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All references for articles included in *Taking Sides: Clashing Views in Abnormal Psychology, 6/e* can be found on the Web at [www.mhhe.com/cls](http://www.mhhe.com/cls).

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## UNIT 1 PSYCHOLOGICAL CONDITIONS AND TREATMENTS 1

### Issue 1. Is the Use of Aversive Treatment an Inhumane Intervention for Psychologically Disordered Individuals? 2

**YES:** Laurie Ahern and Eric Rosenthal, from *Torture Not Treatment: Electric Shock and Long-Term Restraint in the United States on Children and Adults with Disabilities at the Judge Rotenberg Center*. (Mental Disability Rights International, 2010) 4

**NO:** Matthew L. Israel, from *Aversives at JRC: A Better Alternative to the use of Drugs, Restraint, Isolation, Warehousing, or Expulsion in the Treatment of Severe Behavior Disorders*. (Judge Rotenberg Center, 2010) 19

Laurie Ahern and Eric Rosenthal, writing on behalf of Mental Disability Rights International (MDRI), characterize the intentional infliction of pain at JRC as human rights abuses. Psychologist Matthew Israel, director of the Judge Rotenberg Center (JRC), responds to the MDRI with insistence that JRC is using behavioral methods to save individuals from their treatment-resistant, life-threatening disorders.

### Issue 2. Is Gender Identity Disorder a Mental Illness? 35

**YES:** Traditional Values Coalition, from "A Gender Identity Disorder Goes Mainstream: Cross-Dressers, Transvestites, and Transgenders Become Militants in the Homosexual Revolution," by Traditional Values Coalition (Washington, DC) 37

**NO:** Kelley Winters, from "Diagnosis vs. Treatment: The Horns of a False Dilemma" in *GID Reform Weblog* (Winter, 2008), and from "Top Ten Problems with the GID Diagnosis" in *GID Reform Weblog* (Winters, July 1, 2008/July 16, 2008) 43

The Traditional Values Coalition argues that gender-variant people are psychologically disturbed individuals who need professional help, and that their condition should be viewed as a mental disorder. Kelley Winters asserts that the GID diagnosis imposes the stigma of mental illness upon people who meet no scientific definition of mental disorder.

### Issue 3. Is Forced Treatment of Seriously Mentally Ill Individuals Justifiable? 52

**YES:** Samuel J. Brakel and John M. Davis, from *Overriding Mental Health Treatment Refusals: How Much Process Is "Due"?* (Saint Louis University Law Journal) 54

**NO:** James B. Gottstein, from "How the Legal System Can Help Create a Recovery Culture in Mental Health Systems," *Leading the Transformation to Recovery* (2005) 67

Attorney Samuel J. Brakel and psychiatrist John M. Davis assert that society has a responsibility to take care of seriously mentally ill individuals who are incapable of making an informed decision about their need for care and treatment. Attorney James B. Gottstein contends that forced treatment of mentally ill citizens represents a curtailment of liberty which leads many people down a road of permanent disability and poverty.

### Issue 4. Should Individuals with Anorexia Nervosa Have the Right to Refuse Life-Sustaining Treatment? 81

**YES:** Heather Draper, from "Anorexia Nervosa and Respecting a Refusal of Life-Prolonging Therapy: A Limited Justification," *Bioethics* (April 1, 2000) 83

**NO:** James L. Werth, Jr., Kimberley S. Wright, Rita J. Archambault, and Rebekah J. Bardash, from "When Does the 'Duty to Protect' Apply with a Client Who Has Anorexia Nervosa?" *The Counseling Psychologist* (July 2003) 92

Heather Draper argues that clinicians need to accept the fact that individuals with anorexia nervosa may be competent and may have legitimate reasons for refusing therapy. In such cases, therapists should respect the individual's wishes and should refrain from administering life-sustaining treatment. James L. Werth, Jr. and his colleagues contend that, due to the very nature of anorexia nervosa, individuals with anorexia cannot make rational decisions about nutrition and feeding. Because the behaviors of anorexics have such potential for health damage or even death, clinicians have a duty to protect the lives of their patients, even if it calls for compulsory treatment.

### Issue 5. Is Psychological Debriefing a Harmful Intervention for Survivors of Trauma? 106

**YES:** Grant J. Devilly and Peter Cotton, from "Psychological Debriefing and the Workplace: Defining a Concept, Controversies and Guidelines for Intervention," *Australian Psychologist* (July 2003) 108

**NO:** Jeffrey T. Mitchell, from "A Response to the Devilly and Cotton Article, 'Psychological Debriefing and the Workplace . . .,'" *Australian Psychologist* (March 2004) 121

Psychologists Grant J. Devilly and Peter Cotton assert that critical incident stress debriefing (CISD) is poorly defined and has been shown to do more harm than good. They propose alternative approaches for

responding to trauma survivors, which they consider more effective. Jeffrey T. Mitchell of the International Critical Incident Stress Foundation (ICISF) argues that Devilly and Cotton have misrepresented important information about psychological debriefing and have confused several aspects of this system of responding to trauma survivors.

## **Issue 6. Are Blocked and Recovered Memories Valid Phenomena? 129**

**YES:** David H. Gleaves, Steven M. Smith, Lisa D. Butler, and David Spiegel, from “False and Recovered Memories in the Laboratory and Clinic: A Review of Experimental and Clinical Evidence,” *Clinical Psychology: Science and Practice* (Spring 2004) 131

**NO:** John F. Kihlstrom, from “An Unbalanced Balancing Act: Blocked, Recovered, and False Memories in the Laboratory and Clinic,” *Clinical Psychology: Science and Practice* (Spring 2004) 152

Psychologist David H. Gleaves and his colleagues assert that for some people, memories of traumatic events are blocked but may subsequently be recovered. Psychologist John F. Kihlstrom disputes the validity of blocked and recovered memories. He views the phenomenon of “false memories” as a serious problem in contemporary society.

## **Issue 7. Is Attention-Deficit/Hyperactivity Disorder (ADHD) a Real Disorder? 162**

**YES:** National Institute of Mental Health, from *Attention Deficit Hyperactivity Disorder* (NIH Publication No. 3572) (U.S. Department of Health and Human Services, 2006) 164

**NO:** Rogers H. Wright, from “Attention Deficit Hyperactivity Disorder: What It Is and What It Is Not,” in Rogers H. Wright and Nicholas A. Cummings, eds., *Destructive Trends in Mental Health: The Well Intentioned Path to Harm* (Routledge 2005) 173

The National Institute of Mental Health views ADHD as a valid disorder affecting between 3 and 5 percent of American children, many of whom will continue to deal with symptoms of this condition into adulthood. According to NIMH, ADHD warrants careful diagnosis and treatment by skilled professionals. Psychologist Rogers H. Wright argues that ADHD has vague diagnostic criteria that lead to overdiagnosis and overmedication of an excessive number of people.

## **Issue 8. Should MDMA (Ecstasy) Be Prohibited, Even for Therapeutic Use? 184**

**YES:** Robert Mathias and Patrick Zickler, from “NIDA Conference Highlights Scientific Findings on MDMA/Ecstasy,” *NIDA Notes* (December 2001) 186

**NO:** June Riedlinger and Michael Montagne, from “Using MDMA in the Treatment of Depression,” in Julie Holland, ed., *Ecstasy: The Complete Guide* (Park Street Press, 2001) 194

Science writers Robert Mathias and Patrick Zickler argue that MDMA has skyrocketed in popularity and that insufficient attention has been paid to the physical and psychological risks associated with its use. June Riedlinger, an assistant professor of clinical pharmacy, and Michael

Montagne, a professor of pharmacy, contend that the risks associated with MDMA use have been exaggerated and that there are legitimate therapeutic uses for this substance.

## UNIT 2 THE TREND TOWARD BIOLOGICAL INTERVENTIONS 203

### Issue 9. Is Addiction a Brain Disease? 204

**YES:** National Institute on Drug Abuse, from *Drugs, Brain, and Behavior: The Science of Addiction*, revised ed., Washington, DC: National Institute on Drug Abuse (2008) 206

**NO:** Sally Satel and Scott O. Lilienfeld, from "Singing the Brain Disease Blues," *AJOB Neuroscience* (vol. 1, no. 1, pp. 46, 47, January, 2010) 211

In the NIDA publication, the argument is made that addiction is indeed a disease, and that scientific information is available about the nature, prevention, and treatment of this disease. Psychiatrist Sally Satel and psychologist Scott O. Lilienfeld object to the brain disease characterization of drug addiction, asserting that addiction is an activity whose course can be altered by its foreseeable consequences.

### Issue 10. Should Memory-Dampening Drugs Be Used to Alleviate the Symptoms of Trauma? 215

**YES:** Adam J. Kolber, from "Therapeutic Forgetting: The Legal and Ethical Implications of Memory Dampening," *Vanderbilt Law Review* (2006) 217

**NO:** The President's Council on Bioethics, from *Beyond Therapy: Biotechnology and the Pursuit of Happiness* (October 2003) 231

Law professor Adam J. Kolber supports the use of memory-dampening drugs for survivors of trauma in the belief that some experiences are so horrific that they can stand in the way of traumatized people moving toward happier and healthier levels of functioning. The President's Council on Bioethics, chaired by Dr. Leon Kass, criticizes memory-dampening drugs because they could falsify a person's perception and understanding of the world, making terrible acts seem less terrible than they are.

### Issue 11. Is Ritalin Overprescribed? 241

**YES:** Peter R. Breggin, from *The Ritalin Fact Book: What Your Doctor Won't Tell You about ADHD and Stimulant Drugs* (Perseus, 2002) 243

**NO:** Russell A. Barkley, from *Taking Charge of ADHD: The Complete, Authoritative Guide for Parents* (Guilford, 2000) 254

Physician Peter R. Breggin asserts that Ritalin and similar stimulants are dangerous addictive medications that should not be prescribed to children because they suppress growth and lead to a number of worrisome physical and psychological symptoms. Psychologist and prominent ADHD researcher Russell A. Barkley objects to criticisms of Ritalin and similar stimulants, maintaining that these medications serve as important parts of interventions aimed at helping children increase their attention and concentration.

**Issue 12. Should Psychologists Prescribe Medication? 260**

**YES:** Robert Resnick, from "To Prescribe or Not to Prescribe—Is That the Question?" *The Psychologist* (April 2003) 262

**NO:** William N. Robiner, et al., from "Prescriptive Authority for Psychologists: A Looming Health Hazard?" *Clinical Psychology: Science and Practice* (Fall 2002) 266

Psychologist Robert Resnick endorses the recommendation that psychologists be given prescription privileges in order to expand psychopharmacological availability to people needing medication. Psychologist William N. Robiner and his colleagues object to the notion of granting prescription privileges to psychologists, and express several concerns pertaining to training and competence.

**UNIT 3 SOCIAL ISSUES 281**

**Issue 13. Is It Unethical for Psychologists to Be Involved in Coercive Interrogations? 282**

**YES:** Mark Costanzo, Ellen Gerrity, and M. Brinton Lykes, from "Psychologists and the Use of Torture in Interrogations," *Analyses of Social Issues and Public Policy (ASAP)* (December 2007) 284

**NO:** Kirk M. Hubbard, from "Psychologists and Interrogations: What's Torture Got to Do with It?" *Analyses of Social Issues and Public Policy (ASAP)* (December 2007) 292

Psychologists Mark Costanzo, Ellen Gerrity, and M. Brinton Lykes assert that the involvement of psychologists in enhanced interrogations is a violation of fundamental ethical principles. Psychologist and intelligence expert Kirk M. Hubbard asserts that psychologists can assist in developing effective, lawful ways to obtain actionable intelligence in fighting terrorism and can bring a wealth of knowledge to the administration of interrogations.

**Issue 14. Is It Ethical to Support the Wish for Healthy Limb Amputation in People with Body Integrity Identity Disorder (BIID)? 297**

**YES:** Tim Bayne and Neil Levy, from "Amputees by Choice: Body Integrity Identity Disorder and the Ethics of Amputation," *Journal of Applied Philosophy* (vol. 22, no. 1, 2005) 299

**NO:** Wesley J. Smith, from "Secondhand Smoke: Blog of Wesley J. Smith (2007) 312

Authors Tim Bayne and Neil Levy argue that people with body integrity identity disorder are in emotional pain because of their experience of incongruity between their body image and their actual body. Such individuals should be accorded with their prerogative to have a healthy limb amputated. Author Wesley J. Smith objects to the notion of acquiescing to the wishes for healthy limb amputation in people whom he views as severely mentally disturbed. Smith asserts that these people need treatment, not amputation.

## **Issue 15. Does Exposure to Media Violence Promote Aggressive Behavior? 317**

**YES:** Nancy Signorielli, from *Violence in the Media: A Reference Handbook* (ABC-CLIO, 2005) 319

**NO:** Jonathan L. Freedman, from *Media Violence and Its Effect on Aggression: Assessing the Scientific Evidence* (University of Toronto Press, 2002) 328

Professor of communication Nancy Signorielli asserts that research supports the position that media violence affects viewers by fostering aggression, causing desensitization to violence, and promoting fear. Psychologist Jonathan L. Freedman argues that the scientific evidence does not support the notion that exposure to TV and film violence causes aggression, desensitization, or fear.

## **Issue 16. Would Legalization of Virtual Child Pornography Reduce Sexual Exploitation of Children? 340**

**YES:** Arnold H. Loewy, from "Taking Free Speech Seriously: The United States Supreme Court and Virtual Child Pornography," *UNC Public Law Research Paper No. 02-17* (November 2002) 342

**NO:** Diana E. H. Russell and Natalie J. Purcell, from "Exposure to Pornography as a Cause of Child Sexual Victimization," in Nancy E. Dowd, Dorothy G. Singer, and Robin Fretwell Wilson, *Handbook of Children, Culture, and Violence* (Sage Publications, 2006) 348

Professor of Law Arnold H. Loewy views the issue of virtual child pornography from a legal perspective, asserting that such material is a form of free speech that ought to be constitutionally protected. He also contends that legalizing virtual child pornography would reduce the extent to which real children would be exploited. Authors Diana E. H. Russell and Natalie J. Purcell express vehement objections to any forms of pornography involving images of children, asserting that Internet users with no previous sexual interest in children may find themselves drawn into a world in which the societal prohibition against adult-child sex is undermined.

## **Issue 17. Must Mentally Ill Murderers Have a Rational Understanding of Why They Are Being Sentenced to Death? 359**

**YES:** American Psychological Association, American Psychiatric Association, and National Alliance on Mental Illness, from "Brief for *Amici Curiae* American Psychological Association, American Psychiatric Association, and National Alliance on Mental Illness in Support of Petitioner," *Scott Louis Panetti v. Nathaniel Quarterman*, U.S. Supreme Court, No. 06-6407 (2007) 361

**NO:** Greg Abbott et al., from "On Writ of Certiorari to the United States Court of Appeals for the Fifth Circuit: Brief for the Respondent," *Scott Louis Panetti v. Nathaniel Quarterman*, U.S. Supreme Court, No. 06-6407 (2007) 371

The American Psychological Association, the American Psychiatric Association, and the National Alliance on Mental Illness collaborated in the preparation of an *amici curiae* brief pertaining to the case of Scott Panetti, who was sentenced to death for murder. In this brief, The argument is made that mentally ill convicts should not be executed if their disability significantly impairs their capacity to understand the nature and purpose of their punishment or to appreciate why the punishment is being imposed on them. An opposing argument is made by Nathaniel Quarterman, who asserts that punishment for murder does not depend on the rational understanding, but rather on the convict's moral culpability at the time the crime was committed.

## **Issue 18. Does Research Confirm That Abortion Is a Psychologically Benign Experience? 388**

**YES:** APA Task Force on Mental Health and Abortion (Brenda Major, Mark Appelbaum, Linda Beckman, Mary Ann Dutton, Nancy Felipe Russo, Carolyn West), from *Report of the APA Task Force on Mental Health and Abortion* (American Psychological Association, 2008) 390

**NO:** Priscilla K. Coleman, from *Critique of the APA Task Force on Abortion and Mental Health* (2008). Available from: <http://aaplog.octoberblue.com/wp-content/uploads/2010/02/Coleman-Critique-of-APA-Report.pdf> 401

The APA Task Force (TFMHA) reviewed the empirical literature and concluded that for women who have an unplanned pregnancy, the risk of mental health problems is no greater than the risk for women who deliver an unplanned pregnancy. Professor Priscilla K. Coleman contends that the TFMHA analysis of the evidence reflects politically motivated bias in the selection of studies, analysis of the literature, and the conclusions derived.

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