

Psychopathological Science

Clinical Research

The most insidious thing about bad science is that it can afflict even some of the more intelligent, methodical, and honest members of the scientific community. The reason is that it appeals to a broad element in human nature, not just to vices but to some virtues as well.

Peter Huber, *Galileo's Revenge*, 1993

LEAPING BEYOND THE DATA

I'm in bed with Ann. We're making love. She teases me, and I get my feelings hurt. I don't know why, but I hate her for teasing me. So we stop making love, and we each turn away from the other and go to sleep. Now I'm sleeping. I began to dream. In the dream I'm in bed with Ann, just like I really am, and we're making love, and she begins to laugh at me, to make fun of me. And suddenly I realize she isn't really Ann, she is my mother, in disguise somehow. And I'm in bed fucking my mother! And she's laughing, saying, "I finally got you. I finally got you!" And I'm so ashamed, so embarrassed, I just start hitting her to make her stop. (Barber 1986, pp. 56–57)

This dream was related by a young man, John, who had been arrested one night for beating up his girlfriend, Ann, although he claimed to have no memory of the event. Even though Ann did not

press charges, John decided to seek help from a psychotherapist.

The therapist, Dr. Barber, chose dream analysis and hypnosis as therapy techniques. His weekly instruction to John was, "Some night this week, and I don't know which night will really be best . . . but some night this week, you will have a dream. This dream will be interesting to you, and will tell you something you need to know about your life right now. As soon as the dream ends you will awaken, and you will remember the dream vividly as you write it down so you don't have to memorize it. And you can bring in your notes about the dream next time." The therapist directed John to have amnesia each week about all of this dream instruction business.

Finally, after numerous sessions in which John would relate his dreams under hypnosis, he came in with that supposedly highly revealing dream about having sex with his mother and his girlfriend that "explained" why he beat up Ann.

In the days that followed that dreamwork, John began to remember bizarre and painfully confusing incidences of sexual seduction by his mother. . . . His view of his own sexuality, and of his terrible need for both control over and distance from women, was also undoubtedly rooted in these early experiences. . . . Memories of the actual torture of being locked in the dark closet [one of his punishments for not satisfying his mother] made clear how John had developed his dissociative capacities. (Barber 1986, p. 57)

"Dissociative capacities" is the phrase John's doctor uses to describe John's ability to beat up women and remember nothing about it afterward.

So, after a short time, John was completely cured, terminated therapy, and became engaged to be married—to a girl we hope is luckier than Ann.

Quite an impressive little story, isn't it? Is it true? Who could possibly know?

WITCH DOCTOR FALLACY

Consider this example: In a mythical tribe, a person who behaves in a way that leads him to be labeled mentally ill is tied to a stake, burned,

and beaten. During this procedure, the witch doctor dances around the stake rattling his gourds until the patient's behavior improves. The witch doctor believes that the patient is possessed by a spirit and the purpose of the treatment is to scare the spirit the hell out of the body. If the symptoms of many people who receive such treatment quickly disappear, and given this kind of treatment one can imagine that it is highly likely that they will, then one could conclude that the witch doctor's treatment is effective in curing mental illness.

If we assume that the positive outcome—disappearing symptoms—supports the witch doctor's theory of psychopathology, then we are in the rather difficult position of having to accept a theory of demonic possession as the cause of mental illness, the common primitive explanation of bizarre behavior. We must conclude that the witch doctor knew what was wrong with his patient, knew what caused it and how to fix it.

Most modern Americans would not accept that conclusion. The witch doctor may believe he has cured his patient; the patient may believe he was cured by the witch doctor. But the rest of us know that there are many possible reasons for the improvement in behavior, despite the beliefs of both doctor and patient, and we are not about to conclude that the witch doctor has any special knowledge of mental illness at all.

We can see that the effectiveness of therapy is logically unrelated to the validity of the therapist's theory of mental illness when we are presented with the witch doctor scenario, but in the case of modern psychotherapy we often forget it.

In the case of cancer, we don't usually make this logical error. Although there are now successful treatments for some cancers, and significant advances in understanding the origins of cancer, very few patients will assert that their oncologist knows all that could be known about cancer.

Why the difference? Why do we go the witch doctor route with psychotherapy but not with cancer therapy? Part of the answer is that in most types of mental illness there is no independent, corroborating measure of mental illness except for what the patient says and does. This is not true of cancer patients. The patient can feel great, go to work, and still have cancerous tumors that can be observed in a number of ways. Whatever he or she may say, the patient has cancer