

# Call Me Doctor I: The Status of Doctoral Degrees in Psychology

**William Bergquist, Ph.D. and R. James Little, Psy.D.**

The term “Doctor” has a long and interesting history. The term “doctor” stems from the Latin word “docere,” meaning to “teach.” The title “doctor” was first used in Europe during the Middle Ages to identify distinguished scholars at universities who were qualified to teach others in their field of study. These scholars were given considerable respect and prestige. Before the 15th century, the titles Doctor, Masters and Professor were used interchangeably. However, by the end of the 15th century, the title Master was used for those in lower faculties (e.g. Arts), while Doctor was used only for those in higher faculties (Law, Theology and Medicine). Medical practitioners only began being addressed as “doctor” by medical schools in the 17th century due to the growing respect for medical training grew in the 17th century. By the 1940s, doctorates expanded beyond Law, Medicine and Theology and the term came to be applied to advanced degrees in all disciplines.

While the term “Doctor” was safeguarded in the universities and among professionals in many fields, it has been widely used in a very casual manner. It has primarily been used to bestow honor on someone. This term is even used in this more informal, “honorific” way in contemporary universities. An “honorary doctorate” is bestowed on people who have accomplished something of importance or made a major donation to this educational institution. While people who have been awarded a formal, academically earned doctorate, gain status from this award, most recipients of “honorary doctorates” need not make use of the term “doctor” to elevate their social status, since they are usually already accomplished and often powerful and wealthy.

In our present world (especially in the United States), there is a unique use of the term “doctor” in professional sports. It has been assigned to exceptionally gifted players (e.g. “Dr. J”), coaches (e.g. “Doc Rivers”) and even sports commentators (e.g. “Dr. Jack Ramsey”). While some of these members of the professional coaching community might have earned doctorates (usually Ed.D. in sports education), the term “Doc or Dr.” has often been assigned to them to recognize their distinctive accomplishments – and even elevate social status in sports.

While there has been the informal designation of “Doctor” to those with wealth, influence, or athletic skills, there has been a move toward greater restriction in using this term in most countries over the past two centuries. The term “Doctor” is now likely to permanently elevate the social status of members of a society who have earned this degree at a “legitimate” academic institution. Thus, with the term “doctor” being heavily regulated, restrictions-- and taken quite “seriously”—there are important implications regarding the use of this term--especially for how someone with a “doctorate” in certain fields can “treat” their patients or clients.

Clearly, “Doctor” is a rich, multi-level word with a long history. This leaves it an influential, complex, and controversial term. This essay focuses on the latter issue—how the term “Doctor” relates to regulating services provided to patients and clients in a society. However, we begin by considering the broader context in which the professions and, specifically, the term “Doctor” operates. We turn first to the two

worlds introduced by Mircea Eliade. They are the sacred and the profane. A second distinction is presented by C. P. Snow: the cultures of science and the humanities. These worlds and cultures pull the term “Doctor” in different directions, leading to a dynamic and sometimes elusive use of the term “Doctor” when assigned to someone in the field of professional psychology.

## **Context I: The Sacred and Profane Nature of the Professions**

In seeking to understand the importance and power associated with the “doctor” title, especially in human service fields, we must look beyond the world of reason and objectivity. We must rest our lens to view a domain where measures are not quickly taken. Still, highly influential forces reign supreme, especially when considerations are being given to cultural differences. Specifically, this is a domain identified by Mircea Eliade (1959), a noted religious historian, as *Sacred*. By contrast, Eliade identified a prevalent domain in contemporary life worldwide. This is the *Profane*. Eliade suggests that we live in a world that is both profane (secular) and sacred. It is a world that is divided into two realities (Eliade, 1959, pp. 10-11)

The sacred exists in a realm that “manifests itself as a reality of a wholly different order from “natural” realities. . . . Man becomes aware of the sacred because it manifests itself, shows itself, as something wholly different from the profane. . . . [It is] a reality that does not belong to our world, in objects that are an integral part of our natural “profane” world.

For Eliade, the sacred domain shows itself through what he calls “hierophanies.” These are objects (e.g. sacred stones), living entities (e.g. sacred trees) or the inspired creations of human beings (e.g. sacred ceremonies). Each hierophany is an “irruption of the sacred that results in detaching a territory from the surrounding cosmic milieu and making it qualitatively different.” (Eliade, 1959, p. 26). In sum, human beings can be identified as not only *homo sapiens* (imbued with a search for knowledge) but also *homo religious* (imbued with a search for spiritual enlightenment).

With Eliade’s lens in place, we can begin to view dynamics associated with membership in a specific profession, specific membership in the profession called psychology, and even more specific membership in an exclusive club that entitles one to be called a “Doctor.” We propose that viewing these memberships as sacred and profane in nature yields important insights regarding the power, opportunities and challenges associated with each. We also propose that the professions, playing such an important role throughout the 21<sup>st</sup> century world, are “sacred” in many ways. At the same time, they operate in a “profane” and decidedly secular world of regulations, restrictions and money.

### **Professions as Sacred**

There are at least major ways in which professional acts can be considered “sacred.” The sacred nation of professions can be found in transformative outcomes which emerge from skillful and experienced engagement in professional actions. There is also the matter of professionals being proactive. As active agents for change and improvement and as members of a society who “profess” their commitment to positive outcomes under a strict code of ethics, professionals are regarded at a level that transcends secular everyday life.

Finally, mysteries emerge in these professional acts of transformation and the work of professionals at a level about the secular. Something new has emerged from a professional engagement that can evoke

both appreciation and (at times) a sense of awe. That which is surprising and outside the ordinary is Sacred.

*Transformation:* Eliade writes about the transformative role played by the Sacred. Professionals, in turn, are in the business of transforming – not just repairing. Accountant professionals “miraculously” turn a cluster of expense statements, invoices and bank accounts into a tidy and clearly organized balance sheet and statement of assets and liabilities. Lawyers operate in a world where they confront a cluster of facts and speculations that are contradictory (and often messy). This cluster is transformed into a straightforward judicial outcome: one of the plaintiffs does or does not win a judgment, and the defendant is innocent or guilty. Professors transform the student’s ignorance into knowledge, while the physician turns illness into health or injury into wholeness. There is often an even more powerful (though perhaps elusive) transformation for psychology professionals: from helplessness to hopefulness, from fear to courage.

Eliade (1959, p.57) proposes that “every construction and every inauguration of a new [sacred] dwelling are in some measure equivalent to a *new beginning*, a *new life*.” I would extend his analysis by suggesting that every construction of reality (be it a profit and loss statement or psychotherapeutic interpretation) serves in some manner as a new beginning. A new life is created when there is skillful and experienced engagement of a professional in one’s secular life. The secular becomes sacred when a professional construction takes place.

*Pro-Action:* There is an important, more historical reason to acknowledge the sacred nature of professions. This reason has to do with the term “profession” itself. If we examine this word in some detail, we find that it contains two parts. The second part is “fession.” This word component is also found in the word “confession.” The difference between these two words comes from the first part of each word. One is “pro” and the other is “con.” This difference makes sense, for profession is all about moving forward, freely asserting one’s knowledge and competence. The professional is proactive and filled with agency and free-will. The word “profession” comes from an old Latin word (*professio*) concerning public declaration. It is an active stance. A proclamation is made for all to hear (as in a graduation ceremony or wearing of a white jacket and stethoscope by medical doctors).

Conversely, confession concerns a prodding, a reaction, or a reluctant sharing of information. When confessing, we are complying with someone else’s request or demand. Or we are complying with our own internal sense of guilt and culpability. The word “confession” comes from an old Latin word (*confessio*) concerning one’s admission of doing wrong or making a mistake. This is a passive stance. A confession is something one doesn’t (at one level) want to do. However, as noted, it is done either by external coercion (legal, religious) or internal coercion (guilt, shame). These two words stand at the opposite ends of a spectrum of agency and free will. This spectrum is sacred. Both profession and confession come from and reside in the Sacred domain.

*Mystery:* Finally, there is the matter of mystery and significance. Eliade suggests right from the start of his book that the sacred domain is founded on the experience of something that is awesome, awe-ful and awe-inspiring. He brings in Rudolph Otto’s description of the Sacred, which is terrifying and related to confrontation with overwhelming power, and compelling, fascinating, and mysterious. In many ways, all professions align with this sense of the sacred. There is always something “remarkable” about observing a skilled and experienced professional do their job—especially when their work impacts our lives.

The architect takes our ill-formed ideas about the space in which we want to live and crafts a structure that responds beautifully to what we want (and perhaps meets a need we didn't even know we had). The social worker carefully but quickly moves through all the paperwork and provides us with the necessary assistance. Psychotherapy helps to clear away our emotional debris. We move to a new sense of hopefulness and constructive agency. We leave behind a chaotic mess, a set of vague yearnings, or a restrictive armament (constructed of outdated assumptions about ourselves and our world).

These challenges are sacred. The outcomes can be not just transformative (as we have already mentioned) but, in some sense, "miraculous." Thus, for these reasons, professional work can be considered sacred and should be appreciated and engaged from this perspective. However, professionals live in the real world and are subjected to the many restrictions (as well as opportunities) that those in the secular realm must face.

### **Professional as Profane**

We find that professions play an important role in the functioning of virtually all 21<sup>st</sup> Century societies. Burton Bledstein (1976) has even suggested that the professions have replaced class and racial distinctions in many societies. With this sense of a dominant professional culture pervading our global community comes a broad and complex set of regulations and restrictions that differentiate the "professional" in specific fields from "lay people" who might provide the same services but without license or credibility.

Medical, clinical and scientific professionals populate this culture—as do accountants, architects, teachers and various other vocations in mid-21<sup>st</sup> Century life. Most of this culture's members in health-related fields hold death as the ultimate but inevitable foe. The scientific and medical professions gave over the task of understanding the meaning of life and death many years ago to religious and spiritual practitioners and the alternative culture while they focused on the disease processes that happen to bodies. In this, they have been hugely successful.

As a result of the efforts of health care professionals, countless numbers of people have been cured, their lives extended, and their mobility stabilized if not returned fully to them. While the matter of life-and-death is not in the hands of other professionals, we have witnessed the establishment of standard accounting procedures, the design of earthquake resistant structures and the creation of digitally mediated educational programs.

Exciting new answers emerge from the problem-solving of this culture's professions. Practices improve. Harmful quackery is questioned and eliminated. A host of competent people labor in richly textured jobs. Professionals are proud of the work they do—especially when faced with managing the anxiety associated with their work—whether it be the treatment of an illness, design of a safe high-rise apartment house, preparation for an audit, or introducing a new interpretation of Moby Dick. Big anxiety or small anxiety—skillful interpersonal engagements are required.

In managing pain and anxiety, the medical professionals who work in this culture often organize themselves around the need to control, at all costs, the experience of death by deferring it as long as possible for themselves and their patients. Pain is to be tolerated. Death is to be resisted and overcome

no matter what the cost. Similarly, for professionals in other fields, there is often a fundamental (existential) outcome to be avoided at all costs—whether it be the collapse of a building they designed, the failure of an audit, or the inability of students to grasp a new interpretation (“nothing but dumb looks!”).

Professional practitioners have invented models and organizational structures and put systems in place to prevent these existential failures. These structures and systems are, by necessity, focused on the client/patient. Unlike in some cultures, the person or group being served must come first in the professional culture. Professional codes of ethics and conduct will inevitably emphasize this point.

People from the professional culture have theories about organizing for maximum effectiveness that involve putting their client/patient first, which ultimately has to do with preventing or curtailing any existential failure. The client/patient comes first because it is through this person being served that professional providers receive repeated reassurance and support for their good job.

This, paradoxically, becomes the central ingredient in the provider’s sense of life purpose. Members of the professional culture look for strategies for organizational change that promise to increase their control over and to have the opportunity to influence the quality of service they provide. All of this leads to a dominant value in the professional culture. This is the value inherent in *Professional Autonomy*.

The professional culture has been dominant in many societies over the past 100 years. However, it is now being attacked from all sides and must share power with other cultures in contemporary organizations—especially the Managerial Culture (Bergquist and Brock, 2008; Bergquist, Guest and Rooney, 2004; Bergquist and Pawlak, 2007). The professional culture finds and takes its meaning primarily from its members’ professional memberships and associations.

Members of this culture value technical expertise and specialized technical language. They are fully committed to preserving professional autonomy and have established quasi-political governance processes to ensure this autonomy. These processes have enabled professionals in many fields over the past hundred years to strongly influence or even dictate the policies, procedures and missions of institutions in the society where they operate. Members of this culture hold assumptions about the dominance of rationality and technically based procedures in institutions where and with which they operate.

The professional culture also highly values competency. This emphasis helps reduce the anxiety of providers and clients/patients. This emphasis, unfortunately, also tends to perpetuate the myth of professional infallibility and can block public access to the *secrets of the inner temple* of a profession. Members of the professional culture value hierarchy and believe that a clear and stable hierarchy can effectively reduce the anxiety of both providers and clients/patients. This does not mean that the professional culture values bureaucracy—a hallmark of the managerial culture. Members of the professional culture instead value clarity regarding whom is in charge in any given instance. This emphasis on hierarchy can, in turn, lead to major status differences among service providers.

## Context II: The Sacred and Profane in Psychological Practices

We now move from our general review of professions as sources of both secular and sacred power (opportunities and challenges) to a more specific focus on the discipline of psychology. We suggest that some of the services psychologists provide are more “sacred” than others. Those doing in-depth psychotherapy clearly dwell in the sacred domain. Eliade himself “outs” psychoanalysis as being a sacred journey (Eliade, 1959, p.p. 208):

The patient is asked to descend deeply into himself, to make his past live, to confront his traumatic experiences again; and, from the point of view of form, this dangerous operation resembles initiatory descents into hell, the realm of ghosts, and combats with monsters. Just as the initiate was expected to emerge from his ordeals victorious—in short, was to “die” and be “resuscitated” in order to gain access to a fully responsible existence, open to spiritual values—so the patient undergoing analysis today must confront his own “unconscious,” haunted by ghosts and monsters, in order to find psychic health and integrity and hence the world of cultural values.

By contrast, those engaged in psychotherapeutic processes that are more behavioral in scope and focus primarily on symptom relief could be considered “secular” practitioners. They are not taking their client on a journey into the client’s inner life; rather, they are trying to help their client lead a less stressful and more productive life—amenable goals of a more secular and profane nature. It should be noted, however, that even behaviorists will sometimes speculate on the underlying (sacred) sources of their client’s discontent. O. Hobart Mowrer, a noted behavioral psychologist and psychotherapist, proposed that the primary cause for anxiety is a misalignment with the sacred dictates of God.

The more we venture away from the divine source, the more likely we are to lead an anxiety-filled, purposeless life. In offering this evangelical Christian perspective, Mowrer is replicating many animistic perspectives of more “primitive” origins. When one is alienated from a specific spiritual source, then one is estranged from all meaning and purpose in life. This source might be a sacred tree or totemic animal. It might instead be one’s home, tribe or village. To be far away from Yahweh is not much different from being far away from one’s sacred ground or therapist.

What about psychological practices that are engaged outside the therapy office? We would suggest that most psychological testing is quite secular in nature, though projective tests have a certain mystery and magic about them that make their interpretation more like the musings of village mystics than the numerical calculations of a behavioral scientist. On the other hand, the consulting done by those engaged in organization development (OD) hovers on the edge of a sacred domain. This is not only because organizations (and communities) are saturated with spirituality (Bush, 2014; Bergquist, 2023) but also because those doing OD enter this practice with a strong set of values (Burke, 1987). They tend to hold profound beliefs about the essential goodness of people (Rogers, 1995), especially when working together toward a common purpose (Lewin, 1999; Bergquist, 2003).

### **Context III: The Sacred and Profane of “Doctor”**

The dynamics, interaction and pull between the Sacred and Profane is evident in the reaction to and use of “Doctor” as a title by many citizens in 21<sup>st</sup> Century societies. For instance, in many Chinese cultures, the term “Doctor” is attached to the names of prominent and successful people who have advanced degrees (usually doctorates) in a wide range of fields (including such fields as engineering and management). In other societies, the “Doctor” label is carefully monitored and restricted. Americans and Canadians, for instance, might use the term “Doctor” when speaking appreciatively of someone who has mastered a sport (he is the “doctor” of infield hits). However, great care must be taken in calling someone a doctor who has not earned it (or been granted an honorary doctorate).

We also find that the term “Doctor” is displayed not just via the diplomas hung on professional office walls and on the resumes handed out (or emailed out) by job applications. We find it used on driver’s licenses in Israel. It is also used to introduce conference speakers (during the introduction) and book authors (on the covers). The title sometimes is found on wedding announcements and other formal documents of life accomplishments. At the end of life, the word “doctor” is found on obituaries and even occasionally on the tombstone. From life to death, the designation of “Doctor” is significant.

We can even assign a percentage to the extent the word “doctor” is likely to be assigned in any one country, with regard to one’s gender, and among those graduating from specific academic institutions. This percentage ranges from zero to 100%. At Harvard University (and some other high-prestige universities), the title “doctor” is NEVER used because every professor has one, and it is gauche to present oneself as being distinguished in any way from having earned a doctoral degree. We are reminded of the Little Prince, where money is first made by bestowing a star on someone’s forehead. Then, when everyone has a star on their forehead, money is made by taking the star off someone’s forehead.

Those teaching in less prestigious universities or independent graduate schools are at the other end of the spectrum. They are highly likely to make full use of their “doctor” (and may insist on being called “Doctor” by their students). Similarly, women with doctorates are much more likely to ensure that this title is assigned to their name when working in an organization or professional world. For both the low-status faculty and many women, who are frequent victims of discrimination, the percentage hovers above 80 or even 90%.

When we move away from academia and the non-medical fields, the term “Doctor” is carefully assigned and often strictly reinforced. Rarely, as patients, do we call our “doctor” by their first name, and it would be considered offensive to use their last name without attaching “Doctor.” Dr. Smith would find it odd and perhaps challenging to his authority (and expertise) if their patient were to call them “Mr. Smith.” They might prefer being called “Jim” rather than “Mr. Smith”). This would signal that their patient feels comfortable in their professional relationship with Jim Smith, whereas being called “Mr. Smith” by their

patient would signal disdain or at least uncertainty and even mistrust (regarding expertise, competency and even intention).

It is when we move outside the confines of doctor's offices and hospitals that the term "Doctor" becomes elusive and speaks to a broader issue regarding the role played by different kinds of knowledge (epistemology) and the application of knowledge to challenging issues in our society (physical and human technology). At a cocktail party, do we introduce our colleague as "Dr. Smith"? This seems inappropriate unless the party is specifically for members of a medical-related profession. What about at a Philosophy convention. Is "Dr. Smith" the proper way to introduce our colleague who chairs a Department of Philosophy at a local college? It is all a bit "tricky."

We would suggest that it is tricky because the term "Doctor" resides in two different world: the sacred and profane. In the sacred world, "Doctor" is to be assigned frequently, for achievements and obligations are always appropriate to acknowledge in this world. Conversely, achievement and obligations are usually not considered appropriate for casual conversations in the secular world. Just as we don't converse at a cocktail party about how much money we made last year or when we last had sex, so we don't declare our solemn obligation to serve humankind or show everyone our doctoral diploma (or wear our doctoral graduation regalia!) It is in the intertwining of the secular and sacred that we find the unique power and tensions inherent in the term "Doctor."

### **Doctor as Sacred**

The term "Doctor" signifies the highest level of educational Achievement. The title is only granted after years of rigorous study, research and commitment. The title bestows prestigious honor on someone, for they have demonstrated intellectual proficiency through the completion of the highest level of education in their field. All of this honoring of educational achievement is saturated with the Sacred. Academic institutions with Ivy-covered walls, wooded grounds, colorful robes, commencement ceremonies, and graduation ceremonies are filled with Eliade's hierophanies. The Sacred is manifested everywhere in these esteemed (and in their own way) cloistered institutions.

Professional responsibilities of a sacred nature accompany the awarding of a "Doctor" degree. Especially in a medical setting, the title represents a significant responsibility for the health and well-being of patients. There are also the sacred responsibilities that comes with the role played by a "Doctor" as guardian of the "Truth." The title of "Doctor" signifies high levels of expertise and knowledge in a specific field. In academia and research, the opinions and findings of those with a doctoral title bear significant weight due to their credibility and recognition. Whether receiving a doctorate as a physician or as a teacher of zoology, one is expected to operate in a thoughtful, reflective, and critical manner when ascertaining what is true and what is untrue.

Something more is placed on the shoulders of someone with a doctorate. A sacred trust is bestowed on this person. A "Doctor" not only becomes an expert. in this role, a "Doctor" is expected to be ethical and unbiased. Crises of expertise accompany widespread distrust for the competence and integrity of those people who hold the title of "Doctor" (Weitz and Bergquist, 2024)



All of these exceptions point to the reasons why the title “Doctor” resides in the Sacred domain. The title conveys the general public’s assignment of sacred trust and respect. Those with a doctorate are expected to have undergone extensive training, which includes “education” (*educare*: instruction in social codes and manners) regarding values and standards of engagement with the truth. Having received this training and education, the “Doctor” is expected to operate in a competent, knowledgeable manner and adhere to high ethical standards.

## **Doctor as Secular**

While residing in the Sacred domain, the term “Doctor” is assigned to someone who is solemnly obliged to operate in a responsible manner. This is part of the sacred obligation that accompanies the awarding of this degree. This same expectation of responsible behavior is found in the Secular realm. However, this expected behavior is now reinforced by legal restrictions. Law rather than scripture or canon is now the coin of the realm. Regulations are installed to restrain trade or assure quality in many contemporary enterprises. We find many laws being established throughout the world to eliminate medical “quackery,” restrict the behavior of “ambulance-chasing” lawyers, and curtailing the “snake-oil” practices of would-be providers of healing medications. The “reward” for correct professional behavior is elevated social status, increased authority and financial security (when everything is working well).

Overall, being addressed as "Doctor" carries significant implications related to expertise, authority, responsibility, and social status. We offer the following summary of Secular implications:

*Professional Recognition:* In most contexts, being called "Doctor" indicates recognition of expertise and accomplishment in a specific field, typically medicine, dentistry, psychology, or academia. It suggests that the person has attained a doctoral degree and is considered an authority in their study area.

*Authority and Respect:* Calling someone "Doctor" often signifies respect for their knowledge, experience, and position. It acknowledges their professional standing and may influence how others interact with them, showing deference to their opinions and decisions.

*Responsibility:* With the title of "Doctor" comes the responsibility to uphold professional standards and ethics. People may expect those addressed as "Doctor" to act with integrity, competence, and empathy in their interactions and decision-making.

*Expectations of Expertise:* Being called a "Doctor" may create expectations that the individual possesses specialized knowledge and skills related to their field. This can lead to higher expectations regarding problem-solving abilities, decision-making, and the ability to provide accurate and reliable information or advice.

*Social Status and Prestige:* In some societies, being addressed as "Doctor" can confer a certain social status or prestige. This may be particularly true in cultures where higher education and professional achievement are highly valued.

*Legal and Professional Privileges:* In certain professions, such as medicine and psychology, being called "Doctor" may grant specific legal and professional privileges, such as the ability to prescribe medication, perform particular procedures, or provide expert testimony in court.

*Identity and Self-Image:* For individuals who have earned a doctoral degree, being called a "Doctor" can be a source of pride and validation of their academic and professional achievements. It may also shape their identity and perception of themselves within their chosen field.

What makes the term "Doctor" and the roles played by professionals in contemporary societies so powerful is the intertwining of the secular factors just listed with the deeply embedded factors residing in the sacred world. Ultimately, Law doesn't replace scripture and canon, rather together they create a force that propels many of the remarkable benefits (and costs) associated with the professional care offered in many domains of contemporary human life.

## **Context IV: Professions and "Doctor" in the Science and Humanities Cultures**

The intertwining of secular and sacred factors that empower the professions and give meaning to the term "Doctor" require that there is an accompanying intertwining of two cultures in our society that are often at odds with one another: the sciences and the humanities. A distinction between these two cultures was first offered by C. P. Snow (2012). He proposed that the culture of science resides in (and in some ways dominates) our current world of epistemology and technology. While his observations pertain to most societies in the world, he focused on societies in the Western world (and British society in particular).

### **The Two Cultures: Science and Humanities**

Snow's thesis was that there was a major communication breakdown between the sciences and the humanities at the time (1959) when he delivered his lecture and published his book on these two cultures. As both a novelist (humanities) and scientist (science), Snow argued that an ever-deepening gulf of incomprehension separated the two kinds of academic pursuit, dislike and mistrust. The split yielded a major hindrance to solving the world's problems.

The scientist generally required empirical tests ("verification") of anything presented as being "real" and "correct." At the same time, the humanists declared that our world can't be fully comprehended and appreciated only through the restricted lens of scientific inquiry. Snow and those who built on Snow's work went on to trace the implications for formulating public policy, investing in technology and establishing social hierarchies in the professional worlds to be found in many societies.

We would suggest that Snow's analysis applies also to the understanding and appreciation of a specific society's use of the term "Doctor." Specifically, those working in the sciences who have earned an academic doctorate are more likely to be called "doctor" than those awarded an academic doctorate in the humanities. We would suggest that the sciences are considered closer to the medical field than are the humanities—in fact, it is not unusual to identify medicine as a biological science and to equate "evidence-based" medicine with the formal empirical procedures in which scientists supposedly are engaged.

While a professor of literature is likely to be assigned the title of “Doctor” when engaged with students (and perhaps colleagues) on the college or university campus, they usually are called by their first or last name when engaged in the non-academic world. This professor will often put the initials of his doctorate (usually Ph.D.) on essays that they have published, but they rarely place these initials in their non-academic communications.

Conversely, scientists will often be called “Doctors” even when off campus –and certainly in news reports regarding their work. Jim Smith or Susan Darcy didn’t discover the new atomic particle.” Rather, “Dr. James Smith” or “Dr. Susan Darcy” made this major discovery. As in the case of medical practitioners, we seem to treat scientists as something greater than regular human beings. We call them “Doctors” and place them on pedestals. Those who publish books about leaders, world wars or art are admired but left on the ground and called by their first and last names: “this wonderful new book on James Madison was written by Susan Kaufman.”

### **A Third Culture: Helping Professions**

Then there is the matter of those with doctorates in human services rather than science or the humanities. Snow did not directly tackle this Third culture. It seems to reside somewhere between the culture of science and the culture of humanities. Some people inside a helping service profession consider themselves to be scientists—or at least they profess to be “scientific” in their approach to work with other people – and readily dismiss those who consider their work to be an “art” rather than “science.” Conversely, there are those social workers, public policy planners, educators—and psychologists—who believe that they are doing something that is “artful” and scientifically elusive. For them, working with a client is more like a dance than the repair of a broken axle.

Where do the human service professions stand regarding social status and societal influence in most societies? Just as human services seem to reside between the sciences and humanities, so in most societies, their social status and influence reside below the sciences (and medical services) and above the humanities (and such humanistic services as education and public policy professionals).

It should be noted that the human services generally have their own hierarchy. This hierarchy tends to parallel (and is even driven or dictated by) that which is found in the medical profession. The pecking order in the helping (human service) professions: (1) medical, (2) psychology, (3) social work, (4) public policy analysts, (5) education. This hierarchy is based on the level of the highest degree achieved as well as the public’s assessment of the extent to which people working in a specific human service field “actually” provide tangible, immediate assistance to those who are “wounded,” “ill” or in need of some other service. Immediate impact is prized, whereas longer-term and less tangible impact (such as formulation of public health policy) is set much lower on the list.

Interestingly, this hierarchy is NOT based on one’s position in an organization or one’s years of experience in a specific field. While those in the C-Suite and those with many years of experience in an organization might be shown some respect in many countries, this is not the case uniquely in many human services. There is also the matter of generational differences. The younger generation today in many countries do not fully acknowledge or abide by this traditional hierarchy. Physicians are not “all-knowing,” and the public health advocate can have their day in court (such as during the COVID crisis).

As we have just noted, the role of educators (tragically) is often placed at the bottom of the human service hierarchy. Alongside this dismissal of education as critical is the assignment of bottom status to

the doctoral degree awarded for education (Ed.D.). We know of many highly gifted educators who have faced discriminatory hiring in the academy precisely because they received an Ed.D. degree rather than a PhD. They are not hired as president of a college or university because of their education degree (which is more relevant for institutional leadership in many cases than a degree in some field of science or the humanities). Potential faculty members are not hired because of their Ed.D. degree, even though they will primarily be teaching (and can apply what they have learned about education in the classroom setting).

This discrimination is particularly noteworthy concerning a highly public figure in the United States. This person is Jill Biden (wife of US President Joe Biden). Dr. Biden received an education doctorate as a mature woman and is still committed to teaching at an academic institution. Yet, many of her husband's opponents have criticized Jill Biden for using her title as Dr. Biden. Though she is fully entitled to use this label, there is a lingering sense that her "doctorate" is somehow not worthy of being "touted" by her or those with whom she is interacting (and influencing as a role model and policy advocate).

## Conclusions

Given this background regarding the use of titles and culture in the helping professions, we are now ready to explore the use of "doctor" in professional psychology. We will provide this analysis by acknowledging that the use of titles in professional psychology is ultimately founded on the medical profession's highly influential cultures and hierarchies. We turn first to the world of professional psychology in the United States, then consider what is happening in Canada.

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