Psychoquackery:
Discredited Mental Health Treatments & Tests

John C. Norcross, PhD
University of Scranton
What does not work in mental health and the addictions? It might prove as useful and probably easier to establish a list of discredited treatments as opposed to evidence-based treatments. In this address, we share the results of 3 Delphi polls of experts designed to secure a professional consensus on what treatments and tests do not work – *psychoquackery*. Such results need to be interpreted carefully, but mature professions have the ability to shun discredited practices. We will probably progress by simultaneously using (inclusively defined) EBPs and avoiding (consensually identified) discredited practices.
The EBP Juggernaut

An international juggernaut to base clinical practice on robust, primarily research, evidence

♦ Empirically Supported Treatments (ESTs; APA Division of Clinical Psychology)
♦ Empirically Supported (Therapy) Relationships (ESRs; APA Division of Psychotherapy)
♦ Practice/Clinical/Treatment Guidelines
♦ Best Practices
♦ Evidence-Based Practices (EBPs; APA Presidential Task Force; www.apa.org/practice/ebp.html)
The EBP Juggernaut

Best Available Research

Patient Characteristics, Culture, & Prefs

Clinical Expertise

EBP Decisions
EBPs have provoked enormous controversy, and little consensus exists on either the decision rules to determine effectiveness or the treatments deigned as “evidence-based”.

We believe that it will prove as useful and easier to establish what does not work – discredited psychological treatments and tests.
“Why Not Rely on RCTs?”

- because most txs have not (and will not) be subjected to controlled research
- bc of difficulty of “proving” the null hypothesis (no diff between tx and placebo)
- bc there are few bona fide comparisons of alternative txs (most RCTs involve sham comparisons +/- or researcher allegiance)
- bc lack of consensual criteria for discredited or ineffective treatments
Recent Attempts

Pioneering efforts to identify pseudoscientific or “quack” psychotherapies suffer from 2 limitations:

1. None systematically relied on expert consensus. Instead, authors assumed a consensus or selected entries on their own.

2. None provide differentiation between credible & uncredible txs, between unvalidated & validated tests. Demarcation problem leads to crude & dichotomous judgments.
Thus, we conducted 3 Delphi polls of mh, addiction, and child/adol experts to secure a consensus and to establish refined characterizations of discredited treatments and tests.

Inclusion criteria: used during the past 100 years; largely in USA and Western Europe

Exclusion criteria: controversial theories not directly involved in mental health; txs or tests never advocated by professionals; meds or biochemical substances

Only rate those txs and tests with which familiar
“But it worked for my...!”

All txs will indeed work for some folks some of the time (due to chance, time, placebo)

2 favorite examples:

♦ 2005 *Lancet* review of 110 placebo-controlled homeopathic remedies matched with 110 conventional medicine trials

♦ 2004 *JAMA* RCT comparing magnets to sham magnets for foot pain
Defining *Discredited*

*Discredited*: unable to consistently generate tx outcomes or valid assessment data beyond that obtained by the passage of time alone, expectancy, base rates, or credible placebo.

Can be discredited according to controlled research, clinical practice, and/or professional consensus.

Use criteria for expert opinions as delineated in Daubert and Kumho Tire Co. legal standards. Supreme Court cites such factors as testing, peer review, error rates, and “acceptability” in the scientific community.
Panels of Experts

- 101 mental health experts (48% response)
  68 addiction experts (40% response)
  139 child/adolescent experts

- Drawn from fellows of APA practice divisions, APS fellows, journal editors, grant reviewers, APA Pres Task Force, chairs of DSMs

- Clinically experienced & theoretically diverse panels, but 90% + psychologists and majority working in academia or medical schools
“Top 10” Discredited Treatments (for adults)

- Angel therapy
- Orgone therapy
- Use of pyramids
- Crystal healing
- Past lives therapy
- Future lives therapy
- Rebirthing therapies
- Color therapy
- Primal scream
- Txs for alien abduction
Wilhelm Reich

- Born in 1897 in Austria
- Graduated from the Medical School (University of Vienna) in 1922.
- A student of Freud, he became a psychoanalytic pioneer before beginning investigations of “energy”
- Reich came to the U.S. in 1939 and continued to study the manifestations and laws of orgone energy
Original Monograph with Illustrative Photo

**Figure 7. An Orgone Energy Accumulator with Chestboard and Shooter in Use**

**The Discovery of the Orgone**

*Volume One: The Function of the Orgasm*

By

**Wilhelm Reich, M.D.**

Translated by

**Theodore P. Wolfe, M.D.**

*Second Edition*

Orgone Institute Press
New York • 1948
The Quack of Quacks

Some Quack therapies have lead to imitators that go the original Quack one better. Psycho-quackery x2, so to speak.

Actual Examples: If you visit e-Bay and search under *orgone*, you will discover a plethora of items Wilhelm Reich never dreamed of, based on little more than the term *orgone* and devoid of any Reichian constructs apart from his name.
“Top 8” Discredited Tests

- Bender-Gestalt for assessment of neuro-psych impairment
- Handwriting analysis (graphology) for personality assessment
- Luscher Color Test for personality assessment
- Szondi test for personality assessment
- Anatomically detailed dolls & puppets to determine child sexual abuse
- Blacky test for assessment of children’s pathology
- Bender-Gestalt for assessment of personality
- Wechsler IQ scale scores for personality assessment
Lipot (Leopold) Szondi

- Born March 11, 1893 in Hungary
- Doctor of Medicine from University of Budapest in 1919
- 1919-1926: Assistant in experimental psychology at University of Budapest
- 1927-1941: Assistant professor and then professor of biology & psychopathology
- Explored and developed “schicksal (fate) psychology”
- 1941 fled and settled in Zurich in 1944
Test Instructions

“I shall lay before you 8 photographs. Observe all these photographs carefully and from the group give me the first picture toward which you are most sympathetic, then the one toward which you are secondly most sympathetic.”

- Experimentelle Treibdiagnostik, p. 26
The Photographs

- 48 photographs of individuals with mental disorders chosen in accordance with the principle of genetic relationships.
- All lived in Hungary, Sweden, Austria, and Germany. Actual origins lost when Szondi fled Budapest on a few hours notice.
- The sadists are all Swedish murderers.
The Blacky Pictures

THE ADVENTURES OF

BLACKY

PAPA  MAMA  TIPPY
“Top 10” Discredited Treatments
(for children & adolescents)

- Magnet Therapy
- Past Life Regression Tx
- Rebirthing Therapy
- Crystal healing
- Bio-Ching
- JoyTouch
- Kirlian Therapy
- Penduluming
- Witholding food & water
- Aura Therapy
Rebirthing Therapy

A technique to treat a patient who has suffered some traumatic event. Simulate a second birth, thus creating a fresh start, a fresh consciousness. Revisiting birth trauma is the cornerstone, particularly for attachment disorders.

A 10 y-o killed while rebirthing her to bond with her adopted mother

All practiced with no RCTs or supportive empirical research
“Top 10” Discredited Treatments for Addictions

- Past life therapy
- Electrical stimulation of the head
- Psychedelic medication
- Electric shock for Etoh dependence
- Scared Straight for prevention
- DARE for prevention
- Ultra-rapid opioid detoxification under anesthesia
- Neuro-Linguistic Programming
- Electrical aversion therapy
- Synanon-style boot camps
3 of the top 10 discredited treatments for substance abuse involved electricity

*Great and Desperate Cures* (Elliot Valenstein, 1986) created to address difficult and refractory disorders
Scared Straight
(but in which direction?)

Started in 1979 in Rahway, NJ exposing high-risk teens to “lifers” in state prison who used explicit language to tell what life is like in prison. Other confrontational, “hard truth” programs spun off

Ineffective: Both RCTs and meta-analysis demonstrate that this intervention has no effect or increases the odds of committing a crime.
 Founded in 1983 by LA Police Department to combat & prevent substance use by students

Involves police officers making school presentations

Multiple studies and scientific reviews found it ineffective; may increase alcohol and cigarette use (Boomerang Effect)

Now more broadly rechristened “teaching students good decision-making skills,” but still found to have no lasting impact and still “The D.A.R.E. program is taught in all 50 states, and 49 other countries.”
Common Elements of “Successful” Quack Treatments & Tests

- Noble intentions to confront complex disorders, but without scientific merit or scrutiny
- Pose a simple solution with face validity
- Reasoning or approach in synch with the Zeitgeist
- Often promoted by a charismatic “expert”
- Designed to influence or sell, not to self-correct
An Ethical Duty?

Actual example: A former patient undergoes a psych evaluation for a handgun permit with a licensed psychologist. The client informs you (and verified by psych report) that the evaluation consisted entirely of clinical interview, 3 Rorschach cards, and the Szondi.

- How do you respond when your client asks about the validity of such an assessment?
- Do you have an ethical duty to contact the evaluating psychologist?
- Do you have an ethical duty to notify the license board?
- Would your answer differ if the client were (a) a current client, (b) denied the handgun permit, or (c) your child?
A Professional Obligation?

Do psychologists have a professional obligation to challenge or correct psychoquckery in the public marketplace?

Two recent examples . . .
A Continuum of Positions

(religion, as a matter of faith, excluded)

1. psychologists should allow people to enjoy their superstitious and mystical beliefs (e.g., psychokinesis, numerology) without scrutiny

2. psychologists should challenge only the most egregious and potentially destructive instances of psychoquackery

3. psychologists should publicly identify and dispute all instances of psychoquackery in promoting human welfare and scientific literacy
More than Discrediting

♦ We need more than to discredit and ridicule psychoquackery
♦ A positive, proactive means toward psychological literacy and sophisticated EBP
♦ A movement in psychological practice that values reasoned pursuit of effective assessments and treatments
Four Final Words

- Let’s Be Encouraged
- Let’s Be Careful
- Let’s Be Humble
- But Let’s Eradicate Patently Discredited Practices
Let’s Be Encouraged

※ Psychological science is self-correcting
※ Psychology relies on evidence (more than most professions, anyway)
※ We are making progress in differentiating science from pseudoscience, evidence-based practices from voodoo practices
Let’s Be Careful

- Professional consensus is no epistemic warrant (even experts can be wrong)
- Validity is conditional; usefulness is purpose-and context-specific
- Careful not to threaten innovation and creativity
- Beware our propensity to label & pathologize unusual behavior
Let’s Be Humble

♦ Today’s txs and tests may be discredited 30 years from now
♦ Warn against false pride; science should be ever vigilant and self-correcting
♦ Debunking should be a staid, sad affair (not gleeful and ridiculing)
But Let’s Eradicate Psychoquackery

✔️ Use (inclusively defined) EBPs to promote what does work

✔️ Avoid (consensually identified) discredited practices to eradicate what does not work