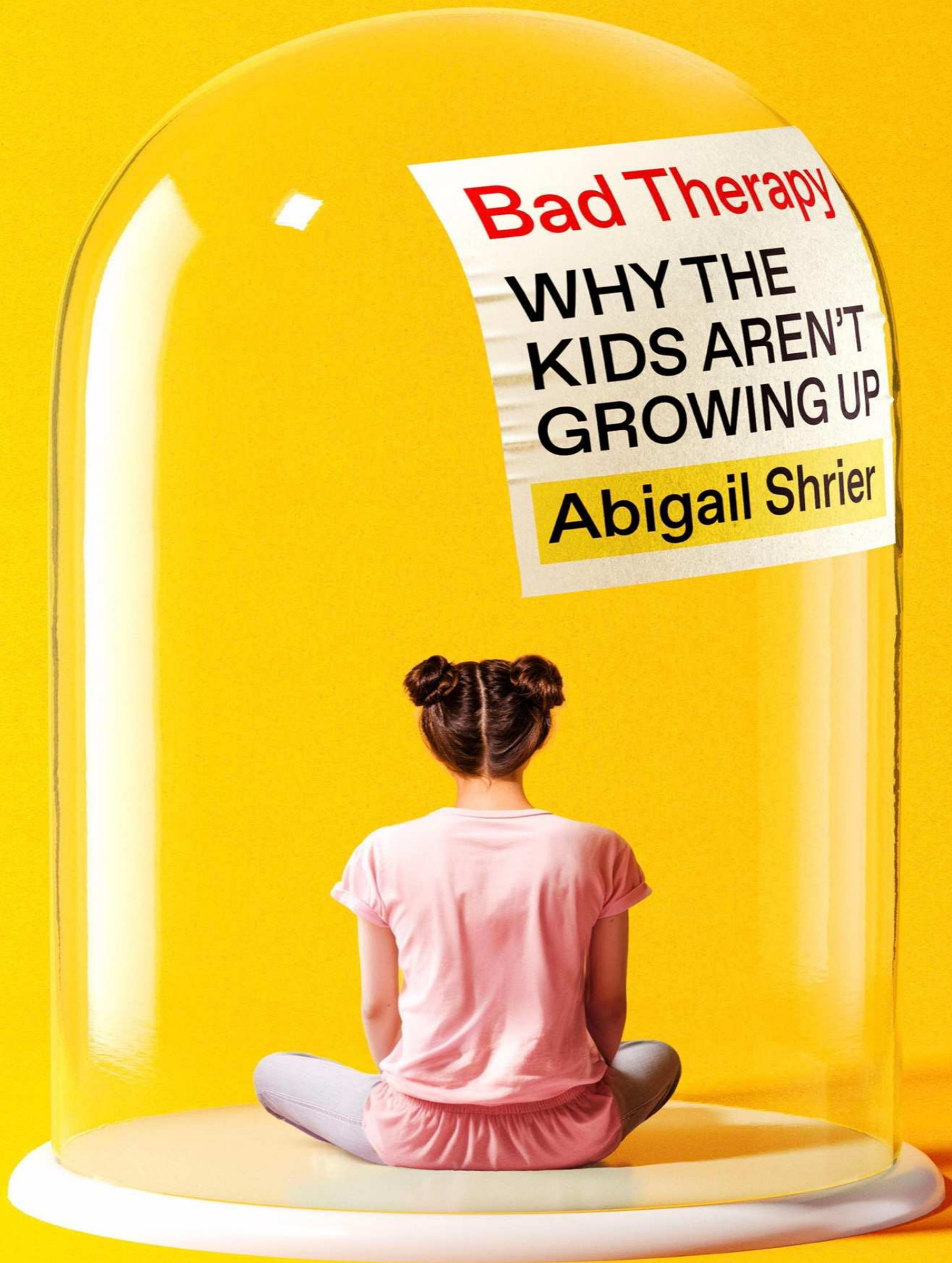


From the bestselling author of IRREVERSIBLE DAMAGE

Bad Therapy

**WHY THE
KIDS AREN'T
GROWING UP**

Abigail Shrier



Bad Therapy

Why the Kids Aren't Growing Up

ABIGAIL SHRIER

SENTINEL



Sentinel

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*To my mother and father
and
Zach. Always Zach.*

Sometimes love is not enough
and the road gets tough
I don't know why

—*Lana Del Rey*

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Author's Note

Talk of a “youth mental health crisis” often conflates two distinct groups of young people. One suffers from profound mental illness. Disorders that, at their untreated worst, preclude productive work or stable relationships and exile the afflicted from the locus of normal life. Theirs is a crisis of neglect and undertreatment. These precious kids require medication and the care of psychiatrists. They are not the subject of this book.

This book is about a second, far larger cohort: the worriers; the fearful; the lonely, lost, and sad. College coeds who can't apply for a job without three or ten calls to Mom. We tend not to call their problem “mental illness,” but nor would we say they are thriving. They go looking for diagnoses to explain the way they feel. They think they've found “it,” but the “it” is always shifting.

We shower these kids with meds, therapy, mental health and “wellness” resources, even prophylactically. We rush to remedy a misdiagnosed condition with the wrong sort of cure.

Introduction: We Just Wanted Happy Kids

My son returned home from sleepaway camp this summer with a stomachache. When it didn't quickly abate, I took him to a pediatric urgent care clinic, where a doctor ruled out appendicitis. "Probably just dehydration," came the verdict. But before the doctor cleared us to go home, he asked us to wait for the nurse, who had a few questions.

In bustled a large man in black scrubs wielding a clipboard. "Would you mind giving us some privacy so that I can do our mental health screening?" he said. After a beat, I realized that the privacy the man wanted with my son was from *me*.

I asked to see his questionnaire, which turned out to be issued by the National Institute of Mental Health, a federal government agency. Here is the complete, unedited list of questions the nurse had planned to put to my twelve-year-old in private:

1. In the past few weeks, have you wished you were dead?
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?
3. In the past week, have you been having thoughts about killing yourself?
4. Have you ever tried to kill yourself? If yes, how? When?

5. Are you having thoughts of killing yourself right now? If yes, please describe.^[1]

When the nurse asked me to leave the room, he wasn't going off script. He was following a literal one. The "Script for Nursing Staff" directs nurses to inform parents: "We ask these questions in private, so I am going to ask you to step out of the room for a few minutes. If we have any concerns about your child's safety, we will let you know."^[2]

Driving my son home from the clinic, I was haunted by the following possibility: What if I had been just a little more trusting? Children often try to please adults by producing whatever answers the grown-ups seem to want. What if my son, alone in the room with that large man, had given him the "yes" the questions appeared to prompt? Would the staff have prevented me from taking my son home?

And a child who *was* entertaining dark thoughts? Was this really the best way to help him? Separate him from his parents and present him with a series of escalating questions about killing himself?

I hadn't signed my son up for therapy. I hadn't taken him for a neuropsychological evaluation. I had taken him to the pediatrician for a stomachache. There was no indication, no reason to even suspect, that my son had any mental illness. And the nurse didn't wait for one. He knew he didn't have to.

We parents have become so frantic, hypervigilant, and borderline obsessive about our kids' mental health that we routinely allow all manner of mental health expert to evict us from the room. ("*We will let you know.*") We've been relying on them for decades to tell us how to raise well-adjusted kids. Maybe we were overcompensating for the fact that our own parents had assumed the opposite: that psychologists were the last people you should consult on how to raise normal kids.

When we were little, my brother and I were spanked. Our feelings were seldom consulted when consequential decisions about our lives were made—

where we would attend school, whether we would show up at synagogue for major holidays, what sort of clothes fit the place and occasion. If we didn't particularly relish the food set out for dinner, no alternate menu was forthcoming. If we lacked some critical right of self-expression—some essential exploration of a repressed identity—it never occurred to either of us. It would be years before anyone in my generation would regard these perfectly average markers of an eighties childhood as vectors of emotional injury.

But as millions of women and men my age entered adulthood, we commenced therapy.^[3] We explored our childhoods and learned to see our parents as emotionally stunted.^[4] Emotionally stunted parents expected too much, listened too little, and failed to discover their kids' hidden pain. Emotionally stunted parents inflicted emotional injury.

We never doubted that we wanted kids of our own. We vowed that our child-rearing would reflect a greater psychological awareness. We resolved to listen better, inquire more, monitor our kids' moods, accommodate their opinions when making a family decision, and, whenever possible, anticipate our kids' distress. We would cherish our *relationship* with our kids. Tear down the barrier of authority past generations had erected between parent and child and instead see our children as teammates, mentees, buddies.

More than anything, we wanted to raise “happy kids.” We looked to the wellness experts for help. We devoured their bestselling parenting books, which established the methods by which we would educate, correct, and even speak to our own children.

Guided by these experts, we adopted a therapeutic approach to parenting. We learned to offer our kids the reasons behind every rule and request. We never, ever spanked. We perfected the “time-out” and provided thorough explanation for any punishment (which we then rebranded as a “consequence” to remove any associated shame and make us feel less authoritarian). Successful parenting became a function with a single coefficient: our kids' happiness at any given instant. An ideal childhood meant no pain, no discomfort, no fights, no failure—and absolutely no hint of “trauma.”

But the more closely we tracked our kids' feelings, the more difficult it became for us to ride out their momentary displeasure. The more closely we examined our kids, the more glaring their deviations from an endless array of benchmarks—academic, speech, social and emotional. Each now felt like catastrophe.

We rushed our kids back to the mental health professionals who had guided our parenting, this time for testing, diagnosis, counseling, and medication. We needed our kids and everyone around them to know: our kids weren't shy, they had "social anxiety disorder" or "social phobia." They weren't poorly behaved, they had "oppositional defiant disorder." They weren't disruptive students, they had "ADHD." It wasn't our fault, and it wasn't theirs. We would attack and finally eliminate the stigma surrounding these diagnoses. Rates at which our children received them soared.

In the course of writing my last book, *Irreversible Damage*, and for years after its publication, I spoke to hundreds of American parents. And during that time, I became acutely aware of just how *much* therapy kids were getting from actual therapists and their proxies in schools. How completely parents were relying on therapists and therapeutic methods to fix their kids. And how expert diagnoses often altered kids' perceptions of themselves.

Schools, especially, jumped at the opportunity to adopt a therapeutic approach to education and announced themselves our "partners" in childrearing. School mental health staffs expanded: more psychologists, more counselors, more social workers. The new regime would diagnose and accommodate, not punish or reward. It directed kids in routinized habits of monitoring and sharing their bad feelings. It trained teachers to understand "trauma" as the root of student misbehavior and academic underperformance.

These efforts didn't aim to produce the highest-achieving young people. But millions of us bought in, believing they would cultivate the happiest, most well-adjusted kids. Instead, with unprecedented help from mental health experts, we have raised the loneliest, most anxious, depressed, pessimistic, helpless, and fearful generation on record. Why?

How did the first generation to raise kids without spanking produce the first generation to declare they never wanted kids of their own?^[5] How did

kids raised so gently come to believe that they had experienced debilitating childhood trauma? How did kids who received far more psychotherapy than any previous generation plunge into a bottomless well of despair?^[6]

The source of their problem is not reducible to Instagram or Snapchat. Bosses and teachers report—and young people agree—that members of the rising generation are utterly underprepared to accomplish basic tasks we expect all adults to dispatch: ask for a raise; show up for work during a period of national political strife; show up for work at all;^[7] fulfill obligations they undertake without requiring extensive breaks to attend to their “mental health.”

It’s not unheard of for boys of sixteen or seventeen to put off getting a driver’s license on the grounds that driving is “scary.”^[8] Or for college juniors to invite Mom along to their twenty-first birthday celebrations. They are leery of the risks and freedoms that are all but synonymous with growing up.

These kids are lonely. They settle into emotional pain for reasons that seem, even to their parents, a little mysterious. Parents seek answers from mental health experts, and when our kids inevitably receive a diagnosis, they grasp it with pride and relief: a whole life, reduced to a single point.

No industry refuses the prospect of exponential growth, and mental health experts are no exception. By feeding normal kids with normal problems into an unending pipeline, the mental health industry is minting patients faster than it can cure them.

These mental health interventions on behalf of our kids have largely backfired. Recasting personality variation as a chiaroscuro of dysfunction, the mental health experts trained kids to regard themselves as disordered. The experts operate from the assumption that everyone requires therapy and that everyone is at least a little “broken.”

They speak of “resilience” but what they mean is “accepting your trauma.” They dream of “destigmatizing mental illness” and sprinkle diagnostic labels like so much pixie dust. They talk of “wellness” while presiding over the downward spiral of the most unwell generation in recent history.

With the charisma of cult leaders, therapeutic experts convinced millions of parents to see their children as challenged. They infused parenting with self-consciousness and fevered insecurity. They conscripted teachers into a therapeutic order of education, which meant treating every child as emotionally damaged. They pushed pediatricians to ask kids as young as eight—who had presented with nothing more than a stomachache—whether they felt their parents might be better off without them.^[9] In the face of experts' implacable self-assurance, schools were eager; pediatricians, willing; and parents, unresisting.

Maybe it's time we offered a little resistance.

Part I

Healers Can Harm

The best of doctors are destined for hell.

—*The Mishnah*

Chapter 1



Iatrogenesis

In 2006, I packed up everything I owned and moved from Washington, DC, to Los Angeles to be closer to my then boyfriend. I had only ever visited California once, a few months earlier, when I had flown out to meet his parents. Outside of my boyfriend and his family, every single person who could identify my body in the event of an untimely demise lived on the East Coast.

Then twenty-eight and having recently graduated from law school, I faced the unpleasantness of having become a lawyer. I was restless. My boyfriend had a business in Los Angeles. If I wanted things to work out with him, I needed to move.

But I also knew it was entirely possible that in this new life—*his* life—I would go crazy. My best friend, Vanessa, lived in DC. We'd both been hired by law firms, which meant long hours and an impossible time difference, as far as calls were concerned. I needed someone to listen to my worries and misgivings on my schedule. I needed a stand-in Vanessa, available every Thursday at six p.m. And for the first time in my life, I could afford one. I hired a therapist.

Every week, for a “fifty-minute hour,” my therapist lent me her full attention. If I bored her with my repetition, she never complained. She was a pro. She never made me feel self-absorbed, even when I was. She let me vent. She let me cry. I often left her office feeling that some festering splinter of interpersonal interaction had been eased to the surface and plucked.

She helped me realize that I wasn’t so bad. Most things were someone else’s fault. Actually, many of the people around me were worse than I’d realized! Together, we diagnosed them freely. Who knew so many of my close relatives had narcissistic personality disorder? I found this solar plexus-level comforting. In quick order, my therapist became a really expensive friend, one who agreed with me about almost everything and liked to talk smack about people we (sort of) knew in common.

I had a great year. My boyfriend proposed marriage. I accepted. And then, a month before we were due to get married, my therapist dropped a bomb: “I’m not sure you two are ready to get married. We may need to do a little more work.”

I felt the demoralizing shock of having walked into a plate-glass door.

My therapist was a formidable woman. She had at least fifteen years on me, a doctorate in psychology, and an apparently strong marriage of long duration. She dropped casual references to never missing Pilates. I once caught her at her spotless desk before our session, eating a protein bar she had carefully unwrapped, and marveled at her obvious self-mastery, the dignity she managed to bring to our silly modes of consumption. Maybe I should have been thrown into crisis by her pronouncement, but for whatever reason, I wasn’t. For all her training, she was still human and fallible. I had already moved across the country by myself, set up a new life, and by then I knew: I didn’t agree with her assessment, and I didn’t need her permission, either. I left her a voicemail expressing my gratitude for her help. But, I said, I would be taking some time off.

A few years later, happily married, I resumed therapy with her. Then I tried therapy with a psychoanalyst for a year or so. Every experience I’ve had with therapy has fallen along a continuum from enlightening to unsettling.

Occasionally, it rose to the level of “fun.” Learning a little more about the workings of my own mind was at times helpful and often gratifying.

When I agreed with my therapist, I told her so. When I didn’t, we talked about that. And when I felt I needed to move on, I did. Which is to say: *I was an adult in therapy*. I had swum life’s choppy waters long enough to have gained some self-knowledge, some self-regard, and a sense of the accuracy of my own perceptions. I could pipe up with: “I think I gave you the wrong impression.” Or, “Maybe we’re placing a little too much blame on my mom?” Or even, “I’ve decided to terminate therapy.”

Children and adolescents are not typically equipped to say these things. The power imbalance between child and therapist is too great. Children’s and adolescents’ sense of self is still developing. They cannot correct the interpretations or recommendations of a therapist. They cannot push back on a therapist’s view of their families or of themselves because they have no Archimedean point; too little of life has gathered under their feet.

Nevertheless, parents my age have been signing up their kids and teens for therapy in astonishing numbers, even prophylactically. I talked to moms who hired therapists to help their kids adjust to preschool or to process the death of a beloved cat. One mom told me she put a therapist “on retainer” as soon as her two daughters reached middle school. “So they would have someone to talk to about all the things I never wanted to talk about with *my* mom.”

A few moms told me, in roundabout verbiage, that they had hired a therapist to surveil their surly teen’s thoughts and feelings. *The therapist doesn’t tell me what my daughter says exactly*, the moms assured me, *but she sort of lets me know everything’s okay*. And occasionally, I gathered, the therapist relayed to Mom specific information gleaned from the little prisoner of war.

If the notion of “therapy” here seems vague, that’s largely to do with the experts. The American Academy of Child and Adolescent Psychiatry offers a tautology in place of a definition. What is “psychotherapy”? “A form of psychiatric treatment that involves therapeutic conversations and interactions between a therapist and a child or family.”^[1] The American Psychological

Association offers a similarly circular definition of psychotherapy: “any psychological service provided by a trained professional.”^[2]

What’s a “clock”? *A device for measuring time.* What’s “time”? *Something measured by a clock.* Any conversation a therapist has with a patient counts as “therapy.” But you get the idea: conversations about feelings and personal problems styled as medicine.

Parents often assume that therapy with a well-meaning professional can only help a child or adolescent’s emotional development. Big mistake. Like any intervention with the potential to help, therapy can harm.

Iatrogenesis: When the Healer Makes Things Worse

Any time a patient arrives at a doctor’s office, she exposes herself to risk.^[3] Some risks arise through physician incompetence. A patient goes in to have a kidney removed, and the doctor extracts the wrong one. (“Wrong-site surgery” happens more often than you might think.^[4]) Or negligence: the surgeon loses track of a stray clamp or sponge in the patient’s abdomen, then sews her up.

Or he “nicks” an organ. Or the operation proceeds swimmingly, but the patient develops an opportunistic infection at the surgical site. Or an allergic reaction to the anesthesia. Or bedsores, from lying in recovery too long. Or everything goes according to plan, but the entire treatment was based on a misapprehension of the problem.

“Iatrogenesis” is the word for all of it. From the Greek, iatrogenesis literally means “originating with the healer” and refers to the phenomenon of a healer harming a patient in the course of treatment. Most often, it is not malpractice, though it can be. Much of iatrogenesis occurs not because a doctor is malicious or incompetent but because treatment exposes a patient to exogenous risks.

Iatrogenesis is everywhere—because all interventions carry risk. When a sick patient submits to treatment, the risks are typically worth it. When a *well*

patient does, the risks often outweigh the potential for further improvement.

And here, what I'm calling an "intervention" is any sort of advice or corrective you would typically give only to someone with a deficiency or incapacity. So, telling kids to "eat vegetables" or "get plenty of sleep" or "spend time with friends" may be advice, but it isn't an intervention. We all need to do those things.

With interventions, a good rule of thumb is: Don't go in for an X-ray if you don't need one. Don't expose yourself to the germs of an ER just to say hello to your doctor friend. And—just maybe—don't send your kid off to therapy unless she absolutely requires it. Everyone knows the first two; it's the last one that may surprise you.

Psychotherapy Needs a Warning Label

For decades, the standard therapy proffered to victims of disaster—terrorist attack, combat,^[5] severe burn injury—was the "psychological debriefing."^[6] A therapist would invite victims of a tragedy into a group session in which participants were encouraged to "process" their negative emotions, learned to recognize the symptoms of post-traumatic stress disorder (PTSD), and discouraged from discontinuing therapy. Study after study has shown that this bare-bones process is sufficient to make PTSD symptoms *worse*.^[7]

Well-meaning therapists often act as though *talking through your problems with a professional is good for everyone*. That isn't so.^[8] Nor is it the case that *as long as the therapist is following protocols, and has good intentions, the patient is bound to get better*.

Any intervention potent enough to cure is also powerful enough to hurt. Therapy is no benign folk remedy. It can provide relief. It can also deliver unintended harm and does so in up to 20 percent of patients.^[9]

Therapy can lead a client to understand herself as sick and rearrange her self-understanding around a diagnosis.^[10] Therapy can encourage family estrangement—coming to realize that it's all Mom's fault and you never want to see her again. Therapy can exacerbate marital stress, compromise a