

Psychocracy: The Psychological Sphere of Influence

Tana Dineen, PhD.

*In Modernity and Its Discontents: Sceptical Essays on the
Psychomedical Management of Malaise.*

Petteri Pietikainen (ed.), Stockholm: Ax:son Johnson Foundation 2005.

After over two decades of clinical work, I stepped outside the boundaries of my profession to scrutinize psychology and to reflect on what it is doing to people. When I looked behind its benevolent façade, what came into focus was a “big business”, driven by profit and power – something that I came to call “the Psychology Industry”.

In *Manufacturing Victims*, I described this industry as broader than what we tend to think of as an industry, and as harder to pin down than something like the automobile or the pharmaceutical industry.¹ I defined it as comprising a core of traditional mental health professions including psychology, psychiatry, psychoanalysis and social work, with an expanding layer of lay psychotherapists, counselors, coaches, and advisors of various persuasions, and an outer layer of individuals whose work, whether as television personalities, filmmakers, novelists, or journalists, relies on psychological ideas and which, in turn, promotes all things psychological.

I looked at the history of this industry’s alignment with funding sources – from the business sector, to the military, to government ministries concerned with education, health, and justice. And I examined the growth of its influence as it not only shaped society but also allowed itself to be shaped by society’s ever changing demands. For, like all successful industries, the Psychology Industry retools, offering up what the contemporary market will buy.

The business formula that worked well for the Industry during the final decades of the twentieth century and that continues to perform is:

PERSON = VICTIM = PATIENT/CLIENT = PROFIT

When the first edition of my book came out in 1996, it was not news to anyone in North America that our society was becoming more and more populated with people who see themselves as psychologically wounded “victims”. What was news was the message that these people are the manufactured products of an industry that thrives on marketing services to them.

Until recently that has been my focus. I have been studying and writing about the technology of victim-making – exploring how it relies on various theories of abuse, stress, and trauma, the popularization of diagnoses such as depression and post-traumatic-stress-disorder (PTSD), and the promotion of an array of so-called preventive methods and supposedly scientifically-proven therapies.

Now my attention is shifting; instead of looking only at what the Psychology Industry is doing to people, I am exploring what psychology's influence is doing to society. While it was relatively easy to bring the business side into focus, this social/political aspect is more difficult to comprehend.

Before discussing this psychological sphere of influence, I will briefly describe what prompted this shift by providing two examples of the types of events that have caused me to feel progressively more uncomfortable with, and concerned about, the society in which we live.

The first is from Canada where, in 1993, Jean Brochu, a successful lawyer and treasurer of the law society in the province of Quebec, began playing video-lottery terminals (VLTs). Over time, Brochu stole \$50,000 from the law society to feed his gambling habit. When caught in 1999, he pled guilty to theft. Instead of receiving jail time, he was given a conditional sentence that required him to return the money to the law society and to undergo therapy for his illness – “pathological gambling”. The law society, being sympathetic, allowed him to keep his license and continue practice. Brochu then claimed that Loto-Quebec, the crown corporation that owns the VLTs, was responsible for his problems because they failed to warn him of the dangers of these machines. By 2003, the Quebec Courts had granted him permission to proceed with a class-action suit on behalf of all the pathological gamblers in the province. What he seeks for himself and the estimated 125,000 other gamblers is a return of therapy costs and lost wages, as well as any money spent “to regain their dignity and their job”. If he wins the payout could exceed \$625 million.

The second story is from the United States (U.S.) where, shortly after the September 11, 2001 attack on the World Trade Center, the New York City Police Commissioner Bernard Kerik ordered all 55,000 of his staff, from administrative personnel all the way up to the commissioner himself, to attend mandatory counseling. The mental health professionals who had volunteered to run this program were paid \$10 million out of a police fund. In addition to providing the compulsory group session in which members of the force were encouraged to discuss their reactions to the tragedy and told about available treatment services, these professionals set up an “anonymous hot line” through which those wanting additional counseling could schedule appointments and they hosted a “mental-health fair” for members of the NYPD and their families.²

Previously, in researching and writing about such stories, I would have been asking questions about the role of the Psychology Industry, exposing, in each instance, who profits, who pays and where that money comes from. And I would have been spelling out how various groups, such as gamblers who get into trouble or people who are affected by a tragedy, have come to be targeted as potential consumers.

But another set of questions intrigue me now – ones that explore what these stories reveal about the society in which we live - such questions as:

Why would a police chief spend millions of dollars (and thousands of hours of staff time) on something as controversial as trauma counseling?

Why, when the research clearly says that this kind of counseling has never been

proven to help and might even do harm, would he order his staff to attend?

What would make a judge view gambling as an illness that requires treatment and excuses fraud?

What happens to gamblers who see themselves as not responsible for their actions or to police officers taught to dwell on their own emotions?

It is more common now for the questions I was asking ten years ago about “the Psychology Industry” to be raised; entrepreneurial therapists are under attack now not only in academic circles but also in the popular media. But there remains a seemingly impervious underlying assumption that in the grand sense anything (and everything) psychological is fundamentally good.

When readers of *Manufacturing Victims*, which has nothing encouraging to say about psychotherapy, contact me, enthusiastically claiming to agree with what I’m saying, they often end up asking me to become their therapist or to help them find “a good one”. For example, while writing this chapter, I received a phone call from a friend – a woman who reads everything I write and who is about as “normal”, skeptical, and bright as anyone I know. She wanted me to recommend a “good” marriage counselor – or a good psychologist – for her neighbor, who was drinking too much alcohol, had been miserable in her marriage for 20 years and was now in the midst of an affair.

Every time this sort of thing happens, it serves as a reminder of how difficult it is for people to move outside the sphere of psychological influence that pervades our culture – to think beyond the dichotomy of good versus bad therapist or effective versus ineffective therapy – to even begin to imagine how we would cope and what this world would be like without the pervasive presence of the psychological.

When I speak with colleagues who are taking issue with a particular aspect of psychological influence, they frequently express frustration that, however clearly they say something, it doesn’t get heard; however much research data they produce, it has no impact; however much evidence they present, it gets ignored.

I wrote in total four editions of *Manufacturing Victims*. The final one concludes with a chapter entitled “Living in the Shadow of the Psychology Industry”.³ It serves as a jumping off point to thinking about what it means to be living in a world where psychological values and theories have become so axiomatic to our way of life that they go unnoticed; in other words, where the psychological frame of reference has become the unseen background against which all thoughts, actions, attitudes and beliefs are formed and judged.

The sphere of psychological influence

The sphere of psychological influence that I seek to bring into focus is neither contained nor is it visible. One might imagine it as a gas, invisible to the eye but detectable by its effects. Recently, to make these effects easier to recognize, I have

been making use of a diagram that illustrates four shades of influence. (Fig. 1)

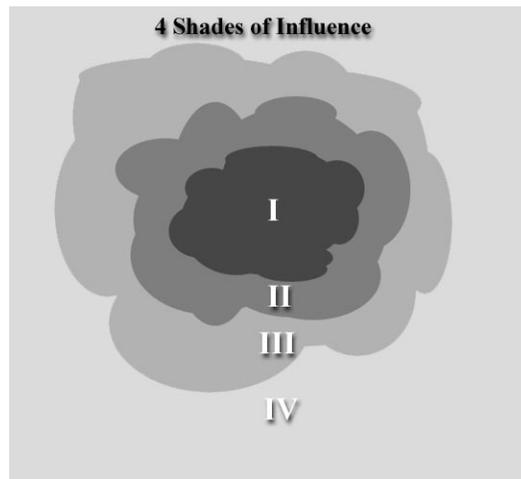


Figure 1

This diagram represents any contemporary society in which a primary form of social influence is psychological in nature – in other words, in which every citizen is, to some degree, influenced to regulate and control themselves according to psychological standards and beliefs. The geographic region that I initially had in mind was North America – not only because this is the territory with which I am most familiar but also because the U.S. is the most psychologically-affected country in the world. It is in the U.S. that the Psychology Industry is most firmly rooted and it is largely from the U.S. that psychological influence has been, since early in the twentieth century, spreading across the border into Canada and to a widening range of countries around the globe.

So, this diagram can just as readily be used to detect what is happening in the United Kingdom, Australia and New Zealand, most European nations (including Sweden) – virtually all of western civilization, and even those regions beyond it which are quickly adopting western values and beliefs.

The shades

The shades, briefly outlined below, illustrate four levels of intensity of this inescapable influence.

Pictured as the dark inner core, is Shade I - the *Therapeutic*. This most intense level of psychological influence refers to the direct interaction between patients, whose lives revolve around their psychological distress, and therapists, whose services, whether psychotherapeutic or psychopharmacological, promise a brighter future.

Therapists are now so plentiful that, according to the inclusive definition of “psychologist” used in *Manufacturing Victims*, there is roughly one for every 250 people in the U.S.⁴ According to mental health estimates, variations of mental illness now affect 20-25% of people not only in the U.S. but in most western countries. Supposedly 22% of Americans, 20% of Canadians, 25% in the United Kingdom, and 33% in Russia are afflicted. While these figures may be grossly inflated and not everyone who is considered mentally ill either sees themselves as sick or wants help, they give some indication of the extent of this influence.

While, as social psychologists Philip Zimbardo and Michael Lippé note, “therapy by any other name is influence”,⁵ we commonly view this influence as personal, thinking in terms of one person (the therapist) guiding the other (the patient). So, when people discuss whether or not a particular drug or therapy “works,” what they are generally looking at are effects at this personal, or micro, level where the measures are most often based on whether or not individual patients report feeling better.⁶

Although particular theories and therapies vary greatly, a common underlying assumption embraced by most contemporary therapists, and imparted to their patients, is that psychological problems reside within the individual and that the role of the therapist is to direct attention onto the internal world and assist people to change themselves from the inside out.

Rarely are the consequences of this psychological philosophy considered at a larger social or macro level, where therapists can be better understood as “social influence purveyors” and where their patients can be recognized as citizens who have been changed by virtue of this influence.

At this level, what one sees are the effects on society of a multitude of people who have become so absorbed in their internal life and so sensitized to their own vulnerability that they relate to the external world primarily in terms of its effect on their psychological state. For this significant proportion of the population, the role which often takes primacy over being a neighbor, a spouse, a student or an employee is that of being psychologically unwell, whether as a patient, a victim or as an emotionally damaged or disabled person. As a result, responsibility comes to be redefined egocentrically and understood in terms of Self: as protection, awareness, esteem, empowerment, recovery, healing, and growth. And the expectation takes hold that the larger community must respect the special therapeutic status of this mass of people and accommodate to their needs.

For example, a guard in a Canadian maximum security prison was fired from his job because he had falsely said “No” when asked whether he had ever been convicted of a crime on an application form for high level security clearance, had not told supervisors about his fourth impaired driving conviction and had driven inmates on escorted leaves in prison vehicles without a driver’s license. Despite this, a review board ordered Federal prison officials to reinstate him reasoning that he was suffering from an illness – alcoholism – that he was “trying hard to overcome” – in therapy, of course.⁷

Shade II, which encircles the core, I term *Idealistic*. It refers to the powerful

influence exerted by a relatively small but vocal minority who applaud such decisions as the reinstatement of this Canadian prison guard.

Often well-intentioned and articulate, these are the people who espouse the view that psychology holds the key not only to improving one's health and happiness but also to solving the social problems of modern civilization. As champions of a wide range of causes – getting assistance for pathological gamblers, identifying depression in infants and in the elderly, sending the poor to parenting classes, winning financial settlements for abuse victims, and teaching refugees from war-torn regions how to handle stress – they assume a moral high ground. When they call for immediate action to increase awareness of a problem (as they perceive it) and to combat that problem (in the psychological way they know to be right), they dogmatically dismiss any objections as uninformed, irresponsible or malevolent.

So, their voices, and their psychological view of reality, prevail in the media, in the courts of justice, in educational institutions, in medical circles, and in government agencies. Bullying, a social issue that is presumed to have psychological roots, illustrates how this idealistic influence operates. Bullying has achieved international attention and the concern of policy makers through the orchestrated voices of:

1. Celebrities. Idealistic causes attract celebrity backing and one of those speaking out against bullying is Miss America 2003, Erika Harold, who chose to give speeches during her reign about the emotional horrors of having been bullied in ninth grade.

2. Ordinary citizens. As well, ordinary citizens take up the cause - people such as Nastima Nastoh, a mother in Vancouver, Canada who, believing that her son's suicide was caused by bullying, gives heart-wrenching talks in schools, and argues for tougher policies and laws.

3. Special interest groups. Advocacy groups serve to bolster such pleas. One of these, "Fight Crime: Invest in Kids", a U.S. crime prevention group, released a report on their web site claiming to show that bullying spawns "loneliness, depression and suicidal tendencies among its victims and foreshadows crime and violence by perpetrators" and that the anti-aggression programs endorsed by the group can prevent up to half of all the bullying that takes place in schools.

4. Issue-oriented researchers. Such "researchers" conduct specifically designed surveys that increase the supposed magnitude of the problem by expanding and diluting the term. Thus, bullying can mean anything from serious physical assault to verbal slurs, teasing, and even the failure to include someone in a conversation.⁸

5. Entrepreneurial experts. These "experts", in turn, champion it (and themselves) by declaring bullying to be "an epidemic". Michele Borba, for example, who specializes in "moral intelligence" in the American educational system, asserts that 160,000 children skip school every day in the U.S. because they are afraid of bullying and that bullying is "not just a U.S. problem – it's a world-wide problem."⁹

Impervious to critical examination, such voices sound an alarm that puts pressure on institutions and governments to respond. As a consequence, anti-bullying programs are funded, anti-bullying policies are put in place, screening procedures for early identification of bullying appear, teachers and physicians are told to report

apparent bullying incidents, schools are sued for failing to stop bullying, students are fined for bullying behaviours and some are even held criminally responsible for the suicidal deaths supposedly caused by their bullying.

And all of this comes about because bullying is cast as a psychologically solvable problem.

The overwhelming effect of such idealistic influence, whether focused on bullying, workplace stress, depression, the evils of spanking or any of a number of other issues receiving wide-spread attention these days, is to create a more and more psychologically regulated society with an imposed moral code of psychologically healthy living – a code of behavior that is “in many ways more authoritarian and intrusive than the religious framework” which some claim “it replaces”.¹⁰

Shade III, termed *Coercive*, refers to the result of some of the more intrusive of these idealistic initiatives – the ones which lead to categorizing people according to perceived risk factors and subjecting them to psychological risk-reduction technologies.

The most obvious way people become coerced is as a consequence of a criminal act. For well over a century, from the McNaughten ruling in the UK and the Leopold and Lobe precedent in the U.S., criminal courts have been progressively more attentive to psychological testimony regarding the mental fitness of the accused. In recent decades, as the courts have turned into an arena for the dueling testimony of experts, a new area of scholarship referred to as “Therapeutic Jurisprudence” has been impacting the entire judicial community. Described variously as “the study of law’s healing potential,” and “the study of the role of the law as a therapeutic agent,” its stated intent, is “to reshape law and legal processes in ways that can improve the psychological functioning and emotional well-being of those affected.”¹¹

This philosophy has struck such a responsive cord that it is now the rule rather than the exception for someone accused of a crime to be approached from a psychological perspective and subjected to psychological probing. “What was she thinking?” “What made him do it?” “Will he or she do it again?” are the primary categorizing questions.

The priority has shifted from whether or not an accused has a fair hearing and an impartial judge, or is sentenced in harmony with uniform sentencing guidelines, to what psychological theory best explains the crime and what sentence best suits the needs of both the accused and the victim. Although therapeutic jurisprudence does not represent the creation of a new court system, its mission is very different from the traditional mission of American courts. Promoters of therapeutic jurisprudence refer to it as a form of “court intervention” that focuses on the “chronic behavior of criminal defendants” in connection with the imposition of some form of treatment. While the “traditional role of courts and judges [is] to provide a fair process for those with a dispute or criminal charge,” under the therapeutic justice model “*the process and the rules may be regarded as secondary*, and what is pre-eminent is the whole defendant, provision of some form of treatment, and the outcome of that treatment” (emphasis added).¹²

Those categorized as predators, pedophiles or psychopaths are likely to be kept

imprisoned, forever “treated”, or put under continuous surveillance. And other prisoners, regardless of their crimes, are required to attend cognitive skill or anger management training, or violent offender, sex offender, or drug and alcohol treatment programs, where success (and eventual release) is determined by how well they are judged to have expressed remorse and altered their thoughts. Meanwhile, many who are categorized as addicts, depressed, abused or battered “get off easy”, avoiding jail time with conditional sentences involving medication, counseling or a prescribed community-based offender treatment program.

Outside the criminal justice system, a similar philosophy underlies now familiar approaches to dealing with quasi-illegal behavior, such as bullying, plagiarism, sexual harassment, or racist attitudes. In schools and workplaces, it is now common for psychological programs, such as anger management and sensitivity training, to be made a condition of continued employment or study. When the choice to be made is between a psychological remedy and being expelled or fired, people readily opt for “the cure”.

And progressively more individuals who have not been accused of even a quasi-illegal act are being psychologically categorized through a wide range of screening procedures. In the name of early detection and prevention, teachers are being taught not only to report potential bullies and psychopaths, but also to watch for signs of suicidal thinking in school essays, and to identify hidden ADHD or schizophrenia. Doctors, in routine check-ups, are told to screen for overuse of alcohol and drugs, watch for indicators of physical or sexual abuse, check for symptoms of depression or anxiety, and identify life-style or stress factors assumed to be related to illnesses or to diminished performance.

New initiatives to put more of this kind of screening into place continue to be reported in the media such as the announcement of regular mental health tests planned for police performing stressful duties in England and Wales.¹³

What is similar about all of these forms of coercive influence is:

(1) the presumption that something is wrong or potentially wrong with someone, which needs to be fixed for the good of the individual and society, and that this “fixing” involves some form of psychological programming, and

(2) the assumption that powerful others should have the prerogative to mandate a prescribed remedy to prevent what it is believed individuals might do in the future.

Most people are accustomed to the idea that we are living in a “psychologized state”. There are frequent references to our countries as psychological societies or as therapeutic cultures.¹⁴ However, while we may be aware of psychology’s presence, we tend not to consider how we, too, are affected. Like the vast majority of the population who are not directly touched by the darker, therapeutic, ideological, or coercive shades of influence, we may well feel that we are free - to do and say what we want, be who we are, make our own choices and live our own lives.

But we are all subject to Shade IV - a *Contaminating* form of psychological influence that permeates society, shaping not only our sense of ourselves but also our understanding of success, happiness and well-being – even our sense of freedom. As

the UK sociologist, Nikolas Rose, writes: “governing in a liberal democratic way means governing *through* the freedom and aspirations of subjects rather than in spite of them”.¹⁵

A primary function of psychology in our society is, I believe, to provide the fundamental means for governing people who place a strong value on personal satisfaction and freedom. By defining what is normal and determining what is healthy, psychological “know-how” organizes and directs our public and private lives; all under the guise of doing what is best for us. In so doing, it inculcates a new language and a new subjective value system, and promotes a common understanding of normality by which we judge and “work” on ourselves and others, so as to realize our (and their) potential, in order that we might pursue what is said to be “authentic” happiness and live in a free society.¹⁶

Amidst this inescapable psychological influence coming from all directions, what we are in danger of losing track of is how the expectations, opinions, and feelings, which we believe emanate from within, are actually the products of this contaminating influence. And we are failing to consider the implications (present and future) of our reliance on “the experts of the Self” to reshape our laws and the meaning of justice, to redefine the role of our schools, our police, and our military, and to change the nature of relationships at all levels – from the intimate to the international.

Psychocracy

Many people would say: “What’s wrong with that?” and would point to the picture I am describing as an encouraging one. After all, the majority of those who are therapeutically influenced do claim, regardless of what the objective data may say, that they are being helped to deal with their problems and to feel better. Even many of the coerced would say that psychological risk-reduction is better than the overtly punitive alternative. And, in the general public, there is a wide-spread feeling that what I call an ideological influence is really a sign that we are progressing societally as a result of psychology – that psychology advances our understanding of people, improves our way of dealing with human suffering and makes our lives richer, fuller and safer.

Even those who harbour doubts might argue, and correctly so, that unbounded freedom leads to anarchy and that psychological influence at the social and political level provides a preferable alternative to a dictatorial, fascist, totalitarian, or despotic rule.

None of these reactions – especially this last one – can be readily swept away. However, even this most compelling reaction may be the result of seeing our reality through a psychological lens that renders us blind to the sweeping role of psychological influence.

This world in which we live is, I suggest, a world in which the psychological reigns not only over the way we conduct our personal lives but also over the social norms

that guide public life and the social policies and structures that govern our institutions.

I think that this pervasive psychological influence is best described as a new form of governance – a Psychocracy – “governance by the psychological”. As a theocracy is understood as rule by God or his ordained according to scriptures, and a democracy as rule by the people (“demos”) according to a constitution, so psychocracy is rule by the psychologized (or the psychologically-influenced) demos according to the values and theories of psychology. In a theocratic state, people perceive all manner of events and situations as religious and seek divine intervention; similarly, in a psychocratic state people perceive all manner of events and situations as psychological and seek psychological intervention.

The term “psychocracy” has not been used previously as defined here. The closest parallel is the term “pharmacracry”, introduced by Thomas Szasz to describe medicine as a form of social control or political rule based on the restricted use of drugs.¹⁷ In a more recent book, Szasz expanded on this term, describing how, in recent decades, American medicine has become increasingly politicized as American politics has become increasingly medicalized. His usage of the term “pharmacracry” in this later book is closer to the meaning of the term “psychocracy” which I am now introducing; however, Szasz’s perspective (and focus) remains medical (predominantly psychiatric) while mine is broadly psychological. He ends *Pharmacracry* with the ominous warning that “formerly, people rushed to embrace totalitarian states. Now they rush to embrace the therapeutic state. When they discover that the therapeutic state is about tyranny, not therapy, it will be too late.”¹⁸

While I too am issuing a warning, I am not suggesting that this new form of governance is an organized political movement nor am I implying any sinister intent on the part of the Psychology Industry. Psychology has historically been, and will continue to be as much shaped by, as it is shaping, our society.¹⁹ Likely, its rise to power during the twentieth century can be attributed to its particular utility in our liberal democracies, where governing must be seen to enhance our ability to live as free individuals.²⁰ What psychology provides at this point in time is a covert means of control through the regulation of the self which involves the pursuit of what is considered psychologically healthy and good, a code of “normal” conduct, and a range of seemingly compassionate techniques to curb aberrant behaviours and sanitize punishment.

I can, with a reasonable degree of confidence, predict that psychology will remain a dominant force through the coming decades of the twenty-first century; but I cannot as clearly foresee what form that psychological influence will take. Psychology is remarkably chameleon-like in nature; able to change its appearance to accommodate to its surroundings. Restrained by neither a doctrine nor an organizational structure and empowered by fundamentalist confidence in its infallible rightness, it has a unique capacity to adapt to an ever-changing political and economic climate.

Already changes are appearing in the manufactured-victim/therapeutic culture which I and others have described.²¹ The rise of “Managed Care” health systems in the U.S. has affected the free-market approach to psychotherapy with short-term

treatments, predominantly cognitive behavioral, replacing the time consuming deep-psychology methods. As well, on the heels of the terrorist attacks of September 11th, psychology's emphasis has begun shifting from "trauma work" to "resilience training".²² And, as concerns about personal and national security take the forefront, psychology is focusing more on risk reduction and mandatory, rather than voluntary, programs and policies.²³ If these trends continue, as all indications suggest, psychology's values, theories and practices will take on a different hue and the means of its influence will change. This new manifestation of psychological influence will likely result in less of the direct Therapeutic (Shade 1) and more of the Idealistic and Coercive (Shades 2 & 3) type.

Social influence is an aspect of all social interactions and as such, is inherently neither good nor bad. We are, however, at a place in history where that influence is predominantly psychological. In pointing to a psychocratic system of governance and in critiquing it, I am not proposing some new or better alternative or suggesting that we grasp nostalgically back at some prior form of governance. Nor am I making doomsday predictions of social decay and collapse. However, I am suggesting that we need to develop a keen awareness of the social influence of psychology and to watch closely how the shades of influence are shifting so as to more thoughtfully consider the implications for ourselves and for our nations as we ponder, as every generation has, civilization's discontents.

References

- American Psychological Association (APA 2001a). *A Road to Resilience*.
<http://helping.apa.org/resilience/>.
- American Psychological Association (APA 2001b). Report on Public Interest Advocacy Initiatives of the APA Public Policy Office. <http://www.apa.org/ppo/issues/pbappi201.html?CFID=2689200&CFTOKEN=42653044>.
- BBC News* (2003). Mental health tests planned for police. Aug. 27. (Radio)
- Blackwell, T. (2003). Alcoholic Prison Guard Keeps His Job. *The National Post*, September 5.
- Dineen, T. (1996). *Manufacturing victims: What the Psychology Industry is doing to people*. Montreal: Studio 9/Robert Davies Publishing Inc. (Revised 1998, 2001) and Commonwealth edition (London: Constable & Robinson, 1999).
- Fitzpatrick, M. (2001). *That tyranny of health: Doctors and the regulation of lifestyle*. London: Routledge.
- Furedi, F. (2004). *Therapy culture: Cultivating vulnerability in an uncertain age*. London: Routledge.
- Gross, M. L. (1978). *The Psychological Society*. New York: Random House.

- Lambert, M. J. (ed.) (2004). *Bergin and Garfield's handbook of psychotherapy and behavior change*. 5th ed. New York: John Wiley & Sons.
- Lasch, C. (1979). *The culture of narcissism: American life in an age of diminishing expectations*. New York: W.W. Norton.
- Nolan, J.L. Jr. (1998). *The Therapeutic State: Justifying government at century's end*. New York: NYU Press.
- O'Meara, K.P. (2002). The Grief Police. *Insight Magazine/ The Washington Times*, January 28.
- Reid, J. (2002). School bullying is "epidemic." *Times Colonist*, Victoria, Feb. 15.
- Robiner, W.N. (1991). How many psychologists are needed? A call for a national psychology human resource agenda. *Professional Psychology: Research and Practice*, 22(6).
- Rose, N. (1998). *Inventing our selves: Psychology, power and personhood*. Cambridge: Cambridge University Press.
- Rose, N. (1999). *Powers of freedom: Reframing political thought*. Cambridge: Cambridge University Press.
- Schultz, D.P. (1969). *A history of modern psychology*. New York: Academic Press.
- Smyth, J. (2003). Bullying guidelines go beyond schoolyard. *National Post*, June 20.
- State Court Administrators Conference (1999). Position Paper on Therapeutic Jurisprudence. Paper presented at the business meeting of the Conference of State Court Administrators, Williamsburg, Virginia, August 5.
- Szasz, T. (1974). *Ceremonial chemistry*. Garden City, NJ: Anchor Press/Doubleday.
- Szasz, T. (2001). *Pharmacocracy: Medicine and politics in America*. Westport, CN: Praeger.
- Wexler, D.B. and Winick, B.J. (1991). *Essays in therapeutic jurisprudence*. Durham, NC: Carolina Academic Press.
- Zimbardo, P. and Lippé, M. (1991). *The psychology of attitude change and social influence*. Philadelphia: Temple University Press.

¹ Dineen 1996.

² O'Meara 2002, pp. 10-12.

³ Dineen 2001.

⁴ Robiner 1991, pp. 427-440 and Dineen 2001, p. 150.

⁵ Zimbardo and Lippé 1991, p. 359.

⁶ Lambert 2004.

⁷ Blackwell 2003.

⁸ Smyth 2003, p. A2.

⁹ Reid 2002.

¹⁰ Fitzpatrick 2001, p. 70.

¹¹ Wexler and Winick 1991.

- ¹² State Court Administrators 1999, p. 1.
¹³ BBC News 2003.
¹⁴ Gross 1978; Nolan 1998.
¹⁵ Rose 1998, p. 155.
¹⁶ Rose 1998, p. 17.
¹⁷ Szasz 1974.
¹⁸ Szasz 2001, p.160.
¹⁹ Schultz 1969.
²⁰ Rose 1999.
²¹ See, e.g., Dineen 2001; Lasch 1979; Furedi 2004.
²² See, for example, “A Road to Resilience” – APA 2001a.
²³ APA 2001b.