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Wolf P. Wolfensberger
Syracuse University

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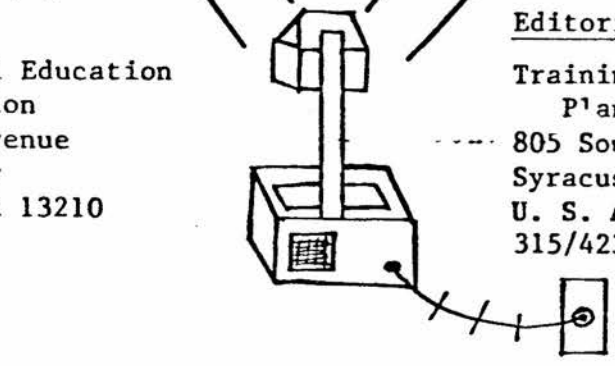

Editor

Wolf Wolfensberger
Professor
Division of Special Education
and Rehabilitation
805 South Crouse Avenue
Syracuse University
Syracuse, New York 13210
315/423-4264

Editorial Address:

Training Institute for Human Service
Planning, Leadership & Change Agentry
805 South Crouse Avenue
Syracuse, New York 13210
U. S. A.
315/423-4264

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Program Concepts and Practices in Human Services

This issue of TIPS devotes a major portion of space to human service program concepts, mostly as revealed by program practices. As we mentioned before, it is our belief that human services, in their aggregate (with the partial exceptions of medicine and education), do not habilitate, heal, or prevent, but create and maintain an afflicted, poor or dependent population in order to keep an economy going in which less than 20% of the labor force is engaged in primary production of all the food, shelter, clothing, and products of the rest of the population. We therefore should not be surprised that human service is insane (schizophrenic, so to speak), that its real function is deeply hidden, and that its practices are commonly bizarre, ineffective, or outright counter-productive.

Amazingly few people are taking seriously the implications, so heavily emphasized in TI events, of the trend in the developed world toward a "post-primary production" society. Manpower and economic forecasts continue to predict a 250% decline in farm laborers and operators between 1980 and 1990, but a 700% increase in secretaries, 500% increase in nurses' aides, and a 450% increase in nurses. More and more, our society is becoming one that needs devalued people to provide the rest of society with human service jobs. Anyone who fails to understand this cannot begin to understand what is happening in human services, and that the production and maintenance of devalued people not only continues but will continue, and will be cleverly disguised because an honest acknowledgement of the realities is unacceptably unpleasant to most people.

One example of how human services "manufacture" a service need in order to employ people as human service workers was found in an ordinary secondary/middle school, which had created what it called a "special needs unit resource center." From its description, one might think that it was a resource center for handicapped students, whose purpose was to keep them as much as possible within the ordinary school and its ordinary classes. However, the students who were actually brought into and served by this resource center were for the most part very typical children who just happened not to be doing so well in certain of their courses, e.g., in a foreign language, math, or one of the sciences. In other words, very ordinary

children were being excluded from the ordinary school and 'made deviant' in order to give the school a positive image as doing a lot of integration, and in order to employ specialist teachers and administrators.

In Georgia, the monthly cost for a person in a nursing home was approximately $2000 in 1982--well above the average income for Georgians. We must conclude that a handicapped institutionalized and/or bed-ridden person can be worth more to our industry than an average citizen (Coastal GOA Advocate, Fall, 1982).

Hilaire Belloc once observed:

> Of old when men lay sick and sorely tried,
> The doctors gave them physic and they died.
> But here's a happier age, for now we know
> Both how to make men sick and keep them so!

At one time, it was assumed automatically that professionals working in the field of rehabilitation were trying to help people to live independently. Apparently, rehabilitation has gotten so far away from this ideal that now, we are seeing university programs in rehabilitation getting started that advertise themselves as having 'a specialty in independent living.' One such is the master's degree program in rehabilitation counseling at the University of Arkansas (Programs for the Handicapped, 1/2/84).

Murphy and Ursprung (Rehabilitation Literature, 1983) studied the vocational assessment practices of several vocational habilitation services. They concluded that agency and professional definitions, strategies, procedures and conclusions reflected the needs of the organizations and workers involved rather than those of the clients. Those who made the referrals commonly influenced the assessment process by posing questions or conveying impressions about clients that might shape the expectations of the assessors. Whereas the literature generally depicts a service field which opens to the client the promise of a vast array of potential occupations, the evaluation process actually channelled clients in such a fashion as to safeguard the economic self-interest of service providers. While almost always using rhetoric describing services as individually tailored, in actuality, clients were constantly being referred to the same programs, quite commonly those under the same organizational aegis as the assessment unit. The ideology of vocational assessors was judged to be devaluing. Great verbal emphasis was placed on client motivation, but such motivation appeared to be heavily assessed in terms of the client's cooperation with the highly technical measurements of other aspects of client functioning. Findings such as these are by no means new, and confirm a number of earlier studies, as well as observations and recommendations offered by the TIPS editor, as in a major review chapter (Vocational preparation and occupation. In A. A. Baumeister (Ed.), Mental retardation: Appraisal, education and rehabilitation. Chicago: Aldine, 1967. Pp. 232-273) and a series of articles (Embarrassments in the diagnostic process. Mental Retardation, 1965, 3(3), 29-31; Diagnosis diagnosed. Journal of Mental Subnormality, 1965, 11, 62-70), both widely reprinted in anthologies.

A 1972 book by Boren, When in Doubt, Mumble: A Bureaucrat's Handbook, affords great insight into the self-serving aspects of human service agencies. Boren has conceptualized bureaucracy as a continually escalating, nonresponsive, self-serving, self-perpetuating organism, operated by men dedicated to self-abnegating bureaucratic behavior. To them, change is dangerous and progress is the world's greatest mistake. In attempting to counteract the evil of a changing world, the professional bureaucrat (Probur) is described as a dynamically inactive and procrastinating individual whose primary function is to protect the ramparts of creative nonresponsiveness. To help facilitate this 'mission' undertaken by Probur,

Boren's book provides some guidelines to the aspiring bureaucrat, such as instructions in the art of mumbling (and projecting utmost sincerity while doing so), and the art of pondering (where a ponderer is defined as one who presides but does not decide). For the first time ever, the many secrets of Probur's trade are openly shared with those readers aspiring to defend the status quo. For example, the Roget's International Thesaurus is cited as the constant companion of Proburs dedicated to the art of opalescent communication. This piece of semantical profundication is must reading for all bureaucrats and status quo agents.

In his 1747 novel, Clarissa, Samuel Richardson wrote *"I am forced to try to make myself laugh that I may not cry: for one or other I must do; and is it not philosophy carried to the highest pitch for a man to conquer such tumults of soul as I am sometimes agitated by, and in the very height of the storm to quaver out a horselaugh?"* We feel much the same about human services today: in the aggregate, they make you cry, and if one does not flee the scene or simply repress its sad truths, one must laugh at it in order to bear it. So TIPS continues as the jester to the human service empire, holding a mirror to its face.

Depersonalization of Service

One way in which dependency or deviancy is created or maintained is by depersonalizing the relationships between clients and human service workers. The imperial service structures of the world are profoundly threatened by anything that smacks of equality and communality, because if clients are not kept in a devalued and oppressed state, the service empire might collapse.

Two staff members of a group home in Canberra, Australia, had planned long ahead to share a vacation with two retarded young residents by going to New Zealand together. This generous life-sharing enterprise was personally torpedoed by the very director of the mental health system of the capital district of which Canberra is a part. He forbade the venture on the grounds that it would lead to "industrial burnout" of the staff members, and that he was acting "for their own good." The parents of the two youths had signed passport applications, and permission for the trip to be taken "with friends," but the empire ruled that staff members did not fall into the category of "friends." One of the sad elements here is that the two handicapped people lost their airline deposit--illustrating one of myriads of ways in which handicapped people, often already poor, are stripped of their possessions and rendered and kept poor. (News item submitted by Rob Nicholls.)

We recently came across a document from a children's institution which consisted of 12 pages of tightly-reasoned and well-phrased arguments why the residents of the institution should neither visit each other in their families' homes, nor go to the homes of staff, e.g., for weekends or holidays. Primarily, the reasons given for why these kinds of things should not happen boiled down to the following: (a) it is hard enough on a family to have one handicapped member, but if that handicapped member's fellow institution residents also come with that member to visit the family, then the family will be stressed too severely; (b) residents spending time with staff in their own homes would introduce non-professional elements into the "therapeutic" professional relationship. This is merely one more example of the many--and sometimes sophisticated--barriers which human services erect to personalistic and normative relationships of service workers with the people that they serve. In this particular instance, the classic psychotherapeutic argument was invoked that to be effectively therapeutic, a relationship must be "objective," and that means no normative social relationships between staff and clients.

An example of how human service clients and their very identities can get lost occurred in Georgia in the 1970s when residents of one institution were sent to another one, but their records were sent in a separate shipment. Because the clients were not able to identify themselves because their competencies were impaired, the receiving institution then had to read the case records and try to figure out which client matched which case record. Another example occurred in the mid-1970s in California when residents of mental institutions were shipped off to nursing homes with their names inscribed upon their bodies in mercurochrome or merthiolate. By the time the clients arrived at the nursing homes, their names had become illegible, and great efforts had to be exerted to find out who they were. It is conceivable that the proper identities of some of them may never have been established. (Source information from John O'Brien.)

The trouble with events such as the above is that understandably, they are hardly ever reported in official documents, but enter the verbal underground lore of the field, where they are apt to either become distorted or outright lost. Thus, some of the most incredible human service disasters may actually never enter the professional and scientific human services literature.

Blaming of Victims

A major human response to other people's afflictions is to blame the afflicted for their condition. This response pattern is as common in human service as elsewhere, though it is often well-disguised, and leads to odd ideas about how to serve such people.

*One reader told us about her visit to a large community-based facility for mentally-handicapped people who used to live in an institution:

She saw:	But Staff Said:
-Staff give residents nothing to do	residents have no motivation.
-A bizarre, confusing environment	residents have thought disorders.
-Unrepaired furniture in a broken-down building	residents have no respect for property.
-Residents have no one to talk to	residents talk to themselves and have no social skills.
-Residents have no money	residents hoard things.
-Residents are given macaroni and baked beans for lunch	they can't plan meals.

A grandmother wrote to Ann Landers (12/82) that one of her married children got a divorce, and both parents remarried and neither of them wanted their nine-year old son. The grandmother took him in and reported that he is a very unhappy child, constantly in trouble and has frequently mutilated himself. The grandmother felt devastated about the child's rejection by his parents, and pled, 'Please, Ann, tell me what to do.' It is very hard to believe that Landers, herself divorced, referred the reader to a recent article in the scientific literature that summarized "a large body of evidence that extremely difficult children may have neurological problems that produce a chemical imbalance and seriously affect their behavior." The grandmother was advised to read this material. If ever there was a case of blaming the victim, this was certainly it.

*Probably the single biggest contributor to abusive use of psychoactive drugs is the medical profession, and especially psychiatry. It is thus somewhat ironic that in 1983, the American Medical Association published a book, entitled Drug Abuse, which dealt primarily with the abuse of illegal drugs. The publication of this kind of book, though undoubtedly valuable, is nevertheless part of the general strategy of imperial structures to blithely ignore and deny any of their own problems, and instead interpret social problems as residing essentially in those who suffer from them. Emphasis is thus diverted from those parties and sources that inflict suffering. In this respect, the book is similar to the many contemporary workshops on what to do with violent clients, while everyone is totally ignoring that the single biggest inflicters of violence in human services are human service workers.

Contrived or Manufactured Afflictions

One way by which the human service "industry" maintains itself is by manufacturing or inventing human conditions that can then be interpreted as requiring 'treatment" or "intervention."

*In 1978, two physicians working for the state of New York found that the more severely retarded adults in state institutions were highly apt to develop an intestinal disease where the colon slips between the liver and the diaphragm, causing nausea, vomiting, constipation, and severe abdominal pain. The researchers established that this disease results from dietary and meal-time-related practices such as commonly prevail in institutions: meals being served at fixed intervals, residents eating rapidly with little chewing, many residents requiring spoon-feeding which often leads to ingestion of too much air, and inadequate ambulation and other exercise. Considering the absurd emphasis placed by state institution structures on scientific dietetics, the vast amount of money and bureaucratic effort spent in the central office in Albany on purchasing institution food and regulating the institutional and group home menus across the state, the requirements for fully-qualified dieticians in the institutions, etc., it is fascinating that this disorder could be found to affect as many as one out of eleven of the more severely retarded residents. Clearly, what all of this science and regulation had failed to accomplish was to establish any sense of cultural normativeness in relation to eating and its social context. Obviously having learned nothing from all of this research, and the disease having been immortalized with the names of its discoverers (the Lekkaas-Lentino disease), a "treatment" was prescribed which is as unconscious and perverse as the causes of the disease itself: bed-rest, forced fluids, enemas, cathartics--upon which the acute symptoms were said to disappear. (Summarized in Arise, April 1979, p. 37.)

*One new kind of deviancy that has been discovered is the "non-compliant child." Workshops are already being offered on how to help parents deal with such children.

* When children commit crimes, those of the privileged class usually get "diagnosed" as disturbed and sent for treatment in the mental health sector, while those from the underprivileged class are more apt to be ruled delinquent and sent to reform school. For the same type of offense, a girl is much more likely to be sent into the agency system than a boy.

*Another disorder "found" by the mental industry is alexithymia, which means that the person is insufferably boring, though technically the original Greek meaning of the term was "having no words for feelings." Apparently, there is little hope for them because psychotherapists find them so boring they do not want to fool with them. Psychotherapists expect excitement in their lives, and they expect their "patients" to bring it to them (Newsweek, 3/5/82).

*We bet you also do not know what psychonephrology is. A book by this title came out in 1981. It is the study of psychological factors in hemodialysis and transplantation. It reminds us of a day in the early 1960s when a sociologist friend of ours working in a medical school mischievously put a sign up announcing the Department of Neurosociology. Enraged neurologists tore it down. Today, they would probably rush to become members of the department.

*We believe that it is rank naivete that led some scientist to conclude that one of the inherent symptoms of the Lesch-Nyhan Syndrome (that is associated with mental retardation) is for the afflicted person to gnaw off their lips and fingers. According to medical researchers, the syndrome has been identified as a genetic one that affects one male out of 100,000 newborn (AP, in Syracuse Herald Journal, 17/3/82). More likely, the children's impairment leads to a circularity whereby they are deprived of stimulation and perhaps even positive expectations, which can lead to stereotyped and bizarre self-stimulatory behavior. Yet the scientists are hopeful that the study of this syndrome will teach them how the brain can affect behavior.

*The cure is the disease! Once upon a time, when psychiatry still "had class," it had a "Gilles de la Tourette Syndrome" (named after the man who described it) that was considered extremely rare. Its more spectacular symptoms were involuntary movements (especially facial tics and grimacing), and foul, uncouth language, e.g., uncontrolled cursing and coprolalia.

With the decline in couth language in the general population, and the liberal use of profanity even among the leaders of society, there has been a dramatic increase in the number of people diagnosed as having the condition. At the same time, the syndrome has become de-classed by being called plain "Tourette Syndrome."

In truth, there may be no such genuine medical syndrome, since probabilistically alone, any combination of symptoms is apt to occur at a certain level of probability even in the absence of a unifying underlying (and possibly causal) pathological condition. It is not far-fetched to propose that autism, "learning disability," Tourette Syndrome, and many others are essentially manufactured conditions that are the product of cultural processes within and among perceivers and interpreters, and of social and behavioral processes induced in people who end up being so labeled. Amazingly, even rather sophisticated people project as much reality into a "diagnosis" of "learning disability" as they do in a diagnosis of appendicitis. The most common treatment for Tourette Syndrome is the administration of powerful antipsychotic drugs such as haloperidol. Now the next point will be hard to believe: major "side effects" of such drugs are--facial tics and grimacing, concomitant with the tardive dyskinesia which results from the brain injury which these drugs cause. It all sounds like sympathetic magic: for a condition believed to result from brain injury symptomatized in tics and grimacing, one gives a drug which causes brain injury, tics and facial grimacing.

*In 1980, the American Psychiatric Association declared "compulsive" gambling as falling into its diagnostic category of "impulse control disorders"--another legitimization of the interpretation of virtually any human behavior that is judged to be problematic as a disease. New Jersey alone is believed to have between 200,000 and 400,000 compulsive gamblers, each of whom is believed to make life miserable for between 4-10 other people. There is now a national foundation for the study and treatment of pathological gambling which is planning to start an 80-"bed" treatment center medically staffed (The Futurist, 10/81, p. 26). (Apparently, gamblers need to go to bed.) This effort is heavily subsidized by the Las Vegas gambling casinos, much as liquor firms have been making large contributions to alcoholism research. The New York Office of Mental Health has given its first 3-day institute on compulsive gambling for mental health professionals where the

"foremost experts on compulsive gambling were assembled." To the tune of $200,000 for the year, the Office also established several "demonstration treatment programs," a state-wide public education program, a program for training mental health professionals to "diagnose and treat compulsive gamblers," and research on this new epidemic. A psychiatrist with the US Veterans Administration "is the towering figure in the movement," and there now exists a National Council on Compulsive Gambling whose president and executive director is a Catholic monsignor (This Month in Mental Health, 4/83). It will not be long before researchers will discover that compulsive gamblers have a chromosome disorder, or certain substances in their blood which differentiate them from other people.

In April, 1981, a federal judge in Syracuse, New York, ordered the US Social Security Administration to determine, apparently via research, whether smoking is a disease. In the particular court case at issue, a woman failed to quit smoking even though she had a severe respiratory disorder, and even had to use a respirator at home several times a day in order to survive. If smoking were to be determined to be a disease, then a person unable to quit smoking would be able to claim disability benefits, the same as a person "suffering from" the impairments of ongoing excessive alcohol intake.

*Yet another "epidemic" of a mental nature that has "broken out" according to the people in the mental business is anorexia nervosa. It is admitted that this affliction, which besets mostly young women, derives from their internalization of certain societal norms which deify the fashion model look, and induce them to starve themselves to death. According to one psychiatrist (Psychotherapy & Social Science Review, 1982, 16(4), 36), we will need "an army of experienced psychotherapists with medical support" to "combat this epidemic." Afflictions of this nature are the product of a form of moral stupidity which, for thousands of years, was well known, as reflected in many of the writings of both the Old and the New Testament, the Middle Ages, and the Renaissance. In fact, there was a whole literature, some of it related to the "ship of fools" theme, which addressed a certain kind of moral stupidity and foolishness, in contrast to the intellectual foolishness of retarded persons. Insofar as medicine has become the new priesthood, moral foolishness is now being redefined as a disease that requires medical treatment.

*One of the contrived afflictions of recent vintage is "learning disability." Among other things, this is a misnomer because the dictionary meaning of "disability" and "disabled" is that one is totally incapacitated--in this case implying that one can learn nothing.

The invention of the category of "learning disabilities" was not only a profound mistake, but more probably an atrocity. Considering that "learning disabilities" encompass an even more heterogeneous group than "mental retardation" or even "emotional disorder," it is amazing that within only a very few years, this concept has become incredibly popular, especially in the educational field, and has led to the establishment of a large number of educational programs and classes, not even to mention university training programs to teach personnel to work with "the learning disabled." Being problematic enough as it is as a criterion for establishing special education programs and groupings, one is absolutely dumbfounded to discover that entire residential programs are now being established for "learning disabled" people. It seems that in many cases, it is really mildly retarded people who end up there, thus in essence serving as a euphemism that presumably is less stigmatizing. However, next thing we know, there will be one of everything for learning disabled people, such as horse therapy, speech therapy, Sunday worship programs, and on and on.

Ysseldyke, Angozzine and Epps (Exceptional Children, 1983) identified 17 different "operationalizations" of the concept of "learning disabilities" that had been proposed by different authorities. All 17 criteria were applied to regular 3rd, 5th, and 12th grade classes of a school. Up to 80% of pupils in some classes

qualified on at least one criterion, and one criterion by itself would have classified 65% of all pupils in the three classes as "learning disabled." The same criteria were then applied to a group of 49 children classified by their school as "low achieving." The highest percentage of these pupils which any of the 17 criteria would have identified as learning disabled was 41, and only 4 of the other criteria would have identified more than 20% in this fashion. In fact, 9 of the criteria would have identified less than 10%. When the criteria were applied to a third group of 50 students specifically classified as "learning disabled" by a school, the results were only slightly "better," with the highest criterion identifying 78% of the pupils, 5 defining between 21% and 62%, and 7 defining less than 10%. This study is merely one in an overwhelming body of evidence that the construct of "learning disability" is a thoroughly meaningless and manufactured one.

The materialization of human affliction has gone so far that Swedish researchers actually believe that they have found a chemical in the spinal column of people who are apt to commit suicide. Next, we can expect to find brain, blood, or other chemicals in children with "learning disabilities," in children apt to play hookey from school, in soldiers about to go AWOL, or in cooks apt to spit into the soup to see if it is about to boil. Undoubtedly, there will then be drugs or operations developed to cure these people.

There is a new (1983) book out called Learning-Disabled/Gifted Children. When will we finally see the work on learning disabled deaf-mute retarded autistic quadriplegic dyslexic genius children?

A federal appeals court has upheld a lower court ruling that California schools cannot use intelligence tests to place minority children into classes for the educable mentally retarded. One of the results of this type of ruling has been that schools have abolished classes for the educable mentally retarded and instead have placed them into programs for the "learning handicapped." In some respects, this amounts to a legal abolishment of the universal phenomenon of mental retardation, and one of the consequences we are already seeing in college and university programs is that people are no longer educated to serve the mentally retarded, but are entering in increasing numbers into the mushrooming "learning disabilities" training programs.

*One clever way in which conditions of living, and various human afflictions, become interpreted as diseases is by interpreting all causes of death as being issues related to health. Thus, suicide has been widely described as "a national health crisis" (e.g., The Catholic Sun, 21/10/81, p. 3). Obviously, since things that cause death are not healthy, suicide could be called a phenomenon that should fall into the health domain, and perhaps be classified as a disease or the product of the disease. Of course, if we do that , we would have to do the same thing with all other causes of death, including those from warfare, crime (which we might attribute to mental disease or insanity), or capital punishment. In turn, all this would imply that physicians and health professionals should be put in charge of nations and society so as to minimize deaths. Of course what very few people are realizing is that no matter how much and how long we extend life, ultimately everybody dies, and much of the obsession with medical research that "prevents death" is absurd.

*The mental health atrocity of the month. Now this is really funny: did you know what the "CPS Syndrome" is? It is a new "disease" which people in the mental business believe to have discovered in children with hydrocephaly. It stands for the "cocktail party syndrome," which refers to lively chatter using sophisticated words but with very little depth and content (e.g., Psychiatric Aspects of Mental Retardation Newsletter, 4/82). Big deal: hydrocephalic children are commonly very limited in mobility but only selectively impaired in mentality . This means that one may have considerable potential but very limited life experiences, possibly

even restricted to an institution. Often, the low expectations of the people in the environment further contribute to a child's failure to actualize the available potential. No wonder the conversation of such a person may be on the one hand animated because of the remaining intellectual interest and potential, and on the other hand shallow because of the great restriction in experience.

*The Quiche -Sauvignon Syndrome. This social disease strikes young couples with a combined income of at least $31,000. The afflicted are obsessed with gourmet foods and fine wines and can only consume comestibles with foreign names. Their speech is typically overrun with casual references to quiche, sushi, bliny, taramasalata, and *omelettes aux fines herbes*. The sight of packaged American foods, particularly tubs of Cool Whip, causes them to tremble violently. Sufferers are incapable of ordering items such as tunafish salad or French fries in restaurants unless they are written as *salade de thon* and *pommes frites* on the menu. They routinely speak of French chefs such as Paul Bocuse and Michel Guerard as if they were close friends. In certain instances, European delicacies--for instance, small cans of Perigord truffles--are employed as sexual fetishes; in others, coitus can only be achieved with the aid of back issues of Gourmet magazine. Some of these people are known to break off relations with friends who cannot pronounce *cuisses de grenouille* correctly or don't own a Cuisinart food processor.

Behavior modification is indicated for this syndrome. Sufferers of Quiche—Sauvignon are force-fed Nepco wieners and Mountain Dew for two weeks while quarantined in the deli section of a Star Market. The cost of this therapy is so exorbitant that, even if it fails, the patient will no longer be in a high enough income bracket to support his or her habit.

Contrived Causes of Afflictions

*One sector among the social and mental professions that would like to pretend that our society is not decadent and decaying is promoting the view that children who emit asocial and violent behaviors are really brain damaged rather than made that way by their environment. To buttress their world view, they have been going out and finding signs of neurological impairment or of psychosis (presumably of genetic origin) in 98% of a sample of violent boys. Naturally, the answer that they look to is then mostly drugs. At this point, they appeal to the charitable hearts of their audience when they pose the dilemma that these youngsters must either remain locked up or be put on drugs that control their behavior.

*Some researchers now believe that they have found that both manic-depressive psychoses and schizophrenia are genetically transmitted via chromosome No. 6 (This Month in Mental Health, 8/81). However, for several decades, there has been approximately one announcement a year that the genetic or biochemical basis for schizophrenia had been found. Thus, such announcements are to b treated with considerable skepticism.

Contrived &/or Ridiculous "Treatments"

*Ear operations for political terrorism? A fascinating extreme of the medicalization of antisocial behavior was reported in Science (5/1/79). Two psychiatrists (one of them the head of the Aberrant Behavior Center) concluded that most political terrorists probably suffer from faulty vestibular functioning in the middle ear--a hypothesis which in previous times had also been advanced to explain schizophrenia. This dysfunction would affect balance and cause dizziness and other symptoms, which in turn would be likely to stunt interpersonal development, interfere with normal relationships, and lead to attention-getting behavior that might then take the form of terrorist activity. It is fascinating to contemplate with

what differing perspectives people might invoke Occam's razor, which stipulates that phenomena should be interpreted parsimoniously, i.e., in ways which require the fewest assumptions. To us, it would appear to be much more parsimonious to explain terrorist behavior on the basis of hedonistic child-rearing practices, while to other people, a biological theory apparently seems more parsimonious.

*Once a society has decided what it will be, do, or have, its intellectual moral authorities will rise up to prove that society's choice is rational, wise and moral. An example of this is a 1983 conference sponsored by Harvard University (no less) on "video games and human development" that included pediatricians, librarians, computer researchers, psychiatrists, etc. One of them trumpeted that "video games are the best thing we have going" to help the nation's two million chronically mentally disordered people! Video arcades were interpreted as just the right place to "help loners come out of their shell." The conference was underwritten by a $40,000 grant from Atari, and there were no participants who said anything negative about video games.

*The term Neuro-Linguistic Programming (NLP) makes one think that it would have something to do with speech development of persons who have some kind of brain impairment or injury. Instead, it is a pseudo-scientific name that has a relatively coherent mythology but relatively little evidence behind it, and that stands for one of those many new cults of social interaction, namely "a technique which teaches a person to extract from another person a desired response." Using NLP, a Los Angeles psychiatrist claims that he can cure people of phobias in 15 minutes--thus qualifying NLP as truly a classic quick-fix mental technology. To some people, NLP has already become a religion. One of its originators is recently said to have walked over hot coals "using NLP techniques" (Time, 19/12/83). Reportedly, it popularity rests in part on meeting a very typical contemporary need for quick and easy fixes, namely on its reputation for being a "quickly instructed tool." Consequently, it has begun to be popular in business circles for "opening the lines of communication between workers." People who teach NLP may be counselors, therapists, or persons who call themselves "NLP practitioners." The practice includes some peculiar strategies, as might perhaps be expected. For instance, when encountering someone who talks with a particularly loud voice, NLP recommends talking back in an equally loud voice so that the person "feels comfortable talking to you." People can attend 3-day workshops on NLP for $115 for individuals and $200 for couples, with a greatly reduced fee (believe it or not) for participating children. Such workshops are offered by organizations such as "Transformative Communications Associates" which is "an organization which specializes in tailored communications training using leading edge technologies including NLP for influencing behavior."

*Reports of the cure of mental illness and mental retardation recur on a regular (about annual) basis. Most of these reports are naive, involve quackery, or put premature faith in some fad, procedure or quick-fix technology. An example is the series of recent reports that an 80-year old professor emeritus of psychology at Old Dominion University has found a nutritional cure for people with Down's Syndrome. According to one account, such a child so treated was thusly addressed by another member of his class in a school: "Hey, are you the guy that used to be an idiot?", to which the child answered, "Hell no! What are you talking about?" Reportedly, the cured child has no memory of the "time when his mind was not working. Incidentally, I have noticed that type of forgetting in some of the other children who have improved notably."(Down's Syndrome Digest, 1-2/82).

*Whenever efforts are made by the professional service sector to structure more normative relationships for persons in need, these efforts are often vitiated by pathetic attempts to maintain the professional/technical control and service culture. An example can be found in the "social networking" craze that broke out in the late 1970s, in part in response to the failure and futility of many decades of hundreds of professionalized mental therapies. The essentially sound idea of calling upon culturally normative relationships to support a person in need became perverted into a "network" of therapists mobilizing a "cast of thousands," after using "crisis intervention" concepts, and involving this collection of people in "retribalization techniques," "network milling," "network screaming/whooping/clapping," "circle movement," "mobilization techniques," and so on (e.g., Rueveni, 1979). It is fascinating that perversions of this nature are being criticized in the field not for perverting culturally normative approaches, but for the absurd reason that they "lack research evidence" (e.g., as in a review of Rueveni's book in a 1980 issue of Contemporary Psychology).

*The Third International Symposium on Music in Medicine, Education and Therapy for the Handicapped, held in Denmark in 1983, included a workshop on "the effects of old Swedish songs on the appetites of geriatric patients in a nursing environment." Commented our friend Kristjana Kristiansen, "The effects of singing old Swedish songs to older Norwegian people has been found to ruin many an appetite."

The Therapy Craze

The medicalization of life has resulted in everything one does being a potential "therapy."

*Researchers in the area of psychotherapy have had a very hard time proving that psychotherapy helps anybody, despite the fact that it has been around almost 100 years, has dealt with millions of people and absorbed billions of dollars (currently, probably about $4 billion per year). Now comes good news. Elderly people who are subjected to psychotherapy apparently fare no worse as a result of it than do other adults (Aging, 11-12/82).

*While all kinds of psychotherapies may be more effective than nothing, they are, according to some recent research reviews, no more effective than placebo treatments. In other words, a psychotherapist with extensive training and 20 years of experience is not any more likely to be effective than an untrained person who is given a few basic instructions and then turned loose. The latter, in effect, is the placebo (APA Monitor, 2/84).

*The TI has long had a lot of fun making jokes about the 1000+ mental therapies. Every day, these are getting more absurd, hence both funnier and sadder. The latest one is "truth therapy." Its proponent (Langs) claims that the other therapies thrive on "lies and barriers rather than insight." Oddly enough, it is hard to tell how truth therapy differs from the lie therapies.

*One of the more than 1000 mental therapies is "bibliotherapy," i.e., the expensive way of reading a book. A 1980 text on the topic (by Cornett & Cornett) has sections on definitions of bibliotherapy, the history of bibliotherapy, human needs, the bibliotherapeutic process, methodology (longest section), attributes of the bibliotherapist, and the limitations of bibliotherapy. The Appendix lists examples of books for bibliotherapy, and there is also a bibliography of other books in this field. (Source item supplied by Don Trites)

*One private institution for handicapped children advertised in the August 1981 issue of the Exceptional Parent that it offered speech therapy, occupational therapy, physical therapy, play therapy, music therapy, art therapy, recreational therapy and biofeedback--all by licensed or certified personnel on a one-to-one basis. One wonders whether the child residents there ever get to speak, move, play, make music, engage in arts or have fun. One also wonders whether they may ever be able to do the above things with other children.

*A normalized version of "reality therapy" with plastic fruits took place in California. A man had an apricot tree which never bore any fruit, so he wired plastic apples, bananas, oranges, plums, grapes, radishes and carrots to the barren tree. In June of 1981, an inspector from the Los Angeles Agricultural Committee hung a med-fly trap in the tree, and a week later, another inspector checked it for medflies and replaced the trap with a new one. None of them said anything or expressed astonishment at the peculiar tree (UPI, Syracuse Herald-Journal, 31/8/81).

*One firm sells a "therapy tote" (at a phenomenally low cost of $75) that consists of a briefcase with all kinds of little gadgets, cards, pictures and similar tricks that supposedly will enable its carrier to teach children to talk right.

*The oldest profession? Guess what one of the oldest healing arts is? You would never guess! But now we are told, in an article ("Dynamics of Horticultural Therapy," Rehabilitation Literature, 1981, 42(5-6), 147-150) that the answer is--gardening. In fact, this is the very first sentence of the article: "Gardening is perhaps one of the oldest healing arts." Some of us remember the time when a garden meant the difference between starvation and survival. Gardening work was dreaded drudgery, as was almost any kind of agricultural work prior to the advent of widely accessible highly technologized gadgetry in the 1950s. Does it not take a highly "sophisticated," nature-alienated, hand labor-alienated and affluent age to make gardening a therapy, and to even nostalgically elevate it to "the oldest healing art"?

In this article, "horticultural therapy" is made into something of a pseudo-science. Its "effects" are divided into three mechanisms: interaction, action, and reaction, which are respectively concerned with how people interact with the "horticultural setting," the persons who work with plants, and "people's response to passive involvement with plants." Furthermore, one of the major strengths of horticultural therapy is said to be the fact that "it does not discriminate." Horticulture is also particularly good for people who are threatened by thoughts of either death or sex. Their death fear is addressed by the fact that they must deal with the dying of the plants, while their sex therapy comes from the fact that they cannot escape the reality of reproduction among the plants. And so it goes, on and on. What is to become of us?

*Since about 1970, there has been a National Association for Poetry Therapy which has been holding annual conferences.

*The latest game played by the mental health and mental professions is to establish psychotherapy sessions and groups to help people to get over their ethnic cultural assumptions and prejudices. A Jew who hates Jews must be sick and obviously needs psychotherapy, though apparently that is not much of a problem if Germans hate Germans, or better yet Bavarians hate Prussians (which, in the opinion of the editor, may have some merit). Expect to hear of new doctoral training programs, the establishment of training institutes, and vast research projects on this new specialty called "ethno-therapy" (Time, 15/3/82). According to its proponents, "it works." If only we could say that for the other thousand or so mental therapies.

*An interesting de-normalization of helping--and even merely of relating to--a person, and specifically a dying person, is exemplified in a book by Feigenberg (1980) on "Terminal Care." It is interesting that dying people are seen as needing professional psychotherapy, but that this psychotherapy is doubly perverted by the assumption that the dying person does not need the kinds of mental "cures" which mental health professionals see other people as needing, but requires "friendship." While friendship relationships are certainly appropriate for a dying person (as for people in general), it is staggering to contemplate the proposal that such "friendship" needs to be furnished by an exceedingly specialized, highly trained and highly paid mental health professional, such as a psychiatrist. Furthermore, this kind of service is referred to as "clinical thanatology" as it is also called in the book. A reviewer called this book one of "innovative explications" that was "health-giving" (Psychotherapy & Social Science Review, 1980, 14(10), p. 17-19).

*To laugh or to cry, that is the question. Norman Cousins, the former editor of Saturday Review, is a very intelligent and cultured person. Some years ago he became fatally ill and his physicians gave up on him. He decided to take charge of his own treatment and did a number of things which, together, seemed to work and cure his disease. His strategies have been widely disseminated and copied under the term "holistic health." One of the things Cousins did was to look at funny movies so that he would laugh, and the laughter would not only make him feel good but would release life-enhancing chemicals in his body. Now has arrived the mental business perversion of some of these basically sound ideas. One of these is the institution of "laughing therapy," going as far as specialized "laughing clinics."

*How funny! Ordinarily, residents of a mental institution have little to laugh about, but an occupational therapist and a psychologist at the Buffalo Psychiatric Center have teamed up to give the residents a (very expensive!) laugh through a program of "humor therapy" (This Month in Mental Health, 3/83).

*A team of psychologists have claimed in the New England Journal of Medicine that compulsive runners and people with anorexia have much in common, and that therefore, "compulsive runners should seek psychiatric help." Can "sitting-down therapy" be far around the corner?

*The Rome Developmental Center for the mentally retarded in New York State announced a two-day workshop in 1982 on "therapeutic recreation," featuring the inevitable session on "dance therapy," sessions on "theraplay" (supposed to be particularly good against autism), several sessions of therapeutic clowning (just what the state of New York needs), a session on music therapy, and sessions on relaxation therapy and sexuality. The nurses and physicians have been trying to tell us that sex is a disease which is in their domain, and apparently we are now told that sex is recreational therapy. It is hard to tell which choice is worse.

*Out of generic clown therapy for afflicted people has now come clown club therapy, which is "a structured type of short-term group therapy in which latency aged children try out different clown identities while following a scheduled format of activities based on a circus motif." One can now attend training courses in the administration of this type of "therapy," and the Ontario Association of Children's Aid Societies has carried announcements of such training courses. (Source item submitted by Ray Lemay)

*The Breakfast Optimist Club gave the Omaha Manor (for the elderly) a pair of rats for their pet therapy program. (Source item submitted by Barbara Jessing)

*There appears to be a great burst in the amount of 'brief psychotherapy' being dispensed. For once, the reason for this is not so much another psychotechno: fad rationale (of which a whole slew come around each year and quickly disappear), but the fact that psychotherapy is increasingly being financed by third-party payers, and these will not support open-ended infinite endless psychotherapy. However, while the boost for this development comes from the world of finance, the world of mental business is quickly developing programmatic rationales to adjust to the new realities, namely that brief therapy is really better and more effective after all than long therapy.

*In some instances, it has been found that agencies charged their federal funders a certain fee for providing "one dose of bowling therapy."

*The US government has published a "field manual" and a "training manual" for human service workers on what to do in major disasters. As one examines the content of these manuals, one is astonished. One might expect to find instructions on how people in human services should mobilize themselves to help out when there are all kinds of civilian or possibly even war disasters, presumably in their own local area. Instead, the two publications are in essence quickie teaching manuals on how to do psychotherapy without appearing to do so. The human service worker is instructed on how to listen to people's troubles while avoiding mental health language, how to set up quasi-therapy groups of disaster victims so that they can share "personal disaster experiences," to counsel disaster victims about their feelings of loss, or to identify their psychosomatic ills. Believe it or not, there are also sections on burn-out of disaster relief workers. Interestingly, both manuals were prepared under the direction of a person whose major reputation was made in the study of suicide.

Another incomprehensible element is that the two manuals are largely the same, though printed at the same time in 1978.

The US government has issued many excellent publications but also an incredible amount of garbage, and the Reagan administration is certainly not entirely wrong in cutting down federal publications. The trouble is that it has cut out some of the best publications together with some of the garbage.

*Child trashing therapy. A rebellious case worker sent us some documentation of an instance where a physician used his prescription forms to make the following "prescription": "(name of woman) has severe colitis and must not be under pressure of retarded child in her home. Is unable to work and care for child and must work." In other words, a separation between mother and child is being prescribed because it is deemed good for the mother's health and wealth, with all kinds of fascinating and mostly destructive implications.

*The most recent mental business technology is 'ordeal therapy," which is advertised as "an unusual way to change behavior." Clients are asked to perform tasks which they experience as more unpleasant than the symptoms they have been emitting, thereby hopefully getting them to give up the symptoms. There is now a whole book on the topic.

*There is something called "validation therapy," and one can pay to go to workshops to learn how to do it.

*Perhaps one of the foremost examples of how human service workers create a "need" that justifies their functioning and jobs is the conduct of "group therapy' for people who are in a coma, somewhat along the lines described in Newsweek (2/10/81).

*Another recent mental industry technology is to teach medical residents humanistic values by giving them group therapy (Science, 17/2/84). If it works on the comatose, it must work on medical students.

*In Indiana, the governor called a conference on mental health for December, 1983, with the enigmatic theme 'Beyond Dysfunction: Previews and Prospects.' One of the scheduled sessions was entitled "The Church as a Treatment Vehicle," which reminds one of recent efforts at 'God therapy' and similar approaches to use religion as a technology, much as one might use pet therapy or touchy-feely therapy. This raises the interesting question as to what does, indeed, lie beyond dysfunction? Chaos? Pandemonium? (Announcement submitted by Joe Osburn)

*In December 1981, the TIPS editor encountered for the first time the term "special needs therapy," which apparently means that you take any of the other 1000+ "therapies" and figure out which one is needed for whom, and that becomes the "special needs therapy."

*Thank goodness, somebody has finally written an article about primary prevention of mental disorder by means of prenatal psychoanalysis of the fetus. Among the findings were that outcome was enhanced by conducting analysis of the fetus in the horizontal position, if deep interpretations were pressed into the fetal skull through means of high forceps extractions at delivery, and if the fetus paid for the expense of the therapy sessions itself. The author emphasized too the importance of further research on the issue. The article can be inspected in the Journal of Irreproducible Results, Volume 27, No. 1, and in The Independent Counterpoint, 11/81, 27(1).

*Let the punishment fit the crime! A cartoon in the legal journal Case and Comment (1/83) showed a 17th century pillory for five people being readied by a bailiff who explained to onlookers that the barrister of the accused had managed to get the death penalty changed to group therapy.

Miscellaneous Program Concept & Practice News

*Mary Yoder of Project Rescue in Atlanta wrote a most compelling case vignette that illustrates the absurdities of some of the common uses of individual program plans, such as accounting tools for the time and efforts of case managers and similar personnel. She cited a case where a public health nurse was supposed to obtain better income for a mother with limited competencies and her infant, and teach her how to feed the baby and other infant care techniques. Yet visiting the mother, the nurse discovered that she had recently been beaten and robbed and was disoriented and physically wounded, and the baby had not been fed or changed for days. It took six hours to tend to the most fundamental bodily needs of the mother and her infant, to restore a semblance of order in the home, get some emergency food, and so on. Yet workers such as the nurse are then called on the carpet for not following proper contact schedules, contacting a client without a goal-related purpose, lacking data on training provided, and falling down on delivering contact notes related to the previously established program objectives.

The vignette illustrates how virtually anything new that is introduced to human services can be perverted, and how human service technologies can become decoupled from positive values and thus become tools of perversion and destruction.

Mary Yoder also discovered that after a service center case manager agreed with a guardian that the guardian's 17-year-old retarded ward could not learn to safely use the Atlanta bus system, the retarded youth figured out the bus route downtown without assistance.

Also, Yoder found out that retarded people were temporarily or permanently disappearing from various residential services without their responsible case managers being informed. In one instance, the case manager went to a so-called

"boarding home" to visit a mentally retarded woman but was informed by the operator that the woman was "probably dead" because she had gone to a hospital several days earlier and had not been heard from since. Only a search of the obituary column was able to confirm that the woman had actually passed away (Atlanta ARC News & Views, 9/81).

*Segregation can take the most amazing forms, as illustrated in the setting up of a radio station in Connecticut run by handicapped people, and designed to broadcast programs for handicapped people. While there is no doubt that special programming for handicapped people has its merits, one can almost visualize already isolated handicapped people, perhaps home-bound or with very few contacts with non-handicapped people, now tuning in to the segregated station, thus being deprived even of generic radio broadcasting which might have been one of their few links to the mainstream of the world.

*There is a new book out that evaluates the validity of lie detectors (A Tremor in the Blood, by Lykken). Contrary to common stereotype, lie detectors (sometimes scientifically referred to as polygraphs) are not used very much in connection with court proceedings but with employment screening, and it is estimated that between 4,000 to 7,000 polygraphers practice in the United States administering between one and four million lie detection tests annually. Yet the author notes that the technique is essentially not validated, in part because there does not appear to be a single unequivocal human response that is emitted in any measureable form when one tells a lie, but not when one tells a truth. Yet lie detecting mechanisms that analyze voice stress sell for about $4400 each. The author says that the machine comes not much closer to validity than the flipping of a coin, and suggests that one do exactly that: flip a dollar coin, and save oneself $4,399.

Contemporary Psychology (1981, 26(6)) carried a devastating review of the polygraph technique and indeed the entire field, revealing that the polygraph lie detecting technology can only be described as lacking anything like a sufficient research base, even though it has grown into a $100 million industry that controls the fate of an estimated million Americans annually, and that may even result in innocent people being sent to prison and guilty people going free. It is amazing how much support this technique does enjoy from people in the behavioral sciences, which probably goes to underline what an enchantment with technology and a thirst for power can do to the perceptions of people who pride themselves on scientific objectivity as to what is or is not scientific, professional, valid, worthwhile, etc.

In some of our workshop context, we talk about the propensity for human service workers to lust for and fornicate with human service technologies. This promiscuity is underlined by the fact that these technologies come and go in a rapid succession, but human service workers often play very much the role of pimps in that they profit phenomenally well from the succession of obscenities which they practice or mediate.

*Satanic human service cults? Youngsters confined in New York State Division for Youth facilities told horrible tales at a legislative assembly hearing. They said that they were often beaten, sexually abused by other residents and staff, forced to witness homosexual activity, and that Satanic cults were practiced in some settings (AP, in Syracuse Herald Journal, 11/11/83). The latter should certainly not be a surprise to TIPS readers who should be inured to a great part of human services being one big well-disguised Satanic cult.

*Now this is really hard to believe, but a professor at the University of Rochester Medical Center has devised a test to see whether an older person is "likely to be institutionalized." The test consists of the manipulation of a series of locks and latches. (Omaha World Herald, 14/6/83). We assume that those who are able to manipulate these will not get institutionalized. (Source item supplied by Barbara Jessing)

*You'd never guess who has been staffing the hotlines. Here is the ad describing a new book (The Stranger Beside Me): "Working on the biggest story of her life, journalist Ann Rule didn't know that Ted Bundy, her friend and co-worker at a psychological counseling hotline, was the slayer she was hunting. Today Bundy is in prison, convicted of mass sexual abuse and murder; here Rule tells the shocking story of this "all-American boy" turned killer."

*How to keep clients from being hurt by human service agencies. A 33-year old man in Syracuse lost his job and systematically began to explore both the job market and the resources that might be available to him to support his family that includes a handicapped wife, a handicapped son, and two other children. When he was in danger of being evicted, he contacted the Mayor's Neighborhood Service Bureau which referred him to the Syracuse Model Housing Relocation Center. When the man frantically tried to contact that agency, he learned that it no longer existed--probably to his advantage.

*The director of Big Brothers/Big Sisters in Syracuse stated that formerly, Big Brothers used to engage in "activities" with their little brothers, but that increasingly they have been focussing on the feelings of their little brothers, as well as their own (Syracuse Herald Journal, 17/2/82). One wonders whether this is good or bad. Formerly, a man might have taken out a boy to play ball, today, they might go to sit around a table and discuss their feelings. This seems to parallel a larger societal trend that involves navel gazing, specialized counseling for virtually everything, and self-help groups for the most bizarre and unusual conditions (e.g., Mothers of Murdered Teenagers).

*Staff members at the Fort Lyon Colorado Veterans Administration Hospital lobbied very hard to set up a "total care unit" for "total care patients," by which were meant mostly people with extensive brain injuries and little remaining functional capacity. Having accomplished its goals, the major mover in this development called the pertinent facility as having "a depressing atmosphere." To cheer up staff so that they could/would carry on, all sorts of crazy things have been done such as a "most beautiful legs" contest for male staff, and a "hot lips" contest in which the staff could vote as to who had the best looking lipstick blots on paper (Aging, #341, 1983).

*Ed Burke sent us some medical records that he encountered at a child development center: "Apparently there was some question as to whether the child should have shoes or not. He apparently does not walk and will not walk and therefore, I felt that shoes were not needed. At least not a good orthopedic shoe. I believe the child could wear anything on his feet." And would you believe this report came from Ambulatory Services?

The Deathmaking Scene

Because of the urgency of the topic, TIPS will probably carry some news and commentary on deathmaking of devalued or afflicted people in every issue.

*In March 1984, the Training Institute held a 3-day workshop on the growing threat to the lives of handicapped people. Even though we had placed ads about the event in several journals that must have been seen by somewhere between 50,000 and 70,000 people, only 1 person out of the 50 who attended came at least in part because of these ads. One of the participants (Jeff Strully) read the Sunday New York Times on the way home and concluded from the many items on deathmaking in it that if that issue of the newspaper was a typical issue, then our estimates of 200,000 to 300,000 handicapped people being made dead every year must be, if anything, a low estimate.

The TIPS editor also gave a 1-day, and two 2-hour, presentations on the topic in Georgia, and for once, there was relatively good attendance at all events. He gave one of the 2-hour summarizations of the issue in Savannah, where he also pointed out that one sign of the imposition of a death role on devalued people is that news about them often appears on the obituary page. A newspaper reporter was present and gave a fairly accurate account of the presentation--which was printed on the obituary page of the Savannah Evening Press (3/4/84), (source item supplied by Tom Kohler). This obituary page recorded the deaths of 13 people--4 of these in nursing homes, 1 of them in a VA hospital, and 1 in a county hospital. This observation now forces us to ask not only how many elderly people there are in nursing homes (a relatively small number), but what proportion of elderly people die in nursing homes and similar institutions--obviously, a much larger proportion of those who reside in them.

Abortion

*The US Supreme Court decision that legalized abortion, Wade vs. Roe, was announced in 1973, but was actually decided by the justices in 1971. It took them two years to agree on who should write the opinions, how, and how the pronouncement should be timed (The Brethren: Inside the Supreme Court, 1980). It is interesting to observe that it was in 1971, the year the decision was made, that a dramatic upswing took place in the medical infanticide of handicapped newborns, as exemplified by the famous 1973 Duff & Campbell article which reported that 14% of infants in a 2½ year period had died at Yale/New Haven Hospital beeause they had been denied treatment.

*There have been efforts underway in the US Congress to pass legislation that would prohibit federal support for research on unborn or newborn children unless the experiment benefitted the child, and unless the risks did not exceed those encountered in daily life or during the performance of routine physical or psychological examinations and tests. Also, research on live aborted fetuses could no longer be funded. (Experimentation would still be permitted on dead aborted fetuses, thus letting stand an incentive for medical scientists to promote abortion so they can use the dead fetuses for research purposes.) The American Academy of Pediatrics has already stated its opposition of any such measures, and the rest of the medical establishment can be expected to follow suit (Science, 2/3/84; NCCB Report, 12/83). As we have mentioned on earlier occasions, there has already been quite a bit of research on live aborted fetuses, some of this research has been utterly gruesome, and some has also involved profit-making traffic in the corpses of aborted fetuses.

A top scientist of the US National Institutes of Health has recently resigned in protest over restrictions on research on human fetuses (Science, 2/3/84). One of his convoluted arguments was that by conducting research on fetuses, procedures might be found to correct abnormalities in utero and thus reduce the likelihood that mothers would want to abort. The argument reminds one of the government's euphemisms in the Vietnam war that one had to destroy villages in order to save them.

*In Europe, there is still a brisk business in frozen human fetuses which are "harvested" by the laboratories of French cosmetic factories. Beauty products based on fetal remains are particularly popular in France where they sell at high prices and are considered very rejuvenating to the skin. There are even ads for soaps, shampoos, and facial creams that appeal to the fact that they contain amniotic fluid.

In 1983, it was announced that a new vaccine against human rabies used lung tissues from aborted fetuses, distributed by Merieux Institute in Miami. (Source materials submitted by Karl Williams)

*A striking paradox exists in the fact that medical science can now keep babies alive outside the womb from about the 23rd week of gestation onward, yet abortion may be performed on women pregnant for more than 23 weeks. One really must perform a tremendous linguistic feat in order to differentiate between birth and abortion. When saline solution and other chemical fluids are injected into the womb of a pregnant woman, they sometimes do not kill the fetus but merely maim it so it is expelled still alive and sometimes even viable. This is one reason why some physicians decide to dismember the fetus before removing it (New York Times, 15/2/84). Up to 500 abortions a year in the US involve live births. Interestingly, the majority of US hospitals in 1983 felt that a child aborted alive should be provided with life-sustaining treatment, which is totally schizophrenic and helps explain why medical practitioners involved in these practices appear to be going insane (Respect Life Report, 7(2) 2/84).

*During the week in which many anti-abortion groups marked the anniversary of the Supreme Court's legalization of abortion on demand, the NBC TV series "Buffalo Bill" ran a two-part episode in which a woman got pregnant, and in the language of the show, made a "brave decision" in "this private matter" to perform the "simple operation" because of her "distress."

*A Texas physician was sentenced to 50 years in prison for having drowned a 5-7 month old fetus that he was supposed to abort. The physician said "Of course, there was never any murder committed," and "the judge, district attorney and the jury never did understand abortion theory and factors" (New York Times, 25/3/84).

*On 12 February 84, the CBS TV program "60 Minutes" did a story on China's efforts to control its population by virtually forcing women to abort any pregnancies after they have had one child. Apparently, it is extremely rare to encounter Chinese families now who have more than one child. Amazingly, "60 Minutes" gave a very positive interpretation to this quasi-compulsory (in effect, quite compulsory) abortion strategy, and noted that if the US became as populated as China, it might have to take recourse to the same extreme measures. One unspoken but very obvious implication was that other countries that are in economic straits because they cannot feed their numbers should imitate China.

*An alert person found that Women's Liberation Abortion Referral and the Birth Control/Venereal Disease Information Center in Toronto had the same telephone number, occupied the same premises, and were, in fact, one and the same--and both of them were funded 100% by the Ontario Ministry of Health (The Interim, 9/83).

Infanticide

*Another very problematic term that suddenly, since ca. 1983, gained great popularity is "born dying." The term implies that an infant "born dying" will die, that nothing can be done to prevent death, and that therefore, the withholding of treatments--or even the inducement of death--is justified.

* Another example of at least latent and implicit support for infanticide of handicapped newborns occurred in a segment of the NBC TV program "First Camera," on 1 April 84. This story reviewed the fact that many infants who previously would have died (e.g., because of extreme underweight at birth) are now able to be saved by medical technology which, however, is exceedingly expensive. For instance, at one of the cheaper newborn intensive care units (this one in Mississippi), the average cost is $800 per day per child, whereas the US national averyage is $1200 per day per child. The doctors who were interviewed talked about how some children would be very severely handicapped and not able to do anything for themselves for the rest of their lives. There was also great concern among most of the people

interviewed about the fact that there are few institutions for severely and profoundly handicapped children. Thus, a very severely handicapped child would either have to live in the hospital--or at home, an option which was considered very suboptimal. Furthermore, most insurance companies will not pay the same amount for a family to keep their severely handicapped child at home as they will pay for the their child to be placed in an institution, and while some states will subsidize parents sending their child to an institution, others will not. Parents of a very severely handicapped infant were interviewed, and the father said that a generation back, when such severely handicapped children might not have lived, "it might have been better that way." The implication throughout the story was that keeping such very severely handicapped children alive is too expensive, and could indeed lead many people to think that it would be better if the children were let die or otherwise killed at birth.

*An important aspect about the Baby Jane Doe case in New York State was that the US Government really asked for no more than gaining access to the medical records on the case. Since this was denied by the courts, one can well ask how infanticide under medical auspices could ever be investigated if hospitals, medical services and possibly even physicians were allowed to keep law enforcement agencies out of their records in the name of privacy and confidentiality.

Despite dozens of on-going 'Baby Doe' investigations by the federal government, no disciplinary actions have yet been taken against any hospital or state agency (Respect Life Report, 3/84).

Common Cause invited its readers to comment on the case of Baby Jane Doe, and published (1984, No.22) 20 of the hundreds of letters which it received, 90% of them opposed to government intervention in such cases. Among these were a number of letters by parents, grandparents and siblings of handicapped people, and human service workers, who all opted for the death of the infant.

*The newsletter for the Association for Retarded Citizens-Connecticut, ordinarily a very strong advocate for retarded people and right on target, has come out in an editorial favoring that parents should make the life-or-death decisions in regard to their handicapped child without interference from the law, courts or government (CARC News, 3/84). Apparently without seeing any contradiction, another editorial in the same issue rejoiced in the progress made by Philip Becker--whose patents had wanted him to die and who had to be taken out of their legal guardianship in a court case that went all the way to the US Supreme Court.

*The Hospital for Sick Children in Toronto has undergone repeated waves of investigations for infanticide. In 1974, a 20-year study of children with Down's Syndrome at the hospital was published in a medical journal, reporting that 27 of 50 such babies were "permitted to die" with the consent of the parents. The president of the Ontario Medical Association in 1979 described the practice of withholding surgery on infants with Down's Syndrome as "not rare." In a most unusual move, the Canadian Psychiatric Association harshly criticized the Hospital for Sick Children in 1979. In August 1983, another investigation disclosed 36 infant deaths that were apparently due to "mercy killing" in a period of only a few months between June 1980 and March 1981.

Promotion of Suicide

*The medical model to the death. In a recent TV program devoted to planned suicide, a family discussed a woman's planned suicide which was preceded by a champagne toast from her family. The studio audience, appalled by the story, asked many appropriate questions. However, one question which was absurd involved the presence (or lack thereof) of a physician at the event. Only in a society such as ours would the absurdity of planned suicide be compounded by the thought of an attending physician. (Submitted by Sam Zamarripa)

*In late 1981, a physician in West Germany found one of his patients, a 77-year old woman, comatose in her home. He knew that she had long prepared to end her life with morphine and sleeping tablets. Together with a neighbor, the physician stood watch for 12 hours until she was dead, without making any effort to revive her. Brought before a court, he was acquitted. A prominent Catholic theologian and professor of medical ethics at the University of Maastricht stated that the verdict was correct (Amerika Woche, 10/3/84, p. 24).

Violence, Abuse or Neglect Unto Death in Human Services

*In August 1983, a fire broke out at 6:30 a.m. in a cabin at a segregated summer camp for mentally retarded people run by the London and District Association for the Mentally Retarded in Ontario. The fire was started when one of the campers played with a cigarette lighter which one of the camp counselors had left on a shelf in the counselor's bedroom. Three retarded teenagers died before someone noticed the fire and saved two other campers. An investigation discovered that the camp director and virtually all camp counselors had established a pattern of shacking up (involving "at least 5 male-female pairings") with each other during the night rather than sleeping in the cabins to which they had been assigned, and that prescribed routine checks during the night had not been carried out. Furthermore, this debauchery had apparently been routine not only that year but during at least one previous year, and was well known to the staff of the Association. The executive director and the board of directors exonerated everyone, including themselves, and said that they would not hesitate to hire the same staff members again.

As if all this were not bad enough, the Ontario Association for the Mentally Retarded, that should really be the major external non-legal body to investigate and correct this situation, declared that it would not make any public statement on the issue--because it held the liability insurance policy covering facilities of its members such as this camp, and such an investigation might lead to an admission to liability. This event once more illustrates the profound conflict of interest of voluntary associations on behalf of devalued people, and how such conflicts are increased when such associations operate services rather than functioning primarily as advocacy organizations. The incident also shows that family members cannot necessarily be trusted to defend their own handicapped members--perhaps because they even do not like them. The incident has become a cause celèbre in Canada, and could lead to a deep split between various association bodies.

*Community mental health workers warned Worcester State Hospital that a certain rooming house, in a part of town called by some "a mental health ghetto," to which it "referred" 7 former residents, was not safe. Among other things, there had been several small fires before at the facility. Nevertheless, the institution placed the people there, a fire broke out at the facility which at that time held 23 residents (21 of them former institution inmates), and 7 of the latter died. State mental health officials declared themselves "powerless," and an investigative report concluded that the institution "had no clear policies or standards to guide decisions on patient discharges" (New York Times, 25/3/84).

*There has been a battle going on between the St. Joseph Home in Kansas City, a nursing home for 200 people run by the Catholic archdiocese, and its employees who have been trying to unionize. The employees made a number of very serious charges against the facility, and many of these have been supported by various investigations. In fact, the facility has been operating under a temporary license because of its many health and safety violations. One resident was accidentally fed hair oil instead of cough syrup, and one reportedly died after he was fed lying down instead of sitting up. However, the employees charged that records on these and other events have repeatedly been falsified, and the charge of record falsification has been upheld. The health department also found that there were often insufficient staff on duty, there was failure to use proper sterilization techniques, and patients were put in physical restraints without a physician's orders (National Catholic Reporter, 16/3/84).

*A 25-year old woman who was an award-winning poet signed herself voluntarily into a psychiatric institution in Berkeley, California, where she was administered daily doses of valium, lithium, prolixin, benadryl, cogentin and thyroid pills (Institutions, Etc., 8/83).

*An article in the Hartford Courant charged that being fed in a prone position is the worst one (even life-endangering) for handicapped people in nursing homes, and yet that it is the most common one used in such facilities. (The writer was mostly referring to facilities in Connecticut, though the statement is probably not uniquely applicable to Connecticut.) The topic has been the subject of a number of exposés and investigations over a period of years (Connecticut ARC News, 3/84, p. 17).

*A 27-year old client at a New York State psychiatric center was on 1200 milligrams of thorazine per day. One day, he became upset and began to take frequent drinks of water, which he continued to do during the next several days. He began to show signs of discomfort, became comatose, and died--from what was later found to have been acute water intoxication either precipitated by, or interacting with, his high thorazine levels (Quality of Care, 1/2, 1984, p. 3).

A 34-year old woman with a diagnosis of schizophrenia had been given the powerful drugs Elavil and Haldol, and despite the fact that she had broken her ankle, she was given electroconvulsive shock therapy. Within two days, she was dead from an embolus that originated near her broken ankle (Quality of Care, 1/2, 1984, p. 3).

A 40-year old depressed man in a New York psychiatric facility was found dead after having had a seizure. An autopsy showed that his blood Haldol level was within the lethal range, and that it had precipitated the seizure. An inquiry cncluded that there was "insufficient evidence to state whether his medication had caused or contributed to his death" (Quality of Care, 1/2, 1984, p. 3).

A 35-year old woman in a New York State community residence was known to have a long-standing record of seizures, includng recent ones, and several of these while in the bathroom, and even in a bathtub. Nevertheless, no arrangements were made to have her take showers instead of baths. One day, she had a seizure while in the tub and drowned (Quality of Care, 1/2, 1984, p. 3).

All four cases above occurred in a small enough time span so as to be published in the same issue (1/2, 1984) of the newsletter of the Quality of Care Commission in New York State which is supposed to monitor abuses in state-funded or operated mental health centers.

Miscellaneous Deathmaking

*A very powerful documentation of indirect deathmaking took place Monday, 9 April 84, on the public broadcasting service program Frontline, which covered the theme "Through the Safety Net." It examined the recent historical episode in which the Reagan administration cut almost 1 million people from social security rolls, so that many of them committed suicide or died, and others suffered unspeakable hardship. One of the recommendations of even a sympathetic reviewer of one person who became depressed after being cut from disabilities payments was that the person be given electro-shock therapy and psychotropic drugs.

*In a nation-wide poll conducted by the news magazine, USA Today, 65% of Americans believe that treatment should be withheld from an unconscious terminally ill person if the family so desires (The Human (5), 1984).

*It now appears that the practice of issuing "do not resuscitate" orders (DNRs) in a "self-destructing" fashion is relatively common, and is done because physicians in hospitals fear that they will be held legally liable. Some physicians and hospitals even have a policy that prohibits written DNR orders, but this has not stopped the practice. For instance, there have been allegations (allegations of this type almost always prove to be true) that at the Sloane-Kettering Cancer Center in New York, where DNR orders are only issued for terminally ill patients with the prior consent of either the patient or the patient's family, have actually been written in chalk on blackboards in private physicians' lounges, with the patients' identities being given only in a code letter. Allegedly, a capital A was posted for patients who were considered curable or whose diagnosis was uncertain, a B for patients with excellent chances to respond to treatment, C for incurable patients with a presumably short but not totally predittable life span, and D for those with an incurable condition for whom no effective treatment seemed available. Those coded C and D were not to be resuscitated if they had a cardiac arrest. When a patient dies, the blackboard notation is simply erased. The deputy physician in charge of the center claimed that the codes were merely a "shorthand for complex treatment plans" that are supposedly detailed more fully on the patient's medical chart (Philadelphia Inquirer, 27/3/84, source item submitted by Sandra Mlinarcik).

*A letter to the New York Times (25/3/84) noted that a special grand jury found that Queens Hospital had taken secrecy too far in developing a policy under which "no resuscitation" orders were issued without the affected patients or their families being consulted or informed, and without recording the order on patients' charts. Instead, purple peel-off stickers were placed on so-called nursing cards which did not reveal who gave the order, and which were commonly discarded upon a patient's death. No one was indicted for this practice, and an attorney for the hospital called the charges "the height of irresponsibility."

*According to the Canadian Maclean news magazine (21/11/83, p. 24-29), euthanasia "is not an uncommon practice in Canadian hospitals." A professor of ethics at the University of Victoria has estimated that medical personnel annually accelerate the deaths of 800 infants, comatose or terminally ill people in Canada. Some estimates are higher. Other items reported were as follows. In 1983, Dr. Scott Wallace, a former Progressive Conservative Party leader in British Columbia, proposed a national referendum on whether elderly patients should be permitted to volunteer to die in order to free up hospital beds. In 1982, the president of the Canadian Medical Association suggested that priority in health care should be given to those who are members of the work force or hold leadership positions. In Winnipeg, a woman was denied access to kidney dialysis because she had Down's Syndrome. In the Atlantic provinces of Canada, mentally retarded people are

reported to die from lack of proper medical treatment. An extensive 1980 survey of Canadian medical practices concerning impaired newborns revealed that children of economically favored families were more likely to receive treatment.

Upcoming Training Events

Much of this issue decries or pokes fun at some of the things that pass as relevant human service programming. The forum which the Training Institute uses to present sound alternatives are our training workshops, and several of the upcoming ones are specifically concerned with programming issues. Foremost among these is a 2-day (7/28-29) workshop on Social Role Valorization followed by 5 days (7/30-8/3) of training in the new PASSING tool for the evaluation of human services. We also have a 1-day workshop (7/16) coming up on social integration and valued social participation of handicapped/devalued people, and another one (7/17) on "preventing or reducing excessive, abusive, or de-dignified use of human service technologies, focusing on psychoactive drugs and behavior modification as major examples." Our 3-day workshop on the sanctity of life of handicapped, elderly and devalued persons (6/22-24) is of course very important, but is not exactly of the "how to program" type. Detailed information on these and other scheduled events are available upon request. Please be also on the lookout for flyers on our training events which automatically go to all of our TIPS subscribers.

TIPS Increases Its Subscription Rate

TIPS has not increased its subscription rate since its initiation with the June issue of 1981. In the meantime, the cost of almost everything has gone up about a third. We now see ourselves forced to increase the TIPS subscription rate to individuals and students, but we will be able to maintain the organizational rate at its present level. Even at that, our increases are lower than the increases of the cost of just about everything else over the last three years. We hope very much that no subscriber will cease subscribing merely because of this increase. After all, TIPS is still utterly unique in the field, and subscribers might therefore consider economies elsewhere (i.e., cutting other subscriptions) rather than losing touch with the perspective provided in TIPS.

One way for subscribers to save money is to get their agencies (if any) to subscribe, and to circulate the TIPS issues to a certain list of staff members.

TIPS Editorial Policy

Readers may note that for the second time, we have revised our statement of editorial policy (see next-to-last page).

Miscellaneous Items

*Each season brings its own hardships, but April is the month when the law permits utility companies in many states to turn off service (gas and electricity) to about 300,000 people too poor to pay. They must then choose between food and the utility bill.

*The number of homeless people in New York City is estimated to have increased by about 33% within the last year alone.

*The conference program of the May 1984 American Association on Mental Deficiency convention contained a presentation entitled "Deployment of Sex Surrogates in Tandem with Sexual Therapy for Social Skills Development with the Developmentally Disabled." (Source item supplied by David Schwartz)

"HOUSEKEEPING ANNOUNCEMENTS"

TIPS Editorial Policy. TIPS comes out every other month, and contains articles, news, insights, reviews and viewpoints that relate to the interests and mission of the Training Institute. At the present, this mission has to do with reading "the signs of the times," and interpreting their meaning for human services. While TIPS is mostly concerned with phenomena and developments that have to do with human services, reading and telling the "signs of the times" necessitates that TIPS also address 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, because these higher-order phenomena will eventually express themselves in human services in various ways, including in human service values and funding. Usually, each TIPS issue will focus primarily on one specific theme. TIPS addresses relevant developments whenever and wherever they occur, so disclosures of adaptive or horrific developments promoted by a particular political 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 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, the "signs of the times" are depressing, and thus some TIPS content is in need of occasional levitation. TIPS tries to report developments truthfully, but since it gets many items from other sources, it 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 a TIPS issue are so reproduced.

The Training Institute. The Training Institute for Human Service Planning, Leadership and Change Agentry (TI), directed by Wolf Wolfensberger, PhD, is part of the Division of Special Education and Rehabilitation of Syracuse University's School of Education. Dr. Wolfensberger is a professor in the Mental Retardation Area of that Division. Since its founding in 1973, the TI has never applied for federal grants, and has been supported primarily by fees earned from speaking events and workshops across the world, and to a small extent from consultations, evaluations of services, and the sale of certain publications and planning and change agentry tools (see "TI Publications" below). TI training has: (a) been aimed primarily at people who are or aspire to be leaders and change agents, be they professionals, public decision-makers, members of voluntary citizen actions groups, students, etc.; and (b) primarily emphasized values related to human services, the rendering of compassionate and comprehensive community services, and greater societal acceptance of impaired and devalued citizens.

Invitation to Submit Items for Publication. We invite submissions of any items suitable for TIPS. These may include "raw" clippings, "evidence," reviews of publications or human service "products," human service dreams (or nightmares), service vignettes, aphorisms or apothegms, relevant poetry, satires, or brief original articles. We particularly welcome items telling of positive developments since bad news is so frequent as to be the norm. Send only material you don't need back, because you won't get it back. If we don't goof, and if the submitter does not object, submissions that are used will be credited.

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TIPS Editor
Training Institute
805 South Crouse Avenue
Syracuse, NY 13210-1796

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