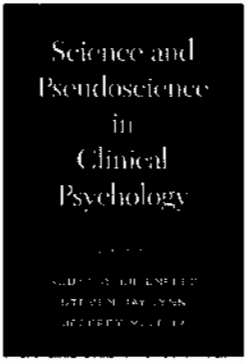
Has Clinical Psychology Gone Astray?



Science and Pseudoscience in Clinical Psychology
by Scott O. Lilienfield, Steven Jay Lynn, and Jeffrey M. Lohr (Eds.)
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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 increasingly governed 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 for the same set of diseases were empirically well established (Beeson, 1980). 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 50 years ago? Do today's interventions enjoy the kind of empirical support that would warrant optimism about our field? Certainly scientific studies cited by leaders of the movement for empirically supported treatments (ESTs) make a strong case for progress (Chambless & Ollendick, 2001). Advocates of cognitive–behavior therapy (CBT), in particular, have

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developed and confirmed the efficacy of treatments for diverse syndromes, including panic disorder, major depressive disorder, bulimia nervosa, and obsessive–compulsive disorder, to name but a few. Also, the EST movement has been gaining adherents 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 empirical imperative notwithstanding, the EST movement has met two serious obstacles. First, many psychotherapists believe that science has no business affecting—or rather, infecting—clinical practice. They believe that psychotherapy is more akin to art than technology, and that attempts to distill clinical wisdom in a treatment manual amount to confining creative therapists in a procedural straightjacket. They dismiss randomized controlled trials as irrelevant to clinical practice because most of their clients do not easily fit into psychiatry's medical diagnostic boxes (American Psychiatric Association, 1994). (Oddly, their rejection of the "medical model" has not dampened their enthusiasm for pursuing 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 call *pseudoscience*. 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 unavoidably 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 relevant citations in the reference 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 ominous 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 scholarly book on clinical judgment (Garb, 1998), joins Patricia Boyle to answer the question, "Why do clinicians fall prey to pseudoscientific methods?" They draw on research elucidating cognitive biases and reasoning fallacies that can lead even the most seasoned assessors astray.

John Hunsley, Catherine Lee, and James Wood survey assessment methods notable for their dubious empirical status as much as for their popularity. These range from using inkblots 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 (or lowlights) of this topic. Fortunately, the third author and his colleagues have recently published a landmark work on the Rorschach that figures to be the final word on this test (Wood, Nezworski, Lilienfeld, & Garb, 2003).

Joseph McCann, Kelley Shindler, and Tammy Hammond 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 controversial syndrome in psychiatry: 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 one addressed by Lilienfeld and Lynn is whether DID arises as a means to cope with horrific childhood abuse or whether, as they suspect, it constitutes a culturally shaped idiom of distress.

The second section includes chapters on general controversies in psychotherapy. John Garske and Timothy Anderson survey issues involved in evaluating psychotherapy (e.g., efficacy vs. effectiveness research; the role of placebo controls). Margaret Singer and Abraham Nievod travel to the very fringes of the field in their chapter on New Age therapies.

Lynn and Lilienfeld collaborate with Timothy Lock, Elizabeth Loftus, and Elisa Krackow in their critique of recovered memory therapy techniques. Although few psychotherapists identify themselves as "recovered memory therapists," many have used methods to retrieve presumably dissociated memories of trauma that may foster false memories. For example, not only does hypnosis fail to enhance recall, it fosters false memories while increasing confidence that they are genuine.

The next section includes three chapters on controversial treatments for adult disorders. Lohr, Wayne Hooke, Richard Gist, 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 posttraumatic stress disorder (PTSD) although multiple studies have failed to uncover a shred of convincing evidence that eye movements possess any therapeutic powers (Davidson & Parker, 2001). Lohr et al. also address research on 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 debriefed individuals are no less likely to develop PTSD than are individuals who receive no debriefing (McNally, Bryant, & Ehlers, 2003). Other studies have shown that debriefing actually impedes natural recovery from trauma.

James MacKillop, Stephen Lisman, Allison Weinstein, and Deborah Rosenbaum navigate the turbulent waters of alcoholism treatment. Like the field of trauma treatment, alcoholism treatment has been entangled in moral as well as scientific issues. MacKillop et al.'s balanced appraisal of the data enable them to distinguish between popular interventions

devoid of any empirical support (e.g., Project DARE) and those that are useful for certain patients under certain circumstances (e.g., Alcoholics Anonymous).

Harald Walach and Irving Kirsch review herbal treatments and antidepressant medications for depression. To their credit, however, advocates of herbal interventions are applying standard methods of treatment evaluation, and promising results have sometimes emerged.

The next section contains two chapters on childhood disorders that have been foci for controversy. Daniel Waschbusch and Perry Hill review interventions recommended for children with attention-deficit/hyperactivity disorder, and Raymond Romanczyk, Laura Arnstein, Latha Soorya, and Jennifer Gillis do the same for autism. The autism chapter underscores an important point: The more intractable 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 ESTs. In the case of autism, behavioral interventions that have made some headway must compete with dubious treatments whose adherents promise much more, but deliver much less.

Two chapters by Gerald Rosen, Russell Glasgow, and Timothy Moore and by Nona Wilson address the selling of pseudoscience in the form of self-help books and via mass market media. Although seemingly of the modern world, today's techniques for marketing "miracle cures" for psychological problems (Herbert et al., 2000) have 18th-century antecedents, such as Mesmer's animal magnetism therapy (McNally, 1999a, 1999b).

Finally, the editors close by considering steps that psychology might take to counteract these destructive trends. At the very least, combating the hydra of pseudoscience requires persistence; as soon as debunkers cut off one head, two more sprout forth.

I am fully in sympathy with the spirit of this excellent and important book: Clinical psychologists must provide evidence for the efficacy of their methods. However, I must confess to my ambivalence about the term *pseudoscience*. This term strikes me as little more than an inflammatory buzzword that fails to help us distinguish acceptable from unacceptable practices in our field (McNally, 2003). Although many psychologists still believe that one can specify certain criteria, such as falsifiability (Popper, 1976, pp. 41–43), to demarcate science from pseudoscience, most philosophers doubt whether this can be done (e.g., Laudan, 1996, pp. 218–219). Indeed, 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?"

Philosophical allies of Lilienfeld, Lynn, and Lohr 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 the ones 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 prescientific past? Answers of these questions rest on whether the contributors to this volume can win adherents among young people entering the field today and tomorrow. ❑

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