

2/13/03

TO:
UTAH STATE SENATORS

FROM:
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As the Executive Director of the Council for Scientific Mental Health Practice and as Founder and Editor of the journal, The Scientific Review of Mental Health Practice, I am writing to express my strong and unequivocal support for the position adopted by the American Psychiatric Association and several other groups that there is no scientific support whatsoever for coercive restraint therapies. Such increasingly popular treatments include holding therapy, rebirthing, reparenting, and rage reduction therapy. The clinical administration of these treatments is scientifically and ethically indefensible for several reasons.

First, there is absolutely no empirical support for the use of these treatments for any known psychiatric disorder, including purported disorders of early attachment. Virtually no studies of their clinical efficacy have been undertaken, and those studies that have been undertaken are so methodologically flawed as to be essentially uninterpretable from a scientific perspective. Any assertions to the contrary cannot be justified by even a casual inspection of the research evidence. It is crucial to remember that the burden of proof for any scientific assertion rests on the claimant, not the critic. This is especially true for assertions regarding treatments that are marketed directly to the general public. It is clear that the proponents of these therapies have yet to meet even a minimal standard of empirical proof. References to methodologically flawed or unpublished efficacy studies do not come remotely close to meeting this evidentiary standard.

Second, it is well known that coercive restraint therapies are potentially harmful to children. They have resulted in the deaths of several children, and have the potential to result in even more deaths if these practices are not halted. The physically dangerous nature of such restraint therapies is even more indefensible when considered in conjunction with the fact that these therapies have not even been shown to help a subset of children. As a consequence, there is simply no cost-benefit ratio to consider, as such therapies have never been shown to exert any beneficial effects. They have, however, been shown to be hazardous in many cases.

Third, most or all of these practices rest on highly dubious and scientifically unsupported theoretical grounds. For example, rebirthing and reparenting therapies typically rest on the claim that the reliving of extremely early experiences (e.g., the trauma of birth) can alleviate current symptoms of psychopathology. Indeed, many advocates of these therapies maintain that reliving such experiences is necessary to alleviate such symptoms. These claims run directly counter to a large body of well supported scientific evidence. For example, we know from controlled research that many or most effective psychological treatments do not rely on re-examining or psychologically reliving the past, but instead rely on changing present-day maladaptive patterns of behavior. Hence, the assertion that a psychological "regression" to early stages of development is necessary for current symptomatic improvement is patently false. Moreover, holding, rebirthing and similar treatments rely on the highly questionable assertion that extremely early memories exert potent effects on later personality development. To the contrary, there is strong evidence that memories prior to age 2 are of exceedingly doubtful validity, and there is no scientific reason to believe that the "reliving" or "working through" of extremely early memories is of any therapeutic value.

In summary, it is clear that there is no scientific support for the efficacy of holding, rebirthing, reparenting, and related psychological treatments involving coercive levels of physical restraint. Moreover, these practices have been shown to be physically harmful in a number of cases. In addition, they are premised on exceedingly dubious and scientifically questionable grounds. They should therefore be banned before any further harm is done. The banning of such treatments is not an infringement on the freedom of clinical practice, nor on the autonomy of mental health professionals. Instead, it is a crucial and necessary step toward protecting the physical safety and psychological welfare of children and mental health consumers.