

S/A 4071: Social/Cultural Aspects of Health and Illness:
Class 32: The Medical Industrial Complex 3: Psychiatrists

* Today we conclude our discussion by considering a radical perspective on the role of psychiatrists in the medical-industrial complex

Dr. Tana Dineen: Manufacturing Victims:

* Dineen is a psychiatrist highly critical of her profession

* Argues that term “victim” distorted by psychology: difficult to tell “real” victims from “fabricated” ones

* Argues that “psychology industry” requires expanding number of “fabricated victims.”

* Fabricated victims manufactured through *three processes*:

(1) Psychologizing; (2) Pathologizing; (3) Generalizing

* *Psychologizing* involves:

(i) Descriptively constructing a theory about victimization

(ii) Applying that theory to individuals

(iii) Turning personal events into psychological symbols/ language

(iv) Creating the need for psychologists who can interpret symbols/ cure the patient

Essentially, the personal experiences of victims morph into the clinical theories through which others are *assessed* and *treated as if* they are victims.

* *Pathologizing* involves “authoritative” experts:

(i) Turning ordinary people in difficult situations into “abnormal” people who are “damaged,” “wounded,” “abused,” or “traumatized”

- (ii) Assuming, looking for, and emphasizing the negative (e.g. individual weaknesses, lasting effects)
- (iii) Turning reactions and feelings that are “normal under the circumstances” into emotional problems
- (iv) Ignoring or downplaying the possibility - and potential - for traumatized individuals to cope
- (v) Identifying the need for psychological treatment

* Bruno Bettelheim: POW camps:

- Implications of term “survivor”
- Traumatized individuals are either “in denial” or “in therapy”
- Meaning of term “normal” changed from average to exceptional cases

* *Generalizing* involves “slippery slope” reasoning where exceptional/ brutal circumstances are equated with the ordinary/mundane

* Example: Iran Hostage Crisis: psychologists identified

- Own prior feelings of victimization (e.g. from divorce, break-ins, etc.)
- Thought of hostages
- Felt empathy
- Concluded they understood

* Example: Holocaust “death guilt” progressively applied to:

- Dr’s attending dying patients
- Anyone seeing someone die
- Anyone knowing someone who died

* “Everything means ‘victim’ and ‘victim’ means nothing at all”

* Dineen provides evidence to counter these practices:

- Iran hostages: while professionals predicted lifelong emotional

problems, most had few problems readapting to freedom

- Concentration camp survivors: many were later found to be well-adapted

* While not trivializing suffering of victims, must realize that many are capable of coping, getting better, even thriving

* This runs contrary to medical view: if a victim, should be a patient

* Must be wary of “psychology industry” predisposition to see deviance, psychopathology and weakness wherever they look

Conclusion:

* Much more is going on in mental health than what we see at first glance

* It is important to be critical, & to consider how psychiatry may intersect with the interests of the drug industry in all of this