

**PSYC 503 – MADNESS & SOCIETY – Sp 2012**  
TTH 3:45-5:00pm – ADMIN 323

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Office Hours: TU 1:30-2:30; F 2-3:30; & by apmpt

This course addresses the following MAP program goals:

- Introduces you to an understanding of human experience rooted in philosophy and the humanities
- Helps you identify and explore the therapeutic implications of this tradition's emphasis on lived experience
- Encourages you to develop in-depth reflectivity and self understanding
- Prepares you for further graduate study and/or eligibility for Washington State licensure

This course addresses the following WAC 246-809-221 content areas:

- Assessment/diagnosis
- Abnormal psychology/psychopathology
- Chronically mentally ill

“The challenge is not to replace one certitude ... with another but to cultivate an attention to the conditions under which things become ‘evident,’ ... ceasing to be objects of our attention and therefore seeming fixed, necessary, and unchangeable”

Rabinow on Foucault (1997, p. XIX)

“... we are never more (and sometimes less) than the co-authors of our own narratives.”

MacIntyre (1981, p. 213)

**Required Readings:**

Custance, J. (1952). *Wisdom, madness, and folly: The philosophy of a lunatic*. NY: Pellagrini and Cudahy.

- Accessible on-campus at:  
<http://asp6new.alexanderstreet.com/psyc/psyc.object.details.aspx?dorpID=1000086819>
- Accessible off-campus through Lemieux Library homepage → Psychology Databases → Counseling & Psychotherapy Transcripts

Hornbacher, M. (2008). *Madness: A bipolar life*. Boston: Houghton-Mifflin.

Lilleleht, E. (n.d.). *Course reader*. Available from University Readers.

- Access instructions forthcoming.

McLean, R. (2003). *Recovered but not cured: A journey through schizophrenia*. Crows Nest NSW, Australia: Allen & Unwin.

- Accessible on campus via:  
<http://asp6new.alexanderstreet.com/psyc/psyc.object.details.aspx?dorpID=1000275259>
- Accessible off-campus through Lemieux Library homepage → Psychology Databases → Counseling & Psychotherapy Transcripts

Reiland, R. (2002). *Get me out of here: My recovery from borderline personality disorder*. Center City, MN: Hazelden.

Sechehaye, M. (1994). *Autobiography of a schizophrenic girl*. NY: Meridian.

American Psychiatric Association (2000). *DSM IV-TR*. Washington, DC: APA.

- for ongoing reference and class discussion

American Psychological Association (2010). *Publication manual of the American Psychological Association* (6<sup>th</sup> ed.). Washington, DC: APA Press.

- for citation and referencing criteria and guidelines

**Additional Optional Resources:**

Jamison, K. R. (1996). *An unquiet mind: A memoir of moods and madness*. NY: Vintage Books.

- One of the best recognized narratives on manic depression. And while Jamison has a distinct agenda, she also describes her lived experiences in a vivid and evocative manner.

Jenkins, J. H., & Barrett, R. J. (Eds.) (2004). *Schizophrenia, culture, and subjectivity: The edge of experience*. NY: Cambridge University Press.

- A diverse and very rich collection of research on the intersections between schizophrenia and culture. Wide variety of methodologies, research questions, and perspectives. Reading this text makes it difficult to conceptualize “schizophrenic” experiences as a purely individual phenomenon.

Laing, R. D. (1965). *The divided self*. NY: Pelican.

- Classic text about schizoid and schizophrenic lived experience. Taking an existential-phenomenological perspective, Laing provides a coherent (and still relevant) theoretical framework for understanding experiences Freud and Jaspers deemed fundamentally incomprehensible.

McLeod, J. (1997). *Narrative and psychotherapy*. Thousand Oaks, CA: Sage.

- A thorough and thoughtful text that approaches narratives and psychotherapy in balanced, socio-historically grounded manner. McLeod offers a way of thinking about the therapeutic endeavor that is empathic, critical, and accessible to novice and seasoned therapists alike.

Sass, L. A. (1992). *Madness and modernism: Insanity in the light of modern art, literature, and thought*. NY: Basic Books.

- Following Laing, but with ideas and scholarship extending beyond him, Sass counters psychoanalytic and biomedical conceptions of schizophrenia as a deficit disorder. Thoroughly researched and nuanced, Sass argues both that schizophrenia is understandable in and of itself, and that the schizophrenic lived-experience can render certain cultural productions (in art, literature, and philosophy) understandable as well.

Strong, M. (1998). *Bright red scream: Self-mutilation and the language of pain*. New York: Penguin Books.

- An excellent book that integrates brief narrative vignettes with clinical and historical analysis of self-injurious behavior. Useful for clinicians and clients alike.

**Course Overview:**

Madness does not occur in a vacuum. Nor is it some-thing that exists simply within the single individual. Instead, madness becomes knowable (and knowing) within a confluence of dimensions that include:

- the embodied person;
- her/his historical place in the world;
- her/his experiential position (geographical, institutional, attitudinal); and
- her/his place within a system of knowledge generally known as psychology or psychiatry (diagnostic systems that seek to categorize and organize experiences; theories that attempt to explain experiences; institutions that seek to treat experiences).

To gain any appreciation of what it means to be mad, then, is to attempt to understand how these different dimensions are brought together in the life-stories of the individual, and to see how this person shapes and is shaped by the stories told about them and by them.

We will explore experiential, intellectual (theoretical), and therapeutic narratives of these experiences with madness, also referred to as “chronic mental illness,” or “severe psychopathology.” In doing so, and keeping in mind the limits of a 10 week quarter, we will be seeking some types of understanding while leaving others aside. For instance, we will NOT:

- attempt to gain a comprehensive theoretical or socio-historical understanding of madness, in even some of its forms and struggles.

Nor will we attempt to:

- develop a set of definitive therapeutic strategies aimed at treating madness.

INSTEAD, we will begin a **process of listening**: to many voices, to silence, to overtones and undertones. This listening is a multifaceted process. It will require us to attend to issues including diagnosis, assessment, and treatment. But it will also demand that we do not simply stay with those words, and within those worlds. Instead, this kind of listening requires us to challenge our personal, intellectual, and professional conceptions of normalcy, as well as those disciplines built out of them. If we take all this seriously, we will find ourselves feeling pretty uncomfortable. Indeed, it is my contention that such discomfort and challenge is critical to gaining some degree of understanding and connection with ways of living in the world that are profoundly disconcerting, and thus challenging (and even, according to Foucault, “silenced”) to the non-mad world.

Thus, over the course of the quarter we will attend to the experiential, intellectual, and therapeutic narratives that come out of three present-day ways of being mad:

- schizophrenia
- manic depression (AKA bipolar disorder)
- borderline personality disorder

### **Learning Objectives:**

By the end of the quarter, you should be able to:

- Identify central experiential, theoretical, and therapeutic dimensions of schizophrenia, manic depression (bipolar disorder), and borderline personality disorder.
- Appreciate the strengths and limitations of this dimensional approach to madness (major mental illness), especially in comparison to the more categorical approaches of modern psychiatry and clinical psychology (exemplified by the *DSM-IV-TR*).
- Explore the lived experiences of individuals across diagnostic categories (as presented in first person, written narratives, and explored in role plays). Identify and discuss common and divergent experiential themes. Reflect on how being in relation to these experiences impacts your own sense of meaning, self, and sanity.

### **Course Requirements:**

- 1) **Attendance and participation:** Regular attendance is expected and necessary. Additionally, participation is also a vital part of this class. Although recognizing that it comes in many forms, direct and vocal participation in class is the best way of not only assessing your understanding of the issues at hand, but of creating a class atmosphere that allows ideas to develop.
- 2) **Midterm examination.** This will be a take-home exam in which you complete a preliminary narrative analysis of one first-person account of madness →**DUE 5/10**; 30%.

- 3) Two brief (5-6 page) descriptions of experiential exercises (role-playing interviews) → DUE DATES: **Schizophrenia – 4/24; Bipolar or Borderline – 5/29**. Combined are worth 20% (10% each; grade based on quality of descriptions).
- 4) **Integrative narrative analysis** (details to be discussed in class, with instructions found in Course Reader) → **DUE 6/7; 50%**.

**Please note:** All written assignments using published sources (e.g., midterm and narrative analysis) must use APA 6<sup>th</sup> edition style for citations and referencing. The Program Handbook also include guidelines for referencing online material. Additionally, all references in this syllabus and in the Course Reading List are in proper format (Note: the University Reader doe NOT use APA format). Nonetheless, consulting the actual manual itself (in library and available for purchase at bookstore) is highly advisable!

You will receive a letter grade for each assignment listed above. The letter grades will correspond to the University’s numeric grading system below:

A = 4.0	B+ = 3.3	C+ = 2.3	D+ = 1.3	F = 0.0
A- = 3.7	B = 3.0	C = 2.0	D = 1.0	
	B- = 2.7	C- = 1.7	D- = 0.7	

**Academic Honesty & Integrity:**

All students will be held responsible for complying with the university's policies on cheating in all its forms, including plagiarism. Applicable penalties range from grade reductions to expulsion, as described in <http://www.seattleu.edu/registrar/filelib/3451.pdf>

**The minimum penalty for cheating on any work submitted for this course will be an F grade on the submission.**

**Disabilities Statement:**

If you have, or think you may have, a disability (including an ‘invisible disability’ such as a learning disability, a chronic health problem, or a mental health condition) that interferes with your performance as a student in this class, you are encouraged to arrange support services and/or accommodations through Disabilities Services staff in the Learning Center, Loyola 100, (206.296.5740). Disability-based adjustments to course expectations can be arranged only through this process.

## Class Schedule

RL = Reading List (for access to hyperlinked articles)

UCR = University Course Reader (hardcopy; available for order online)

Name-# = Chapter (e.g., Reiland-1 refers to the first chapter of Reiland)

**3/27**

### **Introduction to the Course**

Perspective, assignments (Syllabus, Narrative Analysis Guidelines, & Role Plays), and transcript activity

**3/29 – 4/3**

### **Narrative Selves: Psychotherapy and the Storied World**

3/29 Writing-to-power, writing-to-experience (Stone, 2004-CR; Stone, 2006-CR-OPT, Adame & Hornstein-CR-OPT)

4/3 The therapeutic possibilities of telling stories (concluding sections of Stone, 2004; Vickers-CR)

**4/5-19**

### **Schizophrenia: Challenging Reason**

*MQ: What would it be like to live as if nothing could be assumed?*

4/5 In person (Sechehaye-Part 1; Walser-UCR)

4/10 In person (Susco-UCR; McLean-online)

4/12 In theory: Phenomenological (Parnas & Sass-RL)

4/17 In theory, in the world: Phenomenology and the Arts (Parnas & Sass-cont.)

4/19 In therapy (Stanghellini & Lysaker-RL)

OPT: For an appreciation of schizophrenia-in-the-world, read Lovell-RL

**4/24**

### **Role Play Description 1 (Schizophrenia) Due**

**4/24-5/8**

### **Manic Depression: Challenging Temporality**

*MQ: What would it be like to live outside of time: alternating between existing in an omnipresent past and nonexistent future?*

4/24 In person (Custance-II, III, & IV-online; the rest is optional)

4/26 In person (Hornbacher: read as you will, but be prepared to discuss your choices)

5/1 In theory: Phenomenological (Binswanger-UCR)

5/3 In theory: Phenomenology & Existence (Lanzoni-RL; Wylie-CR-OPT)

5/8 In therapy, in the world: It's a mad, mad world? (Peltz-RL)

**5/3**

### **Midterm Handed Out → Due 5/10**

**5/10-24**

### **Borderline Personality Disorder: Challenging the "I"**

*MQ: What would life be like without a reliable "I"?*

5/10 In person (Van Gelder-RL; Reiland-1)

5/15 In person (Mahari Diaries-RL)

5/17 In theory: Psychoanalytic-Developmental (McWilliams-UCR; Bradley & Westen-RL-OPT)

5/22 In theory: Psychoanalytic-Narrative (Fuchs-RL)

5/24 In therapy: The meanings and functions of self-injury (Potter-RL)

**5/29**

### **Role Play Description 2 (Bipolar or Borderline) Due**

**5/29-31**

**Narrative Revisited: Personhood, Community, and the Fundamental Other**

*MQ: What does being therapeutic look like in the context of madness?*

5/29 Personhood, community and psychotherapy

5/31 Personhood, community, and the fundamental other (*Dignity* –Documentary; Smith-RL; King-RL)

**6/7**

**Integrative Narrative Analysis Due - 12noon** (in person or by email)

## Role Play Guidelines

- 1) **Find a partner** for the role play. I would recommend changing partners for second role play.
- 2) **For both role plays:**  
Study the experience of madness you will enact. The goal is for you to develop an “insider’s perspective”; in other words, a sense of the lived experience from the perspective of the liver. While your embodiment will never be completely “real” or “accurate” (indeed, even assessing this presents significant difficulties), the effort is important, as is paying attention to what “feels right” and “feels off.”

In order to attain this perspective, carefully reread relevant first-person narratives (assigned and otherwise), as well as reflect on your own personal and/or professional experiences. Develop a concrete idea of your “character” and your story. As client this should involve issues including presenting problems, current life context, and history. As therapist, this will involve issues including professional identity (are you a trainee or fully fledged professional; do you have an MA, PsyD, PhD, etc.), and environment (do you work for an agency, hospital, HMO, or are you in private practice). In developing this, however, do not seek to create a “complete picture” prior to the role play. Instead, create an outline, and be open to fleshing your “self” out in the context of the encounter.

### **For the schizophrenia role play:**

Attempting to enact the lived experience of someone who is floridly psychotic in a manner attributable to schizophrenia is challenging and unadvisable. It is also one that can easily lead to stereotype. In order to avoid this, you will envision and attempt to portray someone whose world is **just beginning to be compromised/impacted by schizophrenic processes** (what psychiatry would term the “premorbid phase”). For example, instead of pretending to hallucinate or be delusional, imagine and attempt to embody the shifts in perception and cognition that precede these classic “symptoms.”

### **For the bipolar role play:**

Some of the same challenges exist. Embody full blown mania probably is impossible, and also inadvisable. And choosing the more recognizable experience of depression is too safe and familiar (at least for most of us). Thus, you are to develop an experience that focuses on “**hypomania**” (see your *DSM IV-TR* for a clinical description, but do not rely on this alone). Experiences of mania and major depression may be part of your past or future, but should not structure your current encounter.

- 3) When you set up a time to meet, make sure you have enough time to do the role play AND talk about it AND take some notes. Additionally, finding a quiet, private space is absolutely imperative!
- 4) The person who is role playing the client approaches the encounter as if she or she is coming for **an initial interview** with a psychotherapist. The “therapist’s” agenda is to get a sense of the client’s problems and life situation, and to ask questions. Bringing about change is NOT part of the therapist’s task at this point. After 30-40 minutes, take a break and few notes, and switch roles.
- 5) After both roles are completed, write your notes on the experience: be as descriptive as possible, attend to what was “easy” and “hard”, “comfortable” and “uncomfortable.” Do so as soon as possible after the encounter!

- 6) The description will be double-spaced, typed, and 5-6 pages long. It should be organized into three sections:
- a. **client perspective:** a description of pivotal aspects of the encounter, from the perspective of being the client → in other words, write this description in the voice of the client!
  - b. **therapist perspective:** a description of pivotal aspects of the encounter, from the perspective of being the therapist → in other words, write this description in the voice of the therapist!
  - c. **reflection of both roles,** written in your own voice. In others words, here is where you reflect on the total experience. On what it was like to be “x” and “y”.
- 7) All three sections will be **evaluated** for the degree to which you can remain **descriptive** (vs. leap into explanation), **empathic** (with yourself as well as the other), and **clear** (don't write to discover, or at least don't turn that writing in; rather, discover, then write!).

## Integrative Narrative Analysis Guidelines

*“To speak: it is necessary – without power: without allowing language,  
too powerful, sovereign, to master the aporetic situation,  
absolute powerlessness and very distress,  
to enclose it in the clarity of happiness and daylight”*

*Kofman (1998, p. 10)*

The purpose of this narrative analysis is for you to go the words of those deemed “mad,” spend time with these words, and develop a relationship with and tentative understanding of the experiences described by individuals who are often deemed “fundamentally other.”

Working either **independently or with a colleague**, you will do one analysis of at least three narratives (one each by individuals identifying as and writing about the schizophrenic, bipolar, and borderline experience). The analysis will be worth 50% of your course grade, and will be due **6/7 at noon**. Please note that **this date cannot be changed!** Successful completion of this paper requires a quarter-long commitment, so you must start working on it now.

Conducting this analysis will consist of five phases:

1 – Read through both Stone articles (RL). Stone (2004) offers useful discussion of how to approach narratives, as well as the opportunities and challenges that come with taking these stories seriously. Adame & Hornstein (RL) is especially useful for the bibliographic listing of first person narratives. Additionally, there is some demonstration of methodology. Regarding methodology, however, you should note that there is no one (right) way to approach this! See Phase 2 (below) for basic expectations regarding this.

2 – Find a set of narratives written by persons deemed mad and about their experiences of madness (schizophrenia, manic depression/bipolar disorder, and borderline personality disorder). For each diagnostic perspective, you should have at least one narrative. If, however, a narrative is lacking in detail or depth, you may need to find an additional narrative coming out of this perspective. These narratives should be in the written in the first-person.

Narrative sources can be found in the SU library (in the form of popular books and case studies - although make sure you use case studies that include the voice of the patient, not just the treator). You may also find the web to be a VERY useful source (e.g., published online diaries, chat-room discussions).

You may use narratives assigned for the course ONLY if we are discussing a small portion of them (i.e., one chapter from a full length book).

Please note that finding and digesting these narratives WILL TAKE A LONG TIME!! If you do not start soon (e.g., by the 2<sup>nd</sup> week of the quarter), you risk experiencing severe anxiety, and turning in a rather superficial, dissatisfying analysis.

3 – In reading through the narratives, attend to both the content (“what” is being discussed?) and the style (“how” is this being discussed?). Identify and discuss the major themes that appear significant (content), as well as the major stylistic devices that structure how these themes are presented and explored (e.g., active vs. passive voice? Is the narrator writing from a distance or as an active experiencer? Does the writing style align itself with reason and logic, or is something else going on? Does s/he seem to have a specific agenda?).

In other words, what brings these different voices together? What concerns, experiences, fears, frustrations, longings, etc., does each author have, and how do these compare with the others? Additionally, how and where do they differ? In considering this, you will find yourself going back to the texts numerous times to make sure you aren't putting words (however well-intentioned) into the mouths of others. Finally, in reading and identifying common and alien ground, you will want to make sure you are attending to the whole narrative, and not just those aspects that fall under the category of "pathological."

4 – Of your identified themes and stylistic devices, do any appear to be central to the group's collective story? How might this speak to what is essential (or at least meaningful) about madness (or the expression of madness)? What might this suggest about how the experience of madness affects one's fundamental sense of being-in-the-world (which includes the worlds of therapy and other forms of treatment)?

5 – Finally, how has being in relation to these experiences impacted your own sense of meaning, self, and sanity? For example, which beliefs, expectations, and/or values are confirmed; which are being challenged? What implications does this have for your understanding of psychotherapy and of what it means to be a psychotherapist?