

CEPS 8500: Mental Illness and Oppression in the United States

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Although this is an anti-oppression course, it is designed for those of us who are called to be with people who live with mental illness. We will gain an understanding of the DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders 4th edition) as the hegemonic framework of “mental disorders.” We will use race/ethnicity; class; age; gender; institutional power as the anti-oppression framework to examine cultural definitions and treatments of people who live with “mental disorders.” We will take specific issues (e.g. therapies; treatments; pharmaceuticals; criminal justice; mental health policies; children; youth; returning soldiers) to examine the frameworks’ intersections. Students will complete the course with an understanding of contemporary systemic and individual meanings of mental illness and our institutional systems.

Required book: There is only one required book. Most materials will be available online. **Crazy Like Us: The Globalization of the American Psyche**, by Ethan Watters (2010) NY: Free Press (A Division of Simon & Schuster, Inc.) ISBN 978-1-4165-8708-8 (\$26.00)

Syllabus:

There are topics in this course that may bring up difficult emotions, and yet they are important, because these are topics that we encounter in our ministries. We will be respectful of others’ opinions, careful with our words, and compassionate in our hearts.

Week 1

Evolution of diagnoses and pathologies – e.g. how homosexuality was de-pathologized. Introduction to the DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition-Text Revision) – the “bible” of mental illness. Becoming familiar with the DSM-IV-TR, its history, how the manual was created, how it is organized, how it is used.

Week 2

Discussion of “normal” and how “normal” came into being, how it is used today. Normalcy and eugenics. A brief global look at mental illness to show that mental illness is culturally based and very slippery to understand; how we are exporting the US nosology (classification of illnesses) of mental illness to the rest of the world.

Week 3

How have people with mental illness been treated in the past. Looking back in history; mental illness and scripture; mental illness and the church; therapies and treatments. Comparing “cure” and “getting people to behave” – treatments/therapies – punishment/disposable people/ (e.g. hydrotherapy, isolation, injections, etc.)

Week 4

Continuing to look at treatments – introduction to pharmaceuticals – profits, side effects, use to control behavior in untenable situations. Success stories too, it's not all negative. Unexpected effects of looking at mental illness as “chemical.” Pharmaceuticals and social control (e.g. implants)

Week 5

“Therapies” that are less benign, that can actually do damage, can cause permanent harm – e.g. lobotomies (Rosemary Kennedy story), electroshock (Minnesota man's story), insulin shock (US and USSR), sterilization, power and abuses. Why or why not we should include pharmaceuticals in this category of “less benign” treatment.

Week 6

The Mental Health system – looking at policies, top down and bottom up – national, state, local, insurance, Medicaid, Medicare. Mental health survivors networks and stories, exploring websites and organizations, NAMI – are there “good guys” and “bad guys” and the complexities. Who gets which treatments. Research on patients.

Week 7

What about talking therapy? History: Freud, Jung, Bettelheim, etc – cognitive behavioral therapy, quick therapy, health insurance and therapy (what happens if you have a label as a person with mental illness), who gets to have therapy and who gets drug prescriptions, cross-cultural therapy, the role of minister/pastor/spiritual director.

Week 8

Community psychology: another way of looking at mental illness (treating the pathological community) – poverty, powerlessness, homelessness, stressors that are enough to drive people crazy. Roles of churches, ministering *to* vs ministering *with*. Healing communities and environments.

Week 9

The “Corrections” system meets the “Mental Health” system. How do people wind up in one or the other system, how do people move from the “criminal” system to the “mental health” system and back. Working in the Corrections system with mental health issues (chaplaincy). Pharmaceuticals in the criminal justice system.

Week 10

War and mental illness. “Returning warriors” – how we drive our soldiers crazy, and then treat them or don't treat them when they come home. Mental illness and PTSD. The VA system, the trauma system, chaplaincy work, families and supports through churches, what therapies and support systems seem to be most helpful.

Week 11

Children, youth, teenagers and mental illness. Diagnoses, antipsychotic medications, environments, vulnerability, what's real and what isn't. New and “fashionable” diagnoses

for children. Who makes the decisions about their treatment? Alternative treatments. LGBT children and what they face.

Week 12

Dealing with suicidal and self-injurious behaviors. Resources for clergy as we deal with suicide prevention and self-injurious behaviors such as cutting, burning, anorexia. How we as clergy can be non-judgmental and compassionate. What is our role? What can we do; what can't we do; what must we do?

Week 13

Globalization and mental illness. Exporting the DSM-IV. pharmaceutical companies and international marketing of mental illness diagnoses and treatments. Shifts in mental illness as a group of people give up traditional life styles. Urbanization, industrialization, and how the U.S. is influencing how the rest of the world understands mental illness.

Week 14

What do we do with what we know? What other people have done. What we can do; what we should do. Bringing the course back to the personal: what we as soon-to-be religious professionals and mental health professionals can and should do with what we've learned in this course.