

Is the *Consumer Reports* Conclusion that
“Psychotherapy Helps” Valid?

No

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Consumer Reports surveyed in 1994 a sample of its subscribers for their experiences with Psychotherapy. From the 4000 people who returned the survey and were selected, *Consumer Reports* (1995) concluded that psychotherapy “can make an important difference”. However, the method of obtaining, analyzing and presenting their information made the survey scientifically useless.

Consumer Reports evaluated the effectiveness of psychotherapy with a reader response questionnaire. The 90% effectiveness of therapy given by *Consumer Reports* was calculated as the sum of all answers which indicated not being worse, which included “those who were helped ‘a great deal.’ ‘a lot,’ and ‘somewhat.’ Only 54% reported that they were helped ‘a great deal’” (Jacobson, 1996). Even this figure of being helped ‘a great deal’ is uncertain due to the flaws in the survey methods and can be compared to “ECT [Electroconvulsive Therapy] quickly relieves severe depression about 75 percent of the time” (*Consumer Reports* , 1995).

Additionally, the survey filters the data received, losing many serious cases, who may not have access to *Consumer Reports* or even the ability to respond. *Consumer Reports* (1995) hints to their lack of effectiveness knowledge for people with major problems; “[our survey] has several built-in limitations. Few of the people responding had a chronic disabling condition such as schizophrenia or manic depression.” Even among highly represented groups in the survey, results conflicted with previous studies. “The most striking example of this selectivity problem is in the findings pertaining to Alcoholics Anonymous (AA), which had the highest mean improvement rate of any treatment category reported.... This finding can be contrasted with the lack of evidence supporting the efficacy of AA in [other studies]” (Jacobson, 1996). Yet even *Consumer Reports* states that their best improving group had problems staying better. “A year after entering treatment, about half

the participants are still in trouble.” Borkovec (1998) in a paper concerning the meanings of supported studies states, “even if a therapy is demonstrated to cause greater degree of change (by whatever measurement definition) than a comparison condition, we remain uncertain about the external validity of this result”

The *Consumer Reports* survey has two major flaws. It uses retrospective answers which can be manipulated or mis-understood. The *Consumer Reports* survey also fails to include a control group. With these two flaws, any recovery due to therapy can not be scientifically measured or understood.

Those surveyed were asked to recall how they felt before treatment. A typical classification for “Life was usually pretty tough” (*Consumer Reports* , 1995) was “fairly poor”. “I barely managed to deal with things” (*Consumer Reports* , 1995) was classified as “very poor”. It would be expected at these unnaturally low points those surveyed would be more likely to attend therapy. Those that attended therapy, which were the only group considered in the survey, would tend to get better just from the law of regression. That is a series that has just experienced an outlier tends to go towards the mean of the series. Therefore, it would be assumed that those surveyed would be recalling their worst experience followed by a natural recovery, which may be incorrectly attributed to the therapy. Because *Consumer Reports* chose to ask retrospective questions, the responses of those surveyed can not be checked for bias in subject’s response. From Meyers (1998),

Consider a massive experiment with over 500.. boys, aged 5 to 13 years... [Randomly,] half the boys were assigned to a five-year treatment program... among the pre-delinquent boys in the control group, 70 percent had no juvenile record. ..among the ‘difficult’ boys in the program, 66 percent had no official juvenile crime record.

Among the ‘difficult’ group, the subjects gave high ratings of their treatment program.

“Some noted that had it not been for their counselors, ‘ I would probably be in jail’; ‘My life would have gone the other way’; or ‘ I think I would have ended up in a life of crime’ ”(Meyers, 1998). The control group shows otherwise with the near same percentage of crime records. The *Consumer Reports* study does not acknowledge these types of problems. Without sufficient measurement and control of their participants, *Consumer Reports* has no real understanding or statistics of the general population.

It is generally agreed that testing for effectiveness of a process requires a control group. The *Consumer Reports* study did not have a control group, nor did they refer to the many other similar studies of therapy as a pseudo-control group. “Our survey adds an important dimension to existing research in mental health. Most studies have started with people who have very specific, well designed problems, who have been randomly assigned to a treatment or control group.... Such studies studies have shown which techniques can help which problems, but they aren’t a realistic reflection of most patients’ experiences” (*Consumer Reports* , 1995). Unfortunately, *Consumer Reports* did not consider that their survey could not return a true understanding of the person’s mental health with a simple questionnaire. Even the consultant of the *Consumer Reports* survey, Seligman (1995), conceded that, “a good-sized fraction were ‘subclinical’ in their problems and would not meet DSM-IV [Diagnostic and Statistical Manual of Mental Disorders, 4th Ed.] criteria for any disorder.” Many other critical factors could be easily introduced into the person without being reported to *Consumer Reports* due to fear, forgetting or embarrassment. The survey is thus incomplete without a control to compare.

The *Consumer Reports* study made many mistakes common to studies of psychotherapy. De Charms (1954) states that, “It would seem that the bulk of the literature [on the results of psychotherapy] can be used for only one purpose; to find out what not to do when

undertaking a study of this kind”. One of these researchers whose research was eventually discredited was Eysenck, who studied psychotherapy effectiveness in the early 1950’s. He concluded that near two-thirds of people improve even without help from therapy. “Since the proportion of spontaneous remission is set at approximately two-thirds over a two year period,.. Eysenck concludes that these data ‘fail to prove that psychotherapy, Freudian or otherwise, facilitates the recovery of neurotic patients’”(De Charms, 1954). Eysenck’s research has been discredited because “the control groups were inadequate, and the treatments were lacking in both uniformity and representativeness.... What is interesting about examining Eysenck’s (1952) study in light of the *Consumer Reports* (1995) survey is that virtually all of the criticism leveled at Eysenck’s evaluation also apply to the *Consumer Reports* survey, even though Eysenck’s evaluation was more sophisticated” (Jacobson, 1996).

Personal View

I believe that communication of problems does help. This communication can be of the form of talking to self, a therapist or a group. I do believe that the *Consumer Reports* survey is not scientifically correct; however, it is clear that they do make a point that people with mental problems should find a way to get help. I do not find surprising the conclusion that therapy with almost anyone helps. Talking to a priest is my first choice of a therapist for major problems, but this in no way prevents others from being able to help. If anything, perhaps the *Consumer Reports* survey will increase the demand for controlled and precise scientific studies to be performed.

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