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Dear Reader,

As we struggle toward solvency, please remember to renew your subscription for 1989! The size of DSQ is increasing and so are our expenses. Thus donations are also welcome, including equipment. Our wish list includes our own (as opposed to having to share with the rest of the office) IBM PC-AT computer/b & w monitor and HP Laser Jet Series II Printer!

This Winter 1989 issue is a hefty generic one with some provocative thoughts on this past Presidential election. Spring 1989 (deadline March 1) will deal with the experience of chronic illness and disability. Summer (deadline June 1) will emphasize gender and sexuality. Fall (deadline September 1) will focus on communication technology and hearing impairment. Definitely in the pipeline is the theme of measurement in disability, including statistics and demographics.

The Editors

FOCUS

Somewhere Under the Rainbow:

The Politics of Identity
and the 1988 Elections

by Harlan Hahn (University
of Southern California)

In the wake of the sorrow and the celebrations, the time has come to assess the future implications of the 1988 presidential election. A crucial component of this task involves the role of the disability community in electoral politics, which has seemed to revolve around 2 opposing strategies. On the one hand, disabled voters have been encouraged to work for the party of their choice and to seek the appointment of as many government officials with disabilities as possible, regardless of who wins. On the other hand, they have been urged to support the party which has been associated with other minorities and with anti-discrimination measures such as the Civil Rights Restoration Act. Central to this objective is a so-called "politics of identity" involving the Democrats and a new coalition of disadvantaged groups--forming a massive share of the population--that have been the victims of

discrimination based on physical attributes such as race or ethnicity, gender, aging, or disability. While often overlooked, these segments of the electorate are simultaneously seeking to reduce their oppression and to redefine previously devalued bodily characteristics as positive sources of dignity and pride. For many reasons, despite the loss suffered by the Democrats, I favor the latter tactic.

Although a detailed examination of election results may yield additional patterns, support for the formation of this kind of alliance is suggested by states that were loyal to Democrat Michael Dukakis. First, at both ends of the continent, he won the only 2 jurisdictions of the Electoral College in which racial or ethnic minorities comprise a majority of voters: the District of Columbia and Hawaii. In the East, he also captured West Virginia and New York, both states in which labor unions have remained an especially powerful component of the New Deal coalition. While women, aging Americans, and citizens with disabilities are less geographically concentrated, evidence of a "gender gap" and other trends in poll data indicate that these groups too many eventually favor the Democrats.

Perhaps even more significantly, Dukakis carried states with a strong populist-progressive tradition such as Wisconsin, Iowa, and Minnesota in the Midwest as well as Oregon and Washington in the Midwest as well as Oregon and Washington in the Pacific

Northwest. What these areas appear to have in common, in addition to a heritage of political discontent, is a special relationship with natural surroundings. This attachment is reflected by an agrarian bond with the soil in the Midwest and by a particular concern with environmental issues in the Northwest. In each region, political trends seem to be shaped by popular feelings about the land. Thus electoral preferences may be affected both by an identity founded on a person's most salient bodily traits and by an identification with the habitats in which they reside. Just as disability is increasingly defined as a product of the interaction between an individual and the environment, political decisions cannot be separated from the context in which they are made.

The only remaining state gained by the Democratic presidential candidate was, of course, Dukakis' own Massachusetts, which is frequently ruled by a peculiar combination of old-style ethnic politicians and affluent young professionals. As Edgar Litt pointed out several years ago, the political culture of Massachusetts has been molded by technological developments that have not yet been duplicated in most other areas of the country. Dukakis could not do in America what he did in Massachusetts because Massachusetts is not America. In fact, by embracing the style and aspirations of these technocrats, he may have alienated some disadvantaged groups searching for a new

source of personal and political identity.

This perspective offers both an interpretation of Dukakis' defeat and a strategy for the future. As one journalist said on election even, "Dukakis is no populist." He failed to build on the foundation established by Jesse Jackson in the primaries, except perhaps in the final days of the campaign when polls showed that he gained sizeable support among traditional Democrats. Combined with demographic data indicating that Blacks and Hispanics are among the fastest growing segments of the population, these facts imply that future Democratic candidates might profitably devote less energy to technocrats, "yuppies," or suburbanites and more attention to people in rural areas and inner cities. This approach could be appropriately joined by increased appeals to voters who have been disadvantaged by gender, age, and disability.

Most importantly, Democratic leaders can assist in encouraging these voters to develop a positive sense of political identity on the basis of their previously stigmatized physical characteristics rather than the "mediated images" to which they are constantly exposed. In general, social stability is perpetuated by visual as well as oral or written messages that urge citizens to identify with prosperous, white, youthful, and nondisabled males instead of opposing features--poor, black, aging, female, or disabled--that are the real source of the discrimination they encounter. This tendency is reinforced by media reports that prompt

voters to choose candidates almost as if they were judging a popularity contest rather than selecting crucial social values. Despite the overwhelming influence promoting the status quo exerted by ubiquitous physical appearances that represent the ideals of dominant portions of society, there is no intrinsic barriers to prevent disadvantaged groups from constructing a sense of self-esteem that would empower them to attack the actual source of their subservience.

Disabled Americans have a unique opportunity to play a leading role in the emergence of a new political alliance based on a redefinition of individual identity. Certainly few bodily characteristics are more severely stigmatizing than the visible or labeled marks that signify a major disability. If disabled citizens are able to demonstrate their capacity to translate the obvious signs of a physical disability from a devaluing trait into an affirmation of attractiveness and pride, therefore, they cannot only provide an exemplary model that other disadvantaged groups might follow, but they also would accomplish one of the most challenging feats in American political history. In addition, the political agenda of disabled voters requires a radical and costly reorientation of public policies affecting the built as well as the natural environment.

The task is clearly monumental, but the eventual consequences of a failure to make an effort to transform the stigmatized manifestations of

a corporeal disability into a positive self-image could be devastating. Attempting to "pass"--either by pretending that a disability has little effect on the prospect of enjoy success in life or by supposing that other personal attributes may overshadow negative perceptions of disability--is a luxury that most disabled women and men ultimately cannot afford. At the level of personal interactions, the presumption that an individual's most salient bodily trait--manifested by a disability--cannot be ignored or overlooked seems bound to result in continuous rejection and frustration. In political terms, the unwillingness of such people to incorporate disability as the most prominent feature of their identity or to vote on the basis of some other attribute such as their income, occupation, or place of residence impedes the formation of a powerful constituency of disabled citizens capable of exerting a decisive impact on government decisions that affect their interest.

To facilitate this process of redefining the personal and political identity of disabled citizens, they need to become conscious of the various ways by which having a disability can be seen as a positive and valued characteristic. A careful examination of the common experiences of persons with disabilities, for example, might uncover the prevalence of skills such as adaptability and planning that are exceptionally favorable personal traits. And a study of the history of disabled people--revealing that in ancient Rome and Medieval

Europe they were frequently employed as entertainers at festivals characterized by a heightened atmosphere of sensuality--might enable others to begin to view the perceptible signs of a disability as desirable and even beautiful. As future generations acquire a new appreciation of the nature and meaning of disability and as disabilities become more prevalent because of advances in medical technology and longevity, they may even draw a distinction between disabled persons and those who "lack a disability."

The primary objective of the disability rights movement is to secure a cohesive bloc of an estimated 27 to 36 million disabled Americans who will vote on the basis of candidates' positions on issues concerning disability policy. Some may argue that this segment of the electorate should seek to become a "balance of power" between competing political parties. Yet the lessons of the 1988 election also can be interpreted to suggest the wisdom of encouraging disabled voters to affiliate with the Democratic party.

In both the 1984 and 1988 presidential campaigns, one of the first and most vocal candidates to advance disability issues was Jesse Jackson. Clearly he regarded people with disabilities as a significant component of the "rainbow coalition" of disadvantaged Americans. For a variety of reasons, this coalition failed to have a decisive effect on the outcome of the general election. But this election also disclosed

elements of this coalition that might be viewed and recombined to form a powerful force in future campaigns. Somewhere under the rainbow there may lie a pot of gold that could contain the votes necessary to gain the resources required not to satisfy materialistic greed but to permit a genuine redistribution of rewards to compensate all those who have been disadvantaged by prior political decisions. In many respects, the election returns indicate that this treasure is most likely to be discovered by Black, Hispanic, Asian, female, disabled, and aging Americans who are prepared to redefine their identity on the basis of perceptible characteristics which have previously made them the victims of discrimination.

COMING EVENTS

A. February 22-25, 1989, 18th annual meeting, Society for Cross-Cultural Research, New Haven, CT. Contact: Roy S. Malpass, Behav. Science Program, SUNY, Plattsburgh, NY 12901; BITNET: MALPASRS @ SYNPLABA.

B. February 23-25, 1989, "Gerontological Theory and Practice: Promoting Better Health and Fitness for the Minority Elderly," Assoc. for Gerontology and Human Development in Historically Black Colleges and Universities Seventh Anniversary Celebration, Holiday Inn, Inner Harbor, Baltimore, MD. Contact: Willamae S. Kilkenny, Gerontology, Morgan State Univ., Box 670, Baltimore, MD 21239; 301/444-3581.

C. March 2-4, 1989, "Rights in Conflict: The Individual vs. the State and Beyond," American Bar Assoc. 5th Annual Higher Education Conference, Jekyll Island, GA. Contact: Jean Pedersen, 312/988-5736.

D. March 9-12, 1989, "The Many Faces of Feminist Psychology," Assoc. for Women in Psychology Conference, Newport, RI. Contact: Kathryn Quina, Rhode Island AWP, Psychology, Univ. of Rhode Island, Kingston, RI 02881; 401/277-3832.

E. March 16-18, 1989, "Computing: Policy and Social Issues," National Conference, Chattanooga, TN. Contact: The Univ. of Tennessee at Chattanooga, Div. Continuing Educ., 119 Race Hall, 615 McCallie Ave., Chattanooga, TN 37403-2598; 615/755-4344.

F. March 17, 1989, Symposium on Aging and Persons with DD, Hilton Hotel, King of Prussia, PA. Contact: Robert G. Griffith, The Woods School, Langhorne, PA 19047; 215/750-4000.

G. March 17-19, 1989, "Social Movements and Social Change, 1960-2000," Eastern Sociological Society Annual Meeting, Lord Baltimore Hotel, Baltimore, MD. Contact: ESS, County College of Morris, Route #10 and Center Grove Rd., Randolph, NJ 07869; 201/328-1328.

H. March 18-21, 1989, "We the People: Forming a More Perfect Union," American Society on Aging Annual

Meeting, Grand Hyatt Hotel, Washington, DC. Focus of the more than 500 sessions in 25 different subject tracts is on issues of equity and justice across generations and among socioeconomic and ethnic groups--e.g., healthcare rationing, means-testing Social Security and Medicare, the effect of the profit factor on the quality of health and social services, and the impact of AIDS on an aging society. 4 Special Programs: March 16-17, "Rethinking Senior Housing: Responding to Underserved Markets" and "Hospitals and Older Adults: Building Partnerships for the Future," March 17-18, "Aging and the Human Spirit," March 21, "Creative Public/Private Partnerships in Aging." Contact: the American Society on Aging, 833 Market St., Suite 512, San Francisco, CA 94103; 415/543-2617.

I. March 19-22, 1989, Census Bureau 5th Annual Research Conference, National Clarion Hotel, Arlington, VA. Contact: Maxine Anderson-Brown, ARC Conference Coord., Ofc. of the Director, Bureau of the Census, Washington, DC 20233; 301/763-1150.

J. March 19-24, 1989, 4th International Down Syndrome Convention, Jerusalem, Israel. Organized by the Israel Rehab Society in conjunction with YATED, Israel Down Syndrome Assoc., the Down Syndrome Congress (U.S.) and other agencies involved in the advancement of people with Down Syndrome and their families. Contact: E. Chigier, Organizing Committee, PO Box 50006, Tel Aviv 61500, Israel, (03)

654571; TELEX 341171 KENS IL. K. March 29-April 1, 1989, The National Council on the Aging, Inc., 1989 Annual Conference and Exhibition, The New Orleans Hilton, Riverside and Towers, New Orleans, LA. Topics: health promotion, long-term care, employment and older workers, minority elderly, senior centers, rural services, adult day care, senior housing, etc. Contact: The National Council on the Aging, Inc. 600 Maryland Ave. SW, West Wing 100, Washington, DC 20024.

L. March 30-April 1, 1989, "Symposium on the Impact of Life-Threatening Conditions: Self-Help Groups, and Health Care Providers in Partnership," McCormick Center Hotel, Lake Shore Drive at 23rd St., Chicago, IL. Contact: Self-Help Groups and Health Care Providers Conference, Ofc. of Continuing Educ. and Public Service, (M/C 922) Sch of Public Health, The Univ. of Illinois at Chicago, Box 6998, Chicago, IL 60680; 312/996-5768; 1-800/UIC-SPHL.

M. March 31-April 4, 1989, "Changing Families, Changing Responses: Reorienting Services and Programs," American Orthopsychiatric Assoc. 66th Annual Meeting, New York Hilton, New York City. Contact: AOA, 19 W. 44th St., Suite 1616, New York, NY 10036.

N. April 2-5, 1989, West Coast Forum on Aging and Developmental Disabilities," sponsored by the Garten Fdn. of Oregon, Portland, OR. Topics: best practices, public

policy, values and ethics, quality of life, housing, and legal and financial planning. Contact: Emil Graziani, Exec. Dir., Garten Fdn., PO Box 12187, Salem, OR 97309; 503/581-4472.

O. April 5-7, 1989, Technological Change Conference, Washington, DC. Co-sponsored by the Consortium of Social Science Assoc., Texas A&M Univ., the American Society of Mechanical Engineers and the U.S. Dept. of Labor. Contact: David G. Jansson, Inst. for Innovation and Design in Engineering, Texas A&M Univ., College Station, TX 77843-3132; 409/845-5024.

P. April 5-9, 1989, "Collaboration in Research and Practice," Society for Applied Anthropology Annual Meeting, Santa Fe, NM, jointly with the American Ethnological Society. Contact: Donald D. Stull, Prog. Chair, Inst. for Public Policy and Business Res., Univ. of Kansas, Lawrence, KS 66045; 913/864-3701.

Q. April 6-8, 1989, "Towards the 21st Century: Today's Visions--Tomorrow's Realities," Middle States Council for the Social Studies 86th Annual Conference, Radisson Hotel, Annapolis, MD. Contact: Tina Fortson-Rivers, 7017 Independence St., Capitol Heights, MD 20743.

R. April 7-8, 1989, Ferris State Univ., 2nd Annual Conference on Humanities, Science and Technology. Contact: Craig Newberger and George Nagel, Dept. Humanities, Ferris State Univ., Big Rapids,

MI 49307; 616/592-2771 or 2758.

S. April 13-14, 1989, "Health Economics and Health Policy in the 1990s: Surprises from the Past, Forecasts for the Future," Williamsburg, VA. Contact: Louis Rossiter, Williamson Inst. for Health Studies, Medical College of Virginia, PO Box 203-MCV Station, Richmond, VA 23298.

T. April 13-15, 1989, National Conference Computer & Reading/Learning Difficulties (CRLD), Adams Mark Hotel, Philadelphia, PA. Topics: Reading, Adult Literacy, ESL, Writing, Evolving Technology, Learning Disabilities, Administration, and Special Education. Pre-conference workshops on: Reading Comprehension, Grant Writing, AppleWorks, Spoken and Written Language, Adventure Simulations, Hypercard, Desktop Publishing, Computer Maintenance, Teaching Writing, Language Arts Technology, Administrative Uses, Telecommunications, Database and Spreadsheets. Contact: Diane Frost, ECC, Dept. N, 1070 Crows Nest Way, Richmond, CA 94803.

U. April 13-15, 1989, 6th Annual National Disease Prevention and Health Promotion Conference, Atlanta, GA. Contact: Prevention 89, 1030 15th St., NW, Suite 410, Washington, DC 20005; 202/789-2928.

V. April 14-16, 1989, Assoc. for Death Education and Counseling National Conference, Treemont Plaza Hotel, Baltimore, MD. Contact: Terry Martin, GPT Group, PO Box 720,

Frederick, MD 21701; 301/898-7416.

W. April 17-18, 1989, "Expanding our Approaches with Families: Attachment, Intervention and Social Policy," 13th Annual Conference of the Michigan Assoc. for Infant Mental Health, Ann Arbor, MI. Contact: Ann Saffer, 2340 Hickman Rd., Ann Arbor, MI 48105; 313/994-8168.

X. April 26-29, 1989, the Western Social Science Assoc. Annual Meeting, Albuquerque, NM. The Chronic Disease and Disability Section will have scholarly and critical papers on disability theory, policy, methods, evaluation research, ethnographies, and advocacy. Contact: Stephen C. Hey, Sociology, Willamette Univ., Salem, OR 97301.

Z. May 2-5, 1988, 5th Conference on Health Survey Research Methods, Keystone Conference Ctr., Denver, CO. Co-sponsored by National Center for Health Services Research and Health Care Technology Assessment and the National Center for Health Statistics. Focus: current knowledge on the quality of survey data, sources of error, techniques to reduce error, and needed research. Contact: Dr. Floyd J. Fowler, Jr., Center for Survey Research, Univ. of Mass., 100 Arlington St., Boston, MA 02116; 617-956-1150.

AA. May 10-12, 1989, "A Chance to Work...A Chance to Win," Annual Conference of the President's Comm. on Employment of People with Disabilities, Curtis Hixon Convention Center, Tampa, FL. Focus: explore the

latest trends, key national issues and development of national strategies impacting on policies relating to training, rehab, and placement of people who are disabled. Contact: President's Comm. on Employment of People with Disabilities, 1111 20th St., Washington, DC 20036.

BB. May 11-13, 1989, "Rehabilitation Progress: Research, Education, Theory, Practice," Sheltering Arms Rehab Hospital Conference, Omni Richmond Hotel, Richmond, VA. Contact: Irma J. Meade, Assoc. Dir. Nursing, Sheltering Arms Rehab Hospital, 1311 Palmyra Ave., Richmond, VA 23227-4418; 804/254-6087.

CC. May 11-14, 1989, Society for Applied Anthropology in Canada Annual Conference, Canadian Ethnology Society, Univ. of Ottawa. Contact: Bruce Cox, Soc & Anthro, Carleton Univ., Ottawa, Ontario K1S 5B6 Canada.

DD. May 13-16, 1989, "Celebrating Ten Years of Federal Funding for Independent Living," National Conference on Independent Living 1989, Hyatt Bethesda Hotel, Bethesda, MD. Contact: Susan Elkins, Conf. Coord., National Conference on Independent Living, 3111 Haworth-BCR, Univ. of Kansas, Lawrence, KS 66045; 913/864-4095.

EE. May 21-24, 1989, 5th International Conference on Mobility and Transport for Elderly and Disabled Persons, Stockholm, Sweden. Contact: Eva Vowden, 5th International Conference Secretariat, c/o

Swedish Bd. of Transport, Box 1339, S-171 26 Solna Sweden.
FF. June 13-16, 1989, "The Challenge of Health: The New Role of Sickness Funds and Health Insurance Schemes," 1st International Conference, Hamburg, West Germany. Sponsored by WHO and AOK, the meeting will address the new role of health insurance institutions through the following themes: 1) forms of cooperation and models, 2) health policy goal setting and implementation, 3) statutory and organizational prerequisites. Contact: Dr. Johann Brunkhorst, AOK Hamburg, Kaiser-Wilhelm-Str. 93, D-2000 Hamburg 36 Fed. Republic of Germany; or Dr. Ilona Kickbusch, Responsible Officer for Health Promotion, Scherfigsvej 8, DK-2100 Copenhagen, Denmark.

GG. July 24-28, 1989, 11th International Conference on the Social Sciences and Medicine, Leeuwenhorst Congress Ctr., The Netherlands. Contact: Dr. P.J.M. McEwan, Glengarden, Ballater, Aberdeenshire AB3 5UB, Scotland.

NOTE: A new database, Rehab-Meetings, developed by Rehabilitation International, provides advance information on upcoming international conferences and exhibitions on disability and rehabilitation. Subscribers receive computerized printouts on about 300 international and selected national meetings scheduled over the next 3-years. Contact: Rehabilitation International, 25 East 21st St., New York, NY 10010.

SOLICITATIONS

A. Robert Anderson (Director of Manual Medicine, San Francisco Spine Institute at Seton Medical Center, 1850 Sullivan Ave., Daly City, CA 94015) seeks other anthropologists doing research in back and neck pain or related spinal disorders: etiology, epidemiology, prevention and treatment.

B. Mary Jane Owen, Director of Disability Focus, Inc. (Suite 1100, 1010 Vermont Ave., NW, Washington, DC 20005; 202/483-8582) is looking for qualified individuals with a disability perspective who are interested in serving the next Administration in various appointive positions. Send recommendations, resumes and curriculum vitae to this non-profit advocacy organization.

C. David Pfeiffer (Dept. of Public Management, Suffolk Univ., Boston, MA 02108) is interested in discussing joint authorship of research or policy articles that would utilize the 110 data sets he has compiled: 27 on hospital patients in such settings as OR, pediatrics, CAT scan, OB, ICU, cardiac, dermatology, renal disease, OT, PT and ER; 4 on nurses; 4 on HMO members; 1 each on HMO physicians, HMO clinical assistants, public school teachers, housing authority tenants, AIDS patients, day care, and a union local; 9 on children receiving various services; 2 on rehab participants; 13 on elderly people mostly receiving home health care; 12 on government related items; 5 on MR; 2 on alcoholism; 2 on

pharmacies; 4 on human service agencies; 3 on travel. For a research article the co-author will write the literature survey and phrase the hypothesis(es) to be tested; he will do the testing (using a mutually agreed upon method) and write the results and conclusions. For a policy article, the co-author will write the problem/policy discussion, noting relevant literature; he will present data that will illustrate problem/policy and outline a conclusion which the co-author will amplify. Contact him for further details.

D. Researcher Diana Serneels seeks information on her doctoral dissertation topic: aging persons with mental retardation. Contact her at: Katholieke Universiteit Leuven, Afdeling Orthopedagogiek, Vesaliusstraat 2, 3000 Leuven, Belgium; tel. 016 28-62-24.

E. Researcher Ann Conway is writing a commemorative history of the Robert Breck Brigham Hospital (now part of Brigham and Women's Hospital), Boston, MA, for publication in September 1989 (75th anniversary of the hospital's founding). If you were ever a patient, please contact her for a confidential interview at your convenience. Call her at: 617/734-0707 or 617/732-5652.

CALL FOR PAPERS

A. The Society for Disability Studies seeks papers for its Second Annual Convention, June 21-24, 1989, Hyatt Regency, Denver, Colorado, on: research issues of policy, history,

sexuality, law, "culture," statistics, methods, politics, media, literature, gender, self-image, cross-cultural, family, etc. Deadline: February 15, 1989. Contact: Irving Kenneth Zola, Sociology, Brandeis University, PO Box 9110, Waltham, MA 02254-9110; 617/736-2645.

B. Presenters are sought for The Nutrition Concerns of the Child with Special Health Care Needs meeting, September 17-20, 1989, Cincinnati, Ohio. - Contact: Beverly York, Univ. Affiliated Cincinnati Ctr. for Dev. Disorders, Nutrition Dept., Elland and Bethesda Aves., Cincinnati, OH 45229; 513/559-4614.

C. Teaching Sociology welcomes articles (over 10 pp.) and notes (10 pp. or less) for its special issue on teaching medical sociology. Possible topics: teaching medical sociology in various contexts (i.e., grad or undergrad programs; medical, nursing, or liberal arts schools); use of various teaching methods to convey conceptual elements (experiential components, debates, film and video, policy analysis, use of computers); comparisons of available texts or contents of various sociology of health/medicine courses); teaching about health and medicine from a multidisciplinary perspective; impact of social change on course content (AIDS epidemic, transplantation, insurance changes, DRGs); cross-cultural approaches to teaching medical sociology; teaching combination courses that bring

medical sociology and other areas of sociology together (aging and health, women's health, medical care organizations); reviews of films and videos and software. Deadline: May 15, 1989. Contact: Theodore C. Wagenaar, Editor, Miami Univ., Oxford, OH 45056; 513/529-2628; BITNET: TCWAGENA @ MIAMIU; or Barbara Altman, Sociology, Univ. of Maryland, College Park, MD 20742.

D. The American Journal of Sociology seeks manuscripts for a special issue on the relevance of research in medical sociology to broader sociological concepts. Of particular interest are papers which, through research or theory, draw upon and contribute to sociological discourse in such areas as role theory, the welfare state, the professions, organizational theory, culture, and ecology. This special issue will only be published after all papers meet the general review standards of the AJS Board. If not accepted, individual papers may still be published in the AJS. Contact: Donald Light, Editor, 10 Adams Drive, Princeton, NJ 08540; 609/757-7764, 7760.

E. Manuscripts focusing on medicine and the medical professions are sought for Vol. VI of the annual series Current Research on Occupations and Professions, edited by Helen Z. Lopata and Judith A. Levy. General topics: the organization or practice of medical work; processes of change in medical/healing occupations and professions. Contact: Judith A. Levy, Sch of Public Health, PO Box 6998, (M/C 923), Chicago,

IL 60680; 312/996-5761.

F. Design Issues, a journal of design history, theory, and criticism, welcomes submissions of articles or proposals for articles on a variety of topics related to design. Papers may be in other than English, though with an English abstract. Contact: Bonnie Osborne, Sch of Art and Design, Univ. of Illinois, Box 4348, Chicago, IL 60680.

G. Humanity and Society is interested in publishing works that serve to advance the quality of life of the world's people and accept works from all content areas and methodologists in sociology. Contact: Judy Aulette, Sociology, Univ. of North Carolina, Charlotte, NC 28223.

H. Journal of Applied Gerontology welcomes research reports and reviews of current research in Aging. Contact: Miles Simpson, PO Box 51026 Shannon Station, Durham, NC 27717-51026.

I. The Journal of Traumatic Stress invites manuscripts on research in the area of traumatic stress with focus on any theoretical, research, treatment, education/training, or policy concern relevant to the field. Contact: Dr. Charles R. Figley, Purdue Univ., Family Research Institute, 525 Russell St., W. Lafayette, IN 47906.

J. Research in Community and Mental Health: A Research Annual, edited by James Greenley and Phillip Leaf, seek submissions focusing on

community studies, high risk populations, or methodologic developments. Contact: James Greenley, Psychiatry, Univ. of Wisconsin, 1180 Observatory Dr., Madison, WI 53706; or Phillip Leaf, Ctr. for Mental Health Services Res., 350 Congress Ave., New Haven, CT 06519.

OPPORTUNITY: FUNDING

The Barbara Rosenblum Fellowship for the Study of Women and Cancer will be awarded in June, 1989, in the amount of \$1500. The fellowship, to be given every other year, will be awarded to a woman with a feminist orientation to support any aspect of doctoral research relating to the experience or prevention of breast cancer. Applicants may be doctoral candidates in sociology, anthropology, psychology or related fields. The recipient will be sensitive to the impact of breast cancer on diverse groups of women and will be prepared to present research findings to lay audiences as well as social scientists. Deadline: April 1, 1989. Contact: Dr. V. Olesen, Social-Behavioral Sciences, N631Y, Univ. of California, San Francisco, CA 94143.

CURRENT RESEARCH

A. Research on secondary disabilities of adults with cerebral palsy in Japan was carried out in August 1985. The average age of the 148 interviewees was 46. Out of 93 persons who could walk independently when they were 20-years-old, 29 found it had become

impossible. Of the 64 who currently walk independently, 83% experienced one or more difficulties in walking which had newly occurred after the age of 20, including "easily fall down" and "can't go up and down stairs without handrail." The incidence of symptoms of neck, shoulders, and other motor organs of the 148 adults: pain 86%, stiffness 74%, numbness 62%, chilliness 59%. Contact: Professor Hisao Sato, Japan School of Social Work, 1-4-19, Jingumae, Shibuyaku, Tokyo, Japan (after 3/89, 3-1-30, Takeoka, Kiyose City, Tokyo, Japan).

B. "A Study of California's Publicly Funded Long-Term Care Programs" (reports by Dorothy Rice, Mitchell LaPlante, Leslie Grant, Pamela Hanes-Spohn, Robert Newcomer, Charlene Harrington, Sander Kelman) analyzes California's current long-term care (LTC) system, demography and epidemiology in LTC, the elderly and disabled populations and the impact on LTC of demographic changes, LTC needs projections including additional levels of institutional care and expanded medicaid options, the potential role of S/HMOs, private LTC insurance policy, and alternative funding options. Report available from: California Dept. of Health and Welfare Public Information Office, 916/324-7374.

C. The Hazelden Foundation has been awarded a 1-year research and training grant by the Chemical Dependency Program Div. of the State of

Minnesota to develop chemical dependency assessment/screening tools for professionals working with persons with physical or mental disabilities and the elderly. The assessment issues of disabled people and elderly women will be highlighted. The grant team will produce: an assessment/screening tool, a statewide directory of chemical health services for persons with physical disabilities, elderly persons, and persons with mental illness, county placement chart, training videotapes on the use of the assessment/screening tool and one training tape on the learning preference continuum. The grant team will also gather information on current alcohol and drug assessment issue/-screening tools currently used in providing services to persons with disabilities and the elderly. They welcome your information, input and feedback. Contact: Kathy Gilmore, Debra Hole, or Don Jones, 612/462-7700; or Planning Office, Hazelden, Box 11, Center City, MN 55012.

D. The City University of New York's Peer Research Laboratory and the Queens College School of Education has received 2 grants to carry out New York City's Community School District 2 Peer Program for an 18-month period. The program will construct a model where peer approaches become central in the district--where all children will have the opportunity to undertake the tutor role--learning by teaching. District 2 will contribute staff and teacher training stipends. Research studies demonstrate that peer tutoring

is a powerful, cost-effective educational intervention, not only for "at risk" students but for all youngsters. Contact: Frank Riessman, Director, Peer Research Laboratory, Center for Advanced Study in Education, Graduate Center, 33 West 42 St., New York, NY 10036; 212/840-1259.

E. "A Survey of the Medical and Functional Status of Members of the Adult Network of the Spina Bifida Assoc. of America," by K.B. Funne, N. Gingher, L.M. Olsen, and edited by Caragh M. O'Brien, (The summary and 63 pp. full survey is available for \$5.00 from the Spina Bifida Assoc. of America, 1700 Rockville Pike, Suite 540, Rockville, MD 20852; 301/770-SBAA) focuses on medical status, social independence, and current problems with obtaining adequate medical care of 263 participants diagnosed with spina bifida aperta, ages 20-89. The population responses (to questions about age, sex, motor level, diagnosis, hydrocephalus, CSF shunt, ambulatory status, independence, education, employment, continence) were compared to further responses on musculoskeletal status, neurological status, urological and renal status, decubiti (pressure sores), obesity, pregnancy and fertility and psychological health. The medical status showed a progression of the problems the adults had experienced as teenagers, as well as the emergence of new complications. Unfortunately, access to health services was limited, with a majority of

participants coordinating their health care themselves and concerned that future adequate care will be available.

F. Bobbie Boyd Lubker (Director, Program in Educational Management of Chronically Ill Children and Adolescents, Education, Univ. of North Carolina, Peabody Hall 037 A, Chapel Hill, NC 27514), Polly Johnson and Mary Glenn Fowler surveyed 341 classroom teachers of chronically ill children in 44 randomly sampled schools in North Carolina (survey response rate 86%). They found that 76% had taught children with 23 different chronic health conditions (CHC). 60% had no coursework related to CHC, and most coursework on CHC was in health education. Data were also analyzed on sources of information on CHC, classroom problems with CHC, comfort with teaching CHC, compliance with NC curriculum guidelines in teaching CHC content to all children and other topics. Data on teachers who are also parents of CHC and themes in teacher comments are currently being analyzed. Their findings are reported in the September 1988 Journal of School Health.

FILM CLIPS

by Nora Groce (Harvard University) and Gary Kiger (Utah State University)

A. RACHAEL'S TEAM color, BHS 1/2", 23 minutes, 1986. Produced by Susan Hadary Cohen and William A. Whiteford. Available from: Video Services, Dept. of Physical Therapy, Sch. of Medicine, Univ. of Maryland,

32 South Greene St., Baltimore, MD 21201; 301/528-7720.

RACHAEL BEING FIVE 28 minutes, 1986 (see above)

These 2 films, which are designed to be shown together but can also be screened separately, are among the very best films in recent years on mainstreaming. In the first, Rachael's Team, Rachael, a 5-year-old who has cerebral palsy, is about to be mainstreamed into a regular classroom. Her education is the central focus of this film (The term "team" referred to in the title is a team of educators, not medical specialists). Interviews with her parents, teachers, principal and sessions where Rachael's educational needs and goals are discussed are all intelligent, informative, and very straightforward. Extremely well done, this film is recommended highly. While specialists in the field of disability and special education would benefit from seeing it, an even more appropriate audience would be elementary school teachers who will be having disabled children in their classes and parents of disabled children who plan to mainstream their children. Indeed, schools of education would do well to make this and its companion piece required viewing for all teachers-in-training.

In Rachael's Team, we come to learn about the educational concerns of parents and professionals, but we do not get much of a sense of the child being discussed.

Rachael Being Five is as forceful a statement as any film around of why mainstreaming should be carried out (despite the fact that no narration occurs). Beginning at her 5th birthday party and ending a year later, we follow Rachael's first year being mainstreamed in school. The single, overwhelming impression the viewer comes away with is how extremely "normal" a child Rachael is. In school we watch her making Halloween masks and Christmas cards; learn to read; attend a school dance, marched in the Memorial Day parade, and go on a picnic. At home we see her fishing and kite flying with her family, helping decorate the family Christmas tree, and with her sister making the quintessential childhood snack, a gummie bear sandwich (a layer of gummie bears between two layers of white bread). This film is outstanding. Films that do an adequate job of emphasizing how normal is the day-to-day existence of disabled children are rare. This a wonderful example of just such a film. It is highly recommended. (Nora Groce)

B. AGING--A SHARED EXPERIENCE
20 minute video. Available from Elizabeth Rouse, Joseph P. Kennedy Jr. Fdn., 1350 New York Ave., NW, Suite 500, Washington, DC 20005; 202/393-1251.

Developed under the joint sponsorship of the Joseph P. Kennedy Jr. Fdn., Elvirita Lewis Fdn., NYS Office of Mental Retardation and Developmental Disabilities, and the Univ. of Akron ACCESS Project, this new video provides a broad overview of the benefits of

using aging network services and typical community activities for older persons with mental retardation. It is useful for staff training, community agency orientations and presentations, and promoting seniors programs among mental retardation providers.

C. Dr. Ruth Roberts and her colleagues at the Univ. of Akron has produced a video that portrays the benefits of the Senior Friends Program which draws together an elderly retired person who volunteers his or her time to become a friend to a mentally retarded person. The Friends aid in introductions at senior center programs, are involved as companions on outings and trips, and aid in helping elderly disabled people become more a part of the community. Contact: Dr. Ruth Roberts, Project ACCESS - CH 127, Univ. of Akron, Akron, OH 44325; 216/375-7779. (See above also)

BOOK, ETC. NOTES

A. Appelbaum, Paul S., Lidz, Charles W., and Meisel, Alan. Informed Consent, Legal Theory and Clinical Practice. New York: Oxford University Press, 1987, 304 pp., \$27.95.

Faden, Ruth R. and Beauchamp, Tom L. (In collaboration with King, Nancy M.P.). A History and Theory of Informed Consent. New York: Oxford University Press, 1986, 392 pp., \$29.95.

Katz, Jay. The Silent World of Doctor and Patient. New York: The Free Press,

1986, 240 pp., \$15.95.

Informed consent is the legal doctrine that requires physicians to do two things before they treat a patient: 1) They must advise patients of the risks and benefits of any proposed treatment and explain alternatives, including non-treatment; and 2) They must receive the patient's knowledgeable consent before providing any medical care. Doctors also must receive consent before experimentation on human subjects.

The expansion of informed consent doctrine by American judges in the 1950's has been a force for protecting patients by bolstering their autonomy through legal rights, humanizing medicine, and providing new malpractice claims when patients are not properly informed. The story of the potential, limitations, and effects of this judicial doctrine, as well as the difficulty in making it work in practice, is complex.

The leading work on informed consent is Jay Katz's The Silent World of Doctor and Patient, a superbly written book analyzing the legal doctrine of informed consent doctor patient relationship from the perspective of a psychiatrist. Two new books make an important contribution to this growing literature. The book by Appelbaum et al. is a practical guide that starts with a discussion of the underlying ethical principles. Part 2 analyzes the legal principles, their application in various medical care settings, how courts approach the cases, and summarizes the literature critiquing the law.

Part 3 examines the implications for informed consent for medical practice and experimentation. The book is particularly useful for those who need to know how the law works or want to answer questions about the law in particular areas.

The book by Faden and Beauchamp will appeal to those who want to understand the doctrine of informed consent in more depth and those with a philosophic bent. After a brief introduction to the legal and moral theory, there is an in-depth history of the doctrine in both medicine and law and a restatement of the "theory" of informed consent. (Marc A. Rodwin, J.D. Lecturer in Legal Studies Pew Health Policy Fellow, Bigel Institute, Brandeis University)

B. Carbine, Michael E. and Schwartz, Gail E. Strategies for Managing Disability Costs. Washington, DC: Washington Business Group on Health, 1987, 36 pp., \$25.00.

This booklet summarizes the proceedings of the "National Disability Management Conference" sponsored in 1987 by the Washington Business Group on Health, an organization representing the interests of approximately 200 private employers. It reports basic facts about disability along with managerial strategies, case studies, and programmatic recommendations for designing disability management systems. Its guidelines purportedly rest upon the managerial assumption that "carefully planned and coordinated disability and rehabilitation programs can be

highly cost beneficial" (p. 1). Recommendations reflect a view of people with disabilities as a potentially profitable workforce, given adequate organizational support. This increasingly popular, proactive stance represents a positive shift from the individualization of illness or employer paternalism that characterized disability programs in the past. Still, it reveals something about managerial priorities that the wellness and health promotion sections appear near the end of the booklet, following discussions of benefit structures, claim processing, rehabilitation management, and avoiding malingering and fraud. Nonetheless, the booklet calls attention to a series of important issues and potential problems to consider when designing disability policy. As such, it should prove useful to administrators and policy makers; social scientists will find it to be a rich source of data for analyzing how corporations define and respond to disability as a managerial problem. (Judith A. Levy, Public Health, Univ. of Illinois-Chicago)

C. Carpman, Janet Reizenstein, Grant, Myron A., and Simmons, Deborah A. Design That Cares: Planning Health Facilities for Patients and Visitors. Chicago, IL: American Hospital Association, 1986, 309 pp., \$35.

It is an ironic twist on the medical model stereotype of people with disabilities that hospitals have seldom been very architecturally accessible. But Design That Cares goes

beyond convention and beyond building code requirements, taking seriously the need to eliminate all unnecessary barriers for disabled and elderly people.

The book makes explicit what patients and visitors have often unconsciously felt: that medical facilities are seldom designed with them in mind. Design That Cares consists of the whys and hows of humanistic design needs in medical facilities.

It is organized both by particular aspect of a medical facility (e.g., arrival, reception areas, inpatient rooms, gaining access to nature, etc.) as well as by "special" user groups (people with disabilities, elderly, etc.). Though there are some omissions, the authors have done an excellent job in scope and depth. The list of references alone is very valuable for any student of accessibility. Access issues are covered both separately and in an integrated way as various elements of facility design are considered. Perhaps most noteworthy is the extensive analysis of design issues for the elderly, issues that are more complicated and abstract than those of the younger adult disabled. This should prove useful not only to hospital designers but to all designers.

The most conspicuous omission is consideration of the needs of people with environmental sensitivities (also called environmental illness--EI--or environmental allergies). People with EI, who are not even mentioned in this book, experience extreme-

ly debilitating physiological reactions to a variety of toxins and other chemicals which proliferate in the built environment. Their complex needs are beginning to be articulated and must be heeded. Design issues include the need for fresh air or at least very well-filtered air and at least some room without florescent lights or building materials such as formaldehyde, soft vinyl, carpet adhesives, or paints with fungicides and pesticides.

Despite omissions, Design That Cares is an important addition to the field of socially responsible architecture. (Marilyn Golden, Disability Rights Education and Defense Fund, Berkeley, CA)

D. Coltheart, M. Patterson K. and Marshall J.C. (Eds.). Deep Dyslexia, 2nd Edition. New York: Routledge and Kegan Paul, 1987, 490 pp., \$16.95 soft-cover.

In 1985 the first report of what was then termed word blindness was published in the medical literature. It described a patient who was unable to read following a stroke, but whose other communication skills were still intact.

Some 80 years later, interest in acquired dyslexia, one pattern of impaired language facility following a closed head injury in which the patient makes characteristic semantic errors in reading, developed into the decade-long complex review of language processing described in this book. The studies are small--only 22 cases have been reported, all following a

stroke or closed head trauma--but they provide a window through which we can view language processing and begin to understand the basis of a unified theory of cognition.

The studies highlight the complex intertwining of the multiple systems necessary to read, to write and to speak intelligibly. There are no single cells, no isolated groups, but networks interconnecting and interacting with others into meshworks that accomplish the task.

This insight into a rare disorder is important to neurologists who must understand the workings of the brain. The papers illustrating the work and its conclusions are well-written, welcoming and remarkable for their clarity. Nonetheless, the application to the clinic of the average neurologist, to the office of the speech pathologist or to the classroom teacher faced with a dyslexic student is distant and indistinct. On the one hand, understanding the neurobiology is reassuring. On the other, it does not alter the diagnosis or the treatment. It is as if it does not matter how well we define the genotype; the phenotype remains the same. It is good to see the systems approach working. It is reassuring to be able to identify the networks. It is encouraging to see it all described with style and elegance. It is warming to be able to recommend this book. It is chilling to consider how few may find it helps in their daily work. (Harris Faigel, M.D., Director of University

Health Services, Brandeis University)

E. Evered, David, and Whelan, Julie (Eds.). Research and the Ageing Population. New York: John Wiley, 1988, 264 pp., \$49.95.

This anthology contains the 1987 National Institute of Health Ciba Foundation Symposium presentations (The Ciba Foundation is an international scientific and educational charity supported by the LIBA-GEIGY pharmaceutical company). The 17 authors are introduced as leaders from scientific arenas closely related to ageing; they are researchers in epidemiology, demography, economics, health-care planning, as well as practicing physicians.

The collection focuses on general recent research progress and its implications for planning for elderly care. Specific issues unique to disability studies are not addressed. For example, a proposal for a strategy to prevent osteoporosis does not deal with problems caused by inability to engage in weight-bearing activities. Nonetheless, general issues such as the difference between ageing and disease and the question of length of life versus quality of life run through the anthology and have direct implications for disability studies. (James H. McGrath, Philosophy, Central Michigan University)

F. Faden, Ruth R., Beauchamp, Tom L. (in collaboration with King, Nancy M.P.). A History and Theory of Informed Consent. (SEE "A" above)

G. Franklin, Barry M. (Ed.). Learning Disability: Dissenting Essays. Philadelphia, PA: The Falmer Press, 1987, 212 pp., \$38.00.

This book presents 9 essays which develop the following themes: 1) Learning disabilities do not have a strong basis in the field of medicine, 2) The concept of "learning disability" was developed to enable under-achieving middle class children to receive educational assistance in a non-stigmatizing way, 3) Most children with learning disabilities would not need extra help if regular classroom teaching techniques were individualized and less reliant on reading, 4) The field of special education is unnecessarily separated from regular education. It points out, for example, that the opportunity to refer a child to a class for learning disabilities allows teachers to avoid looking at their own teaching styles and assessing how they can best reach the particular student.

The research and writing in this book are excellent. One provocative chapter, "The Learning Disabled/Gifted: The Politics of Contradiction" by Mara Sapon-Shevin, gives a well-integrated, organized essay arguing that "the provision of services to children labeled learning disabled/gifted ensures that upper-middle class white privileged children who are not performing well in school will, nonetheless, receive special services...in a way that is non-stigmatizing and maintain the prospect of their

eventual success and capabilities for leadership." I was also impressed by the historical analysis of both the education of people with learning disabilities and the medical development of the field. One author uses 2 essays of people with learning disabilities, letting them speak in their own voices. However, the chapter, "Literacy, Definitions of Learning Disabilities and Social Control," seemed to jump to conclusions. The author did not logically develop her argument that literacy-emphasis leads to curriculum based on male-dominance and class differentials which support the present social structure.

For all my admiration of this book, I did not come away feeling it had shown readers the full picture. Much of the latest research in neurology is beginning to show more clearly a scientific basis for some learning disabilities. For example, brain autopsies have shown differentials between the cells of dyslexics and non-dyslexics (Galabruda). None of this is mentioned. Also, although it may be rue that learning disabilities has been seized by social forces, it does not follow that there is no such thing as learning disabilities! Or that all learning disabilities would disappear in an individualized classroom. It was not necessary to "dissent" from the entire concept of learning disabilities, only to show how the concept has been misused. (Dale Brown, President's Committee on Employment of the Handicapped, Washington, DC)

H. Golomb, Sylvia L. and Kocsis, Andrea. The Halfway House: On the Road to Independence. New York: Brunner/Mazel, 1988, 244 pp., \$30.00.

This book deals with an often overlooked link in the chain of service delivery programs for psychiatrically disabled people: community residences. When community residences or halfway houses appeared, they evolved individualistic methods for helping their residents function more healthfully. The authors provide a theoretical model as well as practical details of what a halfway house is and should be.

They briefly explore the history of community care of psychiatrically disabled people and the kinds of illnesses that might be represented in a halfway house. They offer concrete details about the physical structure and the daily routine of a residence--and even such unexpected topics as the boards of directors or residences. One chapter looks at the process of admission, and other chapters describe life within the residence from admission to discharge. The authors argue for a comprehensive aftercare program and point out the positive effects of continued contact between ex-residents and professional staffs. Through their vignettes and mention of specific details, the authors give a vivid portrait of the experience of life in a residence. But more than just providing a picture, they offer specific principles that help describe a superior residential system of care for

mentally ill people.

This is a very valuable, readable, informative book. It will be useful not only for staffs of halfway houses but for all mental health professionals who treat the very troubled. (Michael St. Clair, Emmanuel College)

I. Heal, L.W., Haney, J.I., and Amado, A.R. (Eds.). Integration of Developmentally Disabled Individuals into the Community, 2nd Edition. Baltimore, MD:, Paul H. Brookes, 1988, 346 pp., \$24.95.

How do we define the social integration of people coping with developmental disabilities, and what measures can we undertake to encourage their integration into our communities? These are critical questions which are only partially answered by this volume. The editors present a comprehensive and programmatic approach to the promotion of the social integration of a population which is too often overlooked by human service professionals. Chapters devoted to residential alternatives, deinstitutionalization, development of community living skills, and employment make this an important and useful resource. This content is a strength and gives the book both a prescriptive and programmatic chapter.

Yet, some fundamental material is missing. The editors do not develop the concept of integration sufficiently, and they do not incorporate social science theory--especially labeling and some deviance concepts--into a useful conceptual framework. Finally, they omit a systematic

discussion of a potential research agenda in this field. A focused discussion of this agenda could assist researchers in the further development of relevant studies pertaining to social integration.

Those individuals who are seeking a review of the state-of-the-art in serving individuals with developmental disabilities in the community will find this book an informative one. In addition, those individuals seeking to improve current programs or to design new programs for people coping with developmental disabilities will want to review this volume. (David P. Moxley, Social Work, Wayne State Univ.)

J. Hilgard, Ernest R. and Hilgard, Josephine R. Hypnosis in the Relief of Pain. Los Altos, CA: William Kaufmann, Inc., 1983, 302 pp., \$11.95.

Hypnosis in the Relief of Pain by the Hilgards is a revised edition of their 1975 pioneer work on the subject. As in the volume by Erik and Beatrice Wright, a husband and wife team once again have blended their knowledge and styles to produce a book that is wide in its scope but unified in its style. Clear and concise in their presentation, it is an honest and complete appraisal of the scientific literature on hypnotherapy as utilized in the area of pain reduction.

The book is separated into 4 parts. In Part I the authors discuss hypnosis, pain, controlling pain, and hypnosis in pain control. In Part II specific examples of pain because of cancer,

obstetrics, surgery, and dentistry are examined. In Part III hidden pain and its interpretation and the future of hypnosis in pain control are explored. Finally, Part IV is a Supplement to the first edition in which the authors review the development in the knowledge of hypnosis of pain from 1975 to 1983.

In the first chapter, they appropriately differentiate the classical hypnotist from the modern-day hypnotherapist. The hypnotherapist of today is not authoritarian, so the general tone of the relationship is egalitarian, contrary to classical hypnotism where the clinician showed his authority within this rather controlling relationship.

Noteworthy is the fact that, in a review of the literature on hypnotherapy, in many of the investigations where hypnosis was used to treat such addictive conditions as obesity, cigarette smoking, and alcoholism, the successes obtained were more likely to attributable to factors other than hypnosis. However, in cases of severe pain, the evidence was strong that success was related to the hypnotizability of the client. Nonetheless, it was unfortunate that neither in this research nor in other studies in the clinical literature was hypnotizability carefully measured so that its role in therapeutic outcomes could be isolated. The reviewer recognizes the fact that research into any therapeutic process raises many queries. Nevertheless, many more clinical as well as experimental studies must be done in

order to place hypnotherapy on a firmer scientific basis.

Finally, a point underscored throughout this book is the fact that no matter which therapeutic tools are used to affect change, the important relationship between the therapist and client cannot be ignored in evaluating any results. (Allen F. Johnson, Auburn Family Institute, Auburn, MA)

K. Katz, Jay. The Silent World of Doctor and Patient. (See "A" above)

L. Landesman, Sharon, Vietze, Peter M. and Begab, Michael J. (Eds.). Living Environments and Mental Retardation. Washington, DC: American Assoc. on Mental Retardation, 1987, (NICHD-Mental Retardation Research Centers Series), 495 pp., \$35.

This comprehensive volume of research papers contains the proceedings of a 1982 conference on "living with mental retardation." The living environments addressed range from large institutions to group residences to families, including foster families. The individual papers review specific areas, such as the changing structure and function of institutions, group homes and community reactions to them, interventions with parents, and community adaptation of retarded adults, and the home care of children with developmental disabilities, presenting state-of-the-art summaries of the literature and current research by the authors. Several introductory chapters and a concluding one describe

the history of the field and suggest future directions for practice and research. The book would thus make an excellent introduction to scholarship in mental retardation for graduate students and would also be useful to administrators and others designing or funding retardation programs.

One clear contribution of this volume is to bring the literature on formal service systems and on families together under the rubric of "environments." Historically and presently, families provide most of the care for people who are mentally retarded. Even more needs to be done to examine the interactions between formal and informal systems of care and to develop creative ways to conceptualize environments of all kinds to promote further integration of knowledge.

Much of the recent reform effort in the field of mental retardation has been directed at providing normalized living environments to all regardless of the degree of ability or disability. Reassessing the field after 10 years of deinstitutionalization is an announced purpose of this book, and the changes wrought by the reforms of the 1970s are evident throughout. Only rarely present, however, are the voices of mentally retarded people themselves. This omission is necessitated in part because so many of those studied, especially among those receiving total institutional and community-based care, are unable to communicate their needs verbally. Those who care for them and study them are

thus challenged to understand environmental effects without the testimony of those most affected. Also absent is any sustained discussion of retardation in old age or of nursing homes as care settings. Were such a conference and volume to be prepared today, this emergent area of interest would no doubt be addressed.

When people can do less, environments must supply more. With the wisdom of hindsight, it is easy to see that environments designed in the past to be therapeutic turned out to be quite disabling. In the future, the living environments we provide for people who are mentally retarded must use both technological and human resources to their fullest in order to be enabling. As frequently noted by various authors here, this will require an increasingly precise understanding of individual differences as they interact with the environment. As the chapters addressing staff burnout or withdrawal and the family providers of care attest, continuing attention and support will be needed for the workers, paid and unpaid, who enact these environments. (Jeane W. Anastas, Social Work, Smith College)

M. Lifchez, Raymond. Rethinking Architecture: Design Students and Physically Disabled People. Berkeley, CA: Univ. of California Press, 1986, 191 pp., \$27.50 hardcover, \$11.95 softcover.

This book should be required reading for all

students in architecture and planning. In fact, it is written in such an informative and personal manner that it will be of interest to most readers, especially to educators and professionals dealing with housing or disability concerns.

Rethinking Architecture describes an experiment in architectural education in which disabled individuals are involved as design consultants in the architecture classes at the University of California, Berkeley. Raymond Lifchez explains that architects often are not concerned with the potential users of their buildings, rather they focus upon the aesthetics of their architecture. This innovative effort in classroom teaching helps design students become more aware of the needs of individual users and assists them in confronting their own stereotypes and prejudices about people with physical disabilities.

This work is very poignant. Raymond Lifchez captures the personal feelings and dynamics of the students, consultants, and instructors as they interact in the classroom. Several members of this education team contributed to this book, including the physically disabled design consultants whose description of their experiences help bring this experiment alive.

However, this book probably should have been longer and proposed more detailed solutions about how such a program might be effectively organized and implemented in other academic settings. Nevertheless, it

describes an experiment in education which could benefit design students in other universities and professionals presently in the field of architecture. (Peter A. Dunn, Social Work, Wilfrid Laurier University, Canada)

N. Mechanic, David (Ed.). Improving Mental Health Services: What the Social Sciences Can Tell Us. San Francisco, CA: Jossey-Bass, Inc., 1987, 136 pp., \$12.95 softcover.

All of the contributors are affiliated with the Institute for Health, Health Care Policy, and Aging Research at Rutgers University. The topic of the edited work is chronic mental illness. The editor begins with a brief accounting of the evolution of the current mental health system, followed by Gerald Grob's history of mental health policy since World War II. In chapters 3-5, the issues of seeking professional services, quality of life, and case management are covered. The lack of adequate community housing is highlighted by Carol Boyer in chapter 6. In the reviewer's opinion, Boyer's presentation is the most useful of any in the book. Chapters 7, 8, and 9 contain introductory reviews of some political, economic, and legal issues that have and will continue to have serious implications for the mental health services system.

Improving Mental Health Services is depicted by its editor as a sourcebook which describes and analyzes the complexity of service delivery and policy formation as well

as introduces promising initiatives for improvement of services. Because of the brief and introductory nature of the discussions, DSQ readers will find nothing new or challenging here. Mechanic, Horowitz, and a number of other contributors have stated their case in greater detail elsewhere. Nor would I recommend the edited work for classroom use. The fact that the contributors are affiliated with the same "Institute" may explain why the book lacks diversity of view and approach to this significant social problem. (Richard L. Meile, Continuing Studies, Indiana University)

O. Newman, Pan E.L., Backer, T.E., and Vash, C.L. (Eds.). Annual Review of Rehabilitation, Vol. 5. New York: Springer Publishing Co., 1986, 312 pp., \$34.95.

Caveat emptor. The unwary reader who opens this slender volume may have his/her expectations disappointed by its content, for it should truly be titled "Selected Topics in Rehabilitation." The editors rightly point out in the Introduction that "a single book cannot possibly embrace all that is happening in a complex field like rehabilitation." What they have opted for instead is a series of 8 fairly lengthy (usually 30-40 pages) essays on a variety of subjects that are usually related to vocational rehabilitation (of youth in the workplace, of mentally ill people) or rehabilitation in unusual settings (rural, international). There are also chapters on computerization (this unfortunately skirts the

related topic of computers for people with disabilities), peer-provided services, and occupational therapy.

Generally speaking, the authors for these topics have provided a solid overview of their areas, and once one has adapted to the nature of the topics at hand, their essays are informative, enjoyable and easy to follow. Many of the areas covered are somewhat outside my professional expertise, so I cannot comment on the accuracy of their content. One rather glaring error occurred in the otherwise excellent chapter on rural rehabilitation: the authors use Nagi's definition of disability/handicap, referring to them as "probably the most generally accepted definition." I suspect that the WHO and the authors of the ICIDH would disagree vociferously.

I think that the best way to read this book is in the manner of a "menu degustation"--a tasting menu. Sampling the diverse flavors of these 8 substantial "dishes" will probably be uninteresting to some but very interesting to others; after making a decision to bite into the whole dish, the diner will find himself well-satisfied. I might add that Volumes 1 through 4 (the contents of which are listed at the end of Volume 5) are of similar compositional variety and promise similar rewards to the gourmet reader. (Stanley F. Wainapel, M.D., Rehabilitation, St. Luke's/Roosevelt Hospital, New York)

P. Peck, Christine and Swee Hong, Chia. Living Skills for Mentally Handicapped People. London: Croom Helm, 1988, 221 pp., \$20.00.

This book is part of a series entitled "Therapy in Practice" and strives to provide practical ways to assist persons with mental handicaps to develop basic, intermediate, and advanced living skills. Written by occupational therapists, the book outlines a behavioral approach as the preferred means of habilitation.

The first 3 chapters are devoted to establishing a framework for the book and include content on "meeting needs," "normalization," and "the behavioral approach." Subsequent chapters delve into assessment and the development of individualized teaching programs. In the next 3 chapters, the authors then discuss substantive daily living skills that are organized according to basic, intermediate, and advanced levels. These skills cut across the domains of physical functioning, communication, sensory motor functioning, play and learning. The chapter on advanced living skills includes content on social interaction, home management, and educational competencies. The book concludes with material on planning group work and group work activities.

In several areas of the book, the authors speak to the difficulties and societal barriers persons with mental handicap can experience. Yet they contribute to such stigmatization. In chapter 1 the authors begin by saying:

"Working with people who have a mental handicap is not easy; it can often be stressful, difficult, unpleasant, dirty, and mentally and physically demanding" (p. 1). Such a posture, from my perspective, does not contribute to motivating caregivers to undertake new and innovative approaches when working with people who have mentally handicapping conditions. The authors (perhaps unconsciously) reduce the humanity of their clientele when they make use of such words and phrases in several areas of the text.

The chapter on assessment presents concise overviews of useful assessment and diagnostic tools and available technology.

The book is most appropriate for individuals who are planning and implementing direct care and habilitation of persons with mental handicaps. Perhaps it could have placed more emphasis on community living skills as well as the development of self-direction and self-help capacities. This content would have increased the usefulness of the book to practitioners in this area. (David P. Moxley, Social Work, Wayne State University)

Q. Pliskin, Karen L. Silent Boundaries: Cultural Constraints on Sickness and Diagnosis of Iranians in Israel. New Haven and London: Yale University Press, 1987, 283 pp., \$25.00.

This book deals with constraints which structure the encounters of Iranian immigrants with Israeli physicians and the resulting

problems these engender in the diagnosis and treatment of illness. Pliskin's thesis centers on the traditional concept of "narahati," a term used by Iranians to connote undifferentiated, unpleasant, emotional and physical feelings. Although emotional expressions of narahati are culturally disapproved, expressions of physical illness are not. The general result is a tendency to somatize which is grounded in cultural conceptions of the body and illness. Like all immigrants, Iranian Jews in Israel encounter stress-inducing situations, personal problems and difficulties in interpersonal transactions. Their tendency is to respond in terms of anger and diffuse, undefined, ambiguous physical symptoms which Israeli physicians find difficult to diagnose. An interesting analysis is presented linking the cultural origins of patients' behavior with the Israeli stereotype of Iranians, which portrays them as stupid, lazy, suspicious, stingy, primitive and deceptive. Physicians utilize the stereotype in the ambiguous context of diffuse, undiagnosable symptoms to provide a diagnosis of "parsitis," a term used informally to refer to Iranian patients. This labeling process makes it possible for Israeli physicians to cope with the discomfort and anger they feel in their powerlessness to exercise their usual professional skills.

The book falls squarely in the social anthropological tradition and thus reflects both the strengths and weaknesses of this genre. It

provides a thoughtful, insightful analysis using qualitative data skillfully; for the social scientist concerned with the reliability and validity of data, it leaves certain questions unanswered. Most troubling to this reader is the issue of comparative and internally differentiated analysis. Pliskin implies more uniqueness to the Iranians than may in fact be appropriate. While it is clearly the nature of a case study to focus on one group, more comparative data and examination of different types of Iranians (e.g., by age, length of time in Israel and other variables) would make possible more sensitive analysis and avoid overgeneralization. The interesting discussion on the role of ethnic stereotypes in physicians' orientation to patients is hardly unique to Iranians. Other stereotypes are widespread--e.g., Georgians, Moroccans--and they have been shown to influence doctors' perceptions of patients no less than in the case of Iranians.

What has emerged from other research regarding ethnicity in the Israel context is the dramatic decline in voluntary ethnic identity among younger immigrants and especially among children of immigrants of Near Eastern and North African origin. While many sociologists and social anthropologists may deplore the social processes that brought this about and numerous mistakes have undoubtedly been made in the formal and informal policies

of the past 40 years, the reality of contemporary Israel is that, with minor exceptions, most of the ethnic patterns described in the book are probably on their way out. This means that Pliskin has captured an important segment of a rapidly changing process that will soon be a thing of the past. (Judith T. Shuval, Hebrew University of Jerusalem, Israel)

R. Proctor, Robert N. Racial Hygiene: Medicine Under the Nazis. Cambridge, MA: Harvard University Press, 1988, 414 pp., \$34.95 hardcover.

Historian of science Robert N. Proctor cogently argues against the view that a passive, disinterested medical and scientific community was forced to cooperate with the Nazi program of genocide. Instead, he argues, "it is probably as fair to say that Nazi racial policy emerged from within the scientific community as to say that it was imposed upon the scientific community" (p. 297). According to Proctor, the racial hygiene movement--social Darwinists, who feared the degeneration of the Aryan or Nordic "race"--was the key to the affinity between German physicians and scientists, and Nazi ideology.

The German eugenics or "racial hygiene" movement emerged nearly four decades before Hitler came to power. International in scope, eugenics was especially alive and well in the United States. The Nazis noted parallels between the laws they enacted and American precedents, such as black-white miscegenation laws, the 1924 Immigration

Restriction Acts, and laws in 29 states permitting sterilization of persons deemed mentally ill or criminally insane.

Proctor's detailed discussions of the Nazis' sterilization and euthanasia programs will be of particular interest to DSQ readers. Under the "Law for the Protection of Genetically Diseased Offspring," some 400,000 people were sterilized, who presumably suffered from "genetic" diseases, such as feeble-mindedness, schizophrenia, manic-depressive insanity, genetic epilepsy, Huntington's chorea, genetic blindness or deafness, and severe alcoholism. Under the euthanasia program, 5,000 infants and children registered as having congenital deformities were killed. In the first phase of the program, more than 70,000 adult psychiatric patients were gassed in hospitals equipped with chambers. These murders were administered solely by medical personnel. (R. Ruth Linden, Sociology, Brandeis University)

S. Reiser, Stanley J., Bursztajn, Harold J., Applebaum, Paul S., and Gutheil, Thomas. Divided Staffs, Divided Selves: A Case Approach to Mental Health Ethics. Cambridge: Cambridge University Press, 1987, 150 pp., \$8.95.

Psychiatrists and other health care professionals who govern the lives of "mentally ill" persons have at last come to recognize that within every treatment decision is embedded an ethical problem. This is,

in itself, a welcome event. The courts, especially at the state level; groups of "former mental patients," at the local level; even some maverick practitioners have joined forces and persuaded the psychiatric establishment that notions such as freedom, autonomy, respect, and responsibility have meaning for patients in the mental health system.

This new book speaks to the serious issues of fairness and justice in psychiatric institutions. It has a dual emphasis: concern for patients and their problems; and consideration of the many conflicts staff perceive when treatment values are problematic. Divided Staffs, Divided Selves acknowledges the civil rights movement's extension to medical and psychiatric patients. But its essential values are therapeutic, not libertarian.

The cases center around essential ethical issues--informed consent, competence, involuntary civil commitment, to note a few. But most cases are posed in language which presupposes the paternalism inherent in most mental health programming. "Giving in to the Patient" is a typical title. Another case for discussion asks pointedly: "How should staff handle patients admitted too easily, who then do not want to leave?" This is not a patient centered casebook. It is a clear, pragmatic introduction to essential value dilemmas encountered in the management of persons being treated for mental illness. It is a step in the direction of authentic respect for persons

labelled "mentally ill." But it is a tiny step indeed. (Terry M. Perlin, Multidisciplinary Studies, Univ. of Miami, Ohio)

T. Reznik, Lawrie. The Nature of Disease. London: Routledge and Kegan Paul, 1987, 227 pp., \$39.50.

This is a truly excellent book. Written by the Registrar in Psychiatry at Warneford Hospital in Oxford, who also studied Philosophy at Oxford, in a lucid engaging style of which some philosophers like Mary Warnock, for example, are capable, it seeks to definitively answer the question of whether the 'concept of disease is a purely descriptive or value free notion' as opposed to being 'value laden.'

Although its spare writing style tries to avoid it, the book is nevertheless high drama. There is much at stake in the "Naturalist-Normative debate." There is the credibility of mind itself as the activity of thinking which, since Descartes, we have traditionally thought of as representing a structure of reality outside of thought itself. There is also at stake the claims of what many sociologists call the new ruling class of 'experts,' to be the competent masters of that reality--a claim in whose name we already had Democratic Party candidate running for President.

Reznik is well aware, and makes us well aware, that medicine is like a lightning rod that captures the energy of the drama; because medicine, neither a science nor an

art, strictly speaking, is involved in changing people's lives by using truth as its material instrument. It is impossible in a brief review to summarize Reznek's arguments about whether the concept 'disease' is value free or not, not because they are so complex, but because in making them so coherent, he moves into every avenue of discourse, leaving no stone unturned. Suffice it to say that he concludes that "the concept of disease is normative," and that we "invent disease status by imposing our distinction between disease and normality on the world." But, to his everlasting credit, Reznek also argues that his is not the last word. To lay claim to a value also means assuming the obligation to argue it and defend it. In a world where medical schools teach a technobabble that outdoes the psycho and socio-babble that threatens to bury us, that is a very human thought. (Bernard J. Bergen, Dartmouth Medical School and Dartmouth College)

U. Rosenthal, Marilyn M. Dealing with Medical Malpractice: The British and Swedish Experience. Durham, NC: Duke University Press, 1988, 270 pp., \$42.50.

As the title suggests, Rosenthal's book presents a comparison of one form of regulation of medical practice in the United Kingdom and Sweden. In the course of doing so, she offers a comparative framework based on the issue of professional autonomy (the degree to which the medical profession is self regulating and its response to attempted

"encroachment" by non-medical interests) and brings together a considerable amount of information about the 2 countries from interviews with key people and a wide range of statistical sources. The book is an important resource for anyone wishing to get basic information on the handling of complaints against physicians, the processing of those complaints, and their outcome in the U.K. and Sweden. She brackets her report with information about medical malpractice claims in the U.S. and the implications of cross-national comparisons for understanding the American malpractice "crisis."

Clearly, the 2 countries' systems for medical discipline differ in a number of ways: physician disciplinary apparatus; patient compensation; malpractice prevention; handling complaints. Rosenthal explores the issues of relationship between professional dominance, authority, and power with reference to sociological concerns and the evolving "malpractice crisis" in the U.S.

The book is, in my judgment, essential to those interested in the medical malpractice issue and valuable to those interested in the more generic issues of professional power. Its price will, unfortunately, deter many who should read it from doing so. While the author has served our discipline well, Duke University Press has not.

My main reservation about the study is that it offers only a partial view of the medical malpractice issue. As

compared, for example, with the U.S., the volume of actions, the size of settlements, and the cost of malpractice insurance in both countries is notably low. I hope future researchers (and Rosenthal is well positioned in this regard) will give more systematic attention to the impact of 1) general societal forms of conflict resolution (e.g., Americans sue more for everything), 2) the compensation of physicians (e.g., do American physicians, who earn 40 times the average family income, have a different response from the public than do British and Swedish physicians, who earn 2 to 3 times the average family income) and 3) the function of the overall social welfare system (e.g., are the complaint and settlement patterns different in societies, such as Sweden's that provide near-free medical care and indemnify all residents against income loss, from those, as in the U.S. where medical injury results in enormous personal medical expenses and loss of income). Rosenthal has given us a start. Much remains to be done. (Andrew C. Twaddle, Sociology, University of Missouri, Columbia)

V. Schwartz, David, Ferlauto, Richard C. and Hoffman, David N. A New Housing Policy for America: Capturing the American Dream. Philadelphia, PA: Temple University Press, 1988, 288 pp., \$34.95 hardcover, \$19.95 softcover.

The authors claim that this book proposes a comprehensive plan to meet America's housing needs in the 1990s. However, it fails to

adequately address the needs of disabled people in the U.S. In fact, the words housing adaptations, modifications, barriers, disabled, and handicapped do not appear in the index of this book. This oversight is regrettable given that there are over 2 million disabled people in the U.S. who still require housing adaptations (Dunn 1985).

The authors do discuss some of the housing issues which seniors confront in the U.S., including the need to retrofit and rehabilitate their housing. However, they do not deal with the housing issues of disabled people under 65-years-old or with issues such as the needs for more sensitive management, adaptable public housing units, and accessible shelters for homeless disabled people.

Nevertheless, they provide a very poignant analysis of the problems created by the recent federal cutbacks in housing programs. They explain that there has been a significant decrease in home ownership, a decline in the availability and affordability of rental units, a deterioration of the overall housing stock, a growing housing crisis of the poor, and a substantial increase in homelessness. They offer very pragmatic suggestions for federal, state, and local intervention which are often based upon innovative grass-roots efforts.

This book is well worth reading, despite the limited analysis of the housing needs of disabled people. This oversight highlights the need to more forcefully ensure that

the issues of disabled people appear as priorities on the national housing agenda. (Peter A. Dunn, Social Work, Wilfrid Laurier University, Canada)

W. Seltzer, Marsha Mailick and Krauss, Marty Wyngaarden. Aging and Mental Retardation. Washington, DC: American Assoc. on Mental Retardation Monograph, 1987, 187 pp., \$20.00.

Seltzer and Krauss have produced a crisp definitive book that is the result of a national survey and other research as well as 10 years of studies and experience related to this population. The survey included institutional settings, day and residential community-based services, and some programs with younger mentally retarded citizens.

The authors believe there are 3 services options for a growing mentally retarded population over 55. They include an age-integration option, a generic services integration option, and a specialized service option. The age-integration option raises many questions from my own research and experience. We who are interested in aging and mental retardation keep saying how well many higher functioning MR older adults will fit into residential and day programs, but integration is a complex process, and although there are many success stories, we don't talk much about the difficulties. Those in the aging network will be more friendly if we move slowly and with tremendous staff time to make integration successful.

As someone who has great respect for the work of Seltzer and Krauss, I believe the

monograph would have been more useful if they had addressed MR within the larger context of developmental and other disabilities. I would have liked to see some discussion of MR elders being integrated into retirement facilities for the general population, in particular situations which include an old-old parent, usually a mother with a young-old mentally retarded adult child, usually a son. Criticism aside, this is an excellent study and essential reading. (Thomas Rose, Aging and Disability Program, Montgomery College, and National Assoc. for Senior Living Industries)

X. Sloan, Frank A., Blumstein, James F., and Perrin, James M. (Eds.). Cost, Quality, and Access in Health Care: New Roles for Health Planning in a Competitive Environment. San Francisco and London: Jossey-Bass, 1988, 293 pp., \$29.95.

Competition has marked policy in health care financing, organization and delivery throughout the 1980's. Market-oriented reforms have all but transformed the most fundamental relationships among patients, providers, payers in the public and private sectors through mechanisms including prospective payment, alternative health plans such as HMOs and PPOs, and widespread easing of regulatory approaches to planning service delivery in the health sector.

Much of the debate over competitive approaches has centered on anecdote and partisan rhetoric. Most of us, including those in policy

and planning circles, continue to stumble in confusion: just what is competition in health care, how does it work, and what do market-driven policies imply for quality of care, access and cost effectiveness?

Sloan, Blumstein and Perrin have assembled the book we have long been awaiting. This careful, well-documented volume bridges the gap between academic, public sector and private sector policymaking and research (the impressive bibliography attests to the editors' extensive knowledge of the field and includes both applied and academic studies). The chapters are well organized around a central theme--how to balance equity and quality of care within the constraints of cost--and address diverse topics ranging from public sector regulation to defining, measuring and evaluating quality of care to anti-trust law to public and private sector planning functions, and how the scope and definition of these functions are altered to meet the challenges of health care delivery in a changing competitive environment.

This book has particular relevance for those involved with policymaking and planning for disabled, elderly, and chronically ill people who are likely to experience most directly market-related changes in the health care system that may involve cost, quality of care and access. For generalists as well as specialists it provides practical insight and suggestions regarding the role of planning in a competitive policy context: how financing and the organization of delivery systems can be

monitored and controlled, and how crucial allocation decisions can be made to reduce risk to vulnerable populations and, in fact, potentially improve quality, access and cost effectiveness of health services delivery. The authors expose not only areas of vulnerability but also areas of potential and expected impact, and solutions for reform. The only failing of their approach is that it does not address adequately the importance of appropriate linkages with non-medical, community-based services and supports--areas which planners must address if adequate provision is to be made to address issues of health and well-being of vulnerable groups.

This book addresses a real gap in the field and is highly recommended to policymakers and planners and should serve as an essential text for students in courses of health care policy, planning and administration. (Holly Korda, Health Services Research, Cambridge, MA)

Y. Strange, Heather, Teitelbaum, Michele, and Contributors. Aging and Cultural Diversity. S. Hadley, MA: Bergin and Garvey, 1987, 350 pp., \$39.95.

This is a well-prepared, practical, and useful book for both the scholar and practitioner in gerontology. The authors' focus on aging and cultural diversity is derived from their belief in the importance of applying cross-cultural and intra-cultural perspectives to the study of aging, and they provide a

substantive resource that reflects on current directions in the field.

The initial part, presented in 2 sections, illustrates the scope and significance of a cross-cultural perspective on the many indigenous systems and ideologies supporting elderly people in other cultures and in the ethnic communities within the U.S.

The first section contains a sampling of 4 articles that explore aging in other countries--namely, Malay, West Africa, and Newfoundland--and addresses issues of inter- and intra-cultural diversity in one social group. The second section presents 4 studies that demonstrate cultural diversity among aged people within and between selected American subgroups--Blacks, Puerto Ricans, and Kalmuks. Despite the fact that only 8 studies in all are presented, the increased need for extensive culture-related research among aged people in America's multiple ethnic groups is self-evident. It certainly suggests models for research among the numerous ethnic populations in this country. The material in this section may be especially helpful to those in both social planning and the delivery of services.

Lastly, and certainly the highlight of the entire book, is a lengthy annotated bibliography that covers related topics, such as Overviews, Theoretical and Methodological Works, Collections, Social Role Studies, American Culture, Studies of Aging in Single Ethnic Groups, and Comparative Studies. It is an outstanding

reference source and highly recommended to those interested in aging and cultural diversity. (Rachel E. Spector, Nursing, Boston College)

Z. Stroud, Marion and Sutton, Evelyn. Expanding Options for Older Adults with Developmental Disabilities. Baltimore, MD: Paul H. Brookes, 1988, 256 pp., \$24.

This book and a companion, Activities Handbook and Instructors Guide, have been floating around in draft versions for a number of years. They have always been too long, too simplistic, too technical, and lacking in originality. In this published version, things are not that much improved. What the authors attempt is an introduction to aging and an introduction to aging and developmental disabilities. They then go on to explain how to work with older developmentally disabled adults in the community. The Instructors Guide has many interesting ideas, but it is too long and organizationally confusing. What the authors should have done is produce one slim volume that could be easily digested by very busy hands-on staff in community-based programs. They made no attempt to discuss developmental disabilities in the context of life-long and later-life disabilities.

(Thomas Rose, Montgomery College and National Assoc. for Senior Living Industries)

AA. Turner, Bryan S. Medical Power and Social Knowledge. London: Sage Publications, 1987, 250 pp., \$14.95.

This introduction to medical sociology argues that medical sociology needs a sociology of the body as its theoretical basis. Following Foucault, Turner views bodies as socio-historical and cultural "products" with medicine playing an increasing role in this "production" process. Historically interrelated processes of secularization and rationalization have shifted activities that were previously religious into the secular-medical realm and have increased bureaucratic-rational control over the body. This short textbook contains interesting analyses of dieting and related "body disciplines," gender and illness and the social contexts of aging and death. There is also a sketchy discussion of capitalism, health and health care. Turner briefly traces professionalization, the increasing globalization of medical power, and the medicalization of life.

This book raises provocative issues, though, as a text, it is much too difficult for most undergraduates. His project to derive a theoretical basis from a sociology of the body for medical sociology is an important one but one not quite realized. Little is said about the relationship between power, social control, and the production of "sick bodies." While recognizing the need to investigate the terrain between the social and physical body, he does not begin to map it. There is a curiously disembodied quality to parts of this

text. Studies in chronic illness, disability, and occupational health offer excellent vehicles for mapping the interplay between physical functioning and social environments' perception of bodies and power, but these are not utilized. While this book is, as Turner says, a "slice" of the subject, his context is fragmented and incomplete. (Peter Freund, Soc., Montclair State College)

BB. Wehman, Paul and Moon, Sherril (Eds.). Vocational Rehabilitation and Supported Employment. Baltimore, MD: Paul H. Brookes, 1988, 372 pp. includes index, \$43.00.

Supported employment (SE) as discussed in this book evolved as a reaction to the poor track record of sheltered workshops in placing their trainees in competitive employment. This largely unrealized promise does not deny the many services workshops provided that move severely handicapped persons toward normalization. Supported employment is offered as an alternative to workshops and some contributors even suggest dismantling them. But more than that, it is proposed as a mode of rehabilitation which differs radically from the usual processes of vocational rehabilitation.

SE rests on the assumption that the most efficient and cost effective road to vocational rehabilitation is to train handicapped individuals on-the-job. In this way, the needed industrial and social skills required in a specific job site can be taught in context and in ways

congruent with the physical, intellectual, and psychological limitations and needs of the handicapped individual. Those familiar with developmentally disabled persons having marked intellectual limitations would recognize this approach as tailor made for them.

Others not aware of the technical connotations which have evolved around SE might cause them to read into the title of the book something which is not there, namely vocational rehabilitation appropriate for handicapped persons whose horizons are not limited by substantial intellectual and behavioral deficits--in other words, the vast majority of persons with disabilities.

The 23 chapters provide a comprehensive picture of SE against a background and critique of vocational rehabilitation as practiced in the state-federal programs. We have here conceptual blueprints of SE programs, how they dovetail with existing social welfare programs, the use of vocational evaluation, recruiting employers, some outcome studies, etc. Clearly, the editors have tapped a wide range of experts with practical experience in implementing and maintaining severely disabled people in SE. The result is an excellent how-to book covering several versions of SE.

In summary, this book is more revolutionary than one might surmise from its rational dispassionate scientific style. Rehabilitation counseling borrowed much of its modus operandi from theories of vocational and developmental psychology and the pragmatics

of self-renewal through counseling. The latter paid only lip service to the economic and cultural realities that shaped the career destiny of people and pretty well proceeded on the assumption that the individual was the prime determiner of his/her career. The slow and deliberate modes of vocational evaluation employed in traditional rehabilitation tended to raise client expectations which could not be fulfilled. It was peculiarly inappropriate for the most severely disabled as defined in this book. SE calls for a marked shift of responsibility from client or consumer to job coach and employer.

The contributors to this book maintain that nothing much is happening until the person with a disability connects with an employer. They view the act of job placement and the continuing work adjustment services of SE as the mode of vocational rehabilitation for severely disabled people. If they prove to be right, texts in vocational rehabilitation might have to be radically revised.

The strength of this collection of papers is its emphasis on vocational rehabilitation as a prime instrumentality of normalization. On this score, the authors offer ideas of broad generic value valid across disability categories. Also, since the interests of developmental disabilities have earned a strong position among disability categories, their advocates have achieved exemplary roles in organizing

the community for political action and fundraising; matters critical for the success of SE. If their goals of supported employment for citizens with significant learning deficits can be realized, the prospects for those 70% of adult disabled now unemployed would seem much better.

Essentially, SE is presented as a self-contained technology with little regard to macro economic and ideological features which have played havoc with social welfare programs in the last 15 years. A major exception is the chapter by Noble and Coligon, "Systems Barriers to Supported Employment for Persons with Chronic Mental Illness." These writers discuss such structural features as disincentives of SSDI and SSI and project a more realistic picture of the hard road ahead for SE than the others. (Joseph Stubbins, Rehabilitation Psychologist, Sebastopol, CA).

RESOURCES

A. The Aging Connection, a bi-monthly newsletter of the American Society on Aging now also available to non-member subscribers, covers current issues and controversies in aging, with updates on policy, practice, research and new products and designs as well as a calendar of upcoming events related to the field. Cost: \$25/year or \$45/2-years. Contact: American Society on Aging, 833 Market St., Suite 512, San Francisco, CA 94103; 415/543-2617.

B. The quarterly Community

Support Network News promotes the exchange of practical and helpful information related to services for adults with long-term mental illness. Columns: Editorial, Technical Assistance Section, Research Briefs, CSP Director's Column, Information Updates/Network, A Point of View, New Resource Materials and Services, Calendar. Contact: Director of Publications, Community Support Network News, Center for Psychiatric Rehabilitation, Boston University, 730 Commonwealth Ave., Boston, MA 02215.

C. The April 1988 edition of "The Role of Market Forces in the Delivery of Health Care: Issues for Research," a National Center for Health Services Research Program Note, identifies new researchable areas (8) involving health economics. Several issues are among those considered especially critical by the Secretary of the Dept. of Health and Human Services. Areas addressed in this edition: Rural Health Care; Medical Malpractice and Insurance; Supply, Productivity, and Reimbursement of Hospitals; Health Care Technology Assessment; Alternative Delivery Systems; Health Care and the Elderly; Cost and Financing Issues of AIDS; Consumer-Oriented Health Care. Contact: NCHSR and HCTA, Rm.18-12 Parklawn Bldg., Rockville, MD 20857; 301/443-4100.

D. "Simposio Internacional Sobre Envejecimiento y Deficiencia Mental," a proceedings and report (in Spanish) of the October 1987 Madrid Con-

ference, covers a variety of areas concerning aging among persons with mental retardation and particular conditions and public policy concerns and options in Spain. Contact: Real Patronato de Prevencion y de Atencion a Personas Con Minusvalia; Serrano, 140; 28006 Madrid, Spain; tel. 262 73 37.

E. The Center Technique National d'Etudes et de Recherches sur les Handicaps et le Inadaptations in France has published "Les Handicapes Mentaux Vieillissant: A la Recherche de Solutions Adaptees, Individuelles, Collectives", a 281 page report on aging and mental retardation. Contact: Dominique Velche; S.N.A.P.E.I.; 86, Avenue de St-Ouen; 75018 Paris France; tel. 4228.40.42.

F. "Program Alternatives for Frail Elderly and Medically Fragile Developmentally Disabled Persons," a report from the New York State Office of Mental Retardation and Developmental Disabilities, describes problems in inherent in trying to serve older developmentally disabled persons who have "aged in place" as well as difficulties of providing for multiple-handicapped individuals needing special nursing care services. Contact: Dr. Matthew Janicki, Aging Services Coordination, NYS OMRDD, 44 Holland Ave., Albany, NY 12229-1000; 518/473-7855.

G. "Barriers to and Strategies for the Integration of Older Persons with Developmental Disabilities within Aging Network Services," published by

the New York State Office for the Aging, details barriers and strategies as well as recommendations to overcome these barriers. Contact: Ms. I-Hsin Wu, NYSOFA, 2 Empire State Plaza, Albany, NY 12223-0001; 518/473-4554.

H. "Ageing in the Mentally Handicapped: A Multidisciplinary Approach," is a booklet of presentation abstracts of the April 23-24, 1987 Conference of the First Frenchay Health Authority Annual Symposium held at the Univ. of Bristol, U.K. Topics: psychological, psychiatric, social, medical/dental and pharmacological aspects of aging. Contact: Dr. Joseph Jancar, Stoke Park Hospital, Stapleton, Bristol BS16 1QU, England.

I. "Contemporary Issues in the Aging of Persons with Mental Retardation and Other Developmental Disabilities," by Drs. Matthew P. Janicki, Marsha Mailick Seltzer and Marty Wyngaarden Krauss, is a review of key issues in the area of aging and developmental disabilities and includes an extensive annotated bibliography as well as comprehensive reference list. Contact: Ms. Freddie Karp, National Rehab Information Center, 4407 Eighth St., NE, Washington, DC 20017; 202/635-5826.

J. Available from NCHSR Publications and Information Branch (Parklawn Bldg., Rm. 18-12, Rockville, MD 20857; 301/443-4100) are 3 bibliographies: 1) "Annotated Bibliography of NCHSR Publications

from January 1985 to July 1987," a compilation of over 400 federal publications, final reports, journal articles; 2) "Bibliography of Publications Resulting from Extramural Research," a listing of nearly 200 journal articles, reports, other documents resulting from NCHSR support; and 3) "Annotated Bibliography of Primary Care Research," a listing of over 65 NCHSR-supported papers and publications.

K. Volume 1 of "Elders with Developmental Disabilities: A Working Bibliography," by Dennis Harper and colleagues at the Univ. of Iowa's University Affiliated Programs, deals with the dually diagnosed aging person with emphasis on caretaker awareness and perceptions of the aging-based changes and the needs of the elderly population with emotional/behavioral problems. Volume 2 of "Elders with Developmental Disabilities" focuses on elderly individuals with mental disorders, aging and mental retardation, and recent literature on psychiatric studies in older adults with mental retardation. Contact: Dr. Dennis Harper, Div. of Dev. Disab., Pediatrics, Univ. Hospital School, Univ. of Iowa, Iowa City, IA 52242; 319/353-6139.

L. Available from the Research and Training Center are the following resource materials: 1) "Annotated Bibliography. Parents of Emotionally Handicapped Children: Needs, Resources, and Relationships with Professionals." \$3.00; 2) "Annotated Bibliography. Youth in Transi-

tion: Resources for Program Development and Direct Service Intervention." Free while supplies last; 2) "Child Advocacy Annotated Bibliography." \$7.00; 3) "Families as Allies Conference Proceedings: Parent-Professional Collaboration Toward Improving Services for Seriously Emotionally Handicapped Children and Their Families," held April 1986. 1 copy free while supplies last; 4) "Glossary of Acronyms, Laws, and Terms for Parents of Children with Emotional Handicaps." \$1.00; 5) "National Directory of Organizations Serving Parents of Seriously Emotionally Handicapped Children and Youth." \$5.00. For more detailed information about these and other resources, contact: Resource Services Coordinator, Research and Training Center, Regional Research Institute for Human Services, Portland State Univ., PO Box 751, Portland, OR 97207-0751; 503/464-4040.

M. A topical proceedings of the August 21-25, 1988 International Assoc. for the Scientific Study of Mental Deficiency, 8th World Congress' symposia devoted to aging (about 30 papers) will be published. Contact: Dr. M.P. Janicki, NYS OMRODD, 44 Holland Ave., Albany, NY 12229 USA or Dr. J. Hogg, Univ. of Manchester, Hester Adrian Research Ctr., Manchester, England M13 9PL.

N. The Rehabilitation Resource Manual: Vision is a comprehensive, up-to-date desk reference for professionals

servicing visually impaired and blind individuals. It includes referral guidelines; professional bibliography; describes referral resources by eye disease/condition and for special populations (children, adolescents, elders); and sources of assistive devices. \$39.95 plus \$4.50 s&h. Contact: Fran Weisse, Resources for Rehabilitation, 33 Bedford St., Suite 19A, Lexington, MA 02173; 617/862-6455.

O. Reading packets on Organ Transplantation, Withholding or Withdrawing Artificial Nutrition and Hydration, Termination of Treatment of Adults, and Fetal Tissue Transplantation are available for \$3 each from: The Biomedical Ethics Center Fund, Box 33 UMHC, Harvard St. at East River Rd., Minneapolis, MN 55455.

P. The August 1988 issue (\$6.00 U.S.) of Mental Retardation, the journal of the American Assoc. on Mental Retardation, contains a special symposium on aging and mental retardation (8 articles) and explores a number of programmatic and public policy areas. Contact: Zelma Tucker, c/o AAMR, 1719 Kalorama Rd., NW, Washington, DC 20009; 1-800/424-3688.

Q. The Doubleday & Company's Large Print Home Library includes the latest best-sellers in fiction, non-fiction, mysteries, how-to and others that are available in full-length, hardcover editions that cost no more than regular print versions. Contact: Doubleday Large Print Home Library, Customer Service

Center, 501 Franklin Ave., Garden City, NY 11530; 1-800/343-4300 (ask for operator 355).

R. The Disability Bookshop is a shop-by-mail bookstore for individuals with disabilities. Its catalog (\$1) includes books about cooking, computers, travel, sewing, gardening, education, exercise, jobs, recreation, sports, sexuality, self-help, resources, aids/gadgets, home study, home nursing care, shop-by-mail sources, personal experiences, children's needs, starting a business at home, and a "Just for Pure Fun" section. Contact: The Disability Bookshop, PO Box 129, Vancouver, WA 98666; 206/694-2462.

S. The Gillette Children's Hospital Family Resource Center is a free information center for children and adults interesting in coping with a chronic illness, disabilities, stress, etc. Contact: Gillette Children's Hospital, 200 E. University Ave., St. Paul, MN 55101; 612/291-2848 ext. 146.

T. The Beach Center on Families and Disability, the first federally funded national rehab research and training center on families and disabilities will focus on the life-span needs of families with members who have developmental disabilities or serious emotional disturbances, or those who depend on technology for life-support, or have a disability or are elderly. Contact: Gary Brunk, Beach Center on Families and

or have a disability or are elderly. Contact: Gary Brunk, Beach Center on Families and Disability, Univ. of Kansas, Lawrence, KS 66045; 913/864-4950.

U. The Netherlands Cancer Institute is establishing a database on quality of life and health status by synthesizing relevant literature in oncology, cardiovascular disease, rheumatoid arthritis, diabetes, and CVAs. Dimensions of quality of life or health status in database include: functional status, activities of daily living, role performance, social functioning, psychological functioning, cognitive functioning, health beliefs and attitudes, satisfaction with treatment, doctor-patient relations, symptoms and side effects, pain, and sexuality. It is preparing a comprehensive quality of life bibliography of research between 1978-1988. If you have material that might be included contact: Hermanna van Dalen, Dept. Psychosocial Research, The Netherlands Cancer Institute, Antoni van Leeuwenhoekhuis, Plesmanlaan 121, 1066 CX, Amsterdam, The Netherlands.

V. Lawyers for the Disabled Inc. has introduced A/CCESS, a Attorney/Client Computer Encounter System for seriously disabled person: victims of catastrophic injuries who have difficulty obtaining access to their lawyers, their files, and the progress of their cases. Contact: Michael Kutsko, Lawyers for the Disabled, 2839 Pacific Ave., San Francisco, CA; 1-800/828-6329; FAX 916/583-0114.

END NOTE

Retrospective: "Campaign '88: National Results: What Happened; What Happens Next?"

by Mary Jane Owen (Director, Disability Focus, Inc., Washington, DC)

Thanks to Louis Harris and Associates and the Washington-based National Organization on Disability, which commissioned the series of surveys, we have a reading on how voters with disabilities reacted to the candidates for President over the span of the campaign. There is evidence that among this population, there was a dramatic swing away from the strong early support for Governor Dukakis.

In June, Harris found 58% of disabled voters intended to support Dukakis. Surprisingly, Bush was able to close that margin, topping Dukakis in 2 out of the last 3 polls and ending with a shift back down to 44% vs. 49%. What motivated the disability votership to shift even more dramatically than their non-disabled peers? Could the answer be as simple as specific attention to their aspirations on nationally aired TV?

Louis Genevie, Harris Vice-President, answered: "...Our report will be of interest in the future to anyone interested in running a successful political campaign at either the national or local level since the implication of the report is clear: disabled people cannot be ignored anymore."

An earlier Harris report on "Participation in Voting and Elections by Disabled People," released on February 23, 1988 by N.O.D., had suggested "disability" might be an important issue. Representatives of both political parties attended a strategy discussion of the study, which indicated disabled people tended to be twice as interested in public affairs and attending political rallies and three times as likely as their non-disabled neighbors to display campaign materials. In other words, they take politics seriously, but they also were resentful that "disability" wasn't on the political agenda. 66% of those interviewed were frustrated in attempts to learn what political candidates intended to do for disabled people, while 84% said they use such information in making their voting decisions. Harris President, Humphrey Taylor, in briefing the political experts, characterized the disability votership as "a huge, undiscovered constituency, a huge sleeping Giant....

[with]...the potential power to make the mighty tremble." Apparently, the Bush advisers took this warning seriously but it was not incorporated into the National Democratic Committee's campaign. Whether President Bush can fulfill those commitments made to the disability community or not, there is now evidence that his campaign's appeals to that "sleeping Giant" paid off by helping him win the race.

"Voting Intentions During the 1988 Elections: A Comparison of Disabled and Non-disabled Voters" was released

by N.O.D. on November 18th. Based on a series of 14 nationally representative telephone surveys conducted during the Presidential campaign, it analyzed data from 1,538 disabled individuals as compared with those of 199,440 of their non-disabled peers.

Bush started out with a low preference level: "Dukakis' lead over Bush during the primary session was much larger among disabled voters than among voters in general." Going into the Democratic Convention, that lead had grown to 33 points among disabled voters. The data indicate that whereas Dukakis had a firm hold on the disability vote going into the Conventions, he lost it. That lead "was, to a large extent, based on the very strong support he was receiving from disabled voters" (58% vs. 37% among non-disabled voters).

Two other factors judged significant in determining the Bush victory were the candidates' ability to inspire confidence and their potential for leadership. Among the general public, confidence in Bush rose points, from 30% to 55%, at the same time the shift among disabled voters was 31 points. During that time confidence in Dukakis fell 37 points.

In the end the disability votership was slightly less (6 points) impressed with the leadership potential of Bush but still a clear majority (56%) saw him as filling that need. This segment of the voters was also less negative by 6 points in their evaluation of Dukakis' ability to

lead (40%). The disabled voters were somewhat less sure Bush could inspire confidence from the nation. As for "helping the disabled," the data indicates that the general public had a slightly rosier picture of what Dukakis would do for this population than disabled people themselves. In October, 57% of the general public thought Dukakis would do more to help disabled people, while 55% of the disabled voters held that view. Available data on policy issues are limited and may yield further details, but at this point cannot adequately explain the dramatic shift of the disability votership away from the Democratic candidate following the Republican National Convention.

Those 33 words uttered by Bush when he accepted his party's nomination for President merit inclusion in any textbook on practical political science: "I'm going to do whatever it takes to make sure the disabled are included in the mainstream. For too long they've been left out, but they're not going to be left out anymore."

Dukakis had programs at home to talk about, but he apparently failed to recognize the need to do so. On the other hand, Bush continued to refer to the aspirations of disabled people. The Dukakis neglect undoubtedly contributed to his defeat. The Harris report summarizes Campaign '88: "By mid-October the Vice-President had closed the gap and 2 of our last 3 polls showed Bush ahead of Dukakis among disabled voters.. Our final poll put Dukakis ahead of

Bush among the disabled (49% vs. 44%) voters. Without question, however, the Vice-President made substantial inroads into the disabled vote. In the end, the change in the disabled vote during the campaign accounted for between 1 and 3% of the Vice-President's margin of victory."

The evidence is in. The disability votership had a role in extending the Republican lease on the White House. But what about Congress? Surveys related to Congressional elections await deferential attention. But how will the few changes in Congress influence policy initiatives developed by the new Administration?

There is no question that George Bush must develop effective strategies to work with Congress if he is to move his priorities forward. The future of power will rest somewhere along Pennsylvania Avenue, between Capitol Hill and the Oval Office. There is reason to believe that even though the Democrats picked up a few more seats, that the flavor of those changes may have shifted the leverage a bit closer to the White House.

Only 1 conservative Senator was replaced by a liberal, when Robert Kerrey won over David Karnes in the Nebraska race. In 4 Senate races there was no significant move along the political continuum. However, in 5 races there was a shift to the right. Of particular interest to the Disability Community was the defeat of Lowell Weicker of Connecticut, a champion of disability issues.

He was defeated by Joe Lieberman, a Democrat, aligned to various conservative positions. Other shifts to the right took place with the victories of Conrad Burns from Montana; Trent Lott from Mississippi; and Connie Mack from Florida.

The House of Representatives will continue as the more liberal chamber of Congress, and it is here that Bush will undoubtedly face the greatest challenges. The Congressional Quarterly has been assessing the success of Administratively supported legislation in Congress since 1959. Their recently released survey reveals that during the last year of the 100th Congress, the President received a slight increase in support from Democrats in the Senate while his influence waned somewhat among the Republicans in the House. That trend will probably continue, illustrating that party identification is not an infallible index of positions on issues.

What does all of this portend for those of us concerned about policy and programming in the disability field? The elections would seem to confirm the nation is relatively content with the status quo and doesn't look for any radical changes. We have a new President pledged to promote inclusion of people with disabilities into meaningful roles. We can expect the greatest success with efforts which harmonize with his goals of individualization and enhancement of competitive equity.

Disability has finally broken the surface of campaign rhetoric, but only time will

tell if organizational activities will be geared to the political climate of the 1990s. Big Time Politics is here to stay. Lee Atwater is a no-loser sort of a guy; and, as Chairman of the Republican National Committee, has made it clear he intends to reach out to every minority group. The significance of the shift in the disability vote has surely not been missed by this aggressively conservative politician. The next chapter awaits future events. Let us hope there is sufficient sophistication, wisdom and coordination within the various factions of the Disability Movement to take advantage of what it has helped create: a second Republican Administration. If that Giant becomes conscious of its power, how can it lose? (This analysis utilized material developed for the Disability Focus newsletter, Disability in Focus, offered as a service to its membership. The full text of the 2 Harris surveys are available from Louis Harris and Associates, 630 Fifth Ave., New York, NY; the report of the Congressional Quarterly can be ordered through their office in Washington, DC)

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