GlobalResearch
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From Persuasion to Coercion: PsychoPharma's "Priesthood of the Mind"

By James F. Tracy
Global Research, October 06, 2012

Region: USA
Theme: Police State & Civil Rights, Science and Medicine

The "psychopharmaceutical complex"[1]— modern psychiatry, the pharmaceutical industry, and an accommodative regulatory apparatus–sustains itself through a public belief in its medical scientific expertise and legitimacy realized through marketing and public relations. Now a combination of more direct government involvement in medicine via the Affordable Care Act, the 2013 release of the American Psychiatric Association's (APA) new and expanded Diagnostic and Statistical Manual of Mental Disorders Volume V (DSM), alongside more comprehensive systems of federal health surveillance and biometric identification technologies suggest how psychiatry's behavioral norms and protocols will be more and more integrated into everyday life. Overall, the psychopharmaceutical complex appears poised to abandon a paradigm based on persuasion and belief and move toward a model encompassing coercion and decree to enforce its normalcy ideal.

> *"Reason is man's faculty for grasping the world by thought, in contradiction to intelligence, which is man's ability to manipulate the world with the help of thought. Reason is man's instrument for arriving at the truth, intelligence is man's instrument for manipulating the world more successfully; the former is essentially human, the latter belongs to the animal part of man."*—Erich Fromm[2]

Since the 1950s psychotropic drugs comprise the psychiatric-pharmaceutical complex's lucrative masterstroke of public relations and marketing. Heretofore the prevalence and use of such substances have been constructed in the public mind through a conditioned cultural obeisance toward professional expertise and its amplification in advertising and related promotional discourse. Twenty percent of Americans now take at least one drug to treat one or more psychiatric disorders. Usage among women and children under ten doubled between 2001 and 2010.[3] According to the Centers for Disease Control the "selective serotonin reuptake inhibitors" (SSRIs) class of antidepressants marketed under the now common brand names Zoloft, Celexa, Effexor, and Paxil, are among the most heavily prescribed drug types, with 11% of Americans over the age of 12 now on such treatment.

Pharmaceuticals are widely prescribed by psychiatrists and general practitioners alike as treatment of conditions delineated in the DSM, through which the psychiatric profession exerts worldwide authority in defining what mental illness is in a sweeping array of behavioral designations applicable to thousands of subjectively interpreted behavioral abnormalities. The APA recommends antidepressant medication for a large proportion of alleged maladies, such as what it terms "moderate to severe depressive symptomatology."[4] Yet as historian David Healy notes, the current DSM IV has

"conveniently made it impossible to define dependence on SSRI's antipsychotics, or benzodiazepines as a disorder."[5]

Between 1988-1994 and 2005-2008 antidepressant use in the US increased by close to 400%.[6] If usage were to expand further along this trajectory by the early 2020s two in five people will be taking antidepressants alone. Antidepressant sales peaked at $15 billion in 2003, yet expiration of drug patents, the pharmaceutical industry's inability to produce new "blockbusters" to take their place, and increasing reports that such drugs are useless and often dangerous may reduce sales to as little as $6 billion by 2016.[7]

The four-fold expansion of antidepressant consumption demonstrates how "depression" and the introduction of SSRIs have no doubt been a tremendous boon for pharmaceutical companies. Yet how depression and antidepressants have become such a taken-for-granted element of the public mind is a far less interrogated social phenomenon. Pharmaceutical companies wield tremendous power over discourse and belief through a carefully crafted advertising and public relations agenda that exceeds the often useless and dangerous products they sell.[8] Such effects have capitalized on the cultural inclination toward deference to expert opinion—in this case toward psychiatry.

Constructing the Profession and Its Object

In 2006 investigative journalist Jon Rappoport conducted a series of interviews with Ellis Medavoy, an alias provided to a high-level public relations expert who played a major role in orchestrating and manipulating public perceptions of major health crises, including HIV/AIDS. Among the PR man's revealing observations is how psychiatric expertise is largely the result of propaganda technique. "Problem equals mental disorder equals diagnosis equals drugs," Medavoy explains.

> The PR job is to dress that up and give it scientific sounding context and you throw in all sorts of stuff about "the research"—and you have an industry. But in the larger frame, you have a priesthood of the mind. An official priesthood. Licensed. And you sell that, too, using other words. You REALLY sell that. "No one else knows anything about the mind. Only the psychiatrists have the knowledge." You sell "needs professional help" and "is going in for treatment" and "new breakthroughs" and all that crap. You sell it six ways from Sunday.[9]

The intricacies of building a public creed around the twofold deity of pharmaceuticals and psychiatry involves several processes specific to advertising and public relations. For example, linguistic specialists fashion brand names to "tap different synapses in their customers' brains: those linking the raw sounds of vowels and consonants known as phonemes to specific meanings and even emotions."[10] In this way the name for the archetypal SSRI Prozac was designed to have a specific resonance in consumers' minds. "Prozac: Pro is a rather pedestrian beginning, but the sounds p, z, and k all score high for the qualities active/daring." The name of Prozac's close relation Zoloft involves the same method of linguistic engineering. "Zoloft: Zo means life in Greek and loft elevates the concept." Like Prozac, the SSRI Paxil includes the sounds z and k, along with "crackling, buzzing sounds [that] may subliminally suggest activity to back up the sequence ac, which suggests the word action."[11]

Japan is the world's third largest market for pharmaceuticals and provides an illustrative example of the pharmaceutical industry's capacity to manipulate and seduce a society into

the wide-scale use of specific psychoactive substances. Beginning in 1998 the country loosened its regulatory requirements for drug sales and advertising. By 2001 US-style direct-to-consumer drug advertising proliferated and US-based companies controlled close to 50% of Japan's $364.2 billion of pharmaceutical sales. The increased popularity and availability of branded drug products within a non-Western cultural milieu set the stage for marketing strategies involving the brisk construction of public perception to overcome cultural barriers and generate demand.

In the 1980s when Japanese pharmaceutical corporation Meiji Seika was in the process of having a drug to treat "obsessive-compulsive disorder" approved by Japanese regulators, company officials realized that Japan had no standard diagnostic test for OSD. The company therefore proceeded to write its own definition, using US descriptors as a template. In the late 1990s Meiji Seika took this practice to an entirely new level when it obtained the go-ahead from regulators to market its own SSRI, Luvox.[12] After receiving approval the company faced an uphill battle of having the drug accepted in a country where, according to a survey conducted by the World Health Organization in the early 1990s, the most common prescription for a "mood disorder" was a mild tranquilizer.[13] In light of this, Meiji and several other interested corporate partners proceeded in "effecting nothing less than a sweeping cultural change," as one observer explained.

> One crucial step: altering the language people use to discuss depression. The Japanese word for clinical depression, utsu-byo, had unpleasant associations with severe psychiatric illness. So Meiji and its partners began using the phrase kokoro no kaze, which loosely translated means "the soul catching a cold." The message was clear: If you take pills to alleviate a stuffy nose in the wintertime, why not do the same for depression? The marketing director for Meiji and its affiliates says he would regularly make use of the kokoro no kaze line when explaining to Japanese reporters why the taboo surrounding the disease should be lifted.[14]

America was far ahead of Japan in its recognition of pharmaceuticals to address mental illness. The notion that depression was a potential epidemic requiring "treatment" was placed in the public mind several years before the immensely popular SSRI Prozac was introduced in 1988. The idea nevertheless requires continual reinforcement. So too does the questionable concept of "screenings" to assess potentially injurious "moods" or behaviors, a practice currently underway at some US healthcare facilities using DSM V classifications.

The Architecture of Psychiatric and Police State Surveillance

"Science does not possess the technology to measure biochemical imbalances in the living brain" physician and author Peter R. Breggin observes. "The biochemical imbalances speculation is actually a drug company marketing campaign to sell drugs."[15] In this way, mental health "screenings" lack the objective scientific gauging and assessment of physical indications to determine the existence of a disorder. Rather, the opinion is based on the subject's response to a series of questions.

Over the past several years marketing methods have been implemented in earnest on American college campuses to condition a generation toward accepting the routine nature of mental health screenings. In the early 2000s Wyeth, maker of the antidepressant Effexor, sponsored "mental-health educational campaigns" on 10 college campuses. The 90-minute program, titled "Depression in College, Real World, Real Life, Real Issues," took place in

campus theaters and was hosted by MTV star and Effexor user Cara Kahn. The program's associated depression "screenings," now a commonplace feature of the public health regimen, were given upbeat sounding pitches, such as, "Stressed? Come find out how much," and "Come test your mood." Industry representatives observed how such solicitations meet with higher interest among potential participants than would a more prosaic-sounding, "depression screening."[16]

If the allure of psychotropic nostrums is wearing thin, as some industry and market trends suggest creating a need, by whatever means, for psychopharma's corresponding therapies and products is essential. The anticipated dearth in antidepressant sales alongside Western governments' broad acceptance of psychiatry's superficial articulation of aberrant human behavior and its remediation may go a long way in explaining recent widely publicized studies alleging a growing epidemic of mental illness and government programs decreeing obligatory mental health screenings of youth and attendant pharmaceutical treatment.

What exactly constitutes a mental disorder requiring treatment? Again, the DSM V's forthcoming expanded assortment of peculiarities provides some indication of what future screenings may look for. An individual divulging her enjoyment of an occasional cigarette will be classified as suffering from "tobacco use disorder." A social drinker may be designated with "alcohol use disorder." Someone regularly imbibing too many cups of coffee or iced teas may undergo "caffeine intoxication," or, worse, "caffeine-induced anxiety disorder." Spending too much time browsing the web, visiting online gambling sites, porn sites, or shopping too frequently may be respectively judged as "internet addiction," "gambling disorder," "hypersexual disorder," and "compulsive shopping disorder," and accordingly prescribed treatment regimens.[17]

Further, the expansion of psychiatry under federal auspices increases the potential for its Soviet-style abuse to silence political dissidents, as the recent case of former US Marine Brandon Raub illustrates.[18] Taking an insistent stance that weather modification exists or discussing World Trade Center Building 7's inexplicable September 11 collapse may be grounds for a diagnosis of "paranoid delusional disorder." Activist overtures calling attention to the precarious rationales of the "war on terror," the Federal Reserve, or an overreaching police state could be easily classified as having unresolved "oppositional defiant disorder."

With such a broad array of maladies which are themselves subject to the psychiatric practitioner's interpretation, nearly everyone is susceptible to the psychopharmaceutical combine's scrutiny, especially as it expands its purview to younger age groups. "The [ACA] is designed to help increase incentives to physicians and other health and mental health professionals to look after people across the entire continuum of care," psychologist John M. Grohol points out, editor of the popular website PsychCentral. "Research suggests that this sort of integrated, coordinated care is ultimately beneficial to the patient. It can help catch health issues before they become more serious concerns."[19]

The growing mental illness epidemic—or the psychiatric profession's contention of such—has severe consequences not only in terms of personal anguish, but also for entire economic regions. Mental health experts assert that close to forty percent of Europeans are mentally ill, a problem estimated to cost the European economy alone several hundred billion euros annually. A 2011 study concludes 165 million EU residents are afflicted with some form of mental illness. "The immense treatment gap … for mental disorders has to be closed," the paper's lead author asserts. "Because mental disorders frequently start early in life, they have a strong malignant impact on later life … Only early targeted treatment in the

young will effectively prevent the risk of increasingly largely proportions of severely ill … patients in the future."[20]

In the US, where the ACA stresses "the importance of integrating and coordinating the delivery of physical and mental health services and provides incentives to providers to integrate care"[21] an individual who may even have private insurance and visits the hospital for a physical sickness or injury will be increasingly subject to surveillance and evaluation in accordance with standards established by the DSM.

The Centers for Disease Control's 2011 Mental Illness Surveillance Report stresses that 25% of Americans are mentally ill and one in two will develop a mental illness sometime in their lifetimes. Thus a program of "public health surveillance" comprised of "public health officials, academicians, health-care providers, and advocacy groups" will constitute "multiple surveillance systems" to "reduc[e] the incidence, prevalence, severity, and economic impact of mental illnesses … assess associations between mental illness and other chronic medical conditions (e.g., obesity, diabetes, heart disease, and alcohol and substance abuse); identify populations at high risk for mental illness and target interventions, treatment, and prevention measures; and provide outcome measures for evaluating mental illness interventions."[22] The project uses the DSM to identify and diagnose such illnesses.

"The public health importance of increasing treatment rates for depression is reflected in *Healthy People 2020*," the CDC notes elsewhere, a ten year plan of the Department of Health and Human Services "which includes national objectives to increase treatment for depression in adults and treatment for mental health problems in children." To aid the program the US government has established a Preventative Services Task Force that now recommends "mental health screenings" for children ages 12 thru 18. Like the Mental Illness Surveillance program, the Task Force uses the DSM as a template for its diagnoses.[23]

Conclusion

Given that the US federal government and insurance industry now have a combined investment in mitigating risk attached to the DSM's classificatory scheme over myriad personal behaviors, individuals and the broader society must collectively ask, "Where does such surveillance end?" At present the individual may still exert some degree of control over what medical information s/he wishes to disclose to the medical surveillance apparatus. However, the increasing deployment of biometric technology and the rapid move toward an electronic "cashless" base of financial transactions all but ensures the end of this modest sphere of privacy and the complete realization of a far-reaching panoptic grid by which to locate and identify private idiosyncracies and thereby produce candidates for "interventions" and treatment.

An imperative for calling out and resisting the psychopharmaceutical complex's ever-expanding grip on society is to understand and recognize its intertwined history with advertising and public relations of largely constructing public perceptions and what now constitutes a widely accepted set of beliefs toward mental wellness and disease. The fact that this enterprise will now be more closely allied with a national healthcare armature and a central component of the government-controlled medical stratagem suggests the coming fulfillment of a full-fledged pharmacological technocracy where through continued mass persuasion and government edict phony medicine and drugs will fill the vacuum of misspent

and unfulfilled existence.

Notes

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5. David Healy, *The Creation of Psychopharmacology*, Cambridge MA: Harvard University Press, 66-67, 330. DSM IV was published in 1994 and revised in 2000.

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10. Sharon Begley, "What Goes Into A Brandname? A Letter at a Time," *Wall Street Journal*, August 31, 2002, D1. This section is adapted from an argument developed in James F. Tracy, "Between Discourse and Being: The Commodification of Pharmaceuticals in Late Capitalism," *The Communication Review* 7, 2004: 15-34.

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16. Paul Glader, "From the Make of Effexor: Campus Forums on Depression," *Wall Street Journal*, October 10, 2002, B1.

17. See Christopher Lane, "Bitterness, Compulsive Shopping, and Internet Addiction," Slate.com, July 24, 2009, http://www.slate.com/articles/health_and_science/medical_examiner/2009/07/bitterness_compulsive_shopping_and_internet_addiction.html; Reuters/Luke MacGregor, "Digital Age Overload: 'Internet Addiction' to be Classified as Mental Illness, *Russia Today*, October 1, 2012, http://rt.com/news/internet-use-mental-illness-389/

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An Associate Professor of Media Studies at Florida Atlantic University, James Tracy's work on media history, politics and culture has appeared in a wide variety of academic journals, edited volumes, and alternative news and opinion outlets. Tracy is editor of Union for

Democratic Communication's journal Democratic Communiqué *and a contributor to Project Censored's forthcoming publication* Censored 2013: The Top Censored Stories and Media Analysis of 2011-2012*. Additional writings and information are accessible at* memoryholeblog.com*.*

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About the author:

James F. Tracy was a tenured Associate Professor of Journalism and Media Studies at Florida Atlantic University from 2002 to 2016. He was fired by FAU ostensibly for violating the university's policies imposed on the free speech rights of faculty. Tracy has filed a federal civil rights lawsuit against the university, with trial set to begin November 27, 2017. Tracy received his PhD from University of Iowa. His work on media history, politics and culture has appeared in a wide variety of academic journals, edited volumes, and alternative news and opinion outlets. Additional information is available at MemoryHoleBlog.com, TracyLegalDefense.org, and jamesftracy.wordpress.com.