

Division of Humanities
Tentative Course Syllabus

Culture, Psychiatry, and Mental Illness

HUMA 5701 Fall 2024

3 credits

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Class Schedule: Tuesdays 13:30 – 14:50; Thursdays 13:30 – 14:50

Classroom: 3494

Office Hours: Fridays 10am - 12pm (Room 2354)

Course Description

Situated at the intersection of cultural psychiatry, anthropology and philosophy of mind, the course dives into the cultural foundations of mental illness and its diverse conceptualizations across societies. Beginning with a critical look at the current crisis of modern psychiatry, it extends our inquiry to a wide range of healing traditions that fall outside of the biomedical paradigm (e.g. shamanism, possession cults). It considers the spiritual and sociopolitical dimensions of these traditions, with a key focus on their efficacy. By placing modern psychiatry in a comparative perspective, the course will assess the therapeutic value of alternative medical philosophies and the potential these hold in illuminating the nature of mental illness.

The course includes a weekly schedule of two hours of lectures and one hour of tutorial discussions, which are based on the lecture content and the required reading for the week. Lectures will take place on Tuesdays and continue on Thursdays. The tutorial will occupy the last hour of the Thursday class.

Intended Learning Outcomes (ILOs)

By the end of this course, students should be able to:

ILO1: Demonstrate a comprehensive familiarity with the diversity of healing traditions for mental health worldwide and analyze connections between different worldviews and experiences of mental illness.

ILO2: Evaluate the impact of historical and philosophical developments on the evolution of modern psychiatry and its current practices.

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ILO3: Understand and critique the biomedical approach to mental health in light of contemporary anthropological theories of mental illness.

ILO4: Compare and contrast alternative healing traditions with conventional psychiatric practices and evaluate their therapeutic value in light of contemporary anthropological theories of mental illness.

ILO5: Analyze the role of culture in the manifestation and treatment of mental illness, drawing from specific case-studies.

Assessment and Grading

This course will be assessed using criterion-referencing and grades will not be assigned using a curve. Detailed rubrics for each assignment are provided below, outlining the criteria used for evaluation.

Assessments:

Assessment Task	Contribution to Overall Course grade (%)	Due date
Participation	15%	N/A
Individual presentation	25%	Individual deadline
Final written assignment	60%	12 December 2024

NOTE: Late final paper will be penalized, with a daily deduction of 5%.

Assessment marks for the final assignment will be released within two weeks of the due date.

Mapping of Course ILOs to Assessment Tasks

Assessed Task	Mapped ILOs	Explanation
Participation	ILO1, ILO2, ILO3, ILO4, ILO5	This task allows students to rehearse their knowledge of alternative healing traditions (ILO1) and engage with questions related to the lecture; develop their views on the philosophical and historical foundations of modern psychiatry (ILO2); apply anthropological and philosophical frameworks to critically examine the biomedical psychiatric paradigm (ILO3); exchange perspectives on the differences and similarities across various therapeutic

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		systems (ILO4); and present their cultural analyses of specific phenomena related to mental illness.
Individual presentation	ILO5	This task requires students to select one example of a 'culture-bound syndrome' from a provided list (given in week 1), conduct library-based anthropological research on it, and perform a cultural analysis. Presentations should last 15 minutes, including 5 minutes for Q&A.
Final written assignment	ILO1, ILO2, ILO3, ILO4, ILO5	This task enables students to apply an argumentative approach to the knowledge they have acquired throughout the course. They will be asked to select one question from a short list provided in week 7 and answer it in a 3,000-4,000 word essay. A strong argument requires a solid understanding of the cultural variability of healing traditions (ILO1) and the ability to compare them using relevant theoretical frameworks (ILO4); an evaluation of the philosophical and anthropological foundations of modern psychiatry (ILO2); the ability to use anthropological theories to critique the biomedical model of psychiatry (ILO3); and the capability to perform a cultural analysis of one or two selected healing traditions based on relevant theories of mental illness (ILO5).

Grading rubric for class participation

Grades	Short Description	Elaboration on subject grading description
3	Excellent	Consistently contributes to discussions with insightful comments and questions; encourages participation from others and fosters a collaborative environment. Demonstrates thorough preparation, presenting well-argued perspectives on

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		the readings.
2	Good	Regularly participates in discussions with relevant comments, showing a good understanding of the course material. Listens to peers and responds appropriately.
1	Satisfactory	Participates in discussions but may need prompting. Demonstrates basic understanding of the readings. Listens to others but contributes minimally.
0	Marginal Pass	Rarely if ever participates in class discussion. Shows little to no preparation or understanding of the material.

NOTE: To participate in the class tutorial, students are expected to complete the required readings (see course outline below)

Grading rubric for individual presentation

Grades	Short Description	Elaboration on subject grading description
9-10	Excellent	A thorough cultural analysis with deep insight into the chosen culturally salient 'syndrome'. Excellent use of bibliography, demonstrating comprehensive research. Strong organization and argumentation. Demonstrate creative thinking and independent research, and strong ability to draw connections across ethnographic phenomena and anthropological theories.
7-8	Good	Shows a solid grasp of the topic, with good analysis and some integration of relevant theories. Research is well-executed, using a variety of sources. The essay is organized with clear arguments. Writing is mostly coherent, with few errors
5-6	Satisfactory	Demonstrates a basic understanding of the topic, with limited analysis and minimal integration of theories, touching on some cultural aspects. Research is adequate but may rely on limited sources. The essay has some organization, but arguments may be unclear.
0-5	Marginal Pass	Shows little understanding of the topic, with inadequate analysis. Research is insufficient, with limited use of sources. The essay lacks organization, and arguments are unclear. Writing is incoherent, with many errors.

NOTE: While this counts as a general grading rubric, please refer to the more specific instructions on the individual presentation that will be uploaded on Canvas during the course.

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The task will require students to select one example of a culturally salient ‘syndrome’ from a provided list given in week 1, conduct library-based anthropological research on it, and carry out a cultural analysis. Presentations should last 15 minutes, including 5 minutes for Q&A.

Grading rubric for final written assessment

Grades	Short Description	Elaboration on subject grading description
70-100	Excellent	Demonstrates a deep understanding of the topic in question, with insightful and original analysis, and integration of relevant theories. An original essay that shows strong research skills and the effective use of a wide range of sources that go beyond the syllabus and the lectures. The essay is persuasively argued, coherent and well-organized.
60-70	Good	Shows a solid grasp of the topic. Research is well-executed, using a variety of sources. The essay is organized with clear arguments, addressing cultural factors. Writing is mostly coherent, with few errors.
50-60	Satisfactory	Demonstrates a basic understanding of the topic, with limited analysis and minimal integration of theories. Research is adequate but may rely on fewer sources. The essay has some organization, but arguments may be unclear.
0-50	Marginal Pass	Shows little understanding of the topic, with inadequate analysis and poor integration of theories. Research is insufficient, with limited use of sources. The essay lacks organization, and arguments about cultural roles are unclear. Writing is incoherent, with many errors

NOTE: While this counts as a general grading rubric, please refer to the more specific instructions on the final assignment that will be uploaded on Canvas during the course. Marks will be deducted from papers that are either shorter or longer than the required length, with 5% for every hundred words. Late paper will also be penalized, with a daily deduction of 5%. Note that unless there are exceptional circumstances, requests for extensions will not be entertained.

Final Grade Descriptors

Grades	Short Description	Elaboration on subject grading description
A	Excellent performance	Exhibits exceptional understanding and original analysis of

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		course material. Integrates relevant theories creatively, with well-organized and thoroughly researched work. Demonstrates superior critical thinking and the ability to connect complex ideas.
B	Good performance	Shows strong grasp of concepts and solid analysis. The work is well-organized, researched, and coherent, with minor issues. Reflects good critical thinking and effective synthesis of information.
C	Satisfactory performance	Demonstrates adequate understanding with basic analysis and limited integration of theories. The work is somewhat organized but may lack clarity and depth. Critical thinking is present but needs further development.
D	Marginal Pass	Shows minimal understanding and superficial analysis. The work is poorly organized and lacks clear arguments. Critical thinking is limited, with basic engagement in the material.
F	Fail	Demonstrates insufficient understanding and little to no analysis. The work is disorganized and lacks coherence. Critical thinking and engagement are severely lacking, failing to meet the course requirements.

Course AI Policy

The use of AI to prepare presentations and essays is strongly discouraged because the assignments require students to draw connections across specific case-studies and theories, and to demonstrate independent thinking. Simply put, the more an essay relies on AI, the less original it will be. Using AI to fix grammar and syntax is fine. However, expressing thoughts in your own way, rather than relying on run-of-the-mill AI generated text, will make your writing more interesting.

Communication and Feedback

Assessment marks for individual assessed tasks will be communicated via Canvas within two weeks of submission. Feedback on assignments will include indication of factual flaws, argumentative weaknesses, areas of potential improvement, and suggestions on how to expand the ideas presented. Students who have further questions about the feedback including marks should consult the instructor within five working days after the feedback is received.

Academic Integrity

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Students are expected to adhere to the university's academic integrity policy. Students are expected to uphold HKUST's Academic Honor Code and to maintain the highest standards of academic integrity. The University has zero tolerance of academic misconduct. Please refer to [Academic Integrity | HKUST – Academic Registry](#) for the University's definition of plagiarism and ways to avoid cheating and plagiarism.

Required Texts and Materials

All required and recommended readings are available on Canvas Course Reserve. Students are expected to complete the required readings each week to engage in the class tutorial (see reading list below). The readings may focus on and expand specific aspects of the lecture, but it is essential to have followed the lecture in its entirety to participate meaningfully in the discussions.

While the 'Further Readings' provide valuable indications and leads on relevant material, it is crucial that you independently search for and explore additional books and journals to prepare strong presentations and essays. Some reputable journals in the field include *Social Science & Medicine*, *Culture, Medicine, and Psychiatry*, *Medical Anthropology Quarterly*, *History of Psychiatry*, *Transcultural Psychiatry*, and *Ethos*.

Course outline and readings

Week 1

Foundations

An overview of the themes of the course, which begins with a historical account of the evolution of modern psychiatry. We explore its philosophical underpinnings, starting from Cartesian dualism, moving through influential figures such as Freud and Kraepelin, leading up to the modern biomedical paradigm. We also examine how biomedical conceptual frameworks inevitably shape our understanding of healing traditions in cultures that fall outside the orbit of biomedicine – a topic that will be a mainstay of the course.

Required reading

O'Sullivan, S. (2017). *Is it all in your head?: true stories of imaginary illness*. Other Press, LLC. Chapter 8 "Camilla"

Further readings

De Ruddere, L., Bosmans, M., Crombez, G., & Goubert, L. (2016). Patients are socially excluded when their pain has no medical explanation. *The journal of pain*, 17(9), 1028-1035.

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Fabrega, H. (1996). Cultural and historical foundations of psychiatric diagnosis. In J. E. Mezzich, A. Kleinman, H. Fabrega, & D. L. Parron (Eds.), *Culture and psychiatric diagnosis: A DSM-IV perspective* (pp. 3-14). Washington, DC: American Psychiatric Press.

Harrington, A. (2019) *Mind Fixers: Psychiatry's Troubled Search for the Biology of Mental Illness*. New York; London: W. W. Norton & Company. Introduction

Kendler, K. (2011). "What kinds of things are psychiatric disorders?" *Psychological Medicine* 41: 1143-1150.

Kleinman, Arthur. (1988). "What is a Psychiatric Diagnosis?" in *Rethinking Psychiatry: From Cultural Category to Personal Experience*. Pp. 5-17. New York: Free Press.

Luhrmann, T. M. (2011). *Of two minds: An anthropologist looks at American psychiatry*. Vintage. Chapter 6

Metzel, Jonathan (2003) "Mother's Little Helper: The Crisis of Psychoanalysis and the Miltown Revolution." *Gender & History* 15(2): 228-255.

Szasz, T. S. (1960). The myth of mental illness. *American psychologist*, 15(2), 113.

Week 2

Psychiatry in crisis

Psychiatry is universally viewed as a field in crisis. We'll take look at the various facets of this crisis and at the extent to which they can be traced to its philosophical foundations of dualism, biomedical universalism and neurocentrism. We explore how conceptualizing mental illness strictly as brain disorder has led to a neglect of cultural dimensions, and why cultural variation in the manifestation of mental illness keeps re-emerging, unfailingly, as a challenge to psychiatric practice. We will look at how these issues play out within the emerging movement of global mental health.

Required Reading

Watters, E. (2010). *Crazy like us: The globalization of the American psyche*. Simon and Schuster. Chapter 1: 'The rise of anorexia in Hong Kong'.

Further Reading

Behrouzan, O. (2020). *Prozak diaries: Psychiatry and generational memory in Iran*. Stanford University Press. Introduction and chapter 1

Bemme, D., & D'souza, N. A. (2014). Global mental health and its discontents: An

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inquiry into the making of global and local scale. *Transcultural psychiatry*, 51(6), 850-874.

Foucault, M. *Abnormal: Lectures at the Collège de France, 1974-1975*. P. 323- 329, and 334-339.

Lupton, D. (1997) 'Foucault and the medicalisation critique', in *Foucault, health and medicine*. London: Routledge, pp. 94–110.

Miller, G. (2017). Reflecting on the medicalization of distress. *The Palgrave Handbook of Sociocultural Perspectives on Global Mental Health*, 93-108.

Patel, V. (2012). Global mental health: from science to action. *Harvard review of psychiatry*, 20(1), 6-12.

Week 3

Topic: The strange science of the 'placebo effect':

How does psychiatric therapy work? Here, we turn our attention to the mechanisms underlying therapeutic efficacy. We look at how the recent and burgeoning science of 'placebo effects' led to a revision of earlier theories of efficacy; at how it has thrown some of the philosophical problems in psychiatry – mind/body dualism, for example – into sharp relief, while at the same time demonstrating the clinical significance of rituals, symbols, and cultural context in healing.

Required Reading

Kirsch, I. (2019). Placebo effect in the treatment of depression and anxiety. *Frontiers in Psychiatry*, 10, 407.

Moerman, D. E. (2013). Against the "placebo effect": a personal point of view. *Complementary therapies in medicine*, 21(2), 125-130.

Further readings

Adler, S. R. (2011). *Sleep paralysis: Night-mares, nocebos, and the mind-body connection*. Rutgers University Press.

Cannon, W. B. (1942). "Voodoo" death. *American anthropologist*, 44(2), 169-181.

Enck, P., & Zipfel, S. (2019). Placebo effects in psychotherapy: a framework. *Frontiers in psychiatry*, 10, 456.

Hahn, R. A., & Kleinman, A. (1983). Belief as pathogen, belief as medicine:" Voodoo death" and the" placebo phenomenon" in anthropological perspective. *Medical*

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Anthropology Quarterly, 14(4), 3-19.

Kirmayer, L. J. (2011). Unpacking the placebo response: insights from ethnographic studies of healing. *The Journal of Mind-Body Regulation*, 1(3), 112-124.

Lende, D. H., & Downey, G. (Eds.). (2012). *The encultured brain: an introduction to neuroanthropology*. MIT press. Chapter 2

Ongaro, G., & Kaptchuk, T. J. (2019). Symptom perception, placebo effects, and the Bayesian brain. *Pain*, 160(1), 1-4.

Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work*. Routledge. Introduction

Week 4

‘Culture-bound syndromes’

Focusing on conditions such as Susto in South America and Latah in Indonesia, we examine how anthropologists and psychiatrists have interpreted ‘cultural-bound syndromes’, and, more generally, the dramatic cultural diversity in idioms of distress. We apply some of these consideration to a comparison between depression in the US and neurasthenia in China.

Required reading

Kleinman, A. (1982). Neurasthenia and depression: a study of somatization and culture in China. *Culture, medicine and psychiatry*, 6(2), 117-190.

Further readings

Geertz, H. (1968). Latah in Java: A theoretical paradox. *Indonesia*, (5), 93-104.

Hahn, R. A. (1985). Culture-bound syndromes unbound. *Social Science & Medicine*, 21(2), 165-171.

Kleinman, Arthur. (1988). “Do Psychiatric Disorders Differ in Different Cultures?” in *Rethinking Psychiatry: From Cultural Category to Personal Experience*. Pp. 18-33. New York: Free Press.

Köhne, A. C. (2019). The ontological status of a psychiatric diagnosis: the case of neurasthenia. *Philosophy, Psychiatry, & Psychology*, 26(1), E-1.

Nichter, M. (2010). Idioms of distress revisited. *Culture, Medicine, and Psychiatry*, 34, 401-416.

Rin, H. (1965). A study of the aetiology of koro in respect to the Chinese concept of

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illness. *International Journal of Social Psychiatry*, 11(1), 7-13.

Yarris, K. E. (2014). "Pensando mucho"("thinking too much"): Embodied distress among grandmothers in Nicaraguan transnational families. *Culture, Medicine, and Psychiatry*, 38, 473-498.

Week 5

Apparently irrational beliefs

When anthropologists began engaging with indigenous communities in Africa or Amazonia in the early 20th century, they encountered ideas about mental illness causation that flew in the face of biomedical reason. Taking E. E. Evans-Pritchard's seminal work on the Azande as a case in point, this class looks at how anthropologists have made sense of 'apparently irrational beliefs' regarding ill health. The ensuing discussion serves as a lens for assessing the ethnographic material we'll encounter in the remainder of the course.

Required reading

Khoury, N. M., Kaiser, B. N., Keys, H. M., Brewster, A. R. T., & Kohrt, B. A. (2012). Explanatory models and mental health treatment: is vodou an obstacle to psychiatric treatment in rural Haiti?. *Culture, Medicine, and Psychiatry*, 36, 514-534.

Further reading

Evans-Pritchard, E.E. (1937). *Witchcraft, Magic and the Oracles among the Azande*. Oxford: Clarendon Press, pp.21-39, 63-83, 540-544

Fadiman, A (2001). *The Spirit Catches You and You Fall Down*. New York: Farrar, Straus and Giroux. Introduction and chapter 1

Good, B. J. (1977). The heart of what's the matter the semantics of illness in Iran. *Culture, medicine and psychiatry*, 1(1), 25-58.

Hallowell, A. I. (1964). Ojibwa ontology, behavior, and world view. In *Primitive views of the world* (pp. 49-82). Columbia University Press.

Hamdy, S. F. (2008). When the state and your kidneys fail: Political etiologies in an Egyptian dialysis ward. *American ethnologist*, 35(4), 553-569.

Marano, L., Bishop, C., Black, M. J., Bolman, W. M., Brown, J., Hay, T. H., ... & Weidman, H. H. (1982). Windigo psychosis: The Anatomy of an emic-etic confusion. *Current Anthropology*, 23(4), 385-412.

Nathan, T., & Stengers, I. (2018). *Doctors and healers*. John Wiley & Sons. Chapter 1

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Young, A. (1976). Internalizing and externalizing medical belief systems: An Ethiopian example. *Social Science & Medicine* (1967), 10(3-4), 147-156.

Week 6

Shamanism, spirit possession and ritual healing

Continuing our exploration of radically different medical ontologies, this week's focus is on shamanism and spirit possession. We discuss classic ethnographies from Siberia, Amazonia, Africa, and Southeast Asia. I will also provide an overview of the Akha shamanism in highland Laos, on which I conducted long-term research. We'll be interested in examining these traditions from the perspective of healing efficacy and in considering the sociopolitical contexts in which they emerge.

Required reading

Lévi-Strauss, C. (1963). The Effectiveness of Symbols. In *Structural Anthropology*, 181–201. New York: Anchor Books.

Further reading

Atkinson, J. M. (1987). The effectiveness of shamans in an Indonesian ritual. *American anthropologist*, 89(2), 342-355.

Kapferer, B. (1979). Mind, self and other in demonic illness: The negation and reconstruction of self. *American Ethnologist* 6(1):110-33

Kaptchuk, T. J. (2011). Placebo studies and ritual theory: a comparative analysis of Navajo, acupuncture and biomedical healing. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 366(1572), 1849-1858.

Kirmayer, L. J. (1993). Healing and the invention of metaphor: the effectiveness of symbols revisited. *Culture, medicine and psychiatry*, 17(2), 161-195.

Laderman, C. (1987). The ambiguity of symbols in the structure of healing. *Social Science & Medicine*, 24(4), 293-301.

Taussig, M. T. (1980). Reification and the consciousness of the patient. *Social Science & Medicine. Medical Anthropology* 14B, 3–13

Wallace, A. F. (1958). Dreams and the Wishes of the Soul: A Type of Psychoanalytic Theory among the Seventeenth Century Iroquois 1. *American Anthropologist*, 60(2), 234-248.

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Week 7

Altered states of consciousness

Here we examine various healing traditions from Amazonia to Africa to North America that employ hallucinogens for therapeutic purposes. Psychiatry has recently experienced a 'psychedelic renaissance' aimed at researching and integrating these substances into clinical practice. We examine both the scientific and anthropological literature on psychedelics in therapy. We then ponder about the implications of using them outside their cultural contexts.

Required reading

Stephan, V. (2010). *Singing to the plants: A guide to mestizo shamanism in the upper Amazon*. UNM Press. Chapters 23 and 24

Further reading

Dupuis, D. (2021). Psychedelics as tools for belief transmission. set, setting, suggestibility, and persuasion in the ritual use of hallucinogens. *Frontiers in psychology*, 12, 730031.

Geyer, M. A. (2023). A brief historical overview of psychedelic research. *Biological Psychiatry: Cognitive Neuroscience and Neuroimaging*.

La Barre, W. (1972). Hallucinogens and the shamanic origins of religion, in Furst (ed.) *Flesh of the Gods: the ritual use of hallucinogens*. New York: Praeger.

Neitzke-Spruill, L., Devenot, N., Sisti, D., Averill, L. A., & McGuire, A. L. (2024). Bio-psycho-spiritual perspectives on psychedelics: clinical and ethical implications. *Perspectives in Biology and Medicine*, 67(1), 117-142

Pollan, M. (2018). *How to Change Your Mind: What the New Science of Psychedelics Teaches Us About Consciousness, Dying, Addiction, Depression, and Transcendence*. New York: Penguin. Prologue

Winkelman, M. J. (2021). Anthropology, shamanism, and hallucinogens. In C. S. Grob & J. Grigsby (Eds.), *Handbook of medical hallucinogens* (pp. 46–67). The Guilford Press.

Week 8

Transformative efficacy

It is common for healers around the world to enter their profession after having recovered from an illness, or while still managing an ongoing condition. This

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observation has led anthropologists to question whether individuals diagnosed and treated as psychotic in some societies might be revered as shamans in others. We'll engage with this debate. The class will also discuss the concept of 'transformative efficacy'—the process through which healing is achieved not by eradicating the illness, but by transforming the individual to adapt and live with their condition.

Required reading

Boddy, J. (1988). Spirits and selves in Northern Sudan: The cultural therapeutics of possession and trance. *American ethnologist*, 15(1), 4-27.

Further reading

Chapin, B. L. (2008). Transforming possession: Josephine and the work of culture. *Ethos*, 36(2), 220-245.

Devereux, G. (1961). Shamans as neurotics. *American Anthropologist*, 63(5), 1088-1090.

Luhrmann, T. M., Dulin, J., & Dzokoto, V. (2023). The shaman and schizophrenia, revisited. *Culture, medicine, and psychiatry*, 1-28.

Mattingly, C. (1994). The concept of therapeutic 'emplotment'. *Social science & medicine*, 38(6), 811-822.

Noll, R., (1985). Mental imagery cultivation as a cultural phenomenon: The role of visions in shamanism. *Current anthropology*, 26(4), 443-461.

Polimeni, J. (2012). *Shamans among us: schizophrenia, shamanism and the evolutionary origins of religion*.

Waldram, J. B. (2013). Transformative and restorative processes: Revisiting the question of efficacy of indigenous healing. *Medical Anthropology*, 32(3), 191-207

Week 9

Schizophrenia

Focusing on one of the most complex and severe mental illnesses – its phenomenology, histories of treatment, and cultural perceptions – we look at the reasons why treatment for this apparently biological disease fares better in certain places rather than others.

Required reading

Luhrmann, T. M. (2007). Social defeat and the culture of chronicity: Or, why

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schizophrenia does so well over there and so badly here. *Culture, Medicine and Psychiatry*, 31, 135-172.

Further reading

Deleuze, G., & Guattari, F. (2009). *Anti-Oedipus: capitalism and schizophrenia*. Penguin.

Hopper, K. (2008). Outcomes elsewhere: course of psychosis in 'other cultures'. *Society and psychosis*, 198-216.

Insel, T. R. (2010). Rethinking schizophrenia. *Nature*, 468(7321), 187-193.

Jenkins, J. H. (1991). Anthropology, expressed emotion, and schizophrenia. *Ethos*, 19(4), 387-431.

Littlewood, R., & Dein, S. (2013). Did Christianity lead to schizophrenia? Psychosis, psychology and self reference. *Transcultural Psychiatry*, 50(3), 397-420.

Scheper-Hughes, N. (2001). *Saints, scholars, and schizophrenics: Mental illness in rural Ireland*. Univ of California Press. P. 3-15

Week 10

The rise of psychotherapy

This week, we delve into the rise of psychotherapy, traditionally viewed as an introspective venture into the inner self, primarily evolving within Europe and America. Our comparative analysis of psychotherapy will also engage with current critical debates: Is psychotherapy merely a tool for mental health, or does it represent a form of neoliberal subjugation, one that overlooks sociopolitical aspects of illness? We will also examine the recent surge in popularity of psychotherapy in China, often referred to as the 'psycho-boom.'

Required reading

Hsuan-Ying, H. (2015). From psychotherapy to psycho-boom: A historical overview of psychotherapy in China. *Psychoanalysis and Psychotherapy in China*, 1(1), 1-30.

Further reading

Baer, R.A. (2006) 'Mindfulness Training as a Clinical Intervention: A Conceptual and Empirical Review', *Clinical Psychology: Science and Practice*, 10(2).

Baum, E. (2019). *The invention of madness: State, society, and the insane in modern China*. University of Chicago Press. Introduction and chapter 7.

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Cook, J. (2016). Mindful in Westminster: The politics of meditation and the limits of neoliberal critique. *HAU: Journal of Ethnographic Theory*, 6(1), 141-161.

Cushman, P. (1995). *Constructing the self, constructing America: A cultural history of psychotherapy*. Cambridge, MA: Perseus Publishing. Chs. 1-2 & 8 (pp. 1-33, 210-278).

Wampold, B. E. (2001). Contextualizing psychotherapy as a healing practice: Culture, history, and methods. *Applied and preventive psychology*, 10(2), 69-86.

Zhang, L. (2020). *Anxious China: Inner revolution and politics of psychotherapy*. University of California Press. Chapter 2

Week 11

Topic: Social suffering, structural violence, and mental health (part 1)

This lecture looks at the link between mental illness and structural violence. We delve into anthropological literature on 'social defeat'—the experience of being persistently subjected to negative social relations and power imbalances, which are recognized as precipitators of mental illness. It concludes with a cross-cultural discussion on suicide.

Required reading

Desjarlais, R. (1994). "Struggling Along: The Possibilities for Experience Among The Homeless Mentally Ill." *American Anthropologist*. 96 (4) pp. 886-901

Further reading

Durkheim, E. (1897). *Suicide: A study in sociology*. Routledge. Introduction; 24-25; 100-104; 154-160.

Farmer, P. (1996). On suffering and structural violence: A view from below. *Daedalus*, 125(1), 261-283.

Kral, M. J. (2013). "The weight on our shoulders is too much, and we are falling" Suicide among Inuit male youth in Nunavut, Canada. *Medical Anthropology Quarterly*, 27(1), 63-83.

Phillips, M. R., Yang, G., Zhang, Y., Wang, L., Ji, H., & Zhou, M. (2002). Risk factors for suicide in China: a national case-control psychological autopsy study. *The Lancet*, 360(9347), 1728-1736.

Simpson, N. (2022). Kamzori: Aging, Care, and Alienation in the Post-pastoral Himalaya. *Medical Anthropology Quarterly*, 36(3), 391-411.

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Zayas, L. H., & Gulbas, L. E. (2012). Are suicide attempts by young Latinas a cultural idiom of distress?. *Transcultural psychiatry*, 49(5), 718-734.

Week 12

Topic: Social suffering, structural violence, and mental health (part 2)

Continuing the theme of the previous week, we delve into the literature surrounding the 'social determinants of mental illness,' including factors such as socioeconomic status, housing, inclusion, and food security. By applying the frameworks from literature reviewed in the first two weeks of the course, we address the highly debated question of to what degree mental illness can be considered a political issue.

Required readings

Kirkbride, J. B., Anglin, D. M., Colman, I., Dykxhoorn, J., Jones, P. B., Patalay, P., ... & Griffiths, S. L. (2024). The social determinants of mental health and disorder: evidence, prevention and recommendations. *World psychiatry*, 23(1), 58.

Moncrieff, J. (2022). The political economy of the mental health system: A Marxist analysis. *Frontiers in Sociology*, 6, 771875.

Further reading

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Kleinman, A., Das, V., & Lock, M. M. (Eds.). (1997). *Social suffering*. Univ of California press. Introduction

Lipsedge, M., & Littlewood, R. (2005). *Aliens and alienists: Ethnic minorities and psychiatry*. Routledge. Introduction

Mendenhall, E. (2014). Syndemic suffering in Soweto: violence and inequality at the nexus of health transition in South Africa. *Annals of Anthropological Practice*, 38(2), 300-316.

Miller, G. E., Chen, E., Fok, A. K., Walker, H., Lim, A., Nicholls, E. F., ... & Kobor, M. S. (2009). Low early-life social class leaves a biological residue manifested by decreased glucocorticoid and increased proinflammatory signaling. *Proceedings of the National Academy of Sciences*, 106(34), 14716-14721.

Villatoro, A. P., Mays, V. M., Ponce, N. A., & Aneshensel, C. S. (2018). Perceived

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need for mental health care: The intersection of race, ethnicity, gender, and socioeconomic status. *Society and Mental Health*, 8(1), 1-24.

Week 13

Topic: Looking ahead: visions for a psychiatric future

Taking stock of what learnt so far, we review some historical efforts to transcend the limitations of the biomedical paradigm in psychiatry, such as the 'democratic psychiatry' movement in Italy, the social experiments of French 'institutional psychiatry', or the emergence of 'therapeutic communities.' We reflect on how the diverse traditions explored during the course can inform future attempts to reshape our understanding and treatment of mental illness.

Required reading

Rose, D., & Rose, N. (2023). Is 'another' psychiatry possible?. *Psychological Medicine*, 53(1), 46-54.

Further readings

Adams, V., Behague, D., Caduff, C., Löwy, I., & Ortega, F. (2019). Re-imagining global health through social medicine. *Global Public Health*, 14(10), 1383-1400.

Adler-Bolton, B., & Vierkant, A. (2022). *Health communism: A surplus manifesto*. Verso Books. Chapter 4.

Ongaro, G. (2024) 'Outline for an externalist psychiatry (1): or, how to fully realise the biopsychosocial model', *Philosophy, Psychology and Psychiatry*.

Ongaro, G. (2024) 'Outline for an externalist psychiatry (2): an anthropological detour', *Philosophy, Psychology and Psychiatry*.

Ongaro, G. (2024) 'Outline for an externalist psychiatry (3): social aetiology and the tension between constraints and the possibilities of construction', *Philosophy, Psychology and Psychiatry*.

Ongaro, G. (2024) 'Social psychiatry inside-out: a response to commentaries' *Philosophy, Psychology and Psychiatry*.

Robcis, C. (2021). *Disalienation: Politics, philosophy, and radical psychiatry in postwar France*. University of Chicago Press. Introduction

Scheper-Hughes, N., & Lovell, A. M. (1986). Breaking the circuit of social control: Lessons in public psychiatry from Italy and Franco Basaglia. *Social Science & Medicine*, 23(2), 159-178.

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Whitley, R. (2014). Beyond critique: rethinking roles for the anthropology of mental health. *Culture, Medicine, and Psychiatry*, 38, 499-511.