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# Social Construction Of The Patient's And Psychologist's Image: Implicit Premises' Function

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**Abstract:**

These days, international aid agencies and non-governmental organizations are promoting awareness campaigns, policies, and practices that give people's mental health more attention. Major players in mental health are psychologists and patients, whose perceptions are socially constructed. However, many people are still unsure of what a psychologist does or who "psychologists" and "patients" are. This confusion might highlight stigma and stereotypes surrounding mental health in general. Thus, taking on the concepts of "psychologist" and "patient" head-on could be a small step toward dispelling myths and bringing order to the mental health landscape. The implicit contextual premises that form specific framings around which the patient's and psychologist's images are socially and culturally co- constructed are the main focus of our study. To achieve this, we have examined the discourses and various perspectives that underlie the social image of the patient and the psychologist from a variety of sources or contextual domains, including online psychology forums, university websites, and an online survey. We have identified every point of view and argument pertaining to the different conceptions of the patient and the psychologist from a methodological standpoint and in accordance with the pragmatic-dialectical approach. Using the Argumentum Model of Topics, we have clarified the implicit premises underlying each argumentative inference. We have recreated the various framings involved in the various contextual domains based on these analyses. The results demonstrate how powerful implicit contextual premises are in creating stigmatization in laypeople's perceptions of the patient

and the psychologist. Specifically, we have found that institutional premises predominate over individual ones in contextual domains that are more defined; in contrast, heterogeneous individual premises are more prevalent in informal contextual domains. Our study emphasizes that the only way we can alter subjacent contextual premises at the heart of stigma and the stereotypical world's images is by replacing outdated implicit premises with brand-new, unimagined ones.

**Keywords:** Psychologist, Patient, Contextual Premises.

**Introduction**

Stereotypes, prejudices, and discriminations can be directed at both the patient and the psychologist (e.g., ageism refers to stereotypes toward others or oneself based on age, stereotypical, or inequitable gender approaches). The phenomenon of social stigma has been extensively researched. However, there are still a lot of steps to be taken in the context of mental health, as the WHO recently reported (WHO, 2022). By directly addressing the concepts of "psychologist" and "patient," we hope to make a small contribution to dispelling stereotypes and bringing order to the mental health landscape. Our study can be placed in line with these studies (e.g., Heijnders and Van Der Meij, 2006; Orchowski et al., 2006).

Our study specifically examines the implicit assumptions that give rise to the stereotypes that circulate around the figures of psychologists and those who seek psychological advice.

**In Psychology, stigma:**

Having mental illness or mental disorders, seeking psychotherapy, maintaining relationships with people who are experiencing psychological problems, adopting psychiatric treatments, and the psychologist themselves are all linked to stigma, a phenomenon that has been extensively examined in the literature on psychotherapy (Lannin et al., 2013). "The phenomenon whereby an individual with an attribute which is deeply discredited by his/her society is rejected as a result of the attribute" is how (Goffman, 1963) defines stigma. There are two types of stigma: self-stigma and public stigma. Stereotypes, prejudice, and discrimination are three possible ways that both dimensions can manifest. Stereotypes in public stigma are ideas about groups of people that society uses to categorize information.

However, some stereotypes reduce the likelihood of this happening. For instance, some teenagers may refrain from seeing a school psychologist because they believe the psychologist may

judge them too harshly to be of assistance, or because they believe the school psychologist may only be helpful in addressing issues that are directly related to the school environment (Cornoldi and Molinari, 2019).

The individual must therefore manage dialectical positions regarding the reasons for avoiding the psychological path and those for accessing it (Owen et al., 2013). The patient and the psychologist can both actively participate in this process by exploring certain stereotypes during therapy (Heijnders and Van Der Meij, 2006). Stigma comes from a variety of social contexts and has a complex structure. Different contextual domains that are somehow related to the individual give rise to distinct framings.

**Contextual premises:**

Contextual premises are fundamental to the construction of stigmas and stereotypes. We have demonstrated the following features through four excerpts: (a) the university supports a favorable perception of the psychologist as a professional who undergoes extensive training to enhance personal development and life goals; (b) lay respondents to our survey present the psychologist as an expert who provides guidance and assumes responsibility for the patient, thereby reestablishing the perception of the patient as an agentless person; (c) laypeople present the patient as someone who is totally alone and somehow cut off from social reality (the patient's familiar and social surroundings lack relational resources); (d) Views expressed by laypeople in online forums emphasize that being highly reflective is a sign of being problematic, and that a psychological problem only occurs when someone else, especially a specialist in psychological health, recognizes it.

**Recommendations:**

Our study has demonstrated the need for additional mental health research to address the following unanswered questions: How can we take action to combat the stigma associated with mental illness? What kinds of methods and training can be beneficial? We firmly believe that future research in the area of psychology's argumentation and communication may benefit from our combination of theoretical and methodological approaches. This will enable us to think more clearly about how implicit premises are used to construct social representations of actors interacting in professional settings, like patients and psychologists.

**Conclusion:**

To sum up, we think that contextual implicit premises are essential for illuminating the ways in which stigma and stereotypes are

constructed based on people's perceptions of the world and themselves. As mentioned, contextual meaning can be infinite, but it can only be realized when it is combined with another person's meaning, even if that meaning is just a question asked in the understanding person's inner monologue. No "contextual meaning in and of itself" is possible; rather, it exists only in conjunction with another contextual meaning. From a theoretical perspective, we can deduce that ideal concepts emerge when the Self does not communicate with the other, especially when our premises do not communicate with one another and with the premises of others. Therefore, the only way we can combat stigma around mental health is by connecting our facilities with those of others, especially individual facilities with institutional facilities.

In order to separate factors pertaining to the social images of the patient and the psychologist in communication, our study has brought attention to the significance of turning implicit stereotypes into a visible object of study. Beginning along this path, we can only alter the implicit contextual premises at the heart of stigmas and stereotypical worldviews by making them explicit. Since it can be harmful when it keeps people from seeking psychological assistance and taking care of their psychological well-being, our goal was to recreate the stereotypical social images of the patient and the psychologist.

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