

[12] Treatment

Key Concepts

- Psychotherapy
- Systemic therapy
- Psychopharmacology

A. Introduction

When it comes to thinking about how to treat psychological conditions our normal tendency to be dominated by Type 1 thinking is dramatically enhanced by the ways in which our society has developed for dealing with such matters. Remember that psychiatry was developed as a way of controlling certain people whose behavior was disturbing or disruptive. The modern field has moved on considerably but psychiatrists are still the people charged with getting potentially dangerous people off the streets and preventing them from acting out (although of course the vast majority of violence is perpetrated by socially condoned institutions like the police and military and non-socially condoned ones like organized and unorganized crime).

In addition we live in an era of professionalization, one of whose central tenets is that there are experts and authorities—typically working through various social institutions—whose abilities are not just greater but qualitatively different from those of ordinary people. The implication is that it's impossible, but probably also improper or even immoral for ordinary citizens to do such things. Such notions suit Type 1 thinking to a tee, effectively providing pre-fab 'answers' as to how to deal with those deemed mentally deranged that take ordinary folks off the hook, so to speak, though in doing so it can make them feel incompetent or uncaring and drive wedges between them and those they care about.

B. Questions to Guide Your (Re)Search

[1] Despite the existence of authorities and experts the fact is most people get their therapy first from friends and relatives. How often do ordinary people get involved in what are for all practical reasons psychotherapy—providing support, advice, etc—with people they know and care about? How effective is it? How do recipients react? How do providers of support and advice react to recipients?

[2] Since folk psychology conditions us to think of others who defy our expectations or desires as insane or crazy, it simultaneously prescribes treatments for them. What sorts of ideas 'pop' into people's heads about what should be done with people who get labeled 'crazy'? What do ideas about what constitutes (or should constitute) treatment tell us about the ways folk psychology and the dominant culture train us to think about mental illness and its treatment?

[3] Folk psychology, following the ways of Type 1 thinking, treats people as if they came in different kinds (as if they were different species—for instance, 'white people' and 'black people', as some varieties of racism claim). Thus Type 1 thinking suggests there is one group—people who are sane and normal; and a distinct other group—those who are not sane and not normal; and never the twain shall meet. Thus, once 'crazy' one is 'crazy' forever (and all the time). Because of this, finding that people labeled with mental health conditions can and do think, feel and act perfectly normally tends to surprise people. How many examples can you find of people being surprised by what is normal behavior? What happens to people when what is normal comes to seem abnormal to them? How do they react? How do they rationalize their experience?