For Whom Is This Book Applicable?
The range of possible students is quite large, but they would certainly include the following: graduate students in psychology, social work, nursing, pastoral counseling, educational counseling, psychiatric residents, and students wishing to specialize in group work whether inpatient, outpatient, live long, or open-ended. The basic principles articulated in this book could also be useful as background information for others, such as those who study organizations or other collectives. Though these purposes are quite different, these latter groups have many of the characteristics of therapy groups.

The Book’s Place in the Field
There are a number of very fine books about group therapy in the field: Bernard and Knackrist’s (1994), Goulston’s (1977), Zakan and Stone (2001), Yalom (1995) and others. Baruch’s book, though sharing some characteristics of these books, has several unique contributions to make to the field. First, it is clearly designed for students in the classroom and not for professionals in the field—though many professionals could certainly benefit from reading it. For this reason, teachers in graduate schools, in psychiatric residencies, and other places could easily build a very good course around it and students would learn a great deal. Unlike most other books in the field, Baruch has done a very good job of pulling together major theoretical perspectives and noting the value and use of each, not overwhelming the reader with a smorgasbord of disconnected viewpoints. Most other books in the field write from one theoretical perspective. Baruch also makes more generous use of research than most.

This is a very fine and rich introduction to group therapy that I would gladly recommend to anyone teaching about or wanting to learn about group therapy or about the nature of groups.

References

Has Clinical Psychology Gone Astray?

Science and Pseudoscience in Clinical Psychology
by Scott D. Lilienfeld, Steven Jay Lynn, and Jeffrey L. Loftus (Eds.)

Review by Richard J. McNally

Scientists believe in progress. They believe that our knowledge of the world today is more accurate than it was yesterday; but not as accurate as it will be tomorrow. Especially justifying such optimism are breakthroughs that mitigate human suffering. Consider the case of medicine—a discipline in which science has increased the world’s practice. Of the remedies recommended in the 1927 edition of a leading medical textbook, only 6 percent had adequate empirical support. By the time the 14th edition appeared 50 years later, half of the treatments recommended recommended for the same set of diseases were empirically well established (Eisenberg, 1993). Moreover, many of the 1927 remedies that later turned out to be either inert or toxic had vanished from the 14th edition. Progress in medicine, then, involves identifying and refining effective interventions, while eliminating useless or harmful ones.

Does clinical psychology share this trajectory of progress? Are we better at assessing and treating psychological disorders today than we were 60 years ago? Do today’s interventions enjoy the kind of empirical support that would warrant optimism about our field? Certainly scientific studies and by leaders of the movement for empirically supported treatments (EST) make a strong case for progress (Craske & Gelder, 2001). Advocates of cognitive-behavior therapy (CBT), in particular, have

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555
developed and confirmed the efficacy of treatments for diverse syndromes, including obsessive-compulsive disorder, bulimia nervosa, and obsessive-compulsive disorder, name just a few. Also, the EST movement has been greeted with enthusiasm from among psychodynamic therapists as well. The realities of managed health care have made it imperative that therapists of all persuasions demonstrate that what they do actually works.

The emotional imperative underlying the EST movement has met two serious obstacles. First, many psychodynamic therapists believe that science has no business interfering—or rather, infecting—clinical practice. They believe that psychotherapy is more akin to art than to technology, and that attempts to guide clinical wisdom in a treatment manual amount to confining creative therapists in a procedural straitjacket. They dismiss randomized controlled trials as irrelevant to clinical practice because most of their clients do not easily fit into psychiatric categories (American Psychiatric Association, 1994). (Oddly, then rejection of the "medical model" has not dampened their enthusiasm for permitting prescription privileges for clinical psychologists.) Second, a growing contempt for evidence in some sectors of clinical psychology has spawned an epidemic of what Scott Lilienfeld, Steven Lynn, and Jeffrey Lohr calls pseudo-science. As editors of this volume, they have assembled an impressive group of scholars who tackle different aspects of this serious problem. Because of the considerable number of topics covered, this book unfortunately has more breadth than depth. Fortunately, many contributors have addressed their topics in detail elsewhere. Accordingly, readers wishing to delve further into a specific issue will find excellent chapters in the eleventh and even more sections of the chapters.

The core problem, as Carol Tavris documents in her trenchant Foreword, is the split between science and practice in clinical psychology. Tavris believes that the split is growing at an alarming pace. The chapters in this book constitute the evidence for her argument.

The book is organized into thematic sections. The first concerns controversies in assessment and diagnosis. Howard Garb, the author of the definitive summary of the book on clinical judgment (Garb, 1998), joins Tavris Binyte to ask the question, "Why do doctors fail to pay attention to pseudoscience methods?" They draw on research elucidating cognitive biases and reasoning fallacies that can lead even the most seasoned assessor astray.

John Hurstley, Carter Lee, and James Wood survey assessment methods notable for their pseudoscientific empirical status as much as for their popularity. These range from using infantil to assess personality to using anatomically correct dolls to evaluate children suspected of having been sexually abused. This topic is so vast that the authors can only touch on the highlights for knowledge of this topic. Fortunately, the third author and his colleagues have recently published a landmark work on the research that figures to the final word on this text (Wood, Newcomb, Lilienfeld, & Core, 2003).

Joseph McCraney, Kelley Searle, and Tamryn Hamilton discuss the challenges for the courts as judges attempt to discriminate solid science from "junk science" in the forensic context. Lilienfeld and Lynn scrutinize the most recent research on the dissociative identity disorder (DID, formerly multiple personality disorder). People often ask, "Does DID really exist?" Such a seemingly simple question masks complex issues. The main point addressed by Lilienfeld and Lynn is whether DID arises as a defense to cope with horrific childhood abuse or whether, as they suspect, it constitutes a culturally shared idiom of distress.

The second section includes chapters on general controversies in psychotherapy. John Casadei and Timothy Anderson surveys issues involved in evaluating psychotherapy (e.g., efficacy vs. effectiveness; research, the role of placebo controls). Margaret Slinger and Abraham Berlin travel to the very fringes of the field in their chapter on new age therapy (NST). Lynn and Lilienfeld collaborate with Timothy Lock, Elizabeth Loftus, and Elisa Frankovitch in their critique of alternative therapies, including the use of herbal and nutritional supplements. Although some psychologists identify themselves as "recovered memory therapists," many have used methods to retrieve presumably dissociated memories of trauma that they foster false memories. For example, nothing short of retraumatization fails to enhance recall, it fosters false memories while increasing confidence that they are genuine.

The final section includes three chapters on controversial treatments for adult disorders. Lori, Wayne Hock, Richard Gent, and David Tolin survey controversial interventions for psychological trauma including eye movement desensitization and reprocessing (EMDR), Thought Field Therapy, and Critical Incident Stress debriefing (CISD). EMDR is arguably the most popular treatment for post-traumatic stress disorder (PTSD), although multiple studies have failed to uncover a shred of convincing evidence that eye movements possess any therapeutic powers (Ehlers & Hazen, 1998). Lohr et al. also add attention to research or psychological debriefing—a form of crisis intervention designed to prevent PTSD by having trauma-exposed people discuss their thoughts and feelings within a supportive setting shortly after the traumatic event. Most studies have shown that debriefing is ineffective in preventing natural recovery from trauma.

James Maclock, Stephen Leman, Alison Weinacht, and Benjamin BordenRAFT describe the ill effects of alcohol and the embrace of alcohol by alcoholics in treatment. Like the field of trauma treatment, alcoholism has been enmeshed in research as well as scientific issues. Maclock et al.'s balanced assessment of the data enable them to distinguish between popular interventions.

devoted of any empirical support (e.g., Project DARE) and those that are useful for symptoms that are real or imaginary situations (e.g., Alcoholics Anonymous).

Harold Waldich and Irving Kisch reviewed mental treatments and their effectiveness and found sometimes results have sometimes emerged. The treatise's two chapters on childhood disorders that have been the subject of controversy. Daniel Waeschbuech and Jenny Hill review treatments for children with attention deficit/hyperactivity disorder, and Raymond Kambor and Laura Simon, and Jennifer Collins do the same for autism. The autism chapter underscores an important point: the more intrusive a syndrome appears to be, the more likely individuals will devise questionable treatments for it. Such treatments are seldom suggested for syndromes that are readily treatable by ECT. In the case of autism, behavioral interventions that have made some headway must compete with dubious treatments whose advocates promise much more, yet deliver much less.

Two chapters by Gerald Rosen, Russell Gallagher, and Timothy Moore, and by Jerry Wilson address the setting of pseudoscience in the form of self-help books and via mass market media. Although seemingly in the modern world, today's techniques for marketing "miracle cures" for psychological disorders, Blay et al., 2002, have 18th-century antecedents, such as Mesmer's animal magnetism therapy described, 1994a, 1994b.

Finally, the editors close by considering steps that psychology might take to quell those destructive trends. At the very least, continuing the hyena of pseudoscience requires persistence, and as soon as debasers cut off one head, two more sprout forth.

I am fully in sympathy with the spirit of their excellent and important book. Clinical psychologists must provide evidence for the efficacy of their methods. However, I must continue to disagree more about term pseudoscience. This term strikes me as very much more than an inflammatory buzzword that fails to distinguish acceptable from unacceptable practices in our field (Guttman, 2003). Although many psychologists still believe that one should specify criteria, such as falsifiability (Pepper, 1976, pp. 41-43), to demonstrate science from pseudoscience, most philosophers doubt whether this can be done (e.g., Laudan, 1996, pp. 218-219). Instead, rather than trying to determine whether something counts as scientific or pseudoscientific, one should simply cut to the chase and ask, "What is the evidence to support the clinical claim?"

Phenomenal allies of Lilienfeld, Lynn, and Loft will gain much ammunition for their campaign to infuse science into clinical practice. Unfortunately, the psychologists who most need to read this book are precisely those least likely to do so. Many of them, I fear, will either ignore it or condemn it without reading it. Are the practices debunked in this book the future of clinical psychology? Or are they the dying embers of our field's pseudoscientific past? Answers to those questions rest on whether the contributors to this volume can win adherents among young people entering the field today and tomorrow.

References


