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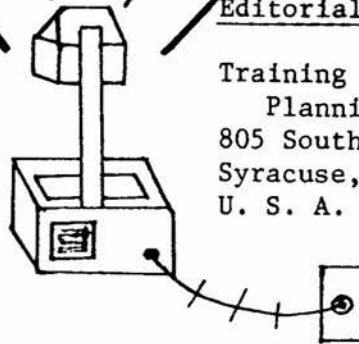
TIPS

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CRAZEOLGY

Introduction

Part of our 2/90 issue was devoted to human service crazes, but this is an entire double issue devoted to crazeology. Crazeology is the science, or study of, crazes, and in our case, mostly crazes related to human services. The TIPS editor lays claim to being the world's most expert generalist crazeologist, meaning that there undoubtedly are people more expert in one or more specific human service craze, but none more expert on human service crazes in general. In fact, our archive of such crazes runneth over!

The TI is considering offering workshops on craze-proofing, and will accept expressions of interest in hosting such. However, we hope that even this TIPS issue alone will make a significant contribution toward the craze-proofing of its readers. At the same time, we should all keep in mind that none of us is immune to craze craziness, because it is more contagious than the common cold.

The craze-craziness in areas related to human service is closely linked to, but much bigger than, the craze-craziness that we have seen in the hard sciences, exemplified by polywater, kitchen-sink fusion, superconductivity, etc.

As we explain in some of our workshops, we believe that contemporary modernistic human services are almost totally dissociated from reality--both the larger empirical and the moral realities. More specifically, the modernistic mind segments everything from everything else, and is no longer capable of believing in, or dealing with, interconnections, or with the reality of what we call universals, i.e., high-order lawful regularities, consistent and enduring dynamics, and ongoing lawfully patterned consequences of antecedents.

A major result in human services is that every phenomenon is perceived as a free-standing independent unique entity; no connections are seen between larger antecedent causes and later manifestations, or current manifestation and earlier causal dynamics; each person or group is seen as having no similarity or connection to any other; and particularly intense is the denial of the existence of a relatively small number of truly universal means for dealing with human problems that change only in relatively minor ways in how they could be effectively applied over time to different individuals in different cultural contexts.

Human services being so mindlessly segmentizing, we can say that a cross-section of a particular human service field at any moment in time will show that it is composed primarily of an incoherent conglomerate of a large number of what we call "technologies." These consist not only of highly materialized manipulations, but also tend to be small in scope--sometimes even in the nature of mini-technologies. Since so many of these for the most part go through phenomenally rapid cycles of "invention," extreme and uncritical popularity, and then relatively rapid decline, we call them "crazes." They flash across the human service scene at great speed, and in bewildering variety, boosted by much hoopla and hype, and often cloaked in scientific language and with claims to a scientific, research and intellectual base.

Individuals, organizations, social institutions, and entire professions or fields may make exaggerated or even idolatrous claims for some new development, invention, technology, etc. When these claims have been proven to be false, rarely will their proponents volunteer to admit their role in making those earlier claims. In fact, they will commonly deny them, and individuals are particularly apt to engage in such denial. Furthermore, any individual who reminds such parties of their earlier claims and craze-promoting roles will elicit intense resentment, to the point of outright persecution.

One amazing thing about such crazes is that nobody seems to be able to explain why some of them grow slowly and others explode into full bloom overnight, and why some of them linger longer than others.

Crazes of all types are commonly accompanied by craze terms, i.e., new words, or old words in new combinations, or with new meanings.

We do not wish to convey the impression that only invalid things can become crazes, but we do believe that most valid things that become crazes do not become crazes because they are valid, but for other reasons. We also believe that when a valid thing is adopted as a craze, that it will get used (a) either in a fashion that destroys most of its validity, or (b) for only a short period, to be dropped for another--and almost certainly less valid--craze.

Craze status can be achieved by virtually any entity related to human services: ideas, theories, causal theories, diagnostic or classification categories and "syndromes," gadgets, assessment methods, means to treat or serve people, and ways to organize, structure or fund services.

Craze syndromes usually turn out to be spurious, contrived, or poorly conceptualized. Craze theories or concepts can strongly control what gets done, and how. Diagnosis, assessment or detection crazes often claim that a certain technique or gadget can identify the presence of this or that--usually abnormal--condition. Such crazes usually include elements of "quick-and-easy" claims. Service conduct crazes divide into relatively narrow measures vs. entire broad schemes. The latter can be quite elaborate, involving an entire system of serving.

Commonly, a craze is announced, promoted, and received as if it were the long-awaited answer to this, that, or all human problems and service challenges. That these phenomena are indeed faddish crazes becomes apparent from the fact that each tends to appear meteorically on the scene, gets greeted with much fanfare and interest, people fall all over themselves to learn about the craze (often at great expense), and to purchase it if it is buyable--and then, sometimes within a fairly short period of time, the craze phenomenon first reaches a plateau, and then declines, either to disappear from the service scene altogether and to be quickly forgotten, or to recede into the larger background of human service ploys as a minor recourse relevant on certain occasions, without being any longer approached with awe and fanaticism.

Most crazes have very little validity if any at all, but it is not validity that propels something to craze status, nor does validity prevent a craze from being dropped in favor of another craze. In fact, most crazes are built around a small kernel of truth, and this is what makes them so seductive in an atmosphere that treats truth and reality as segmentable.

Craze craziness is a pervasive in modern cultures, though hardly anywhere more than in human services. This craziness for crazes manages to capture the minds of almost all contemporary human service workers, who mindlessly surrender to any number of service-related fads. After all, they are socialized by their larger society, and by the larger human service culture, to expect segmented miracle fixes, and to look for such fixes in the realm of technology. This expectation has religious overtones which, considering its origins in a peculiar materialistic religion, is not surprising.

With so many crazes in human services coexisting at any one time, and with so many succeeding each other rapidly, the pursuit of crazes can eat up a service worker's entire productive career--yet a person may end up with very little positive effectiveness to show for all of this, and certainly, with vastly less effectiveness than could have been attained had the timeless, enduring, universally valid principles and strategies for helping and serving been learned and applied

Many crazes are fueled by one or more of a small number of motives. (a) They are launched by people who seek fame or fortune via their craze. (b) The lust for quick-and-easy answers or solutions. (c) The lust for high technology, so that an uncertain, ill-proven, expensive high-tech approach is pursued in preference to already established, proven, less expensive low-tech ones. (d) Efforts to assert a materialistic-mechanistic worldview, as when genetics or brain damage is invoked as the explanation for all sorts of behaviors, social problems or evils. (e) The lust for novelty. (f) A delusion that the world is perfectible by humans, and final solutions to problems are bound to exist, and to be found.

These motives help explain some of the features of crazes, such as the fact that they tend to be announced and promoted by hyperbole, and even the most grandiose exaggerations and claims.

One reason why contemporary service workers are so taken in by service fads and crazes is that among the most basic concepts relevant to effectiveness of a particular service strategy about which they are ignorant are the concepts of reliability and validity. This knowledge is decisive in resolving certain claims to effectiveness in the alleged treatment of those alleged diseases, syndromes or afflictions which are alleged to be circumscribed and specific in identity.

An effective treatment for a truly specific condition could not be a specific treatment if the condition itself lacks reality, i.e., did not exist as a specific condition. The reason for this is that statistically, validity always limps behind reliability. The reliability of observations of an occurrence is rendered statistically by a correlation coefficient (representing degree of agreement among observers or judges), with 1.00 representing 100% reliability. The maximum validity that an observed phenomenon can have is the square of the reliability coefficient. Thus, the formula is: maximum validity equals reliability squared. If reliability is .2 (i.e., observer agreements correlating that high with each other), then the maximum validity can be only .04, which is totally insignificant. If reliability is .6, the maximum validity can be only .36. Thus, only once one attains a reliability of about .8 is one able to hope that one may be dealing with a valid construct of practical significance. In some kinds of endeavors, one would want reliability of .9 (thus, at most .81 validity), or even higher. But even if one attains perfect reliability, this is still no guarantee that one is dealing with a valid construct.

The concepts of reliability and validity have a parallel in the concepts of "safe and effective," used in drug approval. A drug that is not effective (i.e., has no validity) could be totally safe, much as a construct with perfect reliability might still lack validity.

One reason why one might get high reliability for a construct of low validity is that all the relevant observers could all be working under an illusion, or false mind set. A good example is found in Rosenhan's famous 1973 study, entitled, "On Being

Sane in Insane Places," in which he had confederates sign themselves into psychiatric institutions and mention having had certain mental symptoms. But once inside, they acted as normally as they did in their everyday lives and existence prior to their incarceration. Despite this, they were interpreted by all observing personnel on the scene as being psychotic, even though they displayed no abnormal behaviors. Thus, while the reliability of staff judgment was high, there was no validity at all to their diagnosis, which Rosenhan took as evidence that the validity of all sorts of other psychiatric diagnoses and observations must also be put into question.

However, in shrinkery, statistical reliability of observation and measurements is commonly quite low. A good example is the construct of schizophrenia, the diagnosis of which has had notoriously low reliability, especially across different countries or professional subcultures, as have many other psychiatric "diagnoses." If such a diagnostic construct has low reliability, it can hardly be responsive to a highly specific treatment. What could happen is that a much broader class of disorders (or perhaps all behaviors) are responsive to a much less specific treatment--perhaps even a universal one--but this is not what the claims are. The claims one hears are for specificity of treatment and service strategies, rather than for powerful across-the-board universalities.

A problem with all human service approaches is the operation of effects such as the placebo and Hawthorne ones, or self-deception due to one's own hope and faith in the method. There is also the famous Clever Hans phenomenon that we described in an earlier issue of TIPS. Clever Hans was a horse that became famous for being able to "solve" arithmetic problems, indicating the correct answer by stomps of his hoof. The phenomenon was extensively studied, and it was discovered that Hans could only give the correct answers when his handler was within sight. There was no attempt at fraud, but a transmission of unconscious ones from handler to horse that was so subtle that even the experts could never identify them.

It is these nonspecific, universally prevalent effects that so often result in a method that has little or no specific effect becoming a craze. Therefore, it is not good enough to find that something works, because "everything works"--but not because of a specific effectiveness of the method that is independent of the universal effectiveness of the above mechanisms. This is why drug studies need not just controls, and not just double blind controls, but triple blind controls. With some service methods, controls are very difficult to design. Therefore, the more vulnerable a method is, the more important is it that it works when observed by sophisticated skeptics, and convinces them.

However, one phenomenon that is essential to an understanding of craze craziness is that the closer scientists come to dealing with the human nature and essence, the more does their science fly out the window. Even the best scientists go mush in their brains and scientific discipline when it comes to such matters. A good example these days is gender difference, where genuinely scientific studies are virtually impossible to conduct, and would carry no weight if they were conducted.

Readers may be both amazed and instructed by the material in this TIPS issue, and its organization.

The Materialization of Human Behaviors, & The Diseasing of Negatively-Valued Characteristics

The prevailing materialistic mindset quite naturally seeks a material basis not only for all human bodily characteristics, but also all behaviors, including those that are negatively valued. The latter are commonly interpreted as diseases, or products or signs of diseases. In turn, this had led many people into traps and errors. For instance, Benjamin Rush, one of America's foremost physicians during the Revolutionary War era, said that being negroid was a genetic disease in the general class of leprosy, and called it "negritude." But not much was learned from this error.

In recent years, we have seen yet another of several waves of efforts--many of a craze nature--to interpret any weakness or vice as an addiction, thereby somatizing it, implying a physiological base, and often even implicitly or explicitly postulating brain injuries or genetics as causative factors. Some behaviors interpreted as addictions include gambling, jogging, eating chocolates, pursuing any number of kinds of sex indulgences, and computer hacking or other intense attraction to computer work. The American Psychiatric Association has given official diagnostic categories to "pathological gambling," and telephone scatologia.

An article in Discover (Angier, 1990, 11(5)) said that "disorders of the brain are soaring." However, it included in its documentation not only such things as cancers and tumors of the brain, and epilepsy, but also schizophrenia and manic depression.

One example of all this diseasing is the creation of a "sex addiction" construct. The sex addiction theory craze was precipitated onto the world in a 1983 best-seller entitled Out of the Shadows--rather bizarrely, the very same slogan that was so widely used for mental retardation in the 1950s and 1960s. Soon, sex addiction programs sprung up that were modelled on alcohol and drug dependency (addiction) programs. By early 1990, sex addiction groups patterned after Alcoholics Anonymous boasted a membership of 20,000 in the US.

Some of the experts also claim that sex addiction runs in families, the same as alcoholism; and that sometimes, sex and drug addictions go together, and that all of this must almost certainly mean a genetic basis. Yet one other argument in support of these theories is that treatment programs based on them often work. Of course, this is utter garbage because virtually any treatment/service strategy will work for virtually anything at least for some time and/or some people, given the fact that the placebo effect is the single most powerful human change strategy.

Of course, one big problem with all of this is that at one time, people understood that when they lost control of their vices, they were enslaved to sin; today, they can claim with great relief that their genes or body chemistry made them do it.

The diseasing of sin was dramatically illustrated by what happened to the Catholic archbishop Marino of Atlanta. There is a class of women (usually "church women") who, as one bishop put it, would go for a fence post if only it wore a clerical collar, much as some men are drawn to nuns. A young woman who had already had affairs with at least two priests took up with the archbishop. At one time, a priest who had engaged in an illicit sexual affair would have confessed to a sin and done penance. Many would have gone, or been sent, to a monastery for at least some time. But as things are now, and as everyone puts it, including the archbishop, other high and low church officials, and the religious and lay news media, when the affair became public, the archbishop went for "treatment" and "therapy" "under medical supervision" in a shrinkery.

One of the big problems with the diseasing of mental abnormalities is that these are so culturally relative. There have been innumerable such abnormalities that occur only in certain cultures. For instance, in Malaysian society, there prevails a peculiar culture-specific psychopathological syndrome called latah. The syndrome appears in people who have been repeatedly subjected to startling events, or have emitted the startle response on a number of closely spaced occasions. The symptoms consist of saying things that are taboo, following the commands of others even if this involves doing things one otherwise would never do, and imitating the movements of the people around one. When one does these things, one is said to have "become latah." We are bound to have our latahs in this culture, and one of these almost certainly would be the kinds of eating disorders that result in emaciation. In Chinese culture, there is a mental disorder which strikes only young males, and takes the form of a delusion that their penis is shrinking and retreating into the abdomen (Science, 15/2/91). Even hysteria, once very common in the Western world, has virtually disappeared, as has female fainting.

Peele (1989) wrote an entire book on The Diseasing of America. It deals with what we call the "medicalization" of everyday life, and of all sorts of human problems and conditions, though this author focuses especially on the increasingly common tendency to interpret all sorts of problems of self-control as addictions: overeating, gambling, promiscuity, child abuse and other forms of violence, becoming involved in unwise relationships, having a troubled family, etc. He gives special attention to the issue of drug and alcohol addiction, refuting claims that these are physical diseases. Even Alcoholics Anonymous comes in for some licks, because Peele claims it has fostered the ideas that alcoholism is a disease beyond the control of the afflicted person, that one never "recovers" from alcoholism, and that one cannot stop problems with alcohol on one's own.

Peele claims that some of the most basic and major reasons why our society is beset by so many problems, including those labelled "addictions," is because the values of self-control and moral right and wrong are not taught, and because there is very little true community in contemporary society. He claims that these are the things that have enabled people at other times to avoid or cope with these problems. Peele also cites many examples of how the service system manages to generate more need, and often to make problems worse.

Geneticizing as a Subset of Materialization & Diseasing

One form of materializing, and often diseasing, of human conditions is by invoking genetics--usually, inheritance. Even more than other diseasing, this has a tendency to remove all responsibility from a person for his/her condition. Faith in the genetic explanations of behavior-related conditions has been so persistently high that for decades, there have been virtually annual reports that the genetic cause of schizophrenia, depression, mania, autism, alcoholism, etc., has been found, and rarely do the most recent announcements deal with the fact that they are the 10th, 20th, etc., of their kind. For instance, in 1987, 1988, and the early part of 1990, there were reports on the front pages of the New York Times that the genetic sources of schizophrenia, alcoholism and manic depression had been discovered.

Readers should know that the geneticizers have never been modest or reticent. For literally scores of years, they have had three very bad scientific habits and arrogancies: (a) to make definite assertions of genetic origins of all sorts of specific human conditions and afflictions when, at best, tentative hypotheses would have been warranted; (b) commonly failing to acquaint themselves with nongenetic mechanisms for the genesis--and especially the transmission--of human behaviors; (c) once proven wrong, being not the least bit forward to confess their earlier mistakes.

An example of the geneticizing of human conditions occurred in the historic 12 Oct. 1990 issue of Science, which was entirely devoted to the human genome analysis project, and which contained a spectacular wall map of the human genome which is now probably hanging in every laboratory in the US that has anything to do with genetics. One article made the dubious but popular claim that psychological traits, including intelligence, are highly heritable. The editorial in the same issue made grandiose promises that the mapping of the human genome will help in the mental health area, help to understand schizophrenia, and reduce crime. Social efforts were interpreted as purely "band-aid remedies," whereas the real (genetic) research will be "far cheaper, and the results much fairer" than law enforcement.

One irony in the DNA research culture is that its results are so often erroneous (Science, 31/5/91). Driven by the craze nature of the field, researchers often rush into print, and into grandiose claims, without even double-checking their data (SHJ, 14/2/91).

One of the many false notions about heredity that are rife even in the most scientific circles is that evidence for significant genetic influence amounts virtually to 100% heritability, whereas concordances between behaviors that presumably have a strong genetic base are relatively low even at their highest levels. Rarely have concordances of more than 50% been found, and even many of these are questionable (Science, 13/4/90).

Amazingly, the first truthful and rational article on the human mental condition that we can remember to have seen in a general scientific journal has appeared in Science (20/1/89). We mentioned before that scientific journals generally throw away all the criteria of science when they report about such things as the mind, mental disorders, and human nature. This article finally admitted that one claim after another to a genetic origin of this mental disorder or that fails to be confirmed in subsequent studies, though the article failed to make fun of this craziness--for which readers will have to turn to TIPS.

CRAZES REVOLVING AROUND SPECIFIC SYNDROMES, VICES, OR HUMAN CHARACTERISTICS

There is a difference between craze syndromes that will probably come and go, or at least rise and fall, and crazes associated with syndromes. Schizophrenia (a term coined by Bleuler) is probably not a valid construct, but it is not a craze, having been on the scene for the better part of the 20th century, and before that in the form of Kraepelin's dementia praecox. However, many syndromes--schizophrenia included--are constantly surrounded by crazes. In other words, some conditions are more likely than others to be "craze magnets."

Crazes Associated With Alcoholism

Alcoholism starts as a weakness, becomes a habitual vice, and ends up as a vice-ridden addiction. We do not believe that it is a "disease," only that certain ways of metabolizing alcohol that are genetic will determine (a) how much alcohol it takes to get drunk, (b) how quickly one gets drunk, and (c) to a lesser degree, how long one has to give in to the vice habit of drinking to excess before one becomes addicted. Thus, "alcoholism" itself cannot be inherited, only a tendency to get more quickly addicted--but everyone can become addicted to drugs. Also, being addicted to alcohol cannot be a disease, any more than any other addiction is a disease. What is a disease are any number of secondary health problems caused by one's addiction.

We also do not believe that there are "treatments" for drug addictions, including addictions to alcohol, but only something one could, or should, call "conversion." This also helps us understand why some people who quit a drug can be "unconverted addicts" or "dry drunks" who either do relapse, or who would readily do so with a minimal triggering event.

However, not only has there long existed a disease model of alcoholism, but it has become so popular as to fool even moral leaders into endorsing it. The disease model of alcohol abuse has been so fundamentally accepted that in German, the common expression today is to speak of people being "alcohol sick," rather than to be alcoholic.

A 4/90 article in the Journal of the American Medical Association trumpeted the discovery of an alcoholism gene in the brains of dead people who had been alcoholic, and not surprisingly also trumpeted that this meant a "window of hope" for treating people with alcohol problems. Time (30/4/90) not surprisingly converted this into a headline, "DNA and the Desire to Drink: Researchers Discover a Gene at the Root of Alcoholism." Many other scientific and news media recapitulated this theme. (This of course also implies that there is not much hope in anything else for people with alcohol problems.) For instance, the 30/4/90 issue of US News & World Report also euphorically reported the discovery of an alcoholism gene; and of course, if alcoholism is viewed as a disease, one also expects cures for it, and the article anticipated the advent of drugs to take away the craving for alcohol, "giving alcoholics a means of recovery more trustworthy than the exercise of sheer willpower." Here are a few other headlines: "Study Finds Aberrant Gene in Severe Alcoholics" (Aging, 1990); "Key to Alcoholism Found" (AP, in Syracuse Herald-Journal; this referred to yet another study); "Genetics is Key in Understanding Alcoholism" (Nat. Catholic Register, 24/3/91).

But there were a few doubts. "Alcoholism Gene Study is Controversial" (Amer. Psychol. Assoc. Monitor, 7/1990); "New Study Questions Gene's Link to Alcohol" (AP, 12/90). Then there were doubts about the doubts: "Genes Score a New Point in Alcoholism" (Science, 26/7/91); "Second Thoughts About a Gene For Alcoholism" (Atlantic Monthly, 8/1990).

Crazes Associated With Depression and Manic Depression

There is no doubt that there is such a thing as depression, though manic depression is not as strong a construct as depression is. It is mostly since the 1970s that (manic) depression has become craze-ridden. Suddenly, it was declared to be one of mankind's major scourges, affecting up to a third of the population--whether they knew it or not.

By the way, one of the "sons of depression" syndromes--and a very craze one at that--is "seasonal affective disorder," or SAD. In Britain, 500,000 people are said to suffer from SAD (Speak Out, 2/91), but while we believe that this craze syndrome is utterly phony in the US, we are prepared to grant that it may be for real in Britain.

Another "son of depression" is dysthymia which, to the benefit of shrinkery, can last for years, and afflicts a reported 9 million Americans, and which shrinkery likens to a "low-grade infection."

The cover story of the 5 March 1990 US News & World Report was on depression, and as is virtually always the case these days in such public coverage of issues of the mind, false (mostly medicalized) and modernistic craze concepts are swallowed wholesale. One of the modernistic errors is to treat certain behavior patterns commonly associated with so-called depression as a unitary construct when it should be obvious to everyone that the same or similar manifestations can be caused by very diverse conditions, some of them psycho-maturational, some situational, some spiritual and some bodily. As we point out over and over, one of the favorite fallbacks of medicalized interpretations is that a condition is hereditary, as depression is now claimed to be. Another of the amusingly false teachings about "depression" takes place when it is listed with, and equated with, or interpreted as parallel to, conditions such as arthritis or heart disease. Also amusing is shrinkery's claims that Handel must have been in the manic stage of a manic-depressive disorder for composing the 4-hour Messiah in a mere three weeks. Shrinkery claims that it is mania that induces creativity, whereas the TIPS editor's experience is that a fit of creativity induces a euphoria, or at least a restless spirit that wants to encapture the fullness of the creative insight before it is overwhelmed by other concerns of living.

A false contemporary interpretation that flows from above ones is that it will be "medical science"--and possibly even just plain "science"--that will be the answer. Therefore also amusing was the statement by the administrator of the US Alcohol, Drug Abuse and Mental Health Administration, who is also a leading "expert" on so-called "manic-depressive illness," that the treatment of depression and manic depression is "psychiatry's number one success story." One of these new miracles is said to be a new generation of drugs (that includes anafranil that has also been trumpeted recently as the new miracle drug in the treatment of obsessive-compulsive disorders). Other falsehoods include the claims that the psychotherapies have made dramatic breakthroughs in the treatment of the depressions.

Of course, the euphoric claims made, and accepted, for the effectiveness of anti-depressant drugs merely lead the public and the field further astray, and contribute to the larger context of people looking for a pill to answer virtually any of the afflictions of the human estate. One of the contemporary drug myths is that these psychoactive drugs are "highly specific," as the above cover story parrots. That article also dismissed the devastating side effects of psychoactive drugs as "annoyances."

The article also repeated the shrink neo-deception that electroconvulsive shock "generally works quickly," and played down any long-term mind losses. How snake-oilish all this is was underlined by the fact that ECS is mentioned in the same breath as "light therapy," where people spend several hours each day in front of very bright full-spectrum lights and thereby "recover" from SAD.

What much of shrinkery does not wish to admit is that a lot of kooky people who may be called depressed are simply people who have never matured, and who are what we call externalistic, i.e., devoid of inner strength and identity, and therefore dependent on the opinions, relationships or leadership of others, and quite often very vulnerable to being kept propped up by drugs, ranging from tobacco and alcohol all the way to the hard street drugs. This is too why they may be helped by some of the prescription shrink drugs, because they provide a legitimized external prop that might otherwise be provided by the illegitimate drugs. Even some of the most highly valued people in society, such as Nobel Prize winners, have been talked by shrinks into making their entire lives dependent on prescription drugs, most of them of course without having been told that this would probably eventually destroy their brains. What such people need is to make deeply existential decisions to pursue depth, strength and meaning in their lives, which often also means that they need to seek spiritual truths rather than shrink pseudo-truths. Many of the modernistic externalistic people who are said to be depressed are terribly empty spiritually, and have often even intellectualized this as a form of sophisticated or educated liberalism. The connection between emptiness and depression becomes clearer when we learn that depression rates in the US have skyrocketed. Also, women used to be depressed three times as often as men, but men have just about caught up. Of course, those who posit a biological causation also have to go into desperate gyrations to posit a change in biological factors to explain these things.

After innumerable claims that someone or other had discovered the chemical insufficiency supposedly accounting for depression, shrinkery has now taken refuge in the theory that there is a very complex interplay among numerous hormones, neurotransmitters and other chemicals, which is of course a very safe higher-order version of the endless single-substance-insufficiency theories of the past that failed.

In summary, we discover the current shrink mythology of depression to be merely updated versions of the same ones that have spooked around for roughly 50 years, and we can envision the possibility that this could continue for many more decades before a radical paradigm shift might possibly take place.

The article concluded with a hope that depression would eventually end up being viewed "an illness like any other." We found the article profoundly depressing.

One article in Science (30/3/90) ran together, in a single sentence, heart disease, cancer, diabetes, and manic depression, and implied that all have heavy genetic components. Insofar as latak runs in families, and indeed in entire tribes, we wonder why it was not listed as well.

Consumer Report (7/90) showed a picture of three chromosomes that pinpointed the precise locations of about 25 different genetic diseases--including "manic depressive illness," which it located on the same chromosome band as color blindness, hemophilia and several other diseases.

In 1981, it was proposed that there was a biochemical laboratory test that was specific for the determination of the presence of "melancholia," or what is generally called depression. The test was called the Dexamethasone Suppression Test (DST). In light of (a) the prevailing materialization of the human, and of mental phenomena, (b) the gullibility of human services, and (c) the human service novelty and craze lust, it was not surprising that the claim was swiftly swallowed wholesale. Within less than five years, there were over 8000 publications on DST, and many people made authoritative statements to the effect that this test was finally providing a definitive means for diagnosing depression, and especially for differential diagnosis, i.e., for distinguishing depression from other mental states that had similar symptoms. By the end of the decade, the craze had well peaked, as it became apparent that at best, the test was of marginal utility, as perhaps for only certain types of depression in some circumstances, and even then only on a probabilistic

basis. It is quite possible that the 1990s will see the complete discarding of the test--and nobody will admit having been either a duper or a dupee. The people who wrote the 8000+ manuscripts prior to 1986, and the thousands since, will be working enthusiastically on the next naive craze.

There is considerable debate whether several other craze syndromes are forms of depression. For instance, there is the new "chronic fatigue syndrome" (CFS), which seems related to "yuppie syndrome." CFS has variously been called (and has symptoms similar to) neurasthenia, royal free disease, chronic mononucleosis, yuppie disease, chronic Epstein-Barr, myalgic encephalomyelitis, and Iceland disease. The elusive condition was first reported as an epidemic in Los Angeles around 1940, and then during the 1940s also in Iceland, but did not become a mass "epidemic" until 1984 when 100,000 people in the US, Canada and New Zealand were diagnosed as "having it." More recently, a thousand people a month have been calling the federal Centers for Disease Control in Atlanta and reporting CFS in themselves or someone they know. While CFS can strike anyone, it has been called a yuppie disease because it hits particularly hard in young professionals with energetic lifestyles. Some people have called yuppie disease the "Disease of the '90s." One hypothesis is that we are seeing a crumbling of immune systems under stress. The first CFS world symposium was held in England in early 1990 (Time, 14/5/90). Alternatively or additionally, some people implicate environmental toxins and vague virus infections.

A 14/9/90 headline in Science was "Does a Retrovirus Explain Fatigue Syndrome Puzzle?" Surveys report that 20% of women (many of them yuppies) these days "always feel tired." We know the feeling, but doubt it's from the virus.

Some physicians have even claimed that they have developed a blood test for "Yuppie Flu."

Once in a while, a craze that is not valid remains something like a craze for a long time, or keeps coming back one or more times, or at least tries to.

The American Psychiatric Association (APA) has tried to counteract the "bad press" of electroconvulsive "therapy" by issuing, in 12/89, a 200-page special task force report, and called ECT "the most effective treatment for severe depression," claiming that it helps 80-90% of those depressed people who receive it, and that it is faster or safer than other treatment. The APA also called on medical schools to step up their ECT training in residency programs. Shrinkery will admit that at least some people who got ECT suffer at least some memory loss, but the APA tried to depreciate their number, the degree of their memory loss, and also claimed that the memory loss may have been due to their insanity rather than the ECT. The New York Office of Mental Health has also been exalting ECT, saying that people need to be better educated and informed about it, implying that then they would surely agree to its benefits. Others claim that research has proven that by the time people get ECT, many of them show structural abnormalities on various new imaging tools, and that it must thus be brain injury that contributed not only to their insanity but also their later memory loss.

Yet one amazing fact is that even one of the psychiatric researchers in the New York Office of Mental Health admitted that after 40 years' use of ECT, there was virtually no information on what the "minimally effective dose" of ECT should be, and that ECT machines in the past had automatically been set to a very high level to be sure to induce seizures even in those people who have high thresholds. To this one might add that one person may take 40 times the current to go into seizure that it takes for someone else. Another amazing thing is that some people have been given more than 100 ECT "treatments." One would think that if it did not work the first few times around, more would not be better.

One of the shrink strategies is to interpret the ECT issue in terms of a person's right to have access to it. Opponents of ECT say that it works by inducing acute brain damage which relaxes the nervous system temporarily and gives a lot of people a better feeling, at least for the moment. They claim that this sensation of improvement can be felt by almost anybody after ECT, including people with AIDS. One dissident psychiatrist said that any psychiatrist who speaks out against ECT can suffer retaliation and damage to one's career (OMH News, 4/90).

There were reports that soon after Margaret Thatcher relinquished the prime ministry, she began to suffer depression in consequence of her loss of power. Voila, shrinkery had the answer: power therapy. The only problem with that is that there are simply not enough countries to go around to cure the depressions of all power-hungry people (Time, 25/3/91).

Crazes Associated With "Schizophrenia"

We remind readers again that the diagnosis of "schizophrenia" has low reliability, and that "schizophrenia" is not likely to be a unitary entity, with all that this entails. Yet every year, for over 30 years, like clockwork, the TIPS editor has read announcements that the biochemical substratum for (more recently, the genetics of) schizophrenia had been discovered. For instance, a schizophrenia gene on chromosome No. 5 has been reported repeatedly, but the linkage evaporated when efforts were made to replicate the findings, which is a common nemesis of geneticizers.

In 1990, two research groups announced structural abnormalities in brains of schizophrenic people, including smaller hippocampi, temporal lobes--and larger ventricles. This resulted in many sensational headlines (Science, Health Letter, APA Monitor, Boston Globe). US News & World Report (2 April 90) informed its readers that a major piece of the "schizophrenia puzzle" was now being "firmly glued into place" with the "clearest evidence to date that schizophrenia is a brain disorder," though in addition to genetic factors, such things as virus infections might also play a role. Ironically, very little was made of the fact that these people had been kept for many years on strongly toxic psychoactive drugs that may have destroyed their brains! Would it not be a sad surprise to learn that the single biggest brain abnormality in schizophrenic people comes from the "treatment"? (1990 source clipping from Michael Kendrick.)

Indeed, and amazingly, an entirely different study found that habitual cocaine usage causes cerebral atrophy, i.e., shrinking of the brain, but nobody thought to invoke this finding to explain brain atrophy in the people who have been on psychoactive drugs for years or even decades (Science, 13/4/90).

The same month as the items above, there was a headline "Schizophrenia Drug Breakthrough Found" (AP, in SHJ, 18/4/91).

A major article in J. Mind & Behavior (3&4/1990) pointed out that schizophrenia is only a hypothetical construct, that 80 years of research had failed to establish a reliable diagnosis, and that the construct should therefore be abandoned.

In Ireland, as elsewhere, there are people who act peculiarly. According to a 1979 book, those who remained living in the community were generally interpreted as "saints," while those who fell into the hands of the shrink establishment ended up being diagnosed as schizophrenic (Scheper-Hughes, 1979).

Crazes Associated With "Alzheimer's"

Prior to the late 1970s, presenile dementia was called Alzheimer's disease, if it was assumed that it had a certain distinct neuropathological basis. (Look up an older medical dictionary to confirm this). This was bad enough from the viewpoint of the philosophy of science, since the diagnosis could only be made after death and autopsy. Even worse, suddenly, mostly by initiative of pop writers, any dementia began to be called Alzheimer's disease, including senile dementia--and the scientific and professional world accepted this even grosser violation of scientific nomenclature. So the point is that when people invoke Alzheimer's, they mean dementia, but add so-called "surplus meaning." A proper discourse would remain on the descriptive level of "dementia" unless and until a neuropathological basis in any particular case is confirmed--and even then, there are neuropathologies other than those identified with Alzheimer's disease.

Genes for Alzheimer's disease have reported to have been discovered on not just one but several chromosomes (e.g., No. 19 and No. 21). On the other hand, in France it was found that dementia in old age was particularly high in those cities that had

high concentrations of aluminum in their water supply (Health Gazette, 10/90). Perhaps populations with many Alzheimer's genes are more likely to settle near aluminum sources.

In 1987, there had been an announcement that the "Alzheimer's gene" had been discovered. Less than a year later, the discovery was declared invalid. In 2/91, it was revived as "possibly valid."

Below follow some recent headlines. Note their temporal sequence and roller-coaster nature. "New Hope for Alzheimer's Victims" (6/90). "New Lab Test for Alzheimer's Measures Unusual Protein" (6/90). "Alzheimer's Linked to Abnormal Gene" (7/90). "Aging Gene Might Cause Alzheimer's" (8/90). "Alzheimer's Drug Useless, Study Shows" (8/90). "Researchers Have Found that a Toxic Brain Chemical May Be a Major Factor in The Development of Alzheimer's Disease" (10/90). "Protein May be a Key: Unraveling Alzheimer's Puzzle" (2/91). "Discovery May Bring Alzheimer Treatment" (2/91). "Mutation Identified as a Possible Cause of Alzheimer's Disease" (2/91, in Science yet!). "FDA Considers Alzheimer's Drug" (3/91). "Tests of Alzheimer's Drug Look Good" (4/91; this referred to a different drug from the 3/91 item). "Scientists Say Cause of Rare Disease Found: Alzheimer's Patients, Others May Benefit" (7/91; by the way, we thought Alzheimer was dead). "Beleaguered Alzheimer's Drug" (7/91; this referred to the same drug mentioned in the 3/91 item).

Well, which is it? And don't expect an end soon to sensational announcements that "the cause" has been found. And remember, since what is now called "Alzheimer's" is not a singular entity, there can be no single cause, or single treatment.

Really hilarious was a 10/91 report from a Harvard researcher that Alzheimer's is caused by having a young father. "The younger the father, the more likely the child was to have Alzheimer's" (AP, in SHJ, 8 Oct. 91). Maybe only people old enough to have Alzheimer's should be allowed to father children.

There really does not appear to be any bastion of resistance left against the Alzheimer's craze. Even the Journal of the American Medical Association reported that 47% of people "have Alzheimer's disease" by age 85 (IAETF Networker, 10 Jan. 89).

The Alzheimer's Disease and Related Disorders Association seems to be experiencing explosive growth, what with the Alzheimer's craze being on.

One recent development has been the construction or renovations of day centers that are "dementia-specific."

Crazes Associated With the PMS Construct

Whether there is such a thing as a "premenstrual syndrome" (PMS) is hotly contested, even among feminists, most of whom seem to deny it. We suspect that there is a PMS, but that it is surrounded by crazes and counter-crazes.

*Physicians both in and out of shrinkery now tell us that PMS comes in as many as 18 versions. One physician said the answer is for women who have PMS to sit down quietly and silently for 20 minutes twice a day and ceaselessly repeat the word "one" (USN&WR, 15/4/91).

*A suppository which has been administered to millions of women for years against so-called pre-menstrual syndrome was finally revealed in the summer of 1990 to be no more effective than a placebo (JAMA, in USN&WR, 15/4/91).

Craze Attributions of Problematic Behaviors to Brain Disease or Dysfunction

*For many decades, we have seen an endless stream of later invalidated research reports that this or that biochemical substance underlying this or that behavioral abnormality has finally been identified. In 1990, it was reported (AJMR) that the substance underlying self-injurious behavior in retarded people had at last been identified.

*A 1987 book, entitled Viruses, Immunity and Mental Disorders, once again revived the old notion that mental disorders are infectious diseases. What seems to be happening is that there are some aberrant mental states consequent to various bodily diseases, and some people now reason backward that abnormal mental states called by names such as schizophrenia must therefore be transmitted by viruses. We wonder what virus causes all the insanity that we see in human services?

*An article in the 8/89 issue of the Archives of General Psychology claimed that compulsive gambling is caused by an abnormality in the noradrenergic system of the brain that regulates arousal.

*There are indications that we will see the outbreak of a neuro-toxicity craze that deals with all sorts of substances that are toxic to the nervous system. While there is plenty of reason to suspect that we are all being poisoned, this particular craze will most likely turn a completely blind eye to the vast destructive uses of prescription psychoactive drugs, which is one of the major neurotoxic phenomena on the contemporary scene.

*A craze article in Science itself (24/8/90) had the headline, "The Mind Revealed?" The title alluded to an alleged discovery of the "cellular basis of consciousness," called a "dramatic finding," which is "one of the most talked-about topics in neuroscience this year." We predict that a few years from now, everybody will deny everything.

*Starting in 8/91, there have been sensational, but controversial, headlines (including in the world's premier scientific journals) that male homosexuality was correlated with a tiny difference in a brain part, compared to heterosexual men. The problem here is that almost all these men had died of AIDS, which is known to pathologize the brain. Also, homosexual men are notoriously more likely to use drugs, from nicotine on up. We are extremely skeptical--in fact, we are vastly amused how seriously this report is being treated, and into what turmoil it has thrown the homosexual community. Some have greeted the report as final vindication for their difference; others see it as a threat, among other things predicting the prenatal testing and abortion of unborns who "test" as potentially homosexual.

Craze Attributions of Problematic Behaviors to Bodily Disease Processes

*Wet behind the ears? A team of Danish researchers have announced with great fanfare that bedwetting is the result of a hormone deficiency--and that they have found the hormone treatment that will work in 80% of cases. The Globe & Mail (3 May 90) that reported this added that there are 200,000 Canadians age 5-24 who are afflicted with this problem. We cannot understand why hardly anyone seems to pay attention to our low-tech solution that consists of setting the alarm clock one or more times at night, as needed, to wake the person up for going to the toilet.

*Another report at the same time claimed that pica (eating everything, including inedible objects), as is sometimes found in more severely retarded people, was due to a zinc deficiency. Be skeptical!

*A 25-year old computer hacker who even continued to hack from prison telephones was sentenced by a Los Angeles federal judge to a year in a rehabilitation center to be treated for his "addiction." The director of the rehabilitation program was delighted, saying that hacking was comparable to addictions to alcohol, drugs or gambling (Age, 19/7/89).

*Japanese scientists announced that personality characteristics are strongly linked to blood types. The team found that the blood type AB, shared by all of them, is correlated with "supreme planning ability and creativity" (OT Week, 23/5/91; source item from Karen Barker).

Crazes About Intelligence

William B. Shockley, the co-inventor of the transistor, died in 1989. In his last decades, Shockley was one of the most prominent proponents of the idea that negroid people have lower IQs than caucasoid ones, but that their IQs go up in proportion to their Caucasian genes. In 11/89, an illuminatus no less than the former president of Rockefeller University claimed that this belief of Shockley must obviously have been due to a brain injury that Shockley suffered after an auto collision, thereby implying that brilliant people could not possibly subscribe to irrational or prejudiced theories.

*A number of scientific centers around the world (from the US to Russia to Japan) are warehousing the brains of dead "geniuses" with the hope that these brains will reveal the secrets of genius.

*In 1984, an Oxford psychologist revived the theory that genius is linked to madness. Since the TIPS editor has been persistently accused of madness, is that good news for him?

Crazes About The Causes of Physical Ailments

*Two articles in the N.E.J. of Medicine in Spring 1990 claimed to have finally proven through twin studies that obesity is primarily genetically determined. One medical authority crowed triumphantly that "the results take obesity out of being a moral problem...and put it more in the realm of metabolism" (Time, 4 June, 90). Wouldn't they like to do that with all moral problems?

*Here are a few 1990-1991 headlines or announcements. "Defective Gene Linked to Osteoarthritis." "Arthritis Foundation Cites Discovery of Gene Defect as Major Milestone." "Scientists Find Killer Gene Riddles Families With Cancer." "Possible New Colon Cancer Gene Found." "Rare Heart Disease Linked to Oncogene." "Skin Cancer Curtailed" by antibodies. "Cells Linked to Muscular Dystrophy." All these need to be taken cum grano salis qid (with a grain of salt four times daily).

Miscellaneous Etiology Crazes

*In late 1990, the prestigious New England Journal of Medicine published an article which claimed to have finally identified the brain abnormality associated with hyperactivity in children, also implying that it is inherited because hyperactivity runs in families.

*In 7/1990, it was announced that researchers had "identified the molecular defect causing a form of epilepsy," namely an inherited gene.

*In 1983, it was announced with great fanfare that chromosome No. 15 was responsible for reading disability--and that in no less a journal than Science itself.

*According to some research, it is "genes" that determine how quickly smokers get cancer.

*Now that there are vastly more nasty children than ever before, "researchers" at the University of Colorado at Boulder have concluded that nastiness is more tied to genetics than environment (SHJ, 13 Nov. 90).

*One can only sigh at the results of a supposedly sophisticated research study that concluded that heredity strongly influences how much TV children watch (Science, 7 Dec. 1990, p. 1335). The TIPS editor suspects that virtually everything can be shown to be inherited, including the price of tea in China.

*With the advent of Darwinism came many extremely popular theories and dogmas that criminal behavior was genetically determined. These theories fell into disrepute, but have lately resurged, as exemplified by a 1988 book title, Biological Contributions to Crime Causation. How much scientific "facts" are the results of scientific and social fads is evidenced by so many of these studies being so poorly done--and yet being given so much credence. Maybe we should start speaking of "fads."

*The latest new craze syndrome is the "shaken baby syndrome," which refers to the fact that babies who are shaken too hard, usually to punish them, can suffer brain damage and mental retardation.

*An advisory against sex in June. A child neuropsychiatry expert has claimed that children born in March are disproportionately at risk of being autistic.

CRAZE SYNDROMES

*A major 1909 neurology textbook (Organic and Functional Nervous Diseases, by Starr) had a whole chapter on angio-neurotic oedema. This referred to various kinds of skin swellings believed to have a mental component. Today, we no longer recognize such a syndrome. This illustrates the transitory--and often culture-bound--nature of so many afflictions, especially those that have to do with the mind.

*Gilles de la Tourette syndrome is a very unusual example of an old syndrome (described in 1885) achieving craze status a hundred years later (roughly in the early 1980s). How did this come about? The "credit" belongs to Arthur K. and Elaine S. Shapiro, who (a) published a book on the topic in 1978 (reedited 1987), (b) "democratized" the syndrome by prosaically just calling it Tourette syndrome, (c) singlemindedly promoted it, (d) greatly broadened its scope, including 296 symptoms ("the greatest number of any medical illness"), and especially almost anyone with a foul ("verbal tics") mouth, (e) played on the contemporary lust for materialization of all human problems by somatizing it, and (f) promising drug treatments (especially haloperidol(Haldol)) for it. Now, in a classical post-primary production pattern, children as young as age 1 may be given the diagnosis. Damn!

*The TIPS Editor Personality Made Me Write This. The multiple personality craze is a long-running one. Especially when shrinks get served up not just two or three, but dozens, of personalities by the same person, they have fallen victim to what the TIPS editor calls a Hawthorne neurosis effect, i.e., without realizing it, they have reinforced a form of exhibitionism in a hysteroid personality, and fallen victim to their own lack of sophistication.

The multiple personality craze recently underwent a confluence with the sex abuse and rape crazes, giving rise to many questions: how many of the personalities of a woman with 21 of them have to give their consent to having sex with a man in order for the sex act not to be categorized as rape, as happened in a case before a Wisconsin court? The next question raised was whether anyone with so many personalities would be able to give informed consent to sexual relations at all. In turn, this generated the third question: whether anyone who had sex with a person with so many personalities even with the consent of one of these personalities was taking advantage of her. And finally, could such a person give an informed consent to anything? This question was complicated by the fact that one of the woman's personalities was an irresponsible driver, and because of this, none of the other 20 personalities were allowed to drive. A further complication arose. It turned out that the personality that had given consent to sexual relations was a 20-year old female who likes to dance and have fun--but during the intercourse itself, the personality that emerged was that of a six-year old. Apparently, women with multiple personalities habitually get into sexual trouble because one or more of their personalities are wicked and seductive; and it is also quite common for the violated virtuous personality to emerge right after the sexual act (New York Times, 8/90).

Somebody claimed that a case like this should be treated as statutory rape. A sideline in the case was that the chief of the "dissociative disorders" section of the US National Institute of Mental Health said that a person with multiple personalities has to undergo several years of psychiatric treatment before the "disease" can be diagnosed.

We also learned that the multiple personality craze has been a boon for the abortion movement. Maryland's governor said that "Donald Schaefer, the individual, is pro-life, but Donald Schaefer, the governor, is pro-choice" (FI, 11/90). But is this a case of multiple personality, or a schizophrenia?

*A few decades ago, it was relatively rare to encounter people so haunted by more-or-less free-floating anxiety as to suffer major incapacitations of living. Starting in the mid-1980s, we have been given a new name for all this, namely "panic attack." We are also being told that our world is either full of such people, or the shrinks are putting one over on us--or both. We are being told that one in seven people is affected by this, and that it is all due to abnormalities in the brain--but not to worry, that drugs and therapy can treat these problems "easily" (USN&WR, 1 Oct. 90). We are also told that the reason this high prevalence was not recognized earlier is because the sufferers were secretive about it.

According to some anxiety gurus, 3,000,000 Americans suffer from panic attacks, and not surprisingly, some of the gurus once again invoke heredity. The gurus also say that one of the big signs of panic is that people do not want to go to shopping malls--which raised a terrible fear in the TIPS editor that he too might be a victim without having known it, since he does not like to go to shopping malls either. While there were no shopping malls in his parents' time, he is sure they would not have wanted to go to them either, giving further ammunition to the hereditarians.

Perhaps panic is going to replace depression as the leading serious mental disorder, or perhaps we will find out that virtually everybody is insane, which is actually true if one counted what we call normative insanities as well as the clinical types. Of course, one contributing factor to panic that can be real enough is that people who have used cocaine may suffer screwed-up minds for the rest of their lives, one element of which is "panic" even years after they have ceased using the drug. Also, the modernistic preoccupation with one's body (which combines elements of what we have called materialism, sensualism, and individualism) is also said to be highly correlated with panic attacks. That panicked people tend to be highly externalistic is underlined by the fact that they are very susceptible to placebo treatments. It is sad and ironic that the shrink world wants to cure this problem with psychoactive drugs that we know to be neurotoxins.

In 11/90, the US Food and Drug Administration approved the first drug (Xanax) that supposedly treats panic, though it had been used earlier against anxiety. At any rate, the manufacturers of the drug claim that a bio-chemical malfunction in the brain causes the panics, and that the drug is thus a specific in blocking the chemical reactions (AP, in SHA 25/11/90).

*Another Rumpelstiltskin syndrome? A lot of people, mostly women, report having almost unremitting urges to urinate, sometimes painfully, and sometimes every 10-20 minutes around the clock. Accordingly, many such people hardly ever go anywhere, afraid they are going to lose it. These people are often told that this is all in their heads, but now somebody has given a fancy, highly medicalized name to this condition, "interstitial cystitis" (IC), which, even though it adds very little other than the name, has suddenly reified the condition, legitimized it, and led to a craze under which it is claimed that there may be as many as 500,000 people with it in the US. Other than that, the naming (dare we call it labeling?) has not done much else since it has not contributed much in the way of a cause, visible pathological tissue, or remedy. But as one sufferer said, uttering a poorly understood universal, "It makes it easier to deal with if you can put a name to the disease" (Transcript Telegram, Holyoke, MA, 19/5/89). We may anticipate all sorts of IC craze phenomena ahead.

*The "learning disabilities" craze has had innumerable forerunners. For instance, as early as 1908, an E.J. Swift described a syndrome of "chorea" which appears to have much in common with the later constructs of minimal brain damage, "learning disability", or attention deficit disorder. However, much like the vagueness of these contemporary syndromes, the author also seemed to include under it cases of any number of neurological disorders that involve tremors or partial paralysis.

As the educational and intellectual community happily hum along in the promotion of a construct of "learning disabilities" (LD), a 1986 book entitled Learning Disability: Social Class and the Construction of Inequality in American Education provides a powerful demystification and deconstruction of the LD construct. However, as long as this construct serves such powerful functions to the educational establishment and to middle and upper-class parents, we can really not expect too much of a paradigm shift in response to truth and reality.

*During the 1980s, the term "head injury" became a new code word. Essentially, it is used only when people have suffered brain damage manifested by functional losses, whereas technically, a head injury could include any number of insults that do not affect the brain or functions. Yet entire "head injury" journals have sprung up. In 1990, a periodical was launched by people with "head injuries" with the name This Brain has a Mouth, edited by a character out of Rochester, NY, who names himself "Ed the Hothead."

*The construct of "autism" is, in our opinion, untenable as a single entity, and has been one of the most powerful craze magnets on the mental scene.

In Australia, a recent modification in the definition of autism doubled the number of "autistic" people there overnight. The showing of the film "Rain Man," is also said to have contributed dramatically to the number of people being identified as autistic. Maybe some films should be made about well-adjusted, intelligent well-educated people, so that their number might increase dramatically as well (6/90 clipping from Michael Rungie).

*For several years, we have been told that there is a "fragile X syndrome," so called because it is supposedly caused by a fragile X chromosome. It has even been announced in 5/91 that the very gene for the syndrome has been discovered. We worry that the syndrome itself may be more fragile than it is made out to be, and even if it turned out not to be, it certainly has been a bit of a craze magnet.

One of the amusing aspects of the craze is that it has sought scientific legitimization by giving the syndrome a name that makes it look like a mathematical formula, namely " $\text{fra}(X)$." We wouldn't be fooled even if they called it $\text{fra}(X)=MC^2$.

The hour-long 9/29/90 CBS television news program "48 Hours" was devoted to "fragile X syndrome." The X chromosome is carried by both men and women, though men can only pass it on to their female offspring. Children of female carriers have a 50% chance of inheriting the defective chromosome. The syndrome sounds like yet another of the long line of ultimate "cause of causes," since it was claimed to be the "leading cause of inherited mental retardation," as well as to cause severe "learning disability," excessive shyness, anxiety, panic attacks, emotional problems, social isolation, autism, and motor coordination problems.

The experts on the syndrome also claim that affected males have repetitive speech patterns and are very good mimics. To us, these behaviors, especially among a lot of mentally retarded people, could also be explained more parsimoniously as due to social conditions, such as expectations and reinforcement.

According to the fragile X craze people, people with this syndrome have a "highly idiosyncratic, well-coordinated, stereotypic form of gaze avoidance during greeting ceremonies that involve the whole upper body" (AJMR, 1/89).

Another article (AJMR, 1/90) claimed to find that males with " $\text{fra}(X)$ " have a distinct pattern of repetitive language that is different from the repetitive language of other people who are retarded or autistic.

Already, Fragile X Associations have sprung up here and there.

*We are also extremely skeptical about the integrity of the Prader-Willi syndrome, despite the fact that some people believe that it has been located on chromosome 15, especially since ca. 1975, anyone who compulsively eats him/herself to death has been apt to be given this diagnosis, regardless whether certain other criteria were present.

*We warn our readers that we consider the Rett syndrome (launched in 1966 and gathering speed ever since) to rest on a very fragile basis as regards justification for being granted syndromic identity, and counsel patient skepticism.

*The Williams syndrome is another craze candidate, as remains to be seen. It was first described by (guess who) a Dr. Williams in 1961, but became "popular" only around 1990. It is sometimes called the "elfin face syndrome," is said to be due to an ad hoc genetic mutation, rare (no wonder, elfins are notoriously hard to pin down), affect 25,000 people in the US, and to be manifested by a weird combination of genius, mental retardation, and ineptness (Discover, 6/91). A Williams Syndrome Association formed in 1982. We have even seen the phrase "people with William's," much as some people talk about someone "being diagnosed with cancer."

*In the 1980s, the field of "gerontology" (which deserves quotation marks) spawned yet another craze, namely the "old-old" or "disoriented old-old" condition.

*Another new craze disease discovery is that, according to some authorities, up to 25% of the population suffers from sleep disorders, and that it is these people who are also most likely to fall asleep while driving. Accordingly, the question has already been raised whether such people should have their driving privileges restricted (Science, 5 Jan. 90). We can well imagine driver license offices being run by shrinks--or at least demands to that effect.

*People who come to medical services and fake various diseases because they find medical services (and sometimes even operations) reinforcing are said to have the Münchhausen Syndrome. Now we have also heard of the "Münchhausen Syndrome by proxy," when one person who has someone else under their control, such as a child, puts that person through the medical services with false claims that the dependent person has all sorts of things wrong with him/her.

*Septually diagnosed. A man who murdered a woman in Australia was diagnosed as "intellectually retarded, manic depressive, schizophrenic, psychotic, anti-social, sociopathic and of borderline intelligence" (Advertiser, 20/12/89; source item from John Pitchford). Might we have a new syndrome here?

*There is a syndrome called Pentalogy of Cantrell. Penta is Greek for the number five. Would someone please name some awful disease the Duodecahedrology of Wolfensberger, before it is too late?

Compulsive Opulenza: A New Syndrome

Susan Thomas

News flash: a revolutionary breakthrough discovery! Scientists have finally discovered that the reason why so many people strive to amass wealth and possessions is due to heredity. Scientists have actually located the gene for this tendency on the 24th pair of chromosomes. It is a dominant gene, so that even if a person inherits this gene from only one parent, 50% of them will try to be wealthy, and 50% will pass this urge on to their progeny. Further, people who inherit two such genes will not only try, but will actually succeed at it. Scientists are proposing to name this condition "compulsive opulenza" (CO), though there is still intense discord among the scientific community as to whether this condition should be identified as a disease, a predisposition, or whether it is even a healthy and adaptive characteristic.

Now that the gene has at last been identified, it will be possible for physicians to detect in utero whether an infant carries the gene, so as to allow its parents greater choice in deciding whether the child should be carried to term, or whether children lacking the gene should be allowed to live. One prospective mother who participated in the research said, "Why should I have to devote nine months of my life and have my body distorted, and then give another 20 or more years of my life, to somebody who will never amount to anything, and who might even end up living off his father and me into middle age? I'd rather improve my chances of having a comfortable retirement by having a child who won't have to be pushed to do well in school, who will get an MBA from Harvard, and be able to provide for his father and me." Scientists are still not certain whether it will be possible, through gene therapy, to transfer motivation for financial success into the chronically lazy, unemployed, and poor. And, as one researcher (who wished to remain anonymous) put it, "It's a good question whether those people would even have enough gumption to seek gene therapy if it was available. Most of them are content to just sit on their duffs and let the rest of us pay for them."

A Wellesley-educated spokeswoman for the liberal wing of the Democratic party was somewhat nonplussed at this announcement, and temporarily reticent to comment on it, as it seems to put the lie to historic liberal claims that the poor were poor because they were denied opportunity, as via racial discrimination. However, a spokesman for the NAACP angrily denounced the announcement as "another attempt by the ensconced rich and powerful racist conservative white majority to justify continued racial oppression."

The Harvard Business School has already announced a fast-track graduate program for people certified by two qualified physicians to have CO, and the federal Department of Education has already announced the availability of special grant monies, and applications are already coming in, for the establishment of special programs and even special schools for children who have been identified as carrying the gene. One question that will confront such schools: should a child enrolled in this type of program ever get a failing grade? And indeed, could such a child ever fail--or would failure be a sign that the child had been misdiagnosed?

CRAZE THEORIES

As mentioned, theories--including craze theories--can underlie everything else: craze syndromes, craze causes, craze treatments, etc.

The Self-Esteem Craze

In the face of society and its structures collapsing, the empire has enthusiastically endorsed the crazy and displaced idea that almost every personal problem is the result of poor/low self-esteem. This is an amusing example of what happens when absurd craze theories get incoherently linked to absurd craze syndromes, as in the case where some people are claiming that low self-esteem causes sex addiction.

We warn our readers that the entire "self-esteem" craze is a profound deception, and that most of the problems which are addressed by means that supposedly raise self-esteem will not work, for two reasons: first of all, most of these programs will not succeed in raising self-esteem; secondly, if they did, the problems at issue are not the ones which are caused primarily by low self-esteem. Thus, the self-esteem craze actually serves imperial purposes (even when embraced by non-imperial people, as it widely is) by drawing attention away from the real problems, and postponing even yet further any valid and meaningful form of address.

The TIPS editor acquired considerable unpopularity among his professorial peers because he has kept pointing out that virtually nothing that gets done in education gets done because of research, and yet doctoral students in education are required to take up to 5 courses on research and statistics without ever being told the truth about this schizophrenia. What they are led to believe is that if one only discovered important things through research, that this would make a difference in the educational or human service world.

The building up of people's self-esteem has been one of the recent crazes in education, and this is expected to solve all sorts of problems in the schools. An entire book has appeared with the title The Social Importance of Self-esteem. Unfortunately, self-esteem curricula are being implemented left and right, even though there is no evidence for the validity of this strategy.

A state grant of \$150,000 supported a "Task Force to Promote Self-Esteem and Personal and Social Responsibility" in California to conduct a study that concluded that lack of self-esteem is what some people have called "the cause of causes" of contemporary societal problems. It took them 144 pages to reach this conclusion, and it inferred that problems such as family dissolution and racism had something to do with this lack of self-esteem, calling this the "root cause of our social problems." "Self-esteem is the primary social vaccine" said one California legislator. Accordingly, the report said that what society needs is to teach self-esteem in the schools. Another state senator who was on the task force said that this was the most historic document ever produced by state government in California (SHJ, 24/1/90). What does it take for people to believe us that insanity has become the norm in our age??

What is particularly ironic about the widespread movement to teach self-esteem in the schools is how utterly phony this is, considering that this self-esteem is not based on the children being helped to learn subject matters and become more competent, but on a brain-washing propaganda campaign.

One result of the self-esteem craze is that an expensive California prep school has announced that its primary objective "is making teenagers feel good about themselves," and the major means of achieving this goal is to build the curriculum around horsemanship (Time, 11 June 90).

While children in schools may be involved in "affirmation exercises" in which they are taught to say nice things about themselves to themselves ("I am good, I am special," etc.), a New York journalist wrote a book entitled The Dumbing Down of American Education.

How phony the self-esteem craze is, and how profoundly the professional research culture has once again been revealed as thoroughly ideologized, is underlined by the fact that once the self-esteem construct became popular, oodles of research studies began to "prove" that lack of self-esteem is at the root of yet oodles of other kinds of people-problems, even though many thousands of earlier research studies of the same or similar problems had made no such discoveries, and in fact had discovered quite different sources that were more popular in their days.

*Another aspect of the self-esteem craze is the appearance of pseudo-scientific psychological literature that attacks so-called shame-based family systems, and even equates the strategy of shaming a child with child abuse (e.g., APA Monitor, 7/90).

*One thing that obviously is thoroughly wrong with the self-esteem craze is that it has become a substitute for the exaltation of moral values. Where formerly, it was taught that youths need to acquire moral values, all we hear now is that they need self-esteem.

*How true it is that overnight, low self-esteem has become the "cause of causes" is illustrated by the fact that televangelist Robert Schuller said that "the core of sin is lack of self-esteem" (Time, 5 March 90). At one time, Christians used to teach that the cause of causes was too much self-esteem, and specifically, the prideful idolization of the human.

*No sooner had "self-esteem" become the craze than someone constructed a Self-Esteem Index, "a new, multidimensional, norm-referenced measure" of how people "value themselves" (Pro-Ed Catalogue).

*Let them eat self-esteem. One of the proposals that the California governmental task force to promote self-esteem and personal and social responsibility came up with is that peer support groups should be established for people on welfare. Time (29/1/90) applauded the proposal.

*Shrink types are more and more saying that juveniles join gangs because they have "low self-esteem" (Time, 18/6/90).

*Not surprisingly, with low self-esteem being considered the problem, there has arisen the 1712th therapy, namely "self-esteem therapy," and a book with that title appeared in 1990.

*A modern human service craze morality tale: A young boy was born with only one testicle. On top of this burden, he also had a father who was not especially good to him, and his family lived on the borderline between two countries/cultures, which was very stressful. As he grew up, he became mean and hateful towards anyone who was different, such as handicapped people and gypsies. His own society was in the midst of terrible economic troubles, and was recovering from a war which had left it devastated. He got into politics, and by making strident public speeches and many promises of future wealth and glory to the electorate, he was voted into the highest national office. Eventually, he ended up killing about 50 million of those people he had come to hate, before he took his own life by suicide.

A not far-fetched judgment of today's mental therapy culture on this man: in a voice choking with compassion and pity, a spokesperson says, "The poor man! What low self-esteem!"--perhaps until the person learns that the man was Hitler.

The Co-Dependency Craze

Part of the co-dependency craze is an assumption that everybody closely surrounding an alcoholic or addicted person is diseased, and not surprisingly, this is seen as a "mental illness" that is "treatable."

The bible of the "codependency" craze (we hesitate to reveal this) is Codependent No More, published by Melody Beattie in 1987, and had been on the NY Times bestseller list for more than 115 weeks and sold over 4 million copies. This was followed by at least three other books on the same topic in the next three years, including Beyond Codependency: And Getting Better All The Time, and The Language of Letting Go: Meditations on Codependency. According to her, 80 million Americans are codependent, which we find rather amusing. The movement has spawned Codependents Anonymous, and human service workers by the zillions have flocked to her workshops. She did not actually invent the concept which had floated around in addiction circles since the 1970s, but she certainly managed to propel it into craze status.

Once "co-dependency" exploded into a craze concept between ca. 1988-90, not surprisingly, so did co-dependency treatment programs and self-help groups, sometimes called co-dependent recovery groups. There are many very modernistic elements in this craze, including touches of new age religion, individualism, a smorgasbord of pop psychology systems, and the old stand-by 12-step model of Alcoholics Anonymous which, of course, goes back at least to Cardinal Newman, though few people know this.

As astute observers of the social scene will have noted, "co-dependency" has branched out into many mini-crazes, e.g., co-dependency for alcoholics, co-dependency for those who live with alcoholics, co-dependency in the workplace, etc., etc. We have made fun before of such unscientific, unreliable, and invalid concepts as "learning disability," which by some definitions affects 80% of school-aged children. And now we learn that "co-dependency" is said by some people to affect as much as 96% of the population! Soon, there can be a new "dual diagnosis" of "co-dependent learning disabled."

One reason the co-dependency craze became popular virtually overnight is that it gave people the relieving illusion that they finally had the answer--or a name--for what their problem was. We call this a Rumpelstiltskin complex.

Those of the post-primary production human service culture must jump with glee at the thought that half the population has treatable diseases to provide jobs for the other half. There is now no doubt left that all of our raw materials and manufactured goods will have to be provided by the Third World, free of charge, so that the First World can go about treating its sick and crazy co-dependent people unencumbered by the distractions of having to labor. If there is a co-dependency, then clearly, it is that of the First world being directly or indirectly addicted to the exploitation of the Third.

The Left/Right Brain Craze

The "left brain, right brain" duality had two craze phases, one in the latter part of the 19th century, and one launched by the work of Paul McLean and his construct of the "triune brain" set forth in the late 1960s. Readers will remember this as a biggie craze, invoked left and right, and giving rise to whole argots, such as "doing right-brain problem-solving." Now, the craze is definitely passé, not only because it was a craze, and virtually all crazes pass, but also because of the mounting weight of negative scientific evidence.

Psychopop leaders who have not yet caught on that the left/right brain craze is over have generated a "son of left/right brain craze," namely the "sudden shift shock." This supposedly consists of shifting too suddenly from right-brained activities to left-brained ones, which allegedly results in stumbling.

The Sex Abuse Craze

While we have no doubt that in a decadent libertarian society of increasingly disfunctional people there is bound to be rampant sexual decadence, and hence also (but not only) sex abuse, the self-same decadent culture has responded with a sex abuse craze instead of anything sound and helpful.

*As of 1990, there were more than 200 child sex abuse prevention manuals on the US market.

*We have repeatedly poked fun at the various sets of diagnostic and therapeutic dolls and puppets on the market, and we have been told that one can now get such that are not merely "anatomically correct," but also puppets/dolls that have AIDS, that are cerebrally palsied, that are in wheelchairs, and that are abused children. Some of them have epilepsy, but we are not sure how this is portrayed since to our knowledge, they do not have built-in motors to make them shake.

*A grandfather was playing patty-cake with his granddaughter, but because she had been subjected to one of the many craze sex abuse education sequences, she dutifully informed her mother that granddad had "touched my body." If she had told that to her teacher instead of her mother, the grandfather would probably have been reported to the authorities.

*Sex offenders in state prisons in New York get oodles of shrinkery, including not only "human sexuality education," but of all things--assertiveness training!!! This is a good example of people getting something not because it has necessarily been shown to be a valid form of address of their needs, but because it is the current craze (SHJ, 2 May 91).

Miscellaneous Craze Theories

*One such in ascendance right now is Robert Bly's (Iron John) "wild man" craze, a counter-craze to the multiple feminist crazes. "Wild Man" workshops are everywhere, and there have already sprung up "son of Wild Man" crazes.

*Another new craze of big proportions is the "inner-child" mythology promoted by John E. Bradshaw, a former Catholic priest. This gigantic craze revolves around the very simple notion that there is an "inner-child" in all people that is also a "wounded child" as well as a "wonder child." What people need to do is walk away from those who have wounded them in the past in a "going home therapy." The craze appears to be thoroughly founded in modernistic individualism and me-centeredness. By and large, people are told things that they like to hear, and that is why they flock to him. One commentator said that much of what Bradshaw does is very similar to what modernistic popular religion is and does. Like many other modernistic cults, the gullible are told how wonderful they are, and that they will be healed if they will only believe it. (Source material from Joe Osburn)

*Apparently, just as there are "son of Wild Man" crazes, there sprang up, overnight, "son of inner child" crazes, one being the "child within" craze of Charles Whitfield. There are now workshops on how to do therapy focused on this concept, particularly for drug abusing and so-called co-dependent persons, which of course capitalizes on the craze scene by combining several. (Source information from Michael Kendrick). We are always particularly suspicious when two or more crazes combine into what one might call a "craze cluster service tactic" or "scheme."

*Another "son of Wild Man" (or is it "sibling of Wild Man"?) craze is the "adult child syndrome." It was featured on 5 full episodes of a CBS TV affiliate in Syracuse in 2/1990. Basically, it means that people are emotionally immature, try to control their emotions and everything that happens in their life, and may have unresolved conflicts from their childhood. Besides outlining the "symptoms" and the "syndrome," the news series included one episode on how to identify if you have the syndrome, and another on whether there is any hope for it (or you). One of the funniest parts was its broadcast of interviews with people who "have" the "syndrome": they were identified with their name, followed by the descriptor "adult child," e.g., "John Doe, 'adult child'." Not only is this an example of the PPP phenomena of the creation of all sorts of new and questionable "syndromes," but also of the fact that news has become more and more entertainment, and that the media seem to swallow, almost without any question or critique at all, whatever pronouncements are made by the shrink world.

*In the 1970s, "information processing" rode high as a major field of psychological studies, but had almost disappeared by the late 80s, to be replaced largely by the construct of "cognitive studies" or "cognitive science." About the mid-1960s, the world of psychology became very excited about some radical new theories that rules and plans underlie a great deal of human behavior. In the late 1980s, another big excitement broke out over a theory called connectionism that greatly downplayed the role of rules in cognitive functioning.

*Researchers at an Australian university came up with a startling conclusion that people in a coma are the most highly stressed people in society. How did they find out? By analyzing the chemicals in their saliva! One wonders whether the logical conclusion meant to be drawn from this is to give psychotherapy to these patients, or to put them out of their misery. (1989 source clipping from Michael Rungie)

SERVICE OR TREATMENT CRAZES

Service-related approaches can range from mini-technologies to entire broad schemes. Hence, crazes can be equally either mini or maxi--almost the shadow side of valid broad schemes with their many mini tactic elements.

Many of the human service practices which we put into the category of perversions or crazes have been termed "techno-quackery" by VIA (Spring 1990), the periodical of the Campaign With People Who Have Learning Difficulties in Britain.

The Link of Craze Mentality, Extravagant Grandiosity, & The Service/Medical Culture

One remarkable thing about the contemporary service culture, and especially medicine, is that it keeps making the most extravagant--we would say even idolatrous--claims so routinely, and so un-self-consciously. Everything is "exciting," "breakthrough," "revolutionary," etc. In fact, it is only since ca. 1985 that the terms "breakthrough" and "exciting" are found in virtually every issue of certain leading scientific journals, such as Science itself, the world's most widely-circulated scientific journal. The popular media have begun to imitate the scientific ones, but whenever yesterday's "breakthrough" is debunked (often overnight), many of the consciousness-lacking arrogant scientists blame the popular media for over-hype, rather than themselves.

Exaggerated or Premature Claims to Treatments, Cures or Solutions

The reports of "cures" and "solutions," much like those of the death of Mark Twain, are commonly "greatly exaggerated." Some examples follow.

*We can be greatly amused today to note that around 1920, a fair number of leaders in the mental professions declared the war against mental disorder as good as won; among them was the famous American psychiatrist William Alanson White.

*We have commented repeatedly on the foolishness of promoting "education" as the answer to all sorts of contemporary problems, such as teen pregnancy and AIDS. We have also commented on the peculiar modern phenomenon of memory loss. Thus, virtually no one is aware that there have been education crazes before that promised "solutions" to all sorts of problems. An example is a 1924 mental health text (Pratt, 1924, p. 11) that said "Education is the keystone in the structure reared by the mental-hygiene movement in its fight to prevent mental disorder." The same text also referred to "mental disease" as "Man's Last Specter" (p.11), implying that all other problems had been licked.

*On 13/10/89, the editor of the world's most widely circulated science periodical, Science, made preposterous claims that the mapping of the human genome would give rise to a "great new technology to aid the poor, the infirm and the under-privileged." Other scientists had also testified before Congress how the genome project would promote not only the physical but also the mental health of the population, and how it could contribute to amelioration of homelessness! First of all, this implies that all of these conditions have a genetic base, and secondly it is the grossest form of untruth in that the greatest beneficiaries will be the scientists who will receive fat grant monies for years to support their work, lifestyles--and homes.

*Vast claims are being made for so-called "gene therapy." The very name, like "chemotherapy" (and the names of many other "therapies"), is scientifically problematic. The Boston Globe called gene therapy the "holy grail" of modern medicine (SHJ, 30/8/90). A poll of scientists pronounced "gene therapy" the "most important scientific breakthrough" of the 1980s (USN&WR, 9 July 90)--even before it had been proven effective, widely applicable, or safe.

However, a 1989 book, entitled Gene Dreams (Teitelman, 1989), berates molecular biology and biotechnology for having sold itself by promising miracles, and that it could "remedy the most profound economic and medical ills of the age." Some commentators have called these kinds of beliefs and promises "bio-technology mania."

*A poll of scientists pronounced AZT the most significant new drug or treatment of the 1980s (USN&WR, 9 July 90). In reality, AZT has been poorly researched, its effects are still poorly understood, and it seems to mostly prolong life rather than cure AIDS.

*Cancer research proceeds through innumerable minor steps over many decades, and the survival rate of people with cancer has been going up in very small increments over the years--never mind the fact that more people seem to be getting cancer. Yet "breakthrough" language is common when people talk about cancer research. This was exemplified by the cover of the 25 Nov. 88 issue of Fortune magazine which heralded a "cancer breakthrough," precipitating an avalanche of telephone calls from desperate patients to the National Cancer Institute (Science, 23/6/89).

*The NY Times (5/91) announced a new drug that "melts away tumors."

*Vindicated yet again, for better or worse. The TIPS editor was at the Syracuse University graduation ceremonies in 1985 where Dr. Jarvik, a graduate of Syracuse University, received an honorary doctorate for designing an artificial heart. While vast crowds roared their approval, the TIPS editor sat in silent dissent, marvelling at this symbolism of the modern age which would award honorary doctorates to people who put--what the TIPS editor termed--"hearts of stone" into humans. In 1990, because of its "serious deficiencies," the US Food and Drug Administration withdrew its approval of the artificial Jarvik heart which, by then, had been installed into 150 people. As with virtually all hyped-up modern technologies, this one did not live up to its promise, and no one who got it survived long on it, and usually even then only with serious mental debilitation. However, the company that makes the heart decided to continue to sell it abroad. Even as the Jarvik heart was withdrawn, not one word was heard about the University withdrawing its honorary doctorate (AP, in SHJ, 11 Jan. 90). In a fit of sanity (amidst the crazes in virtually every issue), Science called the artificial heart craze the "biomedical community's version of fusion research...years of promise, years of debate, ever-sliding deadlines..." and vast costs. Even by 2010, an artificial heart developed at billions of dollars is expected to prolong the life of an average user (of which there will not be very many) by only 4.4 years.

*Only a few years ago, magnetoencephalography (MEG) was hailed as another "breakthrough" in noninvasive body imaging. Extremely expensive super-high-tech MEG equipment started being made. But by 7/91, the very "founder" of this technique admitted that MEG adds very little to other imaging techniques, and many people may be out of a lot of money (Science, 26/7/91).

*At least as regards cholesterol levels, the oat bran craze only lasted two years, underlining how crazes are lasting shorter and shorter but therefore also come quicker and quicker. Recent research has found that oat bran, or any other fiber foods, lower cholesterol simply by getting people to eat things other than fat. As long as one fills up with oat bran or whatever, one is less apt to fill up on greasy foods. It is a little bit like trying to cure alcoholism by making people drink milk or water.

*A major story in US News & World Report (20/5/91) sketched the top ten 1991 health news for the future, but unfortunately, it was fraught with perversions. Two of the ten dealt with exaggerated craze health claims, namely the cure of hereditary disorders with gene therapy, and "turning back of nature's clock," implying something close to a fountain of youth. A third supposed "breakthrough" was "dying with dignity," which came very close to interpreting "euthanasia" as one of the top ten medical achievements of the moment.

*The lead sentence in a substantial article in the 26/1/90 issue of Science is a classic of contemporary hype in the areas of medicine and life sciences: "Researchers may be on the verge of beginning a new era in the treatment of degenerative brain diseases such as Alzheimer's." The sentence refers to a so-called "nerve growth factor" (NGF) that is believed to stimulate the growth of nerve and brain cells. It is hoped that the introduction of NGF would prevent the nerve cell destruction that is believed to cause memory loss. It is believed that there are a number of NGFs.

Maybe the above message is true, but we are getting such messages now virtually weekly, and sometimes more often, and most of them are not true. Also, some people are concerned that NGF may actually cause damage rather than prevent it, but if it appears as if no damage is caused, we may see people gobbling NGF by the bucket--so to speak, of course.

*A typical example of medical culture hype is a major article in The Australian Magazine (21/22 July 1990) that announced on its leading page in big print that we can expect stroke prevention within five years, schizophrenia controlled in ten, diabetes cured in five, hepatitis in all of its forms prevented in five, most cancers cured within the next ten to twenty years, multiple sclerosis completely controlled in ten to twenty years, AIDS symptoms controlled in five, and arthritis symptoms in ten--and this list was not even complete. These kinds of promises were accompanied with language that we are "at the dawn of a new creation" and that perhaps the name "Genesis II" should be given to this era (source item from Peter Millier).

*Yet another craze was launched in 7/90 when an article in the New England Journal of Medicine (the world's most prestigious one) announced the discovery (at the University of Wisconsin) of something like an elixir of youth, i.e., a synthetic growth hormone that prevents or reverse elements of the aging process in "at least some men" at \$13,800 a year. The Wall Street Journal--the most widely read newspaper in the US--featured the discovery a few days later. There were also critiques of this announcement, but undaunted, a year later (1 May 91), we got headlines announcing "Scientists Reverse Effects of Aging," with the accompanying story telling us that "the fountain of youth, or something like it, may have been found by researchers at the University of Kentucky and in Oklahoma."

*The craze people in medicine are promising "a revolution in medical practice" when researchers learn how to work out so-called "mind-body therapies," which refers to methods of recruiting the mind in support of preventing or healing disease (Time, 12 March 90).

*On the one hand, we have always decried medical people announcing probabilistic prognoses as absolute, as when people in a coma are said to be in a permanent coma, which no one could know, and which occasionally turns out to be untrue. On the other hand, we constantly have to contend with the miracle craze mentality. We suspect that the extremely popular film, "Awakenings," will fuel the craze crazes. It revolved around a man lost in a sleep-like state for decades until he is treated with a new wonder drug by a physician.

*On the basis of a single case of improvement of Parkinsonism upon injection of fetal cells (from abortions) into the brain, a Parkinson cure craze broke out in early 1990.

*A shocking discovery. A recent "advance" in the treatment of Parkinson's disease is to give people believed to have this condition electro-convulsive shocks, and then to keep giving it twice a month "to keep the symptoms from returning," which is called "maintenance ECT" (Health Gazette, 2/90). This is yet another form of medical sympathetic magic: give a brain-destroying "treatment" to a deteriorating brain.

*As early as 1969, research showed that a single oral dose of monosodium glutamate (MSG) given to rats or mice could cause brain damage by exciting nerve cells to death. It was also found that infant animals were much more susceptible to such damage than adults, and some scientists warned that children might therefore be at risk from MSG in their foods. One 6-ounce serving of some instant soups contains almost a toxic level of MSG for young children. (Some researchers now also believe that the glutamate-related artificial sweetener Aspartame may have the same effect.) It is also possible that some population strains may be more susceptible than others. For instance, Asians do not seem to be susceptible to MSG, but they are known to have

problems metabolizing alcohol. All this fueled a 20-year warfare between people who wanted to eliminate MSG from any food that might be given to children, and those who want to leave MSG unregulated. MSG did finally get removed from baby foods, but is still widely used with other foods, many of which are fed to small children. At any rate, as of early 1990, MSG remains unregulated (Science, 5 Jan. 1990).

Relevant to the topic at hand is the amazing fact that in the 1940s, glutamic acid and related glutamate compounds were trumpeted as a potential craze "cure" for mental retardation. (Such studies were published for almost 20 years during the 1940s and 1950s, though the craze peaked around the late 1940s.) It seems that we once again were dealing with sympathetic magic, in that something that is apt to inflict brain damage to children was administered to retarded children to cure them of their retardation.

*A respected British journal revived for the umpteenth time the promise that a vitamin/mineral supplement will raise children's IQ significantly (Science, 29/3/91). This they might if the children had had a deprived diet, but this is not how this finding is being interpreted.

*Don't believe it! A 1989 article claimed that the intellectual abilities and attention of retarded children was improved (without side effects) by speeding up their brain maturation via administration of the pineal nonapeptide hormone, arginine vasotocin.

*In the late 1960s, the amino acid L-tryptophan was trumpeted widely in scientific medical circles as a cure for Down's syndrome. This was of course only yet another--and very brief--craze, and the drug nearly vanished from the scene, only to have a reascendance ca. 1987 as an over-the-counter "natural" dietary supplement that might help a wide range of problems, including insomnia, depression, premenstrual symptoms, and even "attention deficits" in children. It was sometimes promoted as a "natural tranquilizer." In 1989, the US Food and Drug Administration advised people to abstain from the drug because as many as 10,000 people who took it got potentially fatal blood disorders and a flu-like illness, and at least 24 did die. The disease was mysterious, including severe muscle pain, elevation in a certain type of white blood cell, and miscellaneous auto-immune responses that could affect virtually anything: muscles, skin, nerves, blood vessels, heart, lungs, etc. Apparently, this was the result of a toxin that developed as an impurity during the illegal use of recombinant gene technology during the drug's production. There was some reason to believe that the US Food and Drug Administration was trying to keep the recombinant link secret, because it would give ammunition to the opponents of such techniques who have been predicting such (and other) disasters.

*Researchers at the University of Kentucky announced that zinc supplements might cure anorexia nervosa and bulimia, and that because Zinc deficiency rather than emotional factors accounts for the behavior in at least a proportion of cases (SHJ, 7 May 90).

*We prescribe a pinch of salt. When methadone was first introduced in 1965, it was hailed as a magic bullet aimed at the heart of heroin addiction--a neat, clean medical/technical fix to a social problem (Time, 11 Dec. 89, p. 104). In 1989, yet another drug to substitute for heroin addiction was announced, namely, the pain reliever buprenorphine, trumpeted as being superior to methadone, relatively non-addictive, and carrying almost no risk of overdose while also suppressing the urge to take cocaine which many people addicted to heroin also take. The drug flupenthixol, which is prescribed overseas for schizophrenia, is also being promoted as a substitute for cocaine, as is carbamazepine, which has long been prescribed against seizures. All these reports have proven vastly exaggerated--at the least.

*Very sadly, a Professor Danforth from the University of Vermont says that he is very hopeful that he can develop a drug that fools the body into thinking it is

exercising, makes it burn calories much faster than normal, thus making it unnecessary for a lot of people to get exercise. The headline said, "Miracle Pill Promises Effortless Weight Loss." Surely in order to evoke the athletic image of jogging, he called his drug Jogamine. Peter Millier, who sent us the 3/91 clipping, says that he waits eagerly for the drugs that will substitute for prayer and repentance.

*During the 1980s, some of the new commercial molecular genetics firms gave themselves names that implied extravagant promises, and even a supernatural identity. One of these was Athena Neurosciences. Athena was the Greek goddess of wisdom who sprang fully-formed from the forehead of Zeus. Another firm called itself Alkermes, which is based on an Arabic word that means a magic potion, with word roots that we also recognize in the words alchemy and algebra.

*Here are some problematic headlines. "Virus on the Run" (USN&WR, 19/11/90, implying a vaccine for AIDS) "First Gene Therapy is Working" (AP, in SHJ, 19/2/91; a premature claim). "Vitamin May Prevent Cancer Recurrence" (10/90 NYS Advocate; this was called a "landmark study" by the director of the Clinical Cancer Center of the Univ. of Calif.). "Science Unlocks Marijuana's Secrets" (SHJ, 9 Aug. 90; this predicted "new treatment for pain, high blood pressure, epileptic convulsions, nausea, asthma, and...glaucoma." If true, it would probably edge out snake oil.) "New Treatment For Muscular Dystrophy" (AP, in SHJ, 31/10/90; hailed as "very exciting" by a U. of Tenn. scientist). We will forego the pleasure of listing all the AIDS craze drug treatment headlines that we have seen for years.

Crazish Schemes, Programs, Curricula, Etc.: Educational

*Around 1960, American education went through a teaching machine craze. There was much euphoria about all the miracles that such machines could work in applying scientific and objectified principles in a rational fashion to children in a way which teachers themselves could rarely muster. The craze did not last very long, even as crazes go.

*In the late 1970s, micro-computers began to appear in large numbers in US schools, accompanied by euphoric predictions that this technology would transform education. Today, American schools have on the average one computer for every 16 students, together with a lot of ancillary equipment at a cost of \$4 billion a year. A California school district was prominently featured on national TV, and in the promotional literature for the Apple computer, as an illustration of what computerization of education could do. Now the results are beginning to come in. In the above school district, it was found that the entire first grade, along with more than a third of the whole student body, scored below grade level in reading and mathematics, some children being years behind. The overall impact nation-wide appears to be nil. Other findings were that students drilled by peers learned more than they did from machines, and that whatever medium was used, interpersonal attention was the single most important variable, so that even computers will work if an adult accompanies it with lavish attention to the learner (Time, 20/5/91).

*For many years, some people have been talking about computers in education the way people talk about other crazes, i.e., in the most grandiose terms. There is also a great deal of abstract garbage language, such as "students collecting and analyzing data," "with the aid of sophisticated cognitive tools," and students being "freed from rote learning." A remarkably lengthy analytic article about computers in education in Science (26/5/89) noted that computers in education are often treated as ends in themselves rather than as means to facilitate children's learning. We warn our readers that in the learning of all sorts of tasks--foreign languages being a good example--rote learning will never be replaced by anything. In fact, it is precisely because American students fail to learn enough by rote that they have such tremendous difficulties learning foreign languages.

*Yet another educational gimmick scheme has appeared on the scene, called Edu-kinesthetics, or Edu-K for short. It is a form of perceptual-motor curriculum that is supposed to develop vision, speech, reading, and brain function and learning generally. It uses 12 "brain gym exercises," and is taught by a person who "is trained in Transactional Analysis, Gestalt Therapy and is certified as a Master Practitioner of Neuro-Linguistic Programming and an Instructor of Edu-Kinesthetics" (Source item from Michael Kendrick).

For decades, we have taught that virtually any educational or developmental schema that is conducted with enthusiasm by people who have faith in it works, and that those that involve perceptual motor activities to a significant degree are particularly likely to be successful, but that the benefits of any of these schemes are rarely derived from any uniqueness, or even their stated rationales, but from whatever universal pedagogic principles they incorporate by design or accident, and from the faith and enthusiasm of promoters, teachers, parents and to some degree the clients, since all of this makes for a placebo effect, or at the very least, for high motivation for engagement. It is strange that this very simple explanation is hardly ever applied by others.

*There is a new quasi-craze, called "the criterion of the next environment," or CNE. It is defined in at least one source as "attention to the demands of subsequent school settings and implications for curriculum and content and teaching."

*We wager that few readers have ever heard of "Piacceleration instruction," which is the teaching of Piagetian constructs to (retarded) children by means of yet another packaged instruction/learning scheme which uses concrete objects and a graded series of over 160 problems supposedly based on the theories of Piaget. A 12/89 research article claimed that it significantly improved the IQs of retarded children--but it had failed to employ a control group.

*With special education having shown only modest results, educators in the late 1980s began to escalate the rhetoric with projects called "intensive special education," and just to make sure of something or other, they may even do it with an "interdisciplinary team," which is then called the "I Team." We are not fooled.

*We recently learned of some educators telling others that they are behind the times, because the "pull-out" strategy of "last year" has been replaced by the "push-in" strategy of "this year."

*How rapidly crazes can rise and fall these days was illustrated by the following vignette. In the 4/90 Teacher magazine, the feature article was on "assertive discipline," a schema (complete with kit) for helping teachers to control and discipline their students--and in the very same issue of the magazine was an advertisement for a series of summer school courses for teachers on "Beyond Assertive Discipline." Thus, even before teachers can learn assertive discipline, it has been outmoded by a successor craze.

*Crazes have a way of begetting yet other crazes. In 9/91, we first ran across the phrase "supported education," which obviously is a "son of" the "supported employment" scheme.

*There are many sets of "handicapped" toy puppets or animals on the market, meant to teach children about handicap. Yet another of these is called Exceptional Animals. Actually, these are nothing but identical teddy bears, but some come with crutches, others with a white cane and colored glasses, and others with various bandages. They cost between \$40-45, and one can buy a set of 4 (perhaps to mimic a troupe of handicapped performing beggars) for \$150. (Source item from Ann Giombetti.)

Crazish Schemes, Programs, Curricula, etc.: Miscellaneous Other

*Some service enterprises may not be quite in the nature of crazes, but in the domain of grossly overinterpreted "schemes." One may be surprised to learn that some of these have entire world movements, world organizations, and even world conferences based on them. For instance, there have been periodic international conferences just on toy libraries alone; there have also been international conferences just on the Portage project, which is a scheme involving families of handicapped children in a program of early child development.

*In 9/91, we were suddenly made aware that there was a new "scheme" with the name "managed care," which is certainly a euphemism if ever there was one. It is really a form of case management (primarily for people who are long-term clients of the mental health system) which involves a "primary care physician" (collaborating with a mental health service). It sounds to us like yet another incredibly complex bureaucratic paper plan that will hardly ever really work well, and yet it was immediately trumpeted in New York State as "a profound change--a shift in the whole way of organizing health and mental health care" that is going "to be a permanent feature of the health industry for the foreseeable future"(!) (OMH News, 8/91). "Permanent" means about 2 years these days.

*Another craze is for people to put their hope in a so-called "minimum data set" to bring rationality and control to certain human service domains. For instance, an article in the 8/90 issue of Mental Retardation implied that if only a suitable minimum data set on each retarded person could be defined and established, retarded persons would no longer be inappropriately committed to nursing facilities. We die laughing.

How-To-Live Crazes: They Can Make You Die Laughing

*Bankruptus est. The CBS program "60 Minutes" carried a devastating exposé on 3/3/91 on psycho-pop-guru Werner Erhard. He used to be used-car dealer Jack Rosenberg who got rid of his wife, four children and name, and founded a cult under the name of est, propagated mostly through workshops attended by hundreds of thousands of people, including tens of thousands in human services. After est peaked as a craze, he withdrew for a while, and then reemerged with a new invention, called Forum, something like "son of est." To his associates, he revealed himself as "the source," and implied that he was God. While teaching an upbeat gospel of adjustment, success and "relationship-centering," he physically assaulted family members in an even life-endangering fashion, and several of his daughters claimed sexual abuse and even rape by him. According to one daughter, he claimed it was not rape but "a nurturing experience." In 1990, he sold his guruship, which was still a \$70 million a year business, to his employees. In 4/91, the Internal Revenue Service clamped a \$7 million lien on his property, with another one for \$14 million in the wings. We herewith remind readers that "we told you so" since just about the time that we first heard of est, and we have seen several of our associates get taken down the drain by this false prophet.

*Another false prophet has arisen for our confused times, the Reverend Robert Fulghum. We were all impressed by some of the things he said in his book All I Really Need to Know I Learned in Kindergarten, but it turns out he is a Reverend Feelgood who tells people that things are vastly better than they appear to be (when, in fact, they are vastly worse), and that imagination, myth, dreams and hope are all more important than knowledge, facts, history and experience--in other words, how you feel about things and what you like is what you should pay attention to rather than reality. This teacher came to his wisdom after shedding his first wife, turning to Buddhism and marrying another one. Within two years, two of his pap pop books have

hit the top of the bestseller list, and his material, not surprisingly, is being rerun in "Dear Abby," the Reader's Digest, the Congressional Record, and by televangelist Robert Schuller. He sounds like the perfect antidote for TIPS-weariness.

*We are beginning to wonder whether dropping a wife or two is a prerequisite to modern male guru credibility. Most of the male gurus of the recent decades did.

Middle-Sized Crazy Service Approaches

*A craze we first heard of in 1990 is called "stress inoculation training" (SIT), which strangely enough is not something one provides to ordinary people or service clients, but to service personnel. What we really need is craze inoculation training (CIT).

*A few years ago, Norman Cousins published a bestseller, entitled Head First: The Biology of Hope. One can now easily envision a book on the biology of faith, hope and charity.

*The problem of "facilitated communication." 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. People who previously were little, or not, language-communicative (mostly due to conditions like cerebral palsy or "autism") are helped in small steps 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 (often computer-based) 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 withdrawn. However, by design, there is usually one specific facilitator per person, and thus there may sometimes be only one individual who claims to understand what the other person is communicating.

What is troubling is that the technique rapidly acquired expectations and interpretations that we see normatively attend crazes in their early stages, including a "breakthrough" type of euphoria, and what appears to be little eagerness to be subjected to skeptical outside review.

We believe that few pedagogic strategies are as fraught with the danger of self-deception by servers (and to some degree parents) as this one, and that the FC culture has not adequately recognized this. History has given us the "Clever Hans" example, the Hawthorne effect, and years of self-deceptive research on teaching chimps to communicate by raising them like human children, both addressed in earlier issues of TIPS, the latter called "the chimp language war." Thus, FC also has tremendous craze potential.

A few people outside the FC culture have already recognized the astronomic potential for self-deception in FC. Some psychologists began to claim that the messages that were supposedly coming from the handicapped persons were so often really coming from the persons who did the facilitating. We believe that the truth probably lies somewhere in the middle. There can be little doubt that the method has more potential for self-delusion (by "facilitators") than most pedagogic methods, but there is also no reason to disbelieve that some handicapped people really will be helped by FC to communicate more, at least up to a degree, either because they have limited capabilities for using other methods, or because they prefer more impersonal ways of communicating in consequence of their psychological condition. The proof of the pudding would consist of people learning to emit messages in a fashion that is truly independent, meaningful (not in a stereotyped or rote fashion), done without any external assistance, and without any facilitator or other person being present. In fact, knowing what we do about human service crazes, and the Hawthorne, placebo and similar effects, research studies without very rigorous controls cannot be

expected to screen out a great deal of self-deception by communication facilitators, particularly in the contemporary craze environment. Also, in the "autism" domain especially, one only has to scan a few issues of "autism" publications to be astonished that according to them, virtually everything works.

FC is one of those approaches that calls for being closely observed by sophisticated observers who are very skeptical. Even if it works strikingly with some people, its effects with others may still be nonspecific, or even delusional.

An amusing example that illustrates the deception potential of FC occurred when a youngster said to "have autism," and who was interpreted as having achieved breakthrough communication skills by means of FC, soon thereafter produced a message along the lines of "my father sexually abuses me." Since we know the father, and are convinced of the falsity of the message, many questions are raised as to whose this message really was; and if the youth really emitted it without help, who had put the idea into him.

This incident also raises questions (discussed in TIPS before) about all the other reports of sex abuse by handicapped persons. Can it be true that almost every handicapped person, virtually every female, and a huge proportion of males as well, have all been sexually abused, or do people nowadays report such abuse that has not taken place because it is suggested to them, because they imitate the messages of others, because it draws attention, is in style, or whatever? After all, this is also precisely what has happened again and again with little children who began to report sexual abuse after the human service types got through making them play with their "anatomically correct" dolls, and their endless suggestive questioning about sex.

The Humor Craze

In the late 1980s, a "humor in human services" craze broke out. Yes, human services badly need humor, and we try to bring it to them, but mostly in the unwanted form of humor about the normative absurdities of human services. In fact, we have been called the "jester to the human service system." But the humor that is now the craze is humor as a treatment tactic. Thus, we see perverse schemes that attempt to bring humor to people who have been put in awful places, such as nursing homes. One study investigated whether showing old comedy films to nursing homes residents would reduce their requests for pain medicine (AP in Union News, 1 March 90; source item from Jo Massarelli). One thing all of this might do is intensify even further the human service clownery culture.

One of our colleagues at Syracuse University sponsored a workshop entitled "Therapists and Families: Surviving Through Humor." There are many such events these days, humor resources, etc. But about themselves, our experience is that human services are about as humorous as dictators and bureaucratic machines in general. They certainly detest the humor found in TIPS. We think the effort is hopeless, and is somewhat akin to teaching humor to Stalin and Hitler.

Craze "Therapies"

We have a long history of making fun of craze therapies, and such will probably long remain a source of human service court jesting.

*Jenny and Company out of Wichita, Kansas sells "reminiscing therapy" packs which cost \$35 each. As of early 1990, there were such kits on farms, weddings, siblings, and war. These kits contain instructions to the "therapist," theme photographs, song sheets, suggested activities, questions and exercises. (Source material from a TIPS reader in Iowa)

*Good grief! Since ca. 1980, the construct of "grief" or "bereavement" has become a major underpinning for all sorts of services, therapies and crazes. There are books galore on death, dying, grieving, bereavement, etc., even books like Death and the Classroom (1989) that tell educators how to "confront death."

*Talk about the confluence of images and crazes: there actually is such a thing as a Center for Loss and Life Transitions (in Ft. Collins, Col.). Its director wrote an article on "Signs and Symptoms of Caregiver Burn-out," which images care-giving service as a "loss." And he published the article in Thanatos. In Greek mythology, Thanatos is Death personified. (Source item from Donna Marcaccio)

Crazes Related to Self-Help & Mutual Support

We have commented before on certain elements of the self-help movement that amounts to a craze. It is heavily based on the idea that every affliction is absolutely unique, and that no one has anything to offer to a stricken person unless they have the same condition. Therefore, self-help groups continue to form around the most esoteric--as well as common--conditions. Reportedly, one of the things that gives a boost to people is to "learn they are not the only ones." One can ask what difference could it possibly make even if one were? The absurd need to know that others have the same affliction may well be the result of the degradation of language in our society that we have mentioned before, and that makes it difficult for people to analyse and think rationally and in terms of universals. A Washington, DC shrink said, "Nobody quite understands they are not the only one" (Newsweek, 8 April 85).

Many self-help or support groups are based on the "twelve steps" of Alcoholics Anonymous, which are based in turn on a spiritual discipline laid out by Cardinal John Henry Newman in the late 19th century. These principles or steps are not based on crazes but on universals, but the way they are translated into particular problem situations is often of a craze nature.

By late 1990, an estimated 6.25 million Americans attended support groups all over the country, to the tune of a million meetings a week. More than 200 types of groups were modelled on the twelve steps, according to a 1989 estimate. In greater Syracuse alone, after an explosive growth in just a few years, the number of known support groups had reached 240 (SHA, 16/12/90). One such Syracuse group with the agrammatical name, "Hope for Bereaved," has so thrived on the grief craze that it has been able to purchase its very own building in which it conducts a large number of gatherings every month, including meetings for 9 different bereavement groups, such as bereaved parents, survivors left behind after a loved one commits suicide, widows and widowers, those whose loved one died by violence, and those whose lives have been touched by someone's death from AIDS."

There have now even emerged self-help and so-called "support groups" for such things as being a second wife or stepmother (Second Wife Support Group); having had one's twin children die--but only if they died during pregnancy, infancy or childhood--nothing else counts (Twin Loss Support Group); having or having had an infant in the newborn intensive care unit at a hospital--again, nothing else will do (Parents' Time Together); having children or friends who are homosexual (Parents and Friends of Lesbians and Gays); having endometriosis, an inflammation of the womb (Endometriosis Support Group); having chronic intestinal and bowel disease, or being a friend or family member of such a person (Inflammatory Bowel Disease Support Group); being a transvestite (Berdache Society); having given up a child for adoption (Birth Mothers Support Group); and having adopted children who were above the age of infancy (Parents of Older Adopted Children Support Group). There are support groups for people who compulsively overdraw on their credit cards, and "support systems" are even being formed for abortionists who have been the target of anti-abortion demonstrations (NRLN, 7 May 91). A group called Twelve Steps for Us is a "non-smoking group" aimed simply at "personal growth" for participants. Probably valid but amusing is a group called Twelve Steps for Everybody that has adapted the program of AA "for any type of addiction."

*Thank goodness, a few people other than us have begun to see the absurdity, patheticness or craze-craziness in all this. A Feiffer cartoon in 1/91 showed a woman saying, "I have an eating disorder...A drinking disorder...A smoking disorder...An intimacy disorder...I joined support groups for my disorders...I go to my groups seven nights and three afternoons a week...I couldn't live without them...I

have a support group disorder." Another Feiffer cartoon (7/91) had a negroid-looking man say the following. "I belonged to a group of single fathers...but had profound differences with the single straight fathers...so I broke off into a group of single gay fathers...but I had profound differences with white, single, gay fathers...so I broke off into a group of single, gay, African-American fathers...but had profound differences with middle-class, single, gay, African-American fathers...so I broke off into a group with one other father...who agrees with me on everything...empowerment!" An article in the Syracuse Herald Journal (26/4/88) was headed: "Left-handed Sexaholic? Have We Got a Group For You!"

*As mentioned, the grief and bereavement craze has fueled many "therapies," but also many "support groups" and self-help things. Relatedly, according to an article (Age, 19/7/89), the book Feeling Good: the New Mood Therapy has become a "bible for depressants" bought by 1.5 million Americans alone. Its author (David Burns) visited Australia to promote people's feeling good. Ironically, the author claims that this is not a pop psychology manual, though it is based on the "rational" therapy theories of Albert Ellis whose ideology has been a crassly materialistic, individualistic, and utilitarian one.

*Magination Press of NY has put out a whole series of child shrink books with the funny titles Ignatius Finds Help: A Story About Psychotherapy for Children; Otto Learns About His Medicine: A Story About Medication for Hyperactive Children; Robby Really Transforms: A Story About Grown-Ups Helping Children. These are "self-help" picture books meant to be eagerly read by children. Child shrink books are not new. Most of them are written by hyperideational adults, often out of the mental, or once-shrunk themselves, culture, and atrocious.

The "Circles" Craze

The TIPS editor was a godfather of sorts to the "circles of friends" construct, where a number of people with various competencies and talents compact together to support one impaired individual. This is quite different from self-help or natural support, since the helping is mostly, or entirely, unidirectional, and focused on the impaired person. This is not a craze, but a badly needed and valid helping strategy. However, outside of natural communalities, such circles are rare, and must more often evolve rather than be constructed. There probably exist many fewer such circles than the number of talks and conferences that have been given on them since ca. 1980. We have known of only a handful--literally.

Being by nature rare, and yet clearly a desirable and effective thing, such circles were bound to come under the attack of subversions and perversions, and did almost immediately (see also the 2/90 issue of TIPS).

For instance, in the mid-1980s, mental professionals started to pounce on informal extra-structural support strategies generally, in order to objectify and dissect the construct, and thereby bring it under their control lest it escape into the domain of culturally normative ways of responding to people's troubles. Among the topics studied which tend to delegitimize extra-structural helping are unintended harmful effects of "support interventions" (as this kind of literature often puts it), and cost-effectiveness issues. One example of all this is the book by Alan Vaux, Social Support: Theory, Research and Intervention (1988). It dissected social support into three components: support network resources, specific supportive behavior, and subjective appraisals of support. One outcome of this type of analysis is that the shrink world is moving away "from a focus on simple, undifferentiated models of support to an emphasis on increasingly intricate, context-specific models" (Contemp. Psy., 5/1990).

An illustration of how books such as the above subtly try to subvert extra-structural helping is that in the above book, certain formal professional and agency services are actually included under the definition of social support, and in the discussion of the supposedly relevant professional literature. It is amazing

that entire books like this can appear on the market without the issue of efforts of professional co-optation and conflicts of interest by professionals being addressed, as well as their mostly unconscious sense of shame at their failures in the face of so much human suffering.

One reason why impaired/dependent people commonly need vast amounts of help in every life domain is that they are so badly treated by authorities, and the very agencies that exist (usually at public tax expense) to help them. But when there are so many crazes on the scene at once, it is inevitable that some people will call for circles not to address whatever is needed, but to transact a craze. Sex crazes are most certainly everywhere these days, so no sooner had the "circles" construct come to the attention of the sex craze people than they pounced to subvert the circles construct entirely to the sex business. Imagine our consternation when we received a flyer for a training session on the "circles concept," and learned that it consisted of "social/sexuality training for mentally retarded individuals." Apparently, this "circles concept" is not related to the concept of informal support and friend networks, but seems to be merely yet one more in the genre of perverted, low-level, technology-based approaches to sex by, with, and on mentally handicapped people, perhaps named in a way to capitalize on the other "circles" image. Among other things, the flyer promised to "minimize the risk of AIDS and other communicable diseases and to prevent sexual abuse," with \$85 being charged for a workshop day that starts at 8:30 and goes to 3:30, with 2 hours inbetween for lunch and breaks.

Members of the "Moonstone Group Sex Education Services" out of Yorktown Heights, NY, have also managed to perpetrate a most creative sex version perversion of the Circles of Friends concept. They teach handicapped pupils (who are apparently not too bright) to divide friends and acquaintances into six concentric circles, each color-coded. People colored purple may "touch" you, the blue people may hug you, the green ones can hug you only on special occasions (and are told that "you are not in my blue hugs circle"), and then there are the people in the "yellow handshake circle," followed by the "orange wave circle," and finally the "red stranger circle," some of whom "stay strangers forever," and who most certainly "may not touch you." All of this is parts of a "Circles program" available, together with other Circles programs, from Stanfield Publishing Company. (Source item from Barbara Ayres)

Thus, the other "circles" must beware not to get mistaken for the sex type of "circles." Maybe the promoters of this kind of circle experienced a linguistic conflation, starting to think in terms of so-called "circle jerks," and mentally associated this with other circles, perhaps with a primitive, unconscious idea that friends are for sex. However, the above sex-circling must be popular, because we have seen announcements for conferences on it in 6 locations in 4 states.

Little Itsy-Bitsy Craze Tactics

*Many companies during the late 1980s began to sell audiotapes of natural sounds that allegedly contained subliminal messages to help one lose weight, improve one's memory, or--believe it or not--gain in self-esteem. So big had this craze become that sales of such tapes amounted to \$50 million annually. The first thorough research study of these tapes, published in 1990, not only found no subliminal messages on the tapes, but also found no superior outcomes for these tapes than for university-produced "placebo" tapes that were definitely produced without any messages.

*Yet another psycho-pop craze being introduced into the corporate world is to let employees voice their complaints through life-sized (in fact, bigger than life-sized) puppets (AP 4/90; source item from Karen Barker).

*For \$600, males can buy an "empathy belly" that enables them to experience about 20 of the typical effects of pregnancy. Not surprisingly, the item sells well to sex education programs in schools and clinics that are all the craze now (source item from Joe Osburn).

One can also buy a kit that enables people to make plastic casts of the bellies of pregnant women that they can keep as mementos (source clipping from Karen Barker). We can immediately think of other body parts that could be plaster-cast and proudly displayed in one's parlor, but blush to mention them.

*A mental health center in Cincinnati developed a "mental stimulation program" aimed at elderly people that presents them with the smell of seasonal items, such as grass, flowers and lemonade, so as to evoke pleasant reminiscences about the season at issue. This presumably substitutes for getting out and experiencing the real thing directly. (Source material from Griff Hogan)

*The latest escape and relaxation craze consists of "synchro-energize salons" where customers lay down on a bed for 45 minutes, with earphones delivering a low pulsating beat, tones and/or songs, and goggles spinning patterns of intense colors before their eyes. This allegedly induces a dream-like state that reduces stress and increases serenity--at the tune of \$20 per 45 minutes. Home models of the gadget can be bought for between \$100-600. The alleged mechanism at work here is the induction of alpha waves in the brain. Some promoters claim that the method boosts memory, and job and sports performance.

*A neurobiologist has invented a battery-operated electro-magnetic box with earphones. He claims that putting on the earphones causes the production and release of endorphins in the brain that make one feel relaxed, serene and peaceful. The device and/or method is called Alpha-Stim CS, obviously with a suggestion that it stimulates alpha brain waves. This technology is being recommended for those who don't have enough time for prayer or meditation (note how the two are so widely equated), and some psychotherapists and chiropractors are offering 20 minute sessions for \$75, while the box itself can be bought for \$795 (National Catholic Register, 25/3/90).

Quick-and-Easy Crazes

Implicit or explicit in the majority of crazes is not only that something works, or works better, but that it works easier or faster than something else. For instance, toilet training works for 99.99 percent of the population, but usually takes a year or more. But behavior modification gurus Azrin and Foxx have written a book on the bestseller list, entitled Toilet Training in Less Than a Day.

In our training, we often make the point that people in contemporary society have been shaped to be externalistic, meaning that they are empty, with little internal substance, and therefore must and do rely on external props to keep them going. We also note that hedonistic modernistic people not only believe that there are answers to every problem, but they demand that those answers be quick and easy. We witness both these phenomena in human services. Recently, we have been inundated with catalogues for so-called self-help audiocassette tapes that demonstrate these points. These tapes promise to help people have a successful career, lose weight permanently, control their anger, overcome childhood insecurities, improve their memory, be enthusiastic, overcome shyness--even "how to attract money," how to get a good job, how to stay healthy, and "how to be happy." (We thought Bobby McFerrin already gave us the answer to that one in a song: "don't worry.") Of course, all of these are advertised as being quick fixes: "all you have to do is drop the tape into any cassette player and turn it on...The tape does all the work." Tapes are even advertised for helping mothers cope with pregnancy, and for creating an atmosphere of well-being for infants and children. We are in big trouble if parents cannot create such an atmosphere for their children without the assistance of preprogrammed sounds! Of course, these catalogues are merely one example of the phenomenon at issue.

The prominent American educator, Robert Coles, said that "psychology, psychoanalysis and psychiatry are secular religions, and people want the priests of these religions to just give them the stages, the cycles, the phases." He also said that everybody talks about sex, anger, delinquency, etc. in the lives of children, but hardly anybody talks about religion in their lives (USN&WR, 3 Dec. 90).

*Workshops by the Institute for Applied Behavior Analysis out of Los Angeles are currently all the craze. A short one-day workshop running from 9 a.m. to 4:30 p.m. that costs \$110 (or \$85 for early registration) promises participants will learn all of the following: "design and implement a proven, 3-level system of staff training"; "individualize and implement the Program Status Report (a staff evaluation and feedback system proven to maximize staff consistency in program implementation)"; "individualize and implement the Procedural Reliability System (a system of checks to ensure accurate program implementation)"; plus several other things.

*Some people who have difficulty reading benefit (for reasons not yet well understood) from a color-tinted transparent overlay over the reading matter. But next thing one knew, this was trumpeted as a "surprisingly simple and easy" solution to "dyslexia" (Health Gazette, 4/91).

Miscellaneous Craze-Related Items

*During the Great Depression, hard-hit people had the common decency to jump out of windows, or to join left-wing movements. When the economy turns down nowadays, they turn to shrinkery, drugs and crazes (Time, 3 Dec. 90).

*Craze magnets. At one time or another, any of us might fall victim to some kind of human service craze or perversion, but there are some people who are virtual magnets for such for all or most of their careers, and who may participate in literally dozens of crazes and perversions at the same time. We recently ran across one such person whose entire human service vocabulary consisted of craze terms referring to craze service assumptions and other elements, and whose entire service involvements consisted of an incoherent conglomerate of such crazes, to some degree administered to people with craze syndromes.

*It used to be in the "old days" that the master clinicians in mental health (such as Kraepelin, Bleuler, Freud, Sullivan, et al.) defined the problems/syndromes, treatment measures, language, and even major issues of their field. But nowadays, we are witnessing the psycho-pop culture, and even the lower, less well-educated elements of it, defining the field even to the senior people in it. In consequence the popular crazes now define the field of mental disorder, and the senior people in it submit passively to these crazes and their idiom. A most peculiar phenomenon and, as far as we know, here first mentioned.

*The phrase "beyond this or that" has become very popular in titles of professional publications and presentations. We have run across titles such as "Beyond Normalization," and "Beyond Wolfensberger," but we are relieved that almost everything else is being beyonded as well. For instance, a 1988 book was entitled Beyond Behaviorism.

*A book reviewer in the Scientific American commented on the current craze scene even in the sciences by talking about a hypothetical book entitled "The Latest on the Best," but then undoubtedly soon to be succeeded by another book entitled "Beyond the Latest on the Best," and/or "The Latest on the Best: The Saga Continues." It reminds us of various writers in human services who not only write pieces such as "Beyond Normalization," but who sometimes had not even read any of the normalization literature which they "beyonded."

*One way to find out which devalued minority has gained a lot of power in the US is to look at how successful they are in strong-arming the psychiatric profession to give up its convictions about them. The women bludgeoned the American Psychiatric Association into giving up several of its psychopathology categories that subsumed mostly women. The homosexual community was equally successful in frightening the psychiatrists into abandoning their proclamations that homosexuality involved a mental aberration. In fact, they went one step further and got the psychiatrists to agree that there is now a sexual disorder known as "ego-dystonic homosexuality," which refers to someone who is homosexual but claims to prefer not to be. In other words, someone who is homosexual and wants to be heterosexual is now crazy.

A strong parallel to all of this is what racial/ethnic minorities have achieved in regard to intelligence testing. The propaganda roughly ran like this: if you are part of a racial minority, people will call you stupid whether you are or are not. Accordingly, when people call you stupid, that means they are probably racists. Therefore, members of racial minorities may no longer be called stupid--even if they are. The structural expression that this logic took was acted out in California, where the courts ruled a few years ago that members of racial minorities could no longer be given IQ tests for any purpose whatever. Whatever else this means, it means power.

*While giving a series of workshops in Britain in 8/91, we discovered to our amazement that the human service culture there has embraced two profoundly irrational crazes, and has done so with a peculiar passion. Namely, the ideas that (a) whatever clients or other devalued people say they want, one should give to them, and that (b) this strategy lies at the heart of advocacy. We found it next to impossible to convince even intelligent and well-educated people (a) that what people need, what they say, and what they really want, are three separate things that (even among valued and competent people) have much independence of each other; (b) that some people are too impaired to even express what they want; and (c) that a key to both effective service and advocacy is to gain profound knowledge of, and empathic insight into, the person or class at issue. The "give them what they say they want" seems to be a superficial modernistic strategy of abdicating interpersonal responsibility, and avoiding getting to understand clients or advocates, with a mantle of glamor of pseudo-radicality thrown over it. It is also one of the pernicious but well-disguised expressions of modernistic individualism.

*We return yet again to one of the latest craze areas of science, namely chaos. Now that scientists have "discovered it," they are astonished to also discover that it is virtually ubiquitous--something we could have told them a long time ago (Science, 12 August 88).

*The Young Adult Institute in New York scheduled a conference on "Strategies and Techniques for Working With People with Profound Mental Retardation" that lasted 1 day, with content time being only 5-1/4 hours--but that was interpreted in the flyer to be "comprehensive."

*In 1988, a study was published that identified the most frequently cited publications (according to the Social Science Citation Index) that had to do with mental retardation in the 10-year period between 1976-1985. For people in our circles at least, the finding was profoundly sad. Matson was represented with the lion's share of 8 articles on behavior modification, and the most frequently cited article was by him in 1978 on behavior modification, entitled "Increasing Appropriate Behavior of Explosive Chronic Psychiatric Patients with a Social Skills Training Package." Of the 24 most commonly cited publications, virtually all of them dealt with miniscule issues that in almost every instance were approached with a technocratic research design. It included articles such as "Teaching Laundry Skills to Mentally Retarded Students" and "Reaction Time in Retarded and Non-retarded Young Adults: Sequential Effects and Response Organization." Two articles were on psychotropic drugs, and one of these was authored by Breuning whose work was later found to be fraudulent.

*I believe that something like a discontinuity in creativity in the field of mental retardation took place around 1980. The reasons for that appear to be very straightforward. Largely as a result of the eugenic scare, the conditions for retarded persons had gotten terribly bad. Thereafter, it was mostly a matter of reestablishing their humanity, citizenship and worth. Between roughly 1950-1980, it was relatively easy--even if not necessarily common--to conceptualize adaptive strategies almost entirely by simply invoking valid universals. However, by definition, high-level universals are relatively small in number, and once they have been enunciated, then what remains is largely an infinity of relatively small tactics. I believe that the field of mental retardation entered this latter era of conceptualization during the late 1970s and early 1980s. More and more, the innovations that came along were no longer high-level concepts and strategies, but relatively low-level tactics, and even they have been much less derived or tied to universals, but have been of the nature of crazes. We thus have largely ended one era of reform conceptualization, and entered another one that one can call an era of craze crazes.

*We need to be aware of alternatives to crazes, namely the non-craze, and relatively few but universal, behavior influence strategies. For instance, one of the surest treatments against sub-psychotic mental problems that we know of is being forced by circumstances to deal with significant real-life practical problems. For instance, it is a well-known fact that one of the fastest cures for neuroticisms is a war. Once people have to deal with war realities, they seem to have no time for being neurotic. The fact that modern people deal less and less with real things, and more and more with contrived and artificialized things, is of course bound to increase mental instability. To cite one small example: if one has to milk the cows morning and night, unfailingly, under all circumstances, no matter what, a tremendous amount of scope for neuroticism is taken away.

*The Kennedy Foundation (concerned mostly with mental retardation) has announced a competition for awards of up to \$100,000 for projects in research, demonstration, training or service. The service projects must be related to the newest issues in the field. This will certainly fuel the craze culture, and the modernistic delusion that something that is new is bound to be better than something that is old, even if the latter is the most valid underused or underrecognized thing available.

*The NY State Developmental Disabilities Planning Council began in 1990 to call for applications for innovative service projects. We commend this step, but cannot help noting that it would be much less likely that anyone today would call for service proposals that incorporate age-old strategies known and proven for hundreds or thousands of years to be valid, and to have extremely powerful impact on the people to whom they are applied. These can be applied without declaring war. (See second item above.)

CONCLUSION TO CRAZEOLGY

This issue should have succeeded in offending everybody, since everybody has fallen for crazes at one point, and most people stay touchy on the subject for life.

One thing that should have become apparent from our reviews is that mental and service crazes underwent an explosion since the 1960s. Something in modernistic life has snapped. Maybe the craze explosion is the equivalent to the rumor explosion at times of tyranny and warfare, a response of the human service and life science sector to socio-ecological stresses.

We want to emphasize that the craze documentation in this issue (a) is almost entirely based on a mere 2 years of news, (b) is only a tiny, tiny sample of the craze scene.

In a perverse way, craze craziness in human services may have the following benefit. Insofar as such a large proportion of modernistic people are externalistic, they are bound sooner or later to fall for some false scheme or guru, either because

they want to belong to some group or crave the approval of a guru figure. It thus stands to reason that if people follow human service crazes, they are somewhat less likely to follow various other kinds of cults, though of course a lot of human service people, and apparently in increasing numbers, manage to do both.

SOCIAL ROLE VALORIZATION

*A triumph for SRV. The editors and reviewers of the journal, Teaching Exceptional Children, were asked to nominate individuals qualified to identify "seminal" or "classical" publications in the area of mental retardation. The 178 persons thusly identified were then asked to list five of the top such classical or seminal works published in mental retardation. The publications which they identified were then recycled to the panel via a Delphi technique so as to get a closer consensus on the top 25 publications. It turned out that these top 25 were published between 1941 and 1984. Some items that one might have thought would be on the list were not, such as Changing Patterns in Residential Services for the Mentally Retarded by Kugel and Wolfensberger, which Scheerenberger in his History of Mental Retardation had named the most successful publication in a quarter century. However, leading the list by a good margin was the 1972 Normalization book by Wolfensberger, and 17th was his 1983 article in Mental Retardation on the reconceptualization of normalization as Social Role Valorization. Four names appeared twice on the list, but only two of these appeared twice as single authors (one of them being Wolfensberger), the others being co-authors.

The list was a rather curious medley of items, with some of them being very what we would call technological, and some will almost certainly not survive as classics for very long. One item that may very well survive is Doll's 1941 article in which he laid out the six elements that he considered to be essential for a definition of mental deficiency.

The TIPS editor was as surprised as his enemies must have been to find his two items included, but cannot recall having qualified to be on the panel of experts to select such items.

*The initial run of the 1991 monograph, A Brief Introduction to Social Role Valorization as a High-Order Concept for Structuring Human Services, announced in the last TIPS issue, is almost sold out. A second run is being printed that will include some minor corrections or improvements, and sure as death and taxes, the price is going up for small quantities, but the price for large quantities will remain relatively low.

RESOURCES

*Our June 1991 TIPS issue commenced the 10th year of TIPS publication. For years, there had been discussion about the TI putting out such a newsletter, but only when Carolyn Bardwell Wheeler took it upon herself to do the groundwork for the first few issues did the idea become a reality. We admit that we never thought that after 10 years, our subscription list would be as small as it currently is (and smaller than it was ca. 1982), or that we would have almost as many subscriptions from outside the US as from within--in fact, proportionate to the population, Canada leads in subscriptions.

*The Citizen Advocacy Forum (CAF) is the only Citizen Advocacy (CA) periodical in the world that is not of a local or regional nature. Unlike most other CA publications, it publishes articles on the nature of CA, how it is different from other social advocacy forces, and critically reviews current and proposed CA practices. It also disseminates information about CA resources and training events. Since its inception under Carolyn B. Wheeler, there have been some starts and stops, but as of fall 1991, it is being revived under the editorship of A.J. Hildebrand from Beaver, Pennsylvania (just west of Pittsburgh). The TIPS editor is on the editorial

board, and believes that NO CITIZEN ADVOCACY OFFICE SHOULD OPERATE WITHOUT SUBSCRIBING TO THE CAF. Furthermore, anybody with any kind of leadership or trainership role related to CA should also subscribe to it. And yet, one of the reasons for the previous irregularity in the appearance of CAF was the fact that many CA offices failed to subscribe. We find this inexplicable, and even inexcusable, considering how low the subscription cost is, and how many CA offices and coordinators claim to feel very isolated from other people in the same work, and from the larger CA movement.

Current subscription rates are (all in US funds) (a) for individuals: \$20 to US addresses, \$22 to Canadian addresses, \$25 to all other addresses; (b) for organizations: \$25 to US addresses, \$27 to Canadian addresses, \$30 to all other addresses. For information, or to subscribe, contact A.J. Hildebrand, Citizen Advocacy Forum, P.O. Box 86, Beaver, PA 15009; phone 412/775-4121.

*In some of our teachings, we have mentioned in recent years the vast extent to which governments habitually lie to their own people. Because some people find this hard to believe, and even those who do believe it rarely are aware of the full extent of the lying, we started a file of evidence, consisting of clippings from many sources which most people never mentally put together. This file has now become quite respectable. We are willing to make it available to anyone who would like to write on the topic, or who wants to review it in connection with some other project. However, interested parties must pay all the expense of accessing the material. Most of the material deals with US government at all levels. This lying also includes the promises that politicians make that they almost certainly know beforehand that they cannot keep.

HUMAN SERVICE NEWS

*Karel and Berta Bobath have been known since WW II as world leaders of a particular school of therapy for people with cerebral palsy. They had given innumerable presentations, courses and workshops to people all over the world, and all or part of their methods were widely adopted. It is ironic that in 1/91, they committed suicide (which they had systematically planned for some time) because they were becoming feeble and wished not to become either dependent or separated from each other (Band, 3 & 4/91). It is remarkable that organizations and periodicals concerned with handicapped people would not point out the irony of someone committing suicide who has worked for a lifetime with dependent people, thereby implying that dependency is worse than death, and raising a serious question about the moral validity of one's earlier work.

*Even as there has been a dramatic increase in the number of children in the foster care system in the US, the number of foster families has declined down to about 100,000, which means that on a given day, there are 4 children in the system for every foster home. This is one reason why the child care agencies will often leave an endangered child where it is because they have no place for it elsewhere.

*A category of crime committed repeatedly by recent Republican administrations has been to deny handicapped people so-called disability benefits in large numbers, and then to later restore these benefits to a substantial proportion of them--all at once. First, people experience terrible problems, and even die, because their benefits are taken away--and then suddenly, each survivor get thousands or tens of thousands of dollars all at once, which is often the second worst thing that could happen to them because so many of them are mentally impaired and quickly blow all their money. Of course, all of this once again is of tremendous benefit to the post-primary production economy by first reducing the surplus dependent population down to a smaller surplus, and then getting money to them in ways that assure that it will be spent in ways that benefit mostly other people, thereby of course making sure that we never run out of a surplus population.

We ask our readers yet again where they could read equivalent levels of analysis of some of these things going on around them.

*If someone in a hospital who needs chronic care could be cared for at home, in Washington state, the state would pay only if outsiders come and take care of the person in the home, but will not pay any relatives, though this could have meant that a relative could have quit working another job and do home care full-time (NRLN, 9 July 91).

*Starting in the very early 1970s, the TIPS editor warned the parent associations for the mentally retarded that they would be facing a demographic crisis, with the membership becoming steadily older and not being sufficiently replenished. To his knowledge, not one single association faced up to this problem--until 1991. The summer 1991 issue of the newsletter of the Association for Retarded Citizens of the US admitted for the first time that the Association was facing a membership crisis because older members were dying or dropping out, and were not replenished by younger ones. However, we now predict that the measures taken on the national ARC level are not only too late, but also the wrong ones. But then, organizations in decline rarely can muster the requisite self-renewal capacities.

SIGNS OF THE TIMES

*Rural areas had been well behind urban ones in the US in terms of indices of social decadence, but since 1989, there has been a dramatic upswing in such indices (e.g., drug addiction, homicides, other violent crimes, etc.). If these rates continue at their present pace, rural areas would be catching up with urban ones in several years (AP, in SHJ, 19/6/91).

*A poll of US farmers found that 60% of them said that it would be impossible for them to make a living if they followed all the federal rules and regulations (Time, 22/5/91).

*Scientists working on intra-mural research for the US National Institutes of Health have begun to complain that their work has gotten so tied up in bureaucratism that the scientific work is almost being defeated. One scientist said that when all the young people see what is involved, they are going to become lawyers instead of scientists (Science, 1 Feb. 91).

*Another step closer to totalitarianism in the US. We have warned for many years that bit by bit, the US is drifting toward totalitarianism, despite the unbridled individualism of its citizens--and eventually, perhaps because of it. At (a) 3:30 a.m. on (b) a Saturday in (c) August, the US senate passed a law in (d) an unrecorded voice vote as (e) an amendment to the National Security Act of 1947, authorizing the US President to conduct covert operations, keeping it all secret from Congress, prohibiting the Congress from disapproving of such, plus giving the president all sorts of other related powers.

*Something peculiar is happening. Ever since TV came upon the scene, children spent a vast number of hours outside of school watching TV. Since the late 1980s, they may go to school and--be put in front of a TV set to watch more TV, interpreted to be educational. The problem is that while in a narrow sense, a TV program may indeed be educational, spending a major part of one's life in front of a TV set changes one's entire perceptual and thinking processes, and disables many perceptual and intellectual skills and habits. Once again, educators appear to be totally ignoring this broader context.

*A Florida man sued his barber for \$10,000 for botching his haircut, claiming that this deprived him of his right to enjoy life and forced him to seek psychiatric counselling (SHJ, 30/8/91).

"HOUSEKEEPING ANNOUNCEMENTS"

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