tional performance. Hundreds of colleges already participate in assessments such as the National Survey of Student Engagement (NSSE) and the Collegiate Learning Assessment (CLA). The NSSE asks a sample of students how many books and papers were assigned, how many hours they spent preparing for class, whether they had group projects, etc. CLA test takers, freshmen and seniors, write long analytical essays.

However, Carey writes, the potent higher-education lobby has aggressively resisted efforts to make the results of such tests public, and Congress has refused to take even baby steps in that direction. But only increased transparency will push colleges to do what they are meant to do: teach.

**SOCIETY**

The Other Insurance


An overwhelming majority of Americans who live to 65 will eventually require long-term care, but less than 10 percent over the age of 50 have long-term care insurance. Those familiar with nursing homes and home-health aides know that such care doesn’t come cheap: National spending on long-term care topped $206 billion in 2005, according to Georgetown University’s Health Policy Institute. “Virtually the entire U.S. population is at some risk of using more care than their assets can finance,” write Duke public policy professor Donald H. Taylor Jr. and his coauthors.

Advances in genetic screening may upend how long-term care is financed. Taylor and colleagues found that when people learned they had a genotype that increased their likelihood of developing Alzheimer’s disease, which sends 75 percent of sufferers to nursing homes, they were 2.3 times more likely to acquire long-term care insurance. The problem is that the availability of such genetic tests could flood insurance companies with more high-risk customers, undermining the financial logic of insurance. To contend with a pool of sicker clients, long-term care insurance providers would either have to raise the premium costs for high-risk individuals or raise all premiums. In either scenario, the increase would likely make insurance too costly for some individuals.

In order to prevent health insurance organizations from raising premiums for people with a genetic predisposition to disease, Congress passed the Genetic Information Nondiscrimination Act in 2008. But no such restriction applies to long-term care insurers. A few states have stepped in with anti-discrimination laws of their own. But if such safeguards become more expansive, Washington will face pressure to intervene, the authors write, either by requiring everybody to buy long-term care insurance or by providing costly subsidies to cover a greater number of people. Given the legislative circumlocutions that imperiled health care reform, the path forward for long-term care insurance seems murky indeed.

**Do Learning Styles Matter?**


Audio, visual, textual—most people are willing and eager to identify themselves as a certain type of learner. And it follows pretty quickly that they learn better and faster when teachers approach a lesson in their “style.” Based on that logic, many school districts have poured money into training and materials to help teachers tailor their lessons to the various learning styles of their students. But haste makes waste, write Harold Pashler of the University of California, San Diego; Mark McDaniel of Washington University, St. Louis; Doug Rohrer of the University of South Florida; and Robert A. Bjork of the University of California, Los Angeles. There just isn’t sufficient evidence to support customizing education in this way.

An industry of expensive seminars and guidebooks has sprung up premised on the so-called meshing hypothesis—that instruction is best absorbed when it matches a learner’s preferences. In order to justify this industry’s existence, a study would have to show that students, sorted by learning style, then randomly assigned to different instruction methods, performed better when they were instructed in the “correct” teaching style. Very few studies have attempted this, the authors report,
and of those that did, several had results that flatly contradicted the meshing hypothesis. The one study Pashler and colleagues thought might support it had serious methodological flaws, including data scrubbed of “deviant scores.”

On the other hand, in what the authors deem “a particularly informative and well-designed study” of 175 participants, psychologists Laura J. Massa and Richard E. Mayer found “no tendency for better performance” among subjects who received information in their preferred format. Massa and Mayer concluded that their results gave zero support to “the idea that different instructional methods should be used” for different types of learners.

The appeal of learning styles isn’t hard to understand. The idea of finding out “what type of person one is” probably has some “eternal and deep appeal.” Parents love the idea that if their children aren’t doing well, it’s because they haven’t received the proper style of instruction. But appealing as it may be, it’s just not worth the cash until the evidence is there. Without firm support, the authors conclude, schools should not invest their limited resources in catering to students’ supposed learning styles.

### S O C I E T Y

**Catch-22**


**IN CHICAGO, A SEVEN-YEAR**

wait confronts poor people hoping to move from homeless shelters to longer-term subsidized housing. Those judged psychotic, however, can make the move in only two weeks. Yet there are very few takers.

Stanford anthropologist T. M. Luhrmann tried to get behind the wall of mental illness to understand this mystery. She planted herself in the homeless shelters and drop-in centers of a tiny, two-to-three-block area with probably “the densest concentration of persons with serious psychotic disorder in the entire state of Illinois.” The women she met refused to get the paperwork signed certifying their diagnosis of a psychotic disorder. One woman, Zaney, insisted she was not crazy despite the fact that she heard “angry but nonexistent” voices. When Luhrmann suggested several times that she just “pretend” to be crazy in order to get an apartment, Zaney would shake her head. “I’m not that kind of person,” she’d say.

It’s not that Zaney is unable to reflect or think straight, Luhrmann writes, it’s that “crazy” means something different to her and the other women she met during her research—something akin to “weak.” They see psychosis as something that “arises when a woman is not strong enough to cope with the difficulties of homelessness,” and believe that “only those who give up the struggle to get out become flagrantly ill.”

Refusing help is a “kind of signal.” It means: I am not crazy. I can survive on my own.

Luhrmann can see where these women are coming from. Many with severe psychosis are quite coherent and competent much of the time—they have to be, or they wouldn’t survive on the street. It is a harsh world. “People in shelters say scathing, contemptuous things about each other and about people like themselves,” Luhrmann writes. The most psychotic women—the ones who are visibly talking to people no one else can see, who gesture to the empty air—are the most scorned of all.

What makes it all the more difficult for them to accept a diagnosis is that to them the consequences of turning a deaf ear to the voices are dire. “This is the terrible dilemma of madness,” Luhrmann writes, “that if you ignore the phenomena—if you tell yourself that the voices and the visions are twisted figments of your imagination—and you are wrong, the cost is very high, because the voices promise your own destruction.” The philosopher Blaise Pascal relied on the same logic when he became a Christian in the 17th century. “If he believed and he was wrong, he risked being a fool, but if he did not believe and he was wrong, he risked eternal damnation. He chose belief. We live, all of us, in the gray zone of interpretation, judging what in our world is truly real.”

Helping homeless people who are mentally ill, Luhrmann concludes, requires recognizing their reality. Some programs, such as one in New York City called Pathways to Housing, already do things differently. They don’t mention psychiatric diagnoses, simply assisting those who are “obviously eligible.” The casual screening seems to work—the program costs no more than conventional approaches.