

From Madness to Mental Health: The Sociology of Mental Illness

Instructor: Alex Barnard
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Course Time and Location:
Mondays 4:00-6:00 p.m.
Barrows 104

Office Hours:

Tuesdays 4:00-6:00 p.m. -or- Wednesday 2:00-4:00 p.m. (alternating) – Barrows 483
<https://www.wejoinin.com/sheets/rmtxa>

Please do not hesitate to ask for an appointment if needed

Course Description

This class will argue that sociology can make a unique contribution to our understanding of mental illness and social responses to it. Biological and genetic understandings of mental illness are ascendant, and yet there is increasing awareness that they are scientifically unsatisfying and that purely biomedical treatment has not delivered promised improvements in outcomes. On the other hand, more purely de-constructionist approaches deny the real suffering mental illnesses can cause and offer a one-sidedly critical view of pharmaceuticals and healthcare professionals. In this course, we will try to cut a middle ground, showing how mental illness is both socially and biologically determined; very real yet socially constructed and culturally specific. We will see how institutions of mental health treatment both cure *and* control, and how a better response to mental illness requires medical and social interventions.

This class will be comparative, as we will look at conditions and institutions as they vary between countries. It is precisely by looking beyond the United States and away from the present that we realize that both these conditions and our responses to them are not set in stone; it is the power of sociology to both identify failed models and borrow fragments of success from elsewhere. For better or for worse, we will focus on written academic work, rather than first person narratives.

Goals

As a 190 senior capstone seminar, this course has several learning objectives that may be slightly different from other courses you may have taken. First, like most classes (hopefully), you will learn about the subject matter, focusing on concrete, applicable concepts like “fundamental causes of health” or “idioms of distress.” Second, you will develop your skills in *comparing* and *critiquing* sociological work. Third, you will practice *connecting* these theories to issues in the social world. Fourth, you will develop skills such as mastering difficult texts, interpreting published data, and engaging in classroom debates and discussions. Finally, you will produce a research paper using original data, which you will be able to use as a writing sample if you apply to graduate school and will help you feel comfortable in other independent writing projects.

Assignments and Grading:

There are four components to your course grade.

- **Participation (25%):** Your active participation in the course is not only crucial for your own learning but for that of your peers. Although verbal participation in seminar is the easiest way to meet this requirement, I define “active participation” as referring to activities that contribute to your own *and others’* learning in class. This could include taking a leadership role in group work or proposing materials to the instructor to bring into class. I expect, as well, to see evidence that you have read and annotated the texts in order for you to receive participation credit. Simply being present will not help you formulate ideas effectively on assignments, and is not sufficient to pass this portion of the course.

- **Reading Responses (20%):** You are expected to carefully and critically read three texts per session. The readings are short (usually between 15 to 30 pages) but they are sometimes dense and difficult.
 - For 10 of our sessions, you must answer one of the questions provided either in a diagram or in 200-250 words, always using at least one quote (with a page number) from the assigned texts.
 - All responses must be submitted by noon the day of the assigned text via BCourses.
 - Written responses must be uploaded and diagramed/ tabled responses must be attached as a standard image file (e.g., JPG).
 - Because of the way B-Courses functions, please do not use Pages.
 - Readings will be graded as a check-minus, check, or check-plus, based primarily on effort.
 - Late reading responses will not be accepted.
- **Social Determinants of Health Interviews (20%):** In the first part of the course, you will conduct three (anonymized) interviews based on a semi-structured questionnaire. You will be expected to write a 3-5 page paper analyzing these interviews and relating them to our readings on the social determinants of distress.
- **Final Paper (35%):** Your final paper will examine a particular intervention in mental health (this could be a treatment, an institution, or a professional practice), placing it in historical and global context. You will make an argument that connects that intervention to the sociological literature and reflects on its broader significance. The strongest papers will use some kind of primary data, be it interviews, quantitative data, observations, government reports, or newspaper articles (15-20 pages).

Required Materials

- You are required to purchase a course reader. You must bring this reader to every class; I may mark you absent if you come without the text. If purchasing the reader is an undue burden, let me know and we will find a solution.

Policies

- **Attendance:** You have two absences; there are no excused / unexcused distinctions outside of exceptional circumstances. Your grade will drop 2% for any absences beyond that.
 - Please don't make me have to come up with a "tardy" policy; be on time.
- **Plagiarism:** Please read and familiarize yourself with the Code of Student Conduct regarding academic dishonesty. Any work that is academically dishonest will receive a 0 at a minimum and you will likely fail the course. Don't do it.
- **Communication:** I try to answer e-mails within 24 hours during the week. Please do your best to limit e-mails to administrative questions, and check the syllabus and my instructions to the class before e-mailing me. Save substantive questions for office hours.
- **Late Assignments:** Late work will be marked down one letter grade for each day it is late.
- **Technology:** You may use laptops or tablets, but not telephones (outside of emergencies), in class. As an adult, I trust you will use technology respectfully, i.e. only for things related to class while in class. I prefer you have the readings on paper.

Other Information

- **Guidelines for Discussion:** The nature of this class is that we will be discussing difficult topics constantly. Suicide, depression, hospitalization, discrimination, or incarceration could all be brought up in any given class. We will discuss how to deal with these topics respectfully on the first day of class, but I encourage the following:
 - Avoid discussing means of suicide or any graphic descriptions of self-harm or violence.

- Try to use [people-first language](#) (“people with schizophrenia” not “schizophrenics”) when possible... But also accept that this way of speaking may not be familiar to everyone, and so try to be charitable with slip-ups. Affected people don’t agree on terminology either (some prefer “autistic people” to “people with autism” and “mad” can either be pejorative or liberating, depending on who you ask”).
- Remember that in sociology we deal with tendencies, averages, and trends. We can talk about generalities (“most people with X express it through Y”) in a way that doesn’t challenge the truth of anyone’s individual experience. Try to steer clear of absolute statements (“anti-depressants never work”).
- Personal experiences can really enrich conversation! But you are not expected to share your own trials and tribulations nor do you need to have been through something to talk about it. The readings are intended to give us a shared baseline for discussion regardless of background or history.
- **Accommodating Special Circumstances:** I will receive copies of any letters of accommodation from the Disabled Students Program, but you are free to consult with me directly if you feel comfortable. You can also reach out to me if you have any special needs (defined broadly) that may make participation in the class difficult—this can include learning disabilities, parenthood, athletic obligations, employment, housing difficulties, traumatic experiences etc. I am also open to suggestions to make our class more accessible.
- **Basic Needs:** Hunger, homelessness, intimate-partner violence, and eviction are realities for students at Berkeley. The university now has compiled the different services available at <http://basicneeds.berkeley.edu/>. The university also has developed services to support students who are victims of sexual violence: <https://survivorsupport.berkeley.edu/>.
- **On Mental Health and Wellbeing:** This class should be hard on your intellect, but not on your emotional health! I am not a therapist but I am sympathetic to and accommodating of mental health issues. If you need support, please contact Counseling and Psychological Services at (510) 642-9494 (after hours (855) 817-5667). We can also brainstorm ways to find accessible and culturally-competent services. If you need someone to talk to immediately, call the Suicide Prevention and Crisis Hotline (415-499-1100).
- **Help with Writing:** Strong, clear writing develops with practice, and revising paper drafts is a great opportunity! I am happy to work with papers in office hours, however, I cannot guarantee that I can read full drafts or look at your work more than once. If you are looking to improve specific aspects of your writing, ask me and I can provide those comments on your assignments. I also encourage use of the writing tutors at the Student Learning Center and in the department.
- **Feedback:** I value your feedback on what works and what doesn’t. I will provide you ways to give me feedback in class, including midterm evaluations. Additionally, feel free to email me or speak to me after class or in office hours. The sooner you say something, the more likely I can change it. That said, I assume you are doing your best in this class and hope you will extend me the same benefit of the doubt.

Introduction

Week 1: January 28th – The Mess We Are In

- Eldeib, Duua. June 5, 2018. “Hundreds of Illinois Children Languish in Psychiatric Hospitals After They’re Cleared for Release.” ([ProPublica](#))
- Angell, Maria. June 23, 2011. “The Epidemic of Mental Illness: Why?” ([New York Review of Books](#))
- Jorm, Anthony F., Scott B. Patten, Traolach S. Brugha, and Ramin Mojtabai. 2017. “Has Increased Provision of Treatment Reduced the Prevalence of Common Mental Disorders? Review of the Evidence from Four Countries.” *World Psychiatry* 16(1):90–99.

Part 1: Depression: From Distressed Societies to Diseased People

Week 2: February 4th – Suicide and the Health of Societies

- Durkheim, Emile. 1897. *Suicide* (“Introduction” 1-11, “Suicide and Psychopathic States” 14-21, 24-25, “How to Determine Social Causes” 100-104, “Egoistic Suicide” 154-160, 171-173, “Altruistic Suicide” 178-180, “Anomic Suicide” 201-203, 213-219, 239).
- Stevenson, Lisa. 2014. *Life Beside Itself: Imagining Care in the Canadian Arctic*. Berkeley, CA: University of California Press. (Ch.3 “Anonymous Care” 75-100).
- Stack, Steven. June 28, 2018. “Why is suicide on the rise in the U.S.—but falling in most of Europe?” [The Conversation](#).

Reading Response:

- *Written / Diagram:* What are the different ways social conditions lead to suicide, according to Durkheim? What does Stack add to our understanding of the social determinants of suicide?

Week 3: February 11th – Determinants of Distress

- Link, Bruce G. and Jo Phelan. 1995. “Social Conditions As Fundamental Causes of Disease.” *Journal of Health and Social Behavior* 35:80–94.
- Villatoro, Alice P., Vickie M. Mays, Ninez A. Ponce, and Carol S. Aneshensel. 2018. “Perceived Need for Mental Health Care: The Intersection of Race, Ethnicity, Gender, and Socioeconomic Status.” *Society and Mental Health* 8(1):1–24.
- Zayas, Luis H. and Lauren E. Gulbas. 2012. “Are Suicide Attempts by Young Latinas a Cultural Idiom of Distress?” *Transcultural Psychiatry* 49(5):718–734.

Reading Response:

- *Written / Diagram:* How can the three readings be combined to analyze how social conditions can lead to expressions of distress?

Week 4: February 18th – Holiday – No Class

Week 5: February 25th – Drugs, Disease Mongers, and the DSM

- Horwitz, Allan V. 2011. “Creating an Age of Depression: The Social Construction and Consequences of the Major Depression Diagnosis.” *Society and Mental Health* 1(1):41–54.
- Jutel, Annemarie Goldstein. 2011. *Putting a Name to It: Diagnosis in Contemporary Society*. Baltimore, MD: Johns Hopkins University Press (Ch.5 “Driving Diagnosis” 97-116).
- Johnson, Austin H. (In Press) “Rejecting, Reframing, and Reintroducing: Trans People’s Strategic Engagement with the Medicalisation of Gender Dysphoria.” *Sociology of Health & Illness*.
- Lee, Felicia. September 6, 2003. “Is Trauma Being Trivialized?” [The New York Times](#).

Reading Response:

- *Written*: What does Johnson add to the perspective on medicalization given by Jutel and Horwitz?
- *Diagram*: Drawing on Horwitz, explain how we got an epidemic of depression.

Week 6: March 4th – Making People Through Medicine

- Eyal, Gil. 2010. *The Autism Matrix*. Cambridge, MA: Polity (“Introduction” 1-13, 18-25, 38-40, Ch.1 “The Puzzle of Variation in Autism Rates” 41-49).
- Watters, Ethan. 2011. *Crazy Like Us: The Globalization of the American Psyche*. New York: Free Press (Ch.1 “Anorexia in Hong Kong” 9-63)
- Duncan, Whitney L. 2017. “Psicoeducación in the Land of Magical Thoughts: Culture and Mental-Health Practice in a Changing Oaxaca.” *American Ethnologist* 44(1):36–51.

Reading Response:

- *Written*: What is “psy-globalization” and “bio-politics,” and how do they go beyond “medicalization”? What does the concept of “looping” add to Duncan?
- *Diagram*: How did anorexia come to Hong Kong?

MARCH 8TH – INTERVIEW PROJECT DUE

Part 2: Madness: From Incarceration to Community Control

Week 7: March 11th – From Asylums to Acute Care

- Goffman, Erving. 1959. “The Moral Career of the Mental Patient.” *Psychiatry* 22:123–42.
- Bagnall, Adrianna and Gil Eyal. 2016. “Forever Children? And Autonomous Citizens: Comparing the Deinstitutionalizations of Psychiatric Patients and Developmentally Disabled Individuals in the United States.” Pp. 27–61 in *50 Years After Deinstitutionalization: Mental Illness in Contemporary Communities*. Bingley, UK: Emerald.
- Ford, Matt. June 8, 2015. “America’s Largest Mental Hospital is a Jail.” [The Atlantic](#).

Reading Response:

- *Written*: What was the ‘moral career’ of the mental patient in Goffman’s time, and—drawing on Ford and Bagnall—what might it look like today?
- *Diagram*: What are the two pathways of de-institutionalization described by Bagnall and Eyal?

Week 8: March 18th – Freud or fMRIs? Psychiatry

- Lakoff, Andrew. 2006. *Pharmaceutical Reason: Knowledge and Value in Global Psychiatry*. Cambridge, UK: Cambridge University Press (Ch.2 “Medicating the Symptom” 43-72).
- Luhrmann, T. M. 2000. *Of Two Minds: The Growing Disorder in American Psychiatry*. New York: Alfred A. Knopf (Ch.6 “The Crisis of Managed Care” 239-265).
- Khazan, Olga. June 1, 2016. “Not White, Not Rich, and Seeking Therapy.” [The Atlantic](#).

Reading Response:

- *Written*: Compare and contrast the two visions of psychiatry described by Lakoff and Luhrmann. How do they reflect wider social conditions in the U.S. and Argentina?

Week 9: April 1st – Living with Madness: Disability and Stigma

- Hansen, Helena, Philippe Bourgois, and Ernest Drucker. 2014. “Pathologizing Poverty: New Forms of Diagnosis, Disability, and Structural Stigma Under Welfare Reform.” *Social Science & Medicine* 103:76–83.
- Pescosolido, Bernice A., Tait R. Medina, Jack K. Martin, and J. Scott Long. 2013. “The ‘Backbone’ of Stigma: Identifying the Global Core of Public Prejudice Associated With Mental Illness.” *American Journal of Public Health* 103(5):853–60.
- Konnikova, Maria. November 19, 2014. “Is there a link between mental illness and gun violence?” [*The New Yorker*](#).
- Sapien, Joaquin. December 6, 2018. “Living Apart, Coming Undone.” [*ProPublica*](#).

Reading Response:

- *Written:* What is the ‘backbone’ of stigma according to Pescosolido, and how do the people described by Hansen face it?
- *Diagram:* How did poverty become pathologized?

April 5th – PRELIMINARY PAPER OUTLINE DUE

Week 10: April 8th – Psychiatry and Social Control

- Metzl, Jonathan. 2009. *The Protest Psychosis: How Schizophrenia Became a Black Disease*. Boston, MA: Beacon Press (“Preface” ix-xvi, Ch.12 “Revisionist Mystery” 91-94, Ch.13 “A Racialized Disease” 95-108).
- Gong, Neil. 2017. “‘That Proves You Mad, Because You Know It Not’: Impaired Insight and the Dilemma of Governing Psychiatric Patients as Legal Subjects.” *Theory and Society* 46(3):201–28.
- LaFraniere, Sharon and Dan Levin. November 11, 2010. “Assertive Chinese Held in Mental Wards.” [*The New York Times*](#).

Reading Response:

- *Written:* Compare and contrast the governance of black men through psychiatry described in Metzl and the modern governance of the mentally ill described by Gong and LaFraniere.
- *Diagram:* How did schizophrenia become a black disease?

Part 3: Solutions: Between Brain Scans and

Week 11: April 15th – Neurosciences: Molecular Solutions

- Insel, Thomas R. 2010. “Rethinking Schizophrenia.” *Nature* 468(7321):187–93.
- Rose, Nikolas and Joelle M. Abi-Rached. 2013. *Neuro: The New Brain Sciences and the Management of the Mind*. Princeton, NJ: Princeton University Press (“Introduction” 1-24).
- Netherland, Julie and Helena Hansen. 2017. “White Opioids: Pharmaceutical Race and the War on Drugs That Wasn’t.” *BioSocieties* 12(2):217–38.

Reading Response:

- *Written:* How have the tools of neuroscience described by Insel entered the fight against opioids? How would Rose and Abi-Rached evaluate the use of neuro-science in addressing the opioid epidemic?

Week 12: April 22nd – Social Movements: Looking Beyond Medicine

- Scheper-Hughes, Nancy and Anne M. Lovell. 1986. “Breaking the Circuit of Social Control: Lessons in Public Psychiatry from Italy and Franco Basaglia.” *Social Science & Medicine* 23(2):159-78.
- Silber, Steve. 2015. *Neurotribes*. Sydney: Allen & Unwin (“Fighting the Monster” 286-289, 304-319, “In Autistic Space” 439-468, “Building the Enterprise” 469-474)

Reading Response:

- *Written / Diagram:* Describe the rise of the anti-psychiatry and neuro-diversity movements in Italy and the U.S. Where are they similar, and where do they diverge?

Week 13: April 29th – Ethnopsychiatry: Looking for Answers Outside

- Watters, Ethan. 2011. *Crazy Like Us: The Globalization of the American Psyche*. New York: Free Press (Ch.3 “Schizophrenia in Zanzibar” 127-185)
- Heaton, Matthew M. 2013. *Black Skin, White Coats: Nigerian Psychiatrists, Decolonization, and the Globalization of Psychiatry*. Ohio University Press (Ch.2 “Decolonizing Psychiatric Institutions and Networks” 51-78).

Reading Response:

- *Written / Diagram:* What influence have Westerners had on the mentally ill in Africa? What influence has African psychiatry / mental illness in Africa had on the West?

R&R Week: May 6th – Recovery: Looking for Strengths Inside

- Jacobson, Nora and Dianne Greenley. 2001. “What Is Recovery? A Conceptual Model and Explication.” *Psychiatric Services* 52(4):482-85.
- Padwa, Howard, Marcia Meldrum, Jack R. Friedman, and Joel T. Braslow. 2016. “A Mental Health System in Recovery: The Era of Deinstitutionalisation in California.” Pp. 241–65 in *Deinstitutionalisation and After, Mental Health in Historical Perspective*. Palgrave Macmillan, Cham.

Reading Response:

- *Written / Diagram:* What do we do now?

MAY 13TH – FINAL PAPER DUE