

10-1983

TIPS, Volume 03, No. 3, 1983

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Wolfensberger, Wolf P., "TIPS, Volume 03, No. 3, 1983" (1983). *Training Institute Publication Series (TIPS)*.
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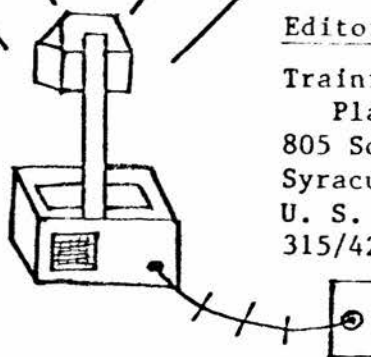
TIPS

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Vol. 3 No. 3, October, 1983

TRAINING INSTITUTE
PUBLICATION SERIES

Syracuse, New York

HUMAN SERVICE WORKERS

In this issue of TIPS, we will take a closer look at human service workers: who they are, how they become human service workers, what they do, how they do it, and what happens to them. An overarching reality to keep in mind is that human service workers will overwhelmingly reflect their own culture and its values.

The Hidden Functions of Human Service Workers

Our society is now not only post-agricultural, but also post-industrial. Only about 20% of the work force is in "primary production," e.g., agriculture, manufacture and construction. In our type of society, a large proportion of the rest must be deployed in useless activities in order to circulate the wealth and keep the economy running. As a result, people are made and kept dependent so that the human service sector can increase. This is illustrated by several vignettes below.

Progress???

Automation has recently gained more glamour by being re-labeled "robotics." An example of what automation can do, if it all works out, is a factory being redesigned by General Electric in Erie, PA, where it is hoped that two workers will be able to do in 16 hours what it once took 70 workers 16 days to do. This really means that two workers are replacing over 1000 workers in terms of productivity (Futurist, 6/83). No wonder we need more devalued/handicapped people, because we need more human service workers, because we need fewer primary production workers.

Is There a Black Hole in the Center of Our Human Service Galaxy?

We have mentioned before that there is increasing evidence that there is a "black hole" at the center of our galaxy, which is called the Milky Way. A black hole is a star which once expanded, then imploded and became so dense that matter comparable to the mass of our sun might be compressed into a sphere only one, or a few, kilometers in diameter. Such a body has such tremendous gravity that nothing escapes from it, and all surrounding matter gets sucked into it, including even

light itself so that the black hole becomes invisible from a distance. Its presence can only be inferred indirectly, as by the X-rays and heat generated in the neighboring regions by the spiral created by the matter as it is being sucked into the black hole, and so on. Since our last report, there has been additional evidence (Science, 5/21/82) that there is indeed a black hole at the core of our galaxy which lies in the constellation of Sagittarius. However, as far as anybody knows, the world, which is relatively at the edge of the galaxy, is not endangered by this black hole--at least not for quite a long time.

There is now increasing evidence that there is also a black hole at the center of our human services. An example is the appearance of infant therapists and infant psychiatrists. There are now psychiatrists treating two-month old infants. Again, we can see here the tendency of the human service business to expand so as to consume all available wealth. Theoretically, the human service business could become as insatiable in sucking in resources as the war and weapons business. This is hard to conceptualize, but years ago it would have been equally hard to conceptualize that the arms, war and weapons business would demand more than the entire federal budget--and itself acknowledge that there was no end in sight.

Young, Healthy--and Affluent?

A book published in 1981 was entitled Old, Sick, and Helpless: Where Therapy Begins. It contains case studies of 12 sick and helpless elderly hospital residents who were reportedly provided with what the authors called "unconditional love therapy." One wonders if this love therapy would have turned conditional if someone had not paid the authors (five of them!) salaries to conduct this project.

Give Us That Old Time Neurosis

A book reviewer in Contemporary Psychology (5/82, p. 363) observed that many psychoanalysts believe today that the inability of so many patients to derive benefit from psychoanalysis is a sign of the psychopathology of our age.

What Would Old Hickory Have Said About This?

The Gerontology Center at Syracuse University is one of many academic institutions that has begun to train human service workers to administer "plant therapy," which amounts to teaching people to pot and grow house plants. The rationale for this specialization includes "that it involves people in caring for other living things, awakens them to their own part in the life process and stimulates activity and conversation." It is trumpeted to be "ideally suited for the elderly because all activity can be done together sitting around a table." The National Council for Rehabilitation and Therapy through Horticulture actually certifies people as professional Plant Therapists. Without any awareness of the irony of it all, the administrator of the Gerontology Center referred to the Gerontology certification which it grants to its students as "recognition of another marketable skill" (Syracuse University Alumni News, Winter 1982). Similarly, a recently graduated Plant Therapist was said to have been enabled to work with his two loves: "plants and old people."

Sex Therapy Emergency Alert

Mental health scientists and practitioners have made the alarming discovery that carpenters have a serious lack of sexual satisfaction in their lives. Accordingly, the Carpenters' Sex Research Association and the Carpenters Sex Therapy Council have been formed by a conglomerate of scientists and clinicians. Training programs have been instituted at several universities in order to **assure** that a sufficient supply of properly qualified carpenterial sex therapists and carpenter family sex therapy practitioners can be trained. There is even **some** sentiment that for proper qualification, a person really should get a joint doctorate in carpentry as well as in sex therapy. Plans are underway to conduct large-scale research on sexual satisfaction and problems in sexual functioning of

of carpenters. An example of the kinds of questions being investigated are the effects of shift work and of wood dust on sexual inclinations and relationships of carpenters. However, a significant obstacle has already been identified: the precise definition of who is a carpenter. Some leaders of this field have accused others of confounding relevant variables. Several books on the topic have already appeared, and more are in the offing, experts said.

Oddly enough, a group of carpenters themselves have formed a so far numerically insignificant but highly visible and vocal self-help group protesting the intrusion of the experts into their private affairs. The experts so far have managed to dismiss the arguments of this group as being those of a minority crackpot group of right-wing radicals.

The above parody was composed by the TIPS editor upon reading Shearer's (1981) book on Disability: Whose Handicap?, where she pointed to the absurdity of some of the preoccupations of human service workers with the sexuality of handicapped people.

*Human service workers' desperation and greed for a market is exemplified perhaps most by people in mental health. The May 1983 issue of Psychotherapy & Social Science Review promoted a book on psychotherapy by depicting a baby on a couch surrounded by five psychotherapists.

*An ominous precedent was set at the Walter P. Reuther Psychiatric Hospital run by the state of Michigan. The institution had laid off several psychologists because of budget cut-backs. The psychologists sued, claiming that their presence was essential to the welfare of the residents who, among other things, might otherwise "suffer acute abandonment syndrome." The court agreed with them and reinstated them (APA Monitor, June 1982). This incident shows how human service workers could conceivably create an infinite need for their services, and thus readily convince society of their indispensability. One has a hard time imagining bricklayers or electricians suing the government on the grounds that they must have jobs because they are so badly needed, but one can easily imagine human service workers being so clever at interpreting to society how much their services are needed that they will never run out of jobs.

*According to a survey, white collar workers spend 70% of their time preparing to actually do something in the other 30% of their time (Syracuse Herald American, 5/23/82).

*Repp, Barton and Gottlieb (AJMD, 1983) observed the interactions between profoundly/severely mentally retarded persons in institutions and institutional staff. Despite the fact that these observations were carried out during the daytime when programming was supposedly most intense, they found that overall, staff members were in the immediate physical space of retarded clients for only about 15% of the time. Even this time was usually only allocated to interacting to clients who were in groups. Interaction with individual clients outside of groups occurred during only 2% of the observations.

*Amazingly enough, there once was a book in 1961 entitled The Mentally Disturbed Teacher, by Joseph T. Shipley. The title is startling, and can bring us to considerable consciousness raising. How about books on murderous social workers, stupid psychologists, alcoholic counselors, and so on. We could have conferences on these topics, special professional associations, all kinds of research studies, academic training programs, etc., that might create a lot of jobs.

*After three months of research in the Virgin Islands, a researcher in anthropology at the University of Florida discovered that being away from home and enjoying a certain degree of anonymity induces tourists to indulge themselves in behavior that would be considered inappropriate otherwise (Science 82, 5/82).

*Radio and TV shows are beginning to proliferate that discuss peoples' sexual problems or fantasies--and possibly contribute to these. What it probably amounts to is a form of sexual voyeurism under the cover of advice. For instance, Dr. Ruth Westheimer in New York City may advise men to have sex with inflatable women dolls, a jar of peanut butter, or a serving of onion rings. She believes that her radio show is enhanced by the fact that she is a 4' 7" immigrant with an accent and does not project the identity of a sex symbol. The sad thing is that such sex experts and advisors are so profoundly legitimized by the academic credentialing system. Westheimer has a doctorate in family studies from Columbia University and teaches in the psychiatry department of New York Hospital (Newsweek, 5/3/82).

*Aside from creating a need for human service, human service workers also play other hidden functions, as illustrated below.

A number of scholars who have studied, and theorized about, mythological processes in human thought have suggested that in our rationalistic society, this universalistic human tendency toward mythologized thinking has been displaced into certain "reservations" of human activity, such as art, music, opera, etc. (e.g., Levi-Strauss). Some of these processes have been referred to as reflecting the "savage mind" of the human. One could argue strongly that much of the contemporary societal response to devalued, and especially handicapped, people reflects primitive mythological thought processes, even our "savage mind."

A society which gives in to the universal human tendency to mythologize has its shamans who function as major interpreters of the world and its events. When it comes to the area of human affliction, and especially bodily deformity, it is the human service professionals who play the shaman role by interpreting the meanings of these phenomena, and to some extent even predicting the future of the impairment and the person afflicted thereby. A striking example of this is the common response of physicians when a malformed infant is born. They commonly go far beyond their role as scientists and medical practitioners in enveloping themselves in a prophetic mantle to augur the future of the infant and to advise parents that the infant is not fully human, will not have a "meaningful" life, hence should be excluded from the human community, and therefore should be allowed or even made to die--often alone. Thus, people in professions that claim to be purely scientific perform behaviors and functions which harken back to human mythological behavior which is commonly characterized as being "primitive."

*Ordinarily, if someone wants to have better housing, and if they have the money, they will pick and choose where they want to live: in a house instead of an apartment, in a bigger or smaller house, in a house with a bigger lot etc. If a poor family lives in the slums, one way to get them better housing would be to give them money stipulating that it must be spent on housing, and letting them choose where they want to live. But that is not what we do as a society, or in human services. Instead, we pick out the housing for them. In fact, we build it for them, and we commonly make it a big house or a housing project: usually a multilevel (perhaps even high-rise) apartment dwelling or at least a village of townhouses. And then we say to the poor people, "if all you poor people will come and live here together in one heap, you can do so cheaply. But you can't move to the neighborhoods or suburbs where the nice people live because that would offend them, and then they wouldn't pay their taxes that pay for your cheap housing. So we won't give you the money to do that, but it is all right for you to live in this slum housing in this ghetto. And we'll even spend double, triple or quadruple what it would cost for you to buy a mansion in the suburbs as long as we can keep you living in this slum housing project in this slum." And many small subsidized apartments in housing projects today have cost just about the same in capital construction costs as big mansions in the middle and upper class neighborhoods of cities.

The above is one example of how human services transact a concealed destructive social mandate, and yet where human service workers see themselves as very merciful, very committed, and very devoted in giving poor people housing. Yet, in fact, such human service workers are transacting an exceedingly subtle process of segregation and social devaluation.

Cultural Influences on Human Service Workers

Faculty Positions for Professors of Bricklaying in the School of Masonrology

Have you ever wondered why universities have academic departments in some subject areas but not in others? We have all heard of departments and professors of physics, mathematics, French, fine arts, etc. Who has ever heard of professors (or departments) of bricklaying, plumbing, cooking, etc.? Obviously, it cannot be because the latter are "applied" subjects, because universities unabashedly have professors in such applied fields as engineering (of all sorts yet), architecture, journalism, etc. Thus there must be a good irrational ideological reason for the difference. This issue was brought to my awareness when I recently read, to my surprise, that someone was an assistant professor of advertisement, from which I concluded that there must be associate, full, and tenured professors of advertisement as well. It seems to me that we should either abolish schools/departments/chairs of advertisement, journalism, etc., from universities, or add such in bricklayery, cookery, eatery, etc., etc. Can readers figure out the difference?

*The ordinary North American newspaper does not carry much human service news unless it deals with welfare and social security. Even at that, much of such news has to do with cuts or scandals. Once scandal hits, it can make the front pages, especially in the smaller newspapers. An example is the story of a California high school football coach, his wife (who was an assistant to a junior high principal), and an accomplice who was a teacher's aide working with retarded children and active in church groups. It was found that they operated a place decorated as a dungeon for "suppliant slaves" in need of sado-masochistic sexual services (Statesborough Herald, 4/18/83; news item submitted by George Cox).

*Probably not too well known to people outside of medicine is that there is a magazine called Diversion, which advertises itself to be "for physicians at leisure." The content consists mostly of articles on hedonistic pursuits (travel, cuisine, etc.) and drug advertisements.

Issues of Worker Competence

*It has, of course, long been known that human service personnel who would not be qualified, or able, to work elsewhere are often found employed in services to societally devalued people, especially in institutions. What happens when a person in the field of mental health cannot find employment elsewhere because of difficulty with the native tongue was powerfully demonstrated at a mental health program in Florida where a patient told a psychiatrist that the only thing he was able to smell was collard greens. The foreign-born psychiatrist who had a shaky grasp on English then inquired of the patient if he could smell red or blue. Puzzled, the patient replied that he could not, upon which the psychiatrist asked him whether he could smell the color green. The patient thought the psychiatrist was trying to say "collard greens," and confirmed that he could smell that. If, by pure chance, someone else had not intervened at this point, the patient might have been diagnosed as schizophrenic and put on psychoactive drugs instead of being administered a careful neurological examination. Another patient told a psychiatrist who was hard of hearing that he was looking forward to the doctor "curing me." The physician heard something else and said "kill you?"--whereupon the patient got so upset he had to be sedated. (Institutions, Etc., July 1982).

*Slater and Bunyard (MR, 1983). interviewed 92 staff persons who lived in private community residential facilities for the mentally retarded in Wisconsin, and who had primary direct service responsibilities for the retarded residents. Less than 50% were able to define, or provide examples of, some of the most basic programming and training concepts such as modeling, or positive and negative consequence. The only concept important to programming and client welfare that was correctly defined by more than 50% was advocacy. But bizarrely, those who defined the advocacy concept correctly thought that their own responsibilities included advocacy, which seems to illustrate that even at the most basic level of program and service provision, personnel think that somebody else is responsible for doing what is needed and for what they are supposedly paid to do.

*From a Social Role Valorization (normalization) perspective, it is problematic enough that poor, elderly, unemployed, and retired people are recruited at minimum wage to be so-called "foster grandparents" to mentally retarded children in institutions for 20 hours a week, especially when the very same persons are denied alternative meaningful employment in the community, in valued settings, and with valued people. The situation becomes even more problematic when elderly people are recruited for these roles who are themselves mentally disordered, retarded, and institutionalized, and quite likely even for work with handicapped children in the very same institution in which they reside (e.g., as reported for the Muscatatuck institution for the mentally retarded in Indiana) (Aging, 11-12/80, p. 40). If the person's work is of genuine merit, why can such an individual not work in a local community child development program, as a teacher's aide in regular schools, or for that matter as a home aide, mother's helper, or babysitter in someone's private home, or even perhaps yet better, in any number of community part-time jobs that would require a level of skill equivalent to that for workers with handicapped children?

How Human Service Workers Are Trained

*Many publications in recent years have addressed the question as to what kinds of training, in-service or pre-service, workers in human services should receive. Commonly, the type of training that most people think should be provided is often listed or even rank-ordered. Almost invariably, these listings give highest priority to technical/clinical skills. One article in the field of mental retardation in 1982 proposed three training areas: changing the behavior of clients directly, changing their behavior indirectly, and being knowledgeable about professional issues such as laws. In many publications, the type of training valued the most highly is even further narrowed down to behavior modification specifically. Virtually never mentioned are things such as shaping positive values, developing consciousness in explicating the true assumptions that underlie a particular service, evoking an intense personal commitment by the worker to the client, getting workers to serve unselfishly, etc.

*A psychiatric facility in Syracuse held an all-day workshop for addiction counselors in July 1983, entitled "Looking Out for Number One"--probably a very apt title considering what goes on in the mental business.

*Among the pathetic recent attempts to control stress and reduce burnout among human service workers has been to get the workers involved in transcendental meditation. This has gone so far as to even include such training in in-service events, or to hold such workshops aimed primarily at human service people. Some of these events are mighty weird. (Source materials submitted by Hank Bersani)

Human Service Commitment, or Lack Thereof

Should Human Service Decision-Makers Be Taken for a Ride?

The New York Times discovered that the people who run public transit in New York City generally do not use public transportation themselves. They thus would have a hard time working up much sympathy for public transit users. We see here an analogous situation to one that has for many years been addressed in TI workshops where we have taught that people who make high-level decisions in human services should have intimate ongoing contact with the people whose lives they control and decide.

Those Disgusting Clients We Have to Work With

At TI workshops, we sometimes discuss the fact that many human service workers actively dislike their clients, or at least do not like them, and how such distastefulness leads to client abuse, worker dissatisfaction etc. Below are excerpts of a letter written (and signed) by 312 employees of the Newark Developmental Center (for the mentally retarded) in New York to the boss (Newark Courier Gazette, 6/11/81). While the employees appear to have legitimate grievances, the letter states these grievances in a way which portrays clients in a highly negative fashion, and in essence says that anybody who works with such disgusting people ought to be highly rewarded.

"Though our job can be very full-filling (sic) at times, it can also be very depressing and discouraging. We have fed clients who could not do so themselves because many were born with deformed heads and limbs. Some with no limbs at all. Others lie on mats and beds in twisted and odd shapes, their muscles and joints locked from years of not bending. They open their mouths wide to eat and we pour in their milk. When they try to swallow they make gurgling and choking noises and spit most of everything back at us and we have to fight to keep our own breakfast down. Many people think nothing of changing the diaper of a baby, but all day, we change diapers on clients old enough to be our mother and father. We've let clients run past us into the bathrooms because we thought they wanted to use the facilities, and realized our mistake too late when they drop to their knees instead and drink from the toilet. We want to scream in frustration because these are the same clients we have led to the drinking fountain just moments before and they would not take any. We've had feces thrown at us, landing in our hair and on our clothes. Many times we have held our breath to keep from vomiting while we used a toothbrush to pick a client's teeth clean because they have shoved handfuls of their own excrement into their mouth. Even using lots of toothpaste and mouthwash, it is days before we can get close enough to the client to even comb their hair without gagging. When your break is only ten minutes after you have bathed them, you wonder how you will be able to hold your sandwich in your hand, let alone work up enough appetite to eat it."

"Some of the violent clients have struck us, causing us injury and hospitalization. Even when they miss you have become so terrified of them you are afraid one day you will forget and turn your back on them."

"How is it possible to try and create 'normalization' for the clients, when we ourselves have had our own lives disrupted and we no longer feel normal? This is a job, yet we are forced to make it our entire life."

Ironically, the letter also states without any awareness of incongruency that "the family is the American way of life," and that the employees want better shift assignments so as to improve their family lives--while all of their clients are cut off from their families, and many are probably abandoned.

*A poll of nurses (Time, 7/13/81) disclosed that they view work in nursing homes as having very low status, and as being otherwise very unsatisfactory. Many nurses admitted that they had come to actively dislike old people much more so than before they started working with them, and nurses who spent the largest amount of time with old people had the most negative attitudes towards them. The nurses reported that they engaged in all sorts of strategies that would minimize their contact with their clients.

*The history of medicine is adorned by a succession of the most selfless and dedicated human servants whose names still resound today. Many of them saw themselves called to the tending of the sick the way other people saw themselves called to the ministry or the religious life. For instance, Paracelsus (1493-1541) viewed the physician neither as a technician nor a business man, but as a legate of God, the supreme physician. Therefore, above everything else, the physician had to be a virtuous man.

Bettmann (1956) gives us biographical vignettes of a number of noble characters in medicine, many of whom embraced voluntary poverty and sometimes even led saintly lives of self-negation and without any thought to personal security. They included Ambroise Paré (1510-1590). Johann Weyer (1515-1588) defended mentally afflicted people against witch hunters, and he and his wife took some mentally demented women into their own home. Nathaniel Hodges defied death during the London plague of 1665, and was one of the few physicians not to flee the scene. (Boghurst, the apothecary, proved similarly valiant.) Hermann Boerhaave, though very wealthy, was dearly beloved by the citizens of Leyden in the Netherlands because of his radiant personality and his compassionate service to the poor. Once, when he recovered from an illness, jubilant crowds welcomed him in the streets, and the church bells were rung. He said that the poor were his best patients, because God paid for them. William Cullen (1710-1790) practiced in Edinburgh. He was compassionate and very casual about money, which he kept in an unlocked drawer. When he died, the drawer was empty. John Hunter (1728-1793) who practiced in London treated people of all classes. He was beloved by the poor, and his rough manner was tolerated by the rich in the hope of being cured. John Fothergill (1712-1780) also practiced in London. A Quaker humanitarian, he would sometimes work 17 hours a day and looked upon the practice of medicine for the sake of money as "vice, much like intemperance." While he did charge high fees from the rich, he sometimes not only charged nothing to the poor, but actually gave them money. He would sometimes pretend to take a patient's pulse in order to secretly slip generous sums of money into his/her sleeve. His humanitarianism extended far beyond medicine, in that he resisted violence, injustice and oppression everywhere. He was succeeded in some of his roles by another Quaker, John Coakley Lettsom (1744-1815) who charged the rich fabulous fees, but supported countless charitable causes, and believed that sometimes he could cure poor persons more readily by giving them money than any of his medical skills--a sophistication many physicians have not as yet attained to this day.

--The two vignettes following provide a contrast to the above paragons.

*Washington, DC, has more psychiatrists than any other kind of physician. Some 30,000 residents of the Washington area have availed themselves of their services every year, at the tune of an average income per psychiatrist of \$90,000 a year several years ago. A former president of the Washington Psychiatric Society stated "I'm awfully glad I chose to come here." Strangely enough, they serve mostly the successful population and ruling classes. A leader of a psychoanalytic institute in the area said "our influence is considerable" (Institutions Etc., 1/82). Now if this does not prove that crazy people are running the country, then what would? While all this is going on, the mental institutions and the community mental health centers in the DC area are in terrible shape.

*There is a relatively new publishing house called Medical Economics Books. That in itself is an interesting fact, but what is one to make of the additional fact that a large proportion of its publications consist of various books designed to help physicians to become or remain rich? Titles, all designed for medical practitioners, include The Beginning Investor, The Whys and Wherefores of Corporate Practice, Tax Strategy for Physicians, Billing and Collections, How to Get Paid for What You've Earned, etc. Several of these texts have pictures of dollar signs or money on their covers.

*At the time of Louis XIV, there was a famous cook, Vatel, who promised the Prince of Condé that a certain fresh fish would be served at table at a certain time. When the fish did not arrive in time, Vatel committed suicide. One can only lust for human service workers nowadays with even a fraction of such commitment, and such a depth of identification with their task.

What Gets Done To Human Service Workers That They Let Be Done to Them

Oral, Anal, Phallic, and Renal Social Workers

We recently learned that the hospital run by the medical school of the State of New York in Syracuse has such a thing as a "renal social worker." Entitling social workers by body organs opens up some interesting possibilities. Why not have oral social workers, anal ones, phallic ones, nasal ones, and so on? The possibilities seem unlimited. There are also projections that an additional 700,000 "geriatric social workers" will be "needed" between now and the 1990s.

*A most remarkable study was reported in the 2/83 issue of Education & Training of the Mentally Retarded. Of 365 teachers, 137 of them of mentally retarded students, 55% felt they had not received adequate training prior to teaching, 73% felt they received inadequate administrative support, about 30% had attended stress workshops, and 58% had developed negative attitudes toward teaching. Interestingly, teachers of the retarded reported drinking significantly more alcohol in order to reduce stress than the other teachers. To the utter astonishment of the TIPS editor, 55% reported having taken "mental health days for reasons of job-related stress." The editor had never heard of mental health days, and discovered that these are days of sick leave that one can take when one feels mentally stressed, uneasy, disgusted, or whatever. The editor has always led an extremely stressed life, and has been confronted endlessly with demands to negate one's self and to whip "Brother Ass" (what St. Francis called the body or even the person) mercilessly back to duty. The editor cannot recall ever in his whole life taking a "mental health day." Surely, the observation that more than half of both regular and special education teachers feel driven and/or entitled to take mental health days is an ominous sign of what people expect from life, and how many human service workers are probably alienated from their work and possibly even their calling.

*The lead ram of a herd of sheep in Switzerland fell off a precipice, whereupon 210 ewes jumped off the cliff after him. Upon reading this, it reminded the editor very much of affairs in life, including in human services, where people blindly follow false leaders and, as a result, have their entire lives, callings, conscience and effectiveness destroyed.

Ethics and Human Service Workers

Chicken Coop Guarded by Skunk?

A prison guard at the Elmira (New York) correctional facility who also happens to be a Ku Klux Klan member was elected by his fellow employees to an affirmative action committee designed to help minorities (Institutions Etc., 1/82).

*We have previously mentioned the increasing problem of malfeasance in human services. Concurrently, in the last ten years or so, there have been an increasing number of scandals in highly respected biomedical research institutes where it was discovered that the researchers were cheating, which usually meant that they invented or "doctored" their data. In the early 1970s, a junior researcher at a famous lab faked data that forced his well-known senior coauthor to withdraw several papers. There was a "celebrated" case of cheating at the Sloan-Kettering Institute for Cancer Research in 1974 where a researcher painted his mice to look like they had inherited their spots. In 1980, a senior biomedical scientist at Yale Medical School was embarrassed when it was discovered that one of his junior researchers with whom he had coauthored had invented data. The most recent scandal occurred

at the Harvard Medical School where a young researcher with a most promising career concocted data, and the researchers above him failed to conduct proper and prompt investigations until the National Institute of Health inquired about certain discrepancies. In early 1982, a "blue-ribbon panel" largely exonerated Harvard, but we can view this panel report only as a "blue-wash."

The President of the Milbank Memorial Fund, a former Harvard Medical School Dean, said that such incidents are far more frequent not only than is known, but than is acknowledged. It is also believed that cheating is on the increase. Both the pressure to publish, as well as the general societal decline in moral standards, are widely cited as the likely causes for this increase (Science, 1/29/82).

*The discovery by James Watson and Francis Crick that DNA (a fundamental building block of living matter) was shaped like a double helix earned them the Nobel Prize. In one of the scientific best-sellers of all times, Watson in 1968 described the race towards this discovery in his book, The Double Helix. In 1980, this book was reprinted, together with various commentaries. As openly admitted by Watson, he and Crick practically stole the discoveries of other scientists. One early reviewer and critic, Lwoff, described Watson at the time of the discovery as a person virtually devoid of affectivity. Since that time, both Watson and Crick have come out on the side of "euthanasia." It is extremely revealing that in our modern age of science, one of the most important discoveries about the physical aspects of life was made by a person who may lack normal affectivity, and who is actually anti-life.

We should also not be surprised at the remarkable decline in morality in science that we have experienced lately, with one cheating scandal after another in science coming to light. As a review of the 1980 edition of The Double Helix in the American Scientist (1-2/82) stated: Watson had become a model for young scientists.

*In 1982, Nursing Life included a poll on ethics in its publication and asked readers, almost all of them nurses, to fill it out. An astonishing 5000 responded, many including long letters with their responses. In 1983, the journal published the results. 83% of the respondents said that they felt driven to compromise their ethical values at some point. 90% admitted having given a patient a wrong drug, or the wrong dose of the drug. 36% had falsified records in order to disguise a mistake, or known someone who did. 68% believe that it is appropriate to withhold information from patients. 52% have deceived adult patients about their medications, and believe that this deception is necessary even though it is not ethical. If a patient with an advanced terminal illness had an unexpected cardiac arrest, 35% would not call for resuscitation unless they had specific orders to do so. There were many horror stories of nurses observing physicians make mistakes, and failing to do anything about it either because they were afraid, felt unsure about the ethical aspects, felt powerless, or duty-bound to protect the profession. There were some significant differences between older and younger nurses, in that younger nurses were more likely to pilfer supplies, cover up more for the mistakes of others, question doctors orders, deceive patients about their medication, and admit they would give substandard care to certain devalued patients. Interestingly, nurses on the west coast were most likely to admit that they stole narcotics (7.4% compared to the 2.9% average). Despite all of these problems, when the results were compared with those from a similar 1974 survey, there were many areas of improvement, if one can assume that the responses and comparisons were valid. Yet strangely, older nurses thought that ethical standards were lower than they had been some years ago. The ubiquitous tendency toward increased "burnout" seemed to be reflected in a dramatic deterioration of job satisfaction between 1974 and 1982, from 61% to 42%.

*A professor in the area of mental retardation (together with a colleague) has been sentenced to prison for embezzling hundreds of thousands of dollars of grant funds over a period of years. Indeed, according to news reports, he had managed to become a millionaire during an academic career of twenty or so years--which is relatively hard to do in human service fields other than medicine. A prosecutor correctly pointed out that the victims of this crime were the mentally retarded (not to mention the taxpayers), but a defense attorney called this interpretation "the most blatant nonsense, the most rank of absurdities, that I think I have heard in a courtroom in a long time" (Wisconsin State Journal, 2/26/82). This episode and the lawyer's denial is very relevant to an issue on which the TI has taught with some vehemence, namely the systematic impoverishment of devalued people by multiple dynamics and interests, some of them deeply hidden, in which human service workers participate.

*In New York State, institutions for the mentally retarded and mentally disordered have long had "community stores funds" which have been set up to accept certain monies that could be used to provide recreational opportunities to residents. However, the state employees entrusted with the administration of these funds have commonly been using them to benefit themselves, as for instance by funding employee parties, employee golf courses, and even the purchase of a Picasso painting for a superintendent (Voices of MDS, 2/83). This is yet another example of how human service workers benefit from their oppression of clients, and how devalued people get made and kept poor.

*State and federal employees usually have a more leisurely work year than other workers. Their hours typically are short, holidays many, and vacations long. Nevertheless, they take a relatively high number of sick leave days, for an average of about 7-8. In New York State, they take even more, for an average of about 10.5 days. This includes the many employees of the state human service agencies. The state government has been chagrined about this situation, and has responded with the production of a 37 page handbook that tells supervisory personnel how to spot sick leave abuse. One problem is that supervisors who are supposed to make sure that people don't cheat are themselves several days above their national average (Our Children's Voice, 1/82).

*It is very common for male psychotherapists to have sexual relations with their female "patients," often in the name of mental health and charity. While this sort of thing has probably been going on since the beginning of the psychotherapy movement around the turn of the century, it seems to have gotten worse lately. In 1981, a psychiatrist who may have done this sort of thing to/with a series of women admitted having had sexual relations with one (whom he charged \$110 for each such therapeutic hour) who ended up suing him. He had also prescribed large amounts of sedatives to her until the poor woman was taking as many as 60 pills a day. He was ordered to pay this patient-victim \$4.6 million in damages, but the State Board of Medical Quality Assurance merely suspended him for 1 year. (UPI, in Syracuse Herald Journal, 7/8/81). Quite clearly, the profession thinks less severely of such incidents than does normative society as represented by its courts.

*According to a 1977 doctoral thesis, one in three female clients of male psychotherapists have had sexual contact with them. Another study found that 90% of clients who were sexually intimate with their therapists suffered ill effects, (not to mention ill affects) and a number attempted suicide (Institutions, Etc., 8/83).

*A Long Island (NY) osteopathic physician was sentenced to a year of probation because he had sexually fondled several dozen women. Detectives said that his "caresses were sexual and not related to treatment or examination" (AP, in Syracuse Herald Journal, 2/19/82). In this day and age of sex by prescription, it has probably become necessary to specify whether sexual caresses are a part of medical treatment or not.

*A male gynecologist was having sexual intercourse with a female patient who had been placed in such circumstances during a gynecological examination as to be unable to recognize what was going on. A colleague of the culprit entered the room by accident, saw what was going on, and took the correct action. One can only wonder how many unsuspecting women the culprit may have previously violated or even impregnated or given a sexual disease to without their being able to account for it to themselves or others.

*Reading the July 1983 APA Monitor, one gets the impression that AIDS occurs disproportionately often among psychologists. Perhaps this should not surprise us since a lot of crazy people enter the mental business in the first place, and the profession of psychology has been heavily materialistic, humanistic, and liberal, and has thoroughly embraced the new (actually lack of) sexual morality. Now let's see how much insight you have into human services. What do you think a psychologist who develops AIDS is apt to do? See the bottom of the page for the answer (it actually happened).

Taking a Stand as a Human Service Worker

*A problem for many moral actors, in human services as elsewhere, is that they might be confronted by antagonists who are much more intelligent, much more learned, and much more verbal and facile, and yet who are deeply allied with incoherencies, dysfunctionalities, and outright immoralities. In a public context, such an antagonist can place a moral actor in grave jeopardy, and it is not easy to give a moral actor easy solutions and strategies for functioning in such a situation.

One prerequisite to a successful stance in such a situation is that the moral actor achieve a deep understanding of the issues at their most essential level (i.e., at the level of principle), even if not at the level of complexity and sophistication at which a skilled antagonist could argue. Furthermore, a moral actor must have internalized a coherent moral stand on the issue. With these prerequisites, it may be possible to speak in a serious, authoritative and coherent fashion to the issue, such that even a simple reiteration of basic truths may in the minds of witnesses, outweigh the sophistries or sophisticated falsehoods of the antagonist.

A related strategy suitable for some (but not all) people is not to argue on the level of "this is the truth," but "this is what I deeply believe." At the same time, it is the calling of some people to not merely state what they believe, but to proclaim a truth as a truth.

For an intellectually and academically talented person, one possibility is to enter into more intensive study of the issues, and to read relevant materials pertaining thereunto. However, such study must often address the deeper issues rather than only their intricate technological surface.

On one occasion where the importance of proclaiming the truth was mentioned, one of the persons present commented that proclaiming the truth is a pretty good thing, "...but what about action?" The fact is that in a world full of deception, confusion of tongues, chaos and outright lies, proclaiming the truth will automatically create all sorts of action and consequences for the proclaimer. In fact, the entire life of a person can come to be determined by the consequences of one's proclaiming the truth. For proclaiming the truth, one is apt to become persona non grata in all sorts of circles and positions, one may lose one's job and/or have to leave one's home, and one may even be put to death. Conversely, because one proclaims the truth, one may also be sought out by others, asked for advice and assistance, be surrounded by pupils and followers, and perhaps even be urged to

assume positions of shepherdhood and/or authority. Thus, proclaiming the truth is no mean thing, is not merely "hot air," and can be considered not only the first but also a major step toward all sorts of other actions, since it is very, very difficult to accomplish anything worthwhile if one has not first apprehended and proclaimed the truth.

Miscellaneous Items on Human Service Workers

Sing It Again, Philip

Now here is an insight that has waited for thousands of years to be insighted, and it was the Metropolitan Philip of the Antiochian Orthodox Christian Diocese of North America who finally saw and said it: "The problem with some of our people is they can't lead, they won't follow, and they refuse to get out of the way." The truth can set free indeed.

*The journals that spring up in human services will, of course, tell a great deal about human service ideology and societal directions. Ever since becoming old became a big business for people who were not so old, numerous journals have been springing up in "gerontology" and aging. Relatively new are the Journal of Divorce and the Journal of Homosexuality. Some journals become very very specialized, such as the Journal of Nutrition for the Elderly, or the Journal of Social Work in Human Sexuality. There are journals on Women and Health, on Women and History, Women and Politics, and Women and Therapy. The latter apparently is on therapy by women for women--possibly those trying to keep up with all the other women's journals. What's the answer to all this proliferation? May we humbly suggest that readers make sure their subscription to TIPS is regularly renewed.

*A plumber reportedly did a minor repair job for a New Yorker, and submitted a bill for \$150. The New Yorker protested, "Surely, you must have made a mistake. Recently, several members of my family had various ailments, but our family physician charged only \$75." The plumber nodded: "Quite in order. That is what I used to charge when I was a physician." (Amerika Woche, 6/10/82)

Contributed Items on Human Service Workers

Below we give several items relevant to being a human service worker that have been contributed by others.

Are Poor People Poor if They are Handicapped?

Jack Yates

Doris Fillmore and I recently conducted a program design exercise session with 13 staff members of a sheltered workshop. In this 8-hour session, which is based on the model coherency discussion which initiates team conciliation of the issues during an evaluation of a human service by means of PASS, we worked with the staff to try to address together three issues. First, we invited staff to talk with us about "who are the people" served in their program. Then we invited them to state "what are the needs of the people served." The third step was to invite discussion of what it would take to meet those needs. One real sticking point came at the end of step one when it appeared that we were close to agreeing that the people are, among other things, poor. The word had not come out, but people were talking all around the issue. When one woman said that the people with whom they work are without money, I came in and asked "Isn't there a four-letter word for people who are without money?" The woman responded, "Yes, bums." Doris valiantly tried again a bit later to get that realization from people. One man noted that working at a job at minimum wage would not really get one a decent income, that you really couldn't live on minimum wage. Doris sensed an opening and asked whether any of the people now make even the minimum wage at the sheltered workshop

(of course they do not). She asked, then, "Could we say that these people are poor?" A cascade of abuse was the response. "No, they're not poor, they are really satisfied with the small amount of money they make." I responded, "Right, so they are poor and satisfied." "No, you can't say they are poor; they are really happy." "Right, they are poor and happy!" No dice.

We have done one or two other program design exercises in which seeking the summary word 'poor' was a real sticking point and resulted in some acrimonious discussion. In a minority of sessions, that is a real barrier, probably related to the notion that staff are ready to apply different linguistic rules to handicapped people, and are reluctant to apply verbal categories which they also might readily apply to themselves.

Helping

Penned at Advanced PASS Workshop Syracuse, 6/81, by Ron Gerhard

See the world with tears a-flowing
In my heart the call was growing:
Stop the signs of sadness; Never
To inflate my self-endeavor.
When the hopelessness of fervor
Became apparent to this server,
Then I joined the world in feeling
And my tears joined yours--for healing

A Rudimentary List of Differences Between Change Agency Masters vs. Journey"men," Not to Mention Apprentices Susan Thomas

The author wishes to express appreciation and indebtedness to several apprentices and journeymen who have provided her with concrete examples of these differences. Especially, this master would like to thank journeyman Wolf Wolfensberger for his help along her road to mastery.

<u>A Master...</u>	<u>...While a Journeyman...</u>
knows that there are masters, journeymen, and apprentices, and what the differences among them are,	usually or even perpetually confuses the distinctions
knows that to remain a master at anything, s/he cannot rest on her/his laurels or past accomplishments,	sees mastery as the end of a journey rather than as a different, advanced sort of travel.
lives by the dictates of decision theory in every part of his/her life,	teaches others the principles of decision theory, and may believe in it, but does not live it.
is disciplined enough in his/her thinking and tool subjects, such as decision theory, to be able to trust his/her instincts,	doesn't even have instincts, or attributes more weight to his/her instincts than they merit.
judiciously refrains from revealing the whole truth about everything, especially if it would be incriminating,	compulsively tells the entire truth, especially if it is incriminating.
applies universal principles and high-level thinking to evolve systematic schemas which deal with every specific,	may occasionally hit upon a high-level solution to deal with one issue/problem, but then tries to apply that same solution to all other situations, both similar and dissimilar ones.

A Master...

sees the multiplicity of principles at stake in a situation almost at first glance,

grows and develops to meet the changing conditions and complexities that s/he is perceiving, and this developmental growth is reflected in his/her changing language,

always learns whatever lessons are to be had from an experience,

can be satisfied with a theory or solution even if it does not eliminate all dissonances, because s/he knows that s/he has exhausted all his/her thinking powers and other resources, and that therefore, if there is a higher solution, it isn't capable of being conceptualized,

--yet, knows that every good thing is not every other good thing, nor is every bad thing every other bad thing,

knows how many things can be done well and at once,

gets organized well before embarking on any specific project, knowing that his/her work will thereby be greatly facilitated,

knows the criteria that any project must meet in order to be completed,

takes advantage of an opportunity to revise something by going beyond a revision of the specifics to a totally new and much better reconceptualization of the issues,

closely scrutinizes pre-cooked speech modules, noting and making all needed changes, even if minor,

knows when and where to use templates, and has them readily accessible when needed,

...While a Journeyman...

sees and perseverates on only one or two.

adheres to concepts and ideas which may have been adaptive at one time but are no longer sufficient, and retains as well the language of those immature conceptualizations.

says s/he learned his/her lesson--but never does.

insists that a solution be a perfect one before s/he will accept it, and once s/he has accepted it, will not let go of it if an even better solution comes along.

claims to be able to differentiate between good things and other good things, and between bad things and other bad things, but in reality, confuses good things with each other, bad things with each other, and even good things with bad things.

thinks either that everything can be done at once, or that nothing can be done at the same time as any other.

uses time that is desperately needed to get an urgent job done on organizing what should have been organized well in advance.

decides a project is finished at the first sign of approaching completion, and thereafter acts as if the project were done, refusing to recognize and make needed changes that would really finish it.

merely rearranges surface elements of the item being revised, and does not even see the opportunity for breakthrough conceptualization that is being missed.

in a form of stimulus generalization, mindlessly uses pre-existing speech templates without giving consideration to their relevance and utility.

in a poor attempt to avoid being (correctly) accused of emitting templatic behavior, discards all templates--especially useful ones.

A Master...

recognizes and resists reifications,
answers a much more profound question
than that which the interrogator actually
put forth,

responds in a way that will benefit all
the other listeners, as well as the
interrogator,

can nap for an hour and be well-rested
because s/he is master of his/her body,

can collect various items of interest in
one topic area, knowing there will
eventually be a use for and a connection
between them,

knows whether a damaged object can be
repaired, and if so, has the necessary
tools at hand to do so,

when traveling, hides money all over
his/her person, and in obscure places and
travel articles, as decision theory
dictates,

puts deceptive labels on files, folders,
and the like as a misleading cover to
others, all the while knowing what is
really in them,

realizes that everything included in
this list is a universal that transcends
time, place, and person,

...While a Journeyman...

creates, embraces, and defends them.

gets entrapped in the specifics of the
question, and fails to see and address
the larger and more important issue
behind it.

tries to address the specific needs of
the questioner, without concern for the
messages s/he may be giving to other
members of the audience.

cannot do so, because s/he is still
enslaved by the body.

needs to see the connections or the use
before making an investment.

is unable to distinguish repairable from
irreparable harm, and so throws all
damaged goods away.

resorts to using travelers' checks, for
which s/he must pay usurious rates, and
considers that strategy masterful.

naively believes that whatever the label
says is what the item really contains.

thinks that every item on this list is
a personal barb, devised specifically
in order to put him/her in his/her
place.

Holocaust II Update

The TIPS editor estimates that approximately 200,000 handicapped and devalued people die each year in the US because of direct or indirect assaults upon their lives--in good part in human services and by human service workers. This genocide, which history may some day give a distinctive name (such as in the title above) shows every sign of increasing and is the single biggest issue related to the human service scene today. For this reason, we will probably have coverage or updates on this development in each TIPS issue.

The Abortion Scene

*In June 1983, the US Supreme Court strongly reaffirmed its 1973 Roe vs. Wade decision by striking down an entire series of attempts by local and state governments to regulate the practice of abortion. These included certain requirements that minor females obtain parental consent, that women be told what a fetus looks like and what medical or emotional effects might follow an abortion (called "a parade of horrors" by the court), that women be given information about alternatives to abortion, or that at least 24 hours had to pass between signing an abortion consent form, and having the abortion performed. Paradoxically, and utterly absurdly, the Supreme Court upheld a provision of Missouri law mandating a

pathology report for each abortion. Here, we need to be aware of the fact that pathology reports are ordinarily obtained in order to ascertain either the nature of a disease or a cause of death. In the case of an abortion, there is certainly no doubt whatever as to what caused death. It also upheld a Missouri provision requiring a second physician to be present to save the life of the aborted fetus--even when the D & C method is used which precludes any possibility of live birth. The court also ruled that second trimester abortions need not be performed in the hospital, but then turned around in another case and affirmed the conviction of a physician for performing a second trimester abortion outside of a hospital.

It is obvious that the Supreme Court is becoming not only increasingly immoral in its interpretations insofar as by no stretch of the imagination can the constitution be invoked in support of its peculiar pro-death decisions, but that furthermore, its decisions are yielding a tangle of mutually incompatible and utterly irrational judgments that lack any cohesion other than irrationality itself intertwined with a death commitment--thus reflecting the course which the people of the United States have set for themselves.

*Several companies are putting out diagnostic kits for detecting neural tube defects (such as spina bifida and anencephaly) in utero. It is believed that these tests may identify the one or two children in a thousand that have in the past been born with such defects in the United States. Naturally, the single major purpose these kits will serve is to promote abortion of the unborn who are at risk, and a certain proportion of abortions have already been performed as a result of these tests where the fetus proved to be unimpaired.

*A new technique has been developed, called chorionic villus biopsy, which may replace amniocentesis for purposes of pre-natal identification of chromosomal, biochemical and neurological anomalies. (The chorion is the forerunner of the placenta.) The technique can be applied earlier during pregnancy, and may yield results much more rapidly, perhaps eventually in a few hours. Unlike with amniocentesis, it is not necessary to insert a needle in the pregnant woman's stomach, but a thin catheter is inserted through the cervix to extract a small plug of tissue by means of vacuum suction. Undoubtedly, if the technique should come out of the experimental stage, it will be used as yet another massive tool of genocide of purportedly malformed or genetically defective unborn.

*At the TI workshops on deathmaking, we have emphasized for years that in a materialistic utilitarian society, we must not be surprised if people are apt to exploit the deaths of others for themselves. Thus, people might be made dead in order to harvest their body parts for more valuable people. Along these lines, some medical scientists now believe that the implantation of fetal cells can benefit people with spinal cord damage. In other words, aborted fetuses may be used as sources of cells with which to treat others. (Source item submitted by David Wetherow) This is not a new development, since aborted fetuses have already been used for a number of purposes, including for research.

*As organ transplants are becoming more and more successful, demand for donated organs is expected to soar, but supply is limping behind demand. In addition, there are some unique advantages to fetal organs which adult organs do not have. All of this strongly points to increased demand for the use of organs of aborted fetuses, or perhaps even the "cultivation" of fetuses so that their organs can be "harvested." This situation was dramatically highlighted by the case of a couple that decided that they should try to conceive a baby so that they could abort it so that the husband could have the benefit of his baby's organs.

*It now also seems that the pancreas of fetuses in the second trimester of gestation can be "harvested" for certain cells which can then be injected into the pancreas of people who have diabetes, thus increasing their insulin production (Science Digest, 6/83). If this treatment turns out to be as successful as preliminary results indicate, we can thus anticipate yet another strong demand that aborted fetuses be mined for the sake of the health of others. (Source item submitted by David Wetherow)

*Even though Canada has proportionately fewer abortions than the US, Toronto is now one of the cities where in 1982, there were more abortions than births (The Human, 7-8/83). Said a Toronto physician, "The system is working well."

*The degree of bias in favor of abortion has gone so far that the Canadian Medical Association sent a questionnaire to a sample of its members to assess their position on abortion--but none of the options in the questionnaire allowed for an opinion that was entirely opposed to abortion (Vital Signs, 6/83).

*An indirect way of forcing unwed mothers to have abortions was found in Nova Scotia where a law was passed that eliminated welfare benefits to unwed teen mothers (The Human, 7-8/83). Because the bill was passed under conservative government, some have begun to refer to it as "the conservative abortion bill."

*It is one of the ironies of life that Sir William Liley of New Zealand who died, age 54, in 1983 was a strong champion in protecting the lives of unborn children, yet he was the one who had developed the amniocentesis technique which became a major tool for seeking out and destroying handicapped unborn children (The Human, 7-8/83).

The Infanticide Scene

*An editorial in the April 23-29, 1983 issue of the Journal of the American Medical Association pointed out that there is so little difference between fetocide and infanticide that the time has come to ration post-natal health care to infants according to the perceived value of the newborn to society.

*The US government is trying to revise the so-called "Baby Doe" regulations that would inform hospitals that it is illegal to murder babies. We should be aware that even if the government manages to come up with a formulation, we cannot place any hope in it. Because of the prevailing zeitgeist, we must expect that either the courts will somehow strike it down, the hospitals will sabotage it, the Congress will change the law, or this or a future administration will rescind its efforts. The rule-of-thumb at issue here is that nothing will stand in the way of the overarching value directionality, and that happens to be one that increasingly devalues marginal and "unproductive" life.

*In 1983, the deputy editor of the New England Journal of Medicine wrote that the US government's proposed regulations forbidding the starving to death of newborn infants was "arrogant and foolish." She dismissed the widespread phenomena of infanticide as "instances of poor judgment by physicians and parents," and allowed that "the idea of death by starvation is disquieting."

*A University of Toronto law professor advised the Learned Society of Canada that Canadian courts should recognize a constitutional "right of privacy for the handicapped" that would permit parents to make the decision whether their handicapped children should die (The Province, 6/1/83).

*In Connecticut, a newborn infant with Down's Syndrome was starved to death, but it took 20 days (ARC Conn. News, 7/83).

*Ron Seigel drew to our attention that many people have been giving donations to hospitals to save the lives of children--but the very same hospitals belong to the National Association of Children's Hospitals which had successfully sued the federal government to overturn regulations having to do with prohibiting infants from being starved to death or denied ordinary medical care because they were handicapped. Thus, giving money to hospitals is no longer a way for saving children's lives.

Social Role Valorization (formerly called Principle of Normalization) News

*Some years ago, NIMR had designed a pink sheet on which all PASS team leaders were to record the basic facts about any PASS assessment in which they had been involved on an official or training basis. These sheets were to be sent to NIMR or Dr. Wolfensberger to be kept for research purposes. A number of PASS leaders have, indeed, been very cooperative in sending in such sheets, which have been useful to researchers such as Dr. Robert Flynn.

During 1983, this reporting form was replaced with one that is more concise and more complete, and that is equally applicable to both PASS and PASSING. In order to encourage use of this form, it is now no longer sold but made available free of charge. A copy of it is contained in the back of the new 1983 PASSING instrument. Unlike other PASS and PASSING forms, this form has not been copyrighted so that users will xerox it, fill it out, and send it either to us or to NIMR.

*In reply to an inquiry by Carol Shelton: rumors notwithstanding, despite the change of the name of the normalization principle to Social Role Valorization (SRV), the name of the PASSING evaluation tool will not change to PASSISRVG--at least not in the present edition.

Workshop Updates

In August 1983, the TI held a 5-day workshop on "How to Function With Personal Moral Coherency in a Dysfunctional Service World" in Holyoke, MA. It was the second such workshop co-sponsored by the Normalization Safeguards Project of Holyoke, directed by Michael Kendrick. It was attended by about 40 people, a great many of whom paid their own way, used their vacation time to come, or otherwise made appreciable personal sacrifices in order to attend. We had developed a great deal of new, insightful--and painful--material for this event, and this material and these insights helped to make the event one of the more coherent and beneficial ones we have given. In fact, the material covered in this type of workshop has always been very difficult for most participants, so we were very gratified that the participants engaged themselves so thoroughly, struggled to understand and integrate its implications to their service work, and gave the workshop an overwhelmingly positive evaluation.

Upcoming Workshops & Conferences

*March 23-25, the TI will be conducting a 3-day conference in Syracuse on the increasing development and practice of so-called "euthanasia" of societally devalued people and on its implications to those who serve or are otherwise involved with such persons. Interested parties can write or call the Training Coordinator for more details. In the course of selecting a site for the workshop, the Training Coordinator had to give hotel personnel a short name for the event so that they could write it down in their calendars. The coordinator told the hoteliers to call the event a "euthanasia workshop," and when the hotel representatives called back to finalize the arrangements, they said they were calling to confirm details for the "Youth in Asia" workshop.

*5-day Introductory Workshop on "Learning Normalization Through PASS," Feb. 13-17, 1984, Attleboro, MA, by the Center for Training, Development & Renewal. Tuition \$200, or the closest amount to it that an interested participant can afford or raise. Jack Yates, 202 Prospect Street, Brockton, MA 02401, 617/823-4952 (work) or 617/588-9420 (home).

Resources

New Citizen Advocacy Monograph Published

NIMR (collaborating with the Georgia Advocacy Office) has just published a new monograph by the TIPS editor entitled Reflections on the Status of Citizen Advocacy. This monograph has gone through many drafts over a period of years. One of its major points is that citizen advocacy (CA) services to date appear to have disproportionately emphasized some types of CA relationships and thereby neglected to recruit recruitable advocates for other types of relationships. Furthermore, the monograph contains an evaluation checklist by means of which aspirant or existing CA offices can identify whether they really are CA rather than something else, and whether they are pursuing a balanced policy of recruiting advocates and protégés. This checklist is not meant to compete with the CAPE instrument for the assessment of CA services, but it does contain a number of points which are not contained in the current CAPE edition. Thus, even if for no other reason, any person or organization concerned with CA should have and use this checklist.

The monograph is available for \$3 from NIMR (4700 Keele Street, Downsview, Ontario, Canada M3J 1P3) or from Citizen Advocacy Office of Onondaga County (Suite 919, State Tower Building, Syracuse, NY 13202). Add 10% postage and handling, and 7% sales tax if to be shipped by the CA office to a NY address.

*Under the leadership of Dr. John Lord, a Center for Research and Education in Human Services was established in Kitchener, Ontario (P.O. Box 3036, Station C, Canada N2G 4R5) to provide "an independent Canadian perspective on human service issues." For \$10, one can inscribe as a friend of the center (\$3 for unemployed people) and receive news and reports from it. In 1983, it issued its first policy analysis papers entitled "Closing Institutions" which focused on Ontario institutions, and which concluded that institutions are being closed, or transformed for other marginal populations, solely for economic rather than ideological reasons. The analysis revealed that to the Ontario government, planning essentially means a process of cost calculating. The center has also found that citizens who tried to make friends with people in institutions have all sorts of obstacles placed in their way by the institutions.

An Appeal to TIPS Subscribers

TIPS has had at various times between 250 and 400 subscribers. Currently, there are about 320, some of them complimentary subscriptions. This is not enough to warrant the 22-24 pages of single-spaced text we have usually put out. If we do not get more subscribers, and more re-subscribers, we may have to cut down the size of TIPS. We appeal to our subscribers to help maintain this unique publication by recruiting other subscriptions, especially from agencies.

Miscellaneous

At a 1983 scientific conference on the dynamics of biological extinction, it was noted that the earth is experiencing an extinction of species of such magnitude as to be only exceeded by the late Permian extinction 225 million years ago which is estimated to have wiped out 96% of living species. The current extinction is believed to be wiping out somewhere near 70% of species. Furthermore, this extinction is being inflicted on the earth by one single species (humans), which has never happened before. As the biologists put it, "no other single species has inflicted such an inimical global impact." Paradoxically, the things which are causing this extinction are generally labeled "development," and include urban growth, chemical pollution, agricultural practices, and most of all, the destruction of moist tropical forests at an unimaginable rate of 110,000 square kilometers per year. It is precisely these forests, which only cover 6% of the land surface, that contain two-thirds or more of all extant species.

TIPS Editorial Policy. TIPS comes out every other month, and contains articles, news, information, insights, viewpoints, reviews, developments, etc., that relate to the interests and mission of the Training Institute. While TIPS is mostly concerned with phenomena and developments that have to do with human services, it also addresses some of the larger issues which affect our society and the quality of life on earth, as well as the ways in which decisions are made in our society. These higher-order phenomena will eventually express themselves in human services in various ways, including in human service values and funding. Usually a TIPS issue will devote a portion of its space to one specific theme. TIPS will address issues whenever and wherever they occur. Disclosures of adaptive developments promoted, or of dysfunctionalities perpetrated, by a particular party or government should not be taken as partisan political statements. We assume that subscribers are people who lead hard lives struggling against great odds, and are aware of many shortcomings in human services. Thus, we try to inject a bit of levity into TIPS so as to make subscribers' lives more bearable (or less unbearable, as the case may be), even if not deliriously joyful. In fact, some TIPS content is apt to be depressing and in need of occasional levitation. TIPS gets many items from other sources, tries to report developments truthfully, but cannot be responsible for errors contained in original sources. Specific items from TIPS may be reproduced without permission as long as the full TIPS reference is cited/acknowledged, and as long as only small portions of an issue are so reproduced.

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