



# County of Santa Cruz

013.

## BOARD OF SUPERVISORS

701 OCEAN STREET, SUITE 500, SANTA CRUZ, CA 95060-4069

(831) 454-2200 FAX: (831) 454-3262 TDD: (831) 454-2123

JANET K. BEAUTZ  
FIRST DISTRICT

WALTER J. SYMONS  
SECOND DISTRICT

MARDI WORMHOUDT  
THIRD DISTRICT

TONY CAMPOS  
FOURTH DISTRICT

JEFF ALMQUIST  
FIFTH DISTRICT

AGENDA: 11/9/99

November 3, 1999

BOARD OF SUPERVISORS  
County of Santa Cruz  
701 Ocean Street  
Santa Cruz, CA 95060

RE: APPOINTMENT TO EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Dear Members of the Board:

I recommend the appointment of the following person to the Equal Employment Opportunity Commission in accordance with County Code Chapter 2.40, Section 30, for a term to expire April 1, 2001:

Camille Pierce  
134 Dakota Avenue, Apt. 213  
Santa Cruz, CA 95060  
466-0341 (H)

Sincerely,

JANET K. BEAUTZ, Supervisor  
First District

JKB:ted

cc: Camille Pierce  
Equal Employment Opportunity Commission

1772A1

**APPLICATION FOR APPOINTMENT TO A COUNTY ADVISORY BODY**

**INSTRUCTIONS**

If you are interested in serving on a County Advisory Body please complete the following application and return it to the Board of Supervisors, 701 Ocean St., Room 500, Santa Cruz, California. If you are interested in being considered for more than one advisory body a separate application should be submitted for each appointment you are seeking.

Upon receipt, your application for appointment will be routed to each Board member and then filed for further consideration by Board members when there is a vacancy on the advisory body. If a Supervisor is interested in nominating you for appointment, the Supervisor will contact you and discuss the appointment, the appointment process, and requirements for the advisory body in question.

Please specify below the Commission/Committee or Board to which you are seeking appointment and provide the requested information.

Thank you for your interest in County Government.

COMMISSION, COMMITTEE or BOARD

Affirmative Action Commission

Name

Camilla Pierce

Address

134 Dakota Ave #213

Santa Cruz, CA 95060

Phone

(Home)

(831) 466-0341

(Business)

Supervisory District

3rd

Length of Residence in Area

Age

(Optional)

Circle one:

Under 21

21-30

31-40

Over 40

(80 yrs)

PREVIOUS COMMISSION OR COMMITTEE SERVED (Please specify)

Advisory Body

Term

Commission on Disabilities

Apr. 1990

**EDUCATION**

| <u>Institution</u>        | <u>Major</u>                 | <u>Degree</u> | <u>Year</u> |
|---------------------------|------------------------------|---------------|-------------|
| Portland State University | Communication/<br>Psychology |               | 1980        |
| (See resume)              |                              |               |             |
|                           |                              |               |             |
|                           |                              |               |             |

**WORK/VOLUNTEER EXPERIENCE**

| <u>Organization</u>                  | <u>Address</u> | <u>P o s i t i o n</u> | <u>Year</u> |
|--------------------------------------|----------------|------------------------|-------------|
| Netro Accessible Services            | Chair          |                        | 1989-97     |
| Transit Forum                        | Committee work |                        |             |
| Santa Cruz<br>League of Women Voters | Bd member      |                        | 3 yrs.      |
| Central Coast Co. for Ind. Living    | Bd member      |                        | 1991        |
| Episcopal Church work                |                |                        |             |

**STATEMENT OF QUALIFICATIONS**

Please attach a brief statement indicating why you are interested in serving on the advisory body in question and why you are qualified for the appointment.

**CERTIFICATION**

I certify that the above information is true and correct and I authorize the verification of the information in the application in the event I am a finalist for the appointment.

Camille Price

Signature

October 18, 1999

Date

## Curriculum Vitae

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CAMILLE PIERCE

134 Dakota Avenue, Apt. #213 , Santa Cruz, CA 95060  
Telephone: (468) 466-0341; E-Mail: [scholar@cruzio.com](mailto:scholar@cruzio.com)  
Caucasian Female , Age: 50

### EDUCATION

Master's Program, Portland State University, 1980, Focus: The Psychology of Human Communication. Thesis outline, "Some Psychological/Creative Behaviors Which Can Be Observed In Specific Populations". Developed course outlines & instructed Communication and Semantics classes. Focus on cause-effect of **Intra/Interpersonal** behavior in various cultural settings.

Bachelor of Science Degree, Portland State University, 1977-1980 Focus: Human Communication. Independent Research Contracts: "Michelangelo's' Evolution: A Biographical Account" and "Creativity: A Symbol of Human Achievement". Referred to works by C. Jung, W. James, T. de Chardin, F. Dostoyevsky, C. Rogers.

Vernon Court Junior Colleae, Newport R.I. 1970. Focus: 2 year opera scholarship program.

University of California, Santa Cruz. Audit Status. History of Consciousness Program and various graduate level psychology classes/seminars.

Institute of Transpersonal Psychology Conditional acceptance. Jung/creative studies.

Julliard School of Music, Los Anaeles Civic Light Opera'.

### VOLUNTEER WORK

Association of Humanistic Psychology; **APA** Graduate Students; Humanistic Psychology - **APA** Div. 32; Theoretical and Philosophical Psychology - **APA** Div. 24, Founder/President of local epilepsy group based on Epilepsy Foundation of America Bylaws. Authored articles and commentaries for various computer websites. Editor, newspaper writer, guest speaker. Member, American Red Cross; transportation improvement groups; League of Women Voters; Commission on Disabilities, Independent Living Centers; Business and Professional Women's Clubs.

### OTHER

I'm a continuing education student in the "non-traditional" sense. I enjoy doing Internet/library research about general medicine, psychology, philosophy, many mental and physical disabilities, and mind/body - complementary health.

\* Growth means change and change involves risks \*

Self Nomination for the **APA** Committee on Disability Issues in Psychology (CDIP)  
 Submission Deadline September 1, 1998  
 Current **APA** Student Affiliate, Record # **8466-0616**

Camille Pierce  
 134 Dakota Avenue, Apt. #213  
 Santa Cruz, CA 95060  
 Telephone: (408) 466-0341  
 E-mail: **scholar@cruzio.com**

~"The Key is to focus on strengths, despite the understandable  
 temptation to focus on weaknesses."

Quote taken from the **APA** article, "Adults, peers need help coping  
 with a child's disability' by Rebecca Clay

Dear Anju Khubchandani,

In accordance with an article in the June '98 **APA** Monitor, I am nominating myself for a position on the **APA** Disability Committee. I understand **CDIP** is seeking 3 new members for a 3 year term of office to begin on January 1, 1999 and that the submission deadline for nomination is September 1, 1998. If selected, I would agree to attend 2 required **CDIP** annual meetings in Washington D.C. I'm a 49 year old female who has learned to cope with intractable epilepsy since the age of 12. My current seizure disorder is controlled with the help of 750MG of Mysoline daily. Vitamin therapy, a semi-vegetarian diet, exercise and meditation to reduce stress have helped as well.

I firmly believe that advocacy "for the fair treatment of people with disabilities" is effective when it's done in a peaceful, non-violent and law abiding manner. Regardless of one's gender, nationality, sexual orientation, education/ financial level or religious affiliation. Any combination of inadequate sleep, prescribed anti-convulsant toxicity, poor nutritional habits, fatigue, overconsumption or misuse of alcohol, ingestion of any illegal drugs, high fevers and emotional stress may trigger a variety of temporary and/or neurological problems. When the American With Disabilities Act (ADA) was signed into law, I represented an Independent Living Center (ILC) during rallies in Sacramento and Berkeley, California. I've worked with a variety of political officials about the challenges that people with hidden and visible disabilities must experience with themselves and how they may better cope with societal attitudes. I'm pleased to have continued support of the Santa Cruz County Board of Supervisors, City Councils, Senator Bruce McPherson, U.S. Representative Sam Farr, California State Assemblyman Fred Keeley and **Leon Panetta**.

In 1988, I founded and presided over the Epilepsy Support Group of Santa Cruz County. I created the following epilepsy purpose statement which can apply to a variety of disabilities: "Provide emotional support and basic, non-professional medical information about seizure (or mental/physical) disorders.. **Educate** the general public,

schools, health organizations and government officials about disabilities. . . Recognize local, state and national laws/legislation which may affect them and, when possible, support Epilepsy Foundation of America objectives by providing people with disabilities information about prevention and control of neurological disabilities. Also, enclosed, is a sample copy of the bylaws I wrote for the potential organization. The following excerpts are from a 1989 Annual Report for the Epilepsy Support Group of Santa Cruz I wrote, as then President. I feel the general format could be used to develop self-help groups for a variety of disabilities:

"Individual and organizational growth was accomplished through fellowship, education and public awareness. Persons of all ages with epilepsy (or disabilities) and/or their family members, plus interested people were encouraged to learn the facts about this neurological/psychological disability. A resource table consisting of literature about epilepsy and disabilities was provided at all meetings."

"Guest speakers focused on the individual/community need for information, education, referral and advocacy. Sally Fletcher, author of the book, 'The Challenge of Epilepsy', discussed how she almost freed herself of seizures after years of experimenting. A biofeedback machine was used to demonstrate the effect of stress and relaxation during seizure activity. A neurologist discussed the International Classification of Seizures and recommended the article, Callaghan, N., 'Withdrawal of Anticonvulsant Drugs in Patients of Seizures for Two Years: A Prospective Study', New England Journal of Medicine (NEJM) April 14, 1988 issue. "

" A question and answer forum with a city police officer discussed the possibility of writing a legislative bill which would require California law officers and paramedics to search a person for any medical I.D. before they are taken into custody after committing an illegal or unconstitutional act. Representatives from an Independent Living Center emphasized that community and legislative advocacy may help in removing some attitude barriers. Meetings with Assemblyman Sam Farr, Congressman Leon Panetta and Senator H. Mello discussed various disability issues. Progress Reports were given to the Commission on Disabilities, Santa Cruz County Board of Supervisors and The Epilepsy Foundation of America. A proposed set of bylaws were drafted and reviewed by the Board and an attorney discussed some potential legal issues if we decide to incorporate. Group brochures and a general Epilepsy Support Group of Santa Cruz purpose statement were created and used for public information. A newsletter and brochure was mailed to various community health and social service **organinzations**."

"The year, 1988, was a time of maturity and challenge for us. We developed a better understanding and appreciation for information, referral, education and advocacy. It takes courage for many people with epilepsy to lead a normal life."

Cam Pierce, President

The four **CDIP** Mission Goals as outlined in the **APA** Monitor focus on important and relevant statements which should be used as a reference whenever possible: Promote the psychological welfare of people with disabilities; Include information about disabilities and disability issues in the education, training and professional development of psychologists; Develop and implement psychological service delivery modes that are responsive to the needs of people with disabilities; (Encourage) "the awareness of disability in psychological research.. ."

I agree with Anju Khubchandani's findings in her article, "**APA** booklet demystifies the ADA for psychologists". "Are you adhering to the rules set forth by the Americans with Disabilities Act (ADA)? Do you even know what they are? According to the **APA's** Committee on Disability Issues in Psychology (**CDIP**), a surprising number of psychologists aren't -- and don't. And not following the ADA's guidelines can hurt patients, undermine a practitioners business and could cause serious liability problems for psychologists.. . ADA title III's major impact on the practice of psychology is in the area of office accessibility. And since many psychologists lease office space, landlords will probably bear the burden of removing structural and communication barriers in common areas."

An **APA** suggested book, "Implications of the American With Disabilities Act for Psychology", edited by S. Bruyere and J. O'Keeffe, discusses various implications that psychologists and key personnel may encounter in the work place. Booklets I own from the U.S. Equal Employment Opportunity Commission include, "The American With Disabilities Act Your Responsibilities as an Employer" and "The American with Disabilities Act: Questions and Answers". Pamphlets from "The Foundation on Employment & Disability, Inc. include, "Open For Business: A Practical Guide To The Americans With Disabilities Act Of 1990 and "Entitlement To Access".

The article, "Disability as diversity: a guide for class discussion" by **APA's** Task Force on Diversity Issues at the Precollege and Undergraduate Levels of Education in Psychology" says, in part, "Traditionally, however, disabled people have been categorized solely in terms of physical, sensory or mental differences, with little attention paid toward their shared sociocultural history...The struggle to get societal institutions to recognize the rights, needs and culture of disabled people has been going on throughout history but peaked with the passage of the Americans with Disabilities Act in 1990." I find the following issues in "The Americans with Disabilities Act: Questions and Answers" of personal interest: \* "If the individual is qualified to perform essential job functions except for limitations caused by a disability, the employer must consider whether the individual could perform these functions with a reasonable **accomodation**." \* "An employer may not ask or require a job applicant to take a medical examination before making a job offer. He/she cannot make any pre-employment inquiry about a disability or the nature or severity of a disability. An employer may, however, ask questions about the ability to perform specific functions and may, with certain limitations, ask an individual with a disability to describe or demonstrate how s/he would perform these functions."

\* "If there is a State or local law that would exclude an individual with a disability from a particular job or profession because of a health or safety risk, the employer still must assess whether a particular individual would pose a "direct threat" to health or safety under the ADA standard. If such a "direct threat" exists, the employer must consider whether it could be eliminated or reduced below the level of a "direct threat" by reasonable accommodation. An employer cannot rely on a State or local law that conflicts with ADA requirements as a defense to a charge of discrimination." \*If a criterion screens out or tends to screen out individuals with disabilities, it may only be used if necessary for the provision of the services. For example, it would be a violation for a retail store to have a rule excluding all deaf persons from entering the premises, or for a movie theater to exclude all individuals with cerebral palsy.

An ADA response to the potential question, "Can an employer consider health and safety when deciding whether to hire an applicant or retain an employee with a disability"? states, in part, "By requiring employers to make individual judgments based on reliable medical or other objective evidence rather than on generalizations, ignorance, fear, patronizing attitudes, or stereotypes, the ADA recognizes the need to balance the interests of people with disabilities against the legitimate interests of employers in maintaining a safe workplace." Some guidelines are taken from the article, "Communicating with People with Disabilities" by the Adaptive Environment Center, Inc. @1992, and developed under a grant from the National Institute on Disability and Rehabilitation Research (grant #H133D101222) suggest, \* Do not make assumptions about what a person can and cannot do. A person with a physical or emotional disability is the best judge of his or her own capabilities. \* To obtain information quickly, ask short questions that require brief answers or a head nod. However, try not to insult the person's intelligence with over-simplification.

Emotional and physical stress can have an effect on the psychological and physical health of any person who has a temporary or permanent medical disability. Continued research in this area is needed in order to better understand how and why emotional and physical disabilities may affect the mental health of individuals. "The Clinical Psychology Handbook, 2nd Edition. 1991 by the Pergamon Press, Inc. and edited by M. Hersen, A. Kazdin and A. Bellack, states in Chapter "Health Psychology" by T. Carmody and J. Matarazza: "The study of how individuals manage stress has provided an additional opportunity for health scientists to examine the relationship between various coping responses and health. A number of approaches to stress management have been investigated, including relaxation training, meditation, visual imagery techniques, biofeedback, anxiety management procedures, self-regulation, stress inoculation, and numerous other approaches (Anderson, 1988 ; Meichenbaum & Jaremko, 1983). Such interventions have been designed to modify emotional, behavioral, cognitive, and physiological components of stress."

Correct ethical behavior can be critical in any doctor/patient interaction. The Intro to the book, "A Theory of Medical Ethics", (R. Veatch, 1981) says, "Doing no harm to the patient may not mean precisely the same thing as doing what will benefit." The 1st "Principle of Medical Ethics" written in 1989 which can be found on the



American Medical Association's "Ethics, Education, Science" WWW page at <http://www.ama-assn.org/ethic/pome.htm> states, "A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity." As we help individuals with disabilities learn to better cope with societal "harm and injustice" we may be encouraging unnecessary or even unethical political demonstrations. Too, are we contributing to the **reductiion** of an emotionally/physically disabled person's sense of self-worth to themselves and society as a whole?

**APA's** Mission says, "The object of the American Psychological Association shall be to advance psychology as a science and profession and as a means of promoting human welfare." This can be accomplished through such things as, "the promotion of research in psychology and the improvement of research methods and conditions...improvement of the qualifications and usefulness of psychologists through high standards of ethics, conduct, education, and achievement...the increase and diffusion of psychological knowledge through meetings, professional contacts, reports, papers, discussions, and publications." When a portion of the **APA** article, "Reauthorization of the Rehabilitation Act of 1973" states that " medical reports should include an assessment of the personality, interests, interpersonal skills, intelligence.. . psychiatric, [and] psychological.. **factors**..", I question whether the medical community is prepared to give an accurate diagnosis to their clients whether or not they may have a hidden or visable disability.

Perhaps, the medical/lay community should ask themselves some relevant questions presented in the **APA** article, "The Americans With Disability Act and How It Affects Psychologists": "Do I know what the confidentiality requirements of the ADA are?, Am I aware of the ADA on Collective Bargaining Agreements?, Are my office and the facility where I teach classes accessible to persons with mobility disabilities? Is our state psychological licensure examination fully accessible to qualified applicants with disabilities?". Carl Jung once said, "But if the doctor wishes to help a human being he must be able to accept him (patient) as he is." It is easy for any of us, myself included, to make false assumptions about individuals &/or groups. Acceptance of a person's hope's, dreams & ideas for bettering themselves and our nation should be respected and admired if such actions are within the law and reflect ethical standards of behavior. One of **CDIP's** Mission Goals is to "Develop and implement psychological service delivery modes that are responsive to the needs of people with disabilities." A disabled person's psychological welfare remains constant as long as he/she feels a sense of self-worth by the unconditional acceptance of others.

In my article, \* The Challenge of Change \*, I asked the question, " Does a fear of the unknown, different, or unusual prevent us from accepting people with dissabilities?" Perhaps any thought process which shifts away from what we may consider to be "normal", "mainstream", "usual", etc. will invite numerous questions as to whether a certain behavior is what we consider healthy or atypical. As we continue to meet challenges in this "Decade of The Brain" we'll continue to have more questions than answers. But as Frank Sinatra said. "That's Life"!!

## Curriculum Vitae

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CAMILLE PIERCE  
 134 Dakota Avenue, Apt. #213  
 Santa Cruz, CA 95060  
 (488) 466-0341, E-Mail: [scholar@cruzio.com](mailto:scholar@cruzio.com)  
 Caucasian female, 49 years old

(Please note: At this time, I'm an **APA** Student Affiliate with no immediate plans to do doctoral work with the intention of becoming a licensed mental health practitioner. However, that may change. I'm a student in the "non-traditional" sense. I spend many hours a day doing Internet/library research primarily in general medicine, psychology, woman's issues, disabilities and mind/body-complimentary health.)

## PRESENT SCHOLASTIC/COMPUTER VOLUNTEER CONTRIBUTIONS:

+ Member and contributing writer, American Humanistic Psychology Association; volunteer writer for Self Help & Psychology Magazine at [www.cybertowers.com/selfhelp/interactive/index.shtml](http://www.cybertowers.com/selfhelp/interactive/index.shtml). Articles include, "A Peaceful Death", "Faith, Hope, & Love", "Self Esteem: Why Am I?", 1996. "Jean Houston: Possible Life Transformations", "A Fork In The Road Called Life: Decisions, Decisions!", 1997. Member, Institute of Noetic Sciences (IONS); Online Noetic Network at [ONN/Joel Metzger <ONNJoel@libertynet.org>](mailto:ONNJoel@libertynet.org); February '97 **THRIVE**net Story of the Month Article: "Disaster Work: Getting Stronger and Better" at [www.THRIVE.net.com/stories/stories97/story9702.html](http://www.THRIVE.net.com/stories/stories97/story9702.html). Member of Dr. Marlene Maheu's, "NetPsy (Psychological Services on the Internet Email List)" & Telehealth.

## FORMAL EDUCATION

\*Vernon Court Junior College, Newport R.I. Two Year Program. Full Opera Scholarship.

\* Bachelor of Science Degree, Portland State University, 1977-1980. Major field of study and university level teaching in Human Communication. Past board member, University Scholars Program and **PSU's** Student Psychological Association, independent Research Contracts included "Michelangelo's Evolution: A Biographical Account" and "Creativity: A Symbol of Human Achievement". All communication courses and required student teaching centered on the cause-effect of various forms of Intrapersonal/Interpersonal behavior seen in a variety of cultural settings. Some reference books were, James, "The Varieties of Religious Experience"; de Chardin's, "The Phenomenon of Man"; C. Rogers, "The Psychology of Consciousness"; R. May, "The Courage to Create"; V. Satir, "Conjoint Family Therapy"; F. Dostoyevsky, "Notes From The Underground" and C. Jung's, "Memories, Dreams, Reflections" &

\* "Psychological Reflections".

\* Master's Program, The Psychology of Human Communication. Thesis outline, "Some Psychological/Creative Behavior Which May Be Observed In Specific Populations". Portland State University, 1980. Designed and taught classes in Introductory Communication and General Semantics.

### NON-DEGREE CLASSROOM WORK

\*University of California, Santa Cruz (UCSC). Special audit permission for the History of Consciousness graduate seminar, "Problems in the History of the Human Sciences: 20th Century Ethnographic Practice - History, Authority, **Textuality**". Some books used, M. Foucault's "The Archaeology of Knowledge", Nietzsche's, "The Use and Abuse of History" and R. Wagner's, "The Invention of Culture".

\*Institute of Transpersonal Psychology. Conditional ITP program acceptance. Excerpts from my unpublished work, "Carl Jung: His Creativity as a Symbol of Human Achievement" says, "All of humanity shares one characteristic, creativity. Jung believed that all individuals have the capacity to explore the depths of their **"Inner-selves"**".

\*Student, Julliard School of Music, 2 years. Los Angeles Civic Light Opera Workshop participant..

### SOME NON-COMPUTER RELATED VOLUNTEER ACCOMPLISHMENTS

\* Current Chair, Metro Accessible Services Transit Forum. 1995 to present. Past Executive Committee member, 9 years. (MASTF) advises appropriate leaders about methods of and resources for providing accessible services to bus users.

\* Currently certified as a National American Red Cross Mass Care Specialist. Some classes include, "Inclusive Leader", "Supervision in Disaster", "Disaster Mental Health", "Instructor Training in Disaster", Public Affairs & Ethics in Disaster", Serving the Diverse Community" and "The Art of Helping". Certificate of Appreciation for being an outstanding ARC volunteer, 1992.

• Certificate of Appreciation, Central Coast Center Center for Independent Living; Formerly referred to as Community Resources for The Disabled. 1996. CCCIUCRD Board Member, 1990-94. Volunteer Office Worker, 1988-94. Volunteer **Recognition** Award, 1992.

\* Human Care Alliance Award in appreciation of forming and chairing a committee which dealt with the American's With Disability Act (ADA) and developing procedures to better communicate with state and private business owners.

\* Transportation Excellence Award, Santa Cruz County, by a County Transportation

Commission and a city mayor. 1996.

\* County League of Women **Voter's**. Program Chair & board member, **1992-95**.

\* County Commission on Disabilities. Selected by a Board of Supervisors to be an active member & Vice Chair. 1991-1994.

• Assistant editor, writer for a diocesan Episcopal Church newspaper. **1985-88**.

\* Business and Professional Women's California State Club. Member, Responsibility Award recipient, state convention coordinator. 1972-76.

\* Hyatt Lake Tahoe, Nevada. Convention Coordinator. **1970**.

\* Central Association of Amateur Athletic Union. Member and gymnastics instructor, 1958 -1961.

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## VOLUNTEER PUBLISHED ARTICLES

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(In 1990, I wrote the following newspaper article, "The. Challenge of Change" which discusses some of the consequences people with disabilities experience.)

"Does a fear of the unknown, different, or unusual prevent us from accepting people with disabilities? Is there an underlying feeling that only able bodied people are more qualified to serve us in the community? Do we, in some way, prevent those with disabilities from holding on to their dignity and pride? If you answered yes or maybe to these questions then, perhaps, change or an alteration in views isn't of vital importance. In order to encourage a positive outlook about issues concerning people with disabilities there should be a willingness to chart new, untraveled and challenging paths."

"The Americans With Disabilities Act (ADA) has been considered the most extensive piece of civil rights legislation since 1964! Are we prepared for the emotional impact the ADA may have in our society? Can we agree not to discriminate in the employment sector? Do businesses, shops and transit systems understand that they will be required to improve wheelchair accessibility? Will phone companies provide special services for the speech and hearing impaired? I admire U.S. Senator Tom Harkin's response to the ADA. He calls it a "20th century Emancipation Proclamation which sends a clear and unequivocal message to people with disabilities that they are entitled to be treated with dignity and respect..."

"I, Cam Pierce, am one of 43 million Americans who has a neurological disability. I have had epilepsy the majority of my life and am extremely familiar with the word "discrimination". However, I am an \* able-bodied\* person who's challenging our community to fully accept, without reservation, those who may be considered different or unusual. Focus your attention on the person rather than the wheelchair. Let facial and verbal expressions overpower the sight of leg braces."

(END)

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(In 1988, I wrote the following article, "Handicapped Overlooked" for a diocesan Episcopal church newspaper:)

"During the holidays, we especially remember the poor, the homeless and the elderly shut-ins. But there are others we may tend to overlook such as those who are permanently confined to wheelchairs and artificial limbs. Also, people who can't hear or sing glorious holiday anthems, enjoy the beauty of twinkling lights and tree decorations. Indeed, all are physically and/or emotionally handicapped."

"Over 35 million Americans -- 1 out of every 6 adults between the ages of 18 and 64 -- are disabled by accidents or chronic ill health. Physical and mental handicaps include cancer, diabetes, deafness, neurological disorders, and heart disease. Epilepsy impacts about 1 out of every 7 people who are clinically diagnosed. About 1 out of 6 families are exposed to alcohol-related problems. AIDS has killed more than 10,000 Americans. These statistics grow which each passing second.

"Because emotional stress affects those who are visably and/or invisibly disabled, a positive psychological environment can help a person be more optimistic, assertive and independent. Disabilities affect all of us. Though a quadriplegic might never walk again, he/she can develop the emotional strength and hope needed to adjust to the physical injury.

"Though I have experienced discrimination and prejudice, I persist in having as normal a life as possible -- because I know God's love is with me always. The Episcopal National Mission in Church and Society has budgeted \$6, 674.00 to support programs for the handicapped. Presiding Bishop Edmund Browning says we need to "support individuals and families in their struggles of wholeness." A diocesan bishop reminds us that we should be "far more open and accepting of others than we have been". People with disabilities can retain a sense of hope, pride and dignity if we comfort their sorrow, share their joys and give added compassion when they're generally frustrated with themselves and life in general. In his article, "Religion and the Disabled", Rabbi James Kaufman says, "Not every disabled person needs help -- but each wants recognition, not rejection."

(END)

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PROPOSED BY-LAWS FOR THE  
EPILEPSY SOCIETY OF SANTA CRUZ COUNTY  
by Camille Pierce, 1988

• ~~XXXXXX~~

(Note: This 1988 draft of By-Laws for the Epilepsy Support Group of Santa Cruz was developed by my referring to by-laws from the Epilepsy Foundation of America, San Francisco Epilepsy Society and the Santa Clara Epilepsy Society and Robert's Rules of Order, 1893 Edition, (1967) Jove Publications, Inc. I believe the following bylaw content can be applicable to a variety of physical & emotional disabilities.)

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ARTICLE 1 - NAME AND PURPOSE

SECTION 1.       The name of this non-profit organization shall be the  
                          Epilepsy Society of Santa Cruz County.

SECTION 2.       The purpose and objectives are:

- A.) Provide emotional support and basic, non-professional, medical information about seizure disorders to everyone who is affected, in some way, by epilepsy.
- B.) Educate the general public, schools, health organizations, medical community and government officials about epilepsy.
- C.) Be aware of various local, state and national laws and legislation which affect people with disabilities and voice our concern about discrimination issues in a peaceful and law-abiding manner.
- D.) Support the general goal of the Epilepsy Foundation of America which is to provide information on the prevention and control of epilepsy and help improve the welfare of those who must live with it.

## ARTICLE II - MEMBERSHIP

- SECTION 1.
- A.) All those directly associated with the symptom shall be considered general members of the Epilepsy Society of Santa Cruz Co. No person shall be excluded on the basis of age, creed, sex or color.
  - B.) The classes of membership shall be:
    - 1. Regular members with voice and vote.
    - 2. Temporary guests or interested visitors with voice and no vote.
    - 3. Other classes which the Board may determine.

## ARTICLE 111 - MEETINGS

- SECTION 1.
- A.) Regular meetings shall be held once a month at a designated place and time. Unless the Board elects otherwise, they shall be open to the public and include a guest speaker.
  - B.) A discussion group shall meet at an appointed time and usually be closed to the general public.
  - C.) Unless otherwise designated by the Board of Officers, an Annual Meeting shall be held in September of each calendar year.
  - D.) Special meetings may be called at any time by the Executive Committee or President.

## ARTICLE IV - OFFICERS

- SECTION 1.
- A.) Officers for the Epilepsy Society of Santa Cruz shall be the President, Vice-President, Secretary and Treasurer. The Board shall include the officers, Standing Committee and other appointees who may serve at the discretion of the President.
  - B.) There shall be a minimum of six (6) Board meetings annually. Each Board member is entitled to one vote. Unless **otherwise** noted, the presence of four (4) Board members shall be necessary to constitute a quorum for the transaction of business.
  - C.) Any member may be removed with cause, by a majority vote of the Board at any regular or special meeting. An officer may resign at any time by giving



written notice to the Secretary or the President. Such action will take effect immediately. A vacancy in any office may be filled by the Board of Officers until a person is appointed or elected to such position.

- D.) The President , Vice-President, 2nd Vice-President (if so elected), Secretary and Treasurer may serve for a maximum of two (2) years. Confirmation or election of such will be held during the Annual Meeting.

## SECTION 2.

- A.) The President shall preside at all regular and board meetings as the chief **exective** officer and have general supervision of all business. He/she will explain all questions of order, give signature when necessary and be an ex-officio member at all standing committees. He/she shall have such other powers and duties as may be prescribed in the By-laws.
- B.) In the absence or disability of the President, the Vice-President shall perform all the duties of the President. He/she shall be chairperson for a specific committee and have the power to perform other duties as may be prescribed in the By-Laws.
- C.) The Secretary shall record and keep accurate minutes of all regular, board and special meetings and present them when requested. He/she shall keep a record of Board and general member names and be responsible for maintaining a notebook with the organization's By-Laws, and other pertinent information. If he/she is unable to attend a meeting, an Assistant Secretary will be temporarily appointed. The Secretary shall have other duties as may be prescribed in the By-Laws.
- D.) The Treasurer shall keep and maintain adequate and correct accounts of all financial business including accounts of its assets, liabilities, receipts and disbursements. He/she shall deposit all money and other valuables in the name and to the credit of the Epilepsy Support Group of Santa Cruz. The Treasure and at least one other Officer shall have the authority to co-sign checks of outgoing money, be responsible for giving updated financial reports to the organization, prepare a yearly budget and have other powers and duties as may be prescribed in the

## ARTICLE V - COMMITTEES

SECTION 1. A. Standing Committees shall include; Finance, Membership, **Public** Relations, Fundraising, and Nominations. Others may be Legislation, Public Education and Resources. With approval of the Board of Officers, the President may appoint a special committee as may be necessary to carry out the general purpose of the organization.

SECTION 2. A. Committee Chairpeople shall serve for such terms of office as the Board determines.

SECTION 3. A. Finance Committee functions shall include:

1. Prepare the annual report and present it to the Board for approval.
2. Review plans for anticipated income and expenditures.
3. Prepare budget modifications based on changing program needs.
4. Be aware of possible funding programs.

B. Membership Committee functions include:

1. Generate local interest and support of the organization.
2. Provide services and information to people with epilepsy and to those who serve them.
3. Create ways of attaining new membership.
4. Keep an updated membership list.
5. When necessary, help remind members of upcoming meetings.

C. The publicity Committee shall be responsible for giving newspapers and other public resources timely notification of general Group meetings. Develop effective ways of informing people about epilepsy.

D. The Fundraising Committee's major responsibility is

to develop an annual fundraising plan which includes a timetable and goals that will meet program needs as determined by the Board.

- E. The Nominating Committee shall consist of three (3) Board members appointed by the President and shall have continuing responsibility for seeking out potential new Board members. The Committee shall prepare for presentation at the Annual Meeting a list of names of nominees to fill officer positions. A slate will be voted on by the membership.

## ARTICLE VI - NON-PROFIT STATUS

- Section 1.
  - A. In the conduct of business of this organization, no monetary gain or profit shall be received by an officer. Funds shall be derived from donations, gifts, fund-raising activities and annual dues when prescribed.
  - B. This organization is solely dedicated to charitable and information purposes only. Upon liquidation of this organization all funds shall be given to the Epilepsy Foundation of America to be used for charitable, scientific or hospital purposes.

## ARTICLE VII - AFFILIATIONS

- Section 1.
  - A. This organization by ~~majority~~ of vote of the Board of Officers, may be affiliated with and bound by affiliation agreement with any organization or group dedicated to epilepsy.

## ARTICLE VIII - AMENDMENTS

- Section 1.
  - A. Proposed amendments or revisions to these By-laws may be approved by a majority vote of the Board of Officers. The Board will consider By-Law changes which may be suggested by the general membership.
  - B. Meetings of the organization and the Board of Officers shall be governed by these By-Laws and Robert's Rules of Order.
  - C. These By-Laws may contain any provision for the

regulation and management of the affairs of the Epilepsy Society of Santa Cruz County not inconsistent with the policies of the Epilepsy Foundation of America, the law or Articles of Incorporation.

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## ARTICLE IX - PROFESSIONAL ADVISORY COMMITTEE

### Section 1.

- A. The Professional Advisory Committee shall provide guidance in the design and operation of the organization's program; maintain a liason with other appropriate professional societies; and perform other duties as may be determined by the Board of Officers.
- B. Committee members shall consist of Neurologists, public health officials, education, rehabilitation workers and other interested leaders as may be determined by the Board. These people should be involved in or have some knowledge of epilepsy.
- C. Members of the Professional Advisory Committee shall perform duties which are consistent with the purpose, policies and standards of the Epilepsy Foundation of America.

## Seizure Disorders: A Psychosocial Assessment

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- People with epilepsy are challenged to improve emotional ups and downs. One's resiliency in the face of seizures increases self-confidence and nurtures a positive social attitude. Camille Pierce

Many people of both sexes and different cultures who live with various types of epilepsy or seizure disorders, don't know how or are afraid to take responsibility for their neurological health needs. The Mosby Medical Encyclopedia (Revised Edition), defines epilepsy as "a group of nervous system disorders that feature repeated episodes of convulsive seizures, sensory disorders, abnormal behavior, and blackouts." Emotional stress, pain and suffering, can be physical and psychological burdens on those who live with epilepsy and other neurological disabilities. "The Clinical Psychology Handbook, 2nd Edition, 1991, Pergamon Press, Inc. says, "The study of how individuals manage stress has provided an additional opportunity for health scientists to examine the relationship between various coping responses and health...Such interventions have been designed to modify emotional, behavioral, cognitive, and physiological components of stress."

One's ability to cope with emotional stress in any type of mental health or social environment may predict their level of optimism and independent behavior. Advocacy for appropriate medical and psychological treatment for people with seizure disorders is most effective when supported by compassionate doctor/patient relationships. I've learned that a combination of traditional and complementary medical practices are important and helpful in the course of a neurological healing process. Alternative or mind/body therapies such as inadequate sleep, prescribed anticonvulsant toxicity, poor nutritional habits, fatigue, lack of prayer, meditation and exercise, alcohol abuse, ingestion of any illegal drugs and high fevers may be potent seizure triggers.

I've had many doctor/patient office visits at a respected medical/neurological research institute. An important finding was when I began **peri-menopause** in my late **40's**. Some doctors suggested that I not use synthetic hormones because they might counter balance the effect of my daily anti-convulsant medication (Primadone) and, possibly, trigger a seizure(s). A health practitioner, separate from the research center, suggested that I take natural and alternative remedies such as Borage Oil, Don **Quai**, St. John's Wort and Echinacea in tea or capsule form. Calcium and vitamin C found in certain foods and prepared tablets, helped to reduce medical and psychological problems such as emotional stress and light to moderate depression. Each doctor asked me for my honest opinion about using traditional and alternative methods simultaneously.

My appreciation of some doctor's neurological expertise and their acceptance of my medical knowledge from a layperson's point of view exemplifies the possible doctor/patient benefits within the context of "Complementary Medicine". Many traditionally educated medical doctors may fear the loss of what I call their "Doctor/Patient Command Posts". There's a cartoon which is a reminder of the

somewhat delicate balance in doctor/patient neurological discussions. It shows a man striped to his shorts, sitting on a stool in a medical examining room. The patient 's smiling and has a white light emitting from his body. Next to him is an old fashioned medical doctor, wearing glasses, a hospital coat and taking notes. The M.D.'s only comment to his patient is, 'You've been fooling around with alternative medicines, haven't you?

In his book, "Prayer Is Good Medicine", Larry Dossey, M.D. says that "when people choose alternative therapies they generally do \*not\* abandon orthodox measures but use them in conjunction with alternatives. Neither do most people believe an either-or choice must be made between prayer and conventional medicine; when seriously ill, they generally use both." (p. 39) I've used some form of alternative medicine such as **accupuncture**, exercise and meditation for years. But, I've never pretended that such therapy outweighed some conventional or traditional methods. As a researcher and consumer, I look for better ways to improve my seizure disorder and overall health. I imagine that in time, alternative medicines will have been given rigorous scientific tests and recognized as another way of controlling neurological disabilities.

Immediately following my Left Temporal Lobectomy surgery, I was, to my knowledge, in an unconscious state for a short time during my hospital recuperation. Recently, I audited a class called "Philosophy of Mind" which looked at the potential of consciousness in human beings. The professor commented, "I think it is possible that even if one is unconscious the person may have some form of awareness present in what might be considered their sleep or dream state". After surgery, I was, to my knowledge, in an unconscious state. However, in order for me to retain some memory of the events prior, during and afterwards, I believe some kind of conscious or unconscious self-awareness was activated.

The Columbia University College of Physicians and Surgeons Complete Home Guide To Mental Health edited by F. Kass, M.D., J. **Oldham**, M.D. and H. **Pardes**, M.D., says, "Temporal lobe epilepsy can lead to delusions, **halucinations**, and schizophrenialike symptoms..." (p. 216) Indeed, I'm among the people with TLE who've experienced such **psychological** problems. But, I believe that a positive belief about my self-concept and society, in general, may originate from my conscious or unconscious thoughts. I have difficulty accepting the fact that I must deal with certain mental impairments. But denial may lead to more serious health problems.

I rely on my computer to give me news about neurological/psychological disabilities. I also turn to offline books and magazines such as Psychology Today, New Age and various things from the American Psychological Association. Taber's 17th edition of Cyclopedic Medical Dictionary, with a 1993 Copyright and edited by Clayton L. Thomas, M.D., M.P.H., a Visiting Scientist of Harvard University's School of Public Health, gives a technical, yet, in my opinion, a good medical definition of epilepsy, "A recurrent paroxysmal disorder of cerebral function characterized by sudden, brief attacks of altered consciousness, motor activity, or sensory phenomena.

Convulsive seizures are the most common form of attacks. Some but not all recurrent seizure patterns are due to epilepsy. Over 1 million persons in the U.S. are estimated to be subject to recurrent seizures. The estimated prevalence is 6.42 cases per 100,000 population." (p. 660).

The **website**, "Epilepsy - International (Resource for Epilepsy Info)" at <http://epilepsy-international.com>, is one of the most extensive technical and consumer research based study areas on the Internet that I've seen. I was surprised to learn that Alexander the Great, Aristotle, Dostoevsky, Socrates, Vincent Van Gogh, Pythagoras and St. Paul The Apostle had some type of seizure disorder! This is reassuring information when I mention to people that those who, to this day, have some form of epilepsy or other neurological disability might also have the greatest minds and creative potential our society should recognize and accept. Particularly if they have to work a bit harder at being what I call • **mindful/selfmade** masterpieces • .

In her book, "A Passion For The Possible", Author, Jean Houston comments, "Was Helen Keller disabled? Technically, yes. Essentially, no. She had rewoven the filaments of the senses that remained to her into a net that could catch the world and its creatures...Can we, like Helen, go deeper into that vast storehouse of alternative ways of knowing and bring back new ways of savoring the richness and glory of the physical world?" Technically, anyone who has a seizure disorder of any magnitude may also be classified as having a medical/neurological disability. Essentially, however, I have learned that one is as able or disabled as their mind or attitude allows. As I write this article, I'm delving deeper into my "storehouse of alternative ways of knowing", to present my personal view of what it's like to experience such things as discrimination and social rejection. Indeed, it's a difficult task. Yet, like a **Hellen** Keller, I try to see the good and positive aspects of self & society rather than the bleak and negative ones.

My article called "The Challenge of Change", questioned readers, "Does a fear of the unknown, different, or unusual prevent us from accepting people with disabilities?...Do we, in some way, prevent them from holding on to their dignity and pride?" Years ago, I created and presided over a California County epilepsy support group which recognized local, state and national laws/legislation which may affect people with disabilities in general and epilepsy, specifically. The Epilepsy Foundation of America (EFA) believes in the importance of providing people with disabilities information about the prevention and control of seizure disorders. Orrin Devinsky, **M.D.'s** book, "A Guide to Understanding and Living with Epilepsy" says, "The EFA is a voice for people with epilepsy at national and local levels to promote legal rights and... seeks to accomplish its mission through support of research, education, advocacy and service." Because people with epilepsy are different from others and challenged to work harder for acceptance in today's society.

I'm 50, divorced for 3 years, nor have any surviving immediate family members. According to my medical records, I had febrile seizures at 6 months of age with intractable epilepsy since I was 12. I had many typical **childhood** diseases and was

diagnosed and bedridden with Mono-neuclosis for about 5 months. I've gone to some excellent research and testing facilities. Several years ago I was hospitalized due to life threatening seizures at the onset of **peri-menopause**. About the same time, I made my first appearance at Stanford University's Comprehensive Epilepsy Center. After voluntarily participating in many time consuming, yet necessary and important preliminary neurological tests, I agreed without hesitation to have Left Temporal Lobectomy surgery performed. Losing loved ones and being divorced are difficult psychological problems. The addition of neurological surgery impacted my emotion and physical well-being. Was I scared? You betcha! Was I pleased with the results? Basically, yes.

I've been blessed with the opportunity of talking with Joan Boresenko, Ph.D. on several occasions. While discussing my medical history with her, she commented, "You have so much to share with others...Your (**WWW**) articles are a great way to contribute to healing." Since people with epilepsy, like myself, are often emotionally sensitive, a verbal/non-verbal pat on the back from a friend or acquaintance can be potent medicine. I take 750 MG of Primidone day. In the past, I've taken Dilantin, Phenobarbitol, Felbamate, Tegretol. I get 7-9 hours sleep daily and eat about 3 **semi/full** vegetarian meals and take vitamins daily. I've been physically active much of my life, walk and do gymnastic workouts when possible, meditate and pray. I'm strongly opposed to anyone consuming illegal drugs whether or not they may be for assumed medical purposes and don't drive an automobile. If my informative articles about the body's healing process helps others become stronger in body/mind/spirit, then I have accomplished much in this lifetime.

Unfortunately, there have been several occasions where I've been dismissed from different jobs due to my uncontrolled seizures. I was a hotel convention coordinator but had to step down because I couldn't handle the daily time pressures. I was accepted into a flight attendant school with the hope of being a **"paid"** employee. However, following their physical exam, I was dismissed when a blood test proved that I took anticonvulsants to help control my seizure disorder. About 20 yrs ago, I wrote an unpublished work which says: "Concentration of my personal attitude towards epilepsy motivated me to research the probable causes and effects of the hidden disability and evaluated medical information and procedures." It's challenging, yet, I believe very important that the public be adequately informed about social/emotional barriers people with epilepsy might encounter and how the American's With Disabilities Act (ADA) may affect them.

Recently, I wrote a magazine article for the Association of Humanistic Psychology's "Opening the Mail..." . Their **website** address is, <http://ahpweb.org> . I said, "...It's important, if not psychologically therapeutic, for me to write and talk about my various life-long medical problems. As an intelligent consumer, I often speak with licensed practitioners..Why do those of us who have the courage to openly talk about our medical situations in public get penalized or seriously questioned?" Maya **Angelou's** poem, "Still I Rise", helps me realize that one's emotional strength in the face of a neurological difficulty such as a seizure disorder might be a blessing in



disguise:

You may **write** me down in history with your bitter, twisted lies.  
 You may trod me in the very dirt but still, like dust, I'll rise...  
 Did you want to see me broken? Bowed head and lowered eyes?  
 Shoulders falling down like teardrops, weakened by my soulful cries...  
 You may shoot me with your words, you may cut me with your eyes,  
 You may kill me with your hatefulness, but still, like air, I'll rise...  
 Leaving behind nights of terror and **fear**.....I Rise  
 Into a daybreak that's wondrously clear.. . . .I Rise  
 Bringing the gifts that my ancestors gave, I am the dream and hope of the slave.  
 I rise.....I Rise.....I RISE !!

=====END=====

(Personal History)

Camille Pierce did Master's work in Human Communication at Portland State University and is currently a Graduate Student Affiliate of the American Psychological Association. She does Internet research and **is** an occasional contributing writer to web sites and news articles and is interested in **intra/interpersonal** communication, creativity, and humanistic psychology. Cam's written graduate level Intro/Intermediate course outlines and instructed speech and semantic classes. She's trained at the Julliard School of Music, has competed in sports competitions and attends psychology/health conferences . Camille's constantly challenged by her **30+** years with a seizure disorder and dreams of the day she'll travel around the world.

#### \*\*COMPUTER WWW RESOURCES\*\*

Yahoo Search: Epilepsy

[http://dir.yahoo.com/Health/Diseases\\_and\\_Conditions/Epilepsy/](http://dir.yahoo.com/Health/Diseases_and_Conditions/Epilepsy/)

An excellent list of **websites** that can be used when researching the subject online.

Epilepsy Foundation - <http://www.efa.org/> : A "national, charitable organization, founded in 1968...dedicated to the welfare of people with epilepsy." **EFA's** advocacy page discusses information about drivers licenses, the American With Disabilities Act and various legal issues which one may encounter.

Epilepsy FAQ - <http://debra.dgbt.doc.ca/~andrew/epilepsy/> : General description(s) of epilepsy & seizure disorders, and explains different seizure types. Also, epilepsy diagnosis, treatment and employment opportunities.

American Epilepsy Society - <http://www.aesnet.org/> : Promotes biological, clinical and psychosocial research and education for professionals dedicated to the prevention, treatment and care of epilepsy. Discusses research, grants and training fellowships.

EpiCentre - A resource which provides general information about epilepsy.

[http://ourworld.compuserve.com/homepages/tim\\_downs/welcome.htm](http://ourworld.compuserve.com/homepages/tim_downs/welcome.htm)

Epilepsia: Journal of the International League Against Epilepsy -

<http://WWW.EPILEPSIA.COM> : Clinical/research updates, articles and diagnoses.

The Stanford Comprehensive Epilepsy Center -

<http://www.stanford.edu/group/neurology/comprehensive.html>

Brain & Mind Maaazine - <http://www.epub.org.br/cm/> - Electronic magazine with neuroscience tests, clinical evaluations and medical updates. (A Personal Favorite!)

Articles by Our Esteemed Readers: Self Help & Psychology Maaazine

<http://www.cybertowers.com/selfhelp/interactive/index.shtml>

Titles of those by Camille Pierce include, "A Fork in The Road Called life! Decisions, Decisions!"; "A Peaceful Death"; "Faith, Hope & love"; Jean Houston: Possible **Life** Transformations"; Self Esteem: Why Am I?"

THRIVEnet Story for Feb.. '97: Disaster Work: Gettina Stronaer and Better

<http://www.THRIVEnet.com/stories/stories97/stry9702.html>

Camille Pierce is an American Red Cross Mass Care Specialist. During an exchange of **email** letters, Al Siebert, Ph.D & Founder of **THRIVEnet.com**, asked Ms. Pierce how she handles the pressures of disaster relief work. Note: The article is a good example of how a person with a seizure disorder can handle stressful situations.

• Hardcopy Text Reading •

Ryer, J.C., (1997). **HealthNet**: Your Essential Resource for the Most Up-to-Date Medical Information Online. New York, N.Y.: Jon Wiley & Sons, Inc.

Siebert, Al, Ph.D., (1993) The Survivor Personality: Why Some People Are Stronger, Smarter, and More Skillful at Handling Life's Difficulties... New York, N.Y. The Berkeley Publishing Group and Practical Psychology Press.

Devinsky, O. MD, (1994). A Guide to Understanding and Living with Epilepsy. Philadelphia, PA.: F.A. Davis Company

Marshall, Fiona, (1998). Epilepsy: Your Guide To Complementary Therapies, Alternative Techniques, Conventional Treatments. Boston MA.: Element Books, Inc.

**LaPlante**, Eva, (1993). Seized: Temporal Lobe Epilepsy as a Medical, Historical, and Artistic Phenomenon. New York, N.Y.: **HarperCollins** Publishers, Inc.