

THE LOOSE SCREW



AWARDS

Psychology's TOP 10 Misguided Ideas

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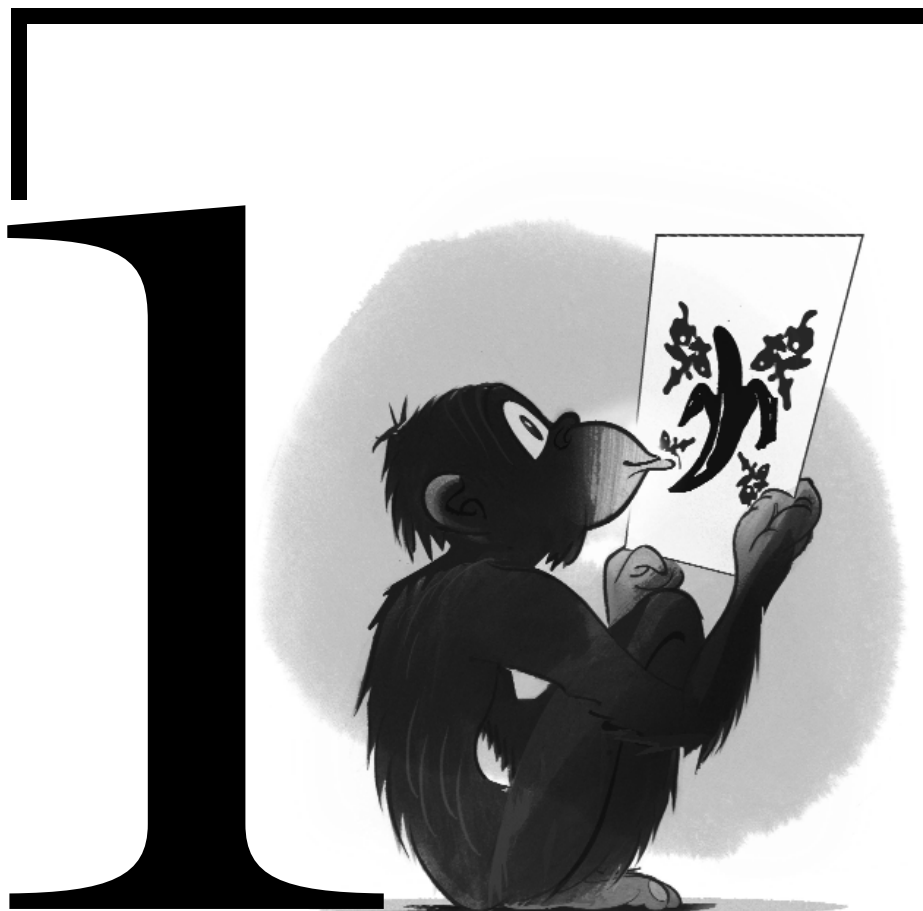
THE MENTAL HEALTH FIELDS have, now and then, spawned and nurtured some completely crazy ideas. Physicians in the 18th and 19th centuries, for example, inflicted strange and extremely cruel treatments on their mentally ill patients based on equally bizarre theories of human nature. To try to shock schizophrenics into “regaining consciousness of the true self,” for example, doctors often bled them until they fainted, or blindfolded them and allowed them to fall through a trapdoor into cold water—the so-called “Bath of Surprise.” It’s unlikely that such techniques had any therapeutic value.

Our own era has also produced theories and techniques of dubious worth. In the 1990s, for example, practitioners by the

thousands began “facilitating communication” with nonverbal children by strategically guiding their clients’ hands over keyboards. Some of these children appeared to claim that they had been sexually abused, and one even wrote a novel this way. A barrage of research soon demonstrated that the technique was nonsense; all of the ideas came from the facilitators, not the children.

Unfortunately, no matter how persuasive the evidence, people often cling to discredited ideas. Either unaware of or unimpressed by the research, therapists and parents worldwide are still using facilitated communication to try to reach their silent loved ones.

Here are 10 faulty concepts from the mental health pro-



The Hollywood Prize for Good Visual Props

PROJECTIVE TESTS

IN THE 1930s behaviorist B. F. Skinner—known mainly for his work with rats and pigeons—invented the verbal summator, a device that undoubtedly made some psychoanalysts salivate. A 78-RPM record played ambiguous, muffled phrases, and listeners interpreted the sounds. If you heard a strange hissing sound like *mzher bsss, mzher bsss, mzher bsss*, what words would occur to you? Mother's breast? My abyss? Wide-mouth bass? Psychoanalysts believed that responses on a projective test of this sort—that is, a test that forces people to interpret ambiguous cues—could give insights into a patient's unconscious mind. After all, someone who answered “my abyss” would presumably have far different things on his or her mind than someone who said “wide-mouth bass.”

Skinner's test never caught on, but others are legendary. The most famous is the series of symmetrical inkblots developed early in the 1900s by Swiss psychiatrist Hermann Rorschach to assess personality characteristics. Even the old word-association test, in which the therapist asks for quick reactions to common words, can be considered a kind of projective test.

Early evaluations of such tests praised them as “foolproof X-rays” of personality, but eventually it became clear that responses on projective tests varied considerably with the situation, the instructions and the scorer. If different lab technicians produced dramatically different X-rays, we'd abandon that test, but projective tests are still widely used by therapists—even in life-changing situations like child-custody disputes. A recent review of research on projective tests suggests that they rarely reveal information that can't be obtained in other, more practical ways—like asking the client!

The Idea That Launched a Thousand Suits

RECOVERED MEMORIES

WHILE UNDER treatment for depression in the mid-1980s, Patricia Burgus made a horrible discovery. Her psychiatrist, employing both hypnosis and medication, helped Burgus remember that she had been a victim of horrendous abuse as a child—torture, cannibalism, even participation in ritual murders. She also learned that she had more than 300 alternate personalities. Burgus was hospitalized for more than two years, often in leather restraints.

Eventually, she began to doubt the validity of her many “recovered” memories. She sued her therapist, his associate and the hospital where they practiced, and ultimately won a settlement of \$10.6 million.

Burgus was one of many swept up in the “recovered memory” craze of the 1980s. Zealous therapists encouraged clients to recall repressed memories of childhood abuse, leading to more than 800 lawsuits against alleged abusers between 1985 and 2000. Many of these resulted in incarcerations. A few led to suicides.

In most cases, there was no corroborating evidence, and many accusers later recanted. But if the memories were inaccurate, where did they come from, and why did patients accept them as real?

Laboratory research by Elizabeth Loftus of the University of California, Irvine, provides a clear answer. Her studies of eyewitness testimony demonstrate that memory is remarkably susceptible to suggestion. Ask subjects who have just seen photos of a crime scene to describe the stop sign in the image, and many will “remember” the stop sign—even though it was never there.

In other words, the source of many of the recovered memories was the therapist. Leading questions, especially when combined with drugs, hypnosis and suggestive dream interpretation, can easily produce false memories that seem quite real to patients.

In recent years, dozens of recovered-memory “survivors” have won settlements or judgments against their former therapists, but according to the director of the False Memory Syndrome Foundation, recovered memory therapy is still being practiced.

3

Meanest

CORRECTIONAL BOOT CAMPS IN THE LATE

1970s, government leaders were desperately seeking remedies for the nation's soaring crime rate. One solution, inspired in part by the tough love message coming from mental health professionals, was to establish military-style boot camps where harsh discipline and strict regimens would set people straight. The first adult camps were established in 1983, and by the end of the decade, at least 15 states had opened or were developing similar camps for either adults or juveniles.

Although initial reports were encouraging, by the mid-1990s troubling reports began to appear about abuse and sadism at the camps. In 1998, five staff members at a boot camp in Arizona—including the camp nurse—were indicted in connection with the death of a 16-year-old inmate. At the time of his death his body was covered with cuts and bruises—71 in all. The camp was eventually shut down, and 16 of its staff members were added to the state's registry of child abusers.

The biggest problem with boot camps, however, is that they just don't do the job. Recidivism of 60 percent or more is common—as high or higher than the recidivism rates generated through more benign programs. Experts on learning have long known that harsh discipline mainly teaches people to be harsh themselves—and to hate their abusers—but that message is getting through only belatedly to the boot camp advocates. As the head of a National Institutes of Health panel that studied “get tough” programs nationwide summed it up a few months ago: “All the evaluations have shown [the programs] don't work.”

Most Over-Rated

THE CULT OF SELF-ESTEEM

HUMORIST GARRISON KEILLOR is famous for his stories about the fictitious Lake Wobegon, “where all the women are strong, all the men are good looking and all the children are above average.” Statistically speaking, however, all children can't be above average—unless, that is, they're raised in self-esteem-obsessed America.

Feeling good—as opposed to behaving well—came into vogue in the 1960s, driven in part by books like Nathaniel Brandon's *Psychology of Self-Esteem*. By the 1980s, many schools were spending upwards of three hours a week on counseling and self-esteem classes, and at some schools all students were made “Student of the Month.” Curriculum programs like educational psychologist Michele Borba's Esteem Builders stimulated the development of more than a thousand off-the-shelf exercises like “I Love Me,” in which students complete sentences like “I am...” with words such as “gifted” or “beautiful” and then memorize the sentences.

But hundreds of studies have failed to show that self-esteem training produces lasting positive results. To put this another way, merely feeling good about yourself doesn't necessarily make you more effective. What's more, recent studies suggest that self-esteem training may be harmful—that it leads many students to overestimate their abilities, for example. One study even shows that people with high self-esteem are more likely to be violent or racist.

4



Most Likely to Make Good People Feel Bad

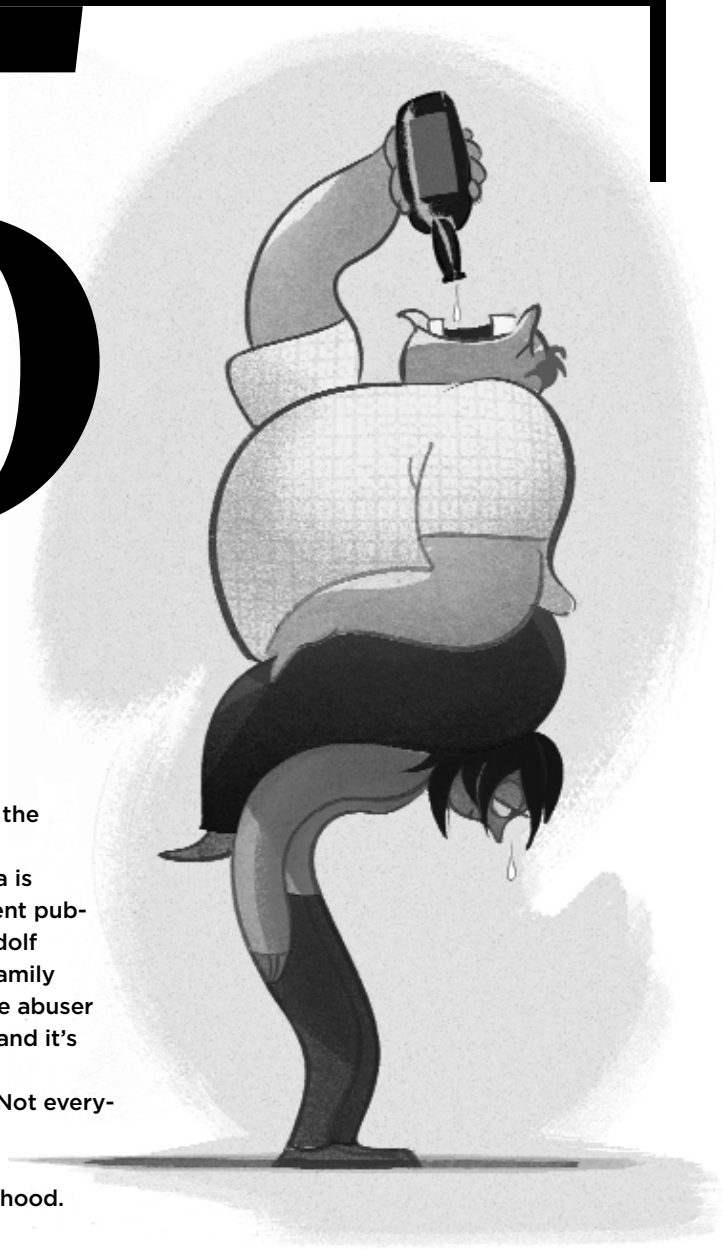
CODEPENDENCY, ENABLING AND TOUGH LOVE

LOVE AND SUPPORT are generally seen as good things, but in the 1980s, some substance-abuse writers and counselors claimed that the family members of alcoholics “enabled” alcoholism by being too loving. “Tough love,” they insisted, was the only solution. What’s more, they said, “codependent” enablers were themselves almost certainly victims of sexual abuse when they were children. The abuse lowered their self-esteem, which made them more likely to love and support someone unworthy of their attention. Some also insisted that all adult problems were the result of child abuse, and codependency was sometimes defined so broadly that almost any act of love or self-sacrifice could fit the definition. Bestsellers like Melody Beattie’s *Codependency No More* and Robin Norwood’s *Women Who Love Too Much* thrust these ideas into the public consciousness, where they remain to this day.

Considerable evidence suggests that the codependency idea is dead wrong. In a comprehensive analysis of alcoholism treatment published in 1990, for example, Stanford University psychiatrist Rudolf Moos and his colleagues came to the obvious conclusion that family support helps ex-alcoholics stay sober. Abandoning a substance abuser in the name of “tough love” can sometimes provoke a relapse, and it’s certainly hard on family relationships.

As for the child-abuse idea, it too contradicts the evidence. Not everyone who suffers from emotional or behavioral problems as an adult was abused as a child, and not everyone who is abused as a child necessarily develops psychological problems in adulthood.

5



The P.T. Barnum Medal for Mass-Market Potential

MOZART BABIES

ALL PARENTS WANT the best for their children, which is presumably why millions of Moms and Dads have played Mozart for their babies over the past

decade—especially the Sonata for Two Pianos in D Major. In 1993, researchers Frances Rauscher and Gordon Shaw announced that playing this piece for college students temporarily increased their “spatial reasoning ability.” To be precise, some of the students were better able to make judgments about how pieces of paper would look after they were folded and cut in certain ways. The researchers suggested that the music of Mozart (but not of other composers) had a positive impact on the brain.

From this modest study a large industry has grown, driven in large part by musicologist Don Campbell, who trademarked the phrase “The Mozart Effect” and published

a best-selling book about the idea in 1997.

Although there is evidence that intensive training in music may produce some general cognitive benefits, there is virtually no evidence that merely listening to music—even to Mozart—produces any significant or lasting effects. Even the original Rauscher and Shaw study has proved suspect; attempts to replicate it—including a careful 1999 study—have failed.

Meanwhile, hospitals around the country give out Mozart CDs to new parents, and the governors of Tennessee and Georgia have made this practice mandatory in their states.



Most Bureaucratic

STAGES OF DYING

7 ELISABETH KÜBLER-ROSS has some very specific ideas about death. I saw her lecture just once. It was an unforgettable experience, in part because she chain-smoked during the entire two-hour talk—on life after death, no less. Kübler-Ross, who died in 2004, is best known for her theory that terminally-ill people go through five distinct stages of dying: denial, anger, bargaining, depression and acceptance, introduced in her 1969 book *On Death and Dying*.

Her theory does sound good: First we tell ourselves that we're not really going to die, then we get angry, and so on, until we finally accept the inevitable. Her theory spread widely, and caregivers were soon pushing dying patients along this pathway, inferring from Kübler-Ross's book that any deviation from her five-step path was detrimental to the patient.

The problem is that Kübler-Ross based her stages on interviews with terminally-ill people. The universality of her model was never actually tested.

As early as 1980, hospice chaplain George Fitchett published an article insisting that dying patients actually decline in their own unique ways. More recently, Michele Chaban of Toronto's Mount Sinai Hospital has claimed that many of the patients Kübler-Ross interviewed didn't even know they were dying, which could explain why these very sick people were angry or in denial: They were being lied to about their ailments by hospital staff, including Kübler-Ross herself.

Most Twisted

SMOTHER LOVE: REBIRTHING THERAPY

TEN-YEAR-OLD Candace Newmaker suffered, we're told, from "reactive attachment disorder"—an inability to form close personal attachments. In April 2000, her adoptive mother brought her to a professional "rebirther," who promised to help Candace by staging her rebirth. Rebirthing was spawned in the 1960s by New Age guru Leonard Orr, author of the recent book *Breaking the Death Habit*. More than 100,000 people have been trained in Orr's technique, which mainly involves breathing in ways that supposedly allow people to return to the moment of their birth.

The rebirthers handling Candace used a creative adaptation of Orr's highly questionable methodology: Four adults pressed on Candace while she was surrounded by pillows and wrapped in a blanket—a makeshift womb. The idea was for the girl to emerge through the simulated birth canal into her new life with her adoptive family. Instead, she suffocated, and her adoptive mother and the four rebirthers were charged with her murder.

While rebirthing is not even on the fringes of legitimate therapy, sometimes legitimate therapists, like licensed counselor Kim Waters-Rose of Atlanta, Georgia, adopt such techniques to add to their therapeutic tool kit. By using rebirthing, "therapy goes a lot faster" for some clients looking for "personal growth," Waters-Rose says. She also offers "group rebirthings."

In 2002, the American Psychiatric Association said the technique "is not therapeutic and can even be fatal." But as long as therapists use it, and so long as clients don't object, rebirthing is unlikely to disappear.

The Breakfast Club Award

ADOLESCENT ANGST

THE IDEA THAT adolescence is necessarily a time of emotional turmoil was introduced by pioneering psychologist G. Stanley Hall in 1904 and has been widely accepted ever since. It still provides a rationale for America's massive and deeply troubled juvenile justice system, which handles more than 1.5 million teens a year, and it is also at the heart of a wide range of therapeutic treatments for teens.

But Hall based his concept of adolescence on a faulty theory from biology—"recapitulation theory," according to which each individual creature, as it develops, relives the evolutionary stages of its species. Hall conjectured that teens were reliving a time of "savagery" in our distant past—"an ancient period of storm and stress." By the 1930s, recapitulation theory had been completely discredited. Yet this had no effect on Hall's theory, which had by this time taken on its own life.

Teen turmoil, it turns out, is far from inevitable. In a recent review of 186 contemporary preindustrial societies, researchers found that more than half had no sign of it. Yet the idea that teen angst is unavoidable is pervasive in our culture.

Hall's theory has probably set a vicious cycle in motion: Society responds to teen problems (drinking, drug use, pregnancy, and so on) with restrictive laws and treatments, which in turn cause more teens to act out and rebel. The tumultuous stage of life we call "adolescence" is, without doubt, a creation of modern culture, not an inevitable stage of human development, and our own culture has produced far more of it than has any other culture in the world—in part, perhaps, because of a faulty idea from psychology.



10

The Sound and the Fury Award

TAKING IT OUT ON YOUR PILLOW: CATHARSIS

THE IDEA BEHIND catharsis is that current psychological pain is the result of pent-up energy left over from unresolved trauma. Like a fluid trapped under high pressure, energy is vented when someone relives an old experience while expressing extreme emotion. In the 1960s, when extreme self-expression was all the rage, therapies in which people screamed (primal-scream therapy) or were goaded into states of near-panic (implosive therapy) became mainstream. Most people still believe that anger is some sort of force that can be "bottled up," and that it's healthy to "vent" or "let go."

But in the 1970s and '80s, prominent psychologists like Elliot Aronson suggested that expressing your pent-up anger could make you even more angry, and recent studies by Iowa State University's Brad Bushman and others seem to bolster this viewpoint.

The catharsis idea is highly suspect, but the case against it is not airtight. No one is entirely sure just when venting is helpful and when it's not, but for some clients, expressing anger during therapy can help them learn about and control their negative emotions. Similarly, some studies show that expressing anger through athletic activities helps people stay calm.

This is just the short list, of course. The mental-health fields have generated a dizzying number of bad ideas, many of which still affect us. Even when an idea is discredited, it's rarely abandoned; it just moves to the fringes of the field, where willing practitioners are only too happy to adopt it. . . And that's the heart of the problem: We want solutions now, and we'll take what we can get. When therapists or behavioral scientists offer us even the most preliminary ideas for improving our lives, we grab them and hope for the best.

Author: Dr. Robert Epstein is West Coast Editor and former Editor-in-Chief of *Psychology Today*. He is currently working on a book called *The Case Against Adolescence: Rediscovering the Adult in Every Teen*.