

A review by Tana Dineen of
The Fallacy of Mother's Wisdom:
A critical perspective on health psychology.
By Michael Myslobodsky¹

The 20th century saw significant changes in the practice of medicine. From an increasingly solid scientific base came striking discoveries, while, at the same time, patients became progressively more overtly demanding and distrustful of their doctors. Retreating from a besieged “paternalistic” identity, physicians, applying the ‘latest’ findings of scientific and pharmacological research, adopted new roles as impersonal, sometimes distant, technicians and became enforcers of governments’ health agendas.² Patients, feeling generally abandoned, often criticized, frequently confused and never satisfied, insisted on playing a greater role in their own health care.³

It was into the midst of these tectonic shifts that the sub-discipline of health psychology emerged. Back in the 1970’s, in those early days when it first called itself “new,” it exuded promise as it spawned a bio-psycho-social model, championed the fervour for “wellness,” and rose rapidly to become a thriving aspect of the “psychology industry.”⁴ Assuming the popularized public image of psychology as a science, it aligned itself both with medicine as a purveyor of medical knowledge and with patients (and potential patients) as a consultant and coach in healthy living. It was prepared to fill the interpersonal void in the doctor-patient relationship by offering a listening ear and caring presence as it empathized with the multi-layered aspects of sickness.

It is to this sector of psychology with its focus on physical health and “wellness” that Myslobodsky, in *The Fallacy of Mother's Wisdom: A critical perspective on health psychology*, addresses his attention. Spanning the breadth, from psychological “cures” for cancer to psychological approaches to “the obesity epidemic” and the current quest for psychotropic prescription privileges, he looks critically at the role this sub-profession has been attempting to play in the health service arena.

Restricting himself to questioning the scientific basis of health psychology, the author examines its research foundation with only a few passing comments about the business edifice and its ability to “increase practice revenues” (298) and “boost market share” (298) that has been constructed upon it. (9)

¹ World Scientific, 2004. 451

² Fitzpatrick, Michael. (2000) *The Tyranny of Health: Doctors and the Regulation of Lifestyle*. London: Routledge, 2000

³ In extreme cases, this has even meant that medical authority has been challenged. For instance, a British nurse, Barbara Clark, threatened to take her physician and the local health authority to the European court if the authority refused to pay for her to have treatment with trastuzumab, an unapproved breast cancer drug at the cost of £20,000 a year.

⁴ For clarification of this term and its implication, see: Dineen, Tana, (1996) *Manufacturing Victims: What the Psychology Industry is Doing to People*. Montreal: Robert Davies Publ. (Revised 1998, 2001) and Commonwealth edition 1999 (Constable)

This book is not an easy read. From a reasonably focused, even intriguing, beginning, aptly called “The Point of Departure,” it wanders in so many directions that it begins to resemble a collection of loose ends. What is surprising is that, in the final chapter, it manages to pull these loose ends together and to articulate with remarkable clarity the issues that anyone involved in, or interested in, health psychology cannot afford to ignore.

It is not unusual for a book to have a strong beginning; I have read many, especially ones claiming to be critical of psychology, that start off well. But rarely have I come across one that ends so strongly. It's the concluding chapter that makes this book, I think, so worthy of being read – from beginning to end.

Before discussing what I so like about it, I will get some comments on what I think to be its major faults out of the way.

The first is a matter of style, editing and scope. This is a book that suffers, I think, from being either way too long or far too short. I have the hunch that Myslobodsky has a lot more to tell us but that in editing down to its current length it became so uneven as to appear truncated. This feeling is partially confirmed in the Preface when the author describes the “unforgiving chiselling” and editing that he did on his original draft. I am left curious about that original draft, hoping that it might reveal where he was intending to go with the thoughts left dangling and explain the inclusion of segments that seem not to fit the theme. I am also left thinking that a briefer version could have worked; imagining a little gem of a book – one that is polished and consistently to the point.

The second is the author's inclusion of chapters on obesity and suicide and his handling of them as “diseases.” While it goes without saying that both have profound effects on health and morbidity, today's habitual classification of such personal and social issues as problems for medicine (or psychology) to solve is problematic. It's a trend that may have a similar but reverse effect to that of the now discredited understanding of ulcers as caused by stress. In other words, it may obstruct the complex analysis needed to advance our understanding and ability (or inability) to intervene. Myslobodsky's own consideration of suicide as an illness not only misses the wide range of reasons people have for killing themselves⁵ but it also, by moving into such areas as suicide bombers and political terrorism, takes us into the realm of the absurd.

The third is that the image he offers of medicine is somewhat puffed up, emphasizing the rich gains of research while overlooking the mediocre and bureaucratized level of general medical practice. Pulled hither and yon by business and HMO practices, and government demands for physicians to act as agents of the state persuading or enforcing public health policies, the practice of medicine – to treat the ‘sufferer’ – has been severely encumbered. It is these pressures that separate medicine from its scientific base that have, I think, given health psychology its greatest opportunities to make inroads.

⁵ Szasz, Thomas. (1999) *Fatal Freedom: The ethics and politics of suicide*. Westport, Conn.: Praeger.

Despite these faults, this book is so rich in content and so effective in bringing health psychology into the critical light of scientific inquiry that I have much that is positive to say about it. To illustrate what it accomplishes, I will touch briefly on how Myslobodsky deals with three of the general functions that health psychology has tried to fill: that of empathic listener, health scientist and wellness coach.

It goes without question that the doctor-patient bond has become fragile. But this relationship will not, as Myslobodsky notes, be strengthened by “merely screening medical students for empathy ... or adding a mandatory course on bedside manners to the medical curriculum.” Many years ago, Schofield⁶ described psychotherapy as “the purchase of friendship” and there is little doubt that most people claim to feel better after talking with someone who seems to care. But this hardly justifies, as the author writes: “the need for a new occupation” (health psychology) that would draw on the limited funding for the research and practice of physicians.

However, health psychologists assert that they offer much more than a feel-good relationship both to “the understanding of health and illness through basic and clinical research”⁷ and to the individual. Whether through reformulation of medical symptoms as indicators of a psychological problem (e.g. chronic fatigue syndrome (CFS)) or identification of psychological factors as contributing to a medical problem (e.g. Type A behaviour and heart attacks), health psychologists have sought to establish their place alongside physicians within the health care system by melding the biomedical and the psychological.

It is in addressing this topic that Myslobodsky, drawing on numerous examples of medical research and clinical data ranging from irritable bowel to premenstrual syndrome (PMS) and low back pain, argues most cogently that the misperception of subtle medical problems as psychological disorders serves to delay (or derail) both medical research and clinical treatment. For instance, he reports that in exploring the infectious causes of disease, Cochran and his colleagues drew the conclusion that if epidemiological and environmental anti-pathogens interventions had been more aggressively pursued before assuming the psychosomatic aetiology, “ulcers, for example, could have been cured and a bacterial cause implicated decades earlier.”⁸ One wonders how many other disorders now seen as psychosomatic, assumed to be stress related or deemed psychologically treatable have been, and risk continuing to be, misunderstood.

Health psychologists (and psychologists in general) have the habit of reformulating symptoms not yet drawn to a medical diagnosis as indicators of an ‘underlying’ psychological disorder. This is an irksome custom that many lazy, psychologically-inspired or simply over-worked physicians have also acquired. A

⁶ Schofield, W. (1964) *Psychotherapy, The Purchase of Friendship*. Englewood Cliffs, N.J.: Spectrum Books, Prentice-Hall. p.27.

⁷ APA Division of Health Psychology <http://www.health-psych.org/mission.htm> Oct. 13, 2005

⁸ Cochran, G., Ewald, P., Cochran, K. Infectious causation of disease: An evolutionary perspective. *Persp. Biol. Med.* 2000; 43: 406-448. Cited p.327

personal case in point is that of my stepson who suffered from an annoying and persistent facial pain. After an initial analysis and clinical tests revealed no immediate (i.e. easy) answer, several physicians sought to close the file, expressing the opinion that the cause might be psychological. Myslobodsky offers reasonable criticism of this sloppy practice, contending that such collections of symptoms that don't readily lead to a diagnosis should be labelled as 'Q' problems (ones of questionable origin) and pursued with caution rather than seen as mental or psychological manifestations. "A 'Q' diagnosis," he writes, "merely requires returning patients to where they belong - the office of the medical practitioner - rather than telling them that their disease is 'all in their head'." (109)

"I don't know," is a phrase that physicians are reluctant to utter and one that today's patients are generally unwilling to accept. Assuming that the 'answer' to their problems must exist somewhere, sufferers frantically search and readily accept "alternative solutions," investing in them not only their time and money but, also, their trust.

It is when directed at these "alternative," "complementary" and "holistic" approaches, including a host of mind/body health psychology remedies, that the author is at his strongest. Quoting Norman Gevitz, he describes these alternative practices as "a heterogeneous population promoting disparate beliefs and practices that vary considerably from one movement or tradition to another and form no consistent... body of knowledge."⁹ Then Myslobodsky proceeds to dissect a number of these from 'natural birthing,' to distant healing and prayer. But he saves his best for mind/body therapies such as Herbert Benson's "Relaxation Response," and the various attempts to modulate 'life-style' factors such as exercise and diet. Here, again and again, the author makes the point that while such factors may be related to the morbid condition, changes in them "may not necessarily produce a corresponding change in risk." (403)

So why, one asks, is health psychology along with homeopathy, herbalism, etc. so popular? A significant chunk of the answer may be that it gives the individual patient something to do. As Myslobodsky explains, the word patient has its root in the Latin *pati* - "I suffer" and the term "clinical" derives from the German *klinein* - "to lean." And much of our current scientific medicine demands that the individual suffer passively while relying (leaning) on the physician. Even at the best of times, when a diagnosis has been rendered and treatment provided, the patient must assume a passive and powerless role. And in less desirable situations, there is little for a sufferer to do but wait and hope or, even worse, dread and despair. Hence, holistic and health psychology approaches afford a activity that helps individuals to feel involved in their own healing process; an option that is satisfying even if not therapeutic to an impatient or anxious patient.

Myslobodsky doesn't say it in so many words (or, perhaps, just not so bluntly as I would like), but the information he provides in this book leads unequivocally to the conclusion that health psychology stands on "feet of clay." The optimism it doles out is

⁹ Gevitz, N. "Alternative medicine and the orthodox canon." *Mt Sinai J. Med.* 1995; 62; 127-131. Quoted p.274

no less exuberant than it was back in the 1970s but, as a profession, it is no longer young; so, no longer entitled to the naiveté of youth. And the promises it continues to make are, as this book demonstrates, based not so much on science as they are on popular but unproven (or refuted) ideas. Health psychology may be based on the best of intentions and the sincerest of motives but, to paraphrase Thomas Sowell: those with sweeping schemes for “reconstructing health” seldom pause to ask about the sufficiency of anyone’s knowledge or ability for such a task.¹⁰ It may be that such a confrontation with the current limits of medical knowledge has, in part, led to what the author refers to as “the shrinking role of medicine.” But this is no excuse for health psychology to fill in the gap with its adolescent enthusiasm and “womb-to-tomb” claims that are something akin to “mother’s wisdom.”

It would be naïve to expect that such a book as this will turn the tide in the practice of health psychology, a niche market that the psychology industry (and the American Psychological Association) consider still to be lucrative and worthy of promotion. Counter arguments and “demonstration projects” will be used to refute Myslobodsky’s data and reasoning. How seriously this book is taken will depend ultimately on whether or not the limits that science puts on endless error are respected.

¹⁰ Thomas Sowell (1995) *The Vision Of The Anointed: Self-Congratulation As A Basis For Social Policy*. New York: BasicBooks. Preface