University of Brighton

School of Applied Social Science

SS649 Mental Disorder: Anthropology, Psychiatry, Psychology

Course co-ordinator: Nichola Khan

Final year undergraduate: 20 credits

Course Handbook
Semester II
2015

Course Structure, Aims, Objectives, and Learning Outcomes

NOTE: Most of the questions you need answers to about this course are in this document. Please read it fully and carefully before your first seminar.
This document concerns the structure and content of the course. If you have questions about procedures, please consult the School of Applied Social Science Office

This is an extensive final year undergraduate course over one semester. Lectures and readings provide overviews of core topics in the study of mental disorder, as well as the basis for more detailed consideration of the selected topics. The seminars aim to stimulate and develop your skills in critical analysis of empirical work, working in groups to prepare oral presentations and academic debate. Whilst the exam will test the breadth of your knowledge, the essay requirement aims to develop your skills in academic essay writing, and independent research.

Course Contact Information
The coordinator for this course, and your main contact for all enquiries, is Dr Nichola Khan.
Location: Room 221, Mayfield House. E-mail: N.Khan@brighton.ac.uk
(office hours: Wednesdays 2-5pm)

Lectures and seminars
Nichola Khan

Aims of the course:
- To examine and compare ways in which anthropologists from different theoretical and epistemological perspectives (psychological, psychiatric and medical) approach issues of mental disorder and suffering.
- To introduce critical perspectives which emphasise the cultural, historical, political, economic and social contexts in which knowledge about mental disorder is produced, understood and responded to.
- To encourage students to develop in-depth knowledge of key debates and topics, and to synthesise arguments and evidence advanced in topic-specific literature through close reading of academic texts.
- To develop students' ability to evaluate modes of academic criticism and debate in the anthropology of mental illness, and apply these techniques to a particular topic.

Learning Outcomes
On successful completion of the course the student will be able to:
1. Demonstrate understanding of a range of theoretical concepts and methods deployed by psychological/psychiatric/medical anthropologists to approach issues of mental illness, disorder and suffering.
2. Critically examine and compare ways in which anthropologists from different theoretical and epistemological perspectives approach issues of mental health, illness and suffering.
3. Synthesise the arguments and evidence advanced in topic-specific literature.
4. Apply insights from theory and research in anthropology to key topics.

Course format
Twelve weeks. Each week will provide the context and framework for a critical discussion of key historical and contemporary approaches to a specific topic.

Introduction This course introduces ways anthropologists from different theoretical and epistemological perspectives theorise and conduct research into mental disorder, treatment and recovery. It reflects a growing interest in anthropology's encounter with the key 'psy' disciplines and human and social sciences in the UK and internationally. Applications are in the areas of transcultural psychiatry, medicine, neuropathology, law, development, global health, humanitarian politics and welfare etc. The topic spans diffuse literatures—involving anthropology's historical and contemporary engagements with psychology, as well as with emerging techniques and studies in biological and global psychiatry, neuroscience and global mental health. The course also clarifies the relevance—for the topic—of paradigmatic historical shifts in anthropology from a focus on culture, to a subsequent interest in the contingency of mental illness and suffering on the entanglements of institutional power (state, medical, pedagogic etc) arising from the forces of globalisation, through to recent concerns with the increasing medicalization of psychiatry, and the forces of neo-liberalism.

Students are invited to think through the complex relationships between professional and academic categories of knowledge, clinical—mainly psychiatric—technologies and the subjectivities of persons living with diagnoses of mental 'disorder'. Taking as given the shifting meanings and fluid status of the term 'abnormality', we prioritise the terms 'disorder' and illness over disease. Whereas illness is the feeling or interpretation of being unwell, disease refers to the underlying criteria or causes attributed to those feelings, usually in professional categories, usually political, usually contested. Disorder, anthropologists have argued, is a broader category which on one hand, can link the madness of the state and of individuals, collective and individual memories, repressions and remembering. On the other it denotes that which is constructed as threatening to order—and forces our attention to ways particular political moral, and epistemic orders are established. The course aims to develop students' ability to evaluate shifting debates and modes of academic criticism, and apply these techniques to topic-specific literature on mental health, illness, normality and abnormality. Through a series of diverse theoretical framings, case studies and regional foci, it explores what anthropologically informed psychology/psychiatry/medicine can tell us about ways mental disorder varies across social and cultural settings, and is distributed geographically and historically across the globe.

Some key questions
-How can we interpret suffering in people whose experiences are radically different to our own?
-In what ways do interpretations of mental illness vary across social and cultural settings? How is mental illness distributed geographically and historically across the globe?
-What can the theories and methods of anthropology tell us about the place of 'culture' in understandings of abnormality and mental illness?
-Does 'mental disorder' inevitably involve suffering?
-How are experiences of suffering shaped by psychiatry's knowledge of their afflictions?
-Can 'traditional' and 'Western' psychiatric approaches co-exist in people's experiences of mental health/illness and recovery?
-What mechanisms are offered by culture for understanding symptom generation, living with and treating mental illness?
-Even when classificatory and treatment systems seem radically different (e.g. spirit possession, witchcraft, biomedical causes, psychiatry), can we talk about 'equivalences'?
-What contribution do anthropological methods e.g. case studies, ethnography, long-term fieldwork, participant-observation make to representations of mental states/illness? In what ways do they add to/unsettle understandings derived from psychiatry, psychology and anthropology?
-How do representations of suffering in ethnographic film differ from those in text?
-What cosmologies, cultural ideas and imagery are brought to interpretations of mental illness in particular communities?

-How do social categories of racialised, gendered and classed irrationality interplay with interpretations of suffering and mental health/illness?

What frameworks we will draw on to think about these questions?
- case studies which conceptually situate mental disorder and suffering in the context of anthropological, psychological, psychiatric, cross-cultural, psychoanalytic, postcolonial studies and a range of other approaches;
- historic, diachronic or comparative accounts of suffering; these might explore the contingency of power entanglements and institutions (state, medical, pedagogic etc); reflect on ways to tackle suffering in communities; or explore mental health activism, community organisations etc;
- deconstructions of essentialist/normative notions of mental illness within the North/South divide; East/West, core/periphery framings of mental health; instances of the silenced 'Other' within the modern nation-state, globalisation and respective ideologies of hegemony and power;
- analyses of interconnected phenomena of mental illness, globalisation, political and economic crises.
-cinematic, visual, literary, creative non-fiction, auto-ethnographic, autobiographical and testimonial works about mental suffering and illness;
- intersectional perspectives on ways mental illness impacts communities and individuals; the permeability between the borders of moral imagination, bodily affect and social processes.

Learning and Teaching
Most of the contact time on this course will take place in your seminar groups, which will meet weekly in the second semester. The sessions are three hours and organised as a one hour lecture followed by a two hour seminar. Attendance is compulsory (see the timetable below for details). In the session, the lecture will introduce the debates around each topic. The seminars (all students) will be devoted to developing your ideas of how arguments are constructed and can be analysed and critiqued. You are provided a list of key readings as well as additional readings for each topic area. These are designed to guide you in developing skills of close reading and developing various forms of critiques: theoretical, methodological and ethical. You are required to attend all these sessions.

For the second assessment you will be expected to construct a critical book review after being given guidance, and a list of suitable books to select from. You will be given the opportunity in the seminar, as well as outside of seminar times to meet with your tutor to review your work in progress, and discuss how you can go about ordering the material into a coherent review.

Key Journals
Ethos; Ethnos; Medical Anthropology; Medical Anthropology Quarterly; Cultural Anthropology; Cultural Psychology; Anthropology & Medicine; Culture, Medicine and Psychiatry; Transcultural Psychiatry; Journal of the Royal Anthropological Institute; American Ethnologist; American Anthropologist

Key films
Robert Lemelson. 2010. *Afflictions: Culture and Mental Illness in Indonesia.* Documentary Educational Resources. Anthropology and Psychiatry film series.
Robert Lemelson. 2009. *40 Years of Silence: An Indonesian Tragedy.* ElementalProductions.
Richard E. Robbins. 2007. *Operation Homecoming: Writing the Wartime Experience.*
Michael Palmieri and Donal Mosher. 2012. *Off Label.*
Karen Nakamura. 2013. *Bethel: Community and Schizophrenia in Northern Japan.*
Anya Bernstein. 2006. *In Pursuit of the Siberian Shaman.* Documentary Educational Resources
Katie Cadigan and Laura Murray. 2010. *When Medicine Got it Wrong.* Documentary Educational Resources

Some key websites/blogs
http://somatosphere.net/ (see full resources list)
http://historypsychiatry.com/
http://savageminds.org/
http://blogs.plos.org/neuroanthropology/
http://medhum.med.nyu.edu/blog/

Independent Study
You are expected to spend 200 hours on this course; this includes 36 hours of lectures, workshops, individual and group tutorials and 164 hours of independent study. You should spend sufficient time each week studying including reading, group work, planning your assignments, and assessment work.

Timetable

Fridays, 2-5pm

Lecture 2-3pm, seminar 3-5pm.

Date	Teaching week	Lecture themes and topics
06/02/15	1	Introduction to the topic
13/02.	2	Anthropological representations of culture and mental illness: theory and methods
20/02	3	Beyond culture to the suffering subject
27/02	4	Psychiatry, culture, and cultures *of* psychiatry
06/03	5	The politics of trauma
13/03	6	'The big three': schizophrenia, depression and bipolar disorder
20/3	7	Globalisation, global culture and global mental health
27/3	8	**Take home exam**
		EASTER BREAK
24/04	9	Writing recovery- Film. Operation Homecoming: writing the wartime experience
1/05	10	Pharmaceuticals, recovery and therapeutic self-making
08/5	11	Book review (presentations and feedback)
15/05	12	Psychoanalysis and Anthropology; assessment tutorials
		Essay due in: 11.59pm Friday 8 May 2015
		Take home exam: collect in seminar Friday March 20th– submit to tutor by email, Friday March 27th

See the week-by-week guide below for a detailed description of what you are required to prepare for each lecture and seminar.

Assessment

There are two pieces of summative assessment on this course.
1. A take-home exam (2000 words max).
2. A critical book review on a topic of research and theory on mental disorder (max 2000 words).

Assessment 1: The take home exam (50%)

The first assignment assesses learning outcomes 1 and 2.

Aims

The exam will give students the opportunity to:
- Demonstrate your skills of close analytical reading of material on mental disorder related to the course;
- Situate mental disorder in the context of anthropological, psychological, psychiatric, and a range of other approaches.
- Demonstrate your ability to produce a detailed understanding of ways interpretations of mental illness vary across social, cultural, geographical and historical settings.
- Show your understanding of a range of critiques and apply them in a balanced and coherent way to a specific question/topic.
- Demonstrate what contribution anthropological methods make to representations of mental states/disorder derived from anthropology, psychiatry and also psychology.

The Task

You are required to produce an answer (suggested length not more than 2000 words) to the exam question provided by your tutor (see below). The question will be general enough that you can interpret via a critique of a particular topic on mental disorder, or a particular debate in the field. You are invited to apply different modes of critique i.e. each answer will be assessed for its ability to engage theoretical, methodological, and ethical critiques. You should aim to discuss the interrelation of these elements in constructing your answer. Although you will be expected to evidence your argument by referring to relevant reading, the emphasis in this assessment is on your own interpretation of the specific material on the course, using the techniques discussed in lectures and seminars, rather than introducing new work.

Criteria

In addition to the generic marking criteria in the SASS Undergraduate Handbook 2011/2012, the take-home exam will be assessed against the following criteria.

   1. **Knowledge and Understanding (50%)**
Students will demonstrate clear, detailed knowledge and understanding of a selected concept/topic/question on mental disorder, demonstrating their engagement with original works when possible. Students may demonstrate their knowledge and understanding by identifying key shifts, debates, and dualisms within approaches to mental disorder in order to address its relevance and importance.
   2. **Critical Evaluation (50%)**
Students will demonstrate the ability to manage and analyse a range of material on mental disorder and will be rewarded for constructing an evaluation of the strengths and weaknesses of an approach/concept/ethnography as they develop a critical and supported argument. It is expected that this will involve a comparison and contrast with other theoretical perspectives, concepts and case studies, and a critical awareness of weaknesses and limitations.

The take-home exam is weighted at 50% of the total course mark.
Deadline: The exam question will be distributed in the seminar (week 7) on **Friday March 20th.**
Your answers must be submitted to me by email on **Friday March 27th by 5pm.**

Assessment 2: The book review (50%)

The second assignment assesses learning outcomes 3 and 4.

Aims

The review will give students the opportunity to:
- Apply insights from theory and research on mental disorder to a key case study and topic.
- Review a full-length ethnography which links the book to course readings and applies relevant theoretical, methodological and ethical critiques.
- Show your ability to identify central questions and themes in the book, synthesise the arguments and the evidence advanced in relation to topic-specific literature.
- Demonstrate your ability to explore opposing viewpoints in the debate and integrate them into your argument about the book, and where it stands in relation to the debates.
- Show a broad understanding, and analyse and evaluate a specific topic contribution to an ongoing academic debate.
- Write in your own words and structure the material into a reasoned, coherent and consistent argument.

The Task

You are required to produce a critical book review of no more than 2000 words which gives an accurate summing up of research and debate around an aspect of your chosen book within the course.

Criteria

The book review is explained more fully below, but it will be marked against these criteria.
1. The ability to set an appropriate title for your review.
2. The review demonstrates appropriate levels of **knowledge and understanding** of the book's core argument. It is recommended that reviews start with a concise synopsis
3. The review **clearly places the book within its intellectual/ historical/political/cultural/social context**. Good reviews will demonstrate student knowledge and understanding of the book's entry into identified debates within topic-specific psychological/psychiatric anthropological theory and evidence on mental disorder. Reviews may highlight seminal influences upon the author/ text and /or debates/ tensions/ impasses within theories and approaches to mental disorder
4. Good reviews will demonstrate a willingness to engage with theoretical/ conceptual complexity (and ambiguity if appropriate)- and to apply insights from theory and research on mental disorder to key topics.
5. The review is presented with a **logical structure** and be clear and concisely written.

The generic criteria as detailed on the Assessment Report Form also apply.
You must use the referencing convention that is detailed in the School of Applied Social Science (SASS) undergraduate programme handbook.

The book review is weighted at 50% of the total course mark.

Deadline: The review must be submitted on **Friday 8 May 2015 by 11.59.**
Selected titles for book review
Biehl, J. 2005. *Vita: Life in a Zone of Social Abandonment*. Berkeley: University of California Press.
Davis, E. A. 2012. *Bad Souls. Madness and Responsibility in Modern Greece*. Duke University Press.
Estroff, S. 1992. *Making it Crazy*. Berkeley: University of California Press.
Fassin, D. and Rechtman, R. 2009. *The Empire of Trauma. An Inquiry into the Condition of Victimhood*. Princeton University Press.
Garcia, A. 2010. *The Pastoral Clinic. Addiction and Dispossession along the Rio Grande*. University of California Press.
Lurhmann, T. 2011. *Of Two Minds: An Anthropologist Looks at American Psychiatry* (rev. edn). Knopf Doubleday Publishing
Kitanaka, J. 2011. *Depression in Japan: Psychiatric Cures for a Society in Distress*. Princeton University Press.
Martin, E. 2007. *Bipolar Expeditions: Mania and depression in American Culture*. Princeton University Press.
Scheper-Hughes, N. 2001. *Saints, Scholars, and Schizophrenics: Mental Illness in Rural Ireland*. University of California Press.
Summerson Carr, E. 2012. *Scripting Addiction: The Politics of Therapeutic Talk and American Sobriety*. Princeton University Press.

Guidance: Your book review
You may use the following headings
<u>Introduction</u> This should clearly explain what aspect of the book you take up, how and why. It should explain how you evaluate the text and the conclusion you reach.
<u>Synopsis: The book's core argument</u> This should offer a concise synopsis of the book's main argument. It might help if you see yourself explaining the main point of the book to an academic audience who may not have read it. It is in this section that you could explain why the aspect you want to explore warrants attention. Your marker is looking for evidence that you know and understand the book.
<u>The book's context</u> Here you'll explain where the book 'fits' in terms of wider theoretical turns, debates and studies in mental disorder—and relevant disciplinary literature more widely. What problems does the book have with existing work and how does it seek to address these? It may be appropriate here to discuss key influences, (theorists, ethnographies) and or the social, political, cultural, historical context etc. at the time of writing, as well as the fieldwork and kind of ethnography that has been constructed. The key here is not just to list key influences but to demonstrate how they have shaped the book in ways that are important for the argument you want to take up. Don't be tempted just to rely on the book to tell you what the debates/ problems are that it seeks to address- find other evidence to support the book's starting point. (So far you have explained the book's content and where the book 'fits' in terms of theory development - now you get to the 'core' of the review)
<u>Evaluation</u>
This is the main part of the essay and should be given most of your word limit. Here you will be assessing the weight of the book's argument or the part of the argument you want to explore. This can mean that you have to see what other authors have used the book and how (although, this may not be possible for very recent titles). It c*an* mean that you take a concept/theory/disorder and see how the author uses it in the book – perhaps showing how they develop it (perhaps comparing it with the way similar work has been used elsewhere). The key here is to evaluate the book's argument – just how useful is it in explaining mental disorder etc? You will be doing more than just outlining limitations- the key is to explain why, despite of these limitations, the book's argument is still important (or not!)

<u>Conclusion</u> This should be a decent length – it should summarise your review in such ways that reminds the marker of the importance of your evaluation.

How is my work marked?

We follow a process of anonymous marking (please do not write your name anywhere other than on the official submission sheet)

A sample of the work produced from this course is sent to an external examiner (this helps us to ensure we are marking to the same level as other universities).

The issue of plagiarism
- Plagiarism is a dishonest act, whereby you pass off ideas or even expression/ writing style as your own. Not only is it dishonest but it defeats the very purpose of scholarship which is to challenge and critique existing knowledge using people's ideas and thoughts in creative ways.
- You must take great care to avoid any charge of plagiarism. There is an obvious temptation for some students to copy material direct from a source, especially if this is on the internet, but you should be aware that the penalties for so doing are severe. All cases of suspected plagiarism are referred to your Head of School under University of Brighton regulations.
- You can exercise caution by revising your note-taking practices. Ensure that your notes are in your own words and own expressions- if not make careful note of author, year& page number. When you use ideas/ concepts/theories/ arguments which are not your own (which all essays do) ALWAYS acknowledge their source. When you use words/ phrases/ expressions/ lines of argument which are not your own but are direct quotes – then place that material very carefully within speech marks and make sure that the author's name, year and page number follows.
- Of course, if your essay is just a collection of quotes then it will struggle to meet the marking criteria!
- Please do not cite lecture notes. Lectures are intended to excite you to do your own research. If you like a point – look it up!

Course evaluation

All SASS courses are evaluated by students. Your feedback helps us improve the course next year. In the meantime any comments (good and bad) can be directed to the course co-ordinator, your seminar tutor or your Student Representative. If you are worried or concerned about your academic progress please arrange a meeting with your Learning Support and Guidance.

Improving your essay writing:
- Writing becomes easier the more you write (it's true!)
- Good writers write regularly (most, everyday).
- Your writing doesn't have to be perfect – see your work as developing and growing
- It is helpful to see the writing process as problem solving (how can I say this? What should come next? Does this make my case? Could this be more succinct?)
- Some problems take more working out than others.
- Don't cover too much ground. DEPTH not breadth is the secret to a good essay
- If you can't get started – just free write (3 minutes) and use 10 minutes to order and expand on your free writing. Short sharp bursts of writing can be very useful

Free writing:

1. Set yourself a question ('What do I understand about the term 'psychiatrisation of distress?', or 'institutionalised suffering?' 'What do I want my review to argue?' or 'What do I remember from the lecture?').

Weekly Timetable

Week 1. Introductory session

Week 2. Anthropological representations of culture and mental illness: theory and methods

This week we revisit anthropological representations of culture. What is 'culture'? What are the origins of this concept? Do we make culture or does culture make us, or both? Does everybody have culture, or just those peoples belonging to 'other cultures'? Does culture even exist? The topic reviews anthropologists' efforts to represent (describe, analyse, interpret, invent) products *and* processes of meaning-making through the concept of 'culture'. This process is often characterised by conflict and contestation, bearing on what Descola terms anthropology's 'imperialist arrogance' and 'incipient racism'. This discussion serves as a prelude to thinking critically through perspectives that place ideas of 'culture' at the heart of 'mental illness', suffering and recovery. We will trace 'culture-biology' debates about mental illness dating predominantly from the 1970s, through to anthropology's current encounter with recent developments in biological and transcultural psychiatry, and neuroscience. We question the extent to which this distinction is not only a product of a particularly Western history of ideas and a division of labour between the natural and social sciences but also, perhaps, an impediment to a truly comparative anthropology? What can the theories and methods of psychological and medical anthropology tell us about the place of 'culture' in understandings of abnormality and mental illness? We will examine classic anthropological texts, as well as some contemporary case studies drawing on ethnographic examples to explore, unsettle and critique these questions.

Key Readings
Benedict, R. 1934. 'Anthropology and the Abnormal,' pp. 262-283 of *An Anthropologist at Work;* Writings of Ruth Benedict, edited by M. Mead. New York: Avon Books.
Descola, P. 2013. *Beyond Nature and Culture.* Chicago: University of Chicago Press, Ch. 1.
Hacking, I. 1999. 'Madness: biological or constructed?' In I. Hacking, *The Social Construction of What?* (pp. 100-124). Cambridge, MA: Harvard University Press.
Kapferer, B. 2013. How anthropologists think: configurations of the exotic. *Journal of the Royal Anthropological Institute*, 19(4):813-837.
Kleinman, A. and Kleinman, J. 1991. Suffering and its professional transformation. Toward an ethnography of interpersonal experience. *Culture, Medicine and Psychiatry*, 15:275-301.
Horwitz, A. V. 2001. *Creating Mental Illness.* University of Chicago Press.

Theory in Culture and Mental Health
Bock, P. K. 1999. Rethinking *Psychological Anthropology*, 2nd ed., New York.
Canguilhem, G. 2012. *Writings on Medicine.* Fordham University Press.
Canguilhem, G. 1966. *Le normale et le pathologique.* Paris: Presses Universitaire de France.
Foucault, M. 2004. *Abnormal: Lectures at the Collège de France, 1974-1975.* London: Picador.
Freud, S. 1913.*Totem and Taboo: resemblances between the mental lives of savages and neurotics.* New York: Random House.
Greenfeld, L. 2013. *Mind, Modernity, Madness. The Impact of Culture on Human Experience.* Harvard University Press.
Lindholm, C. 2007. *Culture and Identity: The History, Theory, and Practice of Psychological Anthropology.* Oneworld Publications.
Good, B. J., and DelVecchio, M. 1986. The cultural context of diagnosis and therapy. *Culture, Medicine and Psychiatry* 20(2):
Kleinman, A. and Kleinman, J. 1996. The appeal of experience; the dismay of images: cultural

appropriations of suffering in our times. *Daedalus*, 125,1:1-24.

Metzl, J. 2012. Structural Competency. *American Quarterly*, 62,2 (June): 213-218.

Rabinow, P. 2009. *Marking Time: On the Anthropology of the Contemporary.*University of Princeton Press.

Rogler, L. 1999. Methodological sources of cultural insensitivity in mental health research. *American Psychologist*, 54(2):24-433.

Rosenberg, C. 2007. Contested Boundaries: Psychiatry, Disease and Diagnosis. In *Our Present Complaint: American Medicine, Then and Now*. Baltimore: Johns Hopkins University.

Kleinman, A. 1997. *Writing at the Margin: Discourse Between Anthropology and Medicine*. University of California Press.

Primitivism
Clifford, J. 1988. Histories of the tribal and the modern', in his *Predicament of Culture*.

Fabian, J. 1983. 'Time and the emerging other', Ch1 in *Time and the Other: How Anthropology Makes Its Object*.

Taussig, M. 1987. Filth and the magic of the modern', Ch.16 in *Shamanism, Colonialism and the Wild Man: A Study in Terror and Healing*.

Taussig, M. 1987. 'To become a healer', and Ch.28 in *Shamanism, Colonialism and the Wild Man: A Study in Terror and Healing*.

Suggested films
Robert Lemelson. 2010. Shadows and Illuminations (Afflictions)

Rene Allio. 1976. I, Pierre Riviere. (Film based on Foucault's book '*Pierre Riviere, Having Slaughtered My Mother, My Sister, and My Brother: A Case of Parricide in the 19th Century*'. 1975.

Week 3. Beyond culture to the suffering subject

This topic begins by revisiting rationality debates critiques that emerged in the 1960s concerning problematic concepts of 'culture' that defined anthropology's view of the world. Anthropologists were claimed to too often see culture as a monolithic, static system, and to pay insufficient attention to the way ideas and meanings are rooted in relations of power. This partly inspired by Said's Orientalism and earlier critiques of anthropology's role in colonialism. It led to a shift away from culture towards *the suffering subject* as the discipline's radical Other. Second, building on subsequent critiques, we will review the work of authors who highlight varied linkages of mental illness to the workings of global political, economic, cultural and institutional power in late modernity. João Biehl's classic book Vita explores Brazil's urban 'zones of abandonment' where the unwanted, the mentally ill, sick, and the homeless are left to die. Biehl's story centres on a young woman Catarina, reputedly mad; Biehl unravels the cryptic, poetic words that are part of the "dictionary" she is compiling; and therein traces the complex network of family, medicine, state, and economy in which her abandonment and pathology take form. Additionally, the chapter examines ways professionalised categories and responses to suffering become 'pathologies of power' (Farmer), or therapeutic regimes transform illness into chronic life-long experiences of disorder (Manderson). Third, we draw on some prominent post-colonial critiques of Western humanitarianism from the 1980s in order to foreground subsequent efforts by anthropologists to identify the 'gaps between', as a way to resist the pathologies of 'too much' categorisation—and to construct alternative languages of illness and pain. These include intersectional perspectives on ways mental illness impacts particular communities and individuals; the permeability between the borders of moral imagination, bodily affect and suffering (Throop); what Arthur Kleinman and others have variegatedly described as contexts and experiences of 'social suffering'; and Veena Das' critique of the relation of violence, suffering and words.

Key Readings

Biehl, J. 2005. *Vita: Life in a Zone of Social Abandonment*. University of California Press.

Good, B. 2012. Theorizing the 'subject' of medical and psychiatric anthropology. *Journal of the Royal Anthropological Institute*, 18:515–535.

Robbins, J. 2013. Beyond the suffering subject: toward an anthropology of the good. *Journal of the Royal Anthropological Institute*, 19(3):447-462.

Das V. 2007. *Life and Words. Violence and the Descent into the Ordinary*. Berkeley: University of California Press, Introduction.

Das, V. 1996. Transactions in the construction of pain. *Daedalus*, 125,1:67-92.

Cavell, S. 1996. Comments on Veena Das' essay 'Language and Body: Transactions in the Construction of Pain.' *Daedalus*, 125.1:92-98.

Daudet, A. *In the Land of Pain*. New York: Random House.

Desjarlais, R. 1994. Struggling along: the possibilities for experience among the homeless mentally ill. *American Anthropologist* 96: 886-901.

Gay y Blasco, P. 2011. Agata's story. *Journal of Royal Anthropological Institute* 17(3):445-461.

Throop, J. 2010. *Suffering and Sentiment: Exploring the Vicissitudes of Experience and Pain in Yap*. University of California Press.

Additional Readings

Raikhel, E. and Garriott, W. 2013. (eds). *Addiction Trajectories*. Duke University Press.

Manderson, L. & Smith-Morris, C. 2010. (eds). *Chronic Conditions, Fluid States: Chronicity and the Anthropology of Illness*. Rutgers University Press.

Farmer, P. 2005. *Pathologies of Power. Health, Human Rights and the New War on the Poor*. Berkeley: University of California Press.

Bourdieu, P. *The Weight of the World*.

Das V., Kleinman, A. Lock, M. Ramphele, M. and Reynolds, P. 2002. (eds). *Remaking a World: Violence, Social Suffering and Recovery*, Berkeley, CA: University of California Press.

Farmer , P. 1996. On suffering and structural violence; a view from below. *Daedalus* 125: 261-83.

Duke, M.R. 2011. Ethnicity, well being, and the organization of labor among shade tobacco workers. *Medical Anthropology 30*(4):409-424.

Garriott, W. 2011. *Policing Methamphetamine: Narcopolitics in Rural America*. NYU Press.

Han, C. 2011. Symptoms of another life: time, possibility and domestic relations in Chile's credit economy. *Cultural Anthropology*, 26(1):7-32.

Kleinman, A. 1988. *The Illness Narratives: Suffering, Healing & the Human Condition*. New York: Basic Books, pp.3-55.

Luhrmann, T. 2007. Social defeat and the culture of chronicity: or, why schizophrenia does so well over there and so badly here. *Culture, Medicine and Psychiatry*, 31(2):135-72.

Manderson, L.H., 2012, Neglected diseases of poverty, *Medical Anthropology: Cross Cultural Studies in Health and Illness [P]*, vol 31, 4, Taylor & Francis Inc., Philadelphia United States, pp. 283-286.

Mohanty, C. 1988. Under Western eyes. Feminist scholarship and colonial discourses. *Feminist Review*, 30:61-88.

Schüll, N. D. 2012. *Addiction by Design: Machine Gambling in Las Vegas*. Princeton University Press.

Schweder. R. A. 1988. Suffering in style. *Culture, Medicine, and Psychiatry*, 12, 479-497.

Lindquist, G., Barchunova, T., Keszegh, V., and Hall, D. 2007. *Cosmologies of suffering: post-communist transformation, sacral communication, and healing*. Cambridge Scholars.

Poltorak, M. 2011. Comedy, stigma and fakasesele: contesting 'mental illness' in Vava'u. In Steen, T & Drescher, N & Daly, M. Tonga: *Land, Sea and People*. Tongan Research Association. Vava'u Press, Nuku'alofa, Tonga, pp: 217-234.

Films

Robert Lemelson. 2010. Family Victim. [Afflictions].

Deborah Hoffmann. 1994. Complaints of a Dutiful Daughter. PoV films.

Week 4. Psychiatry, culture, and cultures *of* psychiatry

This week we explore theorisations of abnormality and subjectivity in psychiatric anthropology, and raise questions concerning anthropology's role in psychiatric intervention as a critical site of inquiry. We explore trends in the history of cultural psychiatry, tracing the origins of cultural psychiatry in colonialism, through to the legacy of colonialism in contemporary global and cultural psychiatry. Culture is referred to in its broadest sense, to include cultures of psychiatry, and the cultural assumptions that underpin the 'psy' and mental health professions. The point is not to specify characteristics of particular groups, which would be to risk reiterating racist generalisations about for example the 'native' mind, but to think through the cultural and social history of anthropological thinking about psychiatric illness in order to identify what in psychiatric classifications may be generally applicable, what is not, and to open up a critical dialogue beyond the discipline. Second, we pay particular attention to critiques and formulations of culture and culture-bound syndromes within successive editions of the psychiatric diagnostic manual, the DSM. We query the prioritisation of culture as an epistemological lens, and ask if there are alternatives? Students are invited to query the formation of the subject of intervention within particular 'cultures of psychiatry', to think about how anthropologists can contribute to culturalist understandings in order to assist thinking through problems of conceptual translation—and to question how anthropologists can assist mental health professionals working with minorities, marginalised communities etc, especially where there is recognised oppression, when issues of mental illness are brought to the fore via ideas of pathologised culture—and when, for many refugee and immigrant communities, longstanding waves of influx have built ideas about mental health into collective identity?

Key Readings

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Additional Readings

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Aggarwal, N.K, Nicasio, A. V., DeSilva, R., Boiler, M. and Lewis-Fernandez, R. 2013. Barriers to implementing the DSM-V Cultural Formulation Interview: a qualitative study. *Culture, Medicine and Psychiatry*, 37:505-533.

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DelVecchio, M-J., Good, M., Hyde, S., Pinto, S. and Good, B. 2008. *Postcolonial Disorders*. University of California Press.

Davis, E. A. 2012. *Bad Souls*. Duke University Press.

Edgar, R. and Sapire, H. 2000. *African Apocalypse: The Story of Nontetha Nkwenkwe, A Twentieth-Century South African Prophet*. Johannesburg: Witwatersrand University Press.

Kirmayer, L. Lemelson, R. and Cummings, C. (eds.) (in press). *Revisioning Psychiatry Integrating Biological, Clinical and Cultural Perspectives*. Cambridge University Press.

Kleinman, A.1988. *Rethinking Psychiatry: From Cultural Category to Personal Experience*. Free Press.

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Foucault, M. *Madness and Civilisation*

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Lester, R. J. 2009. Brokering authenticity: borderline personality disorder and the ethics of care in an American eating disorder clinic. *Current Anthropology* 50,3:281-302.

Leader, D. 2012. *What is Madness?* London: Penguin..

Sadowsky, J. 1999. *Imperial Bedlam: Institutions of Madness in Colonial Southwest Nigeria*. Berkeley: University of California Press.

Simons, Ronald C. 1996. *Boo! Culture, Experience, and the Startle Reflex*. Oxford University Press.

Vaughan, M. 1991. *Curing Their Ills: Colonial Power and African Illness*. London: Polity Press.

Woods, A. 2011. *The Sublime Object of Psychiatry: Schizophrenia in Clinical and Cultural Theory*. Chicago University Press.

Week 5. The politics of trauma

Anthropologists have long seen analytic value for trauma in terms of understanding events that push people to the edges of their own existence, in the process of 'unmaking and remaking worlds' (Scarry 1985). The means people use to re-attach themselves to the world may involve culturally available rituals, practices and symbols that can also assist theorisations of the way culture operates. This topic explores the social and cultural mechanisms at play in ways experiences are recognised as traumatic, made sense of morally, and healed. We ask how trauma varies locally, and across contexts; and queries the value of anthropological research on local variations for clinical or therapeutic practice. Next, post-traumatic stress disorder (PTSD) has been subject to critiques by anthropologists since its incorporation into the Diagnostic and Statistical Manual of Mental Disorders–Third Edition in 1980. These are relevant to ways PTSD is used heuristically to (1) construct trauma as the norm rather than the exception; (2) prioritize

war-related trauma at the expense of ways in which suffering is normatively produced within the complex dynamics of political-economic regimes and ideologies; (3) privilege the individual over the social context as the locus for intervention; (4) overemphasize negative 'cultural' factors. Last, traumatic illness and subjectivity challenge us to reconceptualize political and medical spaces of power. Via readings of ways trauma operates in the governance of state borders, international law, war, humanitarianism and immigration, we can expand the horizons of 'classic' fields of medical anthropology, including the study of migrant psychologies or subjectivities. This can shed light on conditions of productive life at stake in conjunctions of transnational labour, and ways racialized discourses of anachronism sustain diagnoses of abnormality.

Key Readings
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Fassin, D. and D'Halluin, E. 2005. The truth from the body: medical certificates as ultimate evidence for asylum seekers. *American Anthropologist,* 107(4):597–608.
Kirmayer, L., Lemelson, R. and Barad, M. 2008. *Understanding Trauma. Integrating Biological, Clinical, and Cultural Perspectives*. Cambridge: Cambridge University Press.
Lester, R. 2013. Back from the edge of existence: A critical anthropology of trauma. *Transcultural Psychiatry* 50(5):753-762.
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De Jong, J. and Reis, R. 2013. Collective trauma processing: dissociation as a way of processing postwar traumatic stress in Guinea Bissau. *Transcultural Psychiatry* 50(5):644-661.
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Dow, J. 1986. Universal aspects of symbolic healing. A theoretical synthesis. *American Anthropologist* 88:56-69.
Fassin, D. 2011. *A Critique of Humanitarian Reason: A Moral History of the Presen*t. Princeton University Press.
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Hinton, D. and Kirmayer, L. 2013. Local responses to trauma: symptom, affect, and healing. *Transcultural Psychiatry* 50(5):607-621.
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Kleinman, A. 1980. *Patients and Healers in the Context of Culture: An Exploration of the Borderland Between Anthropology, Medicine and Psychiatry*. University of California Press.

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Nations, M. 2013. Dead-baby dreams, transfiguration and recovery from infant death trauma in northeast Brazil. *Transcultural Psychiatry* 50(5):662-682.

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Fassin, D. 2008. The humanitarian politics of testimony: subjectification through trauma in the Israeli-Palestinian conflict. *Cultural Anthropology*, 23(3):531-538.

Fassin, D. 2007. *When Bodies Remember: Experiences and Politics of Aids in South Africa*.

Fassin, D. 2007. Humanitarianism as politics of life, *Public Culture*, 19(3).

Fassin, D. and E. D'Halluin, E. 2007. Critical evidence: The politics of trauma in French asylum policies. *Ethos*, 35:300-329.

Fassin, D. and Vasquez, P. 2005. Humanitarian exception as the rule. The political theology of the 1999 'Tragedia' in Venezuela, *American Ethnologist*, 32(3):389-405.

Fassin, D. 2005. Compassion and repression. The moral economy of immigration policies in France, *Cultural Anthropology*, 20(3):362-387.

Fassin, D. 2004. Public health as culture. The social construction of the childhood lead poisoning epidemic in France, *British Medical Bulletin*, 69:167-177.

Fassin, D. 2003. The South African politics of AIDS. Beyond the controversies (avec H. Schneider), *British Medical Journal,* 326:495-497.

Fassin, Didier. Podcast 'The Vanishing Truth of Refugees' (lecture, 15 June 2011, Refugee Studies Centre, Oxford). http://www.forcedmigration.org/podcasts/feed.xml

Film and discussion.
Robert Lemelson. 2009. 40 Years of Silence: An Indonesian Tragedy. ElementalProductions.

Week 6. 'The big three': schizophrenia, depression and bipolar disorder
This chapter addresses the 'big three' most commonly diagnosed psychiatric disorders: schizophrenia, depression and bipolar disorder. Although these have different underlying causes (psychosis, neurosis), schizophrenia and bipolar disorder have overlapping symptomologies, especially in terms of depression. All three share a history of misunderstanding, assumptions of poor prognosis, clinical variations in cultural understandings, and raise questions regarding links to modernity, religious institutions and cosmologies, global capitalism etc; and to ways life in some societies is organised to protect members from mental illness. Students are guided through the close reading of key texts: Examples include Scheper-Hughes' account of schizophrenia in rural Ireland in the 1970s; medical journalist Whitaker's revealing account that schizophrenics in the US fare worse than in many of the world's poorest countries, worse possibly than asylum

patients in the nineteenth-century. Next, Kitanaka's historical ethnography of depression in Japan traces its progress through debates in the early twentieth century about neurasthenia as a disorder of overwork or defective ('weak') personality. She links understandings of depression to the hardworking Japanese man who has over-internalized the Japanese ethic of productivity and corporate loyalty. Depression thus becomes a disease of fatigue, but is treated by pharmaceuticals rather than via the social structures that determine discourses of over-work. Emily Martin links the history of manic-depression in the U.S. to problematic formations of movement and immobility in modernity in the criteria of bipolar disorder where the individual 'is *too* energised, or *too* immobilised'. She argues 'mania is an asset with market value' in American culture: manic depression epitomizes the vital energy, found in the psyche rather than the labouring body, that the market *needs* to keep expanding.

Key Readings
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Nakamura, K. 2013. *A Disability of the Soul. An Ethnography of Schizophrenia and Mental Illness in Japan*. Ithaca and London: Cornell University Press.
Kitanaka, J. 2011. *Depression in Japan: Psychiatric Cures for a Society in Distress*. Princeton U. Press.
Martin, E. 2007. *Bipolar Expeditions: Mania and depression in American Culture*. Princeton U. Press.
Scheper-Hughes, N. 2001. *Saints, Scholars, and Schizophrenics: Mental Illness in Rural Ireland*. UCal.
Whitaker, R. 2003. *Mad in America*. Perseus Publications.

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Cvetkovich, A. 2012. *Depression: A Public Feeling*. Durham: Duke University Press.
Kleinman, A. & Good, B. 1985. *Culture and Depression: Studies in the Anthropology and Cross-cultural Psychiatry of Affect and Disorder*. Berkeley: University of California Press. Chs 3 (pp.101-133), 13 (pp. 429-490), & Epilogue (pp. 491-505).
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Obeyesekere, G. 1985. "Depression, Buddhism, and the work of culture in Sri Lanka." In Kleinman, A. & Good, B. 1985. (eds). *Culture and Depression*, (pp. 134-152). Berkeley: UCal Press
Mendenhall, E. 2012. *Syndemic Suffering: Social Distress, Depression and Diabetes Among Mexican Immigrant Women*. Left Coast Press Inc.
O'Nell, T. 1996. *Disciplined Hearts: History, identity and depression in an American Indian community*. University of California Press.
Sharpe, K. 2012. *Coming of Age on Zoloft: How Antidepressants Cheered Us Up, Let Us Down, and Changed Who We Are*. HarperCollins.
Duke, M.R., B. Bourdeau, and J.D. Hovey. 2010. Day laborers and occupational stress: Testing the Migrant Farmworker Stress Inventory with a Latino day laborer population. *Cultural Diversity and Ethnic Minority Psychology*, 16(2):166-22.

Films Karen Nakamura. 2013. *Bethel: Community and Schizophrenia in Northern Japan*. Robert Lemelson. 2010. *Ritual Burdens*. Also *Kites and Monsters* [Afflictions].

Week 7. Globalisation, global culture and global mental health
This week we examine ways mental health and illness are dispersed via different ideologies and politics through time, and across the globe. First, this involves a historicised critique of anthropology's participation in, and encounter with, the violence of colonialism. Frantz Fanon's work in 1960s with patients in an Algerian psychiatric hospital for example links mental disorder, colonial oppression, dehumanising violence, and the striving for a new national consciousness. The work of Fanon and other colonial psychiatrists has been foundational for more recent

research onto the globalisation of post-colonial disorders. Second, we explore some recent technological developments in global mental health—and efforts by anthropologists (e.g. Farmer, Kleinman) to create historically deep and geographically broad perspectives on the interconnected phenomena of mental health, mental illness, neoliberalism, globalisation, political and economic crises, and ideas of global citizenship. Third, we examine some detailed ethnographic analyses in text and film—of ways, for example, global politics, Western psychiatric diagnostics, psychotic symptoms, pharmaceuticals, religious participation and the social values of work, marriage and community may co-exist (or contradict one another) in experiences of mental illness and recovery. This includes an examination of the movement for global mental health, the notion of the 'psychotropic childhood' and the uncomfortable question of whether it should be every child's right?

Key Readings
DelVecchio, M-J., Hyde, S., Pinto, S. and Good, B. 2008. (eds). *Postcolonial Disorders.* University of California Press.
Farmer, P., Kleinman, A., Kim, J., Basilico, M. 2013. (eds). *Re-imagining Global Health.* University of California Press, Introduction.
Farmer, P., Kim, J., Kleinman, A., Basilico, M. 2013. *Reimagining Global Mental Health* (eds). Chapter 3, Colonial Medicine and Its Legacies
Watters, E. 2010. *Crazy Like Us. The Globalization of the American Psyche.* Free Press.
Becker, A., and Kleinman, A. 2013. Mental Health and the Global Agenda. *New England Journal of Medicine*, 369:66-73. http://www.nejm.org/doi/pdf/10.1056/NEJMra1110827
Rylko-Bauer, B., Whiteford, L. and Farmer, P. 2009. *Global Health in Times of Violence.* Santa Fe, CA: School for Advanced Research Press.

Additional Readings
Fanon, F. 1961/2001. Colonial wars and mental disorders. In *The Wretched of the Earth*, Ch. 5, pp:200-250. London: Penguin.
Farmer, P. and Weigel, J. 2013. *To Repair the World: Paul Farmer Speaks to the Next Generation.* University of California Press.
C. Campbell and R. Burgess (2012). Special issue: Communities and Global Mental Health. Transcultural Psychiatry, 49(3-4).
Han, C. 2012. *Life in Debt: Times of Care and Violence in Neoliberal Chile.* University of California Press.
Kleinman, A. 2013. Implementing global mental health. *Depression and Anxiety*, 30:503–505.
Mills, C. 2013. *Decolonizing Global Mental Health: the Psychiatrization of the Majority World.* NY/London: Routledge.
Patel, V., H. Minas, A. Cohen and M. Prince. 2013. (eds). *Global Mental Health: Principles and Practice.* Oxford University Press.
Read, U., Adiibokah, E. & Nyame, S. 2009. Local suffering and the global discourse of mental health and human rights: an ethnographic study of responses to mental illness in rural Ghana, *Globalisation and Health, 5*:13
Pandolfo, S. 2008. The Knot of the Soul: Postcolonial Conundrums, Madness, and the Imagination. In *Postcolonial Disorders.* University of California Press, pp:329-358.
Fernando, S. 2010. *Mental Health, Race and Culture* (3rd Ed.) Basingstoke: Palgrave.
Summerfield, D. 2008. How scientifically valid is the knowledge base of global mental health? *British Medical Journal:* 992-994.
Ticktin, M. 2013. *The Waiting Room.* http://somatosphere.net/2013/10/the-waiting-room.html
Ticktin, M. 2011. *Casualties of Care: Immigration and the Politics of Humanitarianism in France.* Berkeley: University of California Press.

Ticktin, M. and Feldman, I. 2010. (eds). *In the Name of Humanity: The Government of Threat and Care*. Duke University Press.

Videos
Global mental health videos- http://somatosphere.net
Lawrence Kirmayer. 2012. Revisioning Psychiatry: Cultural Phenomenology, Critical Neuroscience, and Global Mental Health http://somatosphere.net
Films
Dir.
Dir. Anya Bernstein. 2006. *In Pursuit of the Siberian Shaman*. Documentary Educational Resources

Week 8. Take home exam

Week 9. Writing recovery

Film and discussion
Richard E. Robbins. 2007. *Operation Homecoming: Writing the Wartime Experience.*

Readings on writing
Abu-Lughod, L. 1991. Writing against culture. In Fox, R (eds). *Recapturing Anthropology*.
Aunger, R. 1995. On ethnography: storytelling or science? *Current Anthropology*, 36(1), Special Issue: ethnographic authority and cultural explanation, pp. 97-130.
Clifford, J. 1986. Partial Truths (Introduction). In Clifford, J. and Marcus, G. (eds). *Writing Culture: The poetics and politics of ethnography* (see also article by Crapanzano)
Cooter, R. 2013. *Writing History in the Age of Biomedicine*. Yale University Press.
Geertz, C. 1988. *Being There*. Chapter 1 in Works and Lives.
Hunt, C. 2004. 'Reading Ourselves: Imagining the Reader in the Writing Process', in G. Bolton et al (eds). /*Writing Cures: An Introductory Handbook of Writing in Counselling and Therapy*/, Brunner/Routledge, pp.35-43.
Kleinman, A. Writing on the margins.
Poewe, K. 1996. Writing culture and writing fieldwork: the proliferation of experimental and experiential ethnographies' *Ethnos* 61: 3-4.
Spencer, J. 1989. Anthropology as a Kind of Writing. *Man* 24: 145-165
Street, B. 1993. Culture is a Verb, in Graddol, Thompson and Byram (eds). *Language and Culture*.
Ong, W. 1987. 'The Writer's Audience is Always a Fiction', in V. Lambropoulos & D. Miller (eds). *Twentieth Century Literary Theory*. The State University of New York Press, pp.401-422.
Bakhtin, M. 1986. Speech Genres/and Other Late Essays. University of Texas Press ('The Problem of Speech Genres' and/or 'The Problem of the Text')
Bollas, C. 2002. *Free Association*.

Week 10. Pharmaceuticals, recovery and therapeutic self-making
This topic examines practices and ideas of recovery, and ways varied therapeutic techniques shape new orders out of 'disordered' realities. We consider writing, first as a mode of anthropological representation and second, as a therapeutic tool. The debate about 'writing culture' queries what anthropology as a way of knowing, but more especially as a way of writing, does to the subject of investigation. We will explore associated issues in relation to language as a mode of representing personal experience and of recovery. Summerson Carr's ethnography examines why addiction counsellors in the U.S. seek to reconcile drug users' relationship to

language in order to reconfigure their relationship to drugs. Tanya Lurhmann queries whether, if you do not envision schizophrenia as a life sentence, you increase opportunities for patients to discover their own resilience? These examples contrast with Joe Dumit who explores the expansion of markets for prescription drugs alongside perceptions of ourselves as inherently and permanently ill. The chapter additionally considers ways companies producing pharmaceuticals for mental health problems market their products in a global setting. This bears on the difficulty (impossibility) of addressing the underlying social causes of distress, the profiteering of multinationals, and ways both legal and illegal drugs are used to manage severe mental distress.

Key readings on recovery
Good, B. J. et al. 2010. Is 'chronicity' inevitable for psychotic illness? Studying heterogeneity in the course of schizophrenia in Yogyakarta, Indonesia. *In* Manderson & Smith-Morris (eds). *Chronic conditions, fluid states: globalization and the anthropology of illness.* Rutgers University Press.
Dumit, J. 2012. *Drugs for Life. How Pharmaceutical Companies Define Our Health.*
Estroff, S. 1992. *Making it Crazy.* Berkeley: University of California Press.
Luhrmann, T. "Living with voices," American Scholar Summer 2012.
Summerson Carr, E. 2012. *Scripting Addiction: The Politics of Therapeutic Talk and American Sobriety.*.

Additional readings on recovery
Charland, L. 2004. A madness for identity: psychiatric labels, consumer autonomy, and the perils of the internet' *Philosophy, Psychiatry, & Psychology*, 11:335–349.
Martin, E. 2010. Self-making and the brain. *Subjectivity* 3(4):366–381.
Summerson Carr, E. 2013. Signs of Sobriety: Rescripting American Addiction Counselling. In *Addiction Trajectories*, E. Raikhel & W. Garriott (eds). Durham & London: Duke University Press.
Dumit, J. 2002. Drugs for Life. *Molecular Interventions*, 2,124.
Kelly A. McKinney and Brian G. Greenfield. 2010. Self-compliance at Prozac campus. *Anthropology & Medicine* 17,2:173-185.
Meyers, T. 2013. *The Clinic and Elsewhere: Addiction, Adolescents, and the Afterlife of Therapy.* Washington U. Press.
Parish, S. 2008. *Subjectivity and Suffering in American Culture: Possible Selves.* Palgrave Macmillan.
House, R., & Loewenthal, D. 2012. The rise of therapeutic education: beneficent, uncertain or dangerous? *Self and Society*, AHPB.
Larsson, P; Loewenthal, D.; Brooks, O. 2012. Counselling psychology and schizophrenia: a critical discursive account. *Counselling Psychology Quarterly*
Gee, J. and Loewenthal, D. 2011. Working with despair: a phenomenological investigation. Psychology and Psychotherapy: *Theory, Research and Practice.*
Unantenne, N., Warren, N.L., Canaway, R.E., Manderson, L.H. 2013. The strength to cope: spirituality and faith in chronic disease, *Journal Of Religion & Health [P]*, vol 52,4, Springer New York LLC, United States, pp. 1147-1161.
Waldram, J. B. 2012. *Hound Pound Narrative: Sexual Offender Habilitation and the Anthropology of Therapeutic Intervention.* Berkeley: University of California Press.

Film
Dir. Donal and Palmieiri, *Off Label*)
Other resources
BBC Radio 4. Thinking Allowed. 11 March 2013. Interview with Joe Dumit. Drugs for life; subcultural identity. http://www.bbc.co.uk/programmes/b01r0h4r

Weeks 11. Book review (presentations and feedback)

Week 12. Psychoanalysis and Anthropology (and assessment tutorials)
This topic examines the complementary historical, geographical and methodological relationship between anthropology and psychoanalysis. First, it provides an overview of some diverse ways anthropologists have engaged a range of psychoanalytic theories and practices in ethnographic research and writing. Recent formulations include social, political and material landscapes of mourning and melancholia (Hansen; Navaro-Yashin); the split between psychoanalysis and science in psychiatry training in the U.S. (Lurhmann); Good's call, drawing on the experience of severe psychosis, for theorising a "hauntology" in psychological anthropology that can capture what is largely unspeakable and unspoken; and other work on individual and (political)-cultural continuities between pathological modes of dissociation and psychosis in the study of violence. Second, we pay attention to ways both the theory and practice of psychoanalytic therapies have been adapted and shaped in/by non-European cultures.

Key Readings
Borneman, J. 2011. Daydreaming, intimacy, and the intersubjective third in fieldwork encounters in Syria. *American Ethnologist*, 38(2):234-248.
Clio's Psyche. 2014. *Special Issue. Anthropology and Psychoanalysis: Intersections of the Intrapsychic and Social.*
Good, B. 2012. Phenomenology, psychoanalysis and subjectivity in Java. *Ethos*, 40:24-36.
Kirmayer, L. 2007. Psychotherapy and the cultural concept of the person. *Transcultural Psychiatry* 44(2):232-257.
Lurhmann, T. *Of Two Minds.* Ch.4, 'The psychiatric scientist and the psychoanalyst', pp:158-202.
Larsson, P; Loewenthal, D.; Brooks, O. 2012. Counselling psychology and schizophrenia: a critical discursive account. *Counselling Psychology Quarterly*
Crapanzano, V. 2006. The Scene: Shadowing the Real. *Anthropological Theory* 6(4):387-405.
Hollan, D. 2012. On the varieties and particularities of cultural experience. *Ethos*, 40(1):37-53.
Hansen, T. B. 2012. *Melancholia of freedom.* Princeton University Press.
Obeyesekere, G.1990 *The Work of Culture. Symbolic Transformation in Psychoanalysis and Anthropology.* Chicago, Il: University of Chicago Press.
Phillips, A. 2013. *In Praise of the Unlived Life.* Ch. Superiorities. London: Penguin.
Paul, R. 1989. Psychoanalytic Anthropology. *Annual Review of Anthropology*, 18:177-202.

Additional Readings
Freud, S. 1930/2010. *Civilisation and its Discontents.* London: Pober.
Freud, S. 1913.*Totem and Taboo: Resemblances between the Mental lives of Savages and Neurotics.*
Navaro-Yashin, Y. 2009 Affective spaces, melancholic objects: ruination and the production of anthropological knowledge. *Journal of the Royal Anthropological Institute* 15(1):1-19.
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