SOC 495.002:
SOCIAL ORDERS AND MENTAL DISORDERS[1]

THE SOCIOLOGY OF MENTAL HEALTH AND ILLNESS

Instructor: Neil Gong
Class: MWF 12-12:50 PM
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Office Hours:

Course Description

What is mental illness, and who gets to define it? How is distress distributed, and why are some people more likely to become "sick?" Why do societies respond to unusual psychic states differently? This course argues that sociology has a key role to play in making sense of mental health and illness, as well as the wide variety of responses to it. Despite being deeply personal and individual, mental health and illness are nonetheless also profoundly social and cultural. There have been significant advances in biological, genetic, and psychological accounts of psychiatric disorder, yet such approaches remain partial and inadequate for designing interventions. A sociological lens, with an eye toward historical and cross-cultural comparison, can complement and in some cases challenge more conventional frameworks.

We will engage in longstanding debates over whether psychiatric disorders are "real," "socially constructed," or perhaps more interestingly, both. We will examine research on the politics of defining "normal" and "abnormal," the use and misuse of psychiatric medications, and current attempts to pin down the biological bases of psychiatric disorder. Given the complexity of some issues, we will attempt to see from multiple angles at once: for instance, we will consider how forcible psychiatric treatment might be seen as a violation of rights, on the one hand, as well as a form of care, on the other.

Learning Objectives

1) Explain how social factors influence the likelihood, definition, and control of mental health conditions and "abnormal" behavior.
2) Demonstrate discussion skills, including fair interpretation of opposing views, finding common ground, and respectfully articulating points of difference.
3) Articulate the relationship between sociological and medical approaches to mental illness in essay form

Assignments and Grading

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[1] *Acknowledgements:* Course title derived from Andrew Scull's 1987 collection. Informed by syllabi and materials from Alex Barnard, Kathleen Denny, and Jason Houle.

Weekly Quizzes: 20%

Every Thursday you will receive a short quiz.

Homework—Perusal and Reading Responses: 30%

All readings will be posted and available online in the Perusal application. Read through and make at least 2 comments for each reading—this might mean noting something you are confused by, agree or disagree with, or can connect to a previous reading, etc. It might also mean posing a question, or a comment on another student's posting. (20%)

You will also be required to submit 2x single-spaced page memos in the 'Reading response' assignments in the Content section of Canvas. They will be worth 5 points, pass/fail. You must submit your memos before the day the reading is due. (in total, 10% of grade.) They must be from different class units.

All memos must summarize at least one reading from a scholarly book or journal—suitable readings are marked with an asterisk (*). I'll post an example of a summary and give feedback on the first one so that people can re-do as needed. After that, they will be graded pass/fail.

Midterm: 25%

This take-home exam will be circulated by 9am on Thursday of Week 5 and due by the end of the day (i.e. 11:59pm) that Friday. It will consist of short answer questions and essay responses. The exam will cover both readings and lecture materials that are not taken directly from the readings.

Final: 25%

Policies and Information

*Accommodations: Services for Students with Disabilities will contact me regarding official accommodations, but feel free to speak with me directly as well. You can reach out to me about special needs, defined broadly, that may affect your ability to participate in class. This might include issues of disability, but could also range from financial stresses, to parenthood, to work obligations, to whatever. I'll try my best to be accommodating, flexible, and fair.

* Mental Wellbeing: I'm sympathetic to mental health struggles broadly, and aim to offer support, but I am not trained as a therapist. There are resources on campus through CAPS, and we can work to help connect you to them or other resources as needed.

* Attendance: Consistent attendance and participation are crucial for your learning and a successful overall class. I'll trust you will be present and on time. For the most part, I don't take roll for upper division courses, but if it becomes an issue of repeated absence, it will be reflected in participation credit and I may turn to an attendance requirement.

* Academic Integrity: All academic work for this course must meet UCSD's standards of academic integrity. Relevant information can be found at:

Becoming a Good Participant

Since many of the issues we will address in this course are scientific and humanistic puzzles subject to ongoing debate, your analysis, life experience, and interpretation are crucial. At its best, discussion moves us from being recipients of knowledge into interlocutors with the authors we read. It is a collective endeavor and we all have a responsibility to contribute. Being a good contributor is a *learned skill,* and it takes time and practice, both for us as individuals and for a group to learn to work together.

Furthermore, being a good participant in discussion is more than simply expressing oneself in front of an audience. It requires the ability to seriously consider alternative perspectives, identify common ground, and then articulate points of nuance or difference constructively. If potentially offensive statements are made as part of an earnest attempt to understand, rather than attack or troll people, I'll aim to flag why it might be problematic while we continue to work through the point of discussion. Non-good-faith efforts at mutual understanding, e.g. personal attacks or bigotry, won't be tolerated.

Guidelines for Discussion

We will be discussing difficult issues throughout this class, such as suicide, forced hospitalization, incarceration, discrimination, and trauma. At times we may discuss these in ways that focus on the personal and experience-near, and others times it may be highly abstract or experience-distant. Perhaps you'll have a strong reaction, but it's also possible that you won't. Each is fine. Being able to speak openly and from a wide variety of experiences and perspectives is important, yet we should also recognize the responsibility that comes with discussion of this material.

There is no precise formula for being sensitive and respectful, but here are some basic guidelines and formatting we've talked about in our brainstorm and that I've employed in the past.

*Try to take into consideration what people before you have said. If you disagree or see a different side, consider if there are in fact points of overlap, and acknowledge these. This isn't just a matter of politeness—very often we may find that what we thought was a counter argument is more a nuancing of others' points…on the other hand, we may better understand points of difference by closely comparing our thoughts with another person's.

*We can disagree without being disrespectful.

* If you've been speaking a lot, consider taking a brief step back and seeing where the conversation goes before contributing again.

*I (the instructor) will try to avoid over-moderating—that is, I'll allow for dialogue between students before interjecting myself.

* Pay attention to the language we use to describe psychiatric disabilities and conditions. In some cases, people prefer "person forward" language—e.g. "a person with schizophrenia" versus "a schizophrenic." In other cases, some people may see the diagnosis as a key part of their personhood, e.g. "I am proudly autistic." Still others may reject diagnostic language entirely. The point is not to prescribe a single rule (because things may vary person to person), but to be aware and respectful. On the other end, if you find that another person's language use is problematic and they are still learning proper usage, try to be patient—we can address this better through what some a "call in" model that invites people to dialogue and hearing multiple perspectives versus a "call out" model that shames them.

*The above also applies to other topics where the politics of language is complicated, and bound up with material forms of power and privilege. We should all try our best to be informed and respectful, as well as generous when someone is learning other perspectives/ways of talking about issues.

* Avoid discussion of the **means** of suicide or self-harm.

*Avoid attempts to invalidate another person's experience. Noting that a given interpretation or experience may be a less common, or bringing up a contrary example, can be productive if done right. We are interested here in both trends and highly individual experience. Rarely are there clear-cut "right and wrong answers."

*Try to speak from your own experience and avoid speaking for others, or assuming you know how things look from someone else's perspective. At the same time, you are not required to share your own trials and tribulations, and you don't need to have been through something to talk about it!

COURSE SCHEDULE

Week 0: Thinking Like a Sociologist

Sep 28: The Puzzle of Cross-Cultural ADHD Rates

No reading.

UNIT 1. SOCIAL CONSTRUCTION: WHAT IS MENTAL ILLNESS?

Week 1: Medical Models and Social Models

Oct 2nd: Introduction: The Surprising Difficulty of Defining Disorder

Greenberg, Gary. "Inside the Battle to Define Mental Illness." *Wired Magazine.* https://www.wired.com/2010/12/ff_dsmv/

Oct 4th: The Social Construction of Mental Illness

Conrad, Peter and Joseph Schneider. 1981. "Social Construction of Illness" in *From Badness to Sickness.* excerpt 28-32

Marohn, Stephanie and Malidoma Patrice Some. 2014. "What a Shaman Sees in a Mental Hospital." *Waking Life.* 1-7.

Oct 6th: Guest Speaker Sascha Altman Dubrul

Zoom link:

Week 2: Local Categories and Medicalization

Oct 9: Cross-Cultural Perspectives

Ethan Watters: Anorexia in Hong Kong

Oct 11: Making and Un-Making Diseases

Conrad, Peter and Allison Angell. 2004. "Homosexuality and Remedicalization." *Society.*

Hansen, Helena., Philippe Bourgois, and Ernst Drucker. 2014. "Pathologizing Poverty: New Forms of Diagnosis, Disability, and Structural Stigma Under Welfare Reform." *Social Science and Medicine.*

Oct 13: Guest Speaker Caroline
Zoom quiz 1

UNIT 2. SOCIAL CAUSATION: WHO GETS SICK? WHY?

Week 3: Patterns and Prevalence of Distress

Oct 16: Suicide as a Social Phenomenon

Keller, Jared. "Why Are Americans Killing Themselves?"

https://psmag.com/news/why-are-americans-killing-themselves

Oct 18: Suicide continued

Abrutyn and Mueller "Adolescents Under Pressure"

Oct 20: Economic Arrangements and Distress

Prins, et al. "Depressed? Anxious? You Might be Suffering from Capitalism."

Faris and Dunham Revisited

Zoom quiz 2

Week 4: The Challenge of Psychiatric Epidemiology

Oct 23: Issues in Measurement and Statistics

Horwitz, Allan and Jerome Wakefield. The Epidemic in Mental Illness: Clinical Fact or Survey Artifact?

Oct 25: Puzzles in Distribution of Illness

Watters, Ethan. 2010. "The Mega-Marketing of Depression in Japan." *Crazy Like Us.*

Oct 27: Puzzles in Distribution of Recovery

Luhrmann, Tanya. "The Culture of Chronicity."

UNIT 3. SOCIAL CONTROL: MANAGING DEVIANCE

Week 5: The Historical Management of Madness in "the West"

Oct 30: Birth of the Asylum

Conrad, Peter and Schneider. 1981. "Medical Model of Madness" excerpt 38-48
Michel Foucault. 1961. *Madness and Civilization* excerpts

Nov 1: Review

Nov 3: In-Class Midterm

Week 6: From Asylum to Community

Nov 6: Anti-psychiatry and Critique of The Total Institution
Goffman, Erving. 1961. "Moral Career of the Mental Patient." *Asylums.*

Nov 8: Deinstitutionalization

Gong, Neil. "How Defunding Abusive Institutions Goes Wrong, and How We Can Do it Right"

Rhodes, Lorna. 1991. *Emptying Beds.* Excerpts.
31-44.

Nov 10: Veterans Day

Week 7: Mental Health Law and Responsibility

Nov 13th: Civil Commitment after the Asylum

Morse, Stephen J. 1982 "A Preference for Liberty: The Case Against Involuntary Commitment of the Mentally Disordered." (54-62, 67-68)
Cournos, Francince. 1989. "Involuntary Medication and the Case of Joyce Brown." (736-740)

Bonnie, Richard. 1983. "The Moral Basis of the Insanity Defense."

Nov 15: The Criminalization of Mental Illness
One reading on addiction
One on psychosis

Ford, Matt 2015. "America's Largest Mental Hospital is a Jail." *The Atlantic.*

Nov 17: Guest speaker

UNIT 4. IDENTITIES, INTERSECTIONS, INEQUALITIES

Week 8: Social Roles of Care

*Nov 20**:** Thinking Like a Psychiatrist*

Luhrmann, Tanya. 2000. Excerpts. *Of Two Minds*

Nov 22nd: Patients Talk Back Mella

The Recovery Movement and Mad Pride

http://www.cpsp.pitt.edu/wp-content/uploads/2018/03/Mad-Pride-Chap.CMH_.final-edits.12.10.16.Copy_.pdf

Nov 24: No Class

Week 9: Race, Gender, Sexuality

Nov 27th: On Hysteria and Gender Dysphoria

Interpreting "Gender Dysphoria"

Austin Johnson. "Rejecting, Reframing, and Reintroducing: Trans People's Strategic Engagement With the Medicalization of Gender Dysphoria." Sociology of Health and Illness.

Nov 29th: Over and Under-Diagnosis of People of Color

Fanon, Franz. "The Negro and Psychopathology" excerpts
Netherland, Julie and Helena Hansen. 2017. "White Opiods: Pharmaceutical Race and the War on Drugs That Wasn't." *Biosocieties.*

Metzl, Jonathan. 2009. *The Protest Psychosis*." "Preface" ix-xvi, Ch.12 "Revisionist Mystery" 91-94, Ch.13 "A Racialized Disease"

Dec 1:

Week 10: Alternatives and Complements to the Medical Model

Dec 4: Hearing Voices and Indigenous Perspectives
https://www.madinamerica.com/2019/10/healing-looks-like-justice-interview-harvard-psychologist-joseph-gone/?fbclid=IwAR2lZjvGxpR9t2p_DnDySiOaSFRf_wG0rQll5sm7yDy0fjQycIxHz60MS0s

Dec 6: Summing Up: What does sociology offer besides critique?

- Consider a person experiencing psychic suffering/exhibiting unusual behavior, who receives a primarily medical model intervention. What might be missing in our efforts to assist them?
- More specifically: what could a sociological approach to mental health and illness add to the picture?

Dec 8: