

The Battle Ground of Psychology **By Faye Snyder, PsyD**

Like every other area of science, the field of psychology has weathered a history of theoretical conflict. The major difference from other professions or sciences seems to be that our issue keeps coming around, like political or religious differences. I call it the **War of the Researchers**. Historically, it's the Nature Nurture issue. It's the issue that questions the body or the parenting or both. Put another way, it's the issue of causation of psychopathology. Some suggest the answer is unknowable. Others say genetics has completely answered the question. A few voices say not so fast.

Recurring History

The superstitious war on women wild-craft practitioners, waged by the Roman Catholic Church in the Middle Ages cost the lives of anywhere from hundreds of thousands of women to up to ten million women, depending upon the which historian is referenced. Countless torturous executions were held to convince women to relinquish their traditional roles as healers.¹ A limerick handed down to me by my mother, who was raised in the early 1900s in the Deep South, advised, "A whistling women and a crowing hen will always come to some bad end." Many of the healing arts discoveries developed over hundreds of years by European peasant women were lost.

First Doctors: Our Way or No Way

Since the Middle Ages came to an end and feudalism began to crumble, the work ethic took its place with the birth of capitalism. As it became possible for men to work their way out of a feudal system and up the ladder with industrious behavior, the role of women was demoted. As if starting from scratch, "physicians", dubbed so by new laws and the educated elite, introduced hair-brained inventions of harmful treatment, utilizing leaches and bloodletting, among other superstitious, unscientific, counter-intuitive, and harmful experiments.

Paracelsus wrote in the first half of the 16th Century, "The universities do not teach all things, so a doctor must seek out old wives, gypsies, sorcerers, wandering tribes, old robbers, and such outlaws and take lessons from them. A doctor must be a traveller... Knowledge is experience."²

The mentally ill were commonplace after the upheaval of the peasant society. They were being housed in dungeons, half-naked, brought foul food, chained, and slept on rotten straw until they died. It was believed that they weren't suffering, because they couldn't feel. In the late 18th Century, a battle took place between humanitarians who had begun to care for them and physicians. The medical establishment of the time learned that there was major grant money available for the care of the mentally ill.³ Laws were quickly passed

¹ Ehrenreich, Barbara & English, Deirdre (1973, 2010). *Witches, Midwives, and Nurses*. New York: First Feminist Press.

² (http://www.greekmedicine.net/whos_who/Paracelsus.html)

³ Calhoun, J.F. (1977). *Abnormal Psychology: Current Perspectives*. New York: Random House.

forbidding anyone but “qualified” physicians to take care of the insane and a new arm of the budding medical establishment was born.⁴

As physicians won, they began implementing archaic practices such as tobacco smoke enemas, ice baths, and the introduction of the tranquilizer chair by Benjamin Rush, in which patients were spun until they surrendered. Cooperation from patients and minimization of symptoms became the standard of successful practice, something that still stands today in large measure.⁵

Pedigree Studies to Prove Inherent Traits

Researchers working in insane asylums attempted Pedigree Studies in the late 1800s to prove that insanity is inborn by simply citing lineage and describing other symptomatic members of their families. They used pedigree studies to prove that intelligence is inborn, by interviewing members of the family. If other members of the family were similar, it must be the genes. These studies were not blind. Researchers interpreted the interviews with relatives to prove their findings.

Applying the Mendel Model to Prove Genetics

Unfortunately, the field was still largely stuck on this track. Since Gregory Mendel discovered genetics in the late 1800s, the medical model has been more desperate than ever to prove illnesses are genetic and behaviors are inborn. Additionally, the mega industry of pharmacology, has invested in research results that prove to the general public that behavior is influenced by genes. I have written a book on these desperate studies and how they misrepresented facts to reassure us that behaviors are inborn.⁶

Researchers sought similar results to Mendel’s sweet peas. They were so far off from 100%, 50% and 25% concordance between identical twins, parents and children, or between siblings that they began modifying data. Still their statistics were the highest in history, from 69 to 92%. The studies later proved to be rigged, but their practices inspired other researchers who were just as dishonest. Even today, when scientists want to report a higher percentage, they create a composite of all the statistics to get an average by including the earliest statistics by Franz Kallmann. By the early to mid 1900s the public was nevertheless “educated” to believe the existing bias that African Americans were inherently less intelligent than whites.⁷

Freud’s Peers Take Him Down for External Theory

Also in the late 1800s Sigmund Freud introduced some brilliant insight into our budding profession as to how psychopathology is created in the home. His case in point was incest, but he said injuries in the home could explain other symptoms, as well. Freud’s theory could have been the greatest contribution to psychology in history, but his

⁴ Calhoun, J.F. (1977). *Abnormal Psychology: Current Perspectives*. New York: Random House.

⁵ *Ibid.*

⁶ Snyder, Faye (2017). *The Search for the Unholy Grail: The Race to Prove that Behavior and Personality Are Inherent*. Los Angeles: Clifton Legacy Publishing.

⁷ Lewontin, R.C., Rose, Steven & Kamin, Leon J. (1984). *Not in Our Genes: Biology, Ideology & Human Nature*. New York: Pantheon Books.

colleagues disciplined him for suggesting that parents can cause mental illness. He was rejected until he earned his way back.

In order to become re-accepted by his colleagues he was forced to recant, invent, introduce and apply a new concept—the internal drive theory—to prove he learned from his mistake and that he no longer attributed emotional and mental suffering to childhood experiences. The proof of Freud’s rehabilitation was an evaluation of Germany’s Hanging Judge Schreber’s memoirs that he wrote from his insane asylum.⁸ It was widely known that Schreber’s father was famous for teaching abusive parenting techniques to German Christians. Freud passed the test, because he interpreted Schreber’s paranoid symptoms as fantasies that meant he longed for his father. Since then, his early wisdom has been ignored, buried and denied by those analysts who are attracted to the later Freud’s version of inborn causes. Psychohistorian Hall Triplett wrote:

Sigmund Freud's theory of 1896 was buried without a name in 1897, less than two years after it appeared. The process by which it acquired a name, "seduction theory," and the role this name played in the history of psychoanalysis are essential parts of the legend-making in Freud's biography. The label, bestowed half a century after publication, reflected two major rhetorical transformations. First, from a theory presented with highly general claims of [child] sex abuse, assault, and trauma, the theory was repackaged as a theory of seduction. Second, from a theory reportedly based in actual, traumatic experience, followed by repressed memory, it was transformed into one of fantasy. The name "seduction theory" has therefore operated as a misleading, strategic misnomer for the theory that Freud published in 1896. (Triplett, 2004).⁹

Ramifications of Inborn Behavioral Trait Theory

Politically based theories of superiority and higher intelligence within our field came to justify slavery, Jim Crow, genetic elitism and genocide. Hundreds of thousands of the mentally ill were executed in Germany during the holocaust, and tens of thousands of Americans in psychiatric hospitals were sterilized in the 1950s.¹⁰

Behaviorist John Watson Takes a Try

In the mid 1900s, a brave behavioral psychologist, John Watson, introduced the concept that parents, especially fathers, can create a child’s personality, predisposition and behaviors. He was a researcher, but unfortunately, he did not understand the aloof behaviors of insecurely attached babies who rejected their returning mothers after an extended absence. He took it that affection was harmful, and autonomy was essential. As the father of behavioral psychology, he got off to a brave, but bad start.¹¹

Bowlby Produces One of the Greatest Research Results in Modern Times

Still, in the fifties and sixties, John Bowlby did research and wrote theory on the critical importance of attachment in the formation of personality, describing the essence of

⁸ Masson, Jeffrey Moussaieff (1986). *The Assault on Truth: Freud's Suppression of the Seduction Theory*. New York: Simon & Schuster.

⁹ Triplett, Hall. The Misnomer of Freud's 'Seduction Theory'. *Journal of the History of Ideas*. Vol. 65, No. 4, Oct. 2004, pp 647-665.

¹⁰ *Ibid.*

¹¹ Watson, John B. (1972). *Psychological Care of Infant and Child*. New York: W.W. Norton and Company, Inc.

attachment behavior in infants, the way of separation in toddlers and young children and the long-term impact of prematurely broken attachments on personality. His colleagues criticized him for focusing on “the external,” rather than the “internal”. He also was shunned, but he never backed down like Freud.¹²

As Freud’s legacy flourished with the internal drive model, numerous psychiatrists were drawn to the field of psychiatry or psychology, believing that personality and behavior were inborn. Bowlby proposed that behavior and personality were learned during critical stages of development. The debate was reopened. Was behavior learned or inborn?¹³

Bowlby’s protégé, Mary Ainsworth identified three types of attachment: secure and two other types of insecure attachment which were avoidant (cold, withdrawn) and ambivalent (needy and angry).¹⁴ Mary Main descended from Mary Ainsworth and contributed a fourth type of attachment: disorganized, which predicted psychosis.¹⁵ Recently Patricia Crittenden has contributed that avoidant and ambivalent attachments sometimes combine to produce our most disturbed adults. Crittenden considers these attachment types as adaptations.¹⁶

The field of psychology has been only mildly observant of attachment theory. The discovery of the role of attachment in psychology should be a primary staple in consideration of any mental health issue by any mental health professional. Unfortunately it is not. Jeffrey Dahmer, who was an untouched child, was not discovered to be starving for human touch by his seven evaluators, who were predominantly behaviorists.¹⁷

Family Systems Theory Looks at Mothering

During this time when Bowlby was bravely theorizing the importance of attachment, family systems theory was developing. It was a field of psychology, which considered that psychopathology was created in the home and could be prevented by redirecting family interactions. Theory led to research, and the Palo Alto Group studied schizophrenia by studying the childhoods of schizophrenics and the parenting styles of their parents. Gregory Bateson, Jay Haley, and John Weakland discovered that their mothers were cold and they gave impossible mixed messages to their children, which put them in a mental “double bind”.¹⁸ When these researchers went so far as to characterize these cold mothers as “refrigerator mothers”, the backlash began.

¹² Fonagy, Peter (2001). *Attachment Theory and Psychoanalysis*. New York: Other Press.

¹³ *Ibid.*

¹⁴ Ainsworth, Mary (1978). *Patterns of Attachment*. Hillsdale: Lawrence Erlbaum Associates, Inc.

¹⁵ Main, M. & Solomon, J. (1990). Procedures for identifying infants as disorganized/ disoriented during the Ainsworth Strange Situation. In: M. Greenberg, D. Cicchetti & E. M. Cummings (Eds.), *Attachment during the Preschool Years: Theory, Research & Intervention*. Chicago: University of Chicago Press.

¹⁶ Crittenden, Patricia M. (2008). *Raising Parents: Attachment, Parenting and Child Safety*. New York: Willan Publishing.

¹⁷ Snyder, Faye (2016). *The Predictor Scale: Predicting and Understanding Behavior according to Critical Childhood Experiences*. Los Angeles: Clifton Legacy Publishing.

¹⁸ Bateson, G.; Jackson, D. D.; Haley, J.; Weakland, J. (1956). "Toward a theory of schizophrenia". *Behavioral Science*. **1** (4): 251–264. [doi:10.1002/bs.3830010402](https://doi.org/10.1002/bs.3830010402).

There was a “fierce response from more biologically-minded psychiatrists and from some relatives’ groups. Since then, some commentators have argued that it is now taboo to discuss any way in which family relationships might be a causal factor in the development of distress, particularly if it attracts a diagnosis of schizophrenia (Johnstone, 1993).”¹⁹

At the same time John Bowlby was reported to say to Melanie Klein, “But, there is such a thing as a bad mother!”²⁰ There became a major disagreement between the two camps of the psychoanalytic arena, wherein one side, led by Melanie Klein and Anna Freud, followed Freud’s revised theory that held behavior to be inborn, while Bowlby led another group of major theorists, who held that behavior was learned in the environment, especially in the care of mothers. One of my professors once made the point, “Don’t mess with mom.” Researchers have been clear to say that they think pointing the finger at parents, especially mothers, is inexcusable.²¹

There are cold mothers. I’ve met them. So have you. They know they are cold. If the therapist asks them about themselves to help understand why they feel removed from their child, they may be relieved. It doesn’t mean anyone is blaming the mother. It means someone is trying to understand the mother and help her understand the baby, which she once was. The cold mother has an avoidant attachment. Getting to the bottom of the legacy of withholding does not mean that anyone is going to shame that mother. It means that there are psychotherapists who are qualified to help her and the child. There are, however, mothers so insulated that they cannot or will not be helped. They may take the offense and object to the mirror. We can’t reject a whole body of profound and necessary information to immunize them. Other mothers feel betrayed for not having been informed.

The War of the Researchers

To be clear, there is and has been from the beginning of psychology, a War of the Researchers. One side is pro-parent, admitting only evidence that behaviors is inborn and the other is pro-child, daring to identify the long-term effects critical childhood experiences have on children. The former researchers have failed to produce any replicated evidences that genes instruct behavior, but they have tried to modify their results with varying techniques that I ultimately was able to categorize in *The Grail*.²² The latter produces strong, well-designed and replicated research that shows the long-term effects of critical childhood events amply referenced in my book, *The Predictor Scale*.²³ It makes sense that only one side had solid research and that both sides couldn’t be right. For some reason, we, humans, seem to be good at metabolizing contradictory and mixed messages, absent

¹⁹ John Cromby, David Harper, Paula Reavey. Psychology, Mental Health and Distress. Palgrave Macmillan, February 27, 2013.

²⁰ Mitchell, Stephen A. & Black, Margaret J. (1995). *Freud and Beyond: A History of Modern Psychoanalytic Thought*. New York: Basic Books, p. 114.

²¹ Karen, Robert (1998). *Becoming Attached: First Relationships and How They Shape Our Capacity to Love*. New York: Oxford University Press.

²² Snyder, Faye (2016). *The Search for the Unholy Grail: The Race to Prove that Behavior and Personality Are Inherent*. Los Angeles: Clifton Legacy Publishing.

²³ _____ (2015). *The Predictor Scale: Predicting and Understanding Behavior by Critical Childhood Experiences*. Los Angeles: Clifton Legacy Publishing.

critical thinking. We yearn for the ideal explanation that the truth is in the middle: Genes and environment create behavior.

The Human Genome Project

In 1984 the Human Genome Project was defined, followed by major fundraising endeavors and business deals. By 1990 the HGP was off the ground, which eclipsed the discoveries by attachment researchers and family systems theorists with a multibillion-dollar alternative theory of inborn behaviors.²⁴ Genetic behavioral scientists were ecstatic and appeared to be manic with anticipation of the greatest behavioral discovery of all time.²⁵ It never happened. Scientists were forced to admit that the possibilities of genetic explanations for behavior were all but gone.²⁶

The Patrons of Genetic Research

Still, the psychopharmacological complex continued to market theories of inborn psychopathy and the medications to treat them. The US became the greatest purveyor of pharmaceutical treatment for children in the world.²⁷ Like a perfect storm the genetic research and public relations information was coordinated with my beloved women's movement and the return of large numbers of mothers to work, while their children were placed in daycare.²⁸ When I was rejoicing in the changes it never occurred to me that the ramifications on children would be so grave if mothers left them in the first three years of their lives. The rise in ADHD correlated perfectly with the rise of children in daycare. The younger the children were, the more severe were their symptoms.²⁹

The front page of *Newsweek*, May 26, 2008, held a split photo of 10-year-old Max Blake, showing him both sweet and rageful. He was diagnosed with Pediatric Bipolar Disorder (held to be a genetic disease) at Tufts-New England Medical Center after his parents searched in vain for someone who could explain and treat his violent and erratic behavior, even though PBD is a diagnosis not yet accepted into the Diagnostic and Statistical Manual. Young Max was diagnosed in the wake of Harvard Medical School psychiatrist Joseph Biederman's research and introduction of PBD from Massachusetts General Hospital.

²⁴ Collins, Francis and Galas, David (1993). "A New Five-Year Plan for the U. S. Human Genome Project". *Science* 262 (1 Oct): 43-46.

²⁵ Plomin, Robert & Rende, R. (1991). Human behavioral genetics. *Annual Review of Psychology*, 42, 161-190.

²⁶ Plomin, Robert; DeFries, John C.; Knopik, Valerie S.; Neiderhiser, Jenae M. (2013). *Behavioral Genetics* (6th edition). New York: Worth Publishers.

²⁷ Kaplan, Richard P. (2009). *Doctoring the Mind: Is Our Current Treatment of Mental Illness Really Any Good?* New York: New York University Press.

²⁸ Belsky, J. (1986). Infant day care: a cause for concern? Zero to Three. Washington, D.C.: Bulletin of the National Center for Clinical Infant Programs. *Bulletin of the National Center for Clinical Infant Programs*, VI(5).

²⁶ Branjdt, Henry Brandtjen, Henry and Verny, Thomas. Short and Long Term Effects on Infants and Toddlers in Full Time Daycare Centers. *Journal of Prenatal and Perinatal Psychology and Health* 15(4). Summer 2001.

In the meantime, Senator Charles Grassley (R-Iowa) called upon Biederman to reveal his income from drug companies. Biederman had evidently drastically underreported, as even the drug companies admitted paying him many times more than his reported amount. It is believed that Biederman has received millions for promoting the diagnosis of PBD and its pharmaceutical treatment.³⁰ Biederman may justify the large sums, believing that the condition is real, and somebody has to identify it.

Indeed, the condition is real. It may be the first time in the history of human evolution that mothers regularly leave their babies in the care of strangers, even rotating strangers, to return for them in the evenings. If one read the full article they would see that Max was left in daycare within months of his birth.

From where I sat as a child psychotherapist since 1992, children who entered daycare in the second year had major anxiety and depressive symptoms. Children who entered daycare in the third year were more often diagnosed with ADHD. Put another way, the earlier the attachment breaks, the more severe were the diagnoses.

How Pro-parent Researchers Think

When pro-parent arguments are made they seem illogical, compared to the attachment arguments. Researchers did not speak as if the results of their research speak for themselves. They spoke as if they knew their own bias and even perhaps that they were skewing results for a good reason. Robert Karen represents the pro-child/pro-parent debate thus:

If the fundamental message of attachment research is that children need to be cared for in consistent and sensitive way, that they love their parents powerfully and need to have that love returned and sustained, then the fundamental message of temperament research is that people are inherently different, that those differences need to be tolerated and respected, and that much of what we once saw as parentally induced is actually part of the nature of human differences.³¹

In November 11, 1990, Karen interviewed pro-parent researcher Thomas Bouchard, who unabashedly and somewhat illogically explained his motives thus:

I think if we recognize that individuals differ from each other in these fundamental ways, we're going to have a lot more respect for one another. We know that we're physically different. We respect and understand that a kid who's only four and one-half feet tall is not going to compete with a kid who's six feet tall. Well, the same may be true for many psychological traits and characteristics.³²

Karen also interviewed scientist Jerome Kagan on the subject December 21, 1990:

³⁰ Gardiner, Harris & Benedict, Carey. Researchers Fail to Reveal Full Drug Pay. *New York Times*, June 8, 2008.

³¹ Karen, Robert (1998). *Becoming Attached: First Relationships and How They Shape Our Capacity to Love*. New York: Oxford University Press.

³² *Ibid*, p. 296.

There are some people with a very short fuse. They blow up easily; it's hard to get along with them. Many people assume that it's a function of their past and they should be able to control it. So then you get angry at these people. But if you believe that this is partly temperamental, and that their biology prepares them for this, then you become a little more forgiving.³³

Karen, who has extensively explored the motives of geneticists, has found two main points of contention: First, attachment theory blames mothers and ignores "the fact that infants could be difficult or that there could be a poor fit. . . . and [Second], attachment theories have not been so eager to let mothers—or caregivers in general—off the hook: They want it understood that sensitive, consistent parenting is vital, and they see proclaiming that as part of their mission." Karen goes on to say:

The blame issue is similar to the poorness-of-fit concept in that it has been highly charged politically, and the antagonists are often more concerned with the impact certain types of statements will have than whether or not they are true. Many developmentalists recognize that, of course, parents are sometimes to blame for their children's suffering, but they believe that making an issue of it will only tend to generate guilt—and a guilty parent is more likely to do a poor job than one who had been reassured and encouraged. . . . An atmosphere of guilt is so destructive, they lean toward never saying anything, even in professional contexts, that might suggest that mothers ever behave badly. Poorness-of-fit and other temperament-based explanations are more reassuring. (p. 296-297)

According to ADHD researcher Barkley:

The yoke of moral indignation from others, character indictment, sinfulness, and willful neglect of social responsibilities can therefore finally be lifted from the shoulders of those with ADHD; they need bear it no longer, for it is clear now that to continue to hold such views will bespeak a stunning scientific ignorance about this disorder (p. 349).³⁴

The common theme of the geneticists or pro-parent theorists is that it's just not nice, necessary or productive to "blame" mothers. Apparently some researchers spend their lives producing theory and skewed results that protect mothers and parents. The motive makes sense. The logic doesn't.

How Pro-Child Researchers Think

To presume that a baby is born difficult is to create blindness and insure a failure to see the infant's cues to his needs. Any mistrusting baby may recover from crankiness if his life becomes safe enough or the damage is not already too severe to safely remember and cathart.

These researchers seem to believe that they are saving parents from criticism with genetic theory, a delusional proposition. They have fantasies that the parenting messengers are out to blame parents, judge them and reject them. Even the notion of temperament being sometimes

³³ *Ibid.* p. 248.

³⁴ Barkley, Russell (1997). *ADHD and the Nature of Self Control*. New York: The Guilford Press.

poorness-of-fit is designed to comfort a mother rather than to help her and teach her how to soothe her baby. They don't understand that the more responsive she is, the more fun she will have and the happier and cuter will be her baby. The less responsive she is the more she will suffer as her baby suffers. The more a mother believes her baby's behavior is inborn and not resulting from her interactions with the child, the more she will create a self-fulfilling prophesy.

The 50/50 Assumption

As the genetic explanation began to wane, theories of Nature *with* Nurture popped up. There became a 50/50 Genetic Assumption, as I put it, sometimes called the Diathesis Stress Model, the Nature *and* Nurture schema, or the fragile gene theory, all of which purported that children with these genes were more susceptible to problems in the home than normal children. Again, the effects of the 50/50 Assumption would lead us to see children who are more symptomatic as having weaker constitutions, not worse childhoods.

When I taught Developmental Psychology at California State University, Northridge (CSUN), I took a poll on the first day of class for two semesters (Snyder, 2006, 2007). I asked my new students the percentage of behavior they attributed to genes *versus* environment, most specifically parenting. I also rephrased it by asking them what percentage of a serial killer's crimes they would ascribe to genetic instruction. I only offered two blanks for them to enter splits totaling 100%. Out of 107 students, 104 entered 50% in the blank for genetics and 50% in the blank for environment.

Now what do we do with that? What are the ramifications of this perspective that 50% of behavior is caused by genes and 50% by parenting? This increasingly popular view seems more oriented toward political correctness and bet-hedging than factual accuracy, as it grants both geneticists and childhood advocates equal legitimacy. In effect it minimizes the responsibility of those in our field to determine what is factually true and obscures the message that symptoms offer. Again, how would we discern which percentage of the evaluated behavior comes from genes and which percentage is a product of environment?

This 50/50 Assumption has made forensic evaluations completely up for grabs with loosely constructed forensic interpretations. With this perspective, an observer cannot say anything definitive about the causes of behavior. They will look for childhood causes tentatively, if at all. If one says something definitive about the causes of behavior based upon childhood experiences, they are often accused of overstating their case or of parent-bashing. They may treat the symptoms with medications and cognitive behavioral instructions. As a matter of fact, that's the new normal. To spend time reviewing childhood experiences to understand the genesis of a depression or anxiety disorder is often considered frivolous by HMOs. More and more we are expected to refer out to a psychiatrist or a pediatrician for medications that would harness behavior immediately, as the history of psychiatry is to treat the symptoms more than the cause. This works well socially, because many of us are loathe to "blame" parents. On the other hand, many parents would give anything to turn back the clock with advice not to put their children in daycare until they are at least three. Of course, most parents have to work these days. I'm only the messenger. I am not responsible for how evolution set us up. Still, I have known single mothers who said they would have found a way, if only they had known there was a choice to be made.

Epigenetics: The New Shell Game

With few exceptions, the public doesn't see at the time how they are being misled. Today, genetic explanations for behavior have been deftly substituted by a theory of epigenetics, initially discovered by pharmacologist Moshe Szyf, who claimed upon studying the behaviors of rats, that genes have multiple programs, and that environment can flip a switch for an alternate behavior.³⁵ So, if a behavior seems to be of concern, and if environment seems also to be a factor, it could be said that environment flipped the switch to activate a pre-existing genetic program.

Epigenetics is represented in such a convoluted way it is difficult to understand. Nevertheless, it would seem evident that such a theory would be useless, given that no genes for behaviors were ever isolated in the first place. Perhaps, enough related scientists have questioned the theorem that another description/definition of epigenetics has now surfaced, seeming to take the place of the first theory. Notice I say "theory" versus research evidence. Nevertheless, the theory of epigenetics is treated by our field as evidence based.

The second theory or epigenetics holds that behaviors that are conveyed from one generation to another, in the case of trauma, result because environment temporarily modifies the DNA. Looking on, some geneticists are critical of what appears to be new definitions taken from genetic research, modified and liberally applied to epigenetics. The definition of DNA has changed, and new terms emerge, such as "gene expression", somewhat analogous to phenotypes, which works for color of eyes, but it's purely hypothetical when there are competing environmental explanations. In other words, genetic influence inferred from behaviors constitutes a circular argument, affirming the consequent.³⁶

What is even more concerning is that there are, once again, numerous verified explanations for these observations that have nothing to do with DNA, the most prominent of which is the discovery of "mirror neurons". It is by mirror neurons that experiences are recorded in the brain, causing living beings to internalize the experiences of others as if these experiences were happening to us. Mirror neurons explain how we identify with one another or not.³⁷ Mirror neurons facilitate learned behavior at such a profound level, that it explains attitudes.

I am reminded that Albert Einstein said that if you can't simply explain something, you don't truly understand it, and Ockham's razor holds that, all things being equal, the simplest explanation is the best explanation. I say, environment creates perspective, experience, behavior and personality. Genes create the blackboard; experience writes upon it.

The Gatekeepers

³⁵ MacLeod, A.R; Rouleau, J.; & Szyf, Moshe. Regulation of DNA methylation by the Ras signaling pathway. *Journal of Biological Chemistry*. 1995 May 12;270(19):11327-37.

³⁶ Yehuda, Rachael; Daskalakis, Nikolaos P; Bierer, Linda M; Bader, Heather N; Klengel, Torsten; Holsboer, Florian; and Binder, Elisabeth B (2015). Holocaust Exposure Induced Intergenerational Effects on FKBP5 Methylation. <http://dx.doi.org/10.1016/j.biopsych.2015.08.005>

³⁷ Ramachandran, Vilayanur. Mirror Neurons and imitation learning as the driving force behind the great leap forward in human evolution. *Social Neuroscience*. 5/31/2000.

The gatekeepers for our field, including those who certify classes taught for continuing education by our professional organizations, are inclined to invalidate attempts to understand the actual childhood causes of psychopathology. Instead, however well intentioned, they set roadblocks based upon lofty platitudes and rigid guidelines. Bureaucrats, police, clinicians, theoreticians and lecturers operate under the direction of strategists who may be harmonizing with the growing political and economic interests of the status quo. As such, these gatekeepers do not act in the best interest of our clients. Their actions are in conflict with the needs of our patients and their children. Most importantly, they have learned to believe that genetic theories are evidence-based and childhood theories are unknowable or difficult to prove.

Still we, psychotherapists, scientists and the rest of the public, have a role in wanting to believe genes are behind behavior. We are raised to be loyal to family, and we are loath to “blame” parents, something we adopted in early childhood that stayed with us. Thus, the field of psychology can’t get out of the gate, even if the gatekeepers were to relax. Our field has a history of avoiding any investigation into the real causes of behavior if that means looking into the home. It’s this historical bias blocking the door that keeps us in the Dark Ages.

The problems with evidence-based practice are many, but may I say that the concept, itself, is excellent, if properly applied. Unfortunately, an overview is also essential, but lost in the process. The focus on evidence-based practice with an overview or safe haven for theoretical development might be a perfect balance. This profession works with people, and our work is in large part intuitive. Those of us who have worked hard to become self-aware are more perceptive, have greater insight for our troubles and more successes with our clients. That kind of success is hard to measure. Ironically, the requirement that therapists do therapy for a year has been dropped.

With the administration of evidence-based instruction in our professional organizations, we have definitions that serve the medical model and not the public. What has happened is that attempts to educate the public about the needs of children are considered too controversial for the field of psychology. This is devalued, while those who misrepresent the truth are believed to have the valid evidence. Attempts to educate the public about the needs of children, and a theory that offers an opportunity to elucidate and measure the critical experiences of childhood is discredited. One of the grandest research projects ever produced by Kaiser Permanente on Adverse Childhood Experiences (the ACE Study) is often ignored.

As a theoretician, I am concerned that the implementation of questions and standards for the new regime of evidence-based practice are designed to ultimately wipe out traditional theories of depth therapy. The new standard for therapy is to achieve successes that can be measured in micro-bits, as no scientist can develop a research design that asks too many questions or that reviews the big picture; no clinician can prove how they achieved success, as so many of the elements of healing are immeasurable; and no theoretician or lecturer can introduce a competing theory of causation without focusing on information to be learned, including previous errors in research design and introducing a replacement theory of psychology, which also cannot be measured in micro-bits.

As applied to date, the standards for evidence-based practices are double think. They do not mean real evidence. They do not represent the needs of children or the

population we are supposed to serve. They suspiciously strangle new ideas and competing theories with requirements that are, by themselves, knit-picky and blind to the big picture.

Concepts of short-term treatment satisfy demands of insurance providers and HMOs, as well as the pharmaceutical industry. Standards that can only be measured in micro-bits are established to such a degree that the field only studies the forest tree by tree, but never as a whole. Students are asked on licensing exams less and less about the founding theories of psychology, which once delved into environmental causes of behavior to include childhood and parenting issues and required self-awareness of clinicians in order to do the real work.

Even the relatively recent and single-most profound discovery in the history of psychology—mirror neurons—is remarkably ignored, probably because it would drive depth therapy back into a recognized practice. What HMOs don't know is that, if we have ways of identifying what has been imprinted in the mirror neurons, even depth therapy may proceed at a swifter rate.

Theoreticians may be a dying breed, not because our field is so mature that we have turned over every rock, but because we are being strangled. It was theoreticians who gave researchers the best ideas about what to study. Theoreticians must think like historians and scientists. Theoreticians need to consider the history of their subject, whether the subject is a client, a family, a culture or the field of psychology, itself. Theoreticians consider the opposing forces within the development of the subject, in order to understand it. Theoreticians that look for invisible, unidentified causes based in faith won't find that which is.

An education in theories on causes for behavior, the history of theories and treatment practices, or of research practices is apparently insufficient to the new regime, as the measurements are of change over insight. Apparently, theories that are not based in what is *perceived* to be evidence-based research will be denied, especially if it deviates from conventional wisdom. They may be required to produce supporting research for any theoretical revelation with multiple micro-bits strung together. This is like the new requirements for graduate schools of psychology. If they aren't accredited—that is, if they haven't been in existence long enough to prove themselves—they can't become accredited. It's a Catch-22 or more problems with circular reasoning.

Thus, when applicants for certification to teach continuing education do not appear to support their lectures with recognized and acceptable research, or it is surmised that their lessons are too controversial, they may be denied their application.

But I'm not alone and not so far fetched. Researcher of research, theoretician and clinician Oliver James is looking at systems through a similar lens:

Once you stop thinking of your child as having been 'born that way', there is so much you can do to alter the trajectory of its life, and consequently, the lives of your grandchildren. At the simplest level, studies show that just by believing his or her own abilities are not fixed, a child can improve their academic performance.

(<http://www.dailymail.co.uk/new/article-3464961/Bit-dimwit-t-blame-genes-s-conclusion-new-book-claims-settle-Nature-v-Nurture-debate.html#xzz4Q7wZCTKc>)

The present move in the direction of behavioral theories, unreliable research and practices that ignore causes of psychopathology, is taking place under our noses. This is a request that the administrators—who determine what will be taught by whom—will, themselves, *learn* what they need know in order to properly vet colleges, students and

continuing education standards. They are mandated to represent the public, and I should think that means children, too.