Introduction

This course is not a traditional Introduction to Clinical Psychology. I decided to change the focus and content of the course for a couple of reasons. First, I believe that the traditional course has been too self congratulatory and presenting Clinical Psychology as a settled science, working solely for the good of humankind, which has found answers to many of life’s problems, and promises to find the answers to the rest very soon. In discussing the history of Clinical Psychology a traditional course often extolled the virtues of the past, and did not discuss the vices that mar this history.

Second, I think that there is a cultural belief in the field of mental health treatment that needs correction. Much of psychiatry – which started out life as Medical Psychology – the study/application of psychological knowledge to medicine – has become biological and reductionistic. Most psychiatrists are not required to learn how to talk to people, let alone how to do psychological treatment (or psychotherapy if you like). Psychology is following suit – there are now two states that allow psychologists to prescribe medicine, and more are on the way. The drug companies are in charge of most of medicine, they run the vast majority of drug trials, publish the results and pay willing physicians (and psychologists) to put their names on the publications as if they had done the research. The people who suffer from this cultural belief are patients, and none suffer as much as patients with psychological problems.

The history of the treatment of mental patients is replete with the application of the latest fad in mechanical thinking to the long term detriment of the patients. These were often done with the best of intentions – but we know the path that good intentions take.

I think that I have neglected to cover this history sufficiently in the past, trusting that my colleagues have done a good job. I don’t think so anymore, and I wish to take up my responsibility of exposing you, the student to this history and current practice.

Accordingly, this course is about the past – and the continuation of past practices in modern guises. I will leave it to you to determine whether the current treatment of the mentally ill is old wine in new bottles, and I hope that we will have lively debates on the questions to be raised.

So, if you are a traditionalist, who wants to insure your place in graduate school, and feel you need to learn about clinical psychology from a more settled source, this might not be the class for you. If that is the case, please feel free to drop this course and enroll in the other section – which will probably be more to your liking.

And finally, this is a work in progress. I will be adding readings as we go along.
Grading –

1. I will be asking you to write reflection papers on the films and readings that we are doing. You will not be graded on these but your grade will be reduced by .2 for each one that is not done.

2. Students will be expected to complete a project and to report on the project in class. The last few weeks of class will be devoted to these reports.

   Some topics are – A review of current mental health law in selected states
   A report of the experiences of mentally ill people with the legal system or the mental health system
   A review of reported and unreported side effects of psychiatric drugs.

   Another alternative is for 4 students to work together to debate a current topics.

      Involuntary medication of mental patients.
      Bush’s new plan to test everyone
      Abolish the Insanity Defense
      Mandatory treatment of sexual offenders

We will discuss these possibilities and others at our first meeting on Jan. 25th.
I did not have the Bookstore order books, since all the books are available at Amazon or Barnes and Noble online, or in the library. I think you can get them cheaper from those sources than from the Bookstore.

The readings that are not online will be available in folders next to the copy machine outside the Psych 1 office in Dewey Hall. Please make copies of the articles and return the folder to the proper place.
Some of the topics/issues/questions that will be covered in this course are:

1. The history of treatment of the mentally ill, ect, lobotomies, mind altering drugs, incarceration and sterilization, and some really bad things too.

2. The rights of the mentally ill, and the wrongs done to them.

3. Are mental patients better off today than they were 50 years ago?

3. Are the drug companies good for your health?

4. Does it make sense for psychologists to prescribe drugs.

5. What alternatives to the current system are there?


7. What do we know about what works?

8. Who is in charge of this mess –

9. Women, homosexuality and other dangerous things

10. The DSM-IV is it good for your health?

11. Involuntary treatment – yes/no does it make a difference if it is in the community?

Readings:

We will read, among other things:

**Books**

1. The Constitution of the United States and the Bill of Rights

**Articles and chapters:**

Moynihan, Ray, Heath Iona, Henry, David  Selling sickness: the pharmaceutical industry and disease mongering. *BMJ* 2002;324:886–91


Porter, Eduardo, Do New Drugs Always Have to Cost So Much? *NY Times*, November 14, 2004

Breggin, Peter R. (1997) The Brain-Disabling Principles of Psychiatric Treatment Chapter 1 In, Brain-Disabling Treatments in Psychiatry: Drugs, Electroshock, and the Role of the FDA Springer Publishing Company


Web Sites to visit:
MindFreedom organization

“MindFreedom Support Coalition International unites 100 grassroots groups and thousands of members to win campaigns for human rights of people diagnosed with psychiatric disabilities.”

[http://www.mindfreedom.org/about.shtml](http://www.mindfreedom.org/about.shtml)

Peter Breggin’s site

“Peter R. Breggin, M.D. began in the full time private practice of psychiatry in 1968. Dr. Breggin has been informing the professions, media and the public about the potential dangers of drugs, electroshock, psychosurgery, involuntary treatment, and the biological theories of psychiatry for over three decades.”

Week 1-3   A History of the treatment of the mentally ill

Film – Titicut Follies

Read:
 Preface to The Right to Be Different: Deviance and Enforced Therapy,
 Mad in America
 Great and Desperate Cures

Week 4-6  The question of mental illness

Read:  Boyle’s paper
 Caplan – They say you’re crazy

Week 7-8  The rights (?) of the mentally ill: History of Involuntary Commitment and forced treatment

Film - Nuts

Read:
 Chapter 2 in The Right to Be Different: Deviance and Enforced Therapy, Baltimore, Penguin.

Sections of “The rights of the mentally ill”
Donaldson v O’Connor, O’Connor v Donaldson
Wyatt v. Stickney, Wyatt v. Aderholdt
Statement of the Bazelon Center For Mental Health Law
http://www.bazelon.org/issues/commitment/bazelonposition.htm
The Effects of Outpatient Commitment on Use of Mental Health Services Are Greatly Exaggerated read at
http://www.bazelon.org/issues/commitment/ioc/studies.htm

Week 7-9  Are Drugs Good for you?

Read:  Breggin chapter
 Blaming the Brain
 Moynihan’s articles

Week 8-11  The shameful story of IQ, racial eugenics, and the continuing controversy

Read: Gould

The other side of the story

Rushton –
The pioneer fund

Weeks 11-15

Reports of student projects