

*People who succumb to the lures of quacks do so for many different reasons, so that educational programs to combat quackery require a multifaceted approach. Various psychological aspects are presented and discussed. The importance of relationships between quackery and patterns of medical care is stressed.*

## **WHY PEOPLE BECOME THE VICTIMS OF MEDICAL QUACKERY**

*Viola W. Bernard, M.D., F.A.P.H.A.*

**M**ANY different kinds of reasons combine to account for the viability of quackery. The problem is certainly a composite one involving economic, ethical, sociocultural and educational factors which reinforce each other. Some of the psychological aspects of the public's susceptibility to quacks, therefore, with which I shall deal are presented as a part of this total aggregate of interacting causes. Furthermore, the psychological component of this broad issue is itself so widely and deeply ramifying that it cannot be covered with any degree of completeness in such a brief contribution.

A public educational approach, to be effective, must take into account not only the presentation of accurate factual information, but the emotional reasons why quackery so powerfully appeals to large numbers of people and, conversely, why so many persons seem impervious to facts, reason, and logic in their intense adherence to quacks and, indeed, preference for them. We need to draw upon the psychology of superstition and magical thinking in striving to understand some of the attractions of quackery, as well as certain people's resistance to giving up their faith in it, even when shown evidence of the falsity of its claims.

### **Magical Defense Against Fear**

The most basic and generic emotional source of vulnerability to quackery is some form of fear, even when this may be deeply hidden from the individual's own awareness and is expressed in disguised and indirect forms. Fears of death and of physical or mental incapacitation and weakness, with corresponding longings for survival, intactness, and strength are universally powerful motivators of human behavior. There is enormous variation among individuals, based on their personality development, as to how they characteristically cope with threatening life situations and how readily they may feel vulnerable in the face of the ordinary as well as extraordinary stresses of life. For the susceptible, quackery seems to offer magically potent defenses against their deepest fears.

In early childhood we have all experienced total dependence for safety, happiness, and well-being on seemingly all-powerful and all-knowing grownups. When they seem loving, the small child feels protected against every harm; when they are angry or indifferent, he fears for his life. His initial attempts to comprehend and deal with the mysterious world around him normally en-

tails a primitive system of causality, including the belief that wishes can come true and that dreaded dangers can be avoided by various magical rituals and potions.

Psychological maturation entails more realistic thinking commensurate with outgrowing the physical and social helplessness of childhood. Among those most receptive to the false appeals of quacks are adults in whom childish forms of magical thinking tend to persist, along with an excessive inner sense of their own vulnerability and a corresponding exaggeration of the power of others to harm or to protect them.

On the other hand, for all of us the experience of being sick may revive some degree of these early forms of childish feeling and thinking: the fears and uncertainties aroused by illness—its incapacitation, and the patient's dependence on other people for care tend to recreate emotionally some of the elements of childhood. This colors the patient's attitudes, expectations, and reactions to those from whom he seeks relief and cure. He is apt to endow them, however subtly, with some of the attributes, both fearful and wishful, of parental figures. This, in turn, heightens the patient's feelings of credulity or mistrust toward the "medicine man" whose power over life and death fits the image of parental omnipotence carried over from childhood and merged with the sick person's more realistic adult attitudes. Not infrequently, this accounts for the patient's seemingly uncritical acceptance of the quack's emotionally gratifying reassurances and guarantees, depending upon such variables as the nature and severity of the illness, the type and conditions of medical care, and the patient's intellectual, sociocultural, and emotional status.

Such susceptibility to the false lures of the quack is intensified by the brevity of contact and impersonality that has come to characterize a good deal of

modern medical practice. The personal relationship between doctor and patient provides a potentially strategic opportunity at times of illness for meeting the related emotional needs of the patient and thereby reducing his turning toward quackery.

We should recognize a rather wide spectrum of psychologically different types of people among those who are especially prone to the illusory appeal of quackery. An intelligent, well-educated and, by and large, well-adjusted individual who contracts a disease for which there is as yet no known scientific cure, or who recognizes that his condition is deteriorating seriously, despite medical care, may seize upon any promise of hope—no matter how farfetched and no matter how discredited by medical authorities on the basis of scientific evidence. The need to believe in a therapeutic miracle, when medical science is or seems to be failing, can be so strong that it drives one's intelligence into twisting the facts to fit emotional necessity. Thus, faith in the quack, under such conditions, can be maintained without too much offense to reason by mobilizing such arguments as: the quack may have hit upon something of which medical science is still ignorant; the quack is a genius who is too far ahead of his time to be accorded recognition; the quack is a great healer who is the victim of organized medicine's vindictive jealousy or protection of a professional monopoly, and so on. Clearly, the psychological situation is very different for those who turn toward quackery in extremis when medicine is impotent than for the majority of those on whose gullibility and weaknesses quackery trades.

#### Emotional Maladjustment

Thus, some people with varying kinds and degrees of emotional maladjustment continuously live with the burden of ex-

cessive inner stress or on the edge of it, even though the external circumstances of their lives do not seem unduly difficult. When they do encounter environmental stress of some kind, it may combine with their latent inner sense of chronic vulnerability and be experienced in terms of accentuated fear of death or of bodily injury. Sometimes the stressful stimulus occurs in the form of organic illness. On the other hand, it may arise in some other sphere of the patient's life. Through mental mechanisms of displacement and conversion, a person may react to the loss of a job or a disappointment in love, for example, as if his capacity for survival or bodily functions were menaced. Regardless of the physical or social nature of the stress, many of these emotionally vulnerable individuals are apt to seize upon the promise of quick, easy, and absolute relief which quackery extends to them.

Indeed, the appeal of the quack is not unlike that of the gambler: the quack offers a "get well quick" temptation akin to the gambler's inducement to "get rich quick." It is universally tempting to get something for nothing, and to avoid facing the effort, frustration, and risks of failure which are essential to realistic success in overcoming or improving the stressful situation. No wonder, therefore, that this temptation is often so attractive as well to those with emotionally immature personalities. Their unduly low tolerance for frustration makes it particularly hard for such individuals to sustain the patience, discouragement, and degree of cooperation which may be required of them in the course of receiving scientific medical care. When the astute physician recognizes these emotional immaturities in certain "uncooperative" patients, and is able and willing to provide an extra degree of support and flexibility in the course of treating them, such patients

may be deterred from the quack, at least in some instances.

The something-for-nothing aspect of quackery also attracts several other psychologically distinctive types of persons who share in common, though for diverse reasons other than fatal illness, the defeatist feeling that any realistic efforts on their part to achieve a sense of well-being are hopelessly bound to fail. For some of these people the hopelessness is a symptom of emotional disorder; not infrequently the sense of impossibility may be related to discrepancies between actual endowment and unrealistic cravings for "perfect beauty" or other forms of inordinate excelling. On the other hand, there are those whose hopelessness is reactive to social injustice. They have come to feel it futile to compete in ordinary ways for the rewards of a hostile rejecting society. And so, these several categories of the hopeless, who feel they have nothing to lose and all to gain, are to be found among the converts to quackery.

### Group Attitudes Toward Health Programs

The term "convert" befits the zeal whereby certain groups undertake passionate crusades for scientifically unfounded health measures. The emotional reasons for this seem closely related to the psychology of those who are quackery-prone, as described above. Furthermore, there is a close resemblance—and often actual identity—between those who are fervently *for* some medically unauthorized health "causes" and those who are as fervently *against* certain health programs under medical auspices. In 1960 Drs. Marmor, Ottenberg, and I reported on psychodynamic and sociodynamic factors that seemed to be involved in such fanatically intense "movements" as antifuoridation,

antipolio vaccination, and antimental health.\* Some of the opposition to these health programs was in the realm of rational scientific controversy; most of it seemed based on the irrational anxieties which such programs evoked in some segments of the population, and which are almost if not wholly identical with irrational anxieties involved in quackery.

The close relationships between these "anti" and "pro" crusades is borne out, for instance, by the fact that the American Naturopathic Association, whose membership is fervently devoted to its deviant approach to health, "is on record as opposing not only fluoridation but also vaccination, immunization, pasteurization, vivisection, drugs, narcotics, alcohol, tea, coffee, cocoa, cola drinks and compulsory medication."† Accordingly, it seems justified to consider certain relevant psychic factors as applicable to both the opponent and proponent adherents of these health-related organizations. In order to try and understand what underlies such reactions and attitudes, let us consider some aspects of the significance of health and sickness in the life history of an individual.

"Good health is linked in the unconscious with basic needs for survival, security and mastery. Ill health is connected with fears of bodily disintegration, dissolution and death." In the course of growing up in almost all cultures, what children put into their mouths or any part of their bodies is strongly connected with good and evil. "Eat this, it's good for you." "Don't put that in your mouth, it will make you sick" . . . are among the early aspects of childrearing. "'Good' food is 'pure,' 'clean,' 'wholesome'; 'bad' food is 'im-

pure,' 'dirty,' 'poisonous.' To eat well is to be secure, healthy and happy; the converse means insecurity, starvation and death. Little wonder that when psychotics experience a weakening of their ego boundaries, one of their commonest delusions is of being poisoned; or that elderly and sick people, as their ego-integrative capacities become impaired, often become overwhelmingly preoccupied with problems of diet, and bodily health—thus regressing to earlier patterns of adaptation in their efforts to achieve a sense of security and ego mastery."‡

### **Proneness to Quackery**

To some individuals who are especially prone to irrational fears, the well-qualified licensed physician may represent a terrifying and malevolent magician armed with mysterious poisons, whereas the quack may be perceived as the counteracting benevolent rescuer who promises to purify, strengthen, and provide immunity against all perils of life. Thus, some of the deeper psychological appeals of quackery for certain emotionally vulnerable individuals become more intelligible if we recognize, for example, how a health food, purported to "purify the system" may represent, unconsciously, a longed-for opportunity to purify oneself of oppressive guilt feelings, or a faddist addiction to laxatives signify purging oneself of a sense of morally dirty badness.

Parenthetically, the desire for quackery is not manifested only outside the pale of medical offices. A number of the drugs and procedures which ethical physicians administer regularly and which are invaluable when clinically indicated—vitamin and hormone "shots" are notable examples—are often urgently requested by some patients of their doctors for the same unconscious reasons of magical defense against neurotic fears to which the traffic in quack-

\* Marmor, Judd; Bernard, Viola W.; and Ottenberg, Perry. *Psychodynamics of Group Opposition to Health Programs*. *Am. J. Orthopsychiat.* XXX:2 (Apr.), 1960.

† *Ibid.*

ery caters. The profession needs to be on guard against playing into the gullibility and neurotic wishes of such patients, lest by acquiescing to clinically unwarranted medication, instead of more appropriate therapy, the physician lends himself to a scientifically cloaked form of quackery magic which lowers the quality of his care. Also, of course, some properly trained and licensed doctors practice quackery, either deliberately for profit or because they are sincerely taken in by their own unconscious magical thinking.

There is still another kind of motivation, however, which activates certain zealous defenders of purported "wonder" treatments despite or because these were found to be worthless by official scientific evaluators. Unlike those who seek such treatment for themselves, for the various reasons already discussed, these supporters seem to be motivated by their intense and long standing "antiestablishment" feelings. Such individuals seem predisposed, in the name of a progressive philosophy, to suspect any official body of obstructing progress and innovation for the overriding aim of perpetuating its own power by preserving the status quo at all costs. By the same token, these persons are predisposed to champion, indiscriminately, any "victim" of the "establishment." To the extent that they intensely respond to a specific health issue primarily in terms of their rebellious antipathy and mistrust of authorities, which they are predisposed to perceive as restrictive and unfair, their emotional stake in joining the controversy is essentially unrelated to rational critical appraisal of the specific treatment in question. This psychological mechanism operates in the reverse direction as well. Thus, faulty rational appraisal of an issue in which one is strongly partisan may occur among those whose emotional needs lead them to uncritical conformity to whatever is official and therefore pre-

sumably socially safe and respectable, whatever the actual merits of the case may be.

I have mentioned these contrasting types of emotional partisanship in cases where scientifically questionable health issues become the focus of heated public controversy in order to emphasize the complexity and heterogeneity of motivations among proponents and opponents.

### Conclusion

People are susceptible to quacks for many different kinds of reasons, so that educational programs toward combating quackery need to be comparably multifaceted. One might conceive of a spectrum on which the relatively well-adjusted members of the population would probably profit most from the broad-scale presentation of accurate factual information about health, including the general debunking of quackery's false and extravagant claims. For those whose exploitation by quackery is largely based on ignorance, such educational methods would seem particularly promising. For that segment of the public, however, for whom the quack seems to provide emotional advantages which the individual will fight to retain, usually unconsciously, the educational task is not primarily one of relieving ignorance or of intellectual persuasion. This group occupies a significant band on the spectrum; but it, too, covers a range in terms of many factors which influence the intensity, fixity, and resistance to change with regard to emotional proneness to quackery.

I have deliberately focused on those who present the most difficult remedial challenge in the hope that elucidating some pertinent psychological aspects might at least spare us some mistaken approaches. With respect to a more positive program, it is not appropriate to my topic or the time allotted me to discuss possible solutions. The problem

of emotional proneness to quackery is of such magnitude, difficulty, and significance, however, with implications for revising patterns of medical care that I would hope it might be considered further by the AMA Council on Mental Health. For not only public education

and vigilant law enforcement are essential to combating this hazard: the degree to which the administering and distribution of medical services meet the patient's needs as a person would seem crucial to reducing the public's receptivity to quackery.

Dr. Bernard is clinical professor of psychiatry, College of Physicians and Surgeons, and director, Division of Community Psychiatry, Columbia University School of Public Health and Administrative Medicine, New York, N. Y.

This paper was presented at a panel on "Health Education Against Quackery" of the Second National Congress on Medical Quackery, sponsored by the American Medical Association and the Food and Drug Administration, Washington, D. C., October 25-26, 1963.

(This paper was submitted for publication in January, 1964.)

---

## Seminar on Contamination Control

The second annual seminar on "An Engineering Approach to the Control of Contamination" will take place at the Rochester Institute of Technology, October 18-22.

Sponsored jointly by the American Association for Contamination Control and the Extended Services Division of RIT, the seminar will feature sessions on the sources of data for contamination control, the areas of contamination control economy, and the evaluation of control programs. The seminar is designed for administrators, engineers, and supervisors representing organizations where control of contamination is a requirement for protection of product processes and personnel.

Tuition, including materials and luncheons, is \$250. Living accommodations will be available at Schrafft's Motor Inn, site of the conference.

There are plans for a similar course tentatively scheduled for early 1966 in the southeast part of the country. For information on either seminar, write: A Robert Maurice, Extended Services Division, Rochester Institute of Technology, 65 Plymouth Avenue South, Rochester, N. Y. 14608.