

## Frames and Games: Hard science vs. difficult science in psychotherapy training

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Baker, McFall, Shohum (reference) and journalist Sharon Begley, are shocked and dismayed that a study of clinical practitioners found that most do not rely much on the latest scientific evidence to support their practice. They suggest that “ambivalence” towards science, de-emphasis of scientific training in graduate curriculum, and dumbing down of admissions standards are largely to blame. Psy D program in stand-alone professional schools, particularly for-profit schools, are fingered as being largely responsible for this downward spiral. As we know and I don't need to repeat Baker, McFall, Shohum want to create a new improved accreditation agency that will distinguish those clinical psychology doctoral programs that are science based from those that are not. Advancing arguments that have changed little since APS first separated from APA 25 years ago that APA's view of psychology is not “scientific” enough, they imply that the current APA accreditation criteria for scholar-practitioner programs are inadequate allow charlatans to become qualified.

Though my co-authors on the panel will each present their different takes on the issue, I will use my time to argue that this initiative and the rhetorical framing used in the announcements about it may be understood as symptoms of deeper cultural anxiety emerging within academic elites that coincides with massive societal changes underway in how we understand (and mostly don't) life in the new global context. I will also argue that such moves, however wrapped up they are in

high minded language about “providing high quality services to the public” is nothing more than an old fashioned turf battle over an ever decreasing patch of grass waged through the instrument of propaganda. It begs the question of its basic assumptions, and in the end of the day such a move and the counter moves by APA or any other professional organization, though understandable from a guild preservation perspective, in light of the broader cultural shifts underway, and in the face of the looming issues that now confront a global society, may have little more affect on the future of mental health than rearranging the deck chairs on the Titanic would have in preventing it from hitting the iceberg.

As social psychologist Don Michael observed, we are living in the world of the missing elephant (Michael). Using the Sufi tale of the blind men, he pointed out that scientific and academic culture used to be guided by the belief that if each researcher investigates their own piece of the elephant, and if the holders of the various pieces share their knowledge, we might one day understand the whole elephant. But though the academic enterprise still continues as if this is the case, this assumption no longer holds. We are living at a time where the conceptual frames by which we perceive and interpret our world are in motion. After a 3 million year history living in small related groups who had similar experiences, making shared coherent understanding of things, relatively easy, the modern world—including the scientific world-- is increasingly fragmented and incoherent (O’Hara and Leicester, 2009). Human communities—including academic communities—now pretty much live in their own rather small discourse silos, have vastly different experiences and have multiple ways of understanding themselves and their diverse interests. Knowledge –even scientific and technical knowledge-- is widely dispersed across multiple spheres and disciplines, and knowledge from one section of the so called

“academic community” is not easily shared with experts from another. Even in closely related fields—like the different divisions of APA—taken for granted assumptions in one area might be reasonably contested in another. When we move beyond the academic world, complexity expands exponentially. Relevant and meaningful knowledge may come from myriad sources, using different methods of inquiry, based in diverse epistemologies, and understood from within the conceptual practices, narratives and metaphors that derive from culturally diverse views of the world.

#### The dominance of Enlightenment based science .

Nowhere is the problem of conceptual coherence more salient than in those professions that are outgrowths of the scientific and technological exuberance that characterized the German research institutes of the late nineteenth century. Enshrined at the core of these institutions and those university departments in the US that emulate them, is the Enlightenment emphasis on certainty, prediction and control, and the advancement of human wellbeing through the methods of the natural sciences. The sought after elephant was a world without suffering, disease, injustice and war. A very humane vision.

However, the Enlightenment enterprise had another perhaps less virtuous agenda—the imposition of a secular world view that denied the existence of non-material realities such as spirituality, aesthetics, morality, and consciousness. In order to clearly separate psychology from philosophy, religion the arts and humanities, which for centuries had been the disciplines of choice for those seeking to understand human experience, a form of scientific fundamentalism arose in American psychology that vigorously rejected the claim that any disciplined

consideration of the non-material was valid (O'Hara 1989). Introspection, empathy, intuition, discernment, dialogue, ritual, meditation,—paths to knowledge that had effectively guided humans from the savannahs to complex civilizations, were discredited, and experts in their use dislodged.

These values have defined academic psychology for the last century. Though allowing for some philosophical diversity in clinical psychology programs, the APA COA vigorously promotes a scientist-practitioner model. Science-based content and research methodology are a *sine qua non* of its accreditation standards.

Also institutionalized has been systematic and sometimes strident trivialization and disparagement of those psychological researchers and practitioners who are interested in moral, philosophical, socio-cultural and pragmatic concerns.(Miller, 1992). As those of us in the humanistic tradition know from almost 50 years of such disparagement, there is nothing new in Baker et. al's , assertion that clinical psychologists should be natural scientists, and that those who are not are probably charlatans and quacks.

But the times are a changing. The global climate change debate makes clear Western science is increasingly recognized as a social construction situated within its own particular culture, with its own frames, values, and political and economic investments. Cross cultural studies in psychology reveal that across the world's communities, constructions of reality how we understand the world and our actions in it(references).

Some of the challenge to the authority of received paradigms of “normal science” has come from sub-cultures within the scientific establishment itself It is now openly admitted by scientists and

policy makers looking at complex systems and problems that are high stake, overdetermined, and involve the subjectivities of diverse stakeholders—problems like the African HIV/AIDs epidemic, global climate change, poverty, and so on—normal science alone cannot deliver (Funtowicz & Ravetz. 1990).

Challenge also comes from an increasingly skeptical and anti-science public. Some of this stems from the fall-out from scientific abuses that have come to light in the past decades that are increasingly understood not as the aberrant actions of a few rotten psychologist apples, but as evidence of psychology's Faustian bargain. Examples include, studies on condemned concentration camp prisoners, conversion therapy for homosexuality, the Tuskegee experiments, forced electroshock of women, overmedication of children and older adults, and psychologist participation in torture, to name just a sample of procedures undertaken in the name of "science",

Skepticism also comes from people of faith who find the idea of their suffering being addressed by techniques born of a secular view, objectionable. Religious people question a science that dismisses their prayers and rituals as placebo, or their therapist's compassion "bedside manner effects' as it is by Baker et al. Psychological life is inextricably linked for many—the overwhelming majority across—with their existential, spiritual and religious lives. And so the spiritually inclined public is suspicious of science without a soul.

Judging from the Mental Health Services Act that recently became law in California (reference), it appears that the general public has rejected the pathology-focused model favored by science-based clinical psychology. This legislation guides public spending on mental health services and training, requires that services "include prevention [and] emphasize client-centered, family

focused and community-based services that are culturally and linguistically competent””. This approach has already made its way into the required curriculum for Masters level practitioners in California. Though training in “evidence supported treatment” is required, so is training in “best practices”, with a “recovery vision” that offer “hope, personal empowerment, respect, social connections, self-responsibility, and self-determination”. It seems that regardless of how much they are suffering most human beings have a real aversion to being predicted and controlled even in the name of treatment.

Which brings me to another aspect of today’s psychological landscape—the proliferation of professions trained to offer mental health services to the public, that, as Baker et al. complain, are “crowding out” psychologists. A recent report by University of California San Francisco (reference) listed 10 different mental health practitioner professions (not including specialist nurses). In California alone there are approximately 71, 330 mental health providers, whose services are reimbursable by insurance.

We can add to this ever growing list of services from life and career coaches, pastoral counselors, psychic healers, grief and bereavement counselors all offering some form of psychological practice

At the same time that this differentiation in the mental health marketplace is occurring, public trust in any kind of expertise is eroding. The Googlified world provides instantaneous access to specialized knowledge once the exclusive domain of highly paid professionals. A quick search of my Iphone Apps turned up a *Depression Fix It App* for .99c, a *Live Happy App*, , and a **Stop Smoking Now** program for free. As search engines become more sophisticated, people are

cutting out high priced middle men and seeking their own solutions to what they have themselves have identified as their problems.

So to sum up this part of the story multiple cultural factors now converge with such force that the boundaries of even robust institutional entities are being undermined.. Innovations often begin at the transgressive margins, but as they gain public acceptance can come to displace the fields they diverged from.

The result of this “perfect storm” is that established professions like clinical psychology find their authority challenged, their legitimacy questioned, their power eroded and I submit, their identity and even survival threatened. They are facing what divinity schools, the humanities, and the arts departments in universities, faced a century ago.

I submit that what is driving the APS initiative is a professional identity crisis. And as we existential psychologists know, people and institutions facing threats to personal or professional identity will go to considerable lengths to restore their sense of coherence and control.

In “powerful times”-- as Macchiavelli referred to the cultural unraveling in the 15<sup>th</sup> century-- the battle to name and frame what is real, legitimate and valued and distinguish it from what is spurious or even heretical, intensifies . There are many historical examples of battles for conceptual authority—many of them resulting in acts of oppression, persecution and extreme violence. As cognitive linguist George Lakoff(reference) and political analyst Karl Rove (reference) have demonstrated those who control the frame, control the game.

The recent moves by Baker et al and APS’s tacit endorsement of them, though offered as a supposedly values neutral logical argument, are actually =moves in a conceptual power game the

purpose of which is to discredit those with whom they differ and establish their authority to name psychological truth and gain professional dominance. They are responding to a general erosion of professional credibility by attempting to capture what has been the most powerful legitimizer in a technological age—the mantle of science and technology. They seek to establish their control of psychological education and definition of clinical psychological services not through direct appeal to people’s own choices, but through power-- through creating a new regulating process claimed to be “scientific”.

Baker et al. claim that their ultimate goal is the improvement of American psychological services. Who can object to that? But the rhetorical devices used throughout their paper suggests an additional motive that harkens back a century or more—to discredit and demonize other discourse communities, to insinuate that other positions are suspect; their methods of inquiry ineffective and ethically indefensible, with a view to establishing normal science as the sole legitimate definer of reality when it comes to clinical psychological services.

Let’s look at their rhetoric. The overarching frame—the one picked up by the Washington Post and Newsweek, contrasts “scientific” approaches with those deemed “prescientific”.

Graduates of programs accredited by APA are described using words like “ambivalent” “dubious” “charlatan”, “impressionistic” and “strikingly deficient”, Clinical practice is “mired in an experiential and intuitional quagmire” and clinical psychology today is like medicine in 1900s, mentioning in the same breath, “bleeding, blistering, purging and puking”. At the same time, they select words like “principled, rational, valid, effective, high quality, exacting standards, plausible, sophisticated” in reference to the approaches to be taught in the programs they seek to accredit.

Raskin and Leitner and { } discuss what they call the category error (though in my view it is more a strategic framing choice than an error) of considering psychotherapy a form of medical treatment. I say framing choice rather than error because for Baker et al. psychological suffering *is* the sign of a medical problem. Baker et al inhabit a discourse community—medical psychology—where issues that are the focus of psychological attention are logically and ethically framed as “illnesses,” what clinical psychologists do as “diagnosis” and “treatment,” and where the methods and standards for evaluation of outcomes are the same as those for other medical conditions. Debate about the pros and cons of this choice of a medical frame is well worn territory within the field of clinical psychology so do not need to be repeated here (Bohart O’Hara & Leitner 1999; Elkins 2009). The point I wish to make here is not that the medical model is invalid or illegitimate, but rather that it is but one legitimate framing among many that have been demonstrated effective in helping people resolve psychological problems even by the standards of the science Baker et al would like to privilege. But Baker et al are not interested in validating other ways of understanding psychological life and considering their paradigm being one among others. They make their claims hegemonically—as if their particular framing is the only one that is logically, empirically and morally defensible. The weakness of this position is illustrated by their own example, the treatment of tobacco addiction, in which they fail to include relevant factors that fall outside their medical view finder. In terms indistinguishable from those that would be used to describe the use of a drug or a surgical technique they claim that science-based treatments shows good cost-effective results. There is no mention of (or calculation of the cost of) the shift in public opinion about smoking brought about by antismoking campaigns, rising taxation on tobacco, legislation, the shift in US values towards health, I phone Quit smoking APPS, chat show coverage of celebrities who’ve quit, as

non-specifiable contextual factors contributing to someone's success in quitting smoking.

Instead they make the reductionist claim that their success is due to their use of science-based interventions. They dismiss therapist concerns raised from within other frames—such as the complexity of psychological problems that many clinicians help clients with, or the demonstrated importance of general or non-specific factors not as therapeutically important realities being raised by colleagues who are experts in other discourses, but as “scientific ambivalence” or even “insouciance”.

In a democratic society Baker, McFall and Shosum and those members of APS who support the efforts, have every right to mount an attack on other centers of authority within American psychology such as the APA. They also have the right to claim that normal science based medicine is the only frame through which services should be offered and advise people to accept help only from those they have authorized. They have the right, but I would like to argue that this is a tragic and unnecessary mistake.

On Tuesday (08/10/2010) this week a news report about the floods in Pakistan that the Taliban have advised the government to refuse help from Western sources (NPR News Hour). They would rather see millions suffer than compromise with those whose basic world view they do not share. I see the moves by Baker et. al and APS's complicity, as a similar move.

What Baker et al do not appear to recognize is that as we move into an era of mounting global threat, the categories of reality defined by the values, conceptual frames, investigative methods and systems of education that arose from the European Enlightenment project, though of great value, may even be necessary, but are no longer sufficient. Despite all the astonishing advances that have come to us through modern science, the regions of our ignorance are still vastly greater.

Living in ignorance is a far greater challenge than holding on to own own piece of the elephant. To navigate the next passage in human history we need approaches to knowledge that can in the immortal words of Gene Roddenberry “go where no one has gone before”.

I suggest this requires us—as individuals and as groups –to develop a new pluralistic psychology for our “powerful times” . The easiest, and so far usual way to feel safe in an uncertain world is to create bright lines between “us and them” and to establish hierarchies that can be defended against diverse “others” by the use of power—conceptual, legislative and ultimately military.

The more difficult way—but I suggest the only one with any hope of guiding us through the huge, multiple determined challenges ahead-- is to establish relationship of trust, respect and appreciation of diversity of thought, in the service of mutual stewardship of the human and planetary future. This requires that we refrain from the kind of name calling that is in such evidence in the Baker paper.

And, I will go further. I believe the future requires that we as psychologists play our parts along with other cultural leaders, in helping an increasingly polarized world live with its rising uncertainty without resort to power plays and violence. The humanistic community within psychology over the years, has developed many promising ways of approaching difference through respectful and empathic dialogue and collaboration, and acknowledging the value of human wisdom in its multitudinous forms. Basic and applied normal science remains vital and advanced scientific training a cultural necessity, but so is advanced training in philosophy, the Human Sciences, non-Western knowledge traditions, the arts and humanities, and consciousness expanding spiritual practices. Not, as APA sees them, as electives to a basic prediction and

control curriculum, but as disciplined sources of important human knowledge. If we cannot create a space for appreciation of multiple wisdom traditions within psychology, what hope is there for the wider human community. As we know this kind of work is not easy, but that does not excuse us from the need to try.