Madness Reimagined

Envisioning a Better System of Mental Health in America

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VERNON PRESS

www.vernonpress.com

In the Americas:
Vernon Press
1000 N West Street,
Suite 1200, Wilmington,
Delaware 19801
United States

In the rest of the world:
Vernon Press
C/Sancti Espiritu 17,
Malaga, 29006
Spain

Cognitive Science and Psychology

Library of Congress Control Number: 2018951086

ISBN: 978-1-62273-328-6

Cover design by Vernon Press using elements designed by Freepik.

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PREFACE

Madness Reimagined is an analysis of the current mental health system in America. It begins with the history of the treatment of people with mental distress, as the past can function as a beacon to guide us into areas of new possibilities while avoiding the areas that proved to be hazardous in earlier times. The book acts as a guide to help navigate the current field regarding those behaviors and thought processes determined by our society to be mental disorders; to understand mental health classification and the Diagnostic and Statistical Manual of Mental Disorders; to recognize the various "psy-professionals" that provide mental health treatment; and to become acquainted with the major psychotherapy treatment models currently in use. It utilizes a sociological analysis to provide theoretical and conceptual underpinnings of mental health and illness and proposes a systems perspective to examine the component parts of the mental health system, as well as its relationship to other systems with which it engages.

The book also addresses the issue of advocacy for people who receive mental health services as well as for the services themselves. It attempts to create dialogues that will promote the reimagining process as it is felt that conversations that start by asking questions rather than presuming answers create more room for real examination, contemplation, and deliberation. The social constructionist approach used in the work offers a challenge to our understandings of mental health and mental illness and examines the role of cultural as well as natural realities. In this vein, the concept of therapeutic substructure—the underlying social aspects of the system—is introduced to assist in probing the cultural foundations of mental illness.

The information contained in these pages is meant to be jargon-free and accessible to a variety of publics, including mental health consumers and their families, advocates, mental health practitioners, students and trainees, as well as academics. In this way, it seeks to adopt features of public sociology by getting information into communities where community members can reimagine a better system and to put this reimagining into practice.

ACKNOWLEDGEMENTS

I would like to acknowledge the influences and support systems involved in this project. I am grateful for the people involved in my clinical training received quite a few years ago. I especially owe a debt of gratitude to my late professor, advisor, and dear friend John H. Curtis, a major influence on my understanding of mental health and mental illness.

I also wish to thank the staff at Flagler College's Proctor Library who put up with my consistent pestering for resources and did so with courteous accommodation. I also am appreciative to Meghan Durrance for assistance in the preparation of the manuscript and Amelia Clancy for her work on researching the resources in the final chapter; their contributions allowed me to finish the work while maintaining my own mental well-being.

And, as always, I wish to acknowledge the love and support of my soul mate, Betty, and our children and grandchildren who continue to be my inspiration. It is to them I dedicate this book.

Chapter 1

INTRODUCTION

> "…the sociological imagination… is the capacity to shift from one perspective to another—from the political to the psychological; from examination of a single family to comparative assessments of the national budgets of the world…"
>
> (C. Wright Mills, 1959 p. 7)

PURPOSE OF THE BOOK

The purpose of this book is to explore the system of mental health as it operates in the United States, to shed some light on the services provided in the mental health system, and to provide education about advocacy for people with mental illness. The work seeks to provide information on this important topic to the public in the hope that the knowledge will help people—people experiencing mental health problems, their families, early career mental health professionals, and the public generally—understand the nuances of the field of mental health. Most people understand the basics of mental health, and many suffer from what could be considered a mental disorder; certainly, everyone knows someone who is directly affected. But what is lesser known is how the *system* works and the ways in which it can be made better for millions of Americans. A better understanding of the system, with its history, component parts, and many nuances, should be a requirement for all new therapists and therapy students—this is something the author wishes he had experienced prior to entering the field.

The first word in the book's title is *madness*. This is because the term was common in an earlier time to describe mental illness; it carries with it a long history that, when we reflect on it, provides a valuable framework in which to understand our current treatment of mental illness. It is a term that reflects the pain and misery that has been inflicted upon people since antiquity, a pain that permeates into families, communities, and society in general. The idea was that people who lost their senses or rationality were

mad and unable to function appropriately. Mental illness was, in fact, considered deviant behavior, even though it was understood that sufferers were often not in control of their faculties. Deviance, after all, refers to behavior that goes against ("deviates" from) social norms. Referring to health in a general sense, one social scientist (Turney-High, 1968) noted in a textbook years ago, "…those in poor health are among the not needed, not wanted, but here…" (p. 562); this statement reflects the misery of many with a mental disability.

In the twentieth century, the term psychosis was used to define what was formerly called madness, lunacy, and insanity (Torrey & Miller, 2001). Torrey and Miller's (2001) definition of insanity (and by extension, madness), includes schizophrenia, schizoaffective disorders, delusional disorder, and depressive disorder with psychotic features; this categorization excludes non-psychotic disorders. This concept of madness is too limited and excludes many disorders that have throughout history had this designation. For example, actions of a person behaving erratically under the influence of drugs, or socio-pathologically harming others have been considered acts of madness. Likewise, more internalized behaviors such as engaging in ritualistic behaviors that cause disfigurement to the body, or excessive fears that are irrational have also been considered madness. And, of course, these behaviors have a home in the Diagnostic and Statistical Manual of Mental Disorders (or DSM, the official diagnostic guide for mental illness) in the form of substance use disorder, antisocial personality disorder, obsessive-compulsive disorder, and specific phobia. The point here is not to label these behaviors as madness but to point out that historically many behaviors once considered madness, and currently considered mental illness, are pervasive. And many of us who don't have an official clinical diagnosis could easily be given such a label. The cat in Alice's Adventures in Wonderland perhaps had it right, "we're all mad here".

Madness is often understood to include conditions that are "severe" such as psychosis or other extreme manifestations of mental problems. However, if we take a seemingly minor, benign condition such as phobia, and then observe the potential severe phobic reactions to things such as insects, snakes, germs, or other stimuli, we realize it is not so minor at all. Another example is an obsessive-compulsive disorder, which is characterized by obsessive thoughts that are followed by ritualistic, repetitive behavior—while this might seem as simply odd and quirky to outsiders, it can be exasperating to sufferers. To assume that these experiences do not have "maddening" effects to the sufferers would be wrong and disrespect their plight. Therefore, most mental conditions produce varying degrees of individual distress and dysfunction, and one cannot assume that some

perceived inconsequential problems do not have the ability to be disabling. Therefore, this book will examine many types of mental disorder in its analysis of "madness".

It is commonly accepted that we have made great advancements as a society in treating what was once called madness. Improvements in treatment modalities that are inspired by scientific research, medical treatments, and a progressive focus on diagnosis, have made the mental health field much different than it was in the past. In chapter two, we will see just how far the field has advanced. The advances we have experienced reflect a level of optimism that these ailments could be cured—as we will see, often these imaginings took the form of some very unscientific (and even unscrupulous) methods; however, they have moved us in the direction of a better understanding of the causes and potential treatment of mental illness.

The word *reimagined* is used in this book to reflect the idea that although progress has been made, greater visions are needed to advance us further, especially considering the potential barriers that threaten the care and treatment of the mentally ill. In addition, those who suffer from mental illness experience anguish from the stigma of their condition, as many in society still cast an unfavorable eye on the disorders and the people who must deal with it on a day-to-day basis. It's as if the disorders associated with it aren't bad enough—the response from the public simply worsens the situation. Although physical illness bears some social stigma, it often pales in comparison to that generated by mental illness. "Madness" must be reimagined and it is through educating the public that this reimagining will begin.

The term *envision* infers a process that seeks to promote a positive vision of change. Through a concerted effort, which includes policy changes and advocacy, this positive change can be realized. Better living conditions for those with mental illness is not just a benefit to those individuals, but society in general. To envision a better society requires a focus on social justice, which has deep philosophical roots and includes not only the idea that a society should have a stable and consistent set of rules and moral codes, but the rules and codes should also be enacted in a way as to improve equal treatment of its citizens. This process requires that agreements to assist those in need be kept (Frankena, 1962). This idea suggests there is a social contract that exists between members of society and their social institutions in which citizens must become involved to ensure equal and just treatment of all people. Advocacy and social justice in the field of mental health will be examined in more detail in chapter seven.

The subtitle reveals an important emphasis of this work; that of mental health as a *system*. A systems approach requires us to conceptualize social approaches to mental health as operating in a structure with interconnected component parts that work in conjunction with other systems, such as the health system generally, the criminal justice system, social service systems, and others. The effectiveness of the mental health system is closely aligned with the effectiveness of these other systems. This idea of a systems approach will be discussed in more detail in chapter six.

UNDERSTANDING MENTAL ILLNESS AND SUBSTANCE USE DISORDER

Mental Illness

What we understand as mental illness is a topic that intrigues many people. It is the subject of movies, books, art, music, and many news stories that focus on people with mental problems. It is certainly not uncommon to encounter people with severe and chronic mental illness; in fact, most of us encounter people with less severe forms daily—we are often just not aware of it. It affects people of all ages, both genders, people of all racial and ethnic groups and nationalities, indeed, people of every conceivable type.

It is illuminating to look at some facts and figures regarding mental illness in America. The National Institute of Mental Health (NIMH), the governmental agency providing information that assists in "understanding and treating mental illness" (NIMH, n.d., para. 1), has data for differentiating "any mental illness" and "severe mental illness". Any mental illness (AMI) refers to an illness (mental, behavioral, or emotional) that is currently diagnosable (or diagnosed with the past year), and experience no, mild, or severe impairment. Over 43 million Americans (about 18% of all citizens) aged 18 or over are experiencing disorders in the AMI illness category. A severe mental illness (SMI) is one in which people are currently diagnosable (or diagnosed within the past year) and experience serious and enduring impairments that interfere with major life activities. Nearly 10 million people (4%) of this age group are experiencing disorders in the severe (SMI) category. Regarding young people in the 13- to 18-year age group, over 46% have AMI and 21% have an SMI; it is certainly disturbing to note that 1 in 5 children have a debilitating mental condition (NIMH, n.d.). Therefore, as these data show, many people experience mental illness in some form during their lives. And ALL of us are affected by it in some way.

To fully understand an institution such as the health care system, it must be analyzed from the historical process that produced it (Berger & Luckmann, 1966). The term "produced" is important here as it reflects the idea that various parts of society, including our conceptions of mental health and mental illness, are products of our cultural history rather than a distinct, naturally occurring process. Humans decided what constituted mental health and mental illness (and continue to construct them) as well as the system that encompassed these constructions—the mental health system. Therefore, this book looks at the mental health system from this lens—as a system created by people based on how we construct meaning informed by a long and complex history that must be understood from social and contextual factors. This approach, called social constructionism, is one of the theoretical underpinnings of the book.

It is suggested here that madness is a social construction. What this means is that we as humans create words and concepts to describe some common understandings of things, to make sense of the world and to communicate with others. Madness is such a construction. What does it mean to be "mad"? Moving from its most common usage as a state of being angry; an alternative meaning, also clearly understood by most in the English-speaking world, is a state of mental disturbance or mental illness. Since we are unable to find a definition of the term madness in the scientific literature, we will refer to Merriam-Webster's Dictionary (2018), which defines this form of madness in a variety of ways with concepts for which we have some degree of familiarity: "foolishness", "dangerousness", "extreme folly", "ecstasy", "enthusiasm", "rage", "frenzied behavior", and of course, "mental illness". The American Heritage Dictionary (2000) adds that madness means "deranged", a term that refers to a condition that disturbs the order, arrangement, and functioning of an individual—the word "order" is instructive as it implies there is a natural order that has been disturbed in people who are mad. And this assumes that madness, or mental illness, is considered a deviant condition which, as we will soon see, was a major focus of labeling theorists.

Scull (2015) rejects the idea of madness as a social construction, stating it reduces mental illness to a state of consciousness devoid of reality. This, however, seems to miss the point. It is not that people do not really experience the traumatic effects of mental illness—people do actually struggle with hallucinations and delusions, tormenting obsessions, withdrawal symptoms related to addiction and many other symptoms as well as the accompanying stigma from both the sufferer and those who observe them. The idea of social constructionism means we observe and categorize social phenomena in a way that is one option among many others.

Social constructionism forces us to understand why we develop understandings of and hence categorize things as we do. If we look at, for example, how the DSM is organized, much thought went into what determines its classification as a mental disorder, what constitutes its features, how the disorders are grouped together, etc. Likewise, the way in which this book was organized—the chapters that were selected, the arrangement of the chapters, the sources used, the theoretical perspective adopted, the decision to adopt a public sociology approach, and many others were but of a few choices of innumerable possibilities. But we must look at all the other ways things could have been organized, to formulate a complete picture of what is considered mental illness.

We realize that some things that were considered mental disorders at one time, such as hysteria and neurasthenia, are no longer considered human conditions at all. Some conditions maintained their designation as mental disorders, but the names were changed, such as melancholia, manic depressive disorder, and dipsomania (now depression, bipolar disorder, and substance use disorder, respectively). And the fact that some identity issues such as homosexuality were once considered mental disorders, and now are not, makes it difficult to see mental disorders as naturally occurring conditions. Society has designated some conditions as mental disorders among a choice of many others. It is important to understand why this is so.

We must keep in mind the concept of the Thomas Theorem developed by W.I. Thomas (Thomas & Thomas, 1928) which states that even though aspects of life might not have a distinct reality (they are not real), the consequences of our beliefs about them are real. For example, when homosexuality was considered a mental disorder, it had distinct and broad consequences for gay people who were forced to remain "in the closet" and were blocked from positive aspects of life, including marriage.

Substance Use Disorders

This book is an analysis of the mental health system and includes the related issues of substance use disorders and addiction. To express the prevalence of substance abuse disorders and addiction, some statistics are in order. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a governmental agency that oversees the nation's substance abuse and mental health administration, 2015 data show that over 27 million people age 12 and older (1 in 10 Americans) took illegal drugs (hallucinogens, inhalants, methamphetamine) or misused legal drugs (such as prescribed medications) and nearly 21 million of the same age group has a substance use disorder (SUD) (SAMHSA, 2015).

Over 8 million people (or about 1 in 12) with SUDs that have co-occurring mental health disorders (AMI) and 48% are receiving some form of SUD treatment. Over 2 million adults have severe mental illness and almost 63% of this group are receiving SUD treatment. Among adolescents with a dual diagnosis of mental disorder and substance use disorder, 350,000 adolescents (1.4%), over 64% are receiving SUD treatment (Bose, Hedden, Lapari, & Park-Lee, 2016). As these statistics reveal, the issues of substance abuse and addiction are a serious issue in society. Over the last few years, it has been opiate addiction that has gained the attention of lawmakers nationwide as an epidemic concern, but the use of methamphetamine is also currently a major focus of drug policy (Vestal, 2017).

Developmental Disorders

This work excludes the issue of developmental disorders for several reasons. While mental illness, substance use disorders and developmental disorders are all considered part of the mental health care system, the issue of "madness" as addressed in this work implies a mental disturbance that causes erratic thoughts and/or behaviors that profoundly affects a person's life—mental illness and substance addiction (and the related issue of behavioral addictions which will be discussed soon) often lead to chaotic situations that are considered mental disturbances. And while both all three categories are included in the all-important Diagnostic Statistical Manual of Mental Disorders (DSM), developmental disabilities (identified as neurodevelopmental disorders which include intellectual disability, autism spectrum disorder, and attention-deficit/hyperactivity disorder, among others) occur early in a person's development and persist throughout that person's lifetime with somewhat limited benefits of external intervention, unlike mental illness and addiction, which occurs somewhere along a person's lifespan and whose positive treatment outcomes depend on external interventions. In other words, it is a cultural assumption that people "go mad" and that is not normally a consideration with developmental disorders.

Certainly, mental illness, substance use disorders and developmental disorders all receive stigmatic reactions from society (along with prejudice and discrimination) but the reactions are different as developmental disabilities do not tend to evoke opprobrious feelings as do mental disorders or substance abuse. In addition, the issue of recovery, for decades a major goal in substance abuse and now an evolving focus in mental health (Watson, 2012); recovery is not a treatment goal for developmental disorders. The related goal of relapse prevention is likewise not a treatment goal with the developmentally disabled, unless there is a co-occurring mental disor-

der or substance abuse condition. This is certainly not to say psychotherapy is not valuable to those with developmental disorders, but recovery and relapse prevention are not intended outcomes with this population not experiencing coexisting conditions.

SOCIOLOGY AND MENTAL HEALTH

Normally when issues concerning mental illness are explored, this analysis takes place within the framework of psychiatry, psychology, or biology. The biological sciences, including genetics, neuroscience, and pharmacology are currently prominent in understandings and treatment of mental (as well as physical) illness as these fields are experiencing several advancements, as well as increased media attention. In addition, they are often supported by medical doctors and professional medical associations, who have powerful voices in the mental health fields. Also, information derived from these fields is peremptorily accepted by many sufferers of mental illness, the public generally, and politicians, as they offer an easy explanation for mental problems by suggesting they are the result of biological effects in individuals rather than the complex of problems in society, thereby removing the responsibility of treatment from the patient to society. While the biologically-based disciplines do in some instances account for the role of social factors, their primary focus is obviously on the biological and constitutional features of illness (Busfield, 2000).

Therefore, in many ways, mental health would seem to be the providence of these biologically-focused disciplines. The social sciences, however, account for the environmental (social and cultural) aspects of humans and human behavior which is often lacking in the biological disciplines. Sociology is a social science discipline that seeks to understand how thoughts and behavior are influenced by social factors and how society, in turn, reacts to our behaviors. Sociology also addresses norms and reactions to violations of those norms; since mental illness is based on the recognition of a violation of norms, it has probably been around since the beginning of humanity. Daniel H. Tuke, British physician and specialist in mental health, explained that due to civilization's evolving complexity and the growing demands in people's lives, mental illness is increasing (Deutsch, 1949); the interesting thing is that this proclamation was made in 1892! The late twentieth century certainly had its hardships, but it is interesting to examine the new demands that we face as we settle into the 21st century.

Sociology steps back and looks at the bigger picture of social phenomena. This work, therefore, seeks to observe the system of mental health care in America. It looks at how mental health disorders are classified, how

people with these disorders are affected, how the system has changed over time, and how society reacts to mental illness. Sociology observes social phenomena and social institutions with an eye on the effects of race, gender, class, ethnicity, sexual identity, and other prominent characteristics. One of sociology's greatest investigations has been around stigma, which refers to a visible sign that someone is different or possesses characteristics that are determined to be undesirable—stigma is something that has consistently plagued people with mental illness throughout history and it will be addressed in depth in this work.

Sociology has many branches, or subfields, including the sociology of race and ethnicity, sex and gender, deviance, stratification, and the sociology of institutions (the family, government, economy, religion, education), among many others. The sociology of mental health is a relatively new subfield of sociology and focuses on how society and social interactions are created and reinforced through norms (general expectations for people in society)—mental illness in its different forms is a violation of the norms. The mind is not separate from society. People follow the dictates of society and those who violate social norms must experience social sanctions.

An even newer branch is called public sociology and this subfield seeks to educate the public about social issues and institutions (in this case the mental health system) by providing information from a sociological perspective that is based on sociological research, theorizing, and things learned from the application of interventions that seek to improve these issues and institutions. Too often scholarly information is shared within the halls of academia, but it fails to find its way to the communities, groups, and local organizations that need this information to alleviate the social problems for which they were created. Public sociology seeks to remedy this by disseminating information to people and groups who need it; it is in this vein the book seeks to extend this knowledge on mental health and the mental health system to the public. It is the hope that this knowledge transfer will result in the reimagining of the current mental health system and the betterment of people's lives.

It would be useful now to review some of the commonly used definitions of the terms related to mental health and mental disorder. Most of these terms are probably familiar, however, they are often confused, used incorrectly or inappropriately, and used interchangeably (even if they are not the same thing). Therefore, this section should provide some clarity about terms in a system that can be mystifying and provide an introduction to the upcoming chapters.

MENTAL HEALTH AND MENTAL ILLNESS

We will start with the terms mental health and mental illness. *Mental health*, according to the World Health Organization (WHO), is more than the absence of diagnosable mental conditions—it is a requirement for the maintenance of the overall health of people and can be attributed to a host of socioeconomic and environmental conditions as well as biological factors (WHO, 2016). It is defined more specifically as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community" whereas poor mental health is "associated with rapid social change, stressful work conditions, physical ill-health and human rights violations" (WHO, 2016). Other terms, as we shall see, have been used throughout history to describe mental health in terms of sanity and mental hygiene. More recently, the term "behavioral health" has come into use, and though some people make some distinctions between this term and mental health (through the inclusion of substance use disorders as well), it is closely aligned to the more common term and, like mental health, is often used to differentiate itself from physical health. Despite some advantages to the term behavioral health, the more conventional term mental health will be used in this work.

The National Institute of Mental Health (NIMH) defines *mental illness* as "a mental, behavioral, or emotional disorder…of sufficient duration to meet diagnostic criteria…" (now of the DSM-5) (NIMH, n.d.) which refers to an individual's inability to effectively deal with the daily encounters in life. It should be obvious the terms mental health and mental illness are analogized with physical health. For a long time, the field of mental health was perceived to be an extension of physical health and one that could use the medical model to treat (and "cure") these ailments. There are many slang words that are informally used for mental illness that are derogatory and will not be mentioned in this work (except in their historical context) because these words are deeply insulting and demeaning. It is well known that mental illness often carries more stigma than physical health and this subject will be addressed later in the book.

It should also be noted that there are different types and levels of severity in mental illness. Although we use the term to mean different things, the fact that we often lump them together into one type is unfortunate. Mental health diagnoses are on a spectrum that run from severe mental problems such as schizophrenia and bipolar disorder to mild phobias or relationship problems. And within each of these classifications there are varying levels of severity of symptoms. A simple and useful distinction differentiates "acute" mental illness which is episodic and often involves reac-

tions to stressful conditions, and "chronic" disorders that are severe and enduring (Scheid, 2004). One last note—the terms mental illness and mental disorder will be used throughout the text as this is current nomenclature, however, the use of these terms will be evaluated in chapter 8.

Psychopathology

Psychopathology is a term with clinical implications. The medical term "pathology" refers to the study of diseases and abnormalities while the prefix "psych" has mental or psychological connotations. Again, we can see the connection of mental health and mental illness to that of the physical, and how the use of the medical model is reflected in mental health treatment. With historical analysis, we can see the progression of understandings of mental illness as having a supernatural basis to the current medical approach.

Addictive Disorder

An *addictive disorder* refers to a disturbance of compulsive craving, either to a substance or a behavior. Traditionally, addictive disorders (called substance or chemical addictions) referred to those produced by the ingestion of a chemical agent such as alcohol, cocaine, heroin (among many others), which then produces an intoxicating effect on the brain, which can lead to addiction (also called habituation), a compulsive desire to use the drug again. Recently, however, activities such as gambling, sexual activity, have been posited to cause addictive responses (these are referred to as behavioral or process addictions). Substance and behavioral addictions can both result in significant disturbances for addicted people, as well as those of the people in their lives.

Mental Health Institutions

Mental health institutions normally refer to mental health hospitals and are places where persons with mental health issues are engaged in psychotherapy and other forms of treatment to alleviate the problems they are experiencing. Normally hospitalization is sought by people with more serious disorders. Mental health hospitals, with names of the past that might sound foreign to us now such as asylums, mad houses, insane hospitals, and lunatic hospitals, have a very long history in and will be examined soon. In addition, there are hospitals for those who have a specialty focus in working with people with addiction problems. Broader interpretations of institutions would include community-based clinics which offer a plethora of outpatient programs, covered later in this book.

Mental Health Diagnosis

Mental health diagnosis refers to the classification and labeling of the specific problem a client is experiencing. The process of diagnosis attempts to find common attributes of a certain condition and lump them together into a discernable category which allows practitioners to address the condition therapeutically. The term comorbidity refers to the presence of more than one disorder; this is not uncommon, however, and should not be understood as a rare occurrence. Another term is dual diagnosis, which refers to the co-occurrence of both a psychological disorder and a substance use disorder. Additionally, the term nosology which is also used in this book refers to how the medical system classifies disorders.

The primary instrument used in arriving at mental health diagnoses is the Diagnostic and Statistical Manual of Mental Disorders (which has produced several editions over the years), often shorted to the "DSM", and the current iteration is the DSM-5. This comprehensive manual provides diagnostic information about every condition that has been deemed to be a mental disorder and has experienced several revisions. Diagnosis and the DSM, including its evolution, will be discussed in more detail, along with the disorders and diagnosticians/practitioners in chapter three.

Psychotherapy

The term *psychotherapy* refers to the process that is used by mental health practitioners to help clients work through their problems. Often referred to as "talk therapy", there are many forms of psychotherapy and these will be addressed in chapter four. Psychotherapists are those professionals who assist people in dealing with their mental health issues—there are many different types of professionals in this area, such as psychiatrists, psychologists, social workers, marriage and family therapists, professional counselors, and psychiatric social workers, and others; these will be reviewed in chapter three.

Psychopharmacology

Psychopharmacology refers to the use of prescription medications to treat mental health disorders and conditions. The term psychotropic is often used to describe a large category of drugs for treating mental health conditions. These drugs include antidepressants, narcotics, stimulants, tranquilizers, and others. Although psychotropic drugs are sometimes prescribed by medical doctors to treat disorders without the use of psychotherapy, the use of these drugs in conjunction with psychotherapy has been found to be more effective than just the drug treatment alone. Of course, medications carry the risk of side effects which can sometimes

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