

The Breach E106 - Dr. Allen Frances

Lindsay: Welcome to Breach, your deep dive into authoritarianism and corruption in the era of Trump. I'm your host, Lindsay Beyerstein. If you're enjoying the show, please subscribe, tell your friends and write us a review on iTunes. My guest today is Doctor Allen Frances, the author of the forthcoming book, *The Twilight of Sanity*, a psychiatrist's perspective on the age of Trump. So far Donald's Trump unbridled self-regard has contributed to two divorces, six bankruptcies, hundreds of lawsuits and a sexual assault confession on tape. Trump is constantly smitten from real and imagined criticism.

He's been told that his Twitter outbursts are affecting his job performance and even his job security, but he can't stop lashing out at people for wounding his ego. Whether it's delusionally accusing President Obama of tapping his phones or threatening to break up the Ninth Circuit when the judge didn't rule his way. He's so insecure about losing the popular vote to Hillary Clinton, that he's convinced himself that millions of imaginary illegal voters actually caused him the popular vote.

Some psychiatrists argue that Trump is a textbook case of Narcissistic Personality Disorder, which sounds plausible enough for a guy who likes to put his name on buildings in 20 foot letters. But Allen, who helped write the criteria for the Narcissistic Personality Disorder for the psychiatrist diagnostic bible, disagrees. He argues that Trump does not meet those criteria. Allen, welcome to the program.

Dr. Frances: Oh it's my pleasure to be here.

Lindsay: What is Narcissistic Personality Disorder?

Dr. Frances: Well Narcissistic Personality Disorder is described in the DSM system to picture individuals who are grandiose, self-absorbed, self-promoting, interested in their own welfare and not interested in other people's welfare, lacking empathy for other people's feelings, exhibitionistic, kind of a lot of the traits that Donald Trump shows but he doesn't meet the criteria for the disorder. The reason for that is, it's not just having the traits. You also have to experience distress because of them or have impairment. Now Donald Trump is a man who singularly seems unable to experience distress and although he causes a tremendous degree of impairment in others, we've actually rewarded him with the highest office in the land. So he has all the characteristics of a world class narcissist. What he lacks is the distress and impairment that are required for the definition of personality disorders.

Lindsay: But Trump seems to be one big fit of pique. He seems to get upset and distressed all the time by the slightest criticism or even honest questioning by media or anybody like that. I mean, he's up in the middle of the night tweeting and accusing President Obama of wiretapping his phones because he's feeling insecure. He seems like he is just a walking wall of need and pique about constantly being affronted.

Dr. Frances: Well I think there's no doubt in the world that he's a jerk, there's no doubt in the world that he's extremely thin-skinned. There's no doubt in the world that having billions of dollars is not making him the happiest person on earth, but that's not really the kind of distress or impairment that DSM means for mental disorders. People who suffer from mental disorders are in a different class of difficulty in their lives and it's insulting to compare his midnight piques with their lifetime suffering.

Lindsay: I don't know, it seems like though he does things that are fundamentally against his own interests even just as President, like flying off the handle and saying that the judge overseeing a lawsuit he's involved with isn't objective because he's Mexican or saying that he's going to dismantle the Ninth Circuit when a judge is not even in the Ninth Circuit, goes against his executive order on sanctuary cities. I mean these things seem like they're really causing a significant impairment for him politically too.

Dr. Frances: It's causing tremendous impairment for us, for our country and our world. It's not causing him much personal impairment. He's President, we're not.

Lindsay: But his approval ratings keep falling, he's a historically unpopular President.

Dr. Frances: But that's not what we're talking about, we're talking about mental disorder. When we're talking about mental disorder, we mean people who are suffering and having severe impairments in their lives, not little ups and downs in their day. To lump Trump with the mentally ill is a tremendous insult to the mentally ill. Most of the mentally ill I've know, I've know thousands of them, are well meaning, well behaved people who cause the world very little or no harm. Donald Trump is not well meaning, he's not well behaved, he's causing the world a great deal of harm. To say that Donald Trump is mentally ill on the based on the fact that he tweets at the middle of the night, is to miss the tremendous difference between the suffering of mentally ill and Donald's Trump little day to day difficulties. And lumping them together is not an insult to Donald Trump, it's an insult to the mentally ill.

Lindsay: But it seems like Donald Trump, if you were to just look at him, okay, he's got two divorces, he's got six bankruptcies, he's lost billions of dollars of other people's money. If you were just looking at a file like that in terms of the carnage that he inflicted on his own life, wouldn't that be counting as impairment?

Dr. Frances: Absolutely not. I mean I think the whole point is, impairment doesn't mean life difficulties. It doesn't mean being a jerk, it doesn't mean causing yourself and other people problems. That's the confusion between bad and mad. Donald Trump is a very bad person and bad people get into trouble, but doesn't mean they're mentally ill.

Lindsay: But what of his difficulties and setbacks of the results of his callous lack of empathy or his extreme grandiosity, his willingness to lie to promote himself, wouldn't that count as impairment?

Dr. Frances: You're forgetting a fundamental thing, he's President of the United States. He has received the highest reward. He's a billionaire, he's President of the United States, he's the beloved leader of perhaps 40% of our population. The fact that we don't like him, the fact that he's a despicable person doesn't make him mentally ill and we have to fundamentally keep this distinction. It's a terrible kind of stigma on the mentally ill to assume that everyone who does bad behavior is suddenly mentally ill. That gives them an out and it lumps the mentally ill with the bad. Mentally ill people are good people.

Lindsay: Aren't mentally ill people just people in general so they're going to be some people who are mentally ill who are also are moral monsters, just like there're lots of good people who are mentally ill?

Dr. Frances: Actually, amongst the mentally ill, there's a slightly increased incidence of violent behavior. There're a very few moral monsters and virtually, not all but maybe 95% of our violent crime is committed by people who are not mentally ill. There's a very strong distinction to be made between bad behavior and mad behavior and lumping Trump with the mentally ill blurs that vital distinction.

Lindsay: But don't the mentally ill have the same incidents of bad character or good character as anybody else? I mean it seems like it's orthogonal as to whether they're a good person or whether they have a mental illness.

Dr. Frances: I'm not saying that mental illness makes you a better person, but most people with mental illness are really fine people.

Lindsay: Absolutely.

Dr. Frances: And Trump is not.

Lindsay: But it doesn't seem like it's necessarily attributing his badness to his mental illness. It seems like attributing his extreme abhorrent behavior to some that it may fall into a category of a personality disorder rather than saying, well he's morally deficient because he's mentally ill.

Dr. Frances: Again you have to realize that abhorrent is how Trump looks to you and me. Abhorrent behavior in his part wasn't even to prevent him from being President of the United States. That many people support this guy, they're misguided for sure but many people support this guy and they're not supporting him because he's crazy, if anything Trump is more crazy like a fox.

Lindsay: How do you define distress relative to DSM? Like how do you know what things qualify as distress?

Dr. Frances: We left distress deliberately vague and in also, impairment. We said with every diagnosis, that the symptoms themselves would not be sufficient. That they would

be necessary but they would have to be accompanied by significant clinical distress or impairment. The reason for this is, there's no bright line. There's no bright line separating normal from abnormal and so it's very much a clinical judgment not something can be done with bright lines. But what I do object to is fuzzing up even more what's inherently a fuzzy boundary.

Lindsay: Can't we know whether he experienced this clinically relevant distress? I mean we do know his personality is not one to admit weakness or broadcast weakness. Is it possible that he's having distress at a clinically significant level and we just don't know about it?

Dr. Frances: Of course -- but irrelevant. You don't make diagnosis with people unless you do know about it.

Lindsay: Right. But I mean, I'm just curious about your position. Are you saying that we can know that he does not have this disease because he's objectively functioning in the world at a certain level or you're saying, we just can't know cause we haven't examined him?

Dr. Frances: I think that from a clinician standpoint, you have to have personal experience to the person before you make a diagnostics. How much can we say about a public figure based on their public behaviors is debatable. But I think the very ... Here's the encroaching point, let's just get down to what really matters. Trump is a political disaster for this country and his policies may wind up killing more people than Hitler, Stalin and Mao combined. That the global warming he may inflict on the world could conceivably kill hundreds of millions of people in the coming decades. So it's actually no question that he's a tremendous danger.

Diagnosing him, from a distance, saying casually and without evidence and in a kind of amateurish way that he has a personality disorder does not stop Trump at all. His psychological functioning is really in some ways completely irrelevant. The main point is, he's a political threat to our country and his policies are a clear and present existential danger for tens of millions of people in the world. This has to be fought on a political level and people on the sidelines calling him psychological names will not have any impact. They embarrass themselves more than they embarrass him.

Lindsay: So it's not that we can rule this out, it's that he seems extremely narcissistic but we just can't know?

Dr. Frances: It's more like who cares.

Lindsay: And what do you think the downside is? Of at least some psychiatrists say that they see enough impairment or distress relative to the criteria to say that we should be very concerned that he might be and we have a duty to warn, if you're a doctor, that somebody might have this kind of problem. What do you say to people like that?

Dr. Frances: Well there are three problems with it. The one I've mentioned and I want emphasize it over and over again. It is a stigma on the mentally ill to lump Trump among the mentally ill, especially when you have no evidence for it. It's an embarrassment to the people doing it because they're sort of out of their depth and not understanding how the diagnostics system works and fundamentally not understanding how the political system works. And the worst in terms of the long term effects of Trump on the world is, it's not bothering Trump at all when people call him psychological names. He's not tweeting in the middle of the night about the mental health workers who signed the petition against him, that doesn't bother him. What would bother him is a concerted nationwide, week in and week out demonstration of his political weakness. So he has to be fought on political grounds, not with psychological name calling.

Lindsay: Do you think that there is a place ... Many people have called for some kind of independent psychiatric assessment of all people who become President. Do you think that that would be an appropriate thing to do?

Dr. Frances: I think it's fairly absurd. First off, many mentally ill people have been among the greatest leaders we've ever had.

Lindsay: Like Lincoln?

Dr. Frances: Lincoln certainly had periods of deep melancholia, and so did Churchill. Even during World War Two. So to say that mentally ill people on the face of it are unable to serve would deprive us to some of the greatest leaders we've ever had, and again, it's a slur on the mentally ill.

Lindsay: Is it a slur on the mentally ill though? I mean it just seems like if mental illness is a part of life, a part of humanity, 20% of people have some kind of diagnosable condition, like isn't it just acknowledging that the mentally ill are as good or as bad as anybody else?

Dr. Frances: No, the implication of the call for an examination in Presidential candidates is, they would be ruled out because of having a mental illness and that is a slur on the mentally ill.

Lindsay: Or at least that somebody responsible could be briefed and know that their health has to be taken care of and monitored. I mean, I think that's a reasonable thing for somebody who has the finger on the nuclear button. I mean, if you want to be way down in this, in the hierarchy of administering our nuclear system, you have to take all kinds of tests and prove that your finances are okay, your mental health's okay, you don't have any substance issues, your credit's okay. Why should the President have this carte blanche operate without having any kind of accountability on very basic and common human fallibilities that he or she might have?

Dr. Frances: You have much more faith than I do in the predictability based on psychological tests or interviews of how a person would behave in office. I think that I would

have much more faith in seeing them in action, in their actual performance. Now the last election proves that a con man can fool the American public. But I don't think psychological evaluation will protect this. I think we have to trust the political process to handle political issues.

Lindsay: Would your view of Trump's mental health change if there were some disasters that would have befallen him in office that could be clearly traced to his grandiosity or his inability to take criticism. I mean, suppose he nukes a country because a leader offends his sensibilities, would that change your mind about the relative probabilities?

Dr. Frances: Well Trump has been a jerk his whole life. I mean, anyone who followed his career and I grew up not far from him, lived in New York and began noticing him in my twenties and his, when he was doing outrageous things. He has never made a secret of being a jerk. He's been out there with absolutely ridiculous comments and actions his whole career. The public got to Trump that people have seen for the last 50 years, it's not as if there's a decoy. Would Trump be more likely, do I trust that Trump on the nuclear button compared to Obama? Obviously not, but I think the problem isn't so much a psychiatric diagnosis, it's who Trump is. It's not so much whether we'd label him Narcissistic Personality Disorder or not label him Narcissistic Personality Disorder. Trump displayed all of his idiocy during this campaign and was still elected. And that's a terrible testimony to the United States, to our sanity as voters.

We have to look in the mirror and see what's wrong with us. If there's a diagnostics that needs to be made here, it's of the American public and the system of governance that we have and the way we finance political campaigns and the power of politicians to deceive and get away with it. The diagnostic burden should be on the American public much more on Donald Trump. The public knew what they were buying, he's not acting differently now than he acted 50 years ago. He's not acting differently now than he acted in the campaign. Putting a diagnostic label on him, doesn't change the fact that he's a jerk, that he's ignorant, that he's blustery, that he's impulsive, that he knows absolutely nothing about what he's doing in this position, he's way in deep over his head and doesn't even know it. All those things are plain facts. Putting a diagnostic label on it doesn't really add anything and it slurs the mentally ill and it distracts attention that the real job is getting this guy out of office through the ballot box, not through psychiatric diagnosis.

Lindsay: But if there's nothing that Trump could do, that would be a kind of ... I mean, if everything he does is just explained in terms of him being a jerk, no matter how ill-considered, no matter how impulsive, no matter how thin-skinned, no matter what the consequences, what good is a label like Narcissistic Personality Disorder if there's nothing he could possibly do to qualify for it?

Dr. Frances: It has absolutely no use in a political discourse. It's a clinical label, meant to help clinicians deal with individual patient in a therapeutic setting. When this applied in

a political situation like this, it's a useless label that distracts attention from the political actions that have to be taken.

Lindsay: But isn't it an empirical scientific question as to whether he has it or not? Just like whether he has leukemia or whether he has male-pattern baldness?

Dr. Frances: Not at all. The psychiatric diagnosis when at the mild levels are at a very fuzzy boundary with normality. About 5%, you quoted 20% of the population has a mental illness, that's a loose definition. About 5% of the population has a severe mental illness that everyone could agree on. The boundaries between their condition and normal are very clear cut. But for the most part, many of the other 15% are in a fuzzy hinterland between normal and mental illness, arbitrarily defined and differently defined at different times and different places. So we misapply the label of mental illness when we assume that one in five people have it in any given year.

Lindsay: But is it a misapplication, I mean if we're going with the DSM relative to what qualifies in the DSM, aren't we applying it properly?

Dr. Frances: There's no ... One way of applying the DSM, it's a document that states criteria but leaves lots of room for clinical judgment. And the epistemological studies that come up with a rate of 20%, do it based on telephone interviews by non-clinicians and come up with what's really an upper limit, not a true rate of disorder. But I guess the main point for purposes here is that, psychiatric disorder is very clear cut and we understand the treatment for it when it's severe. At the milder registers, there's a fuzzy boundary and way too many people are taking medicines for conditions that are more a reaction to everyday life, the aches and pains and difficulties of living than a real psychiatric disorder. It's not a clear cut scientific, x percentage of the population has a disorder, it's a fuzzy boundary.

Lindsay: And what can be done to ... Do we want to tighten up the DSM? I mean do we want to make this criteria so strict that the obvious 5% are the only people who qualify when we consider that the DSM is a gatekeeper for things like insurance reimbursement where people who are having significant problems in their lives and they would benefit a lot from carefully applied psychiatric health help. Do we want to exclude them from consideration?

Dr. Frances: Well it depends on the situation you're in. What's happened over the last 35 odd years is a diagnostic inflation. So that previously, way too few people were being diagnosed and now way too many are. 20% of the American population are taking psychotropic drugs and 80% of these drugs are prescribed by primary care doctors, usually after a 10-minute session, often for problems of everyday life that would get better on their own. So, I think we're clearly in the state now of over-diagnosis. We need to right the balance and be more careful before we apply labels and certainly more careful before giving medications. Many people who'd get better on their own or would get better with psychotherapy are given medications that they take for years, sometimes a lifetime, with no more than placebo effects and lots of

real side effects.

Lindsay: And we said that 20% of people are taking it. Does that mean people have a prescription, 20% of people have a prescription that they're renewing month after month for things like anti-depressants?

Dr. Frances: Yup, and that doesn't even count the opioid epidemic that was stimulated by big pharmaceutical companies encouraging pain to be a fifth vital sign and encouraging a drugs kind of pushing by doctors for pain that it would be a much better treated in other ways and instead we have several million people addicted to opioids. We have 20,000 almost dying a year from prescription opioids and many driven to street drugs when they get a tolerance that doesn't allow them to continue the prescription drugs. So yeah, so overall psychiatric conditions and pain conditions are being way over treated with medication and they're both a kind of national epidemic that we should be containing with much more careful diagnosis, watchful waiting, a greater reliance on psychotherapy than jumping to repel.

Lindsay: Why do people keep taking these drugs? I mean with anti-depressants, there's no secondary gains from them, people are not getting high and they cost money and a lot of them have really bad side effects like dry mouth or weight gain or tremors and all kind of things like that. If people aren't seeing a benefit, why do they keep taking them month after month despite all the obvious upfront downsides?

Dr. Frances: Well they do see a benefit. The best medicine ever invented by man was placebo. We've been using placebos now for 100,000 years, the Shamans first medicine. If you're talking about mild to moderate stress conditions, disappointments in life, losing a job, divorce, financial troubles, the rate of placebo response to the anxiety and depression that results from that is well over 50% and very close to the rate of drug response. So what happens is a person goes to this primary care doctor with transient troubles that come from real problems in life, the primary care doctor doesn't have time to take to them to understand the situation has been primed by the drugs salesman, has samples on his shelf and needs to get the patient out of the office in seven minutes.

The easiest thing he can do is write a prescription or give a sample. The patient leaves and we've done studies on this, other people have too, you have a tremendous response just the time that within a week or two, many of these problems are no longer what they once seemed. People come to doctors on the worst day of their live. But once you take the pill, you misattribute the benefit to the pill and people will stay on medications for years and sometimes lifetimes, when they don't really need the pill and they think it helped.

Lindsay: It seems that we have so much problems with medications compliance for other drugs like blood pressure drugs, diabetes drugs, it's hard to keep people on these medicines because it sort of human default to just slack off not to take it and you notice that you don't feel much worse when you stop taking it, you might even feel a little better. Like why do people, why is there this perseveration with the anti-

depressants that people aren't really getting anything out of it?

Dr. Frances: We have the same problem with compliance with psychiatric patients. So the people who really need the medicine often don't have access to it because they can't afford appointments and we've tremendously slashed access to mental health programs. The government has and the Trumpcare is going to make this much worse, government always economizes by taking it out on the most vulnerable. So that we have an under-treatment problem too in psychiatry, the people who most need the medicine. But if you're a fairly well-functioning person and you're feeling terrible because of a life situation and you go to a doctor and he gives you a pill and you feel better, well especially if you're well-functioning and responsibly, you might think "I better not discontinue this pill because it's making my life much better, it's helping my family out." So very often, the people who least needs the medicines, stay on them the longest with the least benefit and the least reason for side effect. Whereas the people who mostly need the benefit can't get to them and often may be more likely to stop taking them, even though they desperately need them.

Lindsay: Why do we even have a DSM category for personality disorders? I mean we've studied them for years and years and it seems like there's no good empirical therapy for most of them. What's the point of even having this label for people if it comes up so close to the general spectrum of character traits many of which are adaptive? Like why do we label the people who are on the extremes as having a mental condition at all instead of just saying, "Well that's human nature, some people are jerks?"

Dr. Frances: Well I think it's a really good question. I think some of them probably would be better off eliminated. I think Anti-Social Personality makes no sense because it's really, as defined, describing criminal behavior and this leads to terrific confusion in the correctional system and in the legal system. So I wouldn't argue that we need to keep all of them in. I think that personality features are an important predictor of response to treatment. They do guide clinicians in how best to deal with patients, they have a clinical utility but they're a misuse when they are taken out of context.

Another personality disorder is the one that has the most clinical meaning, is Borderline Personality Disorder, that that does have a fairly, although not completely, a fairly homogenous presentation and a number of treatments targeted to it that are quite effective. So I wouldn't argue that the whole section is necessary as it stands. I would argue that at least some of the disorders are very useful in clinical practice but there is no doubt that these concepts can be distorted when they're taken out of the consulting room and thrown around as loosely as they have for Trump.

Lindsay: Do you think there's any place for refining the DSM so that you could have it for research and not necessarily for clinical labeling purposes cause it seems like there are a lot of categories in the DSM that are now guiding research and systematizing how people study mental illnesses and problems and living, and that's useful, but

it's also the downside that you're clinically labeling somebody that might be on the big fuzzy board or abnormal.

Dr. Frances: Well that's actually changed in the last four years. The NIMH no longer, is interested in grants that research DSM disorders. They've developed a different, much simpler system of categorization. The DSM turned out to be pretty much a failure in guiding research because the categories are too heterogeneous and research questions have to be much simpler. Also, we have to face the fact that the brain is the most complex machine in the universe and that it's not revealing its secrets quickly. We have very powerful neuroscience tools but they're not sort of giving us easy breakthrough answers about understanding mental disorder. So, the research and the area is thrilling in terms of basic science, very disappointing in terms of guiding clinical practice. And at this point, the DSM is not the major tool for research in the field, it's been put on the shelf. The neutral may or may not work out but it does have the advantage of asking much simpler questions.

Lindsay: So there's the opportunity if people wanted reform to radically prune the DSM back and it wouldn't set science back at all?

Dr. Frances: Not at all. I think I was on the side, personally doing DSM-IV which is now almost 30 years ago, of constricting the system because I thought it was getting out of hand. But in order to prevent further expansion, the rules we set up for DSM-IV were very stringent. No changes unless there was absolutely compelling evidence in favor of the change and few trials showing that it would be beneficial rather than harmful. We set the bar so high that we made very few changes in DSM for but it was sort of a cut both ways. If we weren't going to allow expansion of the system without compelling evidence, we couldn't allow the constraining of the system without equally compelling evidence. So we left DSM-IV as it was. I think it's way too broad a document, not just in how it's written, that part of it, but even more how it's applied.

So the DSM is just a piece of paper, it can be applied in very different ways by different clinicians and with the overwhelming influence of the drug industry, the advertising directly to the consumers, the marketing to doctors, the system has been applied much more loosely than it was ever meant to be. So partly the problem is that the DSM itself should be tightened and with more cautions about over-diagnosis and careful diagnosis. But part of the problem is that the drug industry has kind of shanghaied people's perceptions with the false notion that all mention disorders are a chemical imbalance, that they are usually under-diagnosed, that they're easy to diagnose, primary care doctors can do it in seven minutes and that every chemical problem has a pill solution. So it's partly the DSM problem, also very largely the way the DSM is being misused in everyday practice.

Lindsay: Does the DSM still have its out-sized function in terms of the gatekeeper, in terms of what you can be treated for and reimbursed for by a third party like an insurance company?

Dr. Frances: Yup.

Lindsay: So pruning down the DSM might have an unintended bad consequence of automatically pushing a lot of people who might be on the abnormal border out of treatment right?

Dr. Frances: Yeah but you're missing the other unintended consequence of things as they are now. And that is that because we expend so many resources and the misallocated effort to treat everyone who has an everyday problem in life, especially with medication, we're terribly neglecting the severely ill, those 5% which would constitute maybe twelve and a half million adults in America. Of those, more than a million are in jail now or have been in jail. So we've criminalized severe mental illness by having little or no treatment available for the very ill, unless they have resources and can afford it on their own, they often wind up neglected, they often wind up homeless, maybe 250,000 of them are homeless and if a mentally ill person screams in the night or urinates in a public place, the police have learned that it makes no sense for them to take them to a hospital for help, however crazy they are because the hospital has no resources.

They'll hang you around for three or four hours and then be discharged. The cops take them to jail now and once in jail, the severely mentally ill do terribly. They're often put in solitary confinement, they do even worse in solitary confinement than the rest of us would and it's enough to drive anyone crazy. They have long stays, they're vulnerable to physical and sexual abuse by other prisoners. So when we focus our attention on the mildly ill, we're missing the tremendous, shameless neglect of the severely ill who really deserve many more resources.

Lindsay: Allen, that's all the time we have for today, thanks so much for coming on the program.

Dr. Frances: My pleasure, thank you very much.

Lindsay: Each week on the Breach, I recommend some reading material that has helped me make sense of our tumultuous political moment. This week's recommended reading is by Evan Osnos in the New Yorker and it's called, How Trump Could Get Fired. As the title suggests, Osnos explores the various constitutional mechanisms by which a president may be removed from office, including impeachment, a constitutional classic, and the 25th amendment, a relatively new remedy. Osnos interviews dozens of experts from constitutional lawyers, the high ranking elected officials on both side of the aisle. He reveals that Republican members of Congress are already privately discussing whether Trump can be removed from office. It's a long piece and very much worth your time. That's it for recommended reading.

The Breach's produced by Rewire Radio. Our executive producer is Marc Faletti, our theme music is Dark Alliance performed by Darcy James Argue's Secret Society and I'm your host, Lindsay Beyerstein. Tweet your suggestions, comments and questions to @Beyerstein, B-E-Y-E-R-S-T-E-I-N on Twitter. See you next week.