3.1 Who’s Talking Now? Facilitated Communication and the Ouija Board Self

Ouija boards are spooky stuff, right? No one seems to be in charge, yet fingers on a sliding device are somehow directed to indicate one letter after another. The letters slowly form words; the words form sentences, name names, and answer questions that many people believe are coming from the dead. It can be fun and scary. What’s really happening, however, is that the players have willingly opened themselves up to the power of suggestion, similar to stage hypnosis. So who’s really doing the talking when we allow the Ouija board to take over?

Facilitated Communication

The case study of facilitated communication (FC) helps us understand how the self can disappear into a Ouija board–like device that seems to operate with a will other than our own. FC is nothing more than a respectable-looking version of the Ouija board—an alphabet board. The Ouija board was invented in the late 1800s as a way to communicate with the dead. It experienced a second wave of popularity during and after World War I when so many families desperately wanted to communicate with the sons, fathers, and brothers who had unexpectedly vanished. Their desperation to reach out was perhaps understandable—but their method was not scientific. FC became popular during the mid-1990s when so many families desperately wanted to communicate with their sons—and daughters—who had vanished into the mysterious disease called autism (and other developmental disabilities).

The case study of FC demonstrates (a) the hazards of relying only on case studies, (b) the social appetite for psychological fads, and (c) the clarifying power of the scientific method. But the most important effect of the FC story is about what it does to you and how wishful thinking can quickly escalate when people fail to use scientific thinking.

The website at Syracuse University’s School of Education (2017) reports that an early appearance of FC (now called “supportive typing”) occurred in Australia in the 1970s when Rosemary Crossley began using “physical support to help
non-speaking individuals communicate.” The FC method is a simple approach to what previously were considered to be mysterious neurological problems: A trained “facilitator” physically supports the hand, arm, sleeve—whatever seems to work—of a person previously thought to have a severe mental disability to the extent that she or he cannot verbally communicate.

As that person’s hand hovers over an alphabet board, the facilitator guides his or her pointed finger to whatever letter on an alphabet board the facilitator thinks the individual intended to press—but couldn’t without that person’s help. You can probably see the superficial connection to a Ouija board. Those single letters became connected to words that formed sentences that, over time, were structured into paragraphs, exams, and essays that became college degrees—even for those previously thought to have profound developmental disorders. It was an astonishing breakthrough!

The central question about FC has always been the Ouija board question: Who was really doing the communicating? The answer to that question was settled by what are called crucial experiments. They are called crucial experiments because they provide an unambiguous answer to a specific question. But to the believers (including many parents, social workers, guidance counselors, speech pathologists, and mental health workers), FC didn’t need a crucial experiment. Who needed an experiment when they had seen FC work with their own eyes? They had felt its liberating power and rejoiced in the discovery and release of previously imprisoned creativity. Who wouldn’t want to believe in something that gave so much meaning to their own lives as well as to the lives of those whom they had cared for? It took a few years for the revolutionary idea of FC to gain acceptance, but once it hit, it transformed the world of disabilities research and practice.

FC was evangelized with particular zeal by Syracuse University professor Douglas Biklen. According to the American Psychological Association (APA, 2003), FC soon “was spreading like wildfire all over the U.S. and Canada [because it] promised to transform the way people thought about people with autism and profound mental retardation.” Now, with the help of FC, individuals once labeled as unintelligent and unteachable “scored well on standard IQ tests, wrote brilliant essays, and even composed poetry.” FC was more than a revelation; it was a revolution in how we thought about and helped care for people with so-called disabilities.

People with what had been called developmental problems now were considered to have only motor difficulties, not mental disabilities (Biklen, 1990). FC worked by smoothing out their arm and hand movements enough to allow their previously frustrated inner intelligence to press letters on an alphabet board into words that blossomed in the light of normal society. The passion among advocates had been to treat people with disabilities with the same dignity and respect as “normal” people. Their motives were pure, even noble. Professor Biklen had been
their champion and now FC had validated his beliefs. The remaining problems were merely matters of adjustment, getting better at the FC technique. And those problems were miniature compared to the joy of parents discovering that their precious child was no longer locked inside a world of profound retardation. Their child could now communicate.

**Trouble in Paradise**

Often, their children were typing messages that their parents had longed to hear. Sometimes it was a flood of previously frustrated words and ideas, but it might also be a heartfelt thank you to Mom and Dad for their steady love. Whose heart would not melt at such a moment? And it was all due to Biklen, FC, and the now hundreds of volunteers using FC to liberate the previously trapped personality, intelligence, humor, and gratitude of individuals. Many facilitators were so enthusiastic that they covered their own training expenses; they were the leading edge of a humanitarian revolution (APA, 2003)! The messages from people with autism and other disabilities were as deep and varied as the individuals themselves—and strangely familiar. FC seemed too good to be true. It was.

Messages of love and gratitude weren’t the only messages being typed with the help of a facilitator. The Wendrow family in Bloomfield, Michigan, got a knock on the door. An FC facilitator with 1 hour of training had “facilitated” an important message from their daughter, Aislinn Wendrow. Aislinn had been diagnosed with autism at the age of 2. According to the FC facilitator, a recent message from Aislinn had been blunt, specific, and devastating. “My dad gets me up... He puts his hand on my private parts,” the adolescent Aislinn supposedly had typed. And just like that, Julian Wendrow became a sexual predator. The Wendrow family previously had been strong believers in FC, but now they knew that—at least in their case—it couldn’t be true.

Two days later, Aislinn met with investigators at a county facility—but with the same facilitator at her side. Things got worse. Now Aislinn, through her facilitator, reported that the sexual abuse had been going on for years, involved photographs, and that her father had forced her 13-year-old brother Ian to participate in the abuse. Eight days after the initial charges, police arrested Julian, who was sent to the county jail for 80 days; he spent most of it in solitary confinement. Those isolated months gave Julian plenty of time to think about the 75-year sentence he was facing. Aislinn’s mother, Tali, was released on bail but was required to wear a tracking device.

Ian was only 13 years old but was interviewed (without parental consent) by zealous police who were certain of his guilt and his father’s guilt. They badgered him until he finally admitted that sometimes his father showered with Aislinn—something not uncommon for children with severe developmental difficulties.
The two children were shuffled around homes until Ian finally was placed in a juvenile facility. “I was moved in with kids who were like at the time 17, 18,” Ian reported. People “who had actually been abused . . . it was scary” (Berman & Balthaser, 2012).

The Wendrow family could not know it, but they were not the only victims of false accusation of abuse delivered through FC. Other facilitators using “supportive typing” were also making reports of child sexual abuse. Could all those independent reports of child abuse be wrong? Probably not. So, either the reports were true or they were not truly independent. The FC practitioners were a passionate, engaged, enthusiastic group of diverse professionals. In their sincere enthusiasm, they wanted to learn more about FC. So they went to conferences, shared new FC techniques, worked out problems together, shared stories, and brought those stories—including stories about sexual abuse—back to the colleagues who had not gone to the conference.

It would be difficult, even irresponsible, for a facilitator not to consider a shocking possibility. Perhaps someone they had facilitated had been abused. After hearing just one story, it would be something that came easily to mind (priming and the availability heuristic). What appeared to be independent reports were probably not truly independent. The consequences were devastating.

Now parents who had dedicated their lives to caring for a difficult child were arrested and sent to jail. Since such parents could not be trusted, their children were sent to anonymous foster care families—all on the strength of testimony gathered through facilitated communication. Even though FC had never been tested with crucial experiments, their reports had been accepted by social workers, school systems, and many family courts.

It was a crucial situation for families who had been arrested, shunned by their neighbors, and become the subject of local news and community gossip. FC needed—and the people affected by it deserved—the kind of crucial experiment that should have been conducted before anyone accepted FC communications as coming from the person with disabilities. But what would a crucial experiment look like? It was also a crucial situation for the facilitators. What would it do to your sense of self if it turned out that your good intentions, hard work, and sincere enthusiasm had divided a family and sent parents to prison? Critical thinking probably had been taught in their college classes. But it might have been no more than an abstract idea, quickly forgotten when the class exam was done. Now critical thinking really mattered.

Testing Facilitated Communication

The “message-passing test” was a brilliant but straightforward way to answer two questions about FC: (1) Is FC real, and (2) is the communication coming
from the individual or from the facilitator? These crucial experiments began with someone displaying an object such as a key and showing it to the individual with autism (or some other developmental disability) and then asking a simple question: “What is it?” In one condition, the facilitator has seen the key, and in the other condition, the facilitator has not seen the key. If the person with autism is able to type out the word *key* when the facilitator is there but is not able to type out the word *key* when the facilitator is not there, then the communication must be coming from the facilitator and not from the person with autism. And that means that FC is not real.

In one experiment led by a former believer in FC (Wheeler, Jacobson, Paglieri, & Schwartz, 1993), the researchers tested 12 individuals with disabilities. These particular individuals were considered to be “the 12 most competent producers of facilitated communication.” In other words, the researchers arranged the experiment so that they loaded the dice in favor of FC being real. But when it had become a crucial experiment, they couldn't get FC to work. The only correct responses (such as typing the word *key*) occurred when the facilitator had seen the key.

Another crucial experiment by Montee, Miltenberger, and Wittrock (1995) asked seven clients with moderate to severe mental retardation to name pictures and describe activities they had just engaged in with a research assistant in a separate room. These seven particular clients had been communicating fluently using FC for 6 to 18 months, so once again, the experimenters were loading the dice in favor of FC—but they still couldn’t get FC to work.

When both facilitator and client saw the same picture, FC seemed to work with a success rate of about 75%. But when the facilitator did not have access to the same information, the success rate was 0%. When both facilitator and client saw the same activity, FC seemed to work with an 87% success rate. But when the facilitator did not have access to the same information, the success rate was 0%. In 80% of the successful cases, the client typed exactly what the facilitator saw. FC failed to pass this (and many other) crucial experiments.

The American Psychological Association reviewed all the evidence regarding FC (or what is now called supportive typing) and concluded that “there was no scientifically demonstrated support for its efficacy” (see APA, 2003). The American Academy of Pediatrics (AAP, 1998), through a committee on children with disabilities, issued a similar statement:

In the case of FC, there are good scientific data showing it to be ineffective. Moreover, as noted before, the potential for harm does exist, particularly if unsubstantiated allegations of abuse occur using FC. Many families incur substantial expense pursuing these treatments, and spend time and resources that could be used more productively. (p. 432)
Self-Justifying Excuses

Did crucial experiments, official medical authorities, and scientific socteties convince the believers in FC that it was bogus? Would they have convinced you? Some accepted the science. Others, however, explained away such failures. One such excuse, for example, was that the experiments themselves had created a skeptical atmosphere of “intense critical scrutiny” that made it difficult for FC to work. That is a real possibility, but in this case, that explanation was probably embarrassed believers in FC grasping to hang on to their beliefs. The experimental procedures were simple and friendly. For example, an experimenter in the message-passing task would ask, “What is it?” or “Tell your Mom the word I just whispered in your ear.” Those are surely less emotionally disturbing than asking children to report details of how they had been sexually abused. The experimenters weren’t hostile, but they were skeptical. But their skepticism probably felt like hostility to believers in FC threatened by the clarity of crucial experiments.

But why would anyone want FC to fail if it really worked? And who would want FC to succeed if it were not real? If autistic children are being sexually abused, then we all need to know about it! But we also don’t want to separate innocent, loving, dedicated parents from the children who desperately need them. FC failed one crucial experiment after another, and the more tightly controlled the experiment was, the worse that FC performed. The sloppier and less experimental studies were more likely to find slender bits of evidence that FC might sometimes work. And that pattern of sloppy research is why so many social psychologists are skeptical of case study research.

So, who is doing the talking? The facilitators. But just like a Ouija board, they didn’t know it was coming from a self whose judgments had been compromised by good intentions.

DISCUSSION QUESTIONS

1. FC is enjoying a mild resurgence in popularity. Explain why, in the face of crucial experiments and formal objections from multiple professional societies, people continue to believe in FC.
2. Design a crucial experiment that could test who is doing the talking in a Ouija board. How could you test whether the spirits of dead people were really moving the pointing device on the Ouija board?
3. What do you imagine that the believers in FC thought about themselves at different stages of this case study: during their training, after experiencing its apparent effectiveness, and after learning that it was bogus? Even on an unconscious level, what would motivate an
FC facilitator to accuse a client's parents of sexual abuse?

4. Consider other “trendy” medical or psychological treatments, such as essential oils, crystals, and so on. Choose one example and design an experiment to test whether any positive effects (1) actually exist and (2) are caused by the treatment itself or by a placebo effect.

**KEY TERMS**

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### 3.2 Personhood Versus Malignant Social Psychology

Who are you if you have lost your memory? You don’t know if you like peas, cats, or basketball. You can’t recall how old you are. You don’t recognize your own family. All of these are real possibilities for people who have Alzheimer’s disease (AD).

Such symptoms get worse as AD marches relentlessly through your brain, struggling through neural plaques and tangles that once effortlessly made such connections. People with advanced stages of AD look into a mirror and do not seem to know who is looking back at them (Biringer & Anderson, 1992). Self-concept and self-insight decline as the self slowly disappears.

**The Disappearing Self Is Expensive**

Caring for people with dementia is an emotionally difficult challenge for everyone involved with the disease: family members, part-time caregivers, hospitals, and long-term care institutions. In addition to the emotional costs, there are financial costs as well. Projections from the World Health Organization indicate that AD is turning out to be far more expensive than almost anyone had imagined. AD threatens to upend established social and economic structures. We have to take it seriously.

It is difficult to estimate financial costs because there are both formal/direct and informal/indirect costs associated with caring for people with AD. For example, a caregiver who takes off work or leaves a job to care for an elderly parent represents lost income to the national economy, yet often a savings compared to institutionalized care. There also are different expectations in different cultures, different economies in different regions, and different levels of infrastructure able to provide care.