REVIEW OF *PSEUDOSCIENCE IN THERAPY*

This book is meant for specialists in the field (i.e. therapists), so I'm not qualified to evaluate it. But here are a few miscellaneous takeaways:

- There's a difference between "efficacy" and "effectiveness":

> Efficacy refers to the outcomes of clinical research under ideal conditions, with little attention paid to applicability. Effectiveness research, on the other hand, involves real-world settings and is considered by many to be a more useful standard than efficacy alone…[1]

The distinction helps explain why I've heard differing claims about whether psychotherapy has been proven to work: there's strong evidence for its efficacy[2] but "[w]hen reviewing the effectiveness—or real-world—outcome measures for psychotherapy, the picture becomes murkier"[3].

- When discussing what's actually proven to work for various mental health problems, two recommendations show up again and again and again: meds and/or cognitive-behavioral therapy (CBT). Not for *all* the conditions discussed, but for a lot of them.
- In some cases there are known good treatments that may be widely underutilized, like exposure therapy for anxiety.[4]
- Apparently the concept of PTSD is controversial[5], which was news to me. This doesn't primarily mean skepticism about people's symptoms or need for treatment (though the chapter does express concern over how PTSD diagnoses are used in court given that "PTSD symptoms are well-publicized, subjective, and easily feigned"[6]), but rather the usefulness of organizing/explaining them via a diagnosis of PTSD.

[1] Cara L. Santa Maria, "Thinking Critically about Therapy," in *Pseudoscience in Therapy: A Skeptical Field Guide* (Cambridge, United Kingdom ; New York, NY: Cambridge University Press, 2023), 3.

[2] Ibid.

[3] Ibid., 4.

[4] Dean McKay, "Anxiety," in *Pseudoscience in Therapy: A Skeptical Field Guide* (Cambridge, United Kingdom ; New York, NY: Cambridge University Press, 2023), 46.

[5] Gerald M. Rosen, Henry Otgaar, and Harald Merckelbach, "Trauma," in *Pseudoscience in Therapy: A Skeptical Field Guide* (Cambridge, United Kingdom ; New York, NY: Cambridge University Press, 2023), 69.

[6] Ibid., 78.

- "Approximately 1 in 10 people meet diagnostic criteria for insomnia disorder"[7]
- Weed has long-term effects on sleep:

> Marijuana has sleep-interfering properties both in the short-term via rapid eye movement sleep (REM) suppression … and subsequent REM rebound (increased depth and intensity of REM sleep following deprivation), as well as the long-term, via slow wave sleep suppression…. The long-term negative effects of marijuana are slow to reverse, so marijuana cessation is unlikely to improve these side effects for several weeks to months…[8]

- Various differences in sexual desire between men and women that I'd like to read more about:

> …most women do not include sexual fantasies in their experience of desire despite the fact that they report having sexual fantasies (Brotto et al., 2009). In addition, women typically display a pattern of "responsive desire" (i.e., sexual desire that emerges from or is triggered by an arousing sexual situation) within periods of "sexual neutrality," as opposed to experiencing "spontaneous desire" (e.g., sexual desire that is present without much stimulation, usually in the form of thoughts or fantasies; Basson, 2000). Furthermore, 70% of women who were largely sexually satisfied reported that they wished to engage in sexual activity less than once per week (Cain et al., 2003).[9]

- For people with neurocognitive disorders (such as Alzheimer's), it's really important that their caregiver be educated on how to deal with the condition. There are also a lot of issues with many medications often prescribed for these conditions, and the chapter warns that what are actually bad side effects of a medication are sometimes misidentified as being symptoms of the disease, in which case "providers may conclude that more of the drug is needed, rather than removing the offending culprit."[10]
- Wtf is wrong with humanity:

[7]Colleen E. Carney, Parky H. Lau, and Samlau Kutana, "Insomnia," in *Pseudoscience in Therapy: A Skeptical Field Guide* (Cambridge, United Kingdom ; New York, NY: Cambridge University Press, 2023), 142–43.

[8]Ibid., 149.

[9]Caroline F. Pukall, "Sexual Issues," in *Pseudoscience in Therapy: A Skeptical Field Guide* (Cambridge, United Kingdom ; New York, NY: Cambridge University Press, 2023), 168.

[10]Claudia Drossel and Jacqueline Pachis, "Significant Cognitive Decline," in *Pseudoscience in Therapy: A Skeptical Field Guide* (Cambridge, United Kingdom ; New York, NY: Cambridge University Press, 2023), 216.

> One early intervention using LSD appears to have caused significant harm…, although the specific contribution played by LSD has not been isolated from other treatment elements. During the 1960s, and informed by investigations into the effects of brainwashing during the Korean war, the Oak Ridge Social Therapy unit at Penetanguishene Hospital in Canada opened a highly experimental residential program that featured a patient-led community approach. It was based on the premise that people could be psychically torn down and rebuilt to improve their psychological health…. Patients were committed involuntarily after a conviction or court finding of not guilty by reason of insanity, resided continuously with other patients, and received very little input from staff. Instead, they were **confined together, naked, in a sealed room, fed through wall-mounted tubes and invited to administer doses of various drugs including LSD and methedrine to one another**….[11]

- One of the authors of the "Couples Discord" chapter wrote a book called *Great Myths of Intimate Relationships* which sounds interesting; one of the myths, summarized in the chapter, is that "Opposites Attract":

> They do not. Partner differences are far less frequent and intense than partner similarities. Couples perceive differences because they develop over time as the couple becomes more complementary. That is, **couples condition one another into opposite, complementing roles** (e.g., the quiet partner and the loud one; the logical partner and the emotional one) through **their interactions with one another**. … However, these differences develop over time as opposed to at the moment of initial attraction, and the notion that opposites attract has been consistently refuted by scientists…[12]

- Evidence backing the popular Gottman Therapy is very poor[13].

[11] Devon L. L. Polaschek, "Antisocial Behavior," in *Pseudoscience in Therapy: A Skeptical Field Guide* (Cambridge, United Kingdom ; New York, NY: Cambridge University Press, 2023), 237, emphasis added.

[12] Erin F. Alexander and Matthew D. Johnson, "Couples Discord," in *Pseudoscience in Therapy: A Skeptical Field Guide* (Cambridge, United Kingdom ; New York, NY: Cambridge University Press, 2023), 330, emphasis added.

[13] Ibid., 332–34.