

Book Review

Mala Terapia. Por qué los Niños no Maduran **[Bad Therapy: Why the Kids Aren't Growing up]**

Abigail Shrier
Deusto Ediciones (2024)

At the beginning of Ernst Lubitsch's *That Uncertain Feeling* (1941), Jill Baker, the happy wife of a Park Avenue insurance salesman, goes, on the advice of her friends in her social circle, to a psychoanalyst to treat her psychosomatic hiccups. The subsequent conversation with the therapist captures, with very elegant irony, the issue that so many critics have warned against regarding the risks of *over-medicalization* for the particular case of psychological disorders. "There's nothing really wrong with me," the lady states, to which the analyst replies, "I'm sure you'll feel differently when you leave this office".

It could be said that, just as in Lubitsch's film narrative Mrs. Baker's love affairs (including her extramarital affair with an eccentric Hungarian pianist, her subsequent divorce and ultimate reconciliation with her husband) result from a sort of iatrogenic induction derived from the psychotherapeutic care itself, the same phenomenon is dealt with in the book by the American journalist Abigail Shrier, *Bad Therapy: Why the Kids Aren't Growing Up*. Recently published in Spanish [*Mala terapia. Por qué los niños no maduran*] by the Deusto publishing house and accompanied by a very apt prologue by José Errasti, the book begins by placing its critical finger on a socially very relevant sore spot related to this type of iatrogenic induction. The paradox to which Shrier points is as follows: how can we explain the apparently surprising fact that Generation Z, precisely the one whose members have been subjected, in incomparably higher proportions than those of any other age group, to early attention by a veritable army of psychologists, educational psychologists, counselors, and therapists of very diverse theoretical approaches, is also the one that is confirming, again in incomparably significant proportions, a veritable *pandemic of poor mental health*? The effects of such a globalized epidemic turn out to be as multiple as polymorphous and include episodes of gender dysphoria to which Shrier had already devoted a highly recommendable previous study (Shrier, 2021), but also uncontrolled negative emotions, anxiety and depression disorders, anguish crises, self-injurious behaviors and suicidal ideations, learning disabilities and multivariate traumas that we all know and that, in any case, constitute a symptomatological mass that is difficult to understand in the light of the prominence and social ubiquity acquired by psychotherapeutic interventions over the last few decades.

Shrier's response to the paradox resonates in this context in a healthy and provocative way with respect to the ideological

assumptions that surround a society as hyperpsychologized as ours. Throughout its twelve chapters, distributed in three parts and very well equipped with bibliographical materials, studies, meta-analyses, and interviews with dozens of adolescents, parents, teachers, and therapists who are experts in the ailments of the young, the author proposes that a large part of the etiological responsibility for the prevalence of contemporary distress lies precisely in the very ubiquity of psychotherapeutic interventions—understood in a broad sense, that is to say, not only within the consulting rooms themselves, but also in school, family, and social environments in general—, which are in turn encouraged by a generation of parents convinced that *going to the psychologist* is innocuous and that any emotional deviation from idealistic and *Disneyfied* standards of happiness must necessarily respond to a supposed nosological entity, which, however, at its core, is nothing more than the result of a hypostasis. Shrier's book powerfully problematizes both assumptions, deconstructing their scientific and conceptual weakness and, perhaps more importantly for practical purposes, pointing to the unintended consequences they lead to from a public health point of view, particularly in the case of a *public* always so keen to *enjoy the symptom*, to use the expression of Jacques Lacan, who was referring, as the reader knows, to the fact that, according to him, the pathological symptom is a constitutive part of the subject and the latter, deep down, finds joy in it.

However, we must warn of something enormously relevant for a full understanding of the book in question: although Shrier's etiological approach does justice to the iatrogenic dimensions of the pandemic of mental "illnesses" among young people, it does not, of course, attempt to outline a fallaciously mono-causal explanatory scheme. In this sense, the work offers a valuable complement to other recent explanations of the problem, such as that of Jonathan Haidt (2024, translated by the same publisher) regarding the importance of the role of social networks and *securitarianism*, although Shrier's essay places the spotlight on other factors that are part of the complex causal network underlying a fundamentally multidimensional problem (Ongay 2025). In our opinion, one of the successes of the essay lies in the degree to which its pages offer a highly satisfactory opportunity to return to analytically fruitful ideas such as those of the looping effects and the ecological niche model of mental disorders (Hacking 1995a,

1998) or to the prudent warnings of the German psychiatrist Manfred Lütz (2010) with respect to a vision of mental health according to which we all suffer from disorders that we are unaware of. Although what Lütz criticizes is reminiscent of Doctor Knock, the character in Jules Romain's comedy for whom we are all sick even if we do not know it, in the field of mental health it has been seriously approached through concepts such as trauma (we are all traumatized even if we do not realize it, and it is even worse not to realize it), which Shrier analyzes correctly by connecting it with phenomena such as false memories. Moreover, let us remember that the looping effect, as Hacking presents it, refers to the fact that we humans do not constitute—according to his terminology—indifferent classes, but interactive classes: we are not indifferent to how we are classified—to how we are labeled—but every classification implies an interaction that transforms what is classified. He himself has dealt with the question of the cultural construction of trauma and that of the social contagion of disorders (Hacking, 1995b, 1998). It is also very pertinent to bring up here the elaborated thesis of Marino Pérez (2012) on hyperreflexivity as a condition and cause, generically speaking, of psychopathological problems; when life's difficulties become paralyzing because they are irresolvable, a structural dimension of that irresolvability is that such problems are experienced and treated as purely subjective or interior, so that the sufferer acquires a morbid self-consciousness and acts like the skater who ends up slipping without moving forward by fixating on his feet instead of attending to the route he is following.

How to proceed, then, in the face of a generation of young people who chat on Tik-Tok about their diagnoses, thereby generating incessant routines of rumination, after having been educated by another generation of parents and teachers addicted in turn to the use of a medicalized, psychiatrized, or psychologized language when conceptualizing the problems of their children and students? Perhaps the most sensible answer is provided by Lubitsch's lucid irony with which we began: *advising them at all costs not to see the psychoanalyst again*.

However, to be fair, we should not lump all therapists or all therapeutic orientations together, and in fact the author of the book does not do so. Indeed, among the people she interviews are some psychologists lucid and prudent enough to realize that good therapy is that which avoids self-absorption by breaking the vicious circle of hyper-reflexivity. The Lubitschian advice, then, is refined as follows: if you go to a psychologist, do it without complexes, of course, but do not go for the sake of going and, above all, avoid falling into the traps of hyper-reflexivity. Choose therapies that are action-oriented (what I do) rather than state-oriented (how I feel). In general, stick to action-oriented rather than state-oriented lifestyles, although it is true that a whole hegemonic subjectivist culture is going to put the opposite on a plate by inviting you to discover yourself ("wouldn't you like to meet you?" the psychoanalyst asks Jill in Lubitsch's film at the beginning of the first session), reveal your gender identity (with all the loops of suffering that such an exotic issue can trigger), or seek happiness (ignoring John Stuart Mill when he warned that the only happy people are those who are not concerned with their happiness).

Shrier's book is not, therefore, *adversus psychologia*. It is against abuses rather than uses. With a tone as scathing as it is

effective, she herself separates the wheat from the chaff by offering a decalogue for iatrogenic therapy, that is, for what should not be done: teaching children to pay attention to their feelings, encouraging rumination, making happiness a goal, validating children's concerns, constantly monitoring them, seeking diagnostic labels, medicating them, encouraging them to share their (supposed) traumas, encouraging alienation from their family and creating dependence on treatment.

Thus, more than psychotherapy itself, which is formally only a ceremony or an institution, what is pernicious is what the author calls bad therapy, which is the kind that turns the subject inward. It is also true that the paradox of psychology, given its institutionalization in modern society, is difficult to evade and resembles the one that the historian Jean Delumeau (1992) discussed in relation to the institution of confession, which was one of its precursors: "confession was intended to reassure, but after having disturbed the sinner [...]. It refined the conscience, made the interiorization and the sense of responsibilities progress, but it also gave rise to diseases of scrupulosity".

Be that as it may, one of us (Loredo) recalls a personal anecdote which, despite its triviality, perhaps exemplifies in a very simple scene the iatrogenic effect that, through suggestion, can be produced by the attitude of those who, with the best of intentions, assume that asking someone about their emotions is harmless. The setting is a medical center where a father goes with his young daughter for a blood test. She asks him if it hurts. He tells her no, that it will feel like a mosquito bite, they will draw a little blood with a syringe for a few seconds and put a Band-Aid on it, that's all. The girl enters the extraction room relaxed. But neither she nor the father is expecting the spectacular device for the production of self-concern that awaits them. With the best intentions in the world, but behaving like characters in a pantomime, two or three nurses greet them, practically shouting when they ask the girl if she gets dizzy when they take her blood. The father reacts quickly, assuring her that she does not, but the girl looks puzzled and anxious, so the health care workers insist that there is no need to be alarmed: if she gets dizzy, they will put her on a stretcher. They are actually about to put her on a stretcher! By some miracle, the girl doesn't faint and the father almost leaves with a stomach ulcer due to the *repressed* anger.

Shrier goes on to say that, in effect, asking someone how they are—outside the courtesy of greeting, naturally—is the best way to make their day worse. But she also argues that explicit hyper concern for the emotional well-being of others is associated with parenting styles ("therapeutic parenting") that surely contribute to producing exactly the opposite of what is intended or should be desired: psychologically weaker children and adolescents, narcissistic, capricious, and insecure subjects.

The moral of all of this is pointed out by the journalist herself in the final pages through a very pertinent joke. A guy goes to the doctor complaining that his eye hurts when he drinks coffee. The doctor replies: "try removing the spoon from the cup". The last chapter of the book is called "Remove the spoon".

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