

8-1992

TIPS, Volume 12, No. 2 & 3, 1992

Wolf P. Wolfensberger
Syracuse University

Follow this and additional works at: https://digitalcommons.unmc.edu/wolf_tips



Part of the [Psychology Commons](#)

Recommended Citation

Wolfensberger, Wolf P., "TIPS, Volume 12, No. 2 & 3, 1992" (1992). *Training Institute Publication Series (TIPS)*. 57.

https://digitalcommons.unmc.edu/wolf_tips/57

This Book is brought to you for free and open access by the Wolfensberger Collection at DigitalCommons@UNMC. It has been accepted for inclusion in Training Institute Publication Series (TIPS) by an authorized administrator of DigitalCommons@UNMC. For more information, please contact digitalcommons@unmc.edu.

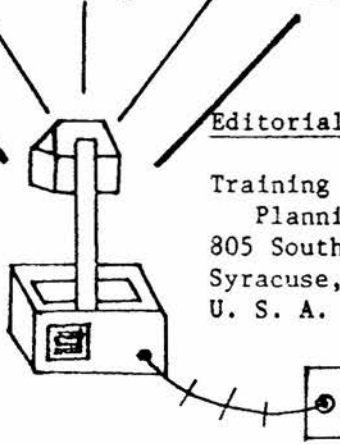
TIPS

Editor / Publisher

Wolf Wolfensberger
Professor
Division of Special Education
and Rehabilitation
805 South Crouse Avenue
Syracuse University
Syracuse, New York 13244-2280

Editorial Address:

Training Institute for Human Service
Planning, Leadership & Change Agency
805 South Crouse Avenue
Syracuse, New York 13244-2280
U. S. A.



Vol. 12, Nos. 2 & 3
August/October, 1992

TRAINING INSTITUTE
PUBLICATION SERIES

Syracuse, New York
13244-2280

As mentioned in the last TIPS issue, we fell further behind in publishing TIPS during 1992 than ever before. This double issue, with its major theme on the post-primary production service economy, will almost catch us up.

The Realities of Human Services in a Post-Primary Production Economy: Overview

One can only understand the contemporary human service scene if one can learn to perceive its overall and normative features, rather than its exceptional, local, or particularistic expressions. Amazingly few people are willing and able to take a global look, and perhaps even fewer in human services than in the general public.

Overall, the contemporary human service system is just plain insane and out-and-out counterproductive, with the exception of (a) most services to clearly valued people, and (b) some of the elements of general education and mainstream medicine.

Most of the perversities of contemporary human services are the consequences--even if only indirectly--of two developments. (a) The materialization of worldview within modernism, and hence also of human services. (b) The advent of a post-primary production economy. In this issue, we will focus primarily on the impact of the latter.

For new readers, we will briefly recapitulate that human services today are part of, and expressions of, what we call a post-primary production (PPP) economy. (Some people would call it a post-primary and post-secondary production economy). Less than 10% of the work force now engages in the type of productive labor that gives us food, shelter, and goods, as via farming, fishing, animal husbandry, mining, construction, and manufacturing. This development is fairly recent, having received a big push with the technological developments that accompanied and followed World War II, and that substituted all sorts of machinery or technology for human labor. Because such a small proportion of the population is engaged in primary production in a PPP economy, the rest of the labor force must either be unemployed, or engaged in labor that is unproductive--and even counterproductive. In fact, certain economic activities stand out either in their

importance in a PPP economy, or in their striking symbolization of what PPP is all about. This includes the war-related business, the manufacture of products that are outright useless or that are almost immediately trashed, activities that either only consume products or occupy people but that produce nothing--and services. At any rate, the vast majority of working people in our society today work at such unproductive things as paper-pushing, lawyering, the entertainment business, the advertising business, the fashion business, and services of all types, such as the fast food business, the travel business, personal services, etc. Also, while the PPP economy needs fewer productive workers, it does need consumers, and therefore, a large proportion of the population is shaped to consume not just the products of primary labor, but also the "products" of non-productive labor. Finally, where few people are needed as primary producers, much of the labor force can be rendered idle altogether and thus, a large proportion of our population now is being rendered unemployed, many chronically so, therefore also dependent, and even unemployable. Additionally, a large proportion of the potential labor force cannot only be rendered unemployed, but outright idle; indeed, a PPP economy needs a large proportion of people who are devalued, dependent or problem-ridden so as to justify a large human service economy. People even get defined as problem-ridden merely so that they can be defined as needing paid services, and many of the people defined as having problems, and as needing services, end up believing it even if it is not true. While part of the PPP service sector is oriented to valued people, such as sports and fitness, tanning parlors, and yuppie consumption patterns, a huge part is oriented towards dependent or devalued people.

Overall, conventional economics now conflict profoundly with social and ecological needs, with fairness and justice, and with common sense, not to mention with religious and spiritual values. The major problem with contemporary economics is that it is essentially divorced from moral and ethical considerations, and despite priding itself on its long-term and planning orientation, it is in fact also divorced from genuine long-term planning.

For instance, one way in which the imperial structures of society have covered up the economic realities (including those of destruction) is in the way economic indicators are constructed. When a nation builds a nuclear power plant that will never work, the construction costs will nonetheless be counted positively in the gross national product. Efforts to clean up pollution are also thusly counted, and it is therefore possible that a company could contribute several hundred times as much to the gross national product by polluting the environment that later has to be cleaned up than by whatever it is it produces. At last, some nations are considering a new bookkeeping system that subtracts environmental costs out of the production figures (Time, 23 November 89). If this were honestly done, we might see some dramatic negative figures.

While official economic data and indicators are now so (misleadingly) constructed that they make no distinction between useful production and paid practices that earn people income but are harmful, such as making cigarettes or junk food, at the same time, they often assign no value to things that are obviously good. E.g., expenditures designed to protect the environment and human health may be counted as wealth consumption rather than wealth creation.

Benign technologies such as organic farming and non-polluting energy production are given no economic value, or at least no greater value than profoundly destructive practices. Also, if citizens did something voluntarily and on an unpaid basis to get a person off the welfare rolls or out of human service clientage, this would actually count negatively on the official economic records. After all, if people were helped to the degree that they no longer needed human services, economists would tell us that we were all worse off.

One consequence of all this crazy bookkeeping is that the so-called Gross National Product (GNP) will often show an increase even when things are going wrong, or even because they are going wrong. For instance, it is estimated that about \$70 billion were spent in the US in 1988 on all efforts of pollution

abatement. This \$70 billion is actually counted as part of the GNP, and as an achievement, rather than penance for destructive economic practices. Similarly, what it costs to treat injuries resulting from preventable workplace hazards or unsafe products is also chalked up on the positive side as productivity. On the other hand, when lumber productivity is counted, what is not counted is what deforestation does to the world and to human beings in the long run and on the large scale--or even next year. Thus, at this time, there may in fact be very little real growth in the US GNP than the efforts associated with pollution, preventable bad health, community disruption, lives falling apart, etc. (Greenpeace, 1 & 2/1989).

We hope that this issue of TIPS, or selected portions of it, will prove useful (perhaps as hand-outs) to people trying to teach the truth about the basic nature of contemporary human services.

In order to illustrate the nature of a PPP economy in general, we will devote the first section that follows to some examples from outside the human service sector.

Examples of Our Post-Primary Production Economy Outside of Human Services

Below follow some examples of economic activities that contribute nothing to productivity, often merely consume productivity, and yet are interpreted as positive.

*Economist R. J. Samuelson (Newsweek, 30/12/85) has drawn attention to an excellent example of a post-primary production society. Instead of concentrating our economic efforts on raising productivity, the business world is devoting a tremendous amount of money and people-power trying to take each other over. This involves tortuous manipulation of the stock market, proxy fights, paying off raiders and executives at phenomenal costs, etc. The efforts will involve armies of lawyers and lobbyists, and personnel fighting for or against mergers and takeovers. He called these efforts "distributional struggles or 'games.'"

During the 1980s, takeover battles in the US economy involved the transfer of \$1.3 trillion in buying and selling alone, and at least 28% of the 500 largest industrial corporations in the US in 1980 had been acquired by someone else by 1989 (Science, 17 Aug. 90).

*One of the prominent US financial firms, Drexel Burnham Lambert, had to pay a \$650 million fine for stock market improprieties, but was nonetheless thriving in 1989, despite the additional fact that the firm had been put under court supervision, which meant that five accounting firms, at least one law firm, a federal oversight committee, one ombudsman, various "compliance officers," and more than 200 accountants, lawyers and consultants have been roaming its offices, all looking for evidence of past or present misdeeds (Newsweek, 31/7/89).

*Between circa 1968 and 1978, personal (in contrast to business) bankruptcies in the US were relatively stable at approximately 40,000 or 50,000 every three months. With a change in moral values, as well as in bankruptcy laws in 1979, the personal bankruptcy rates almost immediately tripled (Syracuse Herald American, 14 March 82). A new sign of our age is that there is almost what one could call a "movement" that encourages people to borrow a great deal of money, live it up--and then declare bankruptcy so as not to have to repay. In fact, people have been doing exactly that. There now are even legal firms which advertise in the newspapers, urging people to declare bankruptcy, reassuring them (if that is the word) that many supposedly illustrious people have done the same before them, such as Eddie Fisher and Mickey Rooney. After all, spending more than one has and then declaring bankruptcy is a tremendous boost to the economy. One couple, of which both members were psychiatrists and earned about \$80,000 a year and lived in a \$150,000 home, simply filed bankruptcy, wiping all their debts off. Presumably,

they are now experts at bankruptcy therapy (Syracuse Herald American, 14 March 82). Now that is what you could call shrinking debts.

*In 1990, US corporations spent \$130 billion on advertising, which amounts to almost a dollar a day for every person in the US (CC, 5 & 6/91), and up from \$92 billion in 1988! The medium being the message, a great deal of this is actually quite futile. For instance, even though \$26 billion was spent advertising on television in 1988, only about 3% of households were found to make purchasing decisions based on what they saw on TV (Newsweek, 17/4/89).

*In the late 1970s, a ghetto youth in the South Bronx started smearing graffiti about on public property surfaces, and the custom spread like wildfire through the area, with subway trains becoming a primary target. Soon, the craze spread all over the US, and to some degree the world. By 1990, the cost of cleaning up defaced buildings in the US had soared into the billions (Time, 10 Sept. 90). This is a marvelous PPP activity, insofar as it consumes paint, keeps the artists out of productive work, but serves to employ many other people in cleaning up after them, and in consuming supplies doing so.

*Instead of prohibiting people from building homes near airports, a common practice of local governments has been to let people build, and then when they complain about the airplane noise, to spend money on all sorts of remedies which were totally avoidable in the first place. For instance, scores of millions may be spent buying back the houses, building noise barriers at the end of runways, or paying home owners for air conditioning that provides a background masking noise and that enables them to close the windows.

*Another example of a make-work society is to allegedly save money in the manufacture of things by not decontaminating the toxic effluence--and then later spending perhaps 200 times as much money as preventive efforts would have cost in order to clean up the polluted environment.

*In order to destroy chemical weapons in the US arsenal, it would (as of 7/92) cost one hundred times the sum that it cost to produce them. This estimate was upgraded from a factor of twenty times only a few months earlier (CBS "Sixty Minutes," 19/7/92).

*Another prime PPP example is the construction of a small building for \$1 million in 1960 to process plutonium for the military in Ohio. The building served until 1968, and then it will take 29 years and \$57 million to tear it down in a way that would spread minimal contamination (SHJ, 31/10/88).

*A good example of a PPP strategy was played out in New York State, where the government permitted a very significant proportion of the infra-structure to deteriorate (including legions of bridges, and the entire New York State Barge Canal, based in part on the old Erie Canal) until the necessary repairs ended up costing many times what it would have cost to perform timely maintenance.

*The 4/1992 flooding of tunnels under Chicago was predicted, and could have been prevented by repairs costing between \$20,000-\$100,000. Failure to do so led to damages that will cost billions (!!) by the time the last lawsuit is settled decades from now. Without such disasters, the US economy could quickly go broke.

*War-related work is one of the most important PPP activities: it requires much expensive primary production, much selling and buying, much servicing, etc. A few examples follow.

1. The US Defense Department had for years promoted the Trident II missile as the epitome of its nuclear modernization program, and had claimed that it was

virtually trouble-free. But then every one of the missile tests failed, one of them spectacularly with the missile going around in crazy circles before it blew up. Yet a day or so later, the Pentagon said that none of this has changed its plans to implement the missile system. We commend the US government for its determination, in that an inoperative missile system is infinitely preferable to an operative one, regardless of what it costs, which is \$26.5 million for each missile (AP, in SHJ, 18/8/89).

2. The roles played by PPP activities, and particularly war-making, is dramatically underlined when one considers that the Los Alamos National Laboratory, which has played a major role in working toward nuclear war, has long been the largest employer in New Mexico. It is also home to the largest concentration of computational power in the world. Now that the nuclear warriors are afraid that there may be military cutbacks, they have begun shifting their propaganda toward making nuclear weapons "safe," and toward weapons tests detection (USN&WR, 5 Feb. 90).

3. There is good and bad news in the B-2 Stealth bomber. The bad news is that there is vast PPP in it--maybe enough to justify calling it the PPP-2 bomber, namely \$1 billion apiece. The good news is that it will not be able to carry out any of the missions for which it was designed. Some defense critics have referred to the B-2 bomber as a "guaranteed employment program for defense contractors and pilots" (Newsweek, 23/1/89). The more manned aircraft grew out of style, the harder people in the Air Force and the defense industry have tried to think up planes that might conceivably use pilots. Oddly enough, though the B-2 may be a bit more difficult to see with radar, it is a slow plane which is easily visible to the naked eye, and even more visible of course to other types of spotting and sensing.

4. A billion dollars spent on "defense" in the US will create 76,000 jobs, but the same amount spent on health care will create 140,000 jobs (Peace Tax Fund, Summer 89). Just to make F16 fighter planes, 350,000 people are employed as of late 1988, 300,000 of these in the US.

*Considering that the US federal government is not based on a socialist model where the state does and owns everything, it is an amazing post-primary production phenomenon that it is the largest single employer in the US (USN&WR, 2 April 90).

*The world's seven richest democracies agreed in 7/90 to make substantial progressive reductions in their farm subsidies. We would have preferred it if they had reduced subsidies to human services, armaments, and many other things, and subsidize farming instead by sending a lot of people to do farmwork instead of doing crazy "therapies."

*How grotesque the contrast between (primary) agriculture and its surrounding PPP realities can become was dramatically documented for the year 1990 in New York state. Even as the number of the farms in this state declined every year, the cost of the state's agricultural bureaucracy soared. By 1990, there was one state or federal government agriculture worker in the state for every eight farms that grossed at least \$10,000 annually. This spawned the joke about the agriculture worker who retired because his farmer had died. During a series of years during which the number of farms declined from about 49,000 to 38,000, and while both farm land and crop land declined at the same time, the budget of the State Agriculture Department grew from \$48 million to \$75 million. Also amazing is that a very large number of agriculture bureaucrats made vastly more money than the farmers whom they overlooked; many have been making above \$75,000 a year.

*In the US, the average number of miles an average item of food travels before it is consumed is 1200--an eloquent testimony to PPP realities (Harper's Index, early 1991; source item from Joe Osburn).

*We know of several instances of members of fire companies setting fires in order to increase the demand for firefighters. One example occurred in Buffalo, which had a club (The Junior Fire Department) consisting of youths who aspire to become firefighters, who wear uniforms and often assist at fires. In 5/89, four of its members were charged with turning in thousands of false alarms and setting at least 12 fires. They said they did this to help out the real firefighters because these so often complained of being bored (AP, in SHJ, 10 May 89).

*Much as firefighters set fires to keep themselves employed, food producers try to get people to gluttonously eat themselves to death in order to provide employment for those who produce, process and market the food. This came out once again when the Catholic bishops of the US called upon the faithful to abstain from meat each Friday as an act of self-denial on behalf of peace--and the cattle ranchers roared in angry protest against this invitation.

*Service with a frown. According to a 4 Nov. 90 ABC news program, police officers in some cities frame innocent citizens, perhaps by planting drugs on them, or otherwise beat up on them, in order to meet their "action quotas," without which their jobs would be in danger of being eliminated.

*In Mount Hope, West Virginia, more than a dozen cars and trucks had their tires slashed. At first, juvenile vandals were suspected, but then it was discovered that the manager of a local tire shop had done it (Sojourners, 1/90). This reminded us a lot of what human services do.

*Analogous to firefighters and food processors, the public is driven into "consuming" ever more legalism in order to keep lawyers in the hay. Every year, 36,000 people in the US are graduated from law school, and ways must be found to help them make a living by tying up society in formalisms. Only 3% enter public interest law. The average starting salary for a new lawyer in New York law firms has been increasing meteorically, as by 25% in 1985 alone, and is now not far from \$100,000. Public interest lawyers in contrast get about 1/4 of this.

*Americans spend 1.5 billion hours filling out their income tax forms annually, not counting keeping records or gathering their materials, nor counting any taxes other than federal income. This is the equivalent of 750,000 people working 40 hours a week all year long.

*Here is a case study of PPP run rampant. In 1983, a public power company in Washington state defaulted because it had committed itself foolishly to nuclear reactors which never came through. Five years of processing the case through the courts had run up \$150 million in legal fees. The plaintiffs had entered 14 million documents into a data system that cost \$35 million; 24,000 claims were filed by an estimated 42,000 bondholders; there were 100 defendant parties ranging from other utilities to law firms to economic advisors and bond firms. Amazingly, the defaulting organization itself somehow managed to be let out of the suit, leaving everybody else embroiled (AP in SHJ, 6 Sept. 88).

*The successor to the PPP pet rock is the PPP weather stone, which consists of an ordinary rock sold for \$5 with the direction that it is to be put outside one's home, and "if it looks wet, it's raining, and if it's white, it's snowing." Unfortunately, in the forerunners of business courses, elementary school children are being taught to "make" and sell such weather stones (USN&WR, 19/2/90). So profitable is the business at \$5 a rock that 6th graders in Hunt, Texas, earned enough to treat themselves to the consumption of a Caribbean cruise last year.

*Some mail order firms specialize in useless products. One of these is Funny Side Up. Its catalogue features 63 pages of items in the category of useless

gags. However, in some respects, making, selling and using up these items is certainly preferable to making devalued people and using them up.

*In the US, pizzas that have only cheese on them are regulated by the Food and Drug Administration. If they have meat on them, they are regulated by the Department of Agriculture (Wallenberg Files, 5/88).

*In the US, almost 100 million men's neckties are bought each year, enough to go three times around the world, most of them bought by women for men, to the tune of almost \$1 billion a year (Smithsonian, 5/89).

*In Baton Rouge, Louisiana, the single biggest local "industry" was the media evangelism empire of Jimmy Swaggart which took in \$150 million a year. Among other things, it was the largest construction sponsor in the county and supported a vast local convention and hotel business. With much of this lost after disclosure of Swaggart's scandalous behavior, the town was glad to book the US Hot Air Balloon championships--a very consumptive enterprise (AP in SHJ, 13/6/89).

*A classical example of PPP was a complaint from a university science professor who had an endowed chair. He complained that even though his own financial future was secure, he felt that his major function had become that of a breadwinner for all of the people on his staff, for a gang of graduate students, and their children. He said, "Every time you write a proposal for a renewal of your grant, you're playing Russian roulette with people's lives. You soon find that your chief responsibility is no longer to do science at all; it is to feed your graduate students' children." We believe that the professor is absolutely right, and that employing people, rather than anything else, has become the real function of much of science (Science, 11 Jan. 91).

*Here is yet another analogy to our PPP human service scene. As there has been more and more rioting in Korea, more and more tear gas has been used, and as a result, the president of a chemical company in Korea that holds a monopoly on the production of tear gas became the highest money-earner in South Korea in 1987 (NY Times, 9 Oct. 88; source item from Thomas Neuville).

*Disney World is the world's leading consumer of fireworks, burning off \$30,000 worth every night (Newsweek, 3 April 89).

*Newsweek (9 May 88) commented that the TV networks are desperate to hold the restless young adult viewership by feeding them shows based on the kind of empty, superficial, affluent, decadent and PPP lifestyle that the scriptwriters lead. Many shows are quasi-autobiographical versions of the lives of their writers. One such previously impecunious writer almost overnight sold his scripts for just one show for approximately \$65 million(!) (Newsweek, 9 May 88).

*An example of the meaning of a post-primary-production society is a glut of artists. In 1983, there were something like 45,000 students in the US whose major pursuit was fine arts; and in Manhattan alone, there lived about 90,000 artists. Many people believe that the vast majority of contemporary artists have no talent and produce mostly junk, though much of this junk is eagerly absorbed by the public that has an imbalance of money over sense. Since literally anything can masquerade as an artistic product, both the public and the art experts have largely suspended judgment on what is art or is worthwhile art, and have taken refuge behind the enigmatic judgment that an atrocious or unintelligible work is "interesting" (Time, 17/6/85).

*"Conservatories turn out too many flutists. You would have to make up all-flute orchestras in order to employ them all" (Lake Wobegone tales). If we

can do it in human services, why can't they do it in music?

*As of 1989, 106 US baseball players were earning at least \$1 million in salary a year (SHJ, 7 May 89).

*People of a reality-alienated PPP culture do not even want to work anymore in even well-paying laboring positions. For instance, despite the highest unemployment rates in a long time, a carpenter's union in the Syracuse area has had a very hard time recruiting apprentices, even though carpentry remains a splendid career with good pay and benefits (SHJ, 9 March 92).

*Since the Middle Ages, men of the laboring classes over much of the Western world wore a certain type of tough inexpensive work clothing. Because it was developed in the French city of Nîmes, it was named "de Nîmes," which became denim. In time, it became the material from which blue jeans and coveralls were made, worn by laborers and farmers in the US. Then something obscene happened: the unproductive drones of our post-primary production society got hold of denim and began to come up with something called designer jeans. Even as farmers and laborers are thrown out of employment, and often into poverty, or at least marginality, the unproductive classes design and wear these clothes as a form of "labor class chic." An example is Gloria Vanderbilt who has been rich all her life, and who came out with her brand of blue jeans, together with things such as perfume, luggage, and frozen luxury foods.

*One of the few countries that has consciously tried to resist certain PPP developments is Japan, by structuring its economy in such a fashion as to preserve farmers and small shopkeepers.

*China seems to have at least one right idea: manual laborers get paid better than intellectuals. One result has been physicians fighting with each other during gallstone operations as to who will get the stone, which they can sell for about \$10 to be ground up into traditional medicines (source clipping from Ruth Abrahams).

*While farmers are driven off the land, and miners and itinerant farm workers are made dead through unhealthy work conditions, top money goes to trivial--and usually decadent--entertainment. A Bruce Springsteen concert may gross as much as a million dollars in a day (Time, 15/12/86). In Las Vegas, star performers sometimes receive \$125,000 per week. Unlike with many other kinds of extravaganzas, a comforting thought is that at least in this case, all this money comes quite voluntarily out of the pockets of decadent or stupid (though not retarded) people. At these rates, entertainers can afford to buy bankrupt farms and ranches.

*Even as sports fishing is burgeoning, small commercial fishers on the US East Coast are forced out of business, in part because the sports fishers of our post-primary production era are permitted to sell their catch. Thus, the drones are driving out the workers. This issue was recently treated in a book entitled Men's Lives.

*We challenge our readers to take note of the fact that in recent years, there has been a dramatic increase in various groups and organizations handing out honors and awards. Every time one turns around, somebody is honoring or awarding someone else, and a tremendous amount of time and effort is being devoted to this. Usually, a lot of committee work goes into identifying an honoree, and a lot of effort by the honorer into handing out, and by the honoree into accepting, awards. If this keeps up, nobody will be able to do anything worthwhile anymore for which awards might be handed out. The whole thing does have its point: as long as one does nothing but hand out and receive awards, one will neither have resources left

to do war-related work, nor to perform human services on hapless clients, whose conditions should therefore rapidly improve.

*In the US, more than 400,000 people die prematurely every year as a result of smoking. The US government has been spending a great deal of money on the medical cure of these people, and on educational campaigns against smoking--at the same time as it spent millions of dollars yearly subsidizing tobacco farming, and while strong-arming foreign countries (e.g., Taiwan and Korea) to buy US tobacco products. Taiwan was forced to allow cigarette ads without the health warnings that are on US cigarettes (SHJ, 15/4/92).

*Even outright anti-social deviancy plays a valuable economic role in a PPP economy, by generating a complicated feedback loop of employment or wealth circulation. We mentioned before that the US (and some other countries too) cannot afford to win the "war on drugs" because it contributes too much to a service economy, and "successfully" keeps so many people out of the labor force. US News & World Report (5 Feb. 90) noted that the bar association of criminal lawyers in California has always blocked any anti-crime proposals in the state legislature. Crime is simply too profitable for lawyers to let it pass by. How absolutely essential crime is in PPP societies is underlined by the fact that according to Italy's Ministry of Justice, if the Mafia were to disappear overnight, up to 200,000 families (not just individuals) in Sicily would lose their principal source of income (USN&WR, 12 Nov. 90).

*In a PPP society exemplified by the above vignettes (and imagine thousands more that one could have cited), what would one have to expect from its human service system? Stay tuned!

Clients as Commodities in a Post-Primary Production Human Service System

Dennis Felty of Pennsylvania has begun to give presentations that draw fascinating parallels between slavery and service clientage. However, he also points out one difference between being a slave and being a client in a PPP service system: slaves were valued for their productive labor, while clients are commodities of a service economy. A very few preliminary illustrations of the "use" of clients as commodities follow.

*A striking example of the devalued person as a commodity used in a PPP economy to support a service industry was contained in a sheltered workshop for the blind. Here, 20 people were employed in the putting together of pens--even though most of these people had been highly competent workers in other fields before they became blind. Nevertheless, they were put to work at a tedious, low-level task, at which they were so good that they were able to make enough money to support not only the workshop but the entire association for the blind that ran the workshop, including its very large administrative staff. Of course, the people themselves made very little money at this, few of them even minimum wage, and their productivity constituted a strong incentive for the staff not to get them into regular jobs.

*One of the parents in Newfoundland that we recently talked with made the profound observation that their children were becoming "wards of the social service system." This observation is equivalent to our saying that all sorts of devalued people become the food of human services in a post-primary production society.

*In Trenton, New Jersey, a woman and her daughter were found to have kept at least five old people captive in locked attic rooms for 12 years, feeding them dog food and cashing their Social Security checks. Their rooms were filthy and they

had to use a portable toilet. All were former residents of the Greystone Park Psychiatric Hospital. Because the operators owned several homes, they were able to move the people about so as to avoid surveillance and detection (UPI, 15/7/85; source item from Joe Osburn).

*A very good example of how a PPP economy turns needy people into commodities, and how such an economy is fueled by, and thrives on, payment for service, is illustrated by a scandal that was broken by the newspapers in Syracuse in December 1989. There, three private transportation companies that offer special transportation to elderly, handicapped, and very ill people were found to have been engaged in the lowest forms of warfare for business. There was a price war, with each company trying to underprice the others, though to some degree this was restricted by the level of Medicaid reimbursements. Medicaid permits patients to choose a preferred transport company, but when they have no preference, Medicaid dictates that they should choose the cheapest one. Companies were monitoring one another's calls, and one company would show up before the called company arrived, thereby stealing the patient from the assigned company; patients were being pressured into signing statements giving their support for one company over the others; and there were even accusations of companies sabotaging each other's advertisements on nursing home and similar notice boards. An editorial cartoon on this situation showed an elderly woman in a wheelchair sitting at the picture window in her home, watching two transport company drivers charging each other with crutches on her front lawn. And she said, "I love calling the ambulance, it's just like watching professional wrestling" (SHJ, 19/12/89).

Unfortunately, the public response has been very low-level, as usual. For instance, an editorial in the newspaper called for an investigation by the Medicaid fraud division into these actions, and for government regulation of such companies.

The Extent of Human Services in a Post-Primary Production Economy

*The US spends a larger proportion of its resources on health care than any other country (an estimated \$808 billion in 1992, and \$3000 per person), and gets less for it than many countries that spend much less.

*In Minneapolis, 80% of all employment was in services by the late 1980s (USN&WR, 29/10/90). In fact, where once agriculture was the state's leading industry, health care became the single biggest job generator in Minneapolis. In Indianapolis, amateur sports and, again, health and medical services, have become the single biggest job sector.

*The executive director of the Institute of Public Affairs in Victoria, Australia (John Hyde), has stated publicly that the Victorian public hospital system is a "make-work scheme run by various unions, including the Australian Medical Association" (Weekend Australian, 27/6/92; source item from Peter Millier).

*An article by Heler (1990) is the first one that we have come across that forthrightly proposes that health care should be recognized as having the function of "economic development," by which he means what we call the PPP function of providing employment to health care workers. The author surveyed two counties in Northwest Indiana in 1988 and found that one out of every 11 persons employed in nonagricultural wage and salaried employment was employed in health services, and about half of these by hospitals. He also found that every hundred jobs in hospitals supported 27 additional jobs in other employment (e.g., suppliers), in a so-called multiplier effect. Furthermore, every \$100 paid to hospital employees and suppliers generated another \$171 of business in the nonhospital general economy of the area.

*In Onondaga County in which Syracuse, NY, is located, county social services alone will cost more (\$152 million) in 1993 than the combined total of highways, health programs and education--and all this despite a lay-off of 109 employees! (SHJ, 16/10/92). And this is just one relatively small county in the state (about 470,000 people), and there are many thousands of counties in the country.

*The realities of a PPP society were well-illustrated by a full-page article in a Catholic diocesan newspaper about a missionary group that ministers to very poor people in the US, mostly in rural Appalachia. In this mountainous region, where the people have been poor for generations, many people live in ramshackle huts and cottages, or crowded into trailers, or have no housing at all. What housing does exist often has no indoor plumbing and often very few furnishings. Unemployment is endemic, illiteracy is very high, many children are very poorly schooled, and medical care is very scarce. Despite all these problems, about which the imperial powers never seem to be able to do anything, the one thing the empire has managed to do is...set up extensive high-structure commercialized human services. For instance, one such poor rural county where the missionaries went had a nursing home, a psychiatric institution, and a sheltered workshop for physically handicapped people. Quite possibly, there were even more such services, but these were the only ones reported (Catholic Sun, 12/14-20/88). Not only are paid services the major employers in such areas, but a large proportion of the population is in clientage.

*Caesarean births are more expensive, require longer convalescence, and can contribute to serious medical and psychological complications. Yet in the US, at least a quarter of births are by Caesarean, the rate having risen steadily until recently. This is a good example of an expensive high-technology course being preferred over a low technology one merely because it is high technology and more consumptive, not because it is medically preferable. Interestingly, we have here a vicious feedback cycle, in that the increased use of fetal heart monitoring is contributing to physicians' decisions to opt for Caesarean, with one technology thus feeding into another, though the evidence does not support this strategy. Fetal heart monitoring grossly overreports fetal abnormalities (SHJ, 4/9/86).

*Between 1980-86, there was an almost 50% increase in "hospitalizations" of children under 18 in US mental facilities, with an amazing 43,000 in 1986 being admitted to free-standing private psychiatric facilities. A large proportion of the behavior at issue is really modernistic juvenile rebellious or dissocial behavior rather than traditional kinds of mental disorders. These types of facilities have become the fastest growing segment of the "hospital industry." This sector of shrinkery has seized upon parental paralysis and modernistic mentality through its advertisement which implies that it has easy fixes. Some of these facilities give de facto bounties to employees for bringing in business (victims). As one observer put it, "mental hospitals are becoming the jails of middle class kids" (Newsweek, 31/7/89).

*There are institutions in Australia which, in a 10-year period, went from a staff-to-client ratio of 1:5 to one of 2:1, which is a ten-fold increase--but where the service became poorer nonetheless (Haskell, 1992). The major conclusion reached by observers was that such institutions really serve no purpose anymore other than to benefit their staff (Haskell, 1992). This also helps explain why in some states, institutions in urban areas have a greater likelihood to get closed because there are other employment options, whereas institutions in rural areas are "needed" because they are major, or the major, local employers.

*Lane (1988) said that there is almost a billion dollar business every year in the US that deals with hearing aids and the requisite hearing diagnosis, and virtually all this money ends up in the hands of hearing people, whereas many of

the people who get hearing aides out of all this find that they cannot use them, or get little benefit from them.

*The New York State Commission on Quality of Care released a report in late 1989 that the operators of the largest psychiatric clinic programs in the state (The New York Psychotherapy and Counseling Center) "improperly billed the Medicaid program for over a million dollars, paid themselves grossly inflated salaries and perks, engaged in self-dealing with family-owned realty enterprises through which they received hundreds of thousands of dollars, and made large unauthorized donations of funds to other charities..." The agency received \$16.9 million in revenues for 1983-87, of which much went to the families of three top officers. The board had abdicated its responsibility, and its accountants acted unprofessionally (Newsletter of Commission, 11 & 12/1989).

Illustrations of the Perversity of the Human Service Sector in a Post-Primary Production Economy

Human Services as a Displaced Substitute for the Real Thing

An extremely common PPP service strategy is to give needy people a human service in lieu of what they really need. We call this a "displacement" of address. Many examples follow, and in many of these, overqualified professionals are doing what unpaid people used to do--usually better because what they did was real. Sometimes, only an unpaid relationship or service can accomplish what paid services claim to be able to do. Sometimes, the service is even the outright counterfeit of the real thing that is needed. It is a bit like giving a beggar a counterfeit money bill.

*What a post-primary-production economy means was dramatically illustrated by an episode described in Universitas (Summer 1986). There was a decline of industry in the Illinois city of Alton--and so the imperial powers sent in more social workers. One of them said: "I worked with people who were feeling powerless and trapped, and with their children, who saw no reason to be in school, because there was no hope of a job when they finished." We can thus see that social workers and mental therapies become the substitute for productive jobs, and hardly anybody notices the connection, least of all the foolish social workers.

*Sandra Meucci has a friend who is working with the peasants in Brazil who told her that she shrinks down there interpret poor people's problems with hunger and malnutrition as being "nervosa," for which they prescribe expensive drugs which thus take the place of the needed food.

*Here is a very good example of both PPP processes, and supposedly program-enabling processes, displacing real program functions. A so-called "supported employment program" was taking on as clients two handicapped women who both already held jobs in the community. One of the women was told by the employment program that she had to stay home from work on a certain day so that a professional could come to her home to do a work-readiness assessment on her. The other woman ran the entire staff kitchen of a hotel, a job she had been training for for about a year, and for which she was now about to be hired and paid by the hotel, not by any employment program. However, the hotel staff management was told that her starting date would have to be delayed by a full week because the employment program had to conduct a job-readiness assessment on her (both vignettes told to us by Cheryl Saxon and Dot Munro).

*A group of do-gooders in Syracuse have also been working toward a "crafts from the streets" project which would get the homeless to make arts and crafts things (CS, 2 May 90). What they need is homes! The Metropolitan School of the

Arts in Syracuse, NY, also started weaving classes for the homeless in January of 1990. We can't quite decide whether this is better or worse than dance therapy for the homeless. A source close to the TIPS editor suggests that dance therapy would be superior, because one could dance anywhere, even in the bus or railroad station, but one can only weave where there are looms, and there are not many looms found in our society--and when the homeless set up their looms on the street, the police promptly smash them and cart them away.

*It was amusing to learn that the Alaska oil spill in 3/89, and the California earthquake of 10/89, were a bonanza for shrinkery, because according to conventional wisdom, victims "need" lavish "professional help" by shrink types. Time went as far as suggesting to California "health officials" that they should "offer as much counseling as possible now--or face even more serious distress in the future" (30/10/89). Thus, we once again see shrinkery being offered in lieu of what the people really lost (such as wealth and possessions) and needed (such as homes). Most of these victims would probably have benefitted more if they had simply been given the money (handsome sums!) of what a few hours of counseling (or even "lavish professional help") costs these days.

*One of the horror stories of our age that most people acknowledge as being for real is that there are an awful lot of pregnant unmarried teenagers, many of them quite impaired in competence, and destined to either seek abortions, give away their babies, or raise their babies to be incompetent in turn. One is thus astonished to discover that in 1989, Syracuse University sponsored a "civic issues forum" entitled "Empowering Our Youth: Pregnant Teens," as if power rather than good sense, self-control and competency were what was needed. At best, this was an issue of empowerment being a pretty in-word, and being indiscriminately given to a forum on teen pregnancy, much as for a while, "advocacy" used to be slapped on to whatever one was doing.

*Perhaps burned by the image of telephone hotlines, people have been starting "warm-lines," as we discovered in fall 1989. One so-called warm-line is PhoneFriend, which is a number which children can call in most of the US states, apparently when they need a real friend but don't have one, and so they get a make-believe substitute on the telephone (source item from Thomas Neville).

*The Individual and Family Consultation Center at Pennsylvania State University operates a "Filial Relationship Enhancement Therapy and Enrichment Program" (source information from Thomas Neville).

*Care bear psychotechnology. There is a staff member of a certain institution who dresses up as a "care bear" and visits residents to dispense hugs to them, particularly on their birthdays. Presumably, this is in lieu of genuine affectionate relationships and other needed things.

*The Journal of Counseling and Development (3/89) carried an article with the hilarious title "Grief Counseling: A Funeral Home-Based Model," which rather less hilariously proposed that friends and relatives are really pretty worthless when one suffers bereavement, and that funeral directors should learn to become bereavement shrinks to take their place and provide a "grief care program," for which of course the book Grief Counseling and Grief Therapy would be very useful, as well as The Grief Recovery Handbook published by the Grief Recovery Institute in California (source item from Ed Cohle).

*It is bad enough to have special camps for dying children, but now we even have special summer camps for children who have siblings who have cancer. Naturally, such camps teem with shrink-type workers, rather than the usual camp workers.

*It is amazing to learn that there are now counselors who do nothing but help modern materialistic people to get rid of some of their excess possessions at a fee of \$1000 a day, and that other kinds of therapists go to them for help.

*Laws in the US do not permit the same kinds of pain-controlling drugs for terminally ill people that are permitted in Britain. Ironically, the nationwide newspaper USA Today (4 Jan. 90) ran an editorial that made a big point of the fact that a lot of people are committing suicide because of their pain, or killing loved ones who are in pain--but instead of calling for a better pain-relieving drug regimen, it called for--counseling! If you have ever been in high or extreme discomfort, can you imagine going virtually out of your mind with pain, and a shrink-type coming up and wanting you to talk about your feelings, or how much you appreciate his/her talking presence, just so s/he can make a living?

*In one program of total irrelevance and extremely low intensity, one woman spent a good part of her time crying. Even though this was the appropriate response for the context, the agency brought in behavior modification to train her out of her "crying behavior."

Giving Money to Services Instead of to Needy People

One way in which the PPP economy gets fueled is by giving money to the sector that gives services to the poor, instead of giving the money to the poor in ways that enable them to rise out of poverty. A few examples follow.

*In the county in which Syracuse, NY, is located, there were, in 1988, 350 poverty-related programs, and they alone spent close to \$300 million in 1988, which amounted to about \$6,000 per poor person, which also means that if the money had just been given to the poor, a great many of them would no longer have been poor. When asked in a survey how many poor people they served, the agencies reported half a million, which was about 10 times the number of poor people in the area. This meant that the same people got served over and over by many poverty agencies. There were 100 programs alone dealing with teenage pregnancy, but only two devoted to pregnancy prevention. There were five committees to coordinate dozens of drug and alcohol programs, and these committees held literally hundreds of meetings (SHJ, 20/5/90).

*There has been a public housing project in Syracuse which has never been anything but terribly bad, for which taxpayers spend enough subsidy every month so that every family there could own a \$60,000 house (as of 1990), but all they get instead is a miserable small dirty apartment where nothing works in a crime-ridden complex where nothing ever works. The profits go to private bond-holders, and this is one reason why these kinds of projects had to be built, and have to be maintained, instead of just giving people the money to get their own housing. Even to merely renovate old houses, of which the city has had several hundred at a time for decades, would cost only about half as much.

*By the late 1980s, Australia was spending about \$700 million on aboriginal affairs. Considering that there are very few aborigines left, if the money were given to them directly, they would all be rich, at least compared to their present standard. However, a human rights commission member said that he has never yet met an aborigine who would have benefitted from all this money. "There may be some, but I don't know where they are" (Advertiser, 12/88). Obviously, and as McKnight and we have been saying for years, spending like that serves mostly PPP purposes.

*Kallenback, D., & Lyons, A. (1989). Government spending for the poor in Cook County, Illinois: Can we do better? Evanston, IL: Center for Urban Affairs

and Policy Research, & Northwestern University/Chicago, IL: Center for Economic Policy Analysis.

The federal, state, and local governments combined spent about \$6,200 for every poor person in Cook County (where Chicago is) during 1984, or \$18,600 for a household of three. This is far more than would have been needed to raise all Cook County households well above the poverty level--if it had been received by them in the form of cash. But it was not. Instead, almost two thirds of the total was paid to service-providers employed to work on behalf of the poor. This left only \$2,150 per year per poor person for cash assistance.

The consequences of such an extreme imbalance toward services rather than cash is a welfare system which deprives the poor of options by making and keeping them dependent on a whole host of service programs, each with its own administering agency and set of procedures. However useful any one program might be in isolation from the others, all the programs combined create a world for the poor which is much different from the sum of its parts in at least four ways. (a) The poor often cannot choose among service-providers, so they are denied the opportunity to choose better providers over those who serve them less well. (b) The poor cannot reallocate resources from one predetermined service to another which they may want or need more. (c) Because the welfare system is dominated by credentialed professionals who require expensive training, the poor cannot escape poverty by becoming service-providers themselves. (d) Because poor people are concentrated in neighborhoods where most of the paid service-providers do not live, welfare money doesn't circulate through neighborhood institutions to build strong local economies. For these reasons it is important to examine the welfare system as a whole, rather than considering it piecemeal and trying to develop individual programs which meet this or that "need" and provide this or that "incentive" for welfare recipients (Kallenback & Lyons, 1989; source information from John McKnight).

*In the US, many specific local human services are jointly funded in various proportions by the locality, the state and the federal government. Participating local agencies, as well as the state, conform themselves to the federal schema of laws and funding channels so as to be able to receive the federal matching portions. On the way down, the state adds additional requirements that the local agency must fulfill in order to receive both the federal and the state matching portions to its own funds--if it contributes any at all.

In New York City, local social welfare agencies may put a homeless family into a hotel, and give them a restaurant allowance and food stamps. An example would be a single mother with four children who may be thusly put into a run-down, kitchenless, vermin-infested, two-room "apartment" where they live under almost intolerable conditions. Yet the total cost of this to the three levels of government was over \$35,000 in 1986. In fact, in some of the "welfare hotels," the hotel receives as much as \$48,000 a year per family, though commonly, these kinds of places are run-down in every way, with appliances not working, hardly any furniture, etc. If only the families were given this money directly, most of them would be able to live very nicely--perhaps even luxuriously compared to their previous situation. But once again, this would throw a lot of human service workers and bureaucrats out of work (SHJ, 23/11/86).

*In 1985, the Rehabilitation Services of Arkansas received a \$381,000 grant to provide mental health services to deaf persons. Among other things, the beneficiaries of this largesse will receive group therapy, "personal growth seminars," and "self-actualization workshops." Since Arkansas has a small population and the prevalence of deafness is relatively low, one wonders whether the money might not better have been given to the deaf themselves.

*Now this we call real habilitation. A computer programmer working for the Washington State Welfare Department manipulated a computer program so that it

converted \$17,000 from state vocational rehabilitation funds into small checks, which he handed out freely every night at Charlie's Tavern to mostly poor people (AP, in SHJ, 30/4/83). Someone ought to give him the Nobel Prize for an innovative--and in many ways culturally normative--approach to poverty, but we are afraid that the empire will not be either instructed, enlightened or amused. In fact, he was ordered to keep away from state computer terminals pending his sentencing.

Expansion of Clientage by Defining Ever More Population Groups as Service-Needy

The PPP service empire can be infinitely enlarged by defining ever more human conditions as diseases, deviancies, problems, etc., and by claiming that people with such conditions have a need for services from trained, specialized and/or paid servers. All this includes the "mentalization" of all sorts of conditions or behaviors so as to bring them into the province of shrinkery.

*Reuben Fine, a well-known psychoanalytic writer, proposed (1985) that if only enough people were subjected to psychoanalysis, our culture would "move... in the direction-- of more love and kindness."

*We all know what prevention means, but the shrink world has now come up with the new concept of "postvention," and particularly through a form of "suicide postvention." For instance, if a pupil in school commits suicide, the shrinks move in with all sorts of counseling, education and similar efforts, supposedly in order to be of help to the survivors (e.g., CMH, 12/85).

*A new strategy in the PPP inventory now is "pre-referral intervention."

*The whole private shrink business was given a tremendous boost in the early '80s when many health insurance firms and policies started offering mental treatment benefits. The number of private for-profit facilities exploded, making fabulous profits for their investors or owners. There are now shrink firms in the US that operate residential facilities all over the country. One of these is Psychiatric Institutes of America (PIA), which runs 73 private "psychiatric hospitals" scattered through the US. When insurers began to clamp down on abuses, shrink firms began to literally kidnap people into residential clientage for unneeded "treatments." Often this is done via private security agents, and the people being kidnapped often assume that they are dealing with legitimate authorities, and comply. Apparently, many people have been helped by these facilities just long enough to milk whatever insurance benefits they were eligible for--and then get discharged just about the time (sometimes within the day) of the limitation of the insurance coverage. These firms also sent agents (sometimes called patient brokers) to Canada to bring in customers, which they sometimes did by infiltrating self-help groups such as Alcoholics Anonymous, and then referring members to these firms in the US, with Canadian funders ending up paying the fees. Apparently, the province of Ontario was thusly milked of \$100 million a year by 1991. PIA specifically has been kidnapping kids and teenagers, paying bounties to teachers, probation officers and psychiatrists, in order to milk the children's insurance benefits (Newsweek, 4 Nov. 91).

*The National Mental Health Foundation in Australia claims that 18.4% of Australians suffer from mental illness. That means that one needs to be very careful when encountering Australians because 1 in 5 is apt to be insane. Hopefully, Australians and Americans will never meet up because shrink circles in the US claim that 1 out of 3 Americans needs shrink help. If all this were true, insanity would be involved in half of all interactions between Australians and Americans, assuming they met up randomly. One can only hope that no Lebanese or Yugoslavians join such a two-some to make a three-some out of it.

*Among human service workers with not enough to do and too much time not to do it in, it has now become trendy to not only go after the parents but even the grandparents of handicapped children, and subject them to the beneficial--or not-so-beneficial--ministrations of their "interventions." They are goading grandparents--and even extended relatives--to join support groups, which of course reduces the time that they could spend actually supporting anyone. Some of these efforts can become really esoteric. We recently ran across an article entitled "The Single Grandparent of a Special Needs Grandchild in a Single-Parent Family."

*Anybody with any real familiarity with families of the handicapped knows that generally, the siblings have many fewer conflicts and adjustment problems about a handicapped brother or sister than do the parents. In fact, while there are innumerable bad or kooky books written by parents of handicapped persons, virtually all the books written by siblings have been exceedingly positive. Thus, one would think that "if it ain't broke, don't fix it." However, in a post-primary production economy, ever more population groups have to be defined as having a service need which the human service sector has arcane skills to address. Thus, we are seeing a sudden explosion in services to brothers and sisters of handicapped persons, and these siblings have been interpreted as "underserved" and "overlooked." A "handbook for implementing workshops for siblings of children with special needs" seems to represent an effort along these lines. There is also a parallel here with "outreach" to grandparents of handicapped persons. A group at the University of Washington has been particularly active in these promotions. What will come after that? Third cousins? (Source item from Jack Yates).

*An article in the 10/88 issue of Hospital & Community Psychiatry made the point that clergy deal with many mentally disordered people, and that therefore, mental health professionals should make a "concerted and diplomatic effort" to find out from clergy who comes to them with mental problems so that the mental health sector can get its hands on them and thusly extend its domain. This effort was couched in unconsciously humorous terms, such as "relieving clergy of the terrible burden of trying, alone, to counsel parishioners with serious mental disorders," and giving the latter "a chance to obtain more appropriate mental health services," while recruiting clergy as "another source to identify individuals in need of care," particularly "since the need for this collaboration has been known for over 25 years with little progress made" (source item from David Specht via Michael Kendrick).

*Reportedly, 10,000 people in the shrink business in the US were already offering to shrink little babies as of early 1989, and there already exists a World Association for Infant Psychiatry. One of their arguments is that parents have "muddled through" for ages without the help of infant psychiatry, but now that such expert help is available, and while such a large number of babies "need" psychotherapy, why should they not get it? (NY Times, 23/3/89; source item from Joe Osburn).

*Sadly, many parents today feel that they are no longer capable of preparing their children for the advent of a new baby in the family, and therefore turn to a new kind of human service that allegedly does the job for them (Newsweek, 13/6/88).

*The Syracuse school system has introduced group therapy as one of its programs for elementary school children. This does not mean that the children become group therapists, but that they get group therapy in school (SHJ, 10 April 92).

*Australian shrink researchers have warned of the grave mental trouble in which shy children supposedly are, and that "without help," they could "face a

*At one time, when people had a handicapped baby, they might need some guidance and counseling. No longer; nowadays, they are said to need grief and bereavement counseling.

*The Canadian Parliament hired shrinks to help its members cope with the trauma of losing their seats, the service also being available to the families of the defeated (Newsweek, 5 Dec. 88).

*In early 1992, an overnight fire destroyed a portion of a Catholic high school in Syracuse. The school deemed it necessary to deploy five special counselors to counsel the students. In the TIPS editor's youth, his whole hometown was devastated: dwellings, stores, schools, churches, museums, taverns, monuments, entertainment facilities, bridges, people by the thousands, etc., etc.--and no one got shrunk for it, and we all survived no crazier than anyone else--maybe even less so.

*There has been increasing promotion by the shrink world of hotlines and counseling for people grieving over a pet that has died. An increasing number of vet schools are teaching their students formal training programs on "pet loss" (SHJ, 21/6/90, & Ed Cohle). Truly, with strategies such as these, the "need" for counseling can be raised to the infinite.

*In Australia, there is such a thing as a profession of victimology which has to do with the study of the victims of crime. There has been a big push to establish victim counseling services, one rationale having been that a lot of people who commit crimes get counseling, while their victims may get nothing. While this may be true, it certainly lays claim to a vast untapped pool of human service clientage (3/89 source clipping from Michael Rungie).

*Drawing on the old-fashioned house-call model of physicians, a shrink program in Connecticut has expanded its empire by getting a big grant to make house calls in what it calls "clinical outreach programs" to supposedly "chronically mentally ill people" who somehow or other cannot or will not voluntarily come in to a shrink clinic. The program has of course been hailed as a big step forward (10/88 clipping provided by Thomas Neville).

*The medical director of the Hutchings Psychiatric Center (a state psychiatric institution in Syracuse) declared that the center is "more popular than ever," because it has higher admission rates and, indeed, is overcrowded (SHJ, 22/11/85).

*Some plastic surgeons now claim that if people would only take advantage of their services, they would be much less likely to need shrinkery. We find that an amusing contest between two PPP human service sectors (NC Register, 28/10/90).

*An appearance of a new service industry exemplifies what it means for a society to turn over its manpower from primary production to a PPP service industry. The first textbook has recently come out on Desairology, i.e., the art of hairdressing corpses. This art helps to make the dead look lifelike, because it has been concluded that "families need an acceptable last image of the deceased to help them get over the shock of death."

*How personnel in human services benefit from deviancy creation and maintenance was beautifully illustrated by what the state executioner of Saudi Arabia said: "I always look forward to the opportunity to chop off more heads so that I can earn more money" (Newsweek, 3 July 89). He thus has a high interest in as many people as possible being defined as criminals who "need" their heads chopped off, much like service workers tend to push toward more people being

defined as ill, suffering, needy, etc.

*An article in a medical journal (JBEM, Fall 89) lamented that "For decades Psychiatry has been building an ark to which all human problems in living are being brought, lest they be judged as sin. The gross tonnage of Psychiatry's payload of sin might be the reason that Psychiatry is one of the few medical specialties in which there is a real shortage of physicians."

In other contexts, including occasionally other TIPS themes (e.g., 11/1991), we elaborate greatly on this topic by reviewing phony etiologies, phony/craze "syndromes," etc.

Serving Clients in More Structured, Less Effective, & More Expensive Ways Than is Needed or Good for Them

One characteristic of PPP service systems is that they push services (and clients) toward the less effective and/or more expensive (often also more highly structured) patterns of serving. Some examples follow.

*There are thousands of physically or health-handicapped people in the US who could live on their own with a moderate subsidy, but who instead live in nursing homes, respiratory hospitals, and similar facilities, at a cost of \$90,000 a year each, or even more. Oddly enough, a person in this category may be told that he or she is too impaired to live on their own--and next month, when they appeal, they may be told that they are not impaired enough to qualify for a home subsidy (Syracuse Post-Standard, 5 Feb. 90). This is one of those PPP insanities that systematically incentives toward higher-cost institutionalization.

*A regional West Essex government in England that runs all kinds of services for mentally handicapped people gazed at several who were living in houses in the community and decided that what they needed was to "receive the treatment they need to work towards independent living in the community," swooped up these people from their homes, and put them in an institution to give them this "treatment" (VIA, 1/91).

*In a large public nursing home for elderly and handicapped people, someone who needed speech therapy had to wait for a bed to become available in a local hospital in order to get it. In other words, the speech therapy could apparently not be brought into the nursing home where this person lived, nor could this person go out during the day to a speech therapist, but instead, had to be laid up full-time in a hospital in order to get a few hours a week of attention to his speech.

*In Indiana, Medicaid funding of nursing homes went up even as funding for home health services went down, so that by 1986, the ratio was \$358 million to 2, which meant that 179 times as much was spent on nursing homes (Indianapolis Star, 25/6/86; source item from Joe Osburn).

*In 1989, the New York State Commission on Quality of Care for the Mentally Disabled released a study of all "leaves without consent" (sometimes called elopements) of residents of the 25 adult psychiatric centers in the state between 1981-1987. Thus, this is a very substantial study, the findings of which cannot be easily dismissed. And what is therefore not easily dismissed are the following findings. Few of the people who were in the study cohort had received any treatment of significance other than prescription drugs and a little bit of "therapy" or recreational activity, and yet three-fourths of them had been making improvements. Thus, it would appear that people may have improved not because of anything that was positively done on their behalf, but because time had elapsed, and they had been removed from what may have been other problem settings, and they might therefore just as well have been residing in any number of other, and more

normative, places, e.g., a vacation resort or a cruise ship. Furthermore, despite the fact that most members of the cohort had been making progress, only 22% were residing on unlocked wards, and for only 14% was any discharge planning underway.

*As of ca 1980, about 60% of all "mental hospitalizations" took place in general hospitals, but amazingly, only 20% of these hospitals had a psychiatric unit. There were then an estimated 3 million episodes of "mental hospitalizations" in the US annually. The average stay in such instances in general hospitals was 8 - 9 days. Also amazingly, about 25% of all days spent in hospitals for all reasons was for mental health treatment. Considering further that a major proportion of prescriptions for psychoactive drugs have been written by non-psychiatrists, we can call all of this something like generification (generic-making) of the medicalized portions of mental health.

Excluding nursing homes, which consume a big portion of the mental health allocations, "mental hospitalizations" were costing about \$13 billion in direct public expenditures, i.e., without counting indirect or non-public expenditures. Altogether, 70-75% of every public mental health care dollar was still being spent on "hospitalization." Medicare and Medicaid were paying out about \$5 billion for this, in contrast to federal expenditures of only \$240 million for community mental health center services. All this despite the fact that what evidence there is has shown that other kinds of mental services are at least as effective (we should probably say no less ineffective), and yet much cheaper. Yet this form of service has continued to increase steadily since 1965, most likely precisely for the reason that it is less effective, as all would understand who are familiar with our explanation of the PPP phenomena. One dynamic that drives this disincentive is that the "hospital" service is the one that is more generously covered by Medicare, Medicaid, and private health insurance schemes (Kiesler & Sibulkin, 1987). Of course, this means that if somebody really is disturbed and might conceivably benefit from something shrinkery has to offer, they are driven into medicalized residential settings in order to get anything, which of course may often be much worse than nothing. This is another striking example of the subtle ways in which so many factors combine to maintain and even enlarge our dependent population for the sake of the economy.

By the way, everything documented as of 1980 is now much bigger and much worse.

*From a friend, we recently received a memo written by the administrator of a residential shrinkery to all the staff, warning them that both federal and private reimbursers (including insurance firms) would cease paying for clients if the "medical records" failed to adequately document a need for residential treatment. Thus, the "medical record" must contain "justifications of the patient's treatment and continued stay in the hospital." The memo notes that it is "acceptable" to record the strength and improvements of residents, but that the financial imperative demands "problem-oriented" and "negative charting" (source item from John McKnight). The memo signifies to us that "medical records" are now no longer what they were once conceived to be.

*In Manitoba, an adopted child who is retarded can get services only if officially certified as retarded--in which case, the child just might be put under public supervision and taken from the parents. For instance, a handicapped child whose family desperately needs a diaper service will not get such unless the parents are willing to incur the risks that go with having their child certified as retarded.

Overcomplicating & Bureaucratizing Services

One way of giving a PPP spin to services is by making them administratively and bureaucratically complicated. Some examples follow.

*In the foster care system of the county in which Syracuse, NY is located, social workers had to spend at least 60% of their time on paperwork in 1987. What we found amazing is how many people refused to believe this to be true, and thought it was a gross exaggeration (e.g., AP in SHJ, 18/3/88).

*Welfare workers in Syracuse claim they get little done because of the paperwork they are expected to do. They have 57 different forms to use for different situations, and often can't find the form they need (SHJ, 6 September 87).

*Services for handicapped people that come under the New York State Office of Mental Retardation and Developmental Disabilities have to use a form to report "incidents," which can range from sudden death or homicide, to an adverse reaction to a mosquito bite. The form is two pages long and includes 36 separate items to be filled out, some of these items having up to 22 choices to be checked off by the person making the report. Some of the items cover the following information: in what areas the reportee has "adaptive behavior deficits," the total number of incident reports being completed for this particular incident, the "incident number," the "C" number (whatever that is), and whether the incident led to death. It requires an almost unbelievable amount of detail from workers. Furthermore, the form may be accompanied by one or more supplementary sheets of additional information, plus yet another form analyzing the causes and consequences of the incident. It is easy to see how workers could quite easily spend a half-hour to an hour filling out only one incident report--and that on an incident which itself may only have taken a few seconds. No wonder that human service workers are spending less and less time with the people they serve. It is also no wonder that service workers might gladly jump at any technology which proposes to reduce any sort of incidents, since it would be seen as not only beneficial for the client, but even more so, as saving the worker hours and hours of paperwork time.

*We have poked fun at the fact that there are now schemes for keeping track of individual program plans that are supposed to keep track of programs. We have now learned that there are also case managers who track case managers who track clients and their programs. Obviously, this chain of backward tracking can go into infinity, and might eventually even cut into the defense budget. After all, these schemes have much in common with nonfunctional weapons systems.

*Individual service programs have now spawned "individual family service plans (IFSP)."

*A 5/88 Review of Living Conditions in New York State Developmental Centers concluded that clinical staff were more likely to be praised or reprimanded for how they treated paper than clients.

*A NYS legislator has been trying to get a bill passed that would guarantee every client in NY the right to treatment--which, paradoxically, was also defined as the right to have a case manager, once more revealing the prevailing confusion between service-facilitating mechanisms and the services themselves.

*Here is another fascinating link between PPP economic realities and oppression. Every once in a while, US state or federal government tries to find ways to cut benefits from poor people. Increasingly, what happens is that more bureaucrats have to be hired to implement the cuts than these cuts actually save. One example were attempts during the 1980s to check up monthly rather than quarterly on the status of welfare recipients, which was supposed to cut costs but actually increased them by 5% (NEJHS, Summer 1989).

*The state of New York started a program of subsidizing the cost of

prescription drugs bought by its senior citizens, but it made the process of applying so complicated that only about 15% of the people that were expected to take advantage of it did. At the same time, the state contracted with a General Motors' subsidiary firm to run the program, and these bureaucrats received more money than the state paid for the drugs of the elderly people (AP in SHJ, 3 Nov. 89).

*Here is an incredible tale of PPP union bureaucratism, in this case in Adelaide, Australia. In 1989, a dispute broke out at a relatively small institution as to who was responsible for the corn flake component of the residents' breakfast. The task at issue was getting packets of corn flakes from the pantry, opening them, and pouring them into about 200 bowls. One party to the dispute argued that this was not "food preparation" because corn flakes did not need to be "handled" or cooked, and that this put the task into the domain of personal care for clients who cannot do these chores for themselves, and therefore should be done by the attendants. However, the Miscellaneous Workers' Union that represented the care workers said that this did not fall into their scope of work, should be done by "pantry hands and domestics," and demanded that such people be hired specifically to do this task for two hours every day, including the pouring of the corn flakes from the carton into the bowl. All this was another way of saying that the attendants who were aspiring to an upgrading of their identity considered the task too low-level. As a result of this dispute, the institution administrators had to arrive early every morning to serve corn flakes in eight different buildings while the care workers stood by and watched--but as soon as the cereal hit the bowls, the care workers went ahead with the rest of the eating assistance (Age, 22/2/89).

Requiring That Workers be Overqualified

Another PPP service strategy is to require people in service roles to be vastly overqualified. This assumes that they will consume much education before they are deployed. A few examples follow.

*Women used to know by instinct how to breast-feed their babies. Now, highly-trained nurses function as "lactation counselors" in "lactation consultant practices" in order to "help mothers achieve their individual breastfeeding goals." (We wonder who wrote the mothers' IPP). These counselors are scrutinized in turn by the International Board of Lactation Counselor Examiners (Schwartz, 1992).

*An institution of higher learning in Harrisburg, Pennsylvania, has been offering courses (charging tuition for such) entitled "How to Flirt," "How to Be a Nudist," "How to Marry Money," "How to Begin and Continue a Conversation," and similar topics. Most of these courses are offered by human service professionals, including psychologists, who list their degrees as if they were relevant qualifications (source information from Jonathan Beardsley III). One woman psychologist specifically began to specialize in giving workshops on "How to Flirt" (York Dispatch, 8/8/88; source item from Elizabeth Carmichael). Such workshops are undoubtedly much better attended than TI workshops, even those on life and death. However, one of the PPP-relevant questions here is why a flirt course should be taught by a psychologist rather than a courtesan, prostitute, finishing school, or flirt.

*We have been informed that new state regulations that accompany certain monies for human services now require that whenever people need to be fed by gastrostomy tubes, only registered nurses can perform the feedings. This is yet another example of unnecessarily medicalizing and technologizing human services. While there is no doubt that gastrostomy feeding is different from feeding people

who can eat by the ordinary method, nonetheless, even people other than registered nurses can learn how to do it, the danger signals to watch out for, etc.

Using Up Skilled Manpower to Conduct Worthless Research

The research culture related to human services makes its PPP contribution by churning out meaningless research. Some examples follow.

*In late 1990, a study was reported (reviewed in Science, 7 Dec. 90) that surveyed 4,500 of the top hard and social science journals in a computer data-base to see how often a specific article got cited in them by subsequent writers. The findings have astonished scientific leaders: of the manuscripts published between 1981-1985, 55% received no citations at all within the next five years after their first publication. Social science publications had an even smaller likelihood of being cited than those in the other sciences. Even of those articles that did get cited, about half were cited only once. Furthermore, up to 20% of all citations were so-called self-citations, i.e., the same authors who had published something earlier cited their own earlier publications in their later papers. All of this has been interpreted to show that much of current scientific publishing is making a negligible contribution to knowledge, but instead serves other purposes: getting published, getting academic promotions, and, of course, to get grants. Thus, publishing no longer plays the role of a major means of communicating with one's scholarly peers, but as a major means of enhancing one's status and economic advantage. Of course, the publishing industry itself likes all of this very much because this has allowed it to continuously increase the number of periodicals, and just between 1970-1990, the number of all scholarly journals in all fields has risen from 70,000 to almost 111,000.

*Scientists at Wake Forest University embarked on a study of boringness. First they developed an item pool describing what was considered to be boring behavior, then the responses of about 300 students to these items were subjected to "principal axis factor analysis," cast onto a "scree plot," resolved by both orthogonal and oblique rotations to a varimax-rooted factor structure, and thusly finally reduced to nine prime categories. They thusly arrived at their grand conclusion, "boring subjects were less likely to respond in ways that others would find absorbing" (Sojourners, 3/87).

*A 1988 article was actually entitled, "A Comparison of Data-Based and Creative Dance Pedagogies in Teaching Mentally Retarded Youths."

*In order to underline the irrelevance of formal research to the phenomenology of handicapped people, we can cite an article (Reiss & Benson, 1984) in the American Journal of Psychiatry that (a) documented the terrible life conditions of a group of mildly retarded people, (b) noted with amazement that they were aware of their miseries, and then (c) called for "more research on the possible effect of prolonged exposure to negative social conditions on the mental health of mentally retarded persons."

Employing Service Strategies That Increase or Maintain Impairment, Deviancy &/or Dependency

A PPP economy uses many--largely hidden--strategies for making and keeping people dependent and service-needy. These strategies take many forms, some of which are categorized and exemplified below.

Deploying Workers Without Aptitude For Their Tasks or For Human Service Generally

One obvious consequence of a PPP service economy is that vastly more people

end up as human service workers than have any aptitude or calling to such service--simply because that is where the jobs are. Thusly, yesterday's milkmaids and stable boys become today's social workers and counselors. This actually serves a PPP double-whammy, in that such workers are apt to do more harm than good, thereby keeping clients in incompetency or dependency. Some examples follow.

*How people of this PPP era view human services increasingly as a commercial enterprise rather than a calling was underlined by an article in US News & World Report (14/8/89) about a middle-aged woman in "marketing" who shifted over to becoming a psychotherapist because she wanted to be able to do something when she had to retire. Another human service worker announced after decades in human service that he was finally able to achieve his career goals--by going into insurance.

"Arranging" Services so as to Function Chaotically

One way in which services can be made more PPP in nature is by "arranging" for them to function in chaotic irrationality that makes them more consumptive. Some examples follow.

*A number of studies during the early 1970s showed that 50% of medical laboratory test results were not used, 40% of patient records were incomplete, 30% of test requests were not properly processed, 20% of lab reports were lost, and 10% of lab specimens were never received.

*We were told that in a certain US institution for the mentally retarded in the late 1980s, an outside evaluation team saw one of the residents in the halls wearing shoes without laces, and made a point of it in its report. In great excitement, the institution ordered 10,000 shoe laces, averaging out to about 20 per resident. Unfortunately, when the shoe laces arrived, they were all white and three feet long, fitted none of the shoes, and had to be thrown out.

*The New York Times (13 July 86) referred to the atmosphere of the Bellevue Hospital--the old charity institution of NYC--as "confusion laced with bedlam."

Maximizing Personnel Turnover

Another way services can be rendered ineffective is by crafting patterns that maximize personnel turnover. A service system in which there is an extremely high personnel turnover can hardly accomplish anything good for clients--except forget about them, whereby some clients might "escape" dependency on the service system. Some examples follow.

*A community residential program for the retarded in Maryland is called Target. It requires its residential counselors to work on a masters' degree while they are employed, and when they get their degree after two years, it fires them in order to "make room for new training candidates," thereby guaranteeing 100% relationship discontinuity to their clients.

*We have commented on the extremely high personnel turnover rate in human services. In some locales, and in some entire service areas (e.g., aging) it is 70% a year. In some specific agencies, rates are as high as 400% a year. The only people in such services who know the clients are the other clients. If you want to know anything about a specific client, you have to ask them, not the staff. There are some large residential services in Canada that never have all their staff positions filled, and therefore rely on temporary workers--who turn over rapidly by definition--whom they hire through employment agencies that

specilize in short-term human service placements. All this serves two PPP functions: wreacking havoc on clients, therefore keeping them dependent; and creating and sustaining a new kind of service, namely, the human service temporary worker agency (Development pointed out to us by Bruce Uditsky).

Keeping/Making the Quality of Services Low

A very simple and straightforward PPP service strategy is to shape services so as to be of low quality, or to be outright irrelevant to a person's need. This is addressed in every TIPS issue, though the connection to PPP dynamics is only intermittently pointed out. At best, such practices constitute what we call "life-wasting," i.e., wasting of much of the time in the lives of clients.

*More than 50 years ago, it was estimated that gifted children were wasting about three-quarters of their school time. Very little has happened since to change that estimate (APA Monitor, 2/84).

*A study was conducted of the quantity and quality of instruction for elementary students classified as educable mentally retarded, learning disabled, emotionally/behaviorally disabled, and non-handicapped. The students classified as retarded received the least amount of academic activities, the lowest quality thereof, and more free time during school hours than the others (Ysseldyke, Thurlow, Christenson & Muyskens, 1991).

*Most people in our culture watch TV as much as they can. Many human services put their clients before a TV set in lieu of, or allegedly as part of, their "program": schools, day programs, vocational and residential ones, or whatever. As one client recently said, "If I am to watch TV all day (in my day program), why don't I just stay home and watch it?" One answer is: Then the "program" people would not get paid.

*In one day program for severely handicapped people, there was only one sink in the entire setting. Accordingly, the clients had to be rotated through a hand-washing regimen one full hour before lunch time, and not much else was done during this period.

*In one nursing home in Syracuse, a rabbi who was conducting Friday night Sabbath services for the residents discovered that not one of the people attending was Jewish. Apparently, the reason they came was because it was the only thing to do on Friday night, and they were so bored that they would engage in any activity (Submitted by Rebecca Salon).

*We know of lots of perversities associated with individual service/program plans. One we recently ran across was a mentally handicapped man whose service plan was to get him to count towels! Perhaps if he worked in an industrial laundry, this might have had some relevance, but he did not.

*An individual program plan in an institution said: "He displays muscular rigidity, stealing food, yelling, chewing on inedibles, collecting large amounts of objects, and masturbating in public...He seems to be well adjusted to his present environment" (source item from Ed Cohle).

*Spina Bifida Insights (March/April 1986) carried an article about a woman who had double vision, frequent fevers, and bowel and bladder control problems; and over a 14-year period, she became an almost constant patient of the medical system and was pressured again and again to go into psychotherapy--until she diagnosed herself, correctly, as having Arnold Chiari Malformation and hydrocephaly. She improved dramatically after a shunt operation.

Structuring Services so as to Make Clients Worse

One specific substrategy in the category of low service quality is to do something quite specific that makes the problems of a client worse, or even "sets" the problem into a life-long one. Some examples follow.

*The investigative TV news program, "60 Minutes," carried an episode on 23/12/84 which dealt with the various kinds of mutilations that had been inflicted on psychiatric patients by one of North America's prominent psychiatrists, Dr. Cameron, at the Allen Memorial Institute in Montreal associated with McGill University. The mutilations included giving people electroconvulsive shocks six and seven times higher than the normal voltage, and daily instead of only intermittently; putting people under 60 days of "sleep therapy"; and "psychic driving," i.e., exposing them up to a million times to the same verbal messages. All this was done as research, and funded by the CIA. Apparently as a result of these "treatments," some clients became permanently mentally crippled, e.g., some of them have lost every shred of their earlier memory. Dr. Cameron had written some of the leading English-language psychiatric texts of his era.

*It is unknown how many people in the US receive electroconvulsive shock treatment (falsely called therapy) annually, but it seems to be somewhere between 35,000-100,000. In fact, 2.4% of all "hospitalized psychiatric patients" supposedly get it. Shrinkery claims that such shocks are much more harmless now than they used to be, but people who have been shocked even during the last few years still complain of memory losses which disable them from carrying out their previous occupations. One woman, a former art critic, sued a New York hospital and two psychiatrists for memory loss (Augustus, 12/87). Usually, it is only people from privileged sectors who are occasionally successful in obtaining restitution.

*When in doubt, shock. In October 1984, there were horror stories in West Virginia newspapers about emotionally disturbed children at St. Mary's Hospital in Huntington receiving a series of electric shock treatments on the adult psychiatric ward of the hospital. One child received 12 such "treatments" in one month--admittedly because the physicians did not know what else to do.

*One of the major shortcomings of the so-called (multidisciplinary) team concept in human services is that responsibility toward a particular client gets so diffused that all kinds of awful things may be done to, or happen to, a client without anyone really being in charge or feeling responsible. An example is a depressed client at the Hutchings Psychiatric Center in Syracuse, who quit eating and gradually became dehydrated, and wasted away from 149 to a skeletal 107 pounds. Because of the nature of the team concept, and because some members of his team were on vacation at various times, no one assumed responsibility until a nurse urgently requested a medical examination, upon which the client was rushed in the nick of time to a general hospital in critical condition. A court ruled that there had been "lack of treatment" (we would call it counter treatment) and awarded him \$110,000 in damages (SHJ, 13/4/84).

*One woman in a nursing home was being interpreted as unable to see because she was blind. It turned out that she could not see because her eyes had caked shut because her face had not been washed in years.

*Many services for retarded people think it very enlightened to afford unbridled license to the retarded people in their care. We heard of one case of a retarded person being permitted to become addicted to coffee, and then drinking it in such unlimited quantities as to become virtually crazy--whereupon the person was designated as being "dually diagnosed"--probably to the financial benefit of

all sorts of service providers.

*The welfare system for children in Australia has become so bureaucratized that children wait months to be assigned a social worker--a prerequisite before a placement such as a foster home can be sought for them--which means they spend months living in institutions. As a result of institutionalization, they have more problematic behaviors, which makes them harder to place, and while they are waiting they are also growing older, another obstacle to quick placement. Such children often end up in juvenile detention facilities; one estimate says almost one-fourth of convicted prisoners in the state of Victoria were wards of the state as children (The Weekend Australian, 26-27/12/87; source item from Mike Steer).

*According to at least some surveys, people who try to quit smoking or combat their obesity are more successful if they do it on their own than if they receive treatment and therapy. While this finding may be spurious, it would be consistent with other findings that people who receive social casework end up worse than those who do not.

Setting up "Services" That Render no Service at All

One PPP strategy that has very amusing elements is to set up services that render no service at all other than to employ people as what one could call "non-serving servers." Some examples follow.

*The PPP service we like the best is the one that refers people to nonexistent services. This way, clients are kept away from existing services that are apt to harm them.

*One of our friends in Manitoba recently met with representatives of 12 agencies who sat around a table explaining to each other why none of them were responsible for the service needs of a specific mentally retarded child.

*In a Canadian work training service for mostly poor and handicapped people, the training was provided under a governmental program which subsidized workers to receive the minimum wage for 20 weeks. At the end of the 20-week period, the trainees either left the program (usually to go on unemployment payments), or were hired as training staff for the self-same project. The former was almost a certainty because the program trained the employees in a kind of work which existed nowhere else in the entire province. In other words, there was no other place doing the same kind of work for which the trainees were being trained other than the training program. If they were hired as staff, they received less pay than they had as trainees. This is certainly a rare event in human services: for paid staff to receive less pay than their clients! Some former trainees did take these staff positions, even at a financial sacrifice, because of the "security" that the position provided. Thus, we can certainly speak of work training programs being a sham and diversion in which public welfare often participates even knowingly.

*So-called hotlines became very popular since the 1970s, but many are major examples of non-serving services. Some examples follow.

1. One of the smartest things that government offices have done in recent years is to set up hotlines which either never answer their phones, always are busy, or hand out nothing but false information. This type of hotline has been particularly popular with the federal tax services, and with state and local welfare and social services offices (e.g., AP, in SHJ, 11 April 84).

2. There has been a toll-free hotline in the US for people in trouble with cocaine, but the rub is that it is under the control of a for-profit medical enterprise, and often refers callers to services run by its parent organization.

The hotline has been handling up to 2200 calls a day, but has received more than it can handle. Another hotline has had the same problem, one result being that the two hotlines have been referring calls to each other--a phenomenal new twist in the absurdities of the contemporary human service scene (Newsweek, 28/7/82; source item from Susan Thomas).

3. Someone recently called an emergency hotline number of a regional service system and got a recording that assured the caller that "we care about you," but that nobody was able to come to the phone right then and that they should leave their name and number, ending the message with the second reassurance that "we really do care." Apparently, there is some kind of textbook or SOP for hotlines which says that they should say something like this, because we have heard now of other instances of this practice. This is particularly annoying when all one gets is a recording.

4. We have also discovered that some hotlines are quite phony. A person with several severe chronic health problems recently demonstrated to us the operation of a red emergency button, prominently labeled "help," which he was supposed to push if he developed a life or death problem. When one pushes the button, which is connected to the phone, an emergency service supposedly then calls in on one's phone to inquire what the problem is, and if one does not answer, help would presumably be sent. However, it took about 10 minutes after pushing the button before the call back came. Further, we were told that sometimes, it may take as long as two hours. Despite this shortcoming, the imperial structures would tell us gloatingly that they have such a system in place, projecting the impression that a service that is labeled "emergency," or "panic button," or whatever, really does bring immediate help and takes care of problems.

5. The Syracuse Herald-Journal (27/2/89) discovered that a state hotline that was set up to refer poor people to physicians who accept Medicaid patients gives out invalid information that results in a futile and costly runaround by the poor. However, we always point out the benefits of referrals to nonexistent services: as long as people are trying to chase down services that do not exist, they escape the clientele, and harmful ministrations, of such services.

6. Just how warm has a line to be to merit the hotline designation? Jordan Hess sent us the following example (from the Legislative Gazette, 29/2/88) of a mighty cold hotline. A physician saw a child who had obviously been physically abused. As mandated by law, he rang up the state's child abuse hotline--and got a busy signal. It took him 15 minutes to get through--but then he was put on hold for 20 minutes. This sort of thing has been reported to be normative. The problem also illustrates the contemporary response of heaping one dysfunctional provision on top of another dysfunctional one, ad infinitum, in that some people are now calling for the establishment of "express lines," which presumably are mighty hot hotlines. Should such be established, we can expect a great deal of ballyhoo about it--and eventually, the establishment of something like a "fast express line" because of the failures of the mere express line.

*We recently discovered the reverse side of a service that refers people to non-existing services, namely, service programs established by law, regulation and funding to which somehow or other, no clients can gain access. Imagine how much better off the world would be if all services were like the above two, insofar as hardly any harm could be done by them.

Making Claims For Services That Far Exceed Their Capacity to Deliver

Closely related to defining larger population groups as being service-needy is the strategy of claiming that certain services have beneficial capacities that they either do not have at all, or that they only have to a vastly smaller scope or degree than claimed. Such claims serve to increase "demand" for such practices, thereby affording incomes to their practitioners. Some examples follow.

A major domain in which such claims are made is what we call shrinkery, i.e.,

in the domain of the clinical mental business, and especially in its "talking" culture, i.e., psychotherapy and counseling.

*An inordinate lust for human service technology was demonstrated by an ad in the 4/89 issue of Mental Retardation which said: "'Come, my friends, tis not too late to seek a newer world.'" From May 27-31, 1985 at the 109th annual meeting of the American Association on Mental Deficiency PLANET PRESS ENTERPRISES will introduce the most comprehensive, sophisticated, useful, and cost-effective fully computerized, interactive software programs for the purposes of attaining and insuring the highest standards of assessment, evaluation, intervention, management, and quality assurance to individuals with developmental disabilities." Aside from the pretentious name of the publisher, the ad also added the following: "After May 31, 1985 the world will never be the same!"

*Because of everyone's high expectations for magic bullets, it has been very common for psychoactive drugs to be first introduced with great euphoria and extravagant claims; but then, the more time elapses, the less efficacious the drug turns out to be, and the more deleterious turn out to be the "side effects," so that in some instances, the drug even has to be withdrawn. A good example is Librium, which was introduced around 1960 as a miracle drug for the healing of psychosis, and in the gentling of violent clients. The news media carried pictures of lions who had been put on the drug and then became so tame that they could be housed together with lambs, fulfilling Isaiah's prophecy that "the lamb shall lie down with the lion"--and modern medical technology brought this about! Only about two years later, Librium receded into the background as a so-called minor tranquilizer with minor uses. Yet in many cases, practitioners who had gotten into the habit of prescribing drugs on the basis of the early euphoric claims fail to adjust their prescribing once the claims have been refuted.

*A 1987 article in the Canadian Journal of Psychiatry claimed to have cured the aggressive and self-mutilative behavior of a 48-year old mentally retarded woman in just three weeks with Lithium.

*The seductive promises made by the drug culture are exemplified by a 1988 announcement by a University of California professor that "millions of American men who suffer from impotence could regain their virility by simply swallowing a pill." And also characteristic of the hype behind so many human service technologies and promises was that the report was based on a study of just 16 men (SHJ, 1 Aug. 88).

*In 1/89, the TIPS editor first saw a TV advertisement that said that "doctors" had devised a "clinically proven method" to "break nicotine addiction." First of all, the claim is largely false; and secondly, it is yet another example of the medicalization of human vices.

*In 1985, a 3-day expert panel assembled by the US National Institutes of Health examined the highly controversial electro-convulsive shock treatment (ECT). ECT has been used for about 50 years, and yet remarkably little solid research information exists about it, one reason being that much of the fairly extensive research body is worthless. For instance: research on its long-term benefits is lacking; in almost all research studies, ECT and drug treatments were confounded with each other; and no systematic studies have been conducted on persons on whom the treatment had been grossly overused. Anecdotal evidence from a large number of people who received ECT strongly suggests that there definitely is memory loss, or worse. However, this evidence has been largely rejected as invalid or irrelevant by the field, or the memory losses have been interpreted as minor and inconsequential. ECT use declined with the advent of drugs and the widespread publicity of all sorts of horror stories about ECT use and impact, but with

increasing disillusionment with the effectiveness of drugs, ECT has once more been on the increase, doubling just between 1980 and 1983, and being given primarily in private general hospitals. In fact, a new journal, Convulsive Therapy, was founded in 1985, and ECT has begun to be administered to people with Parkinson's Disease even though no controlled studies for such usage have been conducted, and it is well-known that the more controlled studies become, the less effectiveness, if any, they usually show. In essence, the panel whitewashed ECT despite its history and sorry research record, and said that it is an appropriate treatment for severe depression and that the risks of serious side effects are relatively low (28/6/85).

*Colby and Stoller (1988) took a global look at nearly 100 years of psychoanalysis, and said that this vast edifice of this major system of shrinkery has hardly any data base. A review of the book in the American Scientist (July & August 1989, p. 400) congratulated the authors "for exposing this scandal in such a striking manner."

*Between 1975-1986, psychotherapists in the US increased from 60,000 to 160,000 and it was estimated that as of 1986, almost a third of the population was receiving psychotherapy at one point in their lives (Science 86, June). Proudly, one author announced that psychotherapy was not only useful in "all sorts of traditional psychological problems" but also in those discovered almost daily: "midlife crisis, computer phobia, and conversion to unpopular religious beliefs." One author also stated that the main role of psychotherapy was to help patients understand the need to take their medication.

There is considerable evidence that psychotherapy is no more effective than attending a self-help group (which is usually free or very low-cost), or talking to any sympathetic and interested but untrained person. Thus, psychotherapy has not been found to be superior to Weight Watchers or Alcoholics Anonymous. In fact, religion-based approaches such as Alcoholics Anonymous are by far more effective in helping people overcome addictions than professional services.

One study compared outcomes where clients were assigned for 25 hours of psychotherapy to either experienced professional therapists or to ordinary college professors. Both groups improved equally (Science 86, June). Nor have longer therapies been demonstrated to be more effective than brief therapies. But one psychotherapist who taught courses on brief therapy said that he himself could not afford (financially) to keep the therapies brief. Another therapist who practiced brief behavioral therapy discovered that he achieved much better results with the brief therapies--but set up a practice for long therapies "because that is what I like to do." Thus, it is no surprise that Science 86 (June) also reported that there was very little evidence that any of the psychotherapy outcome studies have had much influence on the practice of psychotherapy. Most psychotherapists simply believe that whatever it was that they were trained to do is the method that is best for most problems (Science 86, June).

*This is hard to believe, but psychotherapists, who are an excellent example of an element of the economy that is paid to do non-productive things, are feeling that they have a great deal to offer to the farmers, the most primary producers there are, who are having their farms taken away from them (APA Monitor, 6/85).

*A psychiatry professor at the University of Wisconsin reported that a group of "depressed" people benefitted as much from "therapy" from a computer over a six-week period as did a comparison group who consulted a human therapist. This made computers the winner because they had no bad days, and only cost about 50¢ an hour (AP in Cincinnati Enquirer, 30/1/90; source item from Jack Pealer). What we want to know now is how dogs compare with computers as therapists.

*For many years now, the polygraph (lie detector) industry has done about

\$100 million in business a year. More than one million such tests were given in the US alone in 1987. Yet neither lie detectors nor any number of similar devices have ever been scientifically validated (Time, 23/1/89). In 1986, one psychological expert concluded that there was not even one single scientific study that demonstrated any reasonable degree of accuracy in the use of polygraphs for employment screening (Science, 9 May 86).

One US senator quite correctly called all this "20th century witchcraft" (Time, 20/6/88). Yet one man convicted on very flimsy evidence of murder was executed in Virginia in 1992 because he failed a lie detector test. The governor was prepared to commute the sentence if the prisoner had passed the test.

*An amusing PPP journal title in 1988 was "Rett Syndrome: A Challenge for Music Therapists." This reminded us how another potential future headline might be framed: "Purple Plague Strikes World, Leaving Billions Dead and Impaired: Music Therapists Rise to the Occasion." We ran across another hilariously grandiose claim for the role of music in human service. In the set of proceedings of The Fourth International Symposium on Music and Rehabilitation and Well Being (published in 1983), it was claimed that "research shows that music indeed is at the core of the rehabilitative process." Also, Ed Cohle has drawn our attention to the fact that there is now such a thing as music therapy for victims of sexual violence, complete with an audio cassette tape "filled with soothing songs that help victims understand their experience and aid in their recovery..." What's next? Soothing music to rape by, that is healing to both victim and perpetrator?

*Graphology (analysis of handwriting) has been widely used in Europe for generations, especially by psychologists. It is currently employed by 85% of companies in Europe for personnel selection, by virtually all banks in Israel, and by an estimated 3000 companies in the US. A 1986 text that reviewed 50 years of research on graphology (Nevo, 1986) concluded that first of all, the reliability of handwriting analysis is terribly low (about .4), and therefore can inherently yield validity of no more than approximately .1 to .2. Such low-level validities are in fact found, but they are so low as to justify no practical clinical application at this time. This is yet another example of a human service craze which continues for generations despite low or no validity.

*A respected senior member of the psychological profession decided to capitalize upon the market for what one can only describe as miraculous do-it-yourself treatment and self-improvement books. This book claims to help readers "relax, overcome fears and bad habits, cope with pain, improve your decision-making and planning, perfect your skill of sports, and enhance your sex life." Another senior psychologist reviewed the book in Contemporary Psychology (December 1981), and called these claims "nothing short of outrageous." The problem is, the reviewer himself had earlier written a book somewhat in the same category. The difference was that the reviewer had written on the use of relaxation techniques, and the book he criticized had been on how to use fantasy and imagery.

*One human service-related technology to hit the market not long ago was a coffin-shaped floatation tank, heralded as "the most recent vehicle available for tranquility" and the reduction of "uncontrolled stress." To obtain tranquility, all the "floater" need do is search out his nearest "floatation center," strip, shower, crawl into a light-proof, sound-proof tank of warm water saturated with Epsom Salt, and fork over \$20 to the "float attendants" for every hour s/he lies on his/her back inside the device. When the floater's hour is up, there is a "vanity area" available for him to freshen up, and a "log book" in which to record his "floating" experiences. One floatation center claims that one hour of "floating" equals six hours of "mental rest," whatever that might be. However, "floating" seems to have some resemblance to being buried alive, in that the

floatation tanks look like coffins (source item from David Wetherow).

*On the streets of New York, masseurs will knead away one's tensions in a matter of minutes for a few dollars with an ad hoc back or shoulder rub. Others will offer one, also on the street, a synchro-energizer whereby one receives flashing lights from goggles and patterns of sound from headphones, in order to reach a state of relaxation that supposedly would take years to achieve through meditation, at a mere \$15 for 45 minutes (source clipping from K. Barker).

*One Christian counselor advertises a method on "How to energize your mate in 60 seconds" (Context, 11/88).

*One of the most striking examples we have encountered of a human service failing to address the needs of its clients in any way occurred in a day program for mentally handicapped people who had been dumped out of institutions, and were involved to one degree or another in the "street culture." For one of the people who attended this program, a description of the person and her problems ran as follows: "Falls into abusive relationships with men, has been involved in animal abuse, very poor hygiene, pregnant." The recommendation on how to deal with the problems that this woman presented ran as follows: "Encourage her to take meals at the club"--as if that were the answer to her problems. It might be for the people paid to cook and serve the meals.

*Some people in human services are promoting the treatment of alcoholism with acupuncture, and several research projects along these lines are actually publicly funded. One center that uses it is the detoxification center for the Minneapolis area (AP, 5/85).

*A typical example of bad use of behavior modification were the scandalous conditions at the Behavior Research Institute, a residential treatment program with residences in Rhode Island and Massachusetts, that came to nation-wide attention in 1986. The program had been using all sorts of culturally alien hypertechnologized behavioral structures which certainly imaged the clients receiving them in an exceedingly negative fashion. The program defended these practices as being necessary because of the extremity of the clients' behaviors, claiming to have a very great success. However, deeper investigations turned out that many of these claims were simply untrue. For instance, one child that had been banging her head was subjected to spanking, pinching, and muscle squeezes for eight years, sometimes receiving 1000 such physical punishments in one day (e.g., TASH Newsletter, 8/86). Because the program had been taking some very disturbed youngsters off the hands of some rather desperate parents, many of the parents have been strongly supportive of it.

*About 300,000 Americans get heart bypass operations every year at a cost of \$6 billion, this being the most common open-chest heart operation. According to a study in the summer 1988 NEJM, such surgery shows little or no advantage over drug treatment (SHJ, 15/8/88).

*It has been brought to our attention that one of the newer perversions of the human service empire is to claim only successes, or at least no failures. For instance, if the empire tries to place a handicapped person in a situation that can be predicted from the outset will lead to failure, then those who point to the probable failure of the situation will be interpreted as doomsayers who are casting low expectancies on the person and creating self-fulfilling prophecies. When the situation does fail, then the failure can be blamed on the predictors rather than on poor judgment by the empire. A related strategy is to interpret every situation as a learning experience, and thus as a success. For instance, it will be said that a failure is a good learning experience for the client, or even

that "we" or the client have learned something, and therefore the event has not been a failure. This latter implies that the lesson has been learned so well that the error will not be repeated in the future, though of course this is rarely the case. All of this, of course, merely adds to the already existing armamentarium of deception of the empire, such as to reinterpret dumping as successful discharge, transinstitutionalization as deinstitutionalization, etc.

*In the Italian comedy genre known as commedia dell'arte, going back at least to the 1500s, there was a physician character (called dottore) who mixed pretentious language with considerable foolishness. One of his boasts went as follows. "I am not only an avalanche of medicine, but the bane of all maladies whatsoever. I exterminate all fevers and chills, the itch, gravel, measles, the plague, pleurisy, catarrh, both wind-colic and ordinary colic, without counting those serious and light illnesses which bear the same name. In short, I wage such cruel and relentless warfare against all forms of illness that when I see a disorder becoming ineradicable in a patient, I even go so far as to kill the patient in order to relieve him of his disorder" (Towsen, 1976, p. 65).

Conclusion to Service Strategies That Increase/Maintain Impairment/Dependency

We should note that one PPP "benefit" of bad services is that this makes and keeps clients unemployed, and often also unemployable. A British government survey of the economic situation of the handicapped (based on 1985 data, but not published till 1988) confirmed a rather typical pattern in many countries today. Of the 6.2 million handicapped adults in the survey, 70% were not working. Even those who did work only earned about 85% of average adult earnings, even though they had significantly extra expenses because of their handicaps (Guardian, 16/11/88; source item from Ruth Abrahams).

Sometimes, the artistic media encapture some of the contemporary absurdities in a delicious fashion. The film "Misery" is one of these. A man gets paralyzed in a car accident and receives home care from a nurse who is bent on assuming ownership over him. After he gets a bit better and tries to get away, she calmly rebreaks his legs--something our human services do to their clients all the time, so that they will remain dependent.

The German Grand Prix in auto racing has traditionally been carried out at the Hockenheim Ring in Germany. The ring has various curves and obstacles which each have their name. One is called Schikane 1, and another Schikane 2 (chicanery 1 and 2). This reminded us very much of the human service obstacle course for societally devalued clients. As they run their course to get the right kinds of services, they are not only thrown curves but also made to run through chicanery no. 1, 2 and so on.

Miscellaneous PPP Service Vignettes

*There can be little doubt that we were first in pointing out the significance of the letter 'p' when it occurs repeatedly as the name of a significant societal or human service development, as in our phrase, the post-primary production (PPP) society, economy or human service system. At the 1989 conference of the association for Persons with Severe Handicaps, an assistant secretary of the US Office of Special Education and Rehabilitation Services gave a presentation in which he outlined his three themes for future services for handicapped people--and unfortunately, it was a PPP proposal: potential (as in recognizing and awakening), participation (as in expanding it), and productivity. He said that this PPP program would be his initiative during his term of office (TASH Newsletter, 4/90).

*Almost all of human services is concerned with what is called secondary or tertiary treatment, i.e., with doing something after the problem has already

arisen. Only an infinitesimal portion of human service resources is devoted to primary prevention (PP), though the more preventive one's efforts are, the better the cost efficiency. One of the few resources on this issue is the Journal of Primary Prevention put out in New York City by Human Sciences Press.

*Well, well, the PPP society has coined a new slogan for itself: "Life, leisure, and the pursuit of recreation!" This is the theme of a conference held at the State University of New York campus in Buffalo.

*In the 8&10/91 TIPS issue, we made reference to "Ed the Hothead," who edits an anti-imperial periodical on "head injury" with the title This Brain Has a Mouth. As we said, Ed is quite a character with great insights into the service economy. In private correspondence, Ed has noted that the PPP economy is a little bit like the Irish economy that runs on people taking in each other's laundry, except that our economy relies on taking in each other's syndromes for therapyzing, and millions earn their keep by referring people among each other to various specialties. Ed likes the "village idiot paradigm" where even someone who is not too quick has a role to play--and is still accountable to the entire community.

*Crows will sometimes swarm in a very menacing fashion at their enemies, such as hunters, until they run for cover. This behavior is called "mobbing." One critic of the human service system said that long-term impaired people get mobbed by human service professionals (This Brain Has a Mouth, No. 12, 192, p. 23).

*A multi-pathway strategy for giving the PPP economy a good spin is to first do something that makes many people ill and crippled, then to call for, and set up, a service economy for them, and then to generate a legal damage litigation culture on their behalf. A prime example of this has been the asbestos scene in the US. Just one little asbestos firm in Ohio had 64,000 separate legal health damage claims against it, with 20,000 more getting filed every year. One of the biggest asbestos firms in the US had been anticipating a total of 300,000 claims (Time, 17/9/90). Now multiply this by scores of asbestos companies!

*An article by Lynch in the February 1984 issue of Exceptional Children found that a complex benchwork assembly task could be learned much more readily by mentally retarded children than by mentally retarded adults. Typically, these tasks are taught to adolescents or young adults at an age where learning acquisition is no longer at its peak. Once more, an article like this suggests that an awful lot of learning time is wasted in the education of retarded children. Of course, one should not infer that such children should now be taught work skills instead of other things, but what they should be taught with great pedagogic efficiency is the performance of complex tasks so that at least this general category of skill acquisition can generalize and result in easier acquisition of similar classes of behaviors at a later age.

*Considering the small number of handicapped people who are actually in honest-to-goodness supported employment, we suspect that there are vastly more human service workers who claim that they are working on supported employment than handicapped people in it. In fact, there may already be several human service workers for every handicapped person in such employment. Perhaps supported employment will prove to be a miracle boon of supported employment to human service workers.

*We have often commented that the minds of contemporary people have been so shaped and conditioned by the commercialized, agencyized service system that when they are confronted with a human need, they often can no longer think in terms other than formal, professional, commercial agency services. How far this can go

was shown at a presentation on the concept of voluntary "life-sharing," i.e., the voluntary sharing of lives by valued and devalued people, which often takes the form of having a devalued person live with valued ones. After hearing the presentation, including testimony by a family that had been able to arrange such a living situation for their handicapped family member, one person in the audience asked, "Where do you get the money for this?"--totally missing the point that such sharing is voluntary and is done without getting paid for it (Story submitted by Bruce Uditsky).

Overall Conclusion to the Theme of PPP Services

While PPP dynamics are among the major reasons why contemporary services--especially those of a paid nature--are so bad, there are also several other major reasons, all addressed in various of our workshops, and in other TIPS issues.

*A significant portion of PPP service patterns is brought about by a systematic fiscal and legislative disincentiving of the right things. For instance, in some US states where families may receive as much as \$1000 to foster a severely retarded child, families who keep their own handicapped child at home will receive nothing. Foster families that adopt their handicapped charge will lose their subsidy--yet another disincentive for adoption and, in a sense, communality. However, let it be clearly understood that we do not posit any grand conspiracy behind the PPP service phenomena. Any but the most naive people should know by now that even the most overarching societal policies and patterns can come about by unconscious patterning and conglomerating of individual and collective behaviors. Even the systematic legislative, litigative, and funding disincentiving of adoption is rarely underpinned by rational consciousness of what things mean.

*In the Eastern Orthodox church, a story has been handed down about two brothers, Athanasius and John, who lived as ascetic hermits in a cave in the Holy Land. If they heard of anyone in their vicinity being in need, they went and helped, worked, nursed them, consoled them, etc. One day, they were going off to help different people when Athanasius saw John stop in the path and look intently on the ground; he moved slowly up to the spot, and suddenly leaped back and ran away as fast as he could. Athanasius backtracked to see what had put his brother into flight, and there on the ground lay a heap of gold pieces. Athanasius could not understand why John had acted so afraid and run off. He scooped up the gold, which was virtually more than he could carry, and took it into Jerusalem where he used it to build a home for widows and orphans, a hospital, and an inn for pilgrims and beggars. He put God-fearing old men in charge of each facility, and divided the rest of the gold among them to use in their work. Everyone was full of praise for Athanasius who finally tore himself loose to return to the cave. On his way back, he mused how foolish his brother had been to run away from the gold that had done so much good. Suddenly, he beheld an angel barring the path, looking angrily at him. "Why art thou angry at me, my lord?" asked Athanasius. The angel spoke, "Get thyself hither. Thou art not worthy to share the life of thy brother. The one leap taken by him weighs more than all the deeds which thou hast wrought with the gold." Athanasius tried to justify himself, enumerating how many of the poor, afflicted, and orphans had received succor through his gold. Upon this, the angel said, "The same devil who placed the gold by the path to seduce thee has also taught thee these words." Suddenly, Athanasius recognized that he had not performed his works for the sake of God, and he was bitterly sorry. Thereupon, the angel moved aside and freed the path to John who had been standing behind the angel, waiting for his brother. From then on, the brothers served only through their hands and presence (from Das Band, 6/82).

*Wineman, D. (1985, August). Social workers in agencies that hate people. Institutions, Etc., pp. 10-13. Wineman claimed that many human services are based on a captor-captive relationship, "hate people," and are characterized by strategies such as the following: physical brutalization, psychic humiliation, sexual traumatization, planned use of feared indigenous leaders for behavior management, chronic exposure of clients to "programless boredom," violations of privacy, restraints on rights, incompatible client groupings, and use of punishment strategies that play right into the very nature of the client's problems to begin with. Students who perceive that human services are pretty much the opposite of what they idealized them to be are cooled out as part of their training, rather than being supported in an advocacy stance.

*Newsweek columnist Meg Greenfield noted (15/6/87) astutely that it has become fashionable in our culture to make what she calls "no-fault confessions," i.e., apologizing without really being sorry, or saying that one is. Examples are presidents "assuming responsibility" for all sorts of debacles, commercial firms pleading "no contest" to suits, and people admitting to evil deeds but invoking the system as having made them do it. It seems to us that we have seen an awful lot of this in human services where, regardless of the extent of an atrocity, one hardly ever finds a human service agency that confesses and repents. Even the ones that deliver some version of an admission will virtually never emit a genuine "we are sorry" response. They continue to defend themselves even while admitting whatever little they may admit. In contrast, many more individual service workers will confess errors, repent, apologize, and beg forgiveness.

*A 1957 cartoon by Jack Tippet shows two men sitting at a table in a restaurant, one of them saying to the other, "The service here is slow, but the food is so bad you don't mind waiting for it." This is an apt analogy to many human service practices, in that the delivery of needed service is certainly very slow, and unfortunately, when the service finally is delivered, it is usually very very bad.

*At its secret underground nuclear war evacuation complex in Virginia, the US government employs people with job titles such as crypto-equipment operator, disaster-preparations specialist, and attack-warning advisor. We badly need similar job titles in at least those sectors of human services that wish to resist babble, human service disasters, and craze and perversion attacks.

*We recently learned that there was a book entitled, Great Military Disasters. It occurred to us what an important, instructive and occasionally amusing book Great Human Service Disasters would be. Would it include vast sketches from past TIPS issues?

*Someone has contrasted the real world with "human service land," something like Alice's wonderland. We should use this concept more often.

*In a medieval German carnival play, a count is accused before the emperor of oppressing the poor. The count's defense is that he has many knights who need employment, which is provided by occupying them in the oppression of the poor; and that furthermore, the peasants would become much too rich if they were left in peace all the time. Thus, the modern PPP realities are nothing new, and were wondrously perceived and interpreted even then. Then a fool comes on the stage, and comments on the fact that the great lords lived it up so high until they have to pawn their lands and castles, but all they have to do to get them all back again is to raise up a war, and that is why people should buy nothing from them and lend them nothing: "That is the fool's advice I give, if you in the future at peace would live." Upon this, one of the knights demands that the fool be drowned (Welsford, 1935/1966).

Human Service and Fairy Tales
Milton Baker

"The Emperor's New Clothes" by Hans Christian Andersen is a fairy tale about an emperor who was preoccupied with how he appeared to others. He was enamored with clothing. He had a costume for every hour of every day. Because of his preoccupation with his appearance, he attended to none of his duties of the kingdom over which he was to preside. He neglected attending to his soldiers. He didn't even go to the theater or for a pleasant ride in the country. His whole life was occupied with how he appeared to others and how he would adorn his body.

Two swindlers, aware of the emperor's preoccupation with his appearance and lust for beautiful clothing, decided to fashion a make-believe garment for him and charge him heavily for the "clothing."

The swindlers proclaimed that the "clothing" they were about to weave would be invisible to every person who was not fit to hold office, guessing that the emperor would do anything to look good in the eyes of others.

The emperor sent out his subordinates to see the garment the swindlers were presumably making, and each, afraid to be seen as unfit for his office, dutifully returned to the emperor proclaiming the beauty of the garment being made. Finally the emperor decided to see the garment for himself, and went to visit the swindlers who were busily making believe they were weaving the beautiful garment. The emperor, also afraid of how others would see him and the office he held, denied the obvious, proclaiming the beauty of the clothes the swindlers were making.

Finally the emperor purchased the invisible garment, and on the day of a great parade proceeded to take his clothes off and put on the garment. In the parade, person after person, aware of the condition placed upon the garment--that people seeing it as invisible were not fit for office--dutifully applauded the emperor in his "new clothes." It happened that a small child, innocent and not indoctrinated by the swindlers and townspeople, not concerned about the prestige of his standing in the country, saw the emperor in the parade as he really was, naked. The child exclaimed, "He has no clothes on," "He is walking in the parade naked," "The emperor looks foolish in the parade with no clothes on." As the child persisted at spelling out the reality of the event, the adults persisted saying, "None of the emperor's clothes have been so successful as this garment." Finally, after much persistence on the part of the innocent one, the adults began to see the emperor as he really was, naked. They then, in their turn, began to proclaim, "He has nothing on." Everyone except the emperor and a few subordinates finally recognized nudity for what it was. The emperor, however, concerned about his appearance and afraid to admit the truth for fear he would be seen as unfit for his office, persisted and proceeded with the parade naked. In back of the emperor were his subordinates, holding up his invisible train, dutifully bound to support him even when he was making a fool of himself.

I propose that the reality of much of human service is not unlike fairy tales, at least this one. The real story of contemporary human service, ostensibly designed to serve people, has many parallels with this fairy tale, if we will step back and look at what is really happening.

The system is replete with one example after another of emperors at many levels, each presiding over his/her little kingdom. There is neglect of the real needs within many of their kingdoms because the emperors are busily preoccupied with appearances and making believe all is well, when in reality chaos abounds. Much of the time of other workers is spent in bolstering the often irrelevant whims of each emperor. External appearance and concern about his/her competency in the eyes of others occupies many hours of everybody's time each day. Many emperors in human service deny the reality of their nakedness, adhering tenaciously to the belief they are cloaked in beautiful garments.

There are also very shrewd garment-makers at work in the system, busily weaving a cloak for each emperor to wear, to parade before their audiences, along

one parade route after another.

The call is clear to everyone, see the beautiful garment that is being woven by the federal and state review groups, see the bright colors, accentuated with diamond-like glitter. Gaze upon the garment that clever people are fashioning, define it as good, as valuable in the lives of human beings, as good for human service workers, as so wonderful that all must bow down before it. Each human service worker in his/her own time will be asked: "Do you see that beautiful garment? Remember if you don't see it in all its glorious array and proclaim its wonder, then most certainly you will be seen as unfit for the office you hold!" We are told that the emperor's "new clothes," fashioned by contemporary groups, are good for all people, needed by all people, wanted by everyone!!

Many people say they see the beautiful garments, when in their hearts they know the emperors are standing naked before them, yet the parade continues, the pleas and demands to see the garment are fueled by many dutifully seeing and proclaiming something that does not exist.

The many review groups are weaving the cloth of a garment which, when finished and sewed together with all the invisible thread, is intended to say to every observer, writing goal plans, describing process and method, embracing technology and the therapies, dutifully documenting every blink of the eye in the business of programming, the functioning of the "interdisciplinary treatment teams," is what is desirable in the lives of human beings. The emperor's new clothes are pleading with us to accept the notion that the more documentation you have, the stronger the garment, the more professionals you have exercising their will in the lives of wounded people, the greater the intensity of color of the garment, the more subordinate all the workers are to the emperor, the more beautiful becomes his garment. The more the procedures and policies are developed, the more segregation and congregation you have, the finer will be the lace that adorns the emperor's garment. The fewer the people who see how really unworkable and dysfunctional it all is, the more the train of the garment can proudly be held high by the emperor's chamberlains.

As the parade continues down the street to the applause of its onlookers, all of whom have been duped, every so often a little, innocent voice proclaims, "Look! the emperor has nothing on," "He is exhibiting himself," "He stands with no clothes on!" "See how foolish it all is, he is streaking before us!"

The sad commentary on contemporary human services' emperors, their new clothes, and all those along the route of the parade is that we increasingly hear too few innocent voices commenting on the transparency, the phoniness and nakedness of it all. While there is so much preoccupation with appearance, the outer garment of human service, its real inner-most incompetence, irrelevancy is being ignored, the substance of what human service should be no longer exists--we are standing naked in the view of all who really are fit to hold office.

Take a look at your emperor, look at your setting and the invisible clothing so many people are busily working to construct and so many are eager to try on for an adequate fit, in preparation for the great human service parade.

The Facilitated Communication Craze: The Cold Fusion of Human Services

In our crazeology issue (8&10/1991), we first reported on the "facilitated communication" (FC) craze. We pointed at the craze nature of FC, but it has now become urgent to do a more intensive and more critical analysis of FC because of the combination of its craze-craziness, explosive scope, and harmfulness. In fact, FC has become the mother of all crazes in the autism field, at least in North America. It can now be said that there probably had been very few crazes in human services that have been as explosive in combined scope and claims as has this one. The FC craze is only partially related to PPP; it owes more to the modernistic craze mentality (and its roots) that we reviewed in the 8&10/91 issue of TIPS than it does to PPP.

What FC is Supposed to be

There have been methods, some apparently under the same label of "facilitated communication" (FC), for some time, but an updated one relying on transistorized equipment burst upon the scene in 1990 with a big boost from the Australian book Annie's Coming Out, senior-authored by Rosemary Crossley. FC was then introduced to the rest of the world by a professor at Syracuse University.

People who previously were little, or not, language-communicative (mostly due to conditions like cerebral palsy or "autism") are supposed to be helped in small steps through FC to enter into printed communication with the world. Commonly, the "facilitation" consists of someone guiding a handicapped person's hand through the motions of pecking out messages on the keyboard of some kind of electronic communication device. In most cases, the "facilitators" are either human service workers, students or family members. Bit by bit (so to speak), as the person responds, the facilitation is diminished. For instance, from actively guiding a person's hand and fingers, the guide reduces not only the guidance, but the extent of bodily contact with the person, or the proximity of contact with the hand. A touch on the person's shoulders might be the last stage in withdrawing bodily contact altogether--though in some cases, the presence of, or contact by, the "facilitator" is never withdrawn, which is one of the big problems of the FC culture.

It is also part of the FC cultural teaching that for many persons, there should/can be only one specific facilitator, and thus there may be only one individual who claims to understand (and be able to interpret) what the other person is communicating.

The Craze Nature of FC, & the Claims Made by Its Culture, or on its Behalf

Almost overnight, five things happened. (a) The FC culture itself began to make rapidly escalating claims on its own behalf. (b) Other people--often desperate parents of handicapped persons grasping at straws--began to make extravagant claims. (c) The media picked up on these claims, mostly repeating them, a few showing skepticism. ABC's Prime Time Live did a sympathetic segment on FC, and Diane Sawyer herself came to Syracuse on behalf of the coverage. FC has been covered by CBS at least once on its news, by the Larry King Radio Show, and by National Public Radio. CBS's 60 Minutes did a segment on FC, showing it on its network abroad. There was a major and much-hailed article on FC in the 8/1990 issue of the Harvard Educational Review, and there have been articles on FC in New York Times Magazine, US News & World Report, and Newsweek. The lead editorial in Entourage (Fall 91), the journal of the G. Allan Roeher Institute of the Canadian Association for Community Living (once the Canadian Association for the Mentally Retarded), written by the vice president of that organization, hailed FC as a "breakthrough," and did so with "before FC" and after language. (d) The FC craze spread like wildfire around the globe, with innumerable presentations, conferences, and training sessions (some of the above being virtually mobbed by craze-thirsty people--700 at just one training conference) on it being given, video media produced, etc., etc. Presentations on FC were given and/or scheduled at numerous scholarly conferences, including the Autism Society of America, the Association for Persons with Severe Handicaps, the International Society for Alternative and Augmentative Communication, the American Psychiatric Association, and the American Association on Mental Retardation. Almost the entire autism field fell prostrate in worship before FC. Much of the TASH culture (the US association of mostly educators working mostly with more severely retarded persons) did the same, with major FC events at its conferences, and much FC coverage in its newsletter. Major service programs for handicapped children (e.g., the famed Institute of Logopedics in Kansas) switched almost wholesale to FC technology. An entire private foundation (the Adriana Foundation) has shaped itself around the dissemination of FC. (e) At the same time, the FC culture from the first refused to submit its claims to vigorous external, objective examination and research. It was so adamant about its validity that research or similar evaluation was interpreted as unnecessary, destructively intrusive, and an

obstacle to rapid dissemination to people desperately in need of the new liberating technology.

There has been an explosion in the advertising and sale of electronic keyboard communication devices.

At Syracuse University itself--now the world headquarters of the FC culture--an army of about 50 masters students are said to be involved in FC, plus a number of doctoral students.

Here are some of the claims made about FC. It has been described as producing "quantum behavioral improvement." Leaders of the FC culture have spoken in terms of as many as 90% of "autistic" people benefitting from FC. That people with Down's syndrome, CP, or "autism" may have intellectual impairments has been almost denied. For instance, such persons have been said to have been "frequently" (!) erroneously "labelled" as intellectually impaired merely because they lacked expressive language.

Many of the claims have had religious connotations, informing us that an idolatry is present. The words "miracle" and "miraculous" are frequently attached to FC. One parent of an autistic child went to an FC workshop where all eleven autistic children who were being worked with by "experienced facilitators" communicated with the world in a fashion that the parent three times pronounced to be a "miracle" (PR release from the Adriana Foundation, received 12/91). One parent modified her claim that FC wrought a "miracle" by saying, "It may not be an ideal miracle or a miracle we expected, but it is a miracle to us" (SHJ, 12 May 92). The major Syracuse newspaper (Syracuse Herald Journal, 13 May 92) headlined, "New Autism Technique a Salvation." One mother pronounced FC "a blessing."

The terms "groundbreaking" and "breakthrough" have been the more modest phrases in the claims on behalf of FC.

Thus, anyone familiar with the history of human services and with what we call "crazeology" would have all their danger flags go up once they encounter the phenomena, mystique, practices, and claims in, of, or on behalf of, the FC culture.

Like so many crazes--especially those of a religious flavor--FC has also very quickly spawned a code language. For instance, "facilitating" has become a verb referring to what "facilitators" do, and may be used in such in-group phrases as "we are not going to stop facilitating with children." Facilitators are said to be "currently facilitating," and those they do it to are "people being facilitated."

There are two other phenomena that contribute to the craze nature of FC. One of these is that vast benefits are promised or expected from very little in the way of means: a little electronic keyboard, a little bit of touch--and a great deal of dogmatic faith. In contrast, one hears little in the FC culture about the importance of knowing the person well, and of the person's other life circumstances. Also, almost unmentioned are what we call the wounds of devalued people, and their lives in states of very high vulnerability. Thus, we have not heard it said within the FC culture that a previously uncommunicative person might now conceivably have a means of communicating--but instead of finding "salvation," would still be at high risk of being segregated, brutalized, kept poor, made dead, etc.

Another contributor to the craze nature of FC is the poverty of theoretical explanations that are advanced as to why it should "work," why a touch on the shoulder should be needed rather than something else, as well as for some of its peculiar manifestations, such as people typing out messages with one hand without looking at the keyboard. For instance, this is attributed to the unrecognized genius memory of such persons, but this argument is invalidated by the fact that messages come from people who do not look at the keyboard even as it is jerkily moved about in the air by "facilitators" in order to follow the randomly moving hand of the handicapped person. Even geniuses with photographic memories could not hit the right keys under such conditions. Amazingly, even highly credentialed observers have failed to point to this obvious fact.

The Mythical and Historical Context of Facilitated Communication

Because of its dogmatism, and its refusal to acknowledge the importance of critical external examination, we believe that the FC culture has also cut itself off from an orientation to history--especially of human service (including medicine)--that could have functioned as a cautionary corrective feedback mechanism, and that could have alerted it to pitfalls. We, however, being steeped in this history, see many antecedents to FC in it, and many elements and echoes in FC of invalid or misinterpreted treatments or service methods, or other phenomena. These include the following

1. Above all, there is of course the placebo effect, which is known to be the single most effective treatment and service method of a universal nature at all times in all places and all cultures. For greatest effect, it requires that not only the recipients, but also those who administer the treatment, plus the observers, all believe in the effectiveness of the method. However, some positive effects typically occur even if only the recipients believe in the treatment. This "treatment" is more powerful than any other treatment; it is a true universal and can have dramatic impacts. The only problem with it is that usually, the impact does not last. The dynamics that go with the placebo effect include the person's hope, the marshalling of a person's inner resources, and the role expectations for recovery communicated to the people in the person's social milieu, and by them to the person.

2. There is also a very long history of unconscious communication, and we have referred repeatedly to one of its most spectacular historical instances, namely, the case of Clever Hans, the horse that could give answers to arithmetic problems by stomping its hoof--but only in the presence of its ("facilitating") caretaker. The clues unconsciously emitted by the caretaker were so subtle that even sophisticated scientific observers were never able to identify them. All they knew was that when the horse could not see the groom, the horse's answers were random.

3. There is a very ancient tradition of the "healing touch," the "laying on of hands," not only in Christian tradition but world-wide. However, we do live in Western civilization that has been profoundly shaped by Christian traditions and images, and healing in the Christian tradition was commonly mediated or accompanied by the touch of a person either divinely gifted in healing, or sacramentally empowered for healing, as in the priestly administration of the sacrament of healing that includes a "laying on of hands."

One version of the healing touch was the medieval belief in "the king's touch." It was widely believed that certain rulers, and especially the kings of France and England, had healing powers which they acquired upon being religiously anointed for their office. This healing through "the king's touch" was believed to be particularly efficacious against the disease of scrofula, a form of tuberculosis of the throat. Afflicted people would throng to the king and demand to be touched for healing, with the rather embarrassed king responding by touching the petitioner but saying, "The king touches you, but God heals you." Of course, like any treatment in which one has faith, the king's touch--like all placebos--"worked," i.e., at least some people got better, or were healed, or at least got better for some time, and even if they did not get better, they felt better.

In FC, the "facilitator" performs a version of the "laying on of hands," and how this can become purely symbolic becomes particularly striking with clients who seem to be perfectly capable of communicating on their own, where the "facilitator's" presence involves only a residual light touch of the person's shoulder, and/or where any number of other modes of encouraging or cueing the client would work as well, or better.

4. There is the whole and long culture and history of "reading" letters, words, or messages in a context of divining. An example is the Ouija board with its messages. In FC, this is more sophisticatedly replaced by an electronic gadget. Here, we have to keep in mind that electronic gadgets of a communicative

nature carry distinct, and often not consciously perceived, mystical meanings to contemporary people. For instance, a lot of modernistic people who worship technology have feelings toward computers which are somewhat akin to what people formerly felt towards sacred relics.

5. The "facilitator" has many similarities to the role of the medium in spiritism. One is told over and over that only a specific facilitator can work with a specific handicapped person, because of a mystic bond or special capacity of one facilitator to relate to one particular person. Very similar things were said about spirit mediums, i.e., that some could relate only to certain spirits, or that spirits would only speak through them under very specific and constricted circumstances. The presence of a skeptical observer at a séance usually resulted in no spirit making an appearance and communicating, and mediums commonly attributed this to the disturbing presence of someone who lacked faith--an argument amazingly similar to the argument against objective verification of FC.

6. Finally, there have been many ancient magical or religious methods of producing messages via a writing mythology. One of these consisted of throwing letters of the alphabet at random on a surface, and then discerning what words and messages might be formed thereby. The ancient Germans were among those who used this method, with their letters of the alphabet called runes. Of course, this is not much different from reading tea leaves, the entrails of slaughtered animals, crystal balls, or even tarot cards. In many of these "magics," it is also one specific person who is believed to have special powers.

It is in large part the dynamics that are associated with the placebo effect that account for the fact that virtually any "treatment" or service scheme "works," at least to a certain extent. Thus, it is really never valid to merely ask whether something "works," but one has to go further than that and inquire (and establish) whether what "works" is specific to the treatment, or whether only the universal dynamics associated with the placebo effect are at work. For instance, it would be rather disappointing to discover that the only thing that a certain type of major (and risky and expensive) heart operation contributed to prolonging people's life or sense of well-being was its placebo effect.

The Nature of the Invalid Claims on Behalf of Facilitated Communication,
& the Harm Caused Thereby

By now, the following sobering realities are emerging.

1. There is a vast amount of self-deception in the FC culture, in that in many cases, the messages said to be those of handicapped people are really emitted by the "facilitators"--we believe largely, or entirely, unconsciously so. For instance, children have been attributed with messages in English (even good English) even though they live in homes in which other languages are spoken (e.g., Spanish, Icelandic, even Hindi). That in many cases it is not the handicapped person who is punching out messages but the leading hand of the facilitator is blatantly obvious to any skilled clinical observer who sees some widely-disseminated visual material (above all, videotapes) on FC in action.

A series of studies or experiments have also already shown rather compellingly that messages attributed to handicapped people did not come from them, but from the "facilitators." This work has been slow in coming because of the resistance of the FC culture to cross-validation. Amazingly, some of the refutations come from what one might call very simple, but strikingly compelling, "lay experiments" conducted by skeptical news people. An example was a segment of "60 Minutes" on Canadian TV where on camera, an extremely simple experimental manipulation showed--and that in a matter of five minutes--that the communications that were emitted did not come from the handicapped person. In its 21/9/92 issue, even Newsweek raised the question whether FC was a "big hoax."

However, what we have here is what Nobel laureate Irving Langmuir has termed "pathological science"--"the science of things that aren't so." Pathological science is not a hoax or quackery, but self-delusion, obstinacy in resisting

validation and contrary evidence, etc. It has happened to some good people in the history of science, as evidenced by the history--among others--of Mars canals, polywater, laetrile, and probably cold fusion.

2. A general trend in the FC culture is to deny very broadly the existence of mental impairment in all sorts of people, and/or to attribute almost mystical meaning to pedestrian "facilitated" messages. An "autistic" boy reported that he was agitated because he "ran out of joy." This almost found its way into the FC sacred scriptures as evidence of the hitherto unrecognized poetic spirit in the boy--until it was discovered that he often calmed himself by twirling a bottle of Joy dishwashing detergent.

3. When some people have their hand held in such a fashion as to type out what is in the facilitator's mind rather than their own, and they are then later asked to explain how they were able to type out a message without looking at the keyboard, they are maneuvered into believing (a) that these messages really are their own, and (b) that they have superhuman powers because of the way that they are led to believe that they can type messages without looking at the keyboard, without attending, and often with the keyboard being moved about in thin air while the message is being typed. This obviously induces or reinforces a delusional state in such people, and adds yet another wound to their woundedness.

4. Many parents who had been told that their child was communicating when that turns out to be wrong will be shattered, ashamed, and perhaps embittered, especially since in some specific cases, the discrepancy between the reality and the claims will be revealed to be spectacular--as has already happened in some instances.

5. Most severe harm has been inflicted on many people by "messages" that they had abused the handicapped person. It seems that most such messages claim sexual abuse, and there is strong reason to believe that most--perhaps close to all--seem to be false. Sometimes such messages are among the very first ones that the person is said to have emitted via the FC technique!! Typically, parents, other relatives, family friends, teachers, and caretakers have been accused--but apparently not the "facilitators" themselves. Nor are the accusations of sexual abuse the more normative kind, such as females claiming to have been raped. They include more esoteric ones, such as a (apparently clearly retarded) girl supposedly claiming, "my mother fucked me with a dildo."

In some cases, the lives of families, already deeply disturbed by the presence of a handicapped child, were completely disrupted by the above accusations, and what was subsequently done to the families. Handicapped children have been removed from their homes; parents have been clapped into jail; some have been charged with failing to report the abuse; families have been broken up, neighborhoods riven, fathers have been forced to move out of their families, children have been taken from parents, reputations of parents and service workers have been ruined, people have gotten sued, and some of the accused have been financially ruined for years to come because of legal costs. One family had to incur a \$40,000 mortgage debt on its house in order to defend itself.

One of the most charitable interpretations why so many handicapped people are supposed to be emitting accusations of sexual abuse is that several things are coming together: sexual drives and frustrations of youth, watching a lot of sex on TV, fantasy, and anger.

When a number of these cases came before courts, the FC culture engaged in a most remarkable self-contradictory flip-flop. Namely, its representatives argued that FC was not only a valid method, but (despite its very brief history) "established," and recognized by the professional community--at the same time as by its operational ideology, the FC culture had been refusing to submit itself to any form of objective or rigorous scrutiny of its validity and claims to an objective professional community.

Wisely, courts so far have eventually ruled that the FC claims were not part of established professional practice--after much harm had been done.

6. Any text or similar historical analysis of quackeries, healing cults, and service crazes--either fraudulent or self-deceptive--will tell us that noncooperation with objective validation efforts is one of their hallmarks, and is almost always followed by eventual repudiation of these. In this respect too, the FC culture has failed to orient itself to the historical context, and take it to heart.

7. The combination of high unconsciousness by "facilitators," and the high incidence of sexual messages, plus the common falsehood of these messages, strongly suggests to us that FC appeals to, and/or attracts or recruits, hysteroid personalities into the "facilitation" role. But perhaps this should not surprise one. FC provides scope as in few other fields to personalities who are, on the one hand, sexually disturbed themselves, and on the other hand, are arch-repressors, capable of functioning with profound unconsciousness. We suspect that such personalities are more readily than others drawn into the function of "facilitators" because they find vast scope for unconsciously shaping sexual messages of their own that the context permits them and others to attribute to other people--in this case, to handicapped ones. What is amazing is how the very likely presence of a few individual cases of hysteria can trigger mass hysteria among people who are not hysteric.

8. Some of the key promoters of FC appear to have painted themselves into a corner by their extravagant earlier claims, so that they cannot gracefully back out, say "I was wrong," and apologize to people to whom apologies are really owed.

Conclusion

We do not believe that FC involves deliberate deception, but that it does involve massive self-delusion and wishful thinking, both by its "doers" as well as by many desperate parents grasping at straws for their handicapped children--though some of them have also recognized that the messages are false. In turn, some of the latter have drawn the conclusion that the FC culture was invalid, while others have written off false messages as flukes, and continued to grasp at the straw.

One thing that the FC craze proves yet once again is how poorly competent the human service culture is, how gullible it is, and how haphazardly it selects its methods.

That some people can communicate better with the aid of various assistive devices or methods has been known for a long time. Even in intelligence testing, there have long existed all sorts of means and materials for by-passing the spoken word, as well as the written word. At this very time, one will encounter a construct in European practice that might be translated as "supported communication" which is vastly broader than FC, in that it deals with all sorts of means to by-pass spoken language. Our phrases "augmentative" or "augmented communication" come closer to it. But so far, these methods have either not attained craze identity, or only so to a very minor extent. For instance, the Bliss system has some craze identity--but nothing comparable to FC, nor can we say that it has done the harm that FC has wreaked, and has wreaked in such a short time.

We thus do not want to leave the impression that we do not believe that some people can learn to communicate with keyboards and assistance, or communicate much more than they might have otherwise.

Unfortunately, FC may have damaged itself irreparably. Whatever selected benefits might adhere to the method in some cases may end up discredited because of the scandalous behavior of the FC culture.

There have been and are other crazes in human services, but many are not harmful, or only displace valid strategies, or they may even be quite beneficial. For instance, the Doman-Delacato patterning craze probably helped most of its recipients because under its deficient theory, it at least marshalled several valid and universal pedagogies.

A very basic rule in science is that extraordinary claims need to be buttressed by extraordinary evidence. In other words, the more grandiose the

claim, the more careful should the evidence in support of it be collected and presented. In recent years, few claims that are on the one hand of the magnitude of FC, and on the other hand are supposedly in the domain of socio-behavioral science, have been as resistive to rigorous evidentiary construction as has the FC culture.

In time, and probably not too long hence, an awful lot of people will be very embarrassed by having either been part of the perpetration of the craze, or having naively been taken in by it!

Also, the people who have been falsely accused are owed a public apology, and if they have also been badly hurt financially, they are owed restitution.

Miscellaneous Human Service News

*New Medico is a privately owned nationwide provider of services for people with "head injury," employing 8,000 people in 36 facilities in 15 states, with 200 "marketing representatives" working at bringing in the business--according to some reports, by telling lies. The chain is accused of keeping up its occupancy by "generating patients" and keeping them beyond where they benefit significantly. A spokesperson for the firm said that patients wanting to leave a facility was often part and parcel of the kind of disordered mentality caused by head injury, and such patients and their families had to be educated (Sunday Times Union, Albany, NY, 19/5/91; source item from Jo Massarelli).

*According to a 3/92 segment of the CBS investigative television program "60 Minutes," physicians and lawyers cheat the Federal workman's compensation scheme out of literally billions of dollars. People get paid to bring in potential patients who are told that they have fictitious diseases and all the parties in the scheme benefit. The losses are of course paid out of public taxes. Actually, we find the scheme quite benign because it involves the human service sector and circulates the money without hurting anyone, as would be the case if people actually became clients of human services. In this scheme, they only have to pretend to be impaired, rather than being made impaired so that human services, physicians and lawyers can benefit.

*An elderly woman in Britain said that she was seeing the devil. The local social services director noted that seeing the devil "would not necessarily demonstrate a need for urgent social work intervention"--except that when a human services team comprised of a psychiatrist, a physician, two social workers, a police officer and an ambulance crew did show up at the woman's door, were refused entry, and broke the door down, the woman may very well have seen the devil indeed. This small army from hell took her to the booby hatch in a motorized wheelbarrow (i.e., ambulance) (Guardian, 8 June 92; source item from John O'Brien).

*The US Social Security Administration has convicted 70 of its employees since 1983 for selling the earning history of people, which usually brings about \$25 each, and then gets resold for as much as \$300. This information may be used for purposes of suing, lending, hiring or firing (SHA, 1 March 92).

*How dependent the American public has become on government is underlined by the fact that in 1991, 47% of households received at least one form of federal aid (Newsweek, 2 March 92).

*We were amused to note that part of the postal cancellation of a letter from Britain carried the message, "Support your local research program," with an additional notation, "Return your questionnaire now!"