

PSYCHOTHERAPY: SNAKE OIL OF THE 90'S

by

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A housewife, unhappy with her life, decides to seek therapy to deal with her loneliness and frustration. The therapist arranges to see her weekly, discussing topics ranging from her childhood memories and her parents, to her isolated adult life and her passionless marriage. A year later, she is still unhappy with her life but she is **A**appy with her therapy, **@**laiming that finally someone listens to her and understands her problems.

Has therapy worked? By her standard, it has; she likes her therapist and she believes that her therapist understands her. Her therapist is happy with a reliable, and talkative client, who pays her bills and supports his practice. But has anything really changed? The housewife remains isolated, her marriage is still passionless; her life is essentially no different than it was when she began **A**reatment. **@**

She and her therapist would likely argue that her life is different because she thinks about it differently and is on the road to **A**ecovery. **@**Some would say that, because she is now more in touch with her feelings and is working through her unconscious material, the therapy fees are dollars well spent.

This example is just one of millions of psychotherapy cases that begin each year with people seeking help for mild and diffuse forms of dissatisfaction with life; unfulfilled goals, unrealized expectations, and unmet dreams. Some cases are spiced up with the recovered memories of abuse, the diagnosis of mental disorders such as Depression, Post Traumatic Stress Disorder, Shopoholism or Internet Addiction. Often an air of scientific professionalism is achieved through the use of techniques with titles such Hypnosis, Eye Movement Desensitization and Reprocessing (EMDR), Cognitive-Behavioral Therapy or NeuroLinguistic Programming (NLP.)

But, in the end, are any of these treatments more **A**ffective **@**han talking with a friend or just getting on with life? Do they do anything more than give the client a sense of self-importance and worth, and an inner glow that comes from being the center of attention? Does therapy really make any difference? Is psychotherapy worth the money that individuals, insurance companies and governments pay? You decide.

But before you decide, I want to show you some information that the **A**psychology Industry, **@** term which I will define shortly, would prefer to keep hidden from the public.

First I must tell you that I am a licensed psychologist who has, undeniably, broken ranks. In the next few pages, I will put my concerns, as they pertain to the sale of psychotherapy, "on the table." From the outset, I would like you to know that I can back up anything I say, including those statements which clash dramatically with widely accepted ideas. I'm a serious researcher and an obsessional file keeper. I encourage your skepticism, welcome your questions, will gladly

provide you with my sources, and invite you, at any time in the future, to examine them and to challenge me. Five years ago, I forced myself to step back and take a cold hard look at my profession. I am still a psychologist by license but I am **NOT** practicing. What I see being done under the name of psychology is so seriously contaminated now by errors in logic, popular notions and personal beliefs, and it is doing so much harm to people, that I find myself in this strange role of working to curb the pervasive influence of my own chosen profession. Long ago I lost any expectation that the necessary corrective actions would come from within the profession; so, I find myself speaking most often now to people outside my profession - to philosophers, ethicists, the clergy, educators, criminologists and lawyers, hoping to find among them skeptics who are willing to think critically about America's love affair with psychology. As Noam Chomsky wrote:

One waits in vain for psychologists to state the limit of their knowledge. @

Recently, addressing a conference on professional ethics, I discussed the relationship between the consumer, the client/patient and the service provider, the psychologist. I suggested that the Psychology Industry is selling consumers a **bill of goods**—that psychological services are in many ways **scam**, and that psychological treatment is a modern psychic version of **snake oil**.—From the witches' brews of ancient times to the travelling medicine shows, from copper bracelets to Kickapoo Indian Oil, society has always had an abundance of secret concoctions and panaceas to cure all of its ailments. For instance, the discovery of radium by the Curies began the "Mild Radium Therapy" movement, particularly popular among American socialites, and precipitated a lucrative trade in radium-based belts, hearing aids, toothpaste, face cream, and hair tonic. Most popular of all was "Radiothor", a glow-in-the-dark mineral water which carried promises of a cure for more than 150 maladies.

Psychotherapy may well be nothing more than one of these concoctions. While **Snake oil** had no effective agent, nothing that would fulfil its claims, it did have sufficient common alcohol to make people feel better for awhile or until their ailments naturally went away. Similarly, psychotherapy has no effective agent, but people, like the woman described above, buy it, believe in it, and insist that it works because it makes them feel better about themselves for awhile. This change, if it can be called that, may well be derived from nothing more than the expression of concern and caring, and not from specialized treatment worthy of payment.

I do not mean to suggest that psychotherapy is an intentional scam. Most psychologists, I think, naively assume that they are helping people, a view supported by the professional organizations and licensing bodies. Information does exist that would cause them to question their assumption; however, most remain focused on selling their services, marketing their products, making a living and feeling good about themselves. They ignore the data and, thus, manage to maintain a belief, tantamount to a faith, in what they are selling.

In the Fall of 1993, after spending an afternoon reflecting on what was happening in psychology with a colleague of mine, Sam Keen, the former editor of *Psychology Today*, I asked, half jokingly, whether he thought that psychologists might one day start questioning those beliefs and leaving the profession in the way that dissenting priests had, some time ago, begun to leave the Church. He paused, thought for a moment, and then replied: **Not a chance. There's too much money in it. @**

The Psychology Industry

At this point, I need to set the scene, to describe psychology and explain what I mean by **A**he Psychology Industry and by the term **A**psychologist.

Over 30 years ago, I walked into my first psychology class at McGill University in Montreal. My professor, Donald Hebb, was one of the most respected neuropsychologists of the century. He was fond of saying something which I have only recently come to appreciate. He kept insisting that psychology must be **MORE** than common sense; that psychologists must be obliged to go beyond what people commonly believe, to test out notions and see if they stand up under scrutiny. He insisted on science - on investigation, on the continuous questioning of beliefs. This was the scientific side of Psychology; I respected it, and for almost 3 decades, I worked as a clinician, trying to apply the knowledge from my discipline.

But Psychology has changed; today there are too many answers and too few questions; the humble curiosity has given way to an arrogant certainty. It seems that psychologists have discovered that **Questions don't pay! But Answers do.** What seemed once a responsible profession is now a big business whose success is directly related to how many people buy what it sells.

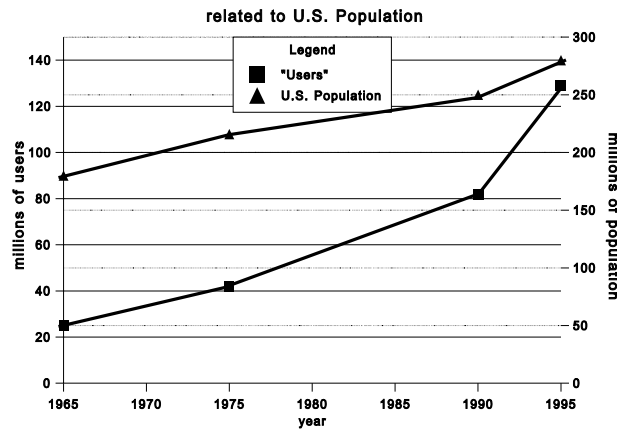
This is why I now speak of **A**he Psychology Industry. When people think of industries, they tend to think of automobiles, computers, cosmetics or entertainment; of easily identifiable products, with price-tags, warranties and trademarks. Such industries are visibly defined by their products and by their boundaries. The Psychology Industry, being much broader, less defined (or definable,) is much harder to pin down. At its core, along with the traditional mental health professions of psychology, psychiatry, psychoanalysis and clinical social work, is a fifth psychological profession: psychotherapy. No longer can clear distinctions be made between them; so, what I call the Psychology Industry comprises all five of these and it encompasses, as well, the ever expanding array of psychotherapists, the counsellors and advisors of all persuasions, whether licensed, credentialed, proclaimed, or self-proclaimed. This view is consistent with that of the American Psychological Association (APA): "The general public often has difficulty in understanding the differences between professional psychologists and other types of psychologists, between professional psychologists and psychiatrists, between psychologists and counsellors, or between psychologists and a variety of other professionals who deal with emotional, health, and behavioural problems." (Fox, 1994,49(3)) As well, this term acknowledges that around the edges of the industry are others whose work, whether it involves writing, consulting, lecturing, or even movie-making, relies on the Psychology Industry which, in turn, benefits from their promotion of all things psychological.

The only other industry, which, in recent times, has shown similar growth and breadth and diffusion into society, is the computer industry. In a matter of a few decades, both industries have effectively involved themselves in all aspects of life so that their presence is taken for granted and accepted without question, expressed in terms of **A**what would we do without them? Society has come to rely on them, allowing a dependency to develop in which individuals surrender more and more control to **A**he expert or the technician. But, while both claim to improve life, only one, the computer industry, is easily recognized as an out-for-profit business. The other masquerades as a **A**helping profession and will continue to do so until its self-promoting strategies and self-serving solutions are exposed.

Evidence of this current success and growth of the Psychology Industry can be seen in the number of Americans who have become users. In the early 1960's, only 14% of the U.S. population (25 million of a total 180 million) had ever received psychological services. By 1976, the estimate had risen to 26%, by 1990, to 33% (65 million of 250 million) and in 1995, the APA

stated that 46% of the US population (128 million) had seen a mental health professional. Some predict that, by the year 2000, users will be the majority - constituting 80% of the population.

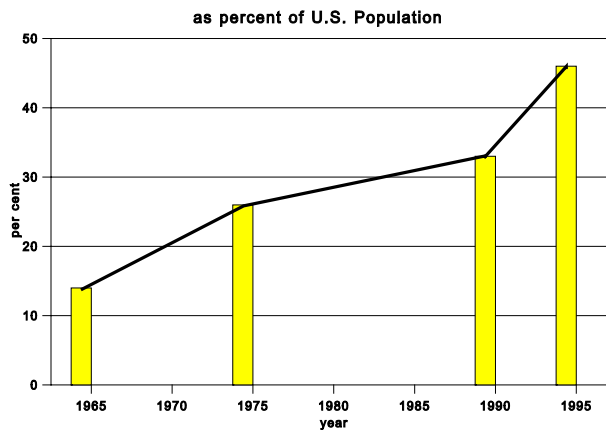
Population of "Users"



While some might consider this to be evidence of a profound national need of epidemic proportions, it can equally, and more accurately, be seen as an indication of the subtle but highly effective marketing techniques used by the Psychology Industry to generate the demand required to meet the ever-increasing supply of psychologists. As Jerome Frank, in his classic book on psychotherapy, *Persuasion and Healing*, observed decades ago:

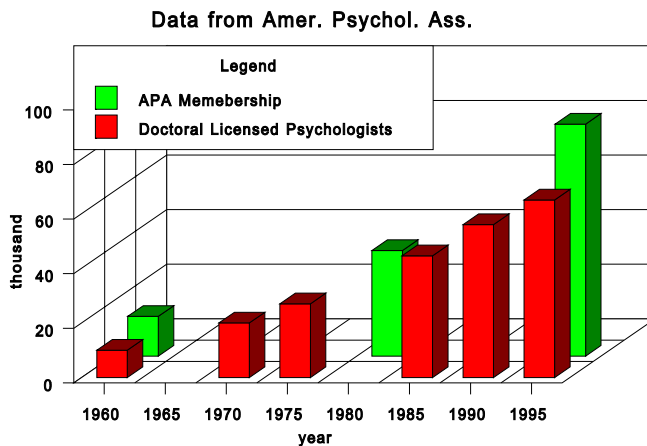
"Ironically, mental health education, which aims to teach people how to cope more effectively with life, has instead increased the demand for psychotherapeutic help. By calling attention to symptoms they might otherwise ignore and by labelling those symptoms as signs of neurosis, mental health education can create unwarranted anxieties, leading those to seek psychotherapy who do not need it. The demand for psychotherapy keeps pace with the supply, and at times one has the uneasy feeling that the supply may be creating the demand." (p.8)

Psychology "Users"



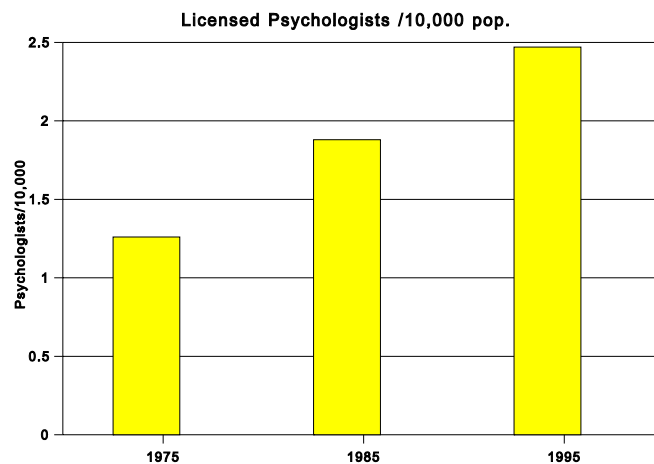
While it is difficult to get an accurate reading of the total number of psychologists because of their diversity and the lack of any accountability or control over who represents themselves as psychologists or therapists, estimates are that the number has risen by 2000% since 1970. The following figures give some indication of the growth in one sector of the Industry; licensed psychologists. There has been a steady increase in licensed doctoral

Licensed Psychologists



Psychologists and an even more rapid growth in APA membership. When these numbers are related to US. Census population data to show the number of Licensed Psychologists per 10,000 population, the increase in supply is dramatically evident. These licensed Psychologists, however, constitute only one quarter of those who refer to themselves as Psychologists and less than five per cent of the estimated total number of the people who are actually selling psychological services. Using this broader definition, there is at least one psychologist for every 250 people in America.

Supply of Psychologists



What becomes immediately apparent is that not only has supply kept up with demand, it has, in fact, exceeded it, creating the need for greater marketing of psychological services and for the development of new products and the expansion of the markets.

Figures showing the gross income of the Psychology Industry are impossible to come by, again because of its diverse sales force. However, when the data of the 1987 National Medical Expenditures Survey, the most recent of its kind, is extrapolated to 1995, 88.2 million outpatient psychotherapy visits were made by Americans for a total cost of 4.7 billion dollars. Considering that approximately half of the Psychology Industry consists of psychologists who can not receive third-party insurance payments, it is not unreasonable to assume that both of these figures are much larger, probably in the region of 175 million visits at a total cost of \$9 billion. This figure accounts only for direct patient services and does not include the cost for other services such as expert testimony in courts, which is a major growth area for the Industry.



"I got my basic business education selling lemonade. Later I discovered that my emotional and financial ambitions could best be met in the field of psychology."

Psychotherapy

Psychotherapy is the most visible and popular aspect of the Psychology Industry. When people think of psychology, they generally think of psychotherapy: the couch, telling secrets, reporting dreams, the psychotherapist saying Ah-hu@

Since space restricts a thorough examination of psychotherapy, I want to look at issues raised in the struggle between managed care and psychological practitioners. It is safe to say that there are two central issues:

- C Money - Funding is being limited both with regards to the length of treatment and to how much will be paid per session
- C Control - Psychologists are resisting the imposition of case managers or assessors who control and approve their services.

The Psychology Industry is arguing for unlimited funding and control, basing its position on two simple statements:

Psychotherapy works!

Long-term therapy works better!

To evaluate these claims, I direct your attention now to two major studies addressing these points, starting with their conclusions.

One study I will, for the moment, call the **AR** Study. It concluded that:

- 1) Psychotherapy works: *"our groundbreaking survey shows that psychotherapy usually works."*
- 2) Long-term therapy makes a difference: *"Longer psychotherapy was associated with better outcomes."*

The other study I will call the **AB** Study. It concluded that:

- 1) Psychological services may not work: *"Clinical services... very effectively delivered... in a higher quality system of care that were nonetheless ineffective. A very impressive structure was built on a very weak foundation."*
- 2) Longer term treatment isn't better: *"More is not always better"*

Based on these summaries, which study do you think the Psychology Industry chooses to publicize and promote? And why? Obviously, if I was in the business (and I used to be) I would want to tell everyone about the first, the **CR** study and hide the second, the **FB** one. But I am no longer in the business; so I invite you to look at both of these studies with an eye to what is revealed and what is concealed; or, as with snake oil, what is on the label and what is in the bottle.

The **CR** Study

CR stands for *Consumer Reports*, the magazine that talks about how satisfied consumers are with their vacuum cleaners and toasters. In November 1994, it reported on a candid, in-depth survey of its readers regarding their satisfaction with psychotherapy in an article entitled: "Mental health: Does therapy help?" Martin Seligman, the psychologist who was the consultant to the project, and is now the President of the APA, described the results in a companion article in the flagship journal of the APA, as sending "a message of hope for other people dealing with emotional problems," and as establishing a "new gold standard" for the evaluation of psychotherapy effectiveness.

Before accepting his endorsement, let me just draw your attention to how the survey was done and how the results were interpreted.

The **CR** report and Seligman's article, were based on the results of a supplement to the 1994 annual automobile survey sent to all 180,000 subscribers. Readers were asked to respond "if at any time over the past three years (they had) experienced stress or other emotional problems for which (they) sought help from any of the following: friends, relatives, or a member of the clergy; a mental-health professional like a psychologist, counsellor, or psychiatrist; your family doctor; or a support group." It was, in the usual style of **CR**, a consumer satisfaction survey. It did not ask respondents objective, factual questions such as how much alcohol they drank before going for help as compared to after, or how many fights they had then and are having now with their spouse, or how often they thought of suicide then as compared to the past month. Nor did it seek independent verification of the self-reports. Instead it asked readers how much better they felt and how much they thought therapy had helped them. It was these responses that became distorted and translated into "convincing evidence that therapy can make an important difference."

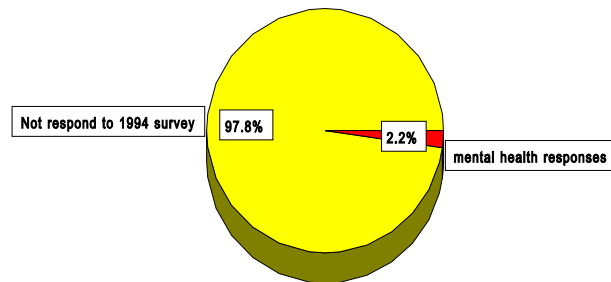
Despite the broad invitation, only approximately 7,000 (3.9%) responded to the mental health survey; of these, 4,000 (2.2%) reported seeing a mental health professional, family doctor or attending a support group; the remaining 3,000 (1.6%) had talked to a friend, relative or clergy. For reasons that they will not make public, **CR** chose to ignore the experience of this

latter group of 3,000, and to attend only to the 4,000, with particular emphasis on the 2,900 (1.6%) who saw mental health professionals.

Seligman admits that this response rate, which, for some reason, he elevates to 13%, is "rather low absolutely." In fact, the response rate is only 2.2%, far lower than his figure and a rate which *CR* even admitted to being "very low." (For example, the *Consumer Reports* article on physicians, "How is Your Doctor Treating You?" was based on a survey of 70,000, a sample over 24 times larger than in this survey.) As well, this small sample consisted of individuals who were mostly middle class, well educated, predominantly female and with a median age of 46; thus, it was not representative of the United States as a whole or even of the general *CR* readership. Seligman dismisses this sampling problem by guessing that it is however representative of those "who make up the bulk of psychotherapy patients," never giving further thought as to what this may mean both for the data and about the upper middle class nature of psychotherapy. In most other cases, such a low return rate and skewed population would have rendered a study invalid, not acceptable for publication and, therefore, not warranting any further analysis or comment.

'Mental Health' Response Rate

for MH prof's., family doctors & groups



But these inherent problems did not stop *Consumer Reports*, Seligman or the Psychology Industry from proceeding to draw sweeping conclusions about the worth of psychotherapy. In reference to our two questions, this is how they analyzed their meager data.

Does therapy work?

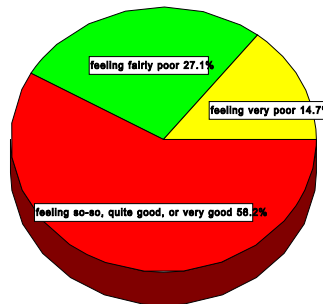
Seligman's authoritative answer to this question is YES; he states that "the overall improvement rates were strikingly high across the entire spectrum of treatments and disorders in the *CR* study."

Both the *CR* article and the subsequent marketing material from APA claim that nine out of ten people were helped at least somewhat by psychotherapy. But, for psychotherapy to work, one needs people with problems. Such is not the case here. Over half of the respondents (58.2%) said that they felt so-so, quite good or even very good before treatment. Seligman apparently doesn't scratch his head at this point and wonder whether these people are therapy junkies. Rather he views them as being sick and not knowing it, referring to them as "'sub-clinical' in their problems" and falling "one symptom short of a full-blown 'disorder.'" From a

common sense, non-psychologized perspective, wouldn't these people be considered normal, okay or even in great shape? And wouldn't one wonder whether, for them, psychotherapy was more recreational than therapeutic? And, if so, how does one really know whether treatment is even appropriate let alone whether it works?

Emotional state when therapy began

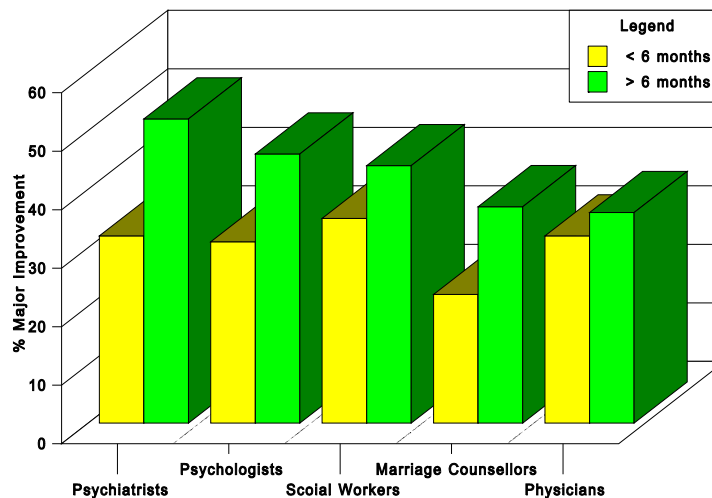
A retrospective self-report



To further add to the confusion, Seligman states, in support of his claim that therapy works, that 64% of those receiving 6 months or less of therapy reported that their problems were resolved. However, his own chart would seem to indicate that, when an average is calculated across disciplines, only 30% of the people reported that treatment "made things a lot better" with respect to their specific problems. One is left wondering how is it possible that 64% reported that their problems were resolved when only 30% said that their problems were improved? Remember that the APA and CR both say that psychotherapy helped 9 out of 10 people. Given that Seligman failed to identify these inconsistencies when he declared the results to be "clear cut" proof of effectiveness, he leaves one wondering how many other instances of misinformation exist in his article, and in that of CR.

Improvement of Presenting Symptoms

Seligman's Figure 2



Whether the figure is 30, 64 or 90 per cent, CR and Seligman assume that the reported improvement in people's feelings while they were seeing a mental health professional, was attributable to the psychotherapy. But can we accept this assumption? Think about this. If people are given an antibiotic and their colds go away in a few weeks, can we conclude that the antibiotic cured the cold? We can't because we know that most people naturally 'get-over' a cold in a week or two. So too, we know that, like the common cold, the stresses and emotional upsets in life, usually abate over time. Decades ago, Hans Eysenck demonstrated that, over time, people show comparable improvement with or without treatment. As well, the conclusion that therapy made the people better disregards the well-known phenomenon of regression to the mean which takes into account the high probability that people seek treatment at a time when they feel particularly bad and that, at a later point in time, they are likely to feel better. As Dawes points out, if "people enter therapy when they are extremely unhappy, they are less likely to be as unhappy later, independent of the effects of therapy itself. Hence, this regression effect can create the illusion that the therapy has helped to alleviate their unhappiness, whether it has or not. In fact, even if the therapy has been downright harmful, people are less likely to be as unhappy later as when they entered therapy." (Dawes, 1994. p.44.)

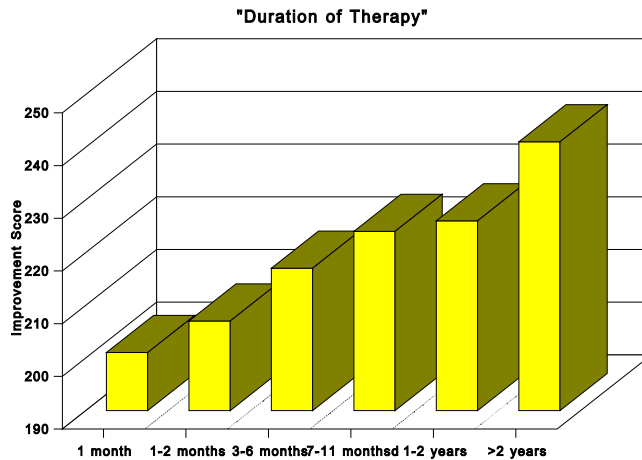
To determine whether therapy was really "effective" for those in the CR survey, a comparison group is needed of people with similar problems who did not receive treatment. Such a group did exist but for unexplained reasons, CR chose to ignore those 3,000 respondents who spoke to friends, relatives and the clergy. Although both groups did describe their emotional state at the time they filled out the survey, which would have given some indication of the effect of time, neither CR nor Seligman was willing, when repeatedly asked, to provide any further information or clarification or even to reveal whether these groups were similar. On all occasions, they refused, claiming that this data was proprietary and would not be analyzed or released. Seligman, in private communication, has made conflicting comments; on one occasion saying that he too would like to see the data, and on another attempting to assure this author that there was nothing of substance to be found there.

We are left wondering about Seligman's role and why CR will not report on this crucial data. If, in fact, professional treatment was superior to lay help, would not both parties want the public to know this, and if it is not more effective, does not the CR, and the APA, have the responsibility to consumers to inform them that people are no more satisfied by paid services than by ones that are free?

Is Long-Term Psychotherapy Better?

The handling of the data with regards to this question can best be addressed by comparing two graphs. The first one, from Seligman's own article visually suggests that the answer is obvious; the longer the therapy, the better the outcome. Seligman, in fact, stated: *Long-term therapy produced more improvement than short-term therapy. This result was very robust...*

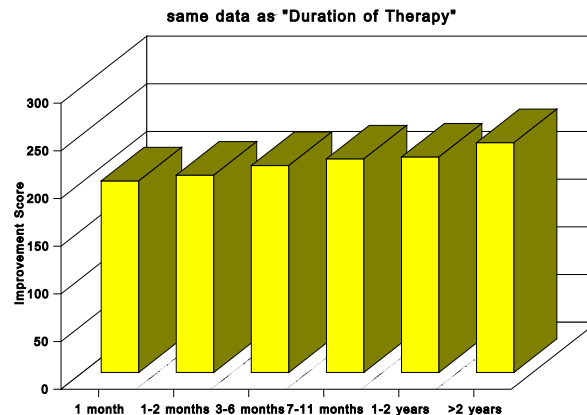
Seligman's Chart of "Improvement"



But wait a minute! Notice the Y axis, the vertical one that measures the improvement. It is truncated so that it begins at 190, not 0 where you would expect it start. The visual effect is to lead us to think that the change is small at the beginning and significantly greater over time.

However, if this chart is accurately drawn this dramatic effect disappears, showing us that most of the improvement (80%), what ever that might mean, actually takes place in the first month; and further treatment of up to two years and more contributes only a further 20%.

Chart of "Improvement" (Redrawn)



In comparison: The FB Study

FB stands for the Fort Bragg Demonstration Project, funded at a cost of \$80,000,000 of public funds. (Bickman, 1996, & Bickman, et al. 1995.) Cast in such glowing terms as: A national showcase, A truly unique opportunity, and A state of the art, this study was intended to show that A continuum of mental health and substance abuse services is more *cost-effective* than services delivered in the more typical

fragmented system. (DeLeon and Williams, 1997, p.551.) Where the CR survey suffered from the multitude of methodological problems and continues to be criticized for its numerous flaws, the only criticism lodged against the FB Study was that it had not been replicated, a weakness which was overcome by the results of a similar study in Stark County, Ohio, with similar findings at the six month and two year follow-ups.

The FB Project offered in-patient and out-patient services to the more than 42,000 child and adolescent dependents in the Fort Bragg catchment area for more than five years from June 1990 to September 1995. This group of children was from middle and lower-middle class families and therefore was similar to the majority (an estimated 68%) of the children who are covered by private health insurance. And, most importantly, unlike the CR survey, the FB study evaluated treatment effectiveness and outcome, not relying merely on reports of consumer satisfaction. Instead of questionable retrospective self-reports, this project relied on independent psychometric measures systematically taken both during and after treatment.

As such, the Project provided, what psychologist Leonard Bickman, its senior researcher, described as a rare opportunity to examine both costs and clinical outcomes in a careful and comprehensive evaluation of the implementation of an innovative system of care which psychologists predicted would increase accessibility to treatment, improve results through individualized case management, and reduce overall costs.

However, what it found was that, despite better access, greater continuity of care, less restrictions on treatment and more client satisfaction, the cost was higher and the clinical results no better than those at the comparison site: not at all what the Psychology Industry had either expected or wanted! Even though users expressed satisfaction about their treatment, there was no concurrent evidence of effectiveness, supporting the opinion that satisfaction is not a measure of effectiveness.

In summarizing the significance of these results, Bickman and others drew the following conclusions:

! the assumption that clinical services are in any way effective might very well be erroneous.

Citing the lack of clinical outcomes as the most unanticipated finding, Bickman stated that these results should raise serious doubts about some current clinical beliefs about the effectiveness of psychological services. He continued that: Although substantial evidence for the efficacy of psychotherapy under laboratory-like conditions exists, there is scant evidence of its effectiveness in real-life community settings. For children and adolescents, the picture is even more disappointing. We have no evidence for the effectiveness of innovative community-based treatments such as home-based care or day treatment. (Bickman, et al. 1997 pp.1543-1548.)

This conclusion gains strength in light of the fact that there have been very few studies which have evaluated the effectiveness of treatment in real-world settings, and when these are analyzed, they show an average effect size very close to zero. (Weisz, et al., 1995, 688-701.) In another major study designed to seek out such evidence, Bickman's colleague, Bhar Weiss, carefully examined the effect of two years of traditional child psychotherapy as it is typically delivered in out-patient settings. What he found was not the expected benefits but rather no effect at all. (Weiss, 1997.)

C **longer treatment results in higher costs without corresponding significant results.**

The Psychology Industry argues strenuously against the model that allows others, such as Managed Care Systems, to tell them what treatment they should provide or how long they should do it. Yet, the Fort Bragg data shows that what psychologists call their **A**xperienced clinical judgment **@**was not cost-effective and lead to a higher proportion of children being in treatment longer. **A**ix months after starting treatment, 41% at the Demonstration site were still receiving services compared to 13% at the Comparison site, **@**even though, most of the limited change that did occur was evidenced in the first six months with greatly diminishing returns after that time.

Stating that **A**more is not always better, **@**Bickman attributes these excessive costs to the unlimited access of psychologists to funds. **A**he Demonstration costs were much higher (\$7,777/treated child) than the Comparison (\$4,904/treated child)... The costs of treating the average child were higher because of longer time spent in treatment, greater volume of traditional services, heavy use of intermediate services, and higher per-unit costs. **@**Feldman agrees, stating that **A**he study demonstrates that in an unmanaged system of care when services and benefits become rich so do providers. **@**

The Seligman and *Consumer Reports* stance that **A**onger is better **@**nd that the public is suffering when limits are imposed on the length of therapy falters in the face of the data from this The Fort Bragg Project. As Hoagwood, from the National Institute of Mental Health states, referring to this Project, **A**he belief that simply providing more services will lead to improved outcomes has been shown to be delusional, **@**Hoagwood, 1997, 548) reminding us of A. E. Houseman's comment of 100 years ago:

A *the pursuit of truth in some directions is even injurious to happiness, because it compels us to take leave of delusions which were pleasant while they lasted.* **@**

Psychology Industry's Reactions

What is the reaction of the Psychology Industry? If the Psychology Industry is scientifically and ethically motivated, then it would have to address at least the flaws and numerous confusions in the *CR* survey and the doubts raised by the Fort Bragg Project. On the other hand, if it is motivated by profit, then the strategy would be to ignore Fort Bragg and enthusiastically endorse *Consumer Reports*.

While a senior executive in APA candidly identified the *CR* survey as a marketing and political tool, a phone call to the APA evoked a different reply from its Practice Directorate, responsible for promoting the practice of psychology and providing the public education program, a multimillion dollar initiative designed to **A**ell **@**psychology to the American public. Ignoring that the APA's own President, Seligman, was a consultant to the survey, the individual at the Directorate stated that they **A**refer to that study whenever (they) can because it is particularly credible because it was done by an independent party. **@**What about the Fort Bragg Project? When asked, they claimed that they knew nothing about it and expressed no interest, but added **A**n helping to educate the public, the *CR* study is best because it is written a lot more in consumer language because it is written for a magazine read by the general public. By disseminating to the public the

information that is published in a journal, it needs to be transformed in a way that would be easily readable by the average person out there. That's the beauty of the *CR* piece. @

As for the Fort Bragg Project, it will not be touted, as the *Consumer Reports* survey is, in their public education campaign. It is unlikely that clinicians will reduce or limit their treatment to conserve the scarce resources and limited insurance benefits. It is unlikely that it will be referred to by practicing psychologists when they speak of their worth or importance. It is unlikely that it will affect the way psychological services are developed or funded. It is unlikely that it will change the beliefs of those within the Industry for, although the Fort Bragg study is well-designed, well-implemented, well-analyzed, and produces results that are about as clear-cut as can be imagined, it doesn't support the current claims of the Psychology Industry. At the end, as Sechrest and Walsh put it, what it comes down to is whether professional psychology is going to be guided by its dogma or its data (Sechrest, and Walsh, 1997, 536) or, put somewhat differently, whether it will use science to guide its action or misuse science to sell its products.

I do not want you to infer that these are the only two studies ever conducted or that the conclusions of the Fort Bragg project are being expressed now for the first time. One of the first of the studies to address the issue of psychotherapy effectiveness was conducted in 1952 by the British psychologist, Hans Eysenck. (Eysenck, 1952) He compared the outcome for patients who had received eclectic psychotherapy with those of people who had received no treatment. The results for the first group indicated that 64% showed improvement; a finding which initially seemed supportive of psychotherapy for it was presumed that these patients would have remained the same or become worse if not treated. However, to everyone's dismay, Eysenck then took a look at the untreated group and discovered that 72% of them had improved by the second year. (Curiously Eysenck's figure of 64% improvement in the treated group is the same figure that Seligman reported 45 years later as showing improvement from therapy. This leaves one wondering if the data protected by *CR*'s claim of proprietary rights also shows similar outcome with no treatment?) Despite the lack of any specific treatment Eysenck's second group showed an overall 90% recovery in five years. In a subsequent more extensive study in 1965, he concluded that psychotherapy was unessential to a patient's recovery: "We have found that neurotic disorders tend to be self-limiting, that psychoanalysis is no more successful than any other method, and that in fact all methods of psychotherapy fail to improve on the recovery rate obtained through ordinary life-experiences and nonspecific treatment." (Eysenck, 1965)

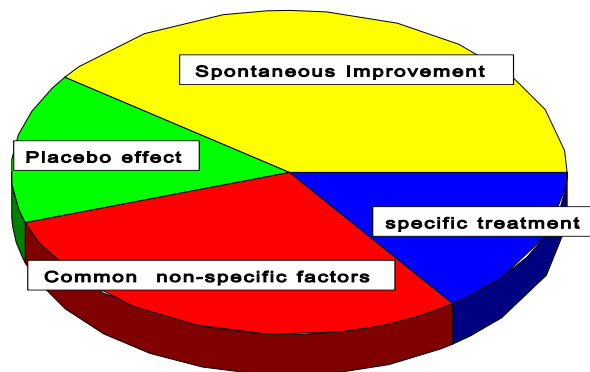
Some have challenged these findings claiming that they were unfair, or not sufficiently controlled to be considered scientific. Whether or not these criticisms have weight, Eysenck's studies served as a gauntlet challenging others to more closely examine the claims of psychotherapy. Thus began what Ellen Herman (Herman, 1995) has described as a sub-industry within psychology, the psychotherapy evaluation business, with no firm proof that it works and many well-conducted studies finding little support for the specific effectiveness of psychotherapy and even suggestions that it could be harmful.

Let me draw your attention to one of these, a classic study which examined the results of a number of other studies. In a review of therapy factors that account for significant client progress, Lambert calculated the per cent of improvement that could be

attributed to each of several variables. (Lambert, 1986) He found that "spontaneous remission" (improvement of the problem by itself without any treatment) accounted for 40%, an additional 15% of the change resulted from placebo effects (which he referred to as "expectancy controls", that is that the patient expected to get better no matter what was done,) while a further 30% improved as the result of common factors in the relationship such as trust, empathy, insight and warmth. Only 15% of the overall improvement could be attributed to any specific psychological intervention or technique. Based on these findings one could conclude that 85% of clients would improve with the help of a good friend and 40% without even that.

Factors for Change

per cent of improvement



Noble Lieing and Marketing

If this is true, then why is psychotherapy given so much credit? To answer this I think that we need to return to our image of psychotherapy as psychic snake oil. Like its forerunner, psychotherapy can make people feel satisfied, if sometimes only briefly, because they have been listened to and made to feel important. And because, like salesmen of past concoctions, psychologists have a good sales spiel. Consider the following statement by Kottler, the author of *On Being A Therapist* and numerous other books on psychotherapy:

"Telling clients that we can help them is assuredly helpful even if it is not strictly true... By communicating confidence, however false it might feel, we establish hope and motivation in the client. We would lose clients very quickly if after every bungled interpretation... we muttered "Oops, I blew that one." We would never get a client to come back if we were completely honest with them... the client may need to believe in this lie..." (p.108)

Some forms of deception and lieing have always been a part of psychological practice, sometimes in the form of suggestive therapies, sometimes in the declarative but unfounded statements of psychologists, and sometimes in misleading advertising.

When confronted by moral objections to the deception of patients, Janet, a contemporary of Freud's responded:

" I am sorry that I cannot share these exalted and beautiful scruples... My belief is that the patient wants a doctor who will cure; that the doctor's professional duty is to give any remedy that will be useful, and to prescribe it in the way in which it will do most good. Now I think that bread pills are medically indicated in certain cases and that they will act far more powerfully if I deck them out with impressive names. When I prescribe such a formidable placebo, I believe that I am fulfilling my professional duty." (Janet, 1925, 338)

Janet's (and Kottler's) assumption was that patients wanted and needed to be treated as children by paternal and protective, if not always honest, therapists, and that it is in the best interest of these patient to lie, for "there are some to whom, as a matter of strict moral obligation, we must lie."

Thus deception, justified in terms of benefit to the user, has become an acceptable practice and a cornerstone of the Psychology Industry. For as Kottler wrote:

"Certain lies may therefore be necessary, if not therapeutic. If lying to a client, deliberately or unintentionally, is unethical since it promotes deceit and deception, perhaps it is just as unethical to be completely truthful."

Whether expressed in terms of creating positive expectations which are believed to be essential for a good therapy outcome, or fostering unconditional acceptance and positive regard, or giving unquestioning support to a claim of abuse, the Noble Lie has become acceptable in the Psychology Industry. It has simply become an aspect of doing business.

When Dan Sexton, Director of the National Child Abuse Hot Line, was questioned in this regard, he responded (Sexton, 1989):

"I'm not a law enforcement person, thank God! I'm a psychology person, so I don't need the evidence. I come from a very different place, I don't need to see evidence to believe... I don't care what law enforcement's perspective is, that's not my perspective. I'm a mental health professional. I need to find a way to help survivors heal to the trauma that they had as children and to help support other clinicians who are trying to help survivors and victims of this kind of crime."

And another psychologist and author, when asked about the **Aacts** he had presented in his best-seller dealing with a case of satanic abuse, replied that it didn't really matter "whether or not they were technically true, that was immaterial"; he didn't want to "nit-pick about facts." For these, and many other psychologists, it doesn't matter

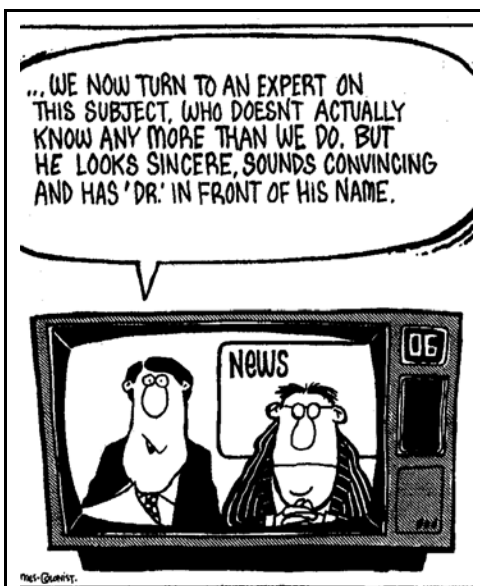
whether facts are true or whether what they say is honest, what matters is that the consumers believe them.

Alan Schefflin, a lawyer and law professor, in addressing a conference on hypnosis and psychotherapy, went even further when he encouraged psychologists to consider it their ethical responsibility to intentionally deceive their clients.

"The point I want to make is the assumption that implanting false memories is wrong. I would like to raise the issue of whether we are right to say it is wrong... When we get through the false memory issue perhaps we can start to debate the serious question... that therapists are in fact social influence purveyors and it is your job to use those techniques. And hypnosis will lead the way into the social influence literature. An then we can start to talk about the ethics of using false memories therapeutically."

Thus, to Schefflin and to the many psychologists who gave him a standing ovation, the end justifies the means even if the means is to mislead, deceive and lie to the user, and to create a false history of her or his life.

Perhaps another reason that Schefflin got such a rousing round of applause on that occasion, was that he was promising psychologists that soon "there will be a point - though there has not been one yet..." when they would find the power that "would make therapists more effective in treating the problems of the patient." (Schefflin, 1994,.202) His message was that the power to change people, to create not only good memories but good (albeit false) identities, was soon to be discovered; that although psychologists may feel insecure about their abilities, they need not worry because the techniques to influence, persuade, and change people were being developed. His message was encouraging to the many psychologists who carry on their daily practice of professional deception, projecting an image of themselves as confident and self-assured and their clients as satisfied customers.



The results of psychotherapy research are so equivocal and fraught with doubt, that no one can honestly say that it is effective or that more is better. As well, there is sufficient data to warrant the caution that in some, if not many, instances it may even be harmful, actually increasing, prolonging and even creating the problems it is thought to alleviate. The recent exposés of recovered memory therapy may be showing merely the tip of the iceberg of damaging effects.

At best, psychotherapy may be the simple provision of human caring, empathy, sense of worth and source of optimism; the purchase of friendship. And, like other nostrums, selling it may require enthusiastic exaggeration, and unscrupulous deception.

While I leave you now to make your own decision as to whether psychotherapy is the Snake oil of the 90's, I want to draw your attention to Seligman's own words of warning to consumers, written some years before the CR study and his election to the Presidency of the APA. (Seligman, 1994, 8) While he may now prefer to ignore his statement, it speaks loudly and clearly on this matter:

"Making up your mind about self-improvement courses, psychotherapy, and medication... is difficult because the industries that champion them are enormous and profitable and try to sell themselves with highly persuasive means: testimonials, case histories, word of mouth, endorsements... all slick forms of advertising."