

Editor: Irving Kenneth Zola

Managing Editor: Joanne Seiden

DEAR READER,

This begins Volume 8 of the DISABILITY STUDIES QUARTERLY. As the last two issues indicated, we are part of a growing field with developing resources, courses of instruction, and even a new organization--The Society for Disability Studies. This Winter 1988 DSQ is a generic one. Our quarterly pattern is to publish one general issue a year and three thematic ones. Spring 1988 will focus on Self Help and Independent Living (deadline for submission of materials is March 1). The Summer (deadline June 1) and Fall (deadline September 1) themes are still being negotiated. We are collecting suggestions and materials on the following topics: Communications Technology; Religion and Spirituality; Historical Themes; Sexuality. Keep writing, please.

Finally, a special thanks to all contributors who make our task easier and the experience of all our readers considerably richer.

The Editors

COMING EVENTS

A. February 3-6, 1988, "The Bioethical Spectrum: Ethical Decision-Making throughout the Life Cycle," Fess Parker Red Lion Resort, Santa Barbara, CA. Sponsored by The Pacific Institute for Education & Ethics in the Life Sciences, it will address: reproductive technologies & neonatal concerns; organ donation & transplantation; AIDS; social aspects of health care for elderly people; legal & ethical aspects of death & dying; options in health care; religious & cultural influences in Bioethics; science of Bioethics. Focus: methodologies of decision-making; developing solid bioethical models; applied ethics using case studies. Contact: The Bioethical Spectrum, The Pacific Institute, PO Box 1143, Solvang, CA 93463.

B. February 16-19, 1988, "Respite Care: The National Debate," Texas Respite Resource Network National Conference, Radisson Gunter Hotel, San Antonio, TX. Focus: training & retention of service providers, risk management in developing respite programs, funding

options, legislative issues, etc. Contact: Texas Respite Resource Network, Children's Ambulatory Care Ctr., PO Box 7330, Station A, San Antonio, TX 73285; 512/228-2794.

C. February 19-21, 1988, Annual meeting of the Society for Cross-Cultural Research, Westin Paso Del Norte Hotel, El Paso, TX. Contact: Alice Schlegel, Program Chair, Anthropology, Univ. of Arizona, Tucson, AZ 85721.

D. February 24-27, 1988, "25 Years of Change and Achievement: Challenging the Future," Las Vegas Hilton, Las Vegas, NV. Contact: Assoc. for Children & Adults with Learning Disabilities 1988 Conference, 4156 Library Rd., Pittsburgh, PA 15234; 412/341-1515.

E. March 3-6, 1988, "Gerontology Education: Working for the Future Today," Association for Gerontology in Higher Education 14th Annual Meeting, Chicago, IL. Contact: AGHE, 600 Maryland Ave. SW, West Wing 204, Washington, DC 20024; 202/484-7505.

F. Two special pre-conference programs: March 17-18, 1988, "Hospital Innovations in an Aging Market: Fulfilling Expectations"; March 18-19, 1988, "The Forgotten Elderly Housing Market".

March 18-22, 1988, "An Aging Society is Everyone's Business," 34th annual meeting of the American Society on Aging, Town & Country Hotel, San Diego, CA. More than 500 sessions on research, theory & practice in services, programs, public policy, and advocacy for

the aging. Featured: keynote address by Surgeon General C. Everett Koop and a Technology Education Ctr. Contact: American Society on Aging, 833 Market St., Suite 512, San Francisco, CA 94103; 415/543-2617.

G. March 24-25, 1988, "Dignity of Risk," a 2-day conference that will examine issues surrounding our choices to allow citizens with disabilities to take risks; Sheraton Boxborough, Boxborough, MA. Contact: The PLUS Company, Inc., 43 Simon St., Nashua, NH 03060; 603/889-0652.

H. March 27-31, 1988, "Adapting to Social Change, Therapy, and Technology Services," 65th annual meeting of the American Orthopsychiatric Assoc., Hilton Square, San Francisco, CA. Contact: ORTHO, 19 W. 44th St., Suite 1616, New York, NY 10036; 212/354-5770.

I. April 8-10, 1988, "National Women at Work 1988 Conference," Thames Polytechnic, London, England. Contact: Faculty Office, Ref. BPS, Thames Polytechnic, Oakfield Lane, Dartford, Kent DA1, 2SZ, England.

J. April 14-15, 1988, "Stress, Coping Processes and Health Outcomes," National Conference of the Univ. of Rochester Sch of Nursing and Epsilon XI Chpt. of Sigma Theta Tau. Contact: Ruth A. O'Brien, Sch of Nursing, Univ. of Rochester, 601 Elmwood Ave., Rochester, NY 14642; 716/275-8879.

K. April 14-17, 1988, "Psychosocial Factors in Health and Illness," North Central Sociological Association 1988 Meeting, Pittsburgh, PA. Contact: Terry Haru, Sociology, St. Lawrence Univ., Canton, NY 13617; 315/379-5395.

L. April 21-22, 1988, "Rehabilitation Issues in Dialysis and Transplantation," Atlanta, GA. Sponsored by Emory Univ. Dept. of Rehab Medicine and North American Transplant Coordinators Organization. Contact: Nancy G. Kutner, Ctr. for Rehab Medicine, 1441 Clifton Rd. NE, Atlanta, GA 30322; 404/727-5561 or 4864.

M. April 21-23, 1988, "Out of the Shadows: Into the Light Through Death Education and Counseling," Association for Death Education and Counseling 1988 Conference, Crowne Plaza Hotel, Orlando, FL. Contact: Darrell Crase, Health Education Div., Memphis State Univ., Memphis, TN 38152; 901/454-2311.

N. April 21-23, 1988, "Applied Anthropology in Multidisciplinary Perspective," Society for Applied Anthropology Annual Meeting, Hyatt Regency Westshore Hotel, Tampa, FL. Contact: Program Chair, 1988 Meeting, Anthropology, Univ. of South Florida, Tampa, FL 33620.

O. May 16-18, 1988, "A Tribute to Herbert Blumer and the Study of Social Action," 5th Annual Qualitative Research Conference, University of Windsor, Canada. Contact: Mary Lou Dietz, Sociology, Univ. of

Windsor, Ontario, Canada N9B 3P4; 519/253-4232, x 2208.

P. May 19-20, 1988, "The Prevention of Physical and Mental Disabilities: Federal, State and Community Programs and Practices," 1st National Conference on the Prevention of Disabilities, Schine Center, Syracuse University, Syracuse, NY. Speaker presentations, workshops, and panel discussions will address concerns of professionals interested in theory implications of and implementation of community health education programs related to disability prevention. Contact: Office of Professional Development, 250 Huntington Hall, Syracuse Univ., Syracuse, NY 13244-2340; 315/423-4696.

Q. May 19-21, 1988, Society for Phenomenology and the Human Sciences meeting, Ontario Institute for Studies in Education, Toronto, Canada. Contact: David Rehorick, Sociology, Univ. of New Brunswick, Fredericton, Canada E3B 5A3; 506/453-4849.

Q. June 28-July 2, 1988, "Independence Now!", 13th Annual International Assoc. of Psychosocial Rehabilitation Services Conference, Wyndham Franklin Plaza Hotel, Philadelphia, PA. The conference will focus on sharing client-centered approaches and methods in psychosocial rehabilitation. Contact: 1988 IAPSRs, Roland D. Turk, c/o Horizon House, 120 S. 30th St., Philadelphia, PA 19104.

RETROSPECTIVE

A. On September 5, 1987, I attended a landmark meeting at what some might consider an unlikely place, the Annual Meeting of the Society of American Archivists. Three archivists decried the systematic underuse as well as the systematic destruction (mostly through negligence) of data dealing with the historical, institutional experience of people with mental retardation (Frank R. Levstik, Dept. for Libraries & Archives, Frankfort, KY), with profound vision loss (Alberta Lonergan, American Foundation for the Blind, NY), and with profound hearing loss (David deLorenzo, Gallaudet University, Washington, DC). They represent keepers of the flame of the dark side of American history in its treatment of people with disability and also remind us of the rich his/her story yet to be told. All three said they would also be willing to share with others the potential richness of their and other sources of data. (Irving Kenneth Zola)

SOLICITATIONS

A. What is math disability? How does one identify it? How can lack of background and experience be distinguished from a true disability? If you've had some experience with this, please contact: Lydia S. Block, Ofc. for Disability Services, Ohio State Univ., 150 Pomerence Hall, 1760 Neil Ave., Columbus, OH 43210.

B. Georgia R. Delano, a

member of the Spina Bifida Chpt. in Kansas, is interested in publishing a handbook for girls and women with disabilities who may be putting off having, or fearing to have children. Contact her at: 1203 N. Jefferson, Wellington, KS 67152; 316/326-3628.

C. Gabriel Escobar, a Robert Wood Johnson clinical scholar, has requested assistance in writing a political history of neonatal intensive care in the U.S. since 1955. Researchers who have studied neonatal intensive care, individuals holding materials, documents and clippings about the development of this specialty, critics and supporters are urged to contact him at: Clinical Scholars Program, HRP Bldg., Rm. 109, Stanford Univ., Stanford, CA 94305; 414/723-5906.

D. Educational Equity Concepts, Inc., a national nonprofit organization founded to create materials free of bias due to sex, race, or disability, has established the National Clearinghouse on Women and Girls with Disabilities and has published "Building Community: A Manual Exploring Issues of Women and Disability." They are compiling a directory of organizations that provide services to girls and women. Contact Merle Froschi or Ellen Rubin, Educational Equity Concepts, Inc., 114 E. 32nd St., New York, NY 10016; 212/725-1803.

E. Cleis Press seeks short stories by women for an anthology to be published in May 1988. Check if deadline

has passed. The theme is "Unholy Alliances": the ways in which people collide, cross boundaries of sex, culture, race and lifestyle--connect across differences. Or? Contributors will receive payment and books. Contact: Louise Rafkin, 1044 1/2 53rd St., Oakland, CA 94608.

F. The Sociologists AIDS Network is assembling a syllabi packet on AIDS and is looking for syllabi and other teaching materials on AIDS for inclusion. Send a brief description of the content in which the course was taught, teaching materials used, any difficulties or problems encountered, and a brief description of your institution and students by March 1, 1988 to: Rose Weitz, Sociology, Arizona State University, Tempe, AZ 85287-2101.

G. Under the direction of Co-Principal Investigators Timothy J. O'Leary and M. Marlene Martin, the Human Relations Area Files, Inc. is compiling and publishing a 2-volume "Supplement" to the 1975 edition of the Ethnographic Bibliography of North America, the standard bibliographic reference on Eskimos and North American Indians. The 2-year project, which started in July 1987, will add nearly 20,000 citations to documents published between 1973 and 1987. O'Leary and Martin welcome suggestions and contributions. Send to: EBNA Project, HRAF, PO Box 2054 Yale Station, New Haven, CT 06520-2054.

H. The Human Relations Area Files is planning to publish an

Instructor's Guide and a Student's Guide to the HRAF data archive and would like to receive copies of any instructional materials (instruction sheets, case studies, exercises, class projects, etc.) that people have developed when using the Files for teaching or research. Contact: David Levinson, V-P, Operations, HRAF, PO Box 2054 Yale Station, New Haven, CT 06520; 203/777-2334.

CALL FOR PAPERS

A. Papers or presentations are sought for the 38th Annual Meeting of the Society for the Study of Social Problems, "Contradictions and Conflicts: Building a Healthy Society," August 21-23, 1988, Westin Peachtree Plaza, Atlanta, GA. Contact: Barbara Katz Rothman, Sociology & Anthropology, Bernard Baruch College, CUNY, 17 Lexington Ave., New York, NY 10010. Deadline: January 15, 1988.

B. Abstracts (250-500 words) for poster & paper presentations are sought for the Symposium on Social Science in Resource Management, June 6-9, 1988, University of Illinois, Urban, IL. Deadline: February 1, 1988. Submit 3 copies to: Joanne Vining, Institute for Environmental Studies, Univ. of Illinois, 408 S. Goodwin Ave., Urbana, IL 61801.

C. Proposals for papers, panels, or roundtables are sought for the Society for Applied Sociology 6th Annual Conference, October 21-23, 1988, St. Xavier College, Chicago, IL. Theme: "Creating

Social Change." Deadline: February 15, 1988. Contact: Howard H. Garrison, Applied Management Sciences, Inc., 962 Wayne Ave., Silver Spring, MD 20910.

D. Paper abstracts, panel proposals, roundtable suggestions are sought for the Association for the Advancement of Policy, Research, & Development in the Third World 8th Conference, November 20-25, 1988, Kingston, Jamaica, West Indies. Submit a 1-page proposal and biographical statement indicating areas of professional & geographical competency by February 26, 1988 to Mekki Mtewa, Exec. Director, Assoc. for the Advancement of Policy, Research, and Development in the Third World, PO Box 70257, Washington, DC 20024-1534.

E. Abstracts are sought for oral or poster presentations at the First International Conference on Family Support related to disability, Stockholm, Sweden, August 14-18, 1988. Program consists of keynote addresses, plenary sessions, parallel symposia/panels, exhibitions. Abstract deadline: March 31, 1988. Contact: Family Support, c/o Congrex, Box 5617, 114 86 Stockholm, Sweden; Telephone: +46 8 723 42 30; Telex: 169 49 KRECON S; Telefax: +46 8 723 41 85.

F. Sociological Viewpoints seeks research articles, theoretical manuscripts, critical essays, and book reviews of interest to sociologists and social scientists for

its Spring 1988 issue. Check if deadline has passed. Contact: Lee Barrile, Sociology, Bloomsburg University, Bloomsburg, PA 17815.

G. Proposals for presenting papers or inquiries about service as a discussant are welcomed for the Society for the Advancement of Behavioral Economics 4th Annual Conference, June 15-17, 1988, San Diego State University. Check if deadline has passed. Contact: Roger Frantz, Economics, San Diego State Univ., San Diego, CA 92182-0379.

H. Papers and detailed paper abstracts are sought for the JAI Press Annual Series "Research in Social Policy: Critical, Historical and Contemporary Perspectives" for volumes II (1988) and III (1989). Focus is more on theoretical rather than practical analyses in the social policy field. Historical as well as contemporary cases of social policy developments and implementations; unconventional interpretations of social policies, psychohistory, critical theory, politics of underdevelopment and internal colonialism; social policies as developed by elite decision makers in states, missions, foundations, communities and international political bodies as well as papers that explore the response of subjects of such policy making are welcome. Deadline: June 30, 1988. Contact: John H. Stanfield II, General Editor, Research in Social Policy, Sociology, PO Box 1965, Yale Station, New Haven, CT 06520.

I. Inquiries or submissions are sought for the Journal of Applied Social Sciences special issue on "Family Caregivers: Theory, Research and Practice" to be published in Fall 1988. Deadline: July 1, 1988. Contact: David E. Biegel (216/368-2308) and Arthur Blum (216/368-6681), Guest Co-editors, Journal of Applied Social Sciences, Sch of Applied Social Sciences, Case Western Reserve Univ., 2035 Abington Rd., Cleveland, OH 44106.

J. Abstracts are welcome for "The Old in a New World" 14th International Congress of Gerontology, June 19-23, 1989, Acapulco, Mexico. Program will include sections on clinical medicine; biology; behavioral and social science; social research, planning and practice; multidisciplinary. Deadline: July 15, 1988. Contact: Congress Secretariat, Jojutla No. 91, Tlalpan CP 14090, Mexico, DF, Mexico.

K. The Journal of Aging Studies welcomes 20-30-page summaries of proceedings of topical conferences whose themes deal with the broad concerns of the social and behavioral sciences and the humanities. Accepted submissions appear regularly in a "Summary Proceedings" section of the journal. Contact: Jaber F. Gubrium, Ed., Sociology, Univ. of Florida, Gainesville, FL 32611.

L. The University of Alabama Press and Alabama Institute for Social Science Research invites manuscripts for a new social science monograph series of original research monographs

featuring innovative applications of social science theory and methodology to the empirical study of contemporary public policy issues. Contact series editor: Philip B. Coulter, Institute for Social Science Research, Univ. of Alabama, PO Box 587, Tuscaloosa, AL 35487.

M. The National Women's Health Network's ongoing book series on women's health issues (publisher Pantheon Press) seeks manuscript or book ideas from authors. Topics already published or in the process of being published include women and AIDS, healthy pregnancy, the menstrual cycle and hysterectomy. Send letter outlining book and author's background to Editor Andrea Boroff-Egan c/o NWHN, 1325 G St., NW, Washington, DC 20005.

N. If you are interested in submitting a manuscript for a special double issue "Women, Society and the Experience of 'Nerves'" of Health Care for Women International, contact: Dona Davis, Anthropology, Univ. of South Dakota, Vermillion, SD 57069; or Seta Low, Psychology, Environmental Psychology, Box 295, Grad Ctr., 33 W. 42nd St., New York, NY 10036-8099.

OPPORTUNITIES: FUNDING, PROGRAMS

A. The American Statistical Association/National Science Foundation/Census Bureau Research Fellowships and Associateships offer an opportunity to do methodological or subject matter research

related to Census Bureau operations or data. General areas for research are social and demographic studies, economic measurement and analysis and statistical methodology and computing. Requirements: PhD and a research record in a relevant field such as Anthropology; for Associates, at least 2-years of graduate study plus computer experience. Length of terms and starting dates are flexible. Contact: ASA/NSF/Census Res. Prog., Rm. 3000-4, SRD, Bureau of the Census, Washington, DC 20233; 301/763-3846. Check deadlines; they differ for Associates and Fellows.

B. Washington University Sch of Medicine invites applicants for fellowships in psychiatric epidemiology and biostatistics. Interdisciplinary training and research experience is offered over 3-years. Contact: Lee N. Robins, Washington Sch of Medicine, Medical Center, 4940 Audubon Ave., Medical School Box 8134, St. Louis, MO 63110.

C. The American Council of Learned Societies (ACLS) administers a program of competitive travel grants to enable scholars in the humanities and related disciplines to participate in international scholarly meetings outside of North America. Financial assistance will approximate an amount not less than half of the most economical air fare available between major commercial airports. Persons having a major, official role in a meeting are eligible to apply but preference is given to those who are still young in the profession and to those who

have not held ACLS travel grants previously. All applicants must have the PhD or equivalent. Contact: ACLS, 228 E. 45th St., New York, NY 10017-3398; 212/697-1505. Deadline is March 1, 1988 for meetings July-December 1988.

D. The National Institute on Aging invites qualified researchers to submit research and research training grant applications to investigate the complex interrelations between health care systems, aging processes and health functioning in the middle and later years. Social & behavioral research on all types of health services and treatment is solicited. Research is needed on how the relationships and interactions between aging people and health care practitioners and institutions affect health and disease, coping with chronic illness and disabilities and effective functioning and quality of life. Contact: NIA, ATT: Aging & Health Care, Bldg. 31C-Rm. 4C32, Bethesda, MD 20892; 301/496-3136.

CURRENT RESEARCH

A. To learn more about the social-psychological aspects of the technology that is often utilized with disabling conditions, Nancy A. Brooks (Sociology, Wichita State University) conducted an exploratory survey of consumers' perceptions of their mechanical devices. She explored the relationships between the social context of device use and users' applications of devices to learn

whether the presence of devices affects disability as a social-psychological experience. A survey of 1254 disabled scientists and engineers (identified by the American Assoc. for the Advancement of Science) was mailed with a 47% response rate. The total population reported that they are more likely to use devices for mobility, transportation, or employment.

Type of device use does vary with disability. Respondents with sensory (vision or hearing) impairments are likely to apply devices for employment, education, and communication, while persons with non-sensory impairments report more general-use applications, such as for personal care, transportation, and mobility. Demographic characteristics are not associated with device use or attitudes about devices.

The social context in which subjects report use of their assistive devices has associations with disability type. Persons with neuromuscular impairments are most likely to use their devices in the full range of social settings, unlike those with visual impairments who are LESS likely to use devices as the social settings become more intimate.

When asked how users feel about devices, responses indicate that this population strongly perceives assistive devices as mostly beneficial, necessary, and a key to normality. But 32% feel devices are often inconvenient, and only 11% say they are always proud of their devices. These attitudes are not associated with disability type, duration

of device use, or demographic characteristics.

B. Project Director Maureen Durkin reports on a rapid screening procedure to identify severely disabled children 2-9 years (It is proposed that the prevalence of severe childhood disability is a useful indicator of the health status of communities) that is being developed and tested in Bangladesh, Jamaica, and Pakistan in a collaboration involving investigators from these 3 countries and the Sergievsky Center, Columbia University. 5 types of disability are screened: blindness, deafness, mental retardation, motor disorders, and seizure disorders. Each of the 3 participating centers will screen by means of a house-to-house interview about 10,000 children, comprising all children in the age-group living in unit areas that have been selected to yield diverse social circumstances. At each site all children screened positive and, for purpose of instrument development, a reasonably large sample of negatives are being evaluated by a team of psychologists and pediatricians. Rehabilitation plans will be formulated when appropriate. Once a validated screening procedure is established, it will have wide applications in the developing world for public health policy by generating data with which to estimate the frequency of severe childhood disabilities, odds ratios for putative causes or antecedent factors, and population attributable risks associated with these causes or factors in various

communities.

The project is funded by the U.S. National Academy of Sciences, Board on Science & Technology for International Development Program. It was launched in March 1987 and will end in 2 years. Principal investigators: Sultana Zaman (Bangladesh), Marigold Thorburn (Jamaica), and Meher-Hasan (Pakistan); in New York, Maureen Durkin (Project Director), Lillian Belmont, Leslie Davidson, Shanta Dixit, Patrick ShROUT, and Zena Stein. Contact: Maureen Durkin, Columbia University, Sergievsky Center, 630 W. 168th St., New York, NY 10032.

C. The Governor's Planning Council on Developmental Disabilities is conducting a study to gain a better understanding of the services (e.g., respite, family counseling, behavior management, home health care, support groups, adaptive modifications to the home) that families need to help them care for their family member with a developmental disability who is living at home. The information obtained from the mailed survey will be used to make recommendations to expand or improve family support services in Illinois. For information: contact Chris Louro, 312/917-2080.

D. Madelyn Anne Iris recently completed a report on judicial decision-making on guardianship for the elderly in 3 Illinois counties, "The Use of Limited Guardianship as the Least Restrictive Alternative for the Impaired Elderly: An Ethnographic Examination of the Probate Court and the Decision-

making Process." Guardianship is frequently perceived as a protective intervention for persons with disabilities, not just the elderly. In addition, guardianship laws frequently raise questions about competency and disability. For example, in Illinois recent amendments to the guardianship laws changed the name of the statute to the Disabled Adults Act, referring, and quite specifically, to disabilities related to decisionmaking capacity. The project was funded by the Retirement Research Foundation. Copies are available for \$12 from: Madelyn Anne Iris, 7425 N. Washtenaw, Chicago, IL 60645.

NOTE: The following 3 studies have come out of the Native American Research & Training Center, Institute for Human Development, C.U. Box 5630, Northern Arizona University, Flagstaff, AZ 86011; 602/523-4791; Director: Marilyn Johnson.

E. William E. Martin, Jr., Lyle Frank, and Sam Minkler are conducting a survey of vocational rehabilitation counselors from 28 states who serve American Indian clients to study their perceptions toward: 1) client, environmental and service factors that affect delivery of services; 2) strategies and ancillary personnel used within the delivery of services; 3) training needs and 4) general issues related to the provision of services to American Indians. A Counselor Survey Committee from the Arizona Rehab Services Administration

and the Navajo Vocational Rehab Program will guide the development of the survey instrument. The survey results will help provide more effective strategy direction for counselors when working with American Indians with disabilities. The information will also assist state administrators in implementing the new legislative requirements for increased Indian participation in the development of state plans for vocational rehab.

F. Knowledge of occupational pattern, opportunities and labor market conditions are essential to successful vocational rehab programming for persons who are disabled. Toward that end "An Analysis of the Labor Market Participation of American Indians with Implications for Rehabilitation" is being studied by William E. Martin, Jr. and Lyle Frank to identify 1) unemployment rate of American Indians compared to total civilian workers; 2) occupational participation rates of the total civilian labor force and American Indians, Eskimos, and Aleuts; 3) participation in industries for American Indians, Eskimos, and Aleuts compared to the total population; 4) work disability status of American Indians, Eskimos, and Aleuts; and 5) analyses of Dictionary of Occupational Titles classifications for vocationally placed American Indian clients in the Rehab Services Administration system.

G. James N. Morgan and Joanne C. O'Connell have done an analysis of vocational rehab

services to Native Americans. Data from the 1980 census and other sources suggest that the rate of disability among Native Americans is at least 1 1/2 times greater than that of non-Indians with disabilities. However, a disabled Native American is only 60% as likely to be successfully rehabilitated through a vocational rehab (VR) program as is a disabled non-Indian. Moreover, Disabled Native Americans are less likely to apply for VR services, less likely to be accepted if they do, and less likely to be successfully rehabilitated if accepted.

Analysis of state to state variations suggest that states which are most successful in serving Native Americans: 1) serve a broader age group of clients and particularly serve more transition age clients; 2) are less likely to have unsuccessful closures due to loss of contact; 3) serve a broader range of disability types and particularly serve more clients with alcohol abuse disabilities; and 4) are more willing to rehabilitate clients to nonwage or low wage outcomes.

H. Betty Wolder Levin, who has done research on the cultural context of neonatal intensive care unit care in the U.S., is interested in learning about factors affecting decision making about care cross-culturally. Areas of interest include: 1) availability of primary and acute health services; 2) criteria used to evaluate neonatal intensive care unit

care; 3) attitudes about disability and "quality of life;" 4) rights of and barriers for people with disabilities; 5) bioethical traditions concerning withholding medical treatment; 6) roles of patients, families, clinicians and the state in medical decision making; 7) the politicization of decisionmaking about newborns and links to other public issues including abortion and disability rights. Contact her at: Department of Health & Nutrition Sciences, Brooklyn College, Brooklyn, NY 11210.

RECENT DISSERTATION

Gabriele B. Sweidel ("Can We Talk?": A Study of the Communication of Three Individuals Who Use a Communication Board", 1987, PhD, Univ. of Pennsylvania), using an ethnographic perspective, examined the communicative interactions of 3 nonvocal adults who use an augmentative device in place of speech when talking with their vocal peers, teachers, and family. Her data analysis drew on the perspectives of disability research, social interaction theories, and conversation analysis. She found that interactions between nonvocal persons and vocal persons did not resemble interactions between vocal adults because 1) vocal persons' perceptions of disability influence their actions and language; 2) patterns of speech which resemble adult/child interactions pervade these interactions; and 3) vocal persons appear to assume that nonvocal

persons are unable to communicate. Also, 2 problems inherent in the mode of communication used were identified: 1) extraordinary time is involved in conveying a message, and 2) difficulties arise in conveying emotion through an augmentative device. Based on these findings, preliminary rule systems are proposed for the negotiation of repair, turn-taking sequences, and conversation management strategies. She provides suggestions for implementation of the findings in areas of rehabilitation, education, and speech training.

FILM CLIPS

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

A. ALL IN A LIFE TIME, color, 2 hrs., each segment 30 minutes. Produced by Norbert Nathanson. Distributed by WMHT TV, Box 17, Schnectady, NY 12301. VHS/Beta 3/4". Sale: Set of 4/\$700, each segment \$185; Rental not available.

This film explores the lives of disabled people at 4 key points: childhood (Anticipation), college (Preparation), employment (Participation), old age (Reflection). Each topic is covered by a separate half hour segment in an interview format. In the first, attention is on a group of disabled children being mainstreamed. The intelligence, humor and sensitivity of these children and their parents speak eloquently for mainstreaming. Filmed at SUNY-Albany, "Preparation" is

a thoughtful, coherent overview of the problems and potentials of undergraduate and graduate college education for disabled individuals. In the employment segment both disabled persons and experts speak. The discussions by experts are of particular note because not only are they competent in their field but almost all are also disabled. While the last section focuses on elderly people, most striking is the contrast between the enthusiastic young and the rather passive older people. Certainly part of this difference can be accounted for by the ageless issue of youth vs. experience, but it also reflects the impact of mainstreaming and the disability rights movement on the coming generation. The impact these well-educated, highly motivated, young, mainstreamed people will make on society as they move into the job market will, I suspect, be most significant.

Given the vastness of the subject, it is not surprising that these 4 segments cannot cover all bases. The people featured were intelligent, disabled individuals, from what I assume to be middle or upper middle class households. Absent is discussion about those whose disabilities are mental or psychological in nature. However, in this particular film, this more limited scope is a strength rather than a weakness. In too many films, an attempt to cover all bases means the well-educated disabled individuals are given short shrift; here the particular concerns of this group are highlighted. Moreover, not all aspects of the

experiences of disabled people can be dealt with fully in a two-hour film. Those on which Nathanson has chosen to concentrate have been done well. Other matters such as marriage, family, and social life will have to await another film. Certainly the attempt to conceptualize the concerns of the disabled individual as a life-long process within one film is an excellent idea and one that is long overdue. While this could be viewed as a whole, some segments might also find more specialized audiences. For example, I believe a parent of a child with a disability, even or especially a newborn, would be greatly encouraged by watching the elementary school children in the "Anticipation" section, as will teachers who anticipate having these children in their classrooms. College administrators would do well to watch the "Preparation" section. Organizations with these specific interest groups might chose to have a permanent copy of these segments on file. The film itself is well done and Nathanson, as both Director and interviewer, is especially commended for structuring the interviews without getting in the way. All in all, a film to be recommended. (Gary Kiger)

B. HARM'S WAY by Barry Corbet; 18 minutes. Order from: HSCI Prevention Project, Div. of Neurosurgery, N522 Health Sciences Ctr., Univ. of Missouri, Columbia, MO, 65212. Film, 16mm: \$225; video, sale 3/4" \$50; 1/2" VHS \$35. Rental not available.

This extremely effective film differs from most reviewed in the column as it deals not with disability but rather disability prevention. A production of the National Head Injury and Spinal Cord Injury Prevention Program, it seeks to promote injury prevention among teens and young adults. Paying particular attention to the most frequent cause of permanent disability within this age group--sports injuries and car accidents--this film opens showing people engaged in high risk sports and slowly shifts as disabled young people describe how they were injured. Repeated statements of "it was a beautiful day," "we were out with friends" give way to memories of having too much to drink, showing off, not wearing seatbelts. The scenes shift again to footage of wrecked cars, serious ski accidents and ambulance rides. The next part is given over to the young people themselves--as they speak directly about their injuries, their belief that it "would never happen to me," and the impact their injuries have had on their daily lives and their plans for the future.

This is not a "disability" film in the sense that most of these people are not yet disability advocates. Their potential as disabled people has yet to be realized, but the emphasis here is, of course, on accident prevention. As such, this film is excellent. It is well photographed and thoughtfully edited. This film's place is in high schools and colleges. The fact that this is relatively short adds to its value--for example, it might be fun continuously on a video

machine at a health fair. It is highly recommended. (Nora Groce)

C. INSIDE MOVES, the film Given our culture's fascination and obsession with home videos (and I count myself among the smitten), I want to offer a review, not of a new film about disability, but of a movie released several years ago and now available in most video rental stores. The film is Richard Downer's INSIDE MOVES. The film is thick with messages and images, some of which I like a lot. Others are problematic. It opens with Rory (John Savage) attempting suicide; he humps from a 10-story building, lands on a car, and lives. Rory has a noticeable limp and his head and body are stiff as he walks and turns. He winds up at Max's bar with a pack of regulars: a blind man, a black man who uses a chair, and a man with prostheses replacing both hands. Rory feels uneasy associating with this group--he is struggling with his identity as a person with a disability. The guys try to shake Rory from his pity and dread as he explains his suicide attempt. One of them replies, "You asshole, you got it backwards. You're supposed to get crippled first, then try to kill yourself."

Rory befriends Jerry the bartender who aspires to play pro basketball but is prevented from doing so by an old injury. When he finally gets his chance after receiving corrective surgery, he abandons his buddies at Max's. Rory confronts him, telling

him, "I'm bigger than you...that's not hard to be." Jerry explains, "I was afraid something was going to rub off on me...I would be a cripple...I am a cripple. In fact, I am the only cripple in this room."

The one thing that doesn't work about this film--and it is an irritation--is that it is predictable in too many ways. For example, it is another "buddy movie." The guys have a good 'ol time and struggle together down at Max's bar. The women are tangential and/or lack any depth of character.

What does work is that persons with disabilities are portrayed in any number of ways and issues are directly confronted. Whether the depictions involve sexuality, independence, pity, or dignity, the director continually forces you to assess your feelings.

The title INSIDE MOVES, of course, has many meanings. It is a basketball term; it also refers to transformations of emotion and growth. Rory grows following his suicide attempt. He begins to heal; he cares (he is a bit like the Alan Arkin character in THE HEART IS A LONELY HUNTER; he listens to everyone's problems without the other appreciating how he is hurting inside); he is hurt; he realizes he will not be destroyed. Jerry gets his wish to play basketball and in a Faustian-style bargain, nearly loses the love of the people about him for whom he cares the most. The transformations are compelling and make this film well worth picking up at your local video store. (Gary Kiger)

D. LONG AGO TOMORROW EMI

Film Production, Ltd., RCA Columbia Pictures Home Video. Produced by Bruce C. Curtis; directed and written by Bryan Forbes.

This is a home video offering about a young English working class soccer player named Bruce (Malcolm McDowell) who (inexplicably) becomes paralyzed below the waist and goes to live in a residential care facility. The film is a British production from the 1970s released for home video viewing. If one can tolerate the outmoded clothes, lingo, and hair styles, there are any number of important issues to which viewers are exposed, such as despair at the onset of disability, rejection, discrimination, disability & self-image, and independent living, to name only a few.

Bruce moves from sarcastic soccer player to bitter paraplegic in a rapid series of events. His mother tries to cheer him with assurances like "They can cure anything these days." This, of course, is not true.

Once at the residential care facility, Bruce's family does not visit him often. His sister-in-law notes, "It's too morbid sitting in there."

The residential care staff are not much more sensitive. They talk to Bruce's family, not to Bruce, when making housing and financial arrangements, as if he were a helpless child or not there at all. The residents play ping-pong and engage in arts and crafts to occupy their time: it is a meaningless series of activities which keep them from boredom.

and hint at the uselessness of their existence in the home.

At the home, Bruce meets Jill (Nanette Newman) who recently began using a wheelchair (she has a viral infection); she is engaged. In a poignant scene Jill confronts her fiance who is wanting out of the relationship since Jill became disabled. Jill says, "Do you think about me, about what's under this dress...about my breasts? Put yourself out of this agony...say, 'I can't marry you; I'm frightened'.... You could kiss without feeling sorry for me."

The film has public education merit. It raises so many controversial disability issues and meets the head-on. Unfortunately, LONG AGO TOMORROW is an artistic disaster. The acting is not all that good. The narrative is a formula storyline and painfully predictable--healthy young man becomes disabled and learns difficult lessons about his inner resources as he overcomes bitterness when he meets a caring young woman. This is an okay plot but it is handled in a less than original fashion. (Gary Kiger)

E. LOOKING UP: a Success Story, a Romance. 1985, 27 minutes, color. Producers: Dee Parkard and Andrea Carlise. 3/4", 1/2" VHS and 1/2" Beta. Distributed by: Fire Production, 4726 NE Everett, Portland, OR 97213-2920. Rental \$25; purchase \$295.

The intent of this film is to demystify disability by introducing us to Roger, a wheelchair user who has returned to college to become a teacher. The film follows him

through his daily routine: being dressed, brushing his teeth, eating breakfast, and in class. Roger, narrating the scenes, explains matter-of-factly how normal people with disabilities are. As a keen and thoughtful observer, his ability to make the viewer listen and think about disability is the best part of this film.

Where the film gets into some trouble is in dealing with Roger's relationship with Dee. When he discusses the importance of this relationship to himself, the viewer gains a good understanding of the very normal needs of disabled individuals. Unfortunately, several scenes have been staged and presumably are reenactments of confrontations that occurred earlier in their relationship. In one, for example, Roger rejects Dee's offer to go swimming with him; he does not want her to see him undressed. As Roger has already said that they have an 'intimate' relationship, the viewer might be left wondering exactly what intimacy means for people with disabilities.

This is not a bad film. Roger is likeable and articulate, and the film's attempt to at least raise the issue of intimacy is commendable. Also noteworthy is the guide for discussions that accompanies the film, although several statements that appear in the guide are not warranted (for example, one paragraph notes "disability...is the inevitable condition for each person, if she or he lives long enough to grow old."). This film is recommended but

others might be more appropriate for general audiences. (Nora Groce)

F. WELCOME TO MY WORLD 1986, 35 minutes, VHS color. Produced by Anne Shuell and Betsy Farkas. Distributed by J. Anderson Association for Instructional Resources, Educational Communications Center, 344 Abbott Hall, SUNY, Buffalo, NY 14214; 716/831-2304.

Film and videos that record lectures, as does this, must rise or fall on the quality of the lecturer and the significance of what is discussed. In this case, an articulate and intelligent woman, Anne Shuell, talks about her experience with multiple sclerosis--and the results are excellent. Anne's symptoms began in 1970. Dealing with MS for a decade and a half now, Anne is particularly qualified to talk about living with a chronic disease. During the lecture, a range of important topics are covered: learning to become an informed and cautious participant/consumer of medical care; confronting both physical and emotional stresses; dealing with the needs of her family and friends, including those of her husband and two daughters; sexuality; work; and establishing and utilizing support systems. The emphasis she places on the fact that a disease such as MS affects the whole family, not just one individual, is a particularly important, and too often, overlooked point. Her straightforward manner and thoughtful insights into the physical and social consequences of dealing with a chronic and progressive-

ly disabling disease makes this an outstanding film. An extremely good study guide accompanies the film, further enhancing its appropriateness for classroom use. It is particularly recommended for courses that train health and social service professionals. (Nora Groce)

1987 MEDIA AWARD WINNERS

of a competition cosponsored by the President's Committee on Employment of the Handicapped and the American Association of Disability Communicators (reprinted from AADC News, Spring 1987)

DIANNE B. PIASTRO, North Hollywood, CA, for her weekly newspaper column "Living with a Disability," The Press Telegram, Long Beach, CA.

MARY GRESHAM, reporter and anchor, WDAF-TV, Kansas City, MO, for her 6:00 news series, "You Can't Get There From Here."

THE NATIONAL EASTER SEAL SOCIETY, Chicago, IL, for its national multi-media "Attitudes Campaign."

AMERICAN DIABETES ASSOCIATION, Alexandria, VA, for its TV public service announcement "News Event."

WETA-TV, Washington, DC and CENTRAL INDEPENDENT TELEVISION, London, England, for "The Skin Horse" documentary.

COUNTERPOINT, the publication of the National Association of State Directors of Special

Education, Reno, Nevada.

BOOK, ETC. NOTES

A. Browning, P., Litvin, M., and Thorin, E. Contemporary Research on the Vocational Rehabilitation of Persons with Mental Retardation. Washington, DC: The National Rehabilitation Information Center, 1983, 67 pp., \$7.50 paper; \$.87 microfiche.

This document, a product of the Rehabilitation Research Review Project of the National Rehabilitation Information Center, is a very useful resource for people interested in 13-years of research in vocational rehabilitation and mental retardation. The 55-page document includes an analytical review of vocational literature (journal articles, books, & dissertations) for 1970-1983. The second part of the monograph contains an annotated bibliography of relevant citations in this important field.

The analytical literature review is organized by topical headings which allow quick reference to major areas of vocational rehabilitation and its application to persons who have mental retardation. The "Services" section covers vocational assessment and vocational training. The authors synthesize major trends and highlight important contributions within each of these topics.

The "program" section covers studies pertaining to school work study programs and state rehabilitation agencies. I found the final section, "Other areas of consideration,"

the most interesting since it summarizes studies on such important topics as social competence roles and functions of the rehab counselor and research pertaining to outcome prediction. The authors conclude the review by highlighting their own observations and recommendations. They emphasize that much of the research during the previous 13-years tended to focus on the vocational needs of persons with severe mental retardation. According to the authors, the vocational needs of persons with mild and moderate mental retardation should receive more attention. (David P. Moxley, Social Work and Dev. Disab. Institute, Wayne State University)

B. Brubaker, Timothy H. (Ed.). Aging, Health and Family: Long-Term Care, Newbury Park, CA: Sage, 1987, 310 pp., \$29.95.

Most books on long-term care have focused on older citizens. Because many problems in this field are generic, such books also tend to be useful to practitioners, policymakers, and researchers who aim to aid young people with disabilities.

Brubaker's collection is one such work. It provides valuable pieces of information on how families and what is called "bureaucracy--" formal or paid services--combine with varying success to sustain disabled, frail, or chronically ill older citizens. Contributors adhere to this theme. This is a real achievement. Readers will thank the editor and the authors for the book's

coherence. Here is one book that delivers substantially more than its somewhat vague title promises.

Some editorial synthesis of the 15 chapters would, however, have helped to integrate the book further. Chapters appear under 6 headings: a theoretical overview is followed by sections on families as caregivers, community-based services, institutional care, hospice, and long-term care planning. As in any such collection, the individual contributions vary in their sophistication and clarity. Most are well done, successfully combining theory, review of relevant empirical work, and presentation of the author's quantitative or qualitative research.

Different contributions will be useful to different readers. This reviewer was particularly enlightened by Tobin's discussion of one nursing home's effort to design services that responded to families' concerns, and by Montgomery's report of the difficulties of using volunteers to aid families in sustaining disabled older people at home.

Recent efforts in long-term care reform have focused on S/HMO's, CCRT's, LTC IRA's, and other financing and delivery acronyms. All hope to divert more money to finance long-term care services. All will benefit from this book's reminder of the importance of designing public programs with families in mind. (Alan Sager, Sch of Public Health/Medicine, Boston University)

C. Burden, Dianne S. and Gottlieb, Naomi (Eds.). The Woman Client: Providing Human Services in a Changing World. New York: Tavistock Publications, 1987, 299 pp., \$14.95 softcover.

This new anthology provides a substantive range of information on women clients. Its purpose is to assist social work and related professional schools in converting to a non-sexist curriculum. Practitioners also can use it as a compendium for rounding out and deepening their understanding of sexism and the effects of recent social changes on the lives of women clients.

The book carefully examines how sexism affects all levels and aspects of social service delivery--e.g., the client, the practitioner, and the service providing organization. Each chapter presents a solid overview of gender issues related to the topic and a section on teaching and curriculum implications. The first part of the book covers the conditions for non-sexist education and the core knowledge base in professional social service education. Intervention and change issues are the focus of the second part, with experts contributing chapters on gender content in direct practice, administration, and community organization. The third part examines health and health care, mental health, alcohol and substance abuse, and female offenders in the criminal justice system. The final part covers life cycle issues--adolescence, family

issues, and older women.

While there is no specific chapter on chronic disease or disability, the anthology can teach human service professionals how to recognize the myriad of gender issues confronting clients and practitioners. This background is a necessary step toward understanding illness and disability in the context of a sexist society. (Marcia J. Bombyk, Grad Sch of Social Service, Fordham University)

D. Carrier, James G. Learning Disability: Social Class and the Construction of Inequality in American Education. Westport, CT: Greenwood Press, 1986, 154 pp., \$29.95.

During the 1960's learning disability (LD) began to achieve popularity as an explanation for poor academic performance in children with otherwise "normal" intelligence. New theories were proposed, programs developed and laws enacted to better protect and serve LD children.

James Carrier presents a broadly Marxian sociological analysis of the science, meaning and politics of learning disability. In Chapter 1 he presents a detailed and enlightening social constructionist history of the emergence of LD theory, particularly focusing on how the theory (by postulating minimal brain dysfunction) "Naturalizes mentality," minimizing the significance of social factors. Carrier criticizes LD theorists for having no independent evidence for "brain damage" (minimal or otherwise). The Marxian frame becomes more manifest in

Chapter 2 where Carrier argues that LD theory is an ideology used to explain and justify social inequality, especially in education. He suggests that LD theory "naturalizes" the poor performance of lower class children and thus justifies their educational inequality. But here Carrier fails to provide any independent evidence for a class bias in identifying children as LD. Indeed, he later (p. 103) cites evidence that might lead to an opposite conclusion. And this important question requires an examination of the ideology in use: has LD been used to justify the underachievement of the poor? Carrier provides no evidence, so his theory-driven analysis has an empty ring to it. The third and final substantive chapter examines some of the chinks in a simplistic Marxian interpretation, showing how middle class parents were key supporters of the LD movement because of anxieties about the underachievement of their own children. Middle class parents saw LD as less stigmatizing a designation and a more optimistically treatable condition than mentally retarded, slow learner, or emotionally disturbed.

Despite some limitations, Carrier presents a serious and provocative sociological analysis which provides an important caveat to those who would cavalierly and uncritically accept the widespread adoption of learning disability. (Peter Conrad, Sociology, Brandeis University)

E. Cole, Thomas R. and

Gadow, Sally (Eds.). What Does It Mean To Grow Old? Reflections from the Humanities. Durham, NC: Duke University Press, 301 pp., \$39.50.

The Death and Dying industry is thriving--workshops abound; opportunities for "death visualization" experiences can be found on bulletin boards--among medical professionals and interested volunteers for a good reason. Those who teach about the process of dying have opened up their students to the subjective elements of the topic. Dying is recognized as more than a clinical entity; it is seen as a collective experience and an emotional and spiritual opportunity. There are dangers in romanticizing dying. It is, from my bedside experience, an often painful and scary thing. Still, it is better to fantasize and to talk with friends about death than to repress such matters.

When it comes to chronic illness--a not unusual concomitant of aging--the conspiracy of silence persists. Though gerontology and geriatrics are also growth industries (mainly due to government support), the subjective element, the inside meaning of what it feels like to grow old is little discussed. This wonderful book tries to remedy that situation. By demanding, in effect, a dialogue between medicine and the humanities--and by presenting essays which speak to the best that the powers of imagination and analysis have to offer about the effort to understand the aging process--this book gives us some meanings to ponder. Older

persons, it tells us, should not be patronized or paternalized: to respect them means not to defer but to criticize when appropriate. The fear of "ageism," we are told, should not prohibit caring for those who are frail or who need support. The humanities teach us that individual differences count for a lot; to resist the temptation of seeing all persons over 80 as "needy," or "sharp as a tack" or "demented" is difficult. But actually hearing inside stories--from literature and from life--can provide a means of honing our capacities as authentic givers of care. This is a job not for professionals, but for all of us. The purposely subjective dimensions of this book (and its fine bibliographic appendices) are a lesson to all. Growing old is too important to be left to the experts; its understanding is our common ground. (Terry M. Perlin, Interdisciplinary Studies, Miami University, Ohio)

F. Castellani, Paul J. The Political Economy of Developmental Disabilities. Baltimore, MD: Paul H. Brookes Publishing Co., 1987, 192 pp., \$19.95.

Residential services for persons with mental retardation and other developmental disabilities have experienced a major change from large, isolated, congregate care facilities toward smaller, integrated community settings. This movement, which has resulted primarily from a humanitarian regard for persons with developmental disabilities and their quality

of life, has altered not only the physical locus of care for these individuals but also its entire context.

This emergent community context presents a substantially distinct set of issues and concerns for the field of developmental disabilities, according to Paul J. Castellani, Director of Program Research at the New York State Office of Mental Retardation and Developmental Disabilities. His new book opens with an introduction that summarizes this analytical framework and then proceeds with a review of recent historical developments in the field--political ideologies, legal foundations, and fiscal mechanisms--and their crucial role in the evolution of services. Chapter 3 covers relevant economic issues that affect the availability and accessibility of services, touching not only on the levels, sources, and types of public support, but also on the economic behavior of such key actors as individuals, their families, service agency employees, and the service organizations themselves.

Chapter 4 first addresses issues surrounding access to services in terms of the numbers and characteristics of the potential population pool, a matter that concerns concepts and definitions of disability. It then describes the various factors that determine access to services, such as types and levels of disability, sociodemographic characteristics, and service system features.

The organization of community services receives attention in Chapter 5, which discusses the political and

economic ramifications both of recent changes in traditional service models and of new developments possible only in a community context. Such organizational attributes as the types, size, scope, and auspices (i.e., public vs. private) of provider agencies affect the ability of individuals to gain access to them.

Chapter 6 focuses on the complexities surrounding decisions made in a community context, acknowledging its qualitative distinctions as a policy realm. Finally Chapter 7 concludes with the author's notion of challenges for the future of community services--the politics of eligibility, the nature and organization of community services, and the allocation of related costs and benefits.

Political Economy provides a comprehensive examination of the complexities that characterize the current community context of programs and services for persons with developmental disabilities. It sheds new insights into inextricably interrelated factors--political, economic, and social--that influence the dynamics of the formal service delivery system for these individuals; however, it makes little mention of the emergent interest in the development of informal community supports--family, friends, neighbors, etc.--a movement now gaining greater momentum among many more visionary elements of the field. (Kim Smith, PhD candidate, Heller School, Brandeis University)

G. Guthrie, Donna. Grandpa Doesn't Know It's Me. New York: Human Sciences Press, 1986, 28 pp., \$8.98.

This is a picture book about a young girl's relationship with her grandfather before and during changes from Alzheimer's Disease. A secondary theme shows how progressive disabilities impact on people who care about affected persons. A note to parents explains the book's perspective: "'There is no cure' needn't mean there's nothing we can do" and affirms the confusion that children (and adults) experience in the face of profoundly disabling disease. Through strong and sensitive pictures and illustrations, reality is shown in a way that combines the best qualities in children's literature with useful information.

Although speaking to people of all ages, this is a child's point of view. More, it's an honest reflection of human behavior and rings true because there is no obvious attempt to mold its telling into the language of the disability movement. For this reason, the book is a valuable reminder to disability communicators that while healthy people with disabilities do not want to be thought of as ill or in stereotyped, sentimental terms, there are emotions and words that are legitimately used by those with, and those who care for those with, chronic illnesses.

Yes, this is an unapologetically sad and sentimental story. Dealing with the truth of Alzheimer's, it could not be otherwise. It is

also a model and message of celebration--of family and community interdependence, of dignity surpassing discouragement and deterioration, of love that cannot be destroyed: "Grandpa doesn't know me anymore...But I remember...his house, the swing he made for me, our bicycle rides together, and the stories he told me. I remember and I still love him."

This book counsels. It teaches. It helps. (Pat Ranzoni, Educational Consultant, Maine Independent Living Center)

H. Kanter, J.S. Clinical Issues in Treating the Chronically Mentally Ill. San Francisco: Jossey-Bass, 1985, 110 pp., \$12.95 softcover.

Working with persons who are coping with serious psychiatric problems is a challenging task requiring the integration of many different approaches and techniques. Mr. Kanter, a social worker and clinician, has written a comprehensive book dealing with the many clinical issues involved in working with people who have psychiatric disabilities. His book, one volume in a series entitled "New Directions for Mental Health Services," includes timely and relevant content, such as working with families, psychosocial assessment, community treatment, case management, and the process of client change.

The book is well written and deserves attention from people who are interested in this field. In particular, Mr. Kanter addresses the needs of families and includes

content on working with family members as allies rather than focusing on them as the causes of psychiatric problems. The author also emphasizes that people coping with psychiatric difficulties cannot be treated as a uniform or homogeneous population. Rather, they should be treated on an individualized basis with very unique characteristics.

There are, however, some profound limitations with the book. The tone tends to be paternalistic and fundamental content on client involvement in determining the direction and substance of treatment is absent. Relating client involvement, client rights, and client self-determination to the goal of independent living would be a welcome addition to this book. (David P. Moxley, Social Work, Wayne State University)

I. Katzmann, Robert A. Institutional Disability: The Sage of Transportation Policy for the Disabled. Washington, DC: The Brookings Institute, 1986, 211 pp., \$28.95 hardcover; \$10.95 softcover.

This is an analysis of the attempts at making federal policy on transportation for the disability population in the United States. The players in this sorry history are federal institutions which established that policy with great difficulty and little to show for their time and effort.

We begin with the Architectural Barriers Act of 1968 and Section 504 of the Rehabilitation Act of 1973 leading the way for the civil rights, full accessibility

position. The perilous path continues to the Administrative policy setting level whose 3 agencies with greatly different missions (HEW, DOT, and UMTA) vacillate in setting federal transportation regulations (The failure of Transbus is but one glaring example of this tragedy explored at great depth). The federal courts are eventually brought in, the authors states, as "instruments used by all parties--sometimes bolstering one side, then the other." Finally, the interrelationships of actions and inactions taken by all of these institutions weaves a web exposing the full picture.

Overall, this well documented historical systems analysis gives any reader who may have witnessed a part of this history a chance to step back and understand deeply the forces which caused the swirling confusion of that time. For example, many of us in the "civil rights at any cost movement" for disability services have mellowed as we see it as an isolationist stance. Indeed, as Katzmann shows, clear congressional intent for Section 504 was never provided to the Department of Transportation, even after 2 specific requests.

Reading Institutional Disability can be a bit laborious at times. The author may have bitten off more than he could chew. He seems to find something wrong in most of his own suggestions for reform but offers them anyway.

One of the biggest problems in the legislative process, he states, is fragmentation. To deal with

this in the administrative branch Katzmann plays with the idea of an issue oriented inter-agency approach which has experts from different agencies formulate regulations in a team approach. I would add that the disability community still suffers from a fragmented view of transportation policy. Should there be "mainstream," "special services," or both? Katzmann calls for administrative agencies to set up advisory councils and task forces to gain input from appropriate consumers. This is nothing new where I come from; however, I can see how federal agencies without a consumer oriented mission may need to hear this suggestion more than once.

Finally, Katzmann speaks to the positive effect of years of federal activity in the setting of transportation policy nationwide. Although some major concessions were made, many individuals with disabilities learned valuable lessons in how to play politics during this time. As if strangers in a strange land, the first steps are expected to be small ones. Therefore, we should constantly be looking to local and state initiatives for new ideas in the provision of transportation services. Perhaps federal policy will fall into place as a result of these efforts already happening. That story will be the grist for yet another mill. (Moro Fleming, Mass. Rehabilitation Commission)

J. Kawano, Doris Kimie. For Better or For Worse--In Sickness and In Health!. privately published, 1987, 41

pp., \$3.50; distributed by Logos Bookstore, 1166 Fort Street Mall, Honolulu, HI 96813.

In this short and readable book Doris Kawano shares her story of two people trying to cope with the diagnosis, treatment, and long-term effects of cancer. Mrs. Kawano, a novelist, has drawn on journal entries and the daily charts on which she recorded her husband Henry's reactions to chemotherapy. The result is a painful and hopeful chronicle of the effects illness and treatment may have on people's relationships and everyday activities. Henry Kawano first noticed an unfamiliar rash in January, 1982. In time other symptoms appeared, and tests showed that he had Hodgkin's Disease, a type of cancer affecting the lymphatic system. An oncologist told the Kawanos: "If one has to have cancer, this is one of the best to have...(5)"

Laughing and crying as I read this line, I thought--true, medically true, but not the whole story. Shortly before we married, my husband was diagnosed with Hodgkin's. He has been in remission for 4 years. We heard the same statistics, the good prognosis. It seemed that we should be grateful that it was only Hodgkin's. I felt grateful--and also angry, scared, guilt-ridden, resentful, and alone. I am once again grateful--to Doris Kawano for having the courage to share her experiences with others. Though very religious, she has felt anger at God; though loving her

husband, she has felt frustration and resentment. Mrs. Kawano acknowledges these confusing emotions, as well as love and the power of open communication.

She also underlines the conflicts people may have complying with what seem like very simple recommendations given by well-meaning physicians. It is difficult to eat if you have no appetite, food is tasteless, you have chronic nausea and/or diarrhea, etc. And for those who take on the role of caregiver, feelings of responsibility and fears of nagging may seem overwhelming. Doris Kawano offers caregivers practical suggestions as well as moral support.

Whether or not this book will be helpful to you or those you know is a personal matter. Timing may also be a factor. My husband has not yet read it and may never do so. That is his choice. However, Doris Kawano's experiences have helped me to understand and respect that choice. The specifics of this story may not apply to you; other diseases have different prognoses, and the treatment of Hodgkin's Disease also varies. The Kawano family has a strong belief in God, a source of hope that may seem foreign to some readers. I urge you not to dwell on the specifics, but rather on the types of challenges Doris and Henry Kawano faced: "...how certain concerns were met, what adjustments were made in routines we'd taken for granted and how we managed to build supportive, constructive relationships (Foreword)."

The main book ends with a medical pronouncement of

complete remission and a summary of what helped the Kawanos reach this point. Sadly, a little over 2 years later Mr. Kawano developed another, much less treatable non-Hodgkin's type of lymphoma. Choosing to forego treatment, Henry Kawano died in November, 1986. In a brief and moving epilogue, Doris Kawano relays these facts and reiterates their faith.

Mrs. Kawano directs her book to cancer patients and their significant others. I believe that it has a much more general audience. At some point in our lives all of us have had and will have experiences with chronic illness and disability. This book is a welcome addition to my library, helping me to reconcile the past, appreciate the present, and face the future feeling less alone. I intend to share it with family, friends, and health professionals, and strongly urge others to do the same. (Lynn Schlesinger, Sociology, Brandeis University)

K. Levine, Sol and Lilienfeld, Abraham (Eds.). Epidemiology and Health Policy. New York: Tavistock, 1987, 301 pp., \$35.00 hardcover; \$15.95 softcover.

The health outcomes discussed in this book include coronary heart disease, cancer, infectious diseases, death from various causes, nutritional status, injuries, mental illnesses and alcoholism. The emphasis is on primary prevention, while disability per se is scarcely mentioned. Yet the dimensions of public policy and epide-

miology elucidated in the 9 papers of this volume certainly apply to situations in which disability is the outcome of interest. Recurrent in many of the papers are lucid discussions and examples of the difficulties of: 1) conceptualizing, measuring and linking biological, social and environmental causes and effects; 2) using epidemiology to formulate health policies when the epidemiologic record contains serious gaps and contradictions (this is particularly true for cancer and psychiatric disorders); and 3) implementing epidemiologically sound health policies in the face of opposing economic, political and moral determinants. Also conveyed nicely in many of the papers is an appreciation of the different types of health intervention and policy targets (e.g., individual behavior, the community, the physical environment) and the role of epidemiology in identifying these and in evaluating the effects of interventions.

The volume is well edited and the contributors are distinguished health scientists, all experts in the topics on which they have written. The only major problem, and this perhaps was unavoidable, is that by the time of the book's publication in 1987, its contents were already about 2 years out of date. Aside from this, the papers will be interesting and informative to readers with or without backgrounds in epidemiology, though readers with no training in epidemiology may benefit more from a book with the same title as this one,

written by Michel Ibrahim and published in 1985. A title truer to the contents of both books would be Epidemiology and Health Policy in the United States. (Maureen Durkin, Gertrude H. Sergievsky Center, Columbia University)

L. Ludins-Katz, Florence and Katz, Elias. Freedom to Create. Richmond, CA: Institute of Art and Disabilities, 1987, 75 pp., no price given.

An artist and a clinical psychologist have pooled their experiences to produce a handbook that is both practical and provocative. As co-directors of the Institute of Art and Disabilities, they operate a program that includes art classes for disabled children and adults, exhibitions of students' work, professional training, workshops, and conferences. They have chosen as their goal the encouragement of creative expression and imagination in disabled individuals.

A brief discussion of the authors' philosophy leads to 10 detailed chapters about the kinds of creative art experiences they have shared successfully with a wide range of disabled persons. These chapters, while geared to disabled children, can be of benefit to all students. The 10 chapters follow one form of organization: rationale for the lesson, common problems and suggested solutions, materials needed, physical arrangements, suggested procedures, uses for the finished products, suggested follow-up, and sources of useful illustrations. The

lessons offer both individual and group opportunities in painting with tempera, clay, printmaking, collage, mosaics, composition of a class mural, and approaches to still life painting. (Pearl J. Slaton, Special Education Teacher, Niles Township North High School, Skokie, IL)

M. Lurie, Elinore E. and Swan, James H. Serving the Mentally Ill Elderly. Lexington, MA: Lexington Books, 1987, 352 pp., \$35.00.

This book originated in a project entitled "Analysis and Synthesis of Research on the Mentally Ill," supported by the National Institute of Mental Health. Faculty at the Institute for Health and Aging at the Univ. of California-San Francisco reviewed the most recent research on a number of topics dealing with mental health and the elderly. An advisory panel of practitioners from the field help set the agenda and reviewed the work in progress. What resulted is a very comprehensive state of the art manuscript dealing with: the epidemiology of mental illness in late life; the inter-relationship of physical and mental illness in the elderly; effectiveness of treatments; and a number of delivery issues. Despite the fact that this reviewer wrote a couple of chapters in the book, it is highly recommended for both practitioners and researchers who wish to assess the present state of knowledge of mental health and the elderly. The wider disability community will find its literature reviews a model for other topics. (James J.

Callahan, Jr., Heller School, Brandeis University)

N. McCaffrey, David. OSHA and the Politics of Health Regulation. New York: Plenum Press, 1982, 192 pp., \$29.50.

David McCaffrey's careful analysis of the history of OSHA regulations up to 1981 is an insightful and especially valuable work. It is far more than a linear history or review of what happened in the first decade or more after the OSHAct was passed in 1970. It is sociology because McCaffrey examines the relationship between workers, lawmakers, regulators, and business managers from the perspective of social power. He critically analyzes 3 models of the phenomena of regulation: the pluralist or competing interest-group model, the capitalist state model, and the organizational behavior model. His goal is to determine to what extent each of these explains the behavior and actions of the Occupational Safety and Health Administration, the federal agency ultimately charged with protection of tens of thousands of workers from cancer, asbestosis, and other diseases. To do this, of course, McCaffrey must review many of the regulations that were promulgated during the '70's and shortly afterward. He does this in highly readable, interesting fashion, and moves easily between recounting the regulations and using them to explore the 3 hypothetical models. In the pluralist model, regulations will be determined by the competitive lobbying of pressure

groups for both business and labor. This model alone cannot explain regulation, McCaffrey believes, because in the long run business interests have far more resources than labor and could over-power pro-regulation forces. At particular times, however, pro-regulation forces can acquire strength and make critical alliances with each other that go beyond the labor movement itself. In the capitalist state perspective, the state moves to regulate workplace dangers in order to insure the overall stability of capitalism, because in this view individual business acting purely in their own interests would endanger the whole system. In the organizational behavioral model, bureaucratic regulatory agencies act to insure their own survival and strength.

Throughout his analysis and his conclusion--in which he seeks to refute the capitalist-state perspective in favor of an interaction-effect of the other two--McCaffrey's book is clear, compelling, and rigorous. More than this, it shows a sincere and knowledgeable concern for those whose lives regulation affects, people who work. Anyone interested in the social response America is making to workplace injury and death should make full use of this book. (Roger Tulin, Arlington, MA)

O. McLoughlin, Caven S., Garner, J. Bradley, and Calaham, Michael (Eds.). Getting Employed, Staying Employed: Job Development and Training for Persons with Severe Handicaps. Baltimore, MD: Paul H. Brookes Publishing,

1987, 210 pp., \$22.95.

During the past decade, those of us who are concerned with opportunities for persons with disabilities have been challenged to find new, more effective means of helping such persons achieve their full potential. Within a framework of community integration, particular interest has been expressed in the needs of the severely disabled, with many efforts focused on the mentally retarded.

For this population and other disabled persons as well, a significant amount of attention has been devoted to the employment issue. In the process, competitive opportunities have been increased and supported and transitional employment programs have been developed. A major limitation to achieving the desired integration has been the lack of availability of personnel, intervention models and strategies necessary to accomplish the outcome of integrated employment.

Now we have this excellent manual to guide us along the way. It is a unique edited volume, unique because the authors have chosen to identify themselves as editors since much of their valuable materials were prepared by persons with whom they are associated. In fact, however, they have developed this volume together and it, unlike the usual edited volume, offers a clear and consistent picture of the philosophy and practice involved in job development and placement for those who are mentally retarded and other persons

with disabilities.

The philosophy is forthright, simple and engaging: it is most important to prevent a new generation of sheltered workers from developing. Work is an important contributor to enhancing a person's quality of life. Assume, therefore, all persons can be competitively employed (i.e., persons with disabilities are fully capable of meeting or learning to meet employers' needs). The damage from such thinking is less than the wrongs that occur when we label and separate out people for whom we have limited expectations. No one is untrainable, so lack of success is a function of the inadequacy of the training/trainer rather than the trainee. By placing clients in normalized environments they gain "quality" jobs which include the opportunity to interact with a variety of persons. (Sheila H. Akabas, *The Center for Social Policy and Practice in the Workplace*, Columbia University)

P. Napodano, Rudolph J. Values in Medical Practice. New York: Human Sciences Press, 1986, 144 pp., \$26.95.

Without doubt the profession of medicine is in dire need of a transformation of values. This book, about and directed to physicians, proposes that moral and ethical teaching relevant to the patient as person should stand side-by-side with biomedical teaching in medical education. The author maintains that the forces of reductionism and specialization have pushed the general internist out of a central role in the clinical education of internal medicine

trainees. He is particularly preoccupied with the loss of respect for the general internist in academic institutions in favor of subspecialists who are viewed with more authority and power. In his view, only the general internist can see the patient as an entire person and deal with the patient in an ethically responsible manner. This stance excludes other health care professionals such as family physicians and nurses who are also dedicated to the care of the whole patient and who also struggle with the depersonalization of tertiary care medical institutions.

Much of the book consists of moral exhortations: the physician should do good or avoid doing harm, provide good quality care for all who are in need, and always act in the patients' best overall interests. The doctor should be competent, know the patient as a person, work at establishing "a genuine helping relationship," and involve the patient in decision-making. Since all physicians pay lip-service to these platitudinous goals regardless of their practice, the book takes on a Sunday School quality. While Napodano recognizes the lack of awareness of patients' concerns in medical institutions, the book itself is written entirely from the practitioner viewpoint and thus lacks the perspective of persons who may be sick or disabled. The advantaged male physician stance is evidenced by the author's acknowledged choice to use male personal pronouns throughout the text

"simply for the convenience of the reader." Clearly this is valid only for male readers. I certainly did not find it convenient to transform all the pronouns in the book; nor do I ever find it a convenience to think of myself, all patients, or all physicians as male.

The book's primary value lies in its exhaustive list of references relating to medical ethics and the doctor-patient relationship. (Lucy M. Candib, Family Health and Social Service Center, Worcester, MA)

Q. Rose, Stephen M. and Black, Bruce L. Advocacy and Empowerment: Mental Health Care in the Community. Boston, London and Henley: Routledge & Kegan Paul, 1985, 256 pp., \$23.95.

The authors critique the social policy of deinstitutionalization in order to develop a positive approach for mental health after-care. Mental health programs for chronically disabled persons that were based on deinstitutionalization tend to provide inadequate services and have high rehospitalization rates. The authors draw on the work of the Brazilian educator Paolo Freire and seek a positive alternative to a medicalized model of care. They offer a community-based after-care approach that seeks to understand ex-patients in a different way--i.e., to validate them as persons and to reconnect them to society. Specifically their approach views ex-patients as people who are potentially active agents in the process of creating their social world. They urge an orientation that is a process

of mutual interaction between ex-patients and workers who have an advocacy/empowerment orientation. Such an orientation seeks to learn from ex-patients, to present alternatives, to inform carefully about rights, to help ex-patients see their life situation as different from what they had previously believed and to realize that things do not have to be that way.

In addition to the section on theory, the book has chapters on case management, day programs, legal advocacy, program evaluation and community organizing. It offers a valuable and important positive approach to the serious mental health issues of persons with chronic and disabling mental health problems. It is admirable in its stress on empowerment and advocacy, though it would have benefitted possibly from further detailed examples of the authors' own successful work and greater efforts to avoid lapsing into abstract jargon. (Michael St. Clair, Sociology, Emmanuel College)

R. Sonnestuhl, William J. Inside an Emotional Health Program: A Field Study of Workplace Assistance for Troubled Employees. Ithaca, NY: ILR Press, New York State School of Industrial and Labor Relations, Cornell University, 1986, 187 pp., \$24.00 hardcover, \$10.95 softcover.

Sonnenstuhl interviewed 30 employee-clients (19 women, 11 men) and an unstated number of their therapists (mostly clinical psychology interns) at Corpco to find out how

troubled employees are aided in an EHP. He found that employee troubles, whether personal, relational or work-related, don't come to the EHP until containment (controlling information or hiding symptoms) breaks down. When that occurs, women and supervisors are more apt to ask for help for troubles (now defined as medical), while men are more often told to get help or else. After these employees come to the EHP, therapists devise an in-house system of recontainment whereby employees conceal help (usually biofeedback and short-term cognitive therapy) and patch up some of the troubles they're having in their lives at work, at home, or in both places. Thus, EHP therapists broker employee troubles in such a way that all 3 parties profit according to the "false consciousness" appropriate to their station. Therapists, believing they're both autonomous and on the client's side, get their clients to see things management's way. Most clients adjust, a few leave. And management believes that the EHP raises employee morale while lowering costs. Sonnestuhl concludes that the EHP individualizes employee problems through medicalization, thereby ruling out social solutions to personal problems. While his data may not completely warrant this last interpretation, they provide a very useful and thick description of social control at Corpco. (Earl Rubington, Sociology & Anthropology, Northeastern University)

S. Starfield, Barbara. The

Effectiveness of Medical Care: Validating Clinical Wisdom. Baltimore, MD: Johns Hopkins University Press, 1985, 168 pp., \$27.50.

This book is a packaged review of many studies on medical care effectiveness, all of them focused on the care of children. It closes with an argument for more research. Barbara Starfield along with 5 other authors, all out of Johns Hopkins University Medical School or School of Public Health, contribute 17 short chapters on: neonatal and perinatal mortality, low birth weight, teenage child bearing, immunization, acute rheumatic fever, child abuse, congenital hypothyroidism and phenylketonuria, lead poisoning, iron-deficiency anemia, diabetes, seizures, bacterial meningitis, acute appendicitis, asthma, gastroenteritis and dehydration.

The material from numerous studies on these themes is crisply and critically summarized. Specialist readers can select their topic for a quick update while generalist health care researchers can learn what research their colleagues have been doing and what else remains to be done. Health care planners should get the research support for their planning arguments. Disability activists can find ample data to argue for the prevention of impairments, disability and handicaps.

Running through the chapter summaries is a social argument: the poor need better access to services. Despite proven effectiveness of

interventions, the health status of the poor remain lower. Starfield also argues (and adds other studies in support) that medical interventions are effective despite other analyses that contend that health improvements have come as much, if not only, from social improvements. As in most reviews, the authors want more studies to be done; the argument in the current political climate is that these would reduce medical costs by eliminating what doesn't work. Would that research be that persuasive! (John D. Stoeckle, M.D., Harvard Medical School)

T. Stoeckle, John D. Encounters Between Patients and Doctors. Cambridge, MA: MIT Press, 1987, 440 pp., \$35.00 hardcover, \$17.50 softcover.

Edited collections are notoriously hard to review and this one is no exception. Encounters Between Patient and Doctors edited by John D. Stoeckle, M.D. contains 17 articles organized around 6 issues: the structure of the medical relationship, factors influencing this relationship, communication between doctors and patients, barriers to communication, methods that can be used to study the medical relationship and discussions of a good relationship.

Some of the articles are old standards--for example, L.J. Henderson's 1935 paper, "Physicians and Patients as a Social System," which both defines the doctor-patient relationship as a reciprocal social system and is said to have influenced Talcott Parsons' classically functionalist perspective of the doctor-

patient relationship as a consensual system of complementary rights and obligations. Others are newer additions to the literature--for instance, Waitzkin and Stoeckle's paper, "Information Control and the Micropolitics of Health Care," which argues that the way information is transmitted can enhance the autonomy of the patient or the power of the doctor.

While the articles are drawn from academically diverse disciplines and express a range of theoretical perspectives, including functionalism, interactionism and marxism, this diversity is integrated by the editor. Nevertheless, it would be easy to dismiss the collection for containing little that is new. Many of the articles have been published before, and many discuss topics that have been debated quite thoroughly over the years. Yet to dismiss it would be a mistake. Stoeckle writes a comprehensive introduction to the text as well as introducing each section of it. These introductions do more than unify. They provide a helpful review of the literature even for the initiated and a valuable classroom text for the uninitiated. But perhaps the book's biggest potential contribution is to doctors themselves. Stoeckle points out, despite the fact that patient care is central to medicine, that all too many doctors prioritize the scientific and technological aspects of patient care, giving short shrift to the doctor-patient relationship. (Sue Fisher, Sociology,

Wesleyan University)

RESOURCES

A. Caring for the Caregivers, a newsletter published/edited by Barbara Koss, includes Questions and Answers, In Search of..., Resources, Information and Publications for Caregivers, feature articles on the role of a caregiver, and an introduction of positive-thinking caregivers from various communities. Single copy: \$1.50. 1-year subscription: \$10. Send check or money order (U.S. funds) made out to Barbara Koss, c/o Caregivers, PO Box 892, Glenview, IL 60025; 312/965-1193.

B. The Sociology AIDS Network (ASA connected) publishes a newsletter, a major function of which is to link researchers who are studying social aspects of AIDS. If you are working on AIDS research, send a brief description, address & phone no. to: Edward L. Kain, Editor, Sociology, Southwestern University, Georgetown, TX 78626; 512/863-1967.

C. The National Institutes of Health Guide provides announcements on scientific initiatives as well as policy and administrative information on requirements and changes in extramural programs administered by NIH. Contact: NIH, Rm. B3BE07, Bldg. 31, Bethesda, MD 20892.

D. The Electronic Industries Foundation Rehabilitation Engineering Center (EIF/REC) announce the availability of 2

resource papers: 1) Private Insurance Reimbursement for Rehabilitation Equipment explores some rudimentary aspects of insurance and examines payment for rehabilitation technology within that context. It provides a sound foundation for understanding the private insurance industry for individuals with disabilities, family members, service providers, and others; 2) Stimulating the Manufacturing and Distribution of Rehabilitation Products: Economic and Policy Incentives and Disincentives reports findings of an EIF/REC survey of industry representatives, providing a thought-provoking perspective of the challenges involved in conducting business in specialty product markets. A limited number of each paper is free of charge. Contact: Librarian, Electronic Industry Foundation, 1901 Pennsylvania Ave, NW, Suite 700, Washington, DC 20006.

E. Reproductive and Genetic Engineering: International Feminist Perspectives is a new journal to be published 3 x a year, beginning in March 1988. Included will be articles on topics such as new forms of conception; the social, legal, ethical and economic impacts on women of new reproductive technologies; and epistemological redefinition and alternatives in science and medicine. Contact: Jalna Hanmer, Managing Editor, Applied Soc. Studies, Univ. of Bradford, Bradford, West Yorkshire BD7 1DP, England.

F. International Journal of Technology and Aging, edited

by Gari Lesnoff-Caravaglia, is a new journal that will feature articles on environmental issues, health care, the development of robotics and automated homes, prosthetic environments within the community and new workplaces such as the "electronic cottage." Forthcoming issues: Sensory Loss; Mental Health; New Modalities for the Adult Learner. Subscription: personal \$22.00; institution \$50.00. Contact: Human Sciences Press, Inc. 72 Fifth Ave., New York, NY 10011-80004; 212/243-6000.

H. The following journals are available free except for postage: Ethos, 1973-74, 5 copies; American Anthropology, 1962-83, 92 copies; Signs, 1975-79, 14 copies; Current Anthropology, 1973-86, 47 copies; Man, 1971-80, 35 copies; American Ethnologist, 1974-83, 30 copies. Contact: John Swan, Librarian, Crossett Library, Bennington College, Bennington, VT 05201.

I. Impaired and Disabled People in Society: Structure, Processes and the Individual (Proceedings from the 1984-85 meetings of the Society for Disability Studies) is available for \$17.00. Included are 10 chapters and 27 papers on disability and aging; role performance, role change and disability; adjustment to disability; the social transformation of disabled people; rehabilitation; social movements, politics and disability; the use of the concept minority group in disability studies; qualitative studies of disability; and a variety of other topics in "Topics and Issues in

Disability Research" and "Topics and Issues in Disability Studies." Order from: Stephen Hey, Sociology, Willamette University, Salem, OR 97301.

J. The Easter Seal-commissioned Second City-style comedy revue, "Doin' the Reality Rag," a tongue in cheek approach to disability issues, premiered to rave reviews in July 1987 and generated a flurry of local and national publicity (CBS News' "Sunday Morning," NPR's "Morning Edition," Mutual Broadcasting System, stories in USA Today and Variety). New productions of "Reality Rag" have already been scheduled by theaters across the country, with a number of organizations mounting their own local productions. For information, contact: Sandra Perkins, Director of Communications, National Easter Seal Society, 2023 W. Ogden Ave., Chicago, IL 60612; 312/243-8400.

K. The Canadian Association of Disability Communicators (CADC) is an association of professionals and non-professionals who are dedicated to the expansion of positive awareness, understanding, acceptance and integration of people with disabilities in society. Sensitivity Training Seminars on disability and building inspections to assess accessibility for people with disabilities are 2 CADC programs. Membership is open. Contact: Lorne Kimber, Suite 52, 8280 Number Two Road, Richmond, BC, Canada V7C 4P3; 604/277-8125.

L. Membership in the National Clearinghouse on Technology and Aging means becoming part of a growing network of researchers, health care professionals and agencies and organizations developing products and programs built around the latest technology to serve elderly people. Annual membership: \$50.00 entitles you to: 1) advertising and sharing of information through the Clearinghouse network; 2) subscription to the biannual Bulletin listing the latest resources housed in the Clearinghouse; 3) free access to the Sensory Technology Information Service database; 4) 20% discount to International Journal of Technology and Aging; 4) membership ID. Contact: National Clearinghouse on Technology and Aging, University Center on Aging, Univ. of Massachusetts Medical Center, 55 Lake Ave. North, Worcester, MA 01655; 617/856-3662.

M. The National Collegiate Software Clearinghouse sells educational software: 1) "Death and Dying in the Lifecycle" offers vital statistics and related data on 104 variables for 60 societies culled from the Human Relations Area Files; 2) "General Cultural and Religious Data" includes information on 103 variables for 60 societies, also from HRAF; 3) "The Cultural Diversity Database" provides cross-cultural data for testing associations on a number of variables, prints out a map of the world that highlights selected areas and cultures. Each comes in versions to work with d-Base II, d-Base III,

Lotus 1-2-3, SPSS, as well as DIF and ASCII formats on IBM PC and Personal System/2 series computers and compatible equipment. Contact: NCSC, Box 8101, Raleigh, NC 27695; 919/737-3067.

M. Virginia Morgan (Occupational Therapy Dept., Spaulding Rehab Hospital, 125 Nashua St., Boston, MA 02114; 617/720-6624) has compiled 2 resource lists of computer software for use with brain-injured individuals. One is a listing of software used in the OT Dept. with patients of various diagnoses; she grouped them into: elementary level, moderate to high level; high level and specialty areas. The other is of software companies and helpful resource groups.

N. Online Databases in the Medical and Life Sciences, a new database directory developed by Cuadra Associates and Elsevier Science Publishing Company, gives readers access to almost 800 bioscience databases worldwide. Cost: \$29.95. Contact: Cuadra/Elsevier, 52 Vanderbilt Ave., New York, NY 10017; 212/370-5520.