

Harmful Therapy for Children and the Seduction of Parents

by Shale Horowitz

Bad Therapy: Why the Kids Aren't Growing Up, Abigail Shrier, Penguin Random House, pp. 297, \$30 hardcover.

Abigail Shrier's spirited, entertaining, and gracefully-written book shows how "bad therapy"—therapy that is ineffective or harmful—is used routinely to treat children grappling with ordinary struggles or minor psychological problems. Not just some psychology professionals, but also many schools and parents, are doing so. The impact is pervasive—playing an influential role in our dysfunctional, youth-oriented popular culture, alongside smartphones, social media, and other factors. Bad therapeutic premises or approaches, however, have "good therapy" counterparts or alternatives: Shrier criticizes some schools of thought in psychology and supports others. While citing the relevant literature, she illustrates her arguments with many telling interviews of academics,

children, parents, teachers, counselors, and psychologists.

There are several interlocking dimensions of bad therapy: validating and reinforcing kids' feelings to assess and treat their problems; addressing shortcomings by sheltering kids from stressful situations, often via "accommodations" that compromise rules and standards; over-diagnosing psychological conditions; over-prescribing medications that have limited efficacy and serious side-effects; substituting therapeutic authority and practices for those of parents; and holding that many or most have had traumatic experiences in early childhood, which can be blamed for their problems.

Thus, people's feelings are a reliable guide to their condition. Therapy, to understand and treat problems, should recognize and dwell on emo-

tional states and responses. Therapists should empathize. To avoid or minimize negative feelings, tasks should be modified, situations retailored, and rules and standards adjusted. Feelings compatible with psychological conditions such as ADHD, anxiety, and depression should be diagnosed as such, and where suitable, treated with stimulants and other medications. Traumatic experiences, especially in childhood, are viewed as foundational, difficult-to-overcome sources of psychological and other problems—on the model of combat-induced PTSD. People are easily, lastingly damaged, so early trauma and its long-term effects are nearly universal. Diagnoses, often followed by medications, are a form of empathetic recognition. Parents need therapists' guidance to recognize and cope with their kids' problems.

Shrier references good therapy research to dispute each of these elements. Validating feelings often intensifies them and leads to “rumination,” focusing on the negative, and viewing oneself as damaged or disabled. Attending to feelings may sometimes be an important place to start understanding problems; but feelings are not reliable and, where possible, should be brought constructively under control. Excessive self-focus, far from being helpful, is characteristic of anxiety and depression. Effective forms of therapy seek to control emotions and modify thoughts and behavior to address problems actively and to reorient attention from oneself toward others. More serious problems

are due to trauma and many other factors, including current, but changeable, thoughts, habits, values, plans, and decisions. In general, people are resilient rather than fragile. In the past and present, people have dealt with far worse conditions than most Americans today and have grown up to become well-adjusted adults with meaningful lives. The overwhelming majority are not in need of therapy. Too many are in therapy (rising from 26 percent in GenX to 40 percent in GenZ), with over 40 percent diagnosed with conditions (both ADHD and anxiety at around 10 percent of the population) and often “numbed” or otherwise harmed by medications.

In schools, bad therapy is widely practiced by psychologists, counselors, and teachers, intensifying older institutional stresses and adding new ones. Kids are regularly asked how they are feeling—encouraging self-focused, depressing rumination: “Schools push kids to mull on their failures and disappointments—to feel every more desperately alone.... This sort of contemplation is inherently destabilizing. It may even be indistinguishable from unhappiness itself.” (153-4)

The influential Social-Emotional Learning pedagogy, which views childhood trauma as endemic, has students opening up and ruminating in Alcoholics Anonymous-style group sessions—generating a pessimistic climate and fueling gossip about students and their families. Such methods violate traditional therapeutic norms that maintain confidentiality and—except under spe-

cial circumstances where joint treatment is warranted and voluntary—bar individual therapists from simultaneously treating people who are in relationships with each other.

State-mandated surveys fish for trauma by casting ordinary imperfections as significant problems, and by asking about kids' sexual experiences, suicidal behavior and other self-harm, personal or familial drug and alcohol use, and so on. In response to adult prompting and other kids' examples, negative experiences are exaggerated or invented. Parents are often blamed and marginalized. In some states, 12- or 13-year-olds may enter therapy without parents' knowledge or approval.

School therapy personnel have presumptive authority to offer accommodations and do so routinely. Uncritical empathizing feeds tattling and paranoia—to the point where students try to deter each other by keeping dossiers of incriminating electronic content. Bad behavior and bullying are commonly addressed therapeutically, in a way that avoids blaming or deterring the instigator, rather than through traditional discipline and punishment. Supposed emotional well-being is thus prioritized over learning and even physical safety. As classroom disorder worsens, desperate teachers working with therapeutic staff and parents fall back on meds to control the most disruptive kids. Overall, the feelings-trauma-disability approach imposes a “culture of victimhood” (106) that treats kids as powerless rather than resilient and undermines

the rules and expectations they need to thrive.

For parents, bad therapy may seem valuable both in understanding what went wrong in their own upbringings and in showing how to do better with their own kids. Many are seduced by a trauma-based interpretation of their childhoods—where parenting errors such as emotional distance, neglect, and too-harsh punishment, as well as shocks such as divorce, are blamed for lifelong problems and disappointments. Therapeutic parenting seems to offer a superior template, but instead it overcompensates. Parents want to make kids feel good in the short run and to avoid any trauma. So they focus on empathizing with kids' feelings and creating equal friendships (“gentle parenting”) at the expense of creating or enforcing rules and standards and teaching kids to attend to others in their relationships. “Kids arrive at school having never heard the word ‘no,’” is a typical refrain resulting from these practices. (195) Instead of encouraging independence, parents provide constant attention and assistance (“helicoptering”). When problems arise, they more readily view children as damaged, withdraw commitment, cede authority to therapists, and resort to meds.

Traditional parenting often combined a Dad-style “tough cop”—modeling stoicism, self-sufficiency, and personal responsibility—with a Mom-style “friendly cop”—offering love, forgiveness, and refuge or help in times of trouble. Culturally, the Dad-style ap-

proach has been rejected entirely, while the Mom-style approach has been transitioned into “ersatz therapy.” (169)

Yet, well-done traditional parenting is quite consistent with good therapy. Shrier reviews Diana Baumrind’s classic study of three parenting styles or ideal-types: authoritarian, permissive, and authoritative. The authoritarian style is the stereotypically bad version of Dad-style parenting: rules are strict, punishments harsh; children should be silent and allowed little agency or “autonomy.” The permissive type is similar to the therapeutic, with children’s feelings elevated above rules and values and parents catering to children’s demands—though the permissive style at least permits more autonomy than the therapeutic. The authoritative style is the Aristotelian golden mean: love is leavened with clear, enforced rules and values; children have input, but parents have final authority. When therapeutic parenting pushes aside the authoritative approach, kids’ self-sufficient development and relationships suffer, and therapy and meds step into the breach.

Other factors reinforce the negative effects of bad therapy. Smartphones and social media substitute superficial, impossible-to-attain status markers, exhibitionism, and narcissism for more down-to-earth, healthier goals and deeper, reciprocal, and accountable relationships. Interestingly, new technologies have played a central role in turning the old stigma associated with psychological treatment into yet another iteration of valorized victimhood. Shrier

also mentions the psychological and educational effects of COVID lockdowns, while noting that bad therapy and new technologies long preceded COVID. She dismisses the alleged effects of climate change and other pet political causes, noting that earlier generations had to deal with far worse. More broadly, the pervasive, almost perpetual youth culture has supplanted older touchstones of family life, religion, and vocation. Youth culture more easily incorporates the therapeutic worldview’s “unending parade of accommodation and intervention, which stretch childhood out like taffy.” (239)

What, according to Shrier, is to be done? Parents must take authoritative responsibility for their children, rather than defaulting to the authority, rules, and values of psychological experts or other influences. Parents should themselves oversee whether and how such experts fit into their kids’ lives at home or at school. Parents must regulate smartphone and social media use—even if schools and other parents won’t. Parents also need to allow their kids a large, increasing amount of independence, so that they learn to take responsibility for their own lives—in managing relationships, getting jobs done, and making small and large decisions.

Cultures that give kids early responsibility have better psychological and life outcomes, just as good therapy treats anxiety with independence. Parents should also cultivate strong ties to extended family. Such family ties teach children to pay more attention to oth-

ers, rather than focusing on themselves; and provide a strong identity based on meaningful ties to the past, rather than leave a vacuum to be filled by therapeutic experts and fashionable, social media-borne identities and causes. Parents, of course, should be similarly discerning about schools, extra-curricular activities, houses of worship, and other associations.

Bad therapy does not just stay in its lane—competing with good therapy within the psychological profession. Assuming universal trauma and catering to self-focused feelings implicitly imposes a “faux-perfectionist” ideology (215) that casts traditional parenting and family life in a negative light and puts therapeutic authorities at the center. The same is true for bad therapy’s attitude toward the rules and expectations of traditional schooling. Focusing on the flaws and weaknesses of traditional parenting and schooling makes it easier to substitute therapeutic parenting and schooling presumptively—without assessing whether the expert-authorized alternative is better or worse than the imperfect traditional wisdom and methods. Children are largely stripped of the agency, standards, orderly structure, and experience that is necessary for acquiring knowledge and skills, building strong relationships, and maturing into responsible adults. Predictably, psychological, educational, and overall life outcomes are made worse. Gen Z is “far more obedient to authority, agreeable, and tied to Mom”; “far less likely to date, obtain a driver’s license,

hold down a job, or hang out with friends in person than millennials were at the same age”; and feels more helpless and pessimistic. (32-3)

Preventive mental health intervention—by definition, unnecessary—stultifies maturation, trapping young people in a punishing loop of rumination on feelings, treatment dependency, powerful risk aversion. It inhibits the normal process of adolcescing out of youth and casting off the angst of adolescence. We interpret young people’s stultification as mental illness. But very often, it isn’t. It’s the malaise that sets in when they realize that they’re the age their grandfather was when he married their grandmother, and they’re too scared to ask a girl out.... The unmissable verdict is that they have failed to grow up. (247)

The affinities between bad therapy and far-left political ideology are hard to miss. Shrier notes how the elements of near-universal trauma, uncritical validation of feelings, entitlement to accommodation and lowered standards, and scapegoating of parents and other sources of past trauma add up to a type of victimhood culture. Other markers include bad therapists assuming the role of vanguard experts; watering down traditional disciplinary methods by excusing bad behavior, while using tattling by “first and loudest to cry foul” (161) to create a feelings-driven, expert-curated cancel culture; and the negative effects of broken rules and relaxed standards, both on those supposedly benefitting from them and on others.

There is an unmistakable pattern-match with the way far-left ideologies have been used in schools and

universities to lower standards and twist curricula, supposedly to deliver justice and improvements to the underrepresented. Similar programs and consequences have unfolded in policing, social welfare, human resources, professional associations, and so on. It is no accident that bad therapy rather than good therapy has carved out such a central role in schools, parenting, and popular culture.

Shale Horowitz is Professor of Political Science at the University of Wisconsin-Milwaukee. He last appeared in AQ in the winter of 2024 with “The War on Israel: The University of Wisconsin-Milwaukee.”
