Desperately Seeking Phil

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*It grew gradually throughout the year and reached a thundering crescendo that could no longer be ignored: A column on Dr. Phil.*

When I started thinking about writing these monthly *Observer* columns, I asked friends and colleagues for suggestions and ideas. I was pretty surprised at how often the first suggestion was “Dr. Phil.” I must confess that I initially pooh-poohed profiling the eponymous psychologist as frivolous filler, but when even the always sensible APS staff endorsed this idea, I could no longer resist. Thus, it was settled, a column on Dr. Phil would be forthcoming.

One small problem: I had never seen the Dr. Phil show. Moreover, my track record of watching TV psychologists and psychiatrists was pretty dismal. I know there was a Bob Newhart show in which he played a therapist, but I never watched it. Similarly, I just couldn’t get interested in “Frasier” — perhaps I never forgave him for abandoning that charming bar in Boston. And as the last person on my block to succumb to the lures of premium cable, I didn’t discover “The Sopranos” until Dr. Melfi had been relegated pretty much to a minor role.

The one TV psychologist who did have some influence on me was Dr. Joyce Brothers. After a dazzling debut as a quiz show contestant, she had a long reign as one of America’s primary dispensers of advice; but frankly, I don’t remember anything she ever said. I do, however, have two vivid Dr. Joyce memories. First, there was an assertion at the start of a textbook I once used that the two people in the field of psychology who were best known to the lay public were Sigmund Freud and Joyce Brothers. Second, there was a classic skit from the early years of “Saturday Night Live” called James Brown’s Celebrity Hot Tub Party. The skit ends with the announcement that the godfather of soul’s next guest will be Dr. Joyce Brothers and shows a “photo” of Brown (Eddie Murphy) and the esteemed doctor “in flagrante detubbo.” James Brown was a huge musical hero of mine and Sigmund Freud was definitely no slouch, so this television psychologist was breathing some pretty rarefied air and sloshing in some pretty heady waters.

I thank the technological powers-that-be for Tivo — it made it so easy to record two weeks of Dr. Phil (or so I thought). In a fit of life-imitating-the-movie—“Supersize Me,” I decided to put aside an entire day and do nothing but watch the accumulated episodes. As “P-Day” approached, my dread increased; even more so when I noticed that my Tivo was accumulating two hours of the show every day rather than the one hour I had originally expected. Faced with the prospect of twice the viewing pleasure, I found myself wishing I had chosen to write about a show that was intrinsically more interesting to me. Like dancing chromed sugar plums, my head was filled with distracting visions of “American Chopper,” with that really dysfunctional family endlessly arguing while creating amazingly cool and beautiful motorcycles and occasionally stopping to pound on junked vehicles with sledgehammers and axes. But
Tivo again came to the rescue. I had forgotten that its default is to keep only five episodes of any given show and thus, when I sat down to my Phil orgy, there were only five hours to watch. So, in the spirit of commitment keeping and intellectual masochism, I let Tivo accumulate two more hours while I was watching the first five (it’s an amazing gizmo). Bottom line, a seven-hour full immersion of body, mind, and soul in the world of Dr. Phil. And here’s what I saw:

1. **This is not your father’s Oldsmo-shrink.** Dr. Phil is not the blow-dried, elegantly-tailored, sports-trained, academic-speak speaking, New England Brahman, gentle-soul-variety TV psychologist. He’s a big bear of a man, with a southern twang and slightly whiney twinge, a piercing gaze, and a take-no-prisoners style. He’s about five times the size of Dr. Ruth, 10 Blue States south of Dr. Joyce, 15 times less mannered in speech than Dr. Frasier Crane, and utters 50 times more words per TV minute than Dr. Melfi. (I know it’s been called the “talking cure,” but please!)

2. **Nancy Reagan would be proud.** Dr. Phil is a “just do it”/”just don’t do it” kind of guy. His intervention of choice is to tell people to change using sentences that start with *you gotta, you have-tuh,* and the like. Forget all of that namby-pamby stuff about gradually leading people to insight and then to change — just tell ’em, in no uncertain terms, exactly what to do.

3. **The 15-minute cure.** Many of the problems that ail people can be diagnosed and the solution formulated within one program segment. Occasionally, for really, really complex and difficult problems, it is necessary to “think about it during the commercial break” and then prescribe the cure “when we come back.”

4. **Healers at the mall.** A woman complains that her house is in total disarray and that she can’t do anything about it. Dr. Phil diagnoses this as a control problem (the disarray gives her complete control of her environment — I know, it’s tricky stuff for mere mortals to grok) and arranges a visit from a “specialist” from a container store. A couple’s marriage is threatened by their inability to train their dogs to stop soiling the carpet. No diagnosis is offered, but a team from a big-box building-supplies emporium will replace the carpets and build a fence so that the dogs can move outside. It’s like shopping therapy, but you don’t even have to leave home.

5. **A polygraph in every pot.** In two of the seven episodes I watched, a polygraph test was offered as a way of knowing whether a person was telling the truth. Talk about a really good way to build the “therapeutic alliance.” And electrophysiologists of the world unite — images of the recordings suggest that these guys are getting a ton of movement artifacts in their signals!

6. **Terms of endearment.** People need a conceptual framework to understand their problems. Dr. Phil provides richly textured narrative structures that are certain to be helpful, like: “You aren’t a monster, you’re sick,” “This isn’t random, there’s a pattern here,” and “This isn’t just happening, you are choosing to let it happen.” Hmmm, don’t know about you, but I’m feeling better already.

So what’s the appeal of all of this? Clearly, Dr. Phil falls into the long-honored tradition of public advice-giving that started in newspaper columns and spread to radio and television. He brings a common-man, rough-hewn touch to the table, exuding compassionate concern of the “tough-love” variety; practical, commonsense suggestions; and an unflinching confidence in his diagnosis and prescribed course of action. This is definitely not psychotherapy (even brief directive therapies move much more slowly and deliberately, with much more listening and much less sermonizing). And it is definitely not applied clinical science (questionable claims are sprinkled throughout for the validity of the polygraph,
compatibility tests, snap diagnostic judgments, theories of causation, etc.). Whether all of this does any lasting good (or lasting harm) is untested — a failing that, in all fairness, is certainly not unique to Dr. Phil and his TV brethren. Is it good television? There’s no accounting for taste; however, at the end of my dinner (and breakfast and lunch) with Phil, I didn’t hesitate for a nanosecond before removing his entry permanently from my TiVo’s “to do” list.

On the other hand, I absolutely cannot wait for the next psychologist to be featured on Celebrity Hot Tub party (Mr. Brown: hint, hint, are you listening?). And I’m sure it’s only a matter of time before the first weekly series featuring a psychological scientist takes to the air.

*If you have comments about Dr. Phil, Dr. Ruth, Dr. Laura (or even about anyone who actually uses their last name), or if you have ideas for how random assignment and non-parametric statistics can be worked into the plot of a new television series, send them to apsobserver@psychologicalscience.org.*