

---

5-26-2000

## The Clinical Psychological Sciences: Subjugating Discourse on Outcome Research

IBPP Editor  
bloomr@erau.edu

Follow this and additional works at: <https://commons.erau.edu/ibpp>



Part of the [Clinical Psychology Commons](#), [Other Political Science Commons](#), and the [Other Psychology Commons](#)

---

### Recommended Citation

Editor, IBPP (2000) "The Clinical Psychological Sciences: Subjugating Discourse on Outcome Research," *International Bulletin of Political Psychology*. Vol. 8 : Iss. 18 , Article 2.  
Available at: <https://commons.erau.edu/ibpp/vol8/iss18/2>

This Article is brought to you for free and open access by the Journals at Scholarly Commons. It has been accepted for inclusion in International Bulletin of Political Psychology by an authorized administrator of Scholarly Commons. For more information, please contact [commons@erau.edu](mailto:commons@erau.edu).

Title: The Clinical Psychological Sciences: Subjugating Discourse on Outcome Research

Author: Editor

Volume: 8

Issue: 18

Date: 2000-05-26

Keywords: Critical Psychology, Outcome Research

Abstract. This article describes a sociopolitical stance of outcome research in the clinical psychological sciences that may not be in the best interest of people in need.

A recent study in *The New England Journal of Medicine* suggests that (at least for some patients with chronic depression) a combination of anti-depressant medication and psychotherapy is more effective than either medication or psychotherapy alone.

Representatives of guild interests in the worlds of psychochemotherapy and psychotherapy carefully watch the results of such studies through a nexus of interests. Some of these interests focus on issues of scientific reliability and validity and the clinical pragmatics of specific clinical interventions. Too often, however, guild representatives focus on threats to and opportunities for guild economic and political interests. Whether addressing scientific, pragmatic, economic, or political interests, guild representatives attempt to make their case through engendering appropriate discourse, information gate-keeping, and funding of research. Supporting theory and data are to be maximized in intensity and frequency, while theory and data that detract from such support are to be minimized. In so far as guild interests are irrelevant and even antithetical to the welfare of clinical consumers, caveat emptor.

Yet there is another phenomenon besides guild interests that may not serve the welfare of those in need. It is the targeting by the clinical psychological sciences--as unwitting as the targeting might be--of entities internal to the consumer and then pathologizing these entities. In essence, people in need have something wrong with them and this something wrong needs to be fixed by a laying on of medication and/or "talk" therapy. The notion that people in need are in need largely because of sociopolitical factors--e.g., governmental decisions, social trends, the historical moment--is largely ignored or discounted. So is the notion that people live in contexts constituted largely by these factors and may look as if they are in need in some contexts but not in others.

People in need, therefore, are placed in the position of needing to be modified so that they can better fit some preconceived straightjacket of normality or normativeness. The straightjacket may be judged as appropriate regardless of contexts or without awareness of what the contexts might be. The straightjacket may be judged as appropriate regardless of or without awareness that contexts may be causally related to need.

So, what of the news of new findings in clinical psychological outcome studies? Such news may bring good or bad news for various guilds, but only bad news for those whom clinicians profess to serve. In so far as similar needs touch clinicians and their guild representatives, there is bad news across the board. (See Conte, H.R. (1997). *The evolving nature of psychotherapy outcome research*. *American Journal of Psychotherapy*, 51, 445-448; Elbers, E. (1987). *Critical psychology and the development of motivation as historical process*. In J.M. Broughton (Ed.). *Critical theories of psychological development*. (pp. 149-175). New York, NY: Plenum Press; Fox, D., & Prilleltensky, I. (Eds.). *Critical psychology: An introduction*. London, England UK: Sage Publications, Inc.; Ibanez, T. (1997). *Why a critical social psychology?* In T. Ibanez, & L. Iniguez (Eds.). *Critical social psychology*. (pp. 27-41). London, England UK: Sage Publications, Inc.;

International Bulletin of Political Psychology

Keller, M.B., McCullough, J.P., et al. (May 18, 2000). A comparison of Nefazodone, the cognitive behavioral-analysis system of psychotherapy, and their combination for the treatment of chronic depression. *The New England Journal of Medicine*, 342(20). (Keywords: Critical Psychology, Outcome Research.)