

Spring 2014  
**Mental Disorders and Oppression in the United States**  
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**COURSE DESCRIPTION**

This anti-oppression course is designed for those of us who are called to be with people who live with mental disorders. We will spend the semester together exploring the complex world of mental “illness” and its associated problems, pains, and sometimes successes. We will companion each other through the weeks – these are emotionally difficult topics, and a large part of what we do is support each other as we scrutinize the ways in which our culture treats people who have been given the label of “mentally ill.”

Along the way, we will gain an understanding of the new (and controversial) DSM-V (Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> edition), how it has morphed from the older DSM-IV, and the implications of the new definitions of what behaviors are considered pathological. We will use race/ethnicity; class; age; gender; institutional power as an 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.

**COURSE OBJECTIVES**

After successfully completing this course, students

- will have critical skills to understand, analyze and synthesize theories and ideas related to mental disorders and systems of oppression
- will be familiar with the DSM and the terminology used by the mental health system and pharmaceutical industry to describe and treat people with mental disorders
- will understand contemporary systemic and individual meanings of mental disorders/illnesses and our institutional systems.
- will be knowledgeable about hegemonic and oppressive frameworks, including the impact of race/ethnicity; class; age; gender; institutional power
- will know therapeutic modalities and programmatic interventions that have proven successful, including pastoral care strategies
- will have a better understanding of interventions for people with mental disorders in the criminal justice system and for people returning from active service

**REQUIRED BOOK:** There is only one required book. The vast majority of materials (PDFs, essays, newspaper/magazine articles, videos and films) 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)

## **COURSE REQUIREMENTS AND ASSIGNMENTS**

I have tailored this course to meet a wide range of interests – you each come with your own life experience, your individual learning style, and scheduling complexities. You are adult learners with your own learning goals.

### **Weekly schedule:**

Each week's lecture is divided into topic-sections with links to readings/videos/resources embedded in a few paragraphs of lecture. The articles and other links are hyperlinked. There are PDFs, websites, video and audio links.

- **Monday 12:01AM:** Our week starts. All materials for that week will be available on Moodle.
- **Friday 11:59PM:** Final deadline for your "essay" posting and your "discussion" posting (details below).
- **Sunday 11:59PM:** Final deadline for your posted responses to TWO other students' essays and discussion postings.

### **"Essay" -- nine content-based analysis/critiques during the semester:**

In a week's lecture and readings, what topic or individual captured your interest? What raised your curiosity or disturbed you? What do you agree or disagree with? This weekly assignment requires your academic response to one of the topics covered in the current week's lecture and resources. Write at least 300 words using the assigned class material from the lecture and resources, plus at least one additional resource. If you are new to this kind of assignment, do not be anxious, this is where you do your work in a supportive environment. In addition to your own 300+ word entry, you are required to comment on two other students' essays. There is no required length to your comments.

### **"Discussion" -- weekly personal reflection:**

Each week you will write an electronic "journal" entry (length does not matter) about your personal reaction(s) to the week's topic – has something troubled you, or has the material helped you understand something in your own life (or family/friend's lives)? What is your personal reaction to the emotionally difficult material you're learning about? This is the forum to talk about whatever in your day-to-day life is being impacted by the week's topic... or about something that particularly bothers or provokes you. Don't worry about grammar or complete sentences or spelling. This weekly discussion is a place for you to experience receiving and offering radical welcome and pastoral care.

Support for classmates, comments and conversations about your classmates' personal reflections – all of this is part of taking a seminary course that deals with mental health issues.

**If you are taking this course for a letter grade:**

I really prefer that students take this course pass/fail. However, if your school requires that you receive a letter grade, we will arrange for a project or final paper or other mutually satisfactory arrangement.

**Reminder**

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.

**SYLLABUS**

Our weeks together will include:

- written lectures accompanied by an eclectic selection of online films and videos, magazine/newspaper articles, academic papers, original documents, personal stories, occasional book chapters -
- examination of the ways in which race, class, gender, sexual expression, and age, intersect with a person's diagnosis, treatment, and prognosis; you may be surprised at how much these vary –
- close exploration of the mental “health” and pharmaceutical industries as well as the spiritual/emotional consequences of its maintenance; you will learn about survivors' groups and resistance –
- pastoral resources to help us, as religious professionals, companion people who are marginalized because of mental disorders; you will explore existing programs and learn from each others' experience –
- safe, respectful class discussion and reflection about difficult topics having to do with mental health issues; many conversations emerge from personal experiences and there is always support from classmates and instructor

**1. The Diagnostic and Statistical Manual of Mental Disorders (DSM):** We will spend our first week learning about how the DSM is created and used – including surprising information about its evolution and its politics.

**2. "Normal" and how "normal" came into being:** Have you heard of the mental disorder named "Drapetomania"? Hysteria? Our ideas and understandings of mental disorders and normality are culturally based – and exportable.

**3. Institutions and mental disorders -- looking at the past:** This week we will look at the way “lunatics” and other people with mental disorders were treated, beginning with

colonial days and the asylum movement.

**4. Treatment (Week I - history):** The next few weeks we will be looking at treatments - starting this week with historic treatments including insulin coma therapy, lobotomies, and other “successful” interventions.

**5. Treatment (Week II - psychotropics):** Looking at the complexities of how mental disorders are treated, this week we will explore treatment with psychotropic-psychiatric medications, learning about Big Pharma and its influence.

**6. Treatment (Week III – talk therapy):** Continuing to look at ways that mental disorders are treated, this week we will examine psychotherapy modalities and successful religious and faith-based local programs.

**7. Treatment (Week IV - community):** Why do we think of mental disorders as personal -- don't we all grow up in, and live in a community? This week we will talk about attitudes, stereotypes, and the power of language.

**8. Mental disorders and the mental health system:** The Surgeon General's Office refers to our mental health system as dynamic and *de facto*. This week we will look at our “mental health system” (its complexity and ineffectiveness).

**9. Mental disorders and the "corrections" system:** This week we will look at the increase in incarceration of people who have mental health issues. More people who live with mental disorders are in jails and prisons than in hospitals.

**10. Mental disorders and the educational system:** It is an understatement to say that it's not easy to be a student or a teacher if one lives with mental health issues. We will look at the higher education system and people's experiences.

**11. Mental disorders and war:** Last year more soldiers committed suicide than died in combat. This week we will look at the “invisible wounds of war” – treatment (or lack) for men and women returning from deployment.

**12. Mental disorders and children:** Overworked medical professionals; desperate families; the deep-reach of Big Pharma – there is a lot of attention and controversy about how to help children who have been diagnosed as mentally ill.

**13. Mental disorders and elders:** Religious professionals are uniquely suited to work with elders in our ageist society. This week we will look at resources to help us minister to elders with mental disorders and dementias.

**14. Suicidal and self-injurious behaviors:** Many young people intentionally harm themselves. How do we talk about eating disorders; cutting; suicidal thoughts given our legal as well as pastoral responsibilities?