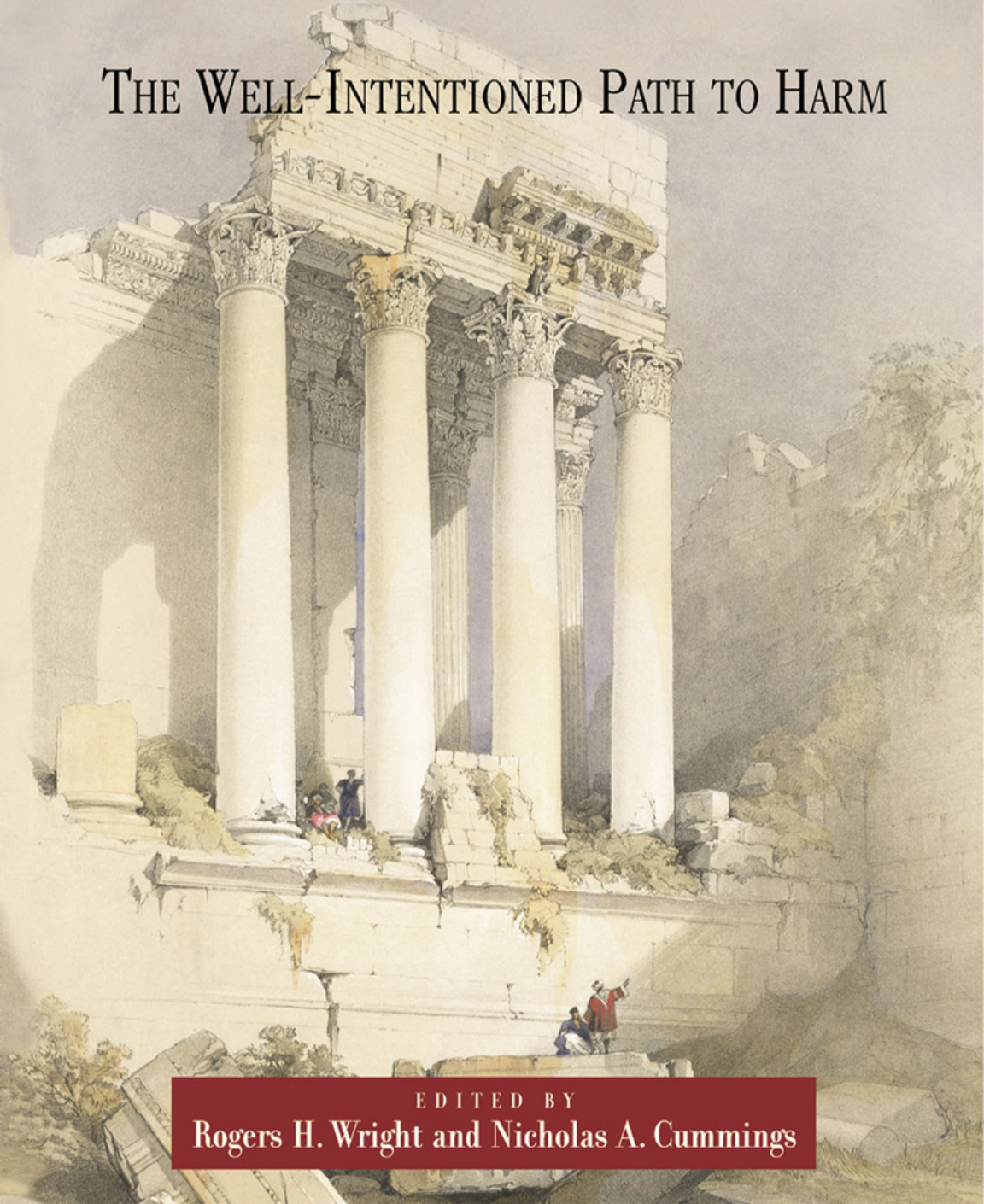
Destructive Trends in Mental Health

The Well-Intentioned Path to Harm



EDITED BY
Rogers H. Wright and Nicholas A. Cummings

Destructive Trends in Mental Health

Advance praise for

Destructive Trends in Mental Health

Buttressed and burnished by a glittering Who's Who in scientific and professional psychology, Wright and Cummings persuasively and forcefully dramatize how the mental health professions will enhance patient benefits by removing from the therapeutic process such destructive barriers as political correctness and intrusive ideologies.

Robert Perloff, Ph.D.
Distinguished Service Professor, Katz Graduate School of Business, University of Pittsburgh, and Former President, American Psychological Association

Organized psychology has been captured by a small group that is dumbing down psychology while pursuing its own agenda. This book shows how this oligarchy threatens to destroy the science and profession of psychology, and wreak harm on an unsuspecting public that trusts and depends on psychology. It deserves very wide readership.

Arnold A. Lazarus, Ph.D., ABPP
Distinguished Professor Emeritus, Rutgers University

This book brings into sharp focus the intrusion of social and economic policies that are distorting what should appropriately be the emphasis in mental health: best practices for the benefit of those served.

Martin Kalb, J.D., LLM
Of Counsel, Greenberg Taurig

Want to avoid foolishness, stupidity and harm? Read this book; highly recommended.

Michael Hoyt, Ph.D.
Chief of Adult Psychiatry, Kaiser Permanente, author of *Some Stories Are Better Than Others, Interviews with Brief Therapy Experts*, and *The Present Is a Gift*

Destructive Trends in Mental Health could not be more timely, confronting issues that bedevil U.S. healthcare, namely, the physician glut that has arisen, transforming medicine and mental health from science-based, health-seeking, Hippocratic endeavors to pharma-mandated, dollar-seeking enterprises, saying whatever to embellish diagnosis and treatment.

Fred Baughman, M.D.
Nationally recognized Neurologist and Pediatric Neurologist, and author of *The ADHD Fraud—How Psychiatry Makes "Patients" Out of Normal Children*

The authors provide cogent examples of how in mental health circles today misguided idealism and social sophistry guarantee that good science and practice will not go unpunished.

Jack G. Wiggins, Ph.D., Psy.D.
Former President, American Psychological Association

No matter how intelligent, the public needs to be educated by organized psychology and psychiatry to make a distinction between sound practice and psychobabble. This book illustrates in painful detail not only how psychiatrists and professional psychologists have failed to educate, but how often, to enhance stature and income, they have embraced psychobabble and practiced it.

Robyn M. Dawes, Ph.D., Charles J. Queenan Jr.
Professor, Department of Social and Decision Sciences, Carnegie-Mellon University

This book brings together outstanding and respected mental health scholars to challenge the permeation of mis- and disinformation being foisted on the public, the medical profession, and the mental health communities. With such noted scholars challenging these trends, the public has greater insight into what has heretofore been blindly accepted.

David Stein, Ph.D.
Professor of Psychology, Longwood University, and author of *Unraveling the ADD/ADHD Fiasco: Successful Parenting without Drugs*

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First of all, do no harm

Hippocrates
The Physician's Oath
Circa 400 B.C.

Contents

Preface

Why would two lifelong activists, I an octogenarian and my colleague nearly so, edit this controversial book when our lives have been characterized by progressive social and political advocacy? Why, when we could be resting on our laurels at the twilight of our careers, do something that is certain to ignite accusations that we are rightwing extremists? Why, after decades of fighting to establish the rightful role of professionalism in psychology, do we now question the validity and integrity of some of the prevalent practices in our profession? The answer is simple: psychology and mental health have veered away from scientific integrity and open inquiry, as well as from compassionate practice in which the welfare of the patient is paramount.

Despite sentiment among our mental health colleagues that there should be a forum for a host of legitimate psychological topics that are avoided because they would bring an avalanche of criticism, no one is willing to step forward. These taboo topics typically unleash a silencing array of unwarranted charges ranging from political incorrectness, insensitivity, and lack of compassion to (in the extreme) bigotry. We are troubled that disciplines such as psychology, psychiatry, and social work, which pride themselves on diversity, scientific inquiry, intellectual openness, and compassion for those who need help, have created an atmosphere in which honest, albeit controversial, points of view are squelched.

We decry the extremism on the right, but we do not address it in this volume because that is not the problem within organized mental health today. Psychology, psychiatry, and social work have been captured by an ultraliberal agenda, much of which we agree with as citizens. However, we are alarmed with the damaging effect it is having on our science, our practice, and our credibility.

In 1973, American Psychological Association (APA) President Leona Tyler enunciated the principle under which we would advocate in the name of psychology and when we would do so as concerned citizens. This principle became APA policy. In speaking as psychologists, our advocacy should be based on scientific data and demonstrable professional experience. Absent such validation, psychologists are free to speak as any concerned citizen, either as individuals or collectively through dedicated advocacy organizations. This separation is necessary if society is to ascribe credibility to advocacy when psychologists are speaking authoritatively as psychologists. Violation of this principle erodes the credibility of the science and profession to represent fact and evidence, and we become another opinionated voice shouting to be heard in a vast arena.

Since enunciation of this principle, advocacy for scientific and professional concerns has been usurped by agenda-driven ideologues who show little regard for either scientific validation or professional efficacy. Although I am in agreement with many of APA's stances, I am opposed to the process that has diminished its credibility. It is no longer perceived as an authority that presents scientific evidence and professional facts. The APA has chosen ideology over science, and thus has diminished its influence on the decision makers in our society.

Let no one presume that ideology does not influence science. Within psychology today there are topics that are deemed politically incorrect, and they are neither published nor funded. Journal editors control what is accepted for publication through those chosen to conduct peer reviews. Although it can be argued that journals have the right to determine their areas of primary interest, this can be used to stifle controversy or political incorrectness even when these are important topics for scientific inquiry. Censorship exists, and if the *Psychiatric News* and the *Monitor on Psychology* published all the news of interest to psychiatrists and psychologists, there would be no market for the *Psychiatric Times* and *The National Psychologist,* both published outside the two APAs. One wag recently observed that although the *Monitor on Psychology* detests managed care, it loves managed news.

Within the profession of psychology there is currently debate over treatment techniques and interventions that have not been scientifically validated. Admittedly, there are two sides to this question. Practitioners are aware that transposing therapies from the laboratory to practice is fraught with problems, inasmuch as the multiple diagnoses found in most patients do not respond in the same way that single-case experimental subjects do. Furthermore, a simple protocol—for

example, on smoking cessation—will have a much different outcome depending on whether the patient is an alcoholic, a schizophrenic, or a sociopath, to name only three. Who is having a psychological problem is at times even more important than the psychological problem being addressed by a standard, one-size-fits-all protocol. This fact is known to all competent practitioners. On the other hand, and rightly so, the science is alarmed by ever-proliferating therapies that are not only without validation but are irresponsible, and often later shown to be harmful.

Unfortunately, questioning the efficacy of certain popular therapies is equated by many practitioners with a lack of compassion toward those who are ostensibly benefiting from such dubious treatments. A prime example is the decade-long controversy over repressed memories of incest, and whether these were implanted by well-meaning therapists. A task force appointed by the APA to look into the controversy became politically paralyzed, and the matter was finally settled by the courts. Society spent a number of years sentencing fathers to prison based on false memories, followed by years of releasing them with the court's apology as accusers became aware of the implanted memories. Practitioners lost their licenses, and many were subsequently sued by those they had accused. Meanwhile, the APA remains politically polarized over the issue.

Both my co-editor and I lived through the McCarthy era and the Hollywood witchhunts and, as abominable as these were, there was not the insidious sense of intellectual intimidation that currently exists under political correctness. In the previous era you knew who your oppressors were (e.g., the John Birch Society, anti-Semites, segregationists, and, more benign, the evangelist in the tent down the street who wanted to save my soul). Now misguided political correctness tethers our intellects. Those viewed as conservative are looked down upon as lacking intelligence. Reminiscent of the Puritan religious shunning in a bygone era, we are witnessing a type of secular shunning by those who see themselves as the self-appointed guardians of truth and the saviors of the planet. Dr. Wright and I did not realize how pervasive this shunning and intimidation could be until we began talking with potential contributors, many of whom declined to be included, fearing loss of tenure or stature, and citing previous ridicule and even vicious attacks, described by several chapter contributors. One colleague agreed to contribute as long as her name was removed as a chapter contributor.

This shunning is almost automatic, and often totally thoughtless. At the 2002 APA convention in Chicago, the Association for the

Advancement of Psychology held a black tie fundraising dinner for three psychologist candidates for Congress: Ted Strickland (D-OH) and Brian Baird (D-WA), incumbents who were subsequently reelected, and Tim Murphy (R-PA) who was subsequently elected for the first time. Murphy received a much different reception from the attendees than the two Democrats, even though he made the most engaging of the three speeches. At the table where I was sitting a prominent APA political type remarked that there were no Republicans at our table: "Otherwise I would not be sitting here." When it came time for Tim Murphy to rotate to our table, she immediately and indignantly got up and left. This was not only rude, but politically stupid inasmuch as we were wooing friends in the Congress on behalf of psychology, yet no one at the table but I thought her behavior outrageous. One of those who expressed admiration that she had the courage of her convictions also exited soon after. This was a triumph of ideology over dignity, grace, and political savvy.

After soon-to-be-Congressman Murphy left our table, a conversation ensued that left me with the fear my tablemates might be historical illiterates. To the categorical imperative echoed by several, "There has never been a Republican I could like," I asked about Abraham Lincoln, Wayne Morse, and John McCain. "Well, they aren't real Republicans because they did not stand in the way of progress," was the defensive reply. The disbelief at my pointing out that a Republican president emancipated the slaves and the Democrats blocked desegregation in the 1960s by filibuster confirmed my deepest concern that even among psychologists ideology rewrites history. My statement that the Vietnam War was launched by a Democratic president (Kennedy) when he sent the first military "advisers" to Saigon, that another Democratic president (Johnson) escalated the war, and that the war was ended by a Republican president (Nixon) resulted in hostile defensive silence.

Political diversity is so absent in mental health circles that most psychologists and social workers live in a bubble. So seldom does anyone express ideological disagreement with colleagues that they believe all intelligent people think as they do. They are aware that conservatives exist but regard the term intelligent conservative as an oxymoron. In fact, depending on how left the vantage point is, moderates are seen as conservative and conservatives are lumped in with rightwing extremists. Together they comprise the vast rightwing conspiracy that impedes all progress. The existence of intelligent, scholarly, and reasoned conservatives such as Thomas Sowell or Richard Rodriguez would be a fiction.

This bubble is so encapsulating that psychologists were shocked when the House of Representatives and the Senate of the United States censured the APA for publishing in one of its journals a meta-analysis and interview study of college students who had been molested as children. The publication challenged the notion that these experiences had been deleterious, setting off a firestorm led by radio talk show host "Dr. Laura" Schlessinger, which culminated in the APA being the only professional society in the history of America to be censured by the Congress. To be sure, Dr. Laura cleverly used her talk show pulpit and was joined by powerful conservatives in the Congress, particularly Tom Delay, then majority Whip and now majority Leader in the House. However, no amount of conservative clout could have engineered a unanimous condemnation of the APA were there not already a backdrop of distrust for psychology. Most psychologists are not aware of these events, and those who are do not realize the extent of the humiliation. They blame Dr. Laura and her powerful allies in the Congress, but the finger pointing fails to note that the condemnation was unanimous in both the House and Senate. It further fails to note that not one of psychology's traditional friends voted against the resolution, and even the two psychologist members of the House abstained rather than vote nay. The humiliation was complete.

Psychologists are largely unaware of how inept the profession's testimony before the Congress was. It came down heavily on the side of academic freedom and uncensored scientific research, and only secondarily against pedophilia. Such is the disconnect between psychology and society at large. Americans' support of the notion of academic freedom without the yoke of scientific inquiry does not override their concerns with pedophilia and the need to protect children. This disconnect is curious in a profession that sees itself as expert in human behavior. We not only purport to understand society, but also to treat its problems and its members who need help. Had the APA testimony unequivocally condemned pedophilia first, and then secondarily defended scientific freedom, the vote might not have been completely one-sided. In private, several members of Congress confided that the APA testimony was so ambiguous that voting against condemning the APA would have given the appearance of endorsing pedophilia.

Another example of psychology's disconnect with society at large was the publication by four social psychologists of a painstaking analysis of authoritarianism (Jost, Glaser, Kruglanski, & Sulloway, 2003), in which certain strong statements by President Bush branded him in the authors' conclusions as an authoritarian personality. It is

interesting that the statements quoted (e.g., "I know what I believe and I believe I am right") are temperate compared to some of the speeches of Prime Minister Winston Churchill and President Franklin D. Roosevelt during World War II, President John F. Kennedy during the Cuban missile crisis, and President Harry Truman almost anytime. Yet these personalities were not deemed authoritarian. Strong leaders at times of crisis make statements that are commensurate with the need to energize the nation.

In rebuttal, Greenberg and Jonas (2003) point out that the criteria of conservatism set forth by Jost et al.—for example, a desire to return to an idealized past, intolerance of ambiguity, lack of openness to experience, uncertainty avoidance, personal needs for order, structure, and closure, fear of death, and system threat (p. 383)—can apply not just to Ronald Reagan and George W. Bush but equally to Adolph Hitler, Benito Mussolini, and Joseph Stalin, who all wanted to return to "an idealized past." A University of California at Berkeley press release did, in fact, label all of these figures as authoritarian and conservative. On these dubious dimensions Stalin, Castro, and Mao, all radical Marxists, qualify as conservative.

Any "psychological scale" that equates U.S. presidents with ruthless genocidal dictators who murdered millions must be woefully deficient in its ability to differentiate personality. Ostensibly Jost et al. are intelligent and well-meaning, but they demonstrate the triumph of ideology over science and professionalism. Predictably, and unfortunately, psychology once again became a media laughingstock, a reputation it could ill afford following the pedophilia debacle. Perhaps the kindest thing said was the remark of one commentator that it was all unimportant because no one any longer pays attention to the strange conclusions of psychologists. Clearly, we have lost much of our ability to speak with credibility and authority.

Psychology has an impressive record of promoting racial, ethnic, and cultural diversity in its membership and organizational structure. We have become an admirable microcosm of America in this regard. However, sociopolitical diversity is sorely lacking. It is obvious that we need a greater diversity of ideas and a counterbalance to the prevailing ideologies within mental health circles today. If psychology is to soar like an eagle, it needs both a left wing and a right wing. We must broaden the debate by reducing the ridicule and intimidation of ideas contrary to the thinking of the establishment in the field of psychology. We must return to the principles on which psychology—and, indeed, the entire field of medicine—was founded: above all, to do no harm

and to act for the public good. This entails acting with prudence and foresight so that we can once again assume a leadership role in matters where our expertise is invaluable.

The intent of this book is to acquaint the reader with the often well-meaning, but frequently self-interested destructive trends that have permeated the mental health professions, threatening harm to the patients who seek their help, and betraying the society they are sworn to serve. Three general topics have been selected, with the first addressing political correctness, misguided sensitivity, and overemphasis on diversity. In chapter 1 Cummings and O'Donohue trace how psychology has surrendered its science and profession to political correctness, and in chapter 2 O'Donohue gives a critical analysis of the limitations in the current concept of cultural sensitivity. Victimhood and how it deprives patients of best practices is the theme of Zur's chapter 3, and O'Donohue and Caselles in chapter 4 examine the misuses and intimidations of the word homophobia.

The second section looks at mental healthcare economics, a totally neglected area in psychology, psychiatry, and social work. In his chapter 5 Cummings demonstrates how the economic pinch of too many practitioners has led to artificial and harmful methods of expanding a diminishing revenue; Glasser in chapter 6 augments this by pointing to the financial incentives to sacrifice psychotherapy and counseling, the traditional mainstays of mental health, to inappropriate and even harmful medication. Wright in chapter 7 discusses how attention deficit/hyperactivity disorder has been expanded beyond all neurological proof, and he rounds out the section in chapter 8 revealing that the laws intended to protect the public by requiring professional continuing education have turned into a profitable industry that has forgotten its original mission.

The last section is the longest, addressing the many-faceted subject of how politics influences both science and practice. Gottfredson in chapter 9 has compelling evidence of how the fear of being labeled racist has all but eliminated research on intelligence, ultimately hurting those we intend to help. Lilienfeld, (chapter 10) a widely recognized authority on pseudoscience in psychology, along with his colleagues, challenges some of the most popular, and perhaps more lucrative, of the many dubious diagnoses. In chapter 11 psychology columnist John Rosemond, writing in his usual journalistic style, meets head-on how politics is determining misdiagnoses in our children. Getting specific on how politics has determined many stances and declarations by the American Psychological Association is the subject of O'Donohue's and

Dyslin's chapter 12, and Zur in chapter 13 addresses the politics that has undermined psychology's Code of Ethics, especially in its intimidation that has led to risk management rather than practice in the patient's best interest. Community psychology, founded in the 1960s, was intended to research and advocate social justice, but Lillis and his colleagues in chapter 14 demonstrate how it has been captured by a one-sided agenda. Finally Redding (chapter 15), both a lawyer and a psychologist, carefully demonstrates the remarkable lack of sociopolitical diversity in a profession that champions ethnic and racial diversity.

The chapters in this volume are controversial, and although the editors may not agree with everything proffered by the contributors, their ideas deserve the forum that is often denied them. The common thread in all fifteen chapters is to reveal how well-intended but destructive forces have invaded the very foundation of mental health, threatening its credibility, distorting its science, and exposing its patients to possible harm. The lack of sociopolitical diversity among the mental health professions, with its accompanying atmosphere of intellectual intimidation, has made the publication of this book compelling.

Nicholas A. Cummings

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Nicholas A. Cummings and Rogers H. Wright

INTRODUCTION

Rogers H. Wright

In the late 1950s, *The Demolished Man,* a whimsical novel written by a psychologist, postulated a future, highly stratified culture in which psychologists, who could read people's minds, were given the society's fourth highest rank. In return for this exalted status they were expected to take an oath limiting the use of their extraordinary power and knowledge to dispensing justice with fairness and equity. The author wryly noted that such dedication was not strenuously observed, indicating a general attitude toward compliance with oaths, claims, and codes of ethics that may have considerable current relevance among mental health service providers.

The novel captured the interest of a society that at the time was obsessed with parapsychology and mind-reading. Psychologists seriously conducted "experiments" in these activities, into which the federal government poured substantial research grant funds. The parapsychology fad has faded, but two aspects of that era persist: (1) the federal government and private institutions continue to waste millions of dollars on hobby psychological and politically correct research while neglecting to fund more basic, meaningful research; and (2) society continues to believe that mental health practitioners possess some kind of omniscience when it comes to human affairs. Unfortunately, this point of view is not only unchallenged but is shared by some mental health providers.

There has been a fundamental shift in the way we perceive mental health problems. Until the last third of the twentieth century, psychosis

and insanity were viewed with shame and embarrassment. These diagnoses were underreported and swept under the rug, much the way many parts of the world attempt to deal with the current AIDS epidemic. Following World War II, psychologists, psychiatrists, social workers, and mental health consumers coalesced around the goal of diminishing the stigma associated with mental health problems. Seemingly overnight there developed an enormous interest in psychotherapy, and the nation's training facilities responded by turning out ever-increasing numbers of mental health providers.

These professionals became very articulate in addressing the stigma of mental illness. One of the strategies they employed was to substitute less sensitive appellations for terms: that is, mental health for mental illness, emotional condition for mental disease, problems in living for neurosis/psychosis, diminished capacity for feeble-mindedness or insanity. No one then would have predicted that the time would come when individuals would not be held responsible for their problematic/destructive behavior because they were "victims." In an attempt to eliminate the stigma, we may have thrown out the baby with the bathwater.

In the latter part of the twentieth century, these same interest groups worked with considerable success to persuade public policy makers, Congress, state legislatures, and public and private insurers to broaden the availability of mental health services as part of health coverage. The advent of insurance reimbursement for psychotherapy swelled the ranks of psychologists, psychiatrists, social workers, and counselors.

The co-editors of this volume have been privileged to serve and participate in the remarkable growth and availability of mental health services over the past five decades as providers, educators, researchers, and public policy activists. Our myriad experiences have provided what we believe is a unique perspective from which to view changes in the mental health field. Although the quality and availability of many mental health services has increased, there has also been a proliferation of philosophies, practices, and procedures that, at best, are self-serving and, at worst, destructive to the integrity of psychology and contrary to the concept of helping patients become mentally healthy and independent.

These changes stem from a variety of considerations. However, our focus is on three major factors, echoed in the three sections of this volume: (1) the broad social pattern of the culture, reflected in an obsession with political correctness, sensitivity, and diversity; (2) the way mental health service providers view themselves and their products, reflected in psychology's service and economic practices; and (3) an emphasis on ideology, reflected in the influence of politics on science and practice.

The ongoing interaction between psychology and culture blurs cause and effect. What is clear, however, is that value systems, acceptance, permissiveness, and nonjudgmental attitudes—essential to all forms of psychotherapy and counseling—are now valued behaviors in our culture. This despite the fact that such behaviors may have little or no direct relevance to education, business, the military, parenting, or other nonpsychotherapeutic endeavors. Indeed, in broad cultural applications these behaviors have been demonstrably ineffective and frequently shown to have significant and lasting deleterious results. A component of this migration of psychological practice to our culture has been the convoluted use of the concept of disease and/or victimization to excuse individuals and groups from responsibility for their behavior.

Profound changes, largely unappreciated at the time, began with the mid-1960s passage of Medicare and Medicaid. In effect, responsibility for one's health passed from the individual to a third party. Health care became a "right" and contributed to the escalating belief that "needs" translate into "rights." Aided and abetted by the mental health disciplines, this concept generalized into a philosophy of life for much of our culture. When our "rights" were denied, we became "victims."

Such victimhood, which allows escape from personal responsibility and elicits redress by others, has often reached the point of absurdity, fostered by those anxious to help the "aggrieved," including trial lawyers and some mental health providers. Thus, spilling hot coffee is not due to personal carelessness but reflects its being served at an incorrect temperature. A weight problem is no longer overeating but the result of food addiction exploited by fast-food interests. Lung cancer following a lifelong consumption of cigarettes is the fault of a conspiracy among the tobacco companies to addict large numbers of the public, the warning label on the cigarette package notwithstanding.

An entire industry exclusively dedicated to helping "victims" assert their "rights" has developed around the nation's Workers' Compensation Program. Victims' claims that the workplace is "too stressful, abusive" or otherwise inimical to their mental well-being all too frequently involve both compensation for the "injury" and long-term paid disability. In California, investigation of excessive workers' compensation losses revealed "compensation mills," with fraudulent claims being processed by psychology students who had never seen the claimants. This resulted in laws demanding that all mental health claims be written by the provider signing the report.

Accompanying the renunciation of individual responsibility for decisions and life choices are profound changes in child-rearing

practices in this country. With the wholesale migration of women from the home into the workplace, large numbers of our children are being raised by uncredentialed, unsupervised, and frequently incompetent "child care" personnel. It is very difficult to assess what long-range impact the absence of the natural mother will have, but emerging evidence suggests that if it impairs the child's bonding, there are significantly negative psychological consequences.

The way in which our culture views the childhood years also has profound consequences. Formerly considered a preparation for adulthood, childhood is now regarded as endless playtime. Parents are so intimidated by the threat that structure and discipline may irreparably harm their children that they make only the most modest demands. Children are praised elaborately for doing little or nothing, in the misguided hope that this builds self-esteem. What gets lost in all this is that interpersonal comfort, self-acceptance, and self-esteem derive from mastery and accomplishment. Would it not be more helpful to teach our children personal responsibility and that choices have consequences rather than encourage irresponsibility and feel-good permissiveness?

In the field of education, the shrinking of individual and parental responsibility is glaringly apparent. The California Board of Education has consistently resisted implementation of competency exams for high school graduation, hoping to avoid its failure to educate, underscored by statistics indicating that a majority of current high school graduates in Los Angeles County repeatedly failed such an exam (Los Angeles Board of Education, 2002). Wholesale failures in education are attributed to an uncaring school system, socioeconomic factors, and the perennial lack of money. Never mentioned are the lack of standards and discipline, student irresponsibility, uninvolved parents, fear of parental and student complaints or retaliation and, most destructive of all, social promotion. Unfortunately, organized mental health has done little to address the decline in education, and when it has, it has weighed in with more of the same rationalizations and so-called solutions tediously offered by the teachers' unions.

Public attitudes and beliefs dictate public policy actions that may have major and long-lasting consequences. The wide application of nonjudgmental attitudes to violent and criminal behavior, coupled with the myth that counseling is a viable solution to chronic violence and habitual criminality, is a demonstrated failure. The idea that the behavior of a chronologically mature adult acting like a perpetual adolescent by manifesting "road rage" can be materially influenced by "anger management" misunderstands the basic problem.

Counseling, psychotherapy, and personal coaching have much to be modest about when it comes to the amelioration of criminality and other antisocial behaviors. Often therapy is merely an alternative to our crowded prison system. Sound statistics are difficult to come by, but the most optimistic estimates presage a less than forty percent "cure rate" for criminal behavior and substance abuse, a low success rate accomplished at an enormous expenditure of tax dollars (U.S. Department of Labor, 2001; White & Wright, 1999). Yet despite the scant return on investment, there is substantial interest within the body politic to "decriminalize" substance abuse by replacing incarceration with counseling or psychotherapy.

Another major area of social change has been our flirtation, to the point of obsession, with political correctness (see chapter 1). This has profound implications for the way we skew reality, interpersonal relationships, and internal and external responsibilities. Thought police are everywhere, and panels of experts arbitrarily dictate what words are to be eliminated from usage because they might hurt someone's feelings. In this fashion such words as "elite" and "yacht" are excluded from school textbooks on the premise that doing so will spare the feelings of underprivileged students. Words long identified with categorizations of intellectual performance have been changed to terms of such innocuousness that it becomes impossible for professionals, let alone the public, to tell what a person's performance level is on an intelligence test

Unfortunately, psychology has allied itself with a misguided viewpoint that has prevented education from addressing a compelling need: the differential rates of intellectual prowess. Research on intelligence is now regarded as potentially racist, and studies of intellectual functioning among cultural subgroups have all but disappeared in the psychological literature. Such research that continues to be conducted encounters substantial difficulty in being published or cited. Perhaps one of the most egregious examples is the pseudoscientific personal attacks on the internationally known psychologist, Dr. Arthur Jensen of the University of California, Berkeley (see chapter 9), whose research on intelligence goes against the grain of current political correctness.

Self-appointed advocates have sprung up for ever-proliferating groups of victims. Such widespread and lucrative activity also accrues significant social and political power to the organizations involved. The educator, politician, government official, journalist, or professional who incurs the wrath of such groups is frequently accused of being racist, judgmental, biased, or guilty of discriminatory practice. Often one need not say a thing. My co-editor, on the verge of agreeing with the

positions of a prominent female psychologist, was publicly attacked before he could open his mouth: "I don't know what you are going to say; but we could never agree because I am a lesbian and you are a straight white male."

Accusations of bias, racism, and bigotry are intended to have a chilling effect on those who question any aspect of political correctness. Political correctness, and its attendant issues of affirmative action and diversity, also have had considerable impact on the training of mental health professionals and the delivery of scientifically based mental health services.

Despite the absence of hard evidence as to its value, the concept of diversity that found immediate and widespread favor in academia now has broad currency in the American vernacular. Diversity has been ardently embraced by most university training programs for mental health professionals and by professional societies. Education, training, research, and service delivery are frequently shaped more by diversity for the sake of diversity than by hard data, the reality and needs of the marketplace, and/or the populations to be served.

Not all identifiable subgroups within our culture are given favorable treatment in the interest of diversity. The groups favored for purposes of diversity are women, African Americans, and Hispanics. At the same time, Asian Americans and American Jews are often discriminated against in the selection process. If the point of diversity is its contribution to learning and professional function, should not diversity mirror our society as a whole by including right-wing conservatives, religious extremists, Marxist ideologues, and students whose annual family income is aggregated at $30,000 intervals? (See chapter 15.)

Traditionally, therapists have suppressed their own personalities and value systems in the interest of the therapeutic enterprise. This was calculated to maximize the freedom of the patient to express personal values, concerns, fantasies, feelings, problems, and even solutions within the confines of the therapeutic session. With the advent of affirmative action/diversity programs in both training and service delivery, a new mythology was propagated and repeatedly asserted: namely, that the psychotherapy process is less efficacious if the consumer and the therapist are not of the same subgroup. The ostensible rationale can be summed up as "you got to be one to treat one" (Wright, 1983) and is based on the highly questionable premise that shared backgrounds between therapist and patient facilitate the therapeutic process, broaden the therapist's understanding of the patient's problems, and promote growth and healthier lifestyles because the therapist

constitutes a subgroup role model. This approach is potentially fraught with major problems for the patient. Not only do therapist and patient share the same "blind spots," but the aim of psychotherapy is to facilitate patients' understanding and accepting of themselves, not to make them clones of the therapist.

The shared-experience philosophy has spawned a long list of subgroup therapists, including ethnic minority, feminist, gay, and lesbian. All too frequently, assertions about the efficacy of patient/therapist subgroup identity or "specialization" of the therapist are blatantly self-serving, reflecting a glut of providers attempting to carve out a "fiefdom" in a very tight mental healthcare market. Another problem posed by these approaches is "classification": that is, to which of many possible subgroups does the prospective consumer belong?

Proponents of patient/therapist subgroup identity have repeatedly attempted to amend ethical codes of professional associations to prohibit therapists from treating consumers of differing cultural backgrounds. Although these efforts have largely failed, they have had substantial informal impact and have succeeded (again absent substantial credible evidence of the efficacy or necessity for such training) in persuading professional and governing groups to require more cultural and "sensitivity" training in the education of therapists (see chapter 2).

Equally without credible evidence, many proponents are attempting to turn psychotherapy into advocacy for their subgroups and psychotherapists into advocates for positions and goals of the given subgroup. Psychologist–advocates write about the need to explore the cultural heritage of the patient (Sue, 1998; Sue & Zane, 1997), and some proponents go so far as to assert "… that individuals from different cultural backgrounds cannot understand each other" (La Roche & Maxie, 2003, p. 181). Given a nearly hundred-year history of therapists/patients of different backgrounds working together successfully, such assertions border on the nonsensical. La Roche wisely noted later, "Unfortunately, the empirical research on the effectiveness of addressing cultural differences in psychotherapy is limited" (La Roche & Maxie, 2003, p. 181).

Nevertheless, La Roche has identified no less than ten areas of "cultural differences" that the author feels merit exploration, a position which fails to take into account that virtually all mental health service currently takes place in a climate where third-party payers are increasingly demanding justification for each and every therapeutic session. Perhaps a better and less costly vehicle for cultural exploration would be classes taught by experts equipped to teach appreciation of a given cultural heritage. Many experienced therapists would be troubled

about a situation in which the provider, rather than the patient, determines the nature of the therapeutic work. Our position is that the best therapist is likely to be one who nonjudgmentally treats a broad spectrum of patients and is not compelled to visibly demonstrate identification with any philosophy, movement, or ideology. This, coupled with experience and effectiveness, helps ensure that psychotherapy will focus on patient needs, not the therapist's agenda.

In the current climate, it is inevitable that conflict arises among the proponents of the various subgroups in the marketplace. For example, gay groups within the APA have repeatedly tried to persuade the association to adopt ethical standards that prohibit therapists from offering psychotherapeutic services designed to ameliorate "gayness," on the basis that such efforts are unsuccessful and harmful to the consumer. Psychologists who do not agree with this premise are termed homophobic (see chapter 4). Such efforts are especially troubling because they abrogate the patient's right to choose the therapist and determine therapeutic goals. They also deny the reality of data demonstrating that psychotherapy can be effective in changing sexual preferences in patients who have a desire to do so.

Mental health providers must also recognize when they take themselves too seriously. The extent to which various patients can benefit is often limited by lack of motivation, adverse circumstances, unfortunate and irreparable choices in life, chronic illness, and even lack of accessibility to mental health services. Fifty years ago psychotherapy was heady with promise: "Give us enough therapists and we can cure every individual mental illness." The advent of community psychology and psychiatry (see chapter 14) trumped this arrogance with the attitude "Give us the personnel and we can cure society."

These are extreme examples, but psychotherapists who experience the gratitude of patients day in and day out may develop an exaggerated sense of importance. Success in the psychotherapy realm does not necessarily qualify us as experts in the broad arena of human affairs. Many of our colleagues have the propensity to extrapolate nonjudgmental therapeutic techniques into a philosophy of human behavior, concluding with the ideal of a valueless, relativistic, nonjudgmental society (see chapter 2). Indeed there are such things in life as good and bad, productive and unproductive, worthwhile and worthless. Whereas the application of a unique and dogmatic value system can be problematic, the failure to make any judgment as to value, appropriateness, or merit sentences us to a life that lacks direction. Children do misbehave. Criminals break the law. Violence is rampant.

The search for etiological factors does not preclude our making a judgment about these activities; rather, it leads to seeking change. Not every behavioral aberration is reflective of some environmental deficiency. Sometimes people are just too lazy to make an effort to change. In such a context, the rationalization "Let's not be judgmental," or "Don't judge me; I'm a victim," has no value in solving the problem.

Many factors interact in the broad arena of health economics. In the 1990s, as managed behavioral care sought to control soaring costs by the often arbitrary curtailment of services, providers found themselves with decreased patient loads and ever-increasing amounts of unremunerated time. Some of the new applications they sought for their skills were beneficial; others were questionable. Suddenly there were such therapies as grief counseling, anger management, and treatment for an expanded conceptualization of post-traumatic stress syndrome. These services, even when offered pro bono, had the advantage of enhancing provider visibility in the community.

Such services as grief counseling and trauma counseling lack solid evidence of lasting merit. In fact, evidence emerging from therapists treating workers and survivors of the 9/11 tragedy suggests that the immediate "counseling" prevents some individuals from assimilating the experience. At best, the long-term effects of these unproven psychological interventions need to be more carefully studied; in the short term, consideration needs be given to the possibility that they may contribute to normalizing histrionic behavior (see chapter 10). Another consideration is their impact on impairing the ability (especially among children and adolescents) to address life's stresses.

Meanwhile, the scope of other mental health problems has been broadened and new problems defined. Posttraumatic stress disorder, originally identifying a response to extreme combat, was extended to include civilian populations. Behavior disorders, associated with various substances such as red dyes, sugar, and food additives, began receiving widespread attention in the media and in alternative medicine. The recollection of deeply repressed memories of sexual exploitation reached a peak and then crashed in the courts as practitioners lost their licenses for having inadvertently induced such memories through hypnosis or frequent and suggestive questioning in psychotherapy (see chapters 5 and 10). Attention deficit disorder and attention deficit hyperactivity disorder were reformulated to apply to as many as thirty to forty percent of all children manifesting any behavioral problems (see chapters 6 and 11).

Not to be left out of this economic bonanza, psychiatry suddenly discovered that forty percent of all patients visiting the doctor were depressed enough to warrant antidepressant medication. Now five percent of all prescriptions issued to children are for antidepressants. The *New York Times* of August 8, 2003 reported several studies that showed SSRI antidepressants to be only "moderately effective," and the increased suicide risk among adolescents receiving Paxil has been reported both in British and American journals and by the FDA. The *Times* article also reported on studies demonstrating that the treatment of adolescent depression by antidepressants yields no better results than a placebo. Other studies corroborate the extensiveness and ineffectiveness of behavioral drugs on children and adolescents (Johnson, 2004; Fredenheim, 2004). Meanwhile television infomercials repeatedly advise adults who are distracted, tense, or unable to finish tasks that they may be sufferers of ADD/ADHD. These new or broadened mental health services have expanded the mental health economy, but to the benefit of whom? (See chapter 6.)

The American Psychiatric Association has played a significant role in this market expansion by modifying the criteria underlying its diagnostic manual. Adding the words "disorder" or "syndrome" has markedly increased the number of conditions requiring mental health treatment. This is significant because psychiatry's official diagnostic manual is the basis for reimbursement of mental health services. Are these disorders and syndromes helpful in treating the problem? Not particularly. Are they helpful in filling out insurance claim forms? Absolutely! Do they help hide the fact that we know only the symptom and not the cause? Most assuredly!

Mental health personnel have demonstrated endless creativity in expanding personal income, not the least of which is exploiting state licensing laws mandating continuing education (see chapter 8). Professional associations turned to political action to achieve these mandates, then captured the lucrative approvals process, making certain that courses without their imprimatur would not qualify in renewing professional credentials. No matter that CE offerings often tend to be of poor quality, dubious value, poorly taught, frequently misinformative, and contributors to the rising costs of all professional services.

American trial lawyers, never to be outdone at the cash register, discovered the lucrative market of championing abused persons and populations. They received help from mental health practitioners who impressed the courts with the depth of the psychological trauma and the need for years of corrective psychotherapy following real or

imagined abuse. Lawyers also saw psychologists' vulnerability to laws requiring the "duty to warn" and well-meaning but ill-conceived codes of conduct that subjected mental health professionals to vague prohibitions such as "dual relationships" (see chapter 13). Lawsuits against mental health providers became commonplace, with many providers eager to testify against their colleagues. This litigation has resulted in defensive practice, needless hospitalization, frequent refusal to treat high-risk patients, and escalating costs.

Psychology is in need of a makeover. That there is much to be concerned about is underscored by the 2003 report of the President's New Freedom Commission on Mental Health, which concluded that mental health in America is often inadequate and requires fundamental transformation. This volume addresses some of the more destructive fads, mythologies, expectations, practices, and procedures. It strives to present information that will assist consumers in thinking more productively about mental health issues, both personally and in the broadest sense, and encourage mental health providers to view ourselves as others might see us.

The contributors to this book are nationally visible figures in the mental health field with an impressive list of citations, honors, and publications. One served as APA president, another as president of the American Psychological Foundation, and still another as executive director of the Association for the Advancement of Psychology. Two have served as presidents of state psychological associations, and two are recipients of the American Psychological Foundation's Gold Medal for Lifetime Achievement in Practice, psychology's highest award. They hold prestigious academic positions in universities or are leaders in business and professional organizations. Each has attained sufficient stature in the field to be able to present straightforward information and viewpoints unencumbered by concerns for political correctness or disapproval. Dr. Cummings and I are grateful for their courage, time, and commitment in sharing their views and expertise.

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Section A

Political Correctness, Sensitivity, and Diversity

1

PSYCHOLOGY'S SURRENDER TO POLITICAL CORRECTNESS

Nicholas A. Cummings and William T. O'Donohue

"I used to think I was poor," cogently wrote the cartoonist Jules Feiffer (2003). "Then they told me I wasn't poor, I was needy. They told me it was self-defeating to think of myself as needy, I was deprived. Then they told me underprivileged was overused, I was disadvantaged. I still don't have a dime. But I have a great vocabulary."

The prescient Aldous Huxley (1935) in his novel *Brave New World* characterized future society as exhibiting two characteristics that were thought fanciful and improbable half a century before his prediction was to take place. First, most of the populace would be taking a drug called "soma" to alleviate even the slightest anxieties and mood swings that accompany life's daily vicissitudes. This would not be imposed by a totalitarian government exercising mind control; rather, people would clamor for it. As unlikely as this seemed in the 1930s, many authorities are now sounding the alarm that our current society is overmedicating itself rather than addressing and solving everyday problems, thus rendering itself and future generations less and less able to face the normal exigencies of living (Glasser, 2003; Healy, 2004; Kirsch & Antonuccio, 2004). In response to extensive, unrelenting TV advertising, an increasing number of patients are demanding medications from their primary

care physicians, preferably medications that have in their names the letters xyz (Prozac, Zoloft, Luvox, Paxil, with Zyprexa being a *nom magnifique*). Particularly disturbing is the trend to prescribe psychotropic medications to adolescents, children, and even preschoolers, possibly endangering the delicate maturational balance that is still in progress (Cummings & Wiggins, 2001; Minde, 1998; Zito et al., 2004).

It is not the purpose of this chapter to address the advent of Huxley's soma but to look at the second of his predictions: the subtle changes in language he termed "double-speak," the renaming of nouns to reflect or impose changes in attitudes and behaviors. In an equally prescient novel whose title *1984* actually pinpointed the date the phenomenon would be extant, George Orwell (1961) named it "newspeak" and described how its beginning as revisions in language would soon become a censor of thought and behavior. No totalitarian state would be necessary to dictate this censorship; it would be the self-creation of a misguided society. With its roots in the social upheaval of the 1960s, often referred to as the counterculture era, the assaults on language and attitudes have increased steadily over the next several decades to culminate in the rubric "political correctness."

This seemingly harmless renaming of nouns has resulted in a surprisingly pervasive conglomerate of attitudes that are imposed on the populace by a noncodified set of pressures, stigmas, name-calling, and other disapprovals that constitute a cultural fascism. Job promotions, college grades, admission to graduate school, popularity, election to public office, and even success itself may depend on being politically correct. It is the intent of this chapter to trace how political correctness, the fulfillment of Orwellian society, insinuated itself into psychology and psychiatry, distorting the science and corrupting the profession. Make no mistake: the distortions in the mental health field have paralleled the sad social state, wherein an impeached president can dodge a question concerning his possible misconduct by answering under oath, "It all depends on what the meaning of 'is' is" (Clinton, 1999). Double-speak is not a harmless set of changes in nouns; it is a pervasive shift in attitudes that can profoundly corrupt not only our legal system, but other institutions as well. This has already occurred in mental health with psychology's surrender of its professionalism and its science to political correctness.

GENERAL PRINCIPLES OF POLITICAL CORRECTNESS

Although the focus of this chapter is primarily psychology, the commentary applies to psychiatry and social work, as well. It is important

to look at some general characteristics of political correctness, which will be helpful in understanding their extrapolation to the mental health field.

Pervasive Use of Chicken Little's "The Sky Is Falling"

Once noun changes have been accepted into the language, political correctness thrives on scaring people into changing their behaviors. For example, it is not enough to rename "world climate change" to "global warming"; it is then incumbent upon everyone to prevent the extinction of the planet by drastically changing lifestyles, even to regressing to more primitive modes of existence. Most scientists believe the earth is warming, but they are sharply divided on whether this is the result of eons of cyclical climate changes or of greenhouse gases. Having failed to convince the scientific community of its position, radical environmentalists are now trying to create a new crisis: because of the earth's warming, half of the species on the planet will become extinct in the next fifty years.

This and other fallacies are discussed and refuted by the dedicated but contrarian Danish environmentalist Bjorn Lomborg (2000), who, after an extensive compilation of the evidence, concludes that the earth is getting healthier. There is less pollution, more forest, and more food per person. Although he believes there is global warming, he feels it would be more effective to adapt and continue to manage it rather than attempt to turn back the civilization's clock.

Imperviousness to Critical Self-examination

Politically correct thinking has spawned some monumental and near universally accepted inaccuracies that had ostensibly intelligent and educated authorities sounding the alarm that doomsday was coming. If the intent was to raise awareness—newspeak for scaring the dickens out of people into altering their attitudes and behaviors—they succeeded, at least until the myth was discredited. Among many examples is Paul Ehrlich's (1968) *The Population Bomb,* which predicted the world would run out of food and other resources before the twenty-first century, and Rachel Carson's *Silent Spring,* which in 1962 predicted the total disappearance of birds within twenty years because of pesticide use. These were widely accepted fears in their time and were given much publicity, but neither turned out to be a credible prediction. However, each accomplished its purpose: it advanced the cause of political correctness, set the stage for the broad acceptance of even

greater myths, and then was quietly buried in the graveyard of politically correct absurdities. Political correctness, coated with Teflon® by its proponents, is then moved to invent yet another crisis.

So successful are burials of past inaccurate alarms that few people living in the early part of the twenty-first century remember that thirty years ago society was bombarded with predictions that the use of fossil fuels was rapidly bringing about another ice age. The cooling of the planet was so rapid, we were told, that meteorologists could not keep up with the climate changes. The government was urged to stockpile provisions because in twenty to thirty years the earth would be too cold to grow food. Schemes were proposed to slow down the impending ice age, with one of the most preposterous being to melt the polar icecaps by covering them with black soot. The reader is referred to an extensive landmark publication in *Newsweek* (April 28, 1975, "The Cooling Earth"), which chronicled what was widely accepted as the inevitable consequence of air pollution. In the ensuing thirty years, however, instead of planet cooling and the inability to grow food, there has been a 180-degree turn, and it is now politically correct to predict that the burning of the same fossil fuels will bring about global warming and the extinction of millions of plant and animal species.

False alarms of lesser magnitude abound, among them the now-discredited overestimation by severalfold of the number of homeless in America (Whittle, 1992; Revel, 1991). For years the fabricated figures spouted by self-appointed champions of the homeless were accepted and repeated as fact by either a lazy or politically correct media until finally some conscientious journalist actually checked (U.S. Bureau of the Census, 1991). The feminist movement disseminated false information, again accepted by a politically correct press, which stated that hundreds, if not thousands, of young women were dying annually from anorexia because they were trying to be thin to please unreasonably demanding males. Finally, the National Institute of Mental Health (NIMH), when pressed to check, suggested that in a ten-year period there may have been no more than seventeen such deaths (Sommers, 1994).

One alarm that certainly should have been sounded was the early contamination of our blood supply by HIV, but a life-saving solution was too long delayed because it clashed with misplaced gay rights. In *The Band Played On,* Randy Shilts (1987) chillingly described how a politically correct public health system literally endangered lives rather than risk being accused of homophobia.

Political correctness is unable to self-correct its own internal contradictions. It promotes wind power, and on the other hand it tries to ban

windmills because they have killed thousands of birds, including at least one eagle. Plastic grocery bags introduce more chemicals into the environment, but paper bags come from cut forests. Electrical power is clean, but it is mostly generated by coal, which pollutes the air. Similarly, mandated MTBE added to gasoline results in cleaner air, but it contaminates the groundwater and the law should be repealed. Herbal medicine is alternative medicine and thus is politically correct, but the harvesting of wild plants to obtain the herbs is endangering many exotic species and must be stopped. These are serious considerations, but sometimes it gets downright entertaining, as when animal rights and gay rights clash. In San Diego the People for the Ethical Treatment of Animals (PETA) picketed a motorcycle meeting of gay bikers because the latter, also known as "leather queens" and "dykes on bikes," have a fetish for leather, ostensibly resulting in thousands of needlessly killed animals. The bikers responded that PETA is homophobic.

Promotion of a Feel-Good Attitude Even without a Solution

Politically correct terminology can make people feel good in the absence of any real solution. It may be relatively harmless that the "used car" has given way to the "pre-owned vehicle," a term that may lull the buyer into the false assumption that the pre-owned vehicle has none of the mechanical defects of a used car. More important examples are those that make people feel good without tackling serious problems. Thus, Chicago, Detroit, and Philadelphia no longer have black ghettos, and Los Angeles has lost its barrio; all have inner cities instead. The blight is still there and the inner city inhabitant is no better off, but others may feel good that ostensibly something has been accomplished. We no longer have jungles, only rain forests that continue to be destroyed at an alarming rate. Having wetlands instead of swamps has not reduced their endangerment, and the fact that backward countries are now underdeveloped does not make them less backward. Ah, but the new more politically correct language makes us feel better without the need to do anything tangible.

POLITICAL CORRECTNESS INVADES MENTAL HEALTH

The introduction of double-speak into mental health began innocently enough during the post-World War II era, and with the noblest of intentions. The purpose in renaming was to remove the stigma that discouraged or even prevented many needy patients from seeking