

Mental health and society PSYC3200

Brown

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There is a website containing teaching resources and the 'brown library' at <http://www.brown.uk.com> too.

The lectures begin on Tuesday of week 2 at 4.00 pm in room 00.36 in the Hawthorn Building (11/10/2011). They will occur every other week, that is 2, 4, 6, 8, 10, 15, 17, 19, 21, 23, 25, 30.

The seminars begin in week 4. There are 6 seminars for each of you to attend in the course of the module. There is a separate page about seminar groups later in this handout.

Aims of the module: (What I set out to do)

This module sets out to familiarise students with the definitions, diagnoses and therapies for a variety of forms of 'maladjustment' and unhappiness, and the social context of human problems will be emphasised. 'Abnormality' does not occur in a social vacuum, and we will emphasise how abnormality is conditioned by the response of families, friends, communities and the helping professions themselves. We will aim to encourage students to appreciate the role of culture in giving form to people's problems and in making up responses to them. We will therefore devote particular attention to areas where culture is argued to play a key role.

Objectives and learning outcomes of the module: (what I hope you'll take away from it at the end)

At the end of the course students should have an understanding of the major ways in which abnormality has been identified, defined and classified. They will be able to understand the rationale and structure of classification schemes, particularly DSM, but other criteria where appropriate. Students should be able to describe the controversies surrounding many of the diagnostic categories. They should be able to appreciate and identify aspects of a person's social context which are significant. We should understand the debates over whether European and American Diagnostic schemes are applicable to problems in non-western countries.

Students should appreciate the importance of psychological and social approaches to distress, in the areas where they have been applied for some time, such as anxiety disorders, through to recent attempts to apply psychological therapies to problems which have been usually been medical concerns, like schizophrenia.

Students should appreciate that different perspectives often yield a very different picture of what distress means. For example they should be able to identify what anti psychiatrists, feminist scholars, black and post colonial writers, ex-patients and members of the users' movement, even philosophers, have to say on the subject, as these might involve radically different theories as to the nature of people's problems, their causes and appropriate therapies.

In addition, through the coursework, I hope you will learn to read widely, organise material, develop arguments and understand the contribution of different perspectives to making sense of people's distress.

Your Job as a Student

1) Turn up – people who miss sessions never do as well as those who attend regularly. Through participating, you learn the culture, the language and the concepts of the discipline, so it all fits together more easily and can be learnt more readily. Registers will be taken, and assessed by staff in the faculty office.

2) Ask me – if there's stuff you don't understand, or are interested in, or want to know more about, I want to hear from you. You've got emails and my phone numbers at the top of this handout so there's no excuse!

2) Talk to me about the coursework. As you'll see on the coursework handout, you'll have to make some decisions about this exercise and do some thinking. So I do want to hear from you.

4) Read. There is material in introductory textbooks about many of the issues we will be covering. But equally, there are other sources you will benefit from consulting. You may find some of the material I have made available electronically helpful (accessible via the web address at the top of the handout) and as final years it is important for you to do some literature searching of your own. See the section 'Where does all Brown's information come from?' later.

Indicative content (What I hope we will cover)

1, Definitions of normality and abnormality, historical and cross-cultural perspectives and the major schemes of classification currently in use today from the American Psychiatric Association, (DSMIV) and the World Health Organisation (ICD10). How professionals see their clients and patients. Being sane in insane places and linguistic entrapment.

2, Depression. - this topic will be used to introduce a variety of explanatory schemes which can be used in abnormal psychology. For example depression has been linked to neurotransmitter malfunctions, genetic risk factors, poverty, unemployment, hormonal imbalances, self defeating cognitions, gender inequalities and sex roles, to name but a few. We will be taking a multi-perspective approach to understanding definitions, causes and therapies.

3, Schizophrenia. This topic will be used to emphasise the diversity of views which have grown up on the subject which have developed over the last decade. The more traditional orientation where neurological and neurotransmitter theories are emphasised and drug therapies are relied upon will be contrasted with recent attempts to apply psychological therapies to enable clients to cope with their symptoms, and with views of 'psychotic' symptoms which emphasise their enlightening, supportive or spiritual qualities rather than their pathology.

4, The mind and the body. Here we will deal with a cluster of related problems which have psychological aspects but often have physical symptoms. Anxiety disorders, psychosomatic problems and conversion disorders will be dealt with, as well as self injury.

5, The social context of distress: Domestic violence - its extent, nature, causes and consequences. Attention will be paid to the relationship between domestic violence and broader social ideas concerning sex roles and ideologies of male and female conduct. Why do violent relationships often take so long to break up?

6, The social context of distress: Child abuse - we will focus on ideas concerning the extent of child abuse and what happens to abused children, its causes and

consequences and we will address some current controversies in the public arena such as 'false' or 'recovered' memories.

7, Eating disorders and culture - here we will focus on attitudes to the body, gender and culture in an attempt to explain why they seem to be more prevalent in Europe and the US compared to other parts of the world.

Throughout the course I will emphasise that what is currently done in terms of diagnosis and therapy does not meet with everyone's approval. There are many groups of people who object to much of what is done in the name of therapy. We will attempt to understand some of these different perspectives and the contribution they can make to understanding unhappiness and maladjustment in its social context.

Assessment

Assessment will be based on an exam (60% of the marks) and a piece of coursework (40%) of the marks.

Examination preparation will be covered in the seminar sessions at the end of the module. Coursework is described on the coursework sheet.

Stuff to read

The course will draw on many different sources of material, so no one book covers everything. Most of the basic issues concerning 'mental disorder' are covered in: Comer, R. (2010) *Abnormal Psychology*, 7th edition New York: Worth Publishers. And in the past I've known students to find Kring, A.M., Davison, G.C., Neale, J.M. & Johnson, S.M. (2006) *Abnormal Psychology* (10th Edition) New York: Wiley useful. I have asked the bookshop to get some in stock. There are many American textbooks that cover pretty much the same material so it doesn't matter exactly which one you consult. Try to make sure it is a recent one – I don't want to see stuff from around 1980!

Critical perspectives are covered in

Parker, I. et al (1995) *Deconstructing psychopathology*, London: Sage. A bit old now, but still worth a look. In addition web based material will be provided to ensure that you read a few other things as an antidote to the American dream version that you get in the textbooks.

Different perspectives on 'therapeutic' activity

Edelman (1974) writes: 'Because the helping professions define other people's statuses (and their own), the special terms they employ to categorise clients and justify restrictions of their physical movements and of their moral and intellectual influence are especially revealing of the political functions language performs and of the multiple realities it helps create' (p.296). This is especially the case with the term 'therapy' which converts everyday activities into professional interventions: 'In the journals, textbooks and talk of the helping professions the term is repeatedly used as a suffix or qualifier. Mental patients do not hold dances; they have Dance Therapy. If they play volleyball, that is Recreation Therapy. If they engage in a group discussion, that is Group Therapy. Even reading is 'Bibliotherapy'" (p.297). This professional appropriation of the everyday, Edelman argues, is a certain means of establishing 'who gives orders and who takes them, and to justify in advance the inhibitions placed upon the subordinate class' (p.297).

Thus, linguistic stratagems can enable professionals to believe that they are helping and not repressing those under their care. The language of helping may distort the true picture as in the following example of the difference between an everyday and a professional description of psychiatric interventions:

A) ...deprivation of food, bed, walks in the open air, visitors, mail, or telephone calls; solitary confinement; deprivation of reading or entertainment materials; immobilising people by tying them into wet sheets and then exhibiting them to staff and other patients; other physical restraints on body movement; drugging the mind against the client's will; incarceration in locked wards; a range of public humiliations such as the prominent posting of alleged intentions to escape or commit suicide, the requirement of public confessions of misconduct or guilt, and public announcement of individual misdeeds and abnormalities. (Edelman, 1974, p 300)

B) ...discouraging sick behaviour and encouraging healthy behaviour through the selective granting of rewards; the availability of seclusion, restraints, and closed wards to grant a patient a respite from interaction with others and from making decisions, and prevent harm to himself or others; enabling him to think about his behaviour, to cope with his temptations to elope and succumb to depression, and to develop a sense of security; immobilising the patient to calm him, satisfy his dependency needs, give him the extra nursing attention he values, and enable him to benefit from peer confrontation; placing limits on his acting out; and teaching him that the staff cares. (Edelman, 1974, p.302)

Labelled or diagnosed, the mental patient becomes easy prey for further 'linguistic incarceration' (Crawford et al., 1995) in what Edelman sees as a tendency to 'seek out data and interpret developments so as to confirm the label and ignore, discount, or reinterpret counter evidence' (p.300). The language of therapy may over-ride language which depicts what is actually happening. Furthermore, the adoption by clients of the approved linguistic forms relating to their treatment is often seen by staff as evidence of insight and improvement (Edelman, 1974). Disturbingly, Edelman observes that: 'The helping professions are the most effective contemporary agents of social conformity and isolation. In playing this political role they engird the entire political structure, yet are largely spared from self-criticism, from political criticism, and even from political observation through a special symbolic language' (p.310).

References

- Crawford, P., Nolan, P. & Brown, B. (1995) Linguistic entrapment: Medico-nursing biographies as fictions, *Journal of Advanced Nursing*, 22, 1141-1148.
Edelman, M. (1974) The Political Language of the Helping Professions, *Politics and Society*, 4, 295-310.