Faculty of Arts  
Department of Philosophy  

PH 8122 – Topics in Philosophy:  
Ethics and Mental Health  
Winter 2017, Section 011  
Fridays 3-6 JOR 440

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Topics

a) Methods in Bioethics  
b) Current Practices of Community Care

Part II: What is Mental Health and Mental Illness? Models of Mental Illness  
a) Anti-Psychiatry (Social Model)  
b) The Biomedical Approach (Medical Model)  
c) Mixed Approaches

Part III: Responses to Diagnosis: Treatment and Stigma

Part IV: Problems with Diagnosing People: Sexism, Racism, Classism and Pharmaceutical Marketing

Part V: Problems in Particular Diagnoses and Access to Care  
a) Trans* issues and the gatekeeper model  
b) Schizophrenia  
c) Post-Traumatic Stress Disorder  
d) First Nations

Part VI: Influences on Diagnosis: Drugs, Patients, and the Internet  
a) Patients and the Internet: Creating and Embracing Illness  
b) Research and Mental Illness
### Reading Schedule

**Note:** All readings are available through the Ryerson University Library electronic catalogue or on D2L (See bibliography below pg. 18-23 for details). **You are responsible for their retrieval:** if you are unsure how to retrieve papers from a citation please see me in my office hours or talk to a librarian.

<table>
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<tr>
<th>Wk.</th>
<th>Date</th>
<th>Topic</th>
<th>Readings</th>
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| 1   | Jan. 13| Introduction: Methods in Bioethics and Current Practices of Community Care 47 pages | Syllabus, especially the reading schedule and complete bibliography  
Paul Brodwin (2013) “Genealogy of the Treatment Model” (27 pgs.) and “Expert Knowledge and Encounters with Futility” (30 pgs.)  
Faden and Beauchamp (1986) “Foundations in Moral Theory” (17 pgs.) **Required if unfamiliar with bioethics, otherwise recommended as a refresher**  
**Recommended**  
**Recommended if unfamiliar with, or needing a refresher on, moral theory**  
Margaret Olivia Little (1996) “Why a Feminist Approach to Bioethics?” (18 pages) **Recommended if unfamiliar with feminist bioethics**  
Joan Tronto (1993) “Care” (24 pages) **Recommended if unfamiliar with Care Ethics** |
| 2   | Jan. 20| Models of Mental Illness I: Introduction and Anti-Psychiatry (Social Model) 33 pages | Derek Bolton (2008) “Introduction” (8 pgs.) (On D2L)  
Thomas Szasz (1960) “The Myth of Mental Illness” (6 pgs.)  
D. L. Rosenhan (1973) “On Being Sane in Insane Places” (8 pgs.)  
Ruth Macklin (1972) “Mental Health and Mental Illness” (selections of 11 pgs.) (On D2L) |
| 3   | Jan. 27| Discussion of Presentations  
Models of Mental Illness II: Biomedical Model and Mixed Models I 38 pages | **Presentation materials on D2L**  
Christopher Boorse (1976) “What a Theory of Mental Health Should Be” (23 pgs.)  
Jerome Wakefield (1992) “The Concept of Mental Disorder” (15 pgs.) **Recommended**  
Allan Horwitz (2002) “A Concept of Mental Disorder” (10 pgs.) (On D2L) |
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<tr>
<td></td>
<td></td>
<td>41 pages</td>
<td>Michael Guilfoyle (2013). “Client subversions of DSM knowledge,” (6 pgs.)</td>
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<td><strong>Speaker Series</strong></td>
<td>Joel Michael Reynolds (Emory University): &quot;The Future of Bioethics: Ableism and the Life Worth Living&quot; 3-5pm, SLC 508</td>
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<td></td>
<td>Tuesday</td>
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<td>You may write a critical comment on this speaker series talk if you so desire.</td>
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<td>5</td>
<td>Feb. 10</td>
<td>Responses to Diagnosis: Treatment and Stigma</td>
<td>James Sabin and Norman Daniels (1994) “Determining ‘Medical Necessity’ in Mental Health Practice” (9 pgs.)</td>
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<td></td>
<td></td>
<td>57 pages</td>
<td>Paul Brodwin (2013) “Commitment Orders” (30 pgs.) (<a href="#">On D2L</a>)</td>
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<td>cal Marketing</td>
<td>Dinesh Bhugra and Kamaldeep Bhui (1999) “Racism in Psychiatry: Paradigm lost—paradigm regained” (7 pgs.)</td>
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<td></td>
<td>23 pages</td>
<td>David Healy (2007). “The Engineers of Human Souls and Academia” (6 pgs.) (<a href="#">On D2L</a>)</td>
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<td><strong>Recommended</strong></td>
<td>Paula J. Caplan (1992) “Gender Issues in the Diagnosis of Mental Disorder” (11 pgs.) (<a href="#">On D2L</a>)</td>
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<td></td>
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<td>C. Jacob Hale (2007). “Ethical Problems with the Mental Health Evaluation Standards of Care for Adult Gender Variant Prospective Patients,” (13 pgs.)</td>
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<td>8</td>
<td>Mar. 3</td>
<td><strong>Recommended</strong></td>
<td>Julia Serano (2007). “Chapter 6: Intrinsic Inclinations” (18 pgs.) (<a href="#">On D2L</a>)</td>
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<td></td>
<td></td>
<td>75 pages</td>
<td>Julia Serano (2007). “Chapter 6: Intrinsic Inclinations” (18 pgs.) (<a href="#">On D2L</a>)</td>
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T. M. Luhrmann (2007) “Social Defeat and the Culture of Chronicity” (28 pages)  
**Recommended**  

*Mar. 17 Moved to March 21*  
PTSD  
**Content Note:** Discussion of Sexual Assault and Military Engagement 51 pages  
Susan J. Brison (2002). “Chapter 4: Acts of Memory” and “Chapter 5: The Politics of Forgetting” (9 pages and 8 pages) *(On D2L)*  
Elisa Hurley (2010b). "Combat Trauma and the Moral Risk of Memory Manipulating Drugs," (17 pages)  
Elisa Hurley (2010a). "Pharmacotherapy to Blunt Memories of Sexual Violence" (17 pages)  
Rickard, Diana (2015). “Masculinity and medicalization,” (17 pages)  
Nathaniel Penn “Son, Men Don’t Get Raped,” |

Lynn Lavallee and Jennifer M. Poole (2010). “Beyond Recovery,” (9 pgs.)  
**Recommended**  
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<tr>
<td>12</td>
<td>Mar. 31</td>
<td>Research and Mental Health</td>
<td>Ronald Wasserstein &amp; Nicole Lazar (2016). “The ASA’s Statement on p-Values” (4 pgs.)</td>
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<td></td>
<td></td>
<td>53 pages</td>
<td>Marcus Munafò et al. (2017). “A manifesto for reproducible science” (7 pgs.) (On D2L)</td>
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<td><strong>Recommended</strong></td>
<td>Christie Aschwanden (2015). “Science Isn’t Broken It’s Just a Hell of a lot Harder than we Give It Credit For,”</td>
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<td>13</td>
<td>Apr. 7</td>
<td>Patients and the Internet</td>
<td>Carl Elliot (2000b). “A New Way to be Mad,” (15 pgs.) (On D2L)</td>
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<td></td>
<td></td>
<td>39 pages</td>
<td>Nick Fox et al. (2005). “Pro-Anorexia, Weight-loss drugs and the Internet,” (24 pages)</td>
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<td>14</td>
<td>Apr. 14</td>
<td><strong>GOOD FRIDAY</strong></td>
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<td>(UNIVERSITY CLOSED)</td>
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a) Methods in Bioethics


b) Current Practices of Community Care


Recommended


Note: This reading gives a good overview of various ethical approaches. This is an applied ethics class and I assume that as graduate students you are familiar with the main approaches to philosophical ethics. If you require a refresher, then you should read this paper.


Note: This class will often use a feminist, or anti-oppression, lens to examine issues of mental health and mental illness. If you are unfamiliar with feminist philosophy, then the above paper can help you understand why a feminist approach is important in bioethics.


Note: This reading provides a description of another kind of ethical theory, care ethics, not covered in Waluchow and Gedge. I will discuss Tronto’s definition of care and her four phases of caring in class in relation to the Brodwin reading.

Part II: What is Mental Health and Mental Illness? Models of Mental Illness


a) Anti-Psychiatry (Social Model)

Note: Her criticisms of Szasz are especially useful and will be discussed in class. I have put a reduced version of this paper on D2L.

b) The Biomedical Approach (Medical Model)

c) Mixed Approaches

Recommended

Part III: Responses to Diagnosis: Treatment and Stigma

Speaker Series: Joel Michael Reynolds (Emory University): ”The Future of Bioethics: Ableism and the Life Worth Living” 3-5pm, SLC508 Tuesday, February 7, 2017

Abstract: Disability bioethicists have long assailed mainstream bioethical inquiry for misunderstanding and misrepresenting experiences of disability. Despite notable gains, both commonsense and sophisticated forms of ableism endure. Drawing on and expanding the work of first- and second-generation philosophers of disability, I argue that the future of antiableist bioethics and philosophy is one based on ability as access, rejection of the ableist conflation,
and the mutual principles of corporeal pluralism, epistemic responsibility, and hedonic equifinality.


Part IV: Problems with Diagnosing People: Sexism, Racism, Classism and Pharmaceutical Marketing


David Healy (2007). “The Engineers of Human Souls and Academia” Epidemiologia e Psichiatria Sociale. 16(3): 205-211. (6 pages) (On D2L)

Recommended


Part V: Problems in Particular Diagnoses and Access to Care

a) Trans* issues and the gate-keeper model


Recommended


b) Schizophrenia


**Recommended**


*Note:* This paper is a quite technical piece in the philosophy of science (or philosophy of biology more specifically). Robert criticizes the methodology of ‘twin studies’ in schizophrenia, and notes some of the ways these study designs are not sufficiently accurate to rule out certain kinds of non-genetic influences on the development of schizophrenia. It is very interesting, but it is also quite difficult.


*Note:* This piece is academic, but is still fairly accessible. The authors argue that in order to be reliable (i.e. produce agreement in diagnosis among different psychiatrists), the DSM might sacrifice validity (i.e. whether the category actually measures what it claims to measure). In particular, the authors suggest that the category ‘schizophrenia’ may actually encompass a number of different disorders. They believe that a phenomenological account of the experiences of schizophrenics might lead to more sensitive and accurate categories. In addition, the authors provide a phenomenological account of changes in cognition and the sense of self that are frequently reported by people with schizophrenia.


*Note:* This piece is a very interesting, and quite an easy read, personal account of one family’s experience with schizophrenia and the inadequacies in our responses to people suffering from schizophrenia. McClellan’s cousin had schizophrenia, and her family tried to have her cousin treated, but found that the only option they could access was jail. The family did not want the cousin committed. Through recounting her family’s personal experience, McClelland also makes some wider criticisms of our responses to those with mental illnesses. This piece is in a popular magazine, and so is written in a way that is very accessible and reads quickly.
c) **Post-Traumatic Stress Disorder**


*Note:* Some of the arguments in this paper are similar to the arguments presented in her other article with respect to Combat Trauma. Students should read at least one of the Hurley articles, but might choose which article to read depending on their interests. The considerations are somewhat different: for combat part of the concern with blunting memories is removing the ability to take responsibility for one’s actions; in contrast, for sexual assault, part of the concern is that blunting memories will make one into an unreliable testifier at trial.


d) **First Nations and Mental Health**


*Note:* This looks like a long reading, but there are a lot of illustrations.


**Recommended**


*Note:* The Rose article is recommended as a counter-point to the ecocentric self. Rose argues that under the influence of psychiatry Westerners have adopted a neurochemical view of the self. ([On D2L](#)) Longer chapter (40 pg.) by the same title (2006) in *The Politics of Life Itself.*
Part VI: Influences on Diagnosis: Drugs, Patients, and The Internet

a) Research and Mental Illness

   Recommended
   Note: This website has a fun app that allows you to see how adjusting certain parameters can result in different p-value returns.

b) Patients and The Internet: Creating and Embracing Illness
   Carl Elliot (2000b). “A New Way to be Mad,” The Atlantic