important and has an important role in health and social care research. But it is not the ideal approach to all forms of research. There are types of research that require substantial infrastructure, expertise and accreditation. User involvement is possible but user control may not always be.

Another limitation is that the report does not address the ambiguity between 'service user' researchers and 'conventional' researchers. When does one stop or start being the other? The report discusses the potential for service users to become 'experts' but ignores the fact that 'conventional' researchers are normal members of the public who are also service users. But as with every good project, this just shows that there is still work to do, and questions to be answered.

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doi: 10.1111/j.1369-7625.2006.00408.x

Disability: Definitions, Value and Identity

By Steven D Edwards Radcliffe Publishing Ltd, 2005, PB £24.95, 156 pp., ISBN 1-85775-700-9

The definition of disability is an endlessly fascinating subject to anyone interested in the study of disability. Hardly a month goes by without the publication of another text that seeks to define the problem. Much of the debate and conflict, for this is a very contested subject area, centres on the role of impairment and/or role of the body, and how it is viewed and theorized. On the one hand, there are those who argue for a causal relationship between impairment and disablement and on the other, there are those who seek to present disablement as a condition that arises as a result of the way that society is organized. Put simply and crudely the arguments revolve around whether disability is