

Class 2: Perspectives on Illness

Sociology of Mental Illness

Did you remember to print out the lecture sheet for class?

First, some housekeeping...

- Office hours will be Monday at 5 p.m. here in Ballantine 204.
- You should have received 2 announcements via Oncourse about the class already.
- Lecture sheets were posted this morning.
- I'll post these slides after class.
- There will be a quiz toward the end of class.

Extra Credit

Anyone bring any?

From the syllabus:

"You can earn up to five points in extra credit for the final course grade if you bring in examples from the news, television entertainment, or movies that relate to the main themes in the class or specific readings or lectures we have discussed (one point per submission). To do this, bring in a copy (or some documentation of your example - like a TV schedule guide) and be prepared to share with the class what you heard, read, or saw and how it relates to something we've read or discussed in class. We will take time at the beginning of class and right after the mid-class break for you to share."

MAKE SURE TO PUT YOUR NAME ON YOUR ITEM.

Terms: Agencies

- *CMHC- Community Mental Health Centers- locally run treatment facilities*
- *NIH - National Institutes of Health* - a part of the U. S. Department of Health and Human Services, is the nation's federal medical research agency
- *NIMH - National Institute of Mental Health* - a part of the NIH
- *SAMHSA - Substance Abuse and Mental Health Services Administration* - a part of the U.S. Department of Health and Human Services, the nations MH services agency
- *NOT ON YOUR LIST: DMHA: Division of Mental Health and Addiction*

Terms: Health and Illness

From a sociological perspective:

- Disease
 - An adverse physical state, consisting of a physiological dysfunction within an individual
- Illness
 - A subjective state, pertaining to an individual's psychological awareness of having a disease and usually causing that person to modify his or her behavior
- Sickness
 - A social state, signifying an impaired social role for those who are ill

Terms: Causes

- Etiology
 - the cause or origin of a disease
- Somatic (not on your list)
 - relating to the physical body (not the mind)
- Psychosomatic (not on your list)
 - relating to bodily symptoms caused by mental or emotional disturbance
- Psychogenic (not on your list)
 - originating in the mind - usually from mental or emotional conflict

Pros & Cons of a psychiatric diagnosis for an individual

Advantages

- Get treated
- Better understanding and support
- Giving it a name - it's real
- Behavior not deviant - now it's accepted as illness
- Today there is more acceptance

Disadvantages

- Being labelled
- Preexisting condition (cost, dropped from insurance)
- Lose employment potential (from stigma)
- "Tarnished"
- Alter self-image

One sociological critique of this is that for the individual, a psychiatric problem then becomes a problem for the individual to bear, and it removes our focus from the social context in which it arose.

Pros & Cons of a psychiatric diagnosis for society

Advantages

- More equipped to help these people who have problems
- Proper research and funding - legitimates
- Control
- Education - raising awareness and understanding so we can deal with problem

Disadvantages

- Jump on the bandwagon - getting lazy and seeking medication (free-riders)
- Unfair advantages to individuals
- Now an obligation to take care of people in the sick role
- Abuse and addiction to medication
- Different cultures handle things differently

One sociological critique of this is that for society, social problems become obscured by the location of a problem in an individual. So, instead of focusing on dealing with the social problems that led to the problems of individuals, we leave it to medical science to treat the "symptom" of the individuals affected.

History of Understanding and Treatment (Look at Conrad and Schneider)

- Antiquity (Ancient Palestine)
- Classical Antiquity (Greco-Roman) 8th Cent. BC - 500 AD
- The Middle Ages - 500-1500 AD
 - Witchcraft and the Malleus Maleficarum
- Renaissance - 1500-1650 AD
 - The Great Confinement
 - Enter the Physician & Moral Treatment
- American Colonial Response (17th, 18th centuries)
 - Asylum Movement (19th century, part. 1825-60)
- Science of Mental Disease
 - Discovery of General Paresis (1894)
 - Kraepelin and Bleuler (1883/1911)
 - Freud and Psychoanalysis (Introduced in 1905 to USA, Instituted in training in 1930s, held heavy sway)

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- Reaction to Asylums (1950s, 1960s)
- Introduction of Psychopharmaceuticals (mid-1950s)

And since then

- Deinstitutionalization (1955-ongoing, peaked in mid-70s)
- Community Care (1960s - now?)
- Crisis (1980s)
- "Recovery"(mid-1990s-now)

Mental Illness as a Psychiatric Disorder (Bruce)

- Modern psychiatry uses "phenomenology," instead of theories of "etiology"
 - Measures are largely subjective (no "gold standard")
 - This has developed in the last 30 years, since DSM III.
 - Has impacts on financing care, understanding problems, and research
1. Schizophrenia and Other Psychotic Disorders
 2. Depression and Other Affective Disorders
 3. Anxiety Disorders
 4. Substance-Related Disorders
 5. Disorders in Childhood
 6. Dementia and Delirium
- AND...
Personality, sexual and gender identity, factitious, eating, sleep, adjustment, etc...

What is a Psychiatric Diagnosis? (Kleinman)

- Disease
- Illness
- Illness Experience
- Reliability
- Validity
- Category Fallacy

Culture Bound Syndrome

- Amok - Malaysia (also, Phillipines, Laos, Polynesia, Papau New Guinea)
- Ataque de nervios (Latin American and Latin Mediterranean)
- Ghost Sickness (Native American)
- Falling out/Blacking out (Southern US)

Social etiology vs. social "consequence" model (Aneshensel)

Common sociological question: how does society influence the mental health of its members.

- Social Etiology Model
 - Concerned with the social risk factors (examples) that are associated with a specific disorder.
- Social Consequence Model
 - Concerned with the mental health consequences of specific social arrangements.

Why is this important and why does Aneshensel argue for the social consequence model to be the prime focus for sociologists?

Where does this leave us?

- We've talked a lot about the psychiatric and sociological perspectives, but what of the psychological world view?
- What of the perspectives of the people who are affected directly with the problem?
- What about those who are indirectly affected?
- Who are the people or groups who are indirectly affected by mental health issues? What stakes do they have in definitions?

Sun	Mon	Tues	Wed	Thur	Fri	Sat
June 20	Intro		Perspectives			
June 27	Social Epidemiology Paper assignments out		Medicalization Review for first exam			
July 4	CANCELED - IUB holiday		ONLINE EXAM 1			
July 11	Stigma		Social Roles			
July 18	Stress		Social Problems			
July 25	Treatment		Consumers/Users/ Survivors			
August 1	PAPER DUE OPEN TOPIC LECTURE		Family			
August 8	Recovery		IN CLASS FINAL EXAM			

For Monday...

Social Epidemiology of Mental Illness

- Prevalence and Treatment of Mental Disorders, 1990-2003, Kessler et al., pg 115
- The Epidemic in Mental Illness: Clinical Fact or Survey Artifact?, Horwitz and Wakefield, pg 132
- Lifetime Prevalence and Age-of-Onset Distributions of Mental Disorders in the World Health Organizations' World Mental Health Survey Initiative, Kessler et al. for the WHO World Mental Health Survey Consortium, pg 140