

3-13-1998

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Recommended Citation

(1998) "Philosophy and the Propaganda of Mental Health Care: What "Real" Doctors Do," *International Bulletin of Political Psychology*: Vol. 4 : Iss. 10 , Article 3.

Available at: <https://commons.erau.edu/ibpp/vol4/iss10/3>

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International Bulletin of Political Psychology

Title: Philosophy and the Propaganda of Mental Health Care: What "Real" Doctors Do

Author: Editor

Volume: 4

Issue: 10

Date: 1998-03-13

Keywords: Mental Health, Propaganda

Abstract. This article describes common propaganda efforts effected by representatives of mental health professional organizations.

Propaganda denotes attempts at persuasive communication to spread and reinforce specific beliefs. Originating--at least in popular consciousness--with the propagation of Roman Catholicism via the Sacra Congregatio de Propaganda Fide, propaganda also has been applied towards political ideologies, viz., communist and fascist; military goals, e.g., nationalistic war; electoral ends, e.g., presidential campaigns; politico-moral ideologies, e.g., the commonweal comprising proscriptions and prescriptions of everyday life; and myriad quests to obtain larger amounts of finite resources to satisfy infinite needs in a zero-sum game, e.g., professional guilds vying to maximize shares of health dollars. All these efforts may vary in the ratios of true to false information and in the deceptive intent of those who conceive propaganda campaigns.

Propagandists have played significant roles in the history of mental health care. They have communicated the criteria of deviancy and stigma, the criteria's causes, and the identity of those who possesses authority to identify and implement the consequences of criteria and causes as mechanisms of political and social gain and control. The efforts of these propagandists have almost always been characterized by a thin but prominent veneer of paeans to human health and welfare. The more significant agendas of political and social gain and control are not publicly promulgated but are discussed behind the closed doors of meeting rooms and safe social spaces.

Alleged causes of deviancy and stigma as professed by mental health care propagandists--as opposed to the causes leading propagandists of a specific era to develop concurrent criteria and their causes--have comprised evil spirits; anatomical anomalies; variations in cellular chemistry and physiology; salient intrapsychic structure, function, and process; and pathogenic social experiences. Evil spirits seem to have remained the most common and most broad of causes, because propagandists often act as if their competitors from alternative mental health professions are possessed.

Within the United States, propaganda covens of psychiatrists and psychologists and their minions have been reciprocally casting spells. The psychiatrists posit that the locus of mental dysfunction is almost always in a disease process that can be cured through physical intervention--e.g., drugs, electric current. The psychologists almost always posit that this locus resides in some psychosocial process that can be benignly modified through corrective learning, unlearning, and emotional release or constraint. In overcompensations that may stem from concerns over whether size matters, both covens engage in Talmudic meanderings over whether medical doctors are the only "real doctors." Psychologists--often quite sensitive to not being identified as real doctors--compulsively and perseveratively employ the "Dr." prefix and "Ph.D." or "Psy.D." or "Ed.D." suffix as an identification with their psychiatric aggressors. While psychiatrists are defensive, obtuse, corrupt protectors of turf--according to psychologists--psychologists are only seeking to provide greater choice to the suffering multitudes and are morally uplifted in their senses of entitlement.

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Lately, however, the psychologists have been hoisted on their own petards by professional organizations of philosophers--"real Ph.D.s"--who provide counseling services. Further exemplifying identification with psychiatric aggressors, the psychologists claim that the philosophers have no business engaging in mental health, that intellectual discourses and discussions of meaning and values are at best innocuous and at worst harmful, that "real PhDs" are not "real doctors." This case is made by the psychologists even though modern applied--including clinical and counseling--psychology is based on philosophical assumptions (usually unknown or misunderstood by psychologists) and contains effective psychotherapies based on analysis of beliefs and values.

As with psychiatry's continuous assault on psychology, the latter's assault on philosophy-counseling quickly breaks through the thin veneer of concern for human health and welfare and exposes the quest for political and social gain and control. (In fairness to some mental health professionals, operations of rationalization, dogmatism, and denial preclude any intimation of conscious malcontent or corruption.) How many mental health professionals does it take to screw on a light bulb? As many as possible until its threads are stripped. (See Bennet, J. (March 8, 1998). Philosophers ponder a therapy gold mine. *The New York Times*, p. E1; E4; Foucault, M. (1988). *Madness and civilization: A history of insanity in the age of reason* (R. Howard, Trans.). NY: Vintage Books. (Original work published in 1965); Mariner, A.S. (1967). A critical look at professional education in the mental health field. *American Psychologist*, 22,, 271-281; Rodenhauser, P. (1991). The life cycles of professional associations: Organizational and administrative dynamics. *Administration and Policy in Mental Health*, 18, 411-420.) (Keywords: Mental Health, Propaganda.)