

**Faculty of Health
Department of Psychology
PSYC 3140 3.0A F(23)**

***Psychological Health, Impairment, and Distress*
(on-line delivery)**

Instructor and T.A. Information

Instructor: Alexandra Rutherford, PhD CPsych (she/her)

Office: 215 BSB

Office Hour: By zoom, drop-in office hour on Mondays, 11am-12noon EST, unless otherwise announced; see zoom link on e-class site

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T.A.	Desirée Salis (for students with last names starting with A-Kh)	Michael Stead (for students with last names starting with La-Z)
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Office hour	By appointment, on zoom	By appointment, on zoom or in person
<u>Location</u>	072E BSB	036 BSB

Course Prerequisite(s): (strictly enforced)

- HH/PSYC 1010 6.00 (Introduction to Psychology)
- Completed at least 54 earned credits

Course Credit Exclusions

Please refer to [York Courses Website](#) for a listing of any course credit exclusions.

Course website: On e-class; <https://eclass.yorku.ca/course/view.php?id=87316>

Course Description

This course is designed to provide you with the skills to think critically about today's dominant definitions of and responses to psychological health, distress, and impairment, and to consider alternatives grounded in anti-oppressive, social justice frameworks. We will consider the historically, socially, and politically constructed nature of mental health and "illness". We will learn how people identified as "abnormal" or "disordered" have been understood and treated by the psychological and psychiatric establishments over time and across cultures. We will explore how gender, race, class, and colonization have structured these understandings. We will also consider how those labelled "mentally ill" have understood their own experiences, and will reflect on how first-person and professional understandings relate to one another. This course takes an explicitly social and structural approach to psychological health, distress, and impairment. We will consider how this approach differs from the biomedical model now prevalent in North America and increasingly around the world. We will take the current, dominant, diagnostic system for defining and intervening in psychological distress (the DSM 5) not as an ahistorical or factual given, but as the starting point for a critical interrogation of the

nature and functioning of such systems in psychiatry, psychology, society, and the lives of individuals.

Program Learning Outcomes (formulated by the Psychology Department)

Upon completion of this course, students should be able to:

1. Demonstrate in-depth knowledge of abnormal psychology.
2. Articulate trends in abnormal psychology.
3. Express knowledge of abnormal psychology in written form.
4. Describe and explain limits to generalizability of research findings in abnormal psychology.
5. Demonstrate ability to relate information in abnormal psychology to own and others' life experiences.

Specific Learning Objectives (formulated for this course)

- Students will be able to:
 - 1) define the medical model of mental health/illness and compare/contrast this model with alternatives; explain how different models influence how we conceptualize and respond to people with mental health issues.
 - 2) critically evaluate the concepts of 'abnormality' and 'disorder' and the practice of psychiatric diagnosis.
 - 3) demonstrate familiarity with the current classification system for psychological disorders, be able to critically evaluate its use, contributions, and impact, and describe alternatives.
 - 4) articulate the influence of culture, class, gender, 'race'/ethnicity, colonization, politics, and power on how we conceptualize, understand, label, and respond to psychological health and distress.
 - 5) Compare and contrast "expert" understandings of mental distress with the firsthand experiences of people who interact with mental health professionals.

Required Texts

The required readings for this course are a selection of readings and on-line resources available via the York Library system or on the internet, as outlined in the Course Schedule below and at the e-Class site.

Course Content Note

The material and topics covered in this course necessarily deal with the lived experience of mental distress and the troubled story of its management. Many will find the material we cover challenging, vivid, evocative, and, at times, disturbing. Sometimes, you may disagree with the perspectives presented. Importantly, you are encouraged to share (in a respectful manner), points of disagreement or even discomfort, and in return we will endeavour to make these productive moments for dialogue, for digging deeper, and for learning more from/with each other.

The emotional challenges and vividness of this course are part of its strength and power. However, I appreciate these may pose a barrier to learning for those with vulnerabilities in regards to a particular theme or phenomenon. An individual who has experienced, for example, significant loss, abuse, or trauma may find certain topics deeply troubling or even retraumatizing.

It will be important for you to gauge whether certain material will be emotionally challenging for you to the point of *seriously disrupting your learning* in the course. In such cases, I encourage you to speak with me confidentially to discuss how, if necessary, accommodations may be made to support your learning.

Course Requirements and Assessment

Your grade in this course is based on FIVE components, each worth 20% of your final grade. These are two reflection papers, two reading responses, and one assignment. You are expected to draw on and reference the course materials in completing all of these components, so make sure you keep up with assigned readings and lectures.

Component:	Date Due:	Percentage of Grade:
Reflection 1	by Oct. 2	20%
Reflection 2	by Nov. 20	20%
Reading Response 1	by Oct. 16	20%
Reading Response 2	by Nov. 27	20%
Assignment	by Dec 5	20%

Policy on Assessment: I am not able to respond to requests to reweight, drop, customize, or otherwise modify the assessment requirements (other than to accommodate documented disabilities). These requirements are set out for you in advance, and have been put in place to support your learning and help us administer the course in a manageable way, so please plan your time and studying accordingly. There will be ample opportunities to discuss the requirements with your TAs and your course instructor. If you know you will simply not be able to complete these requirements by/on the dates indicated, you should consider at the outset whether this is the best section/course for you. ***Note that having multiple tests or assignments due around the same time is not considered a valid reason for missing a due date – please do not request this, I will not be able to respond to these requests.*** If you foresee this happening, please be proactive and plan accordingly.

Description of Assignments

ACADEMIC REFLECTION 1: Surfacing Assumptions

Consult general guidelines at e-class site

Minimum 600 words, maximum 750 words; worth 20%; due by 9am Eastern time on Monday, October 2 via Turnitin.

In this academic reflection, reflect upon and then clearly articulate at least one assumption or belief you have held about the nature (definition), cause, or most effective way to classify or “treat” a particular psychiatric “disorder.” Then, explain/describe where that assumption or belief came from (e.g., experience, formal education, first-hand observation, popular media, your family, etc.). Finally, reflect on and write about *how* the material presented in this course so far (be specific) has provided another, different perspective on this assumption or belief. What

makes the two perspectives different? How does this new perspective challenge what you previously assumed? Does it work for you? What are its limits? Make sure to incorporate at least three specific references to course material in your reflection.

ACADEMIC REFLECTION 2: Exploring the Intersections

Consult general guidelines at e-class site

Minimum 600 words, maximum 750 words; worth 20%; due at any time before 9am Eastern time on Monday, November 20 via Turnitin.

Reflect on the ways that culture, race, class, gender, and/or sexuality have influenced your perceptions of, beliefs about, and responses to people experiencing psychological distress. Discuss – by giving one or more concrete examples from your own experience - how one or a combination of these factors has influenced your perceptions/beliefs/responses. Are your perceptions grounded in any relevant data? If so, discuss. If not, what is the basis for them? If you were a mental health professional trying to support a client, how would you take these factors into account? Make sure to incorporate at least three relevant references to course material (can include lecture material) on these topics in your reflection.

READING RESPONSE 1: Consult general guidelines at e-class site

Minimum 600 words, maximum 750 words; worth 20%; due by 9am Eastern time on Monday, October 16, via Turnitin.

Choose ONE of the following course readings and write a reading response. In this response, you must draw on and cross-reference at least THREE other readings and/or lectures from across the first 5 weeks of the course (i.e., draw on material that is not only from the same week as the reading you choose).

Marecek, J. & Lafrance, M. N. (2021). Editorial introduction: The politics of psychological suffering. *Feminism & Psychology*, 31(1), 3-18.

Ramos, M. (2022) "Mental Illness is Not in Your Head" *Boston Review*:
<https://bostonreview.net/articles/mental-illness-is-not-in-your-head>

Lafrance, M.N. & McKenzie-Mohr, S. (2013). The DSM and its lure of legitimacy. *Feminism & Psychology*, 23, 119-140.

Watters, E. (2010, January 8). The Americanization of mental illness. *New York Times Magazine*. Retrieved from: http://www.nytimes.com/2010/01/10/magazine/10psychet.html?_r=0

READING RESPONSE 2: Consult general guidelines at e-class site

Minimum 600 words, maximum 750 words; worth 20%; due by 9am Eastern time on Monday, November 27 via Turnitin.

Choose ONE of the following course readings and write a reading response. In this response, you must draw on and cross-reference at least THREE other readings and/or lectures from across the last 5 weeks of the course (i.e., draw on material that is not only from the same week as the reading you choose).

Williams, M. T., Khanna, R. A., MacIntyre, M. P., Faber, S. (2022). The traumatizing impact of racism in Canadians of colour. *Current Trauma Reports*, 8(2), 17-34.

Metzl, J. & Hansen, H. (2014). Structural competency: Theorizing a new medical engagement with stigma and inequality. *Social Science and Medicine*, 103, 126-133.

Dickey, L. M. (2020), 'History of Gender Identity and Mental Health', in Esther D. Rothblum (ed.), *The Oxford Handbook of Sexual and Gender Minority Mental Health* (online edn, Oxford Academic, 9 July 2020), <https://doi.org/10.1093/oxfordhb/9780190067991.013.3>

Hartley, H. & Tiefer, L. (2003). Taking a biological turn: The push for a “female viagra” and the medicalization of women’s sexual problems. *Women’s Studies Quarterly*, 31, 42-54.

ASSIGNMENT

Minimum 600 words, maximum 750 words; worth 20%; due by 9am Eastern time on Tuesday, Dec 5th via Turnitin.

For this assignment you are to source a visual depiction pertaining broadly to mental health/distress that has appeared in the popular press (newspaper, magazine, blog, reputable website) and unpack the assumptions and information it conveys. This visual depiction could be an illustration, a cartoon, a meme, a photograph, an advertisement, etc. and can include text but should rely on visuals to convey meaning. It can be “historical” (from the past) or contemporary. Once you have chosen a depiction, reproduce it (credit the source), give its context (where does it appear, in what kind of publication, for what audience, etc.) and write about 1) why you chose it; 2) what assumptions and normative judgements it conveys; 3) how these assumptions map onto your own understandings. Finally, would you change the depiction in any way based on what you have learned in this course? If not, why not, (i.e., what do you like about it)? If so, how?

Assignments are to be submitted via the e-class site by the time and date specified, although they can also be submitted earlier as the Turnitin links will be open. Late assignments will receive an automatic 5% deduction for each day (any part of the 24-hour period after the due date) they are late. The Turnitin link will remain open, and any late submissions will be automatically date-stamped, so there is no need to email us if you submit the assignment late; it will simply be noted and adjustments made.

HOW TO REFERENCE MATERIAL PRESENTED IN LECTURES

Here is an example of how to reference material covered in a lecture. Let's assume you are referencing material from Week 1, which was released on Sept. 6. In your reference list you would put:

Rutherford, A. (2023, Sept. 6). Week 1 Lecture. *Psychological Health, Distressment, and Impairment*. York University.

The in-text citation would be Rutherford (2023, Sept. 6).

Grading as per Senate Policy

The grading scheme for the course conforms to the 9-point grading system used in undergraduate programs at York (e.g., A+ = 9, A = 8, B+ = 7, C+ = 5, etc.). Assignments and tests* will bear either a letter grade designation or a corresponding number grade (e.g. A+ = 90 to 100, A = 80 to 90, B+ = 75 to 79, etc.)

For a full description of York grading system see the York University Undergraduate Calendar – [Grading Scheme for 2023-24](#)

Add/Drop Deadlines

For a list of all important dates please refer to [Undergraduate Fall/Winter 2023-2024 Important Dates](#)

	Fall (Term F)	Year (Term Y)	Winter (Term W)
Last date to add a course without permission of instructor (also see Financial Deadlines)	September 20	September 20	January 22
Last date to add a course with permission of instructor (also see Financial Deadlines)	September 28	September 28	January 31
Drop deadline: Last date to drop a course without receiving a grade (also see Financial Deadlines)	November 8	February 8	March 11
Course Withdrawal Period (withdraw from a course and receive a grade of "W" on transcript – see note below)	November 9 – December 5	February 9- April 8	March 12- April 8

Add and Drop Deadline Information

There are deadlines for adding and dropping courses, both academic and financial. Since, for the most part, the dates are **different**, be sure to read the information carefully so that you understand the differences between the sessional dates below and the [Refund Tables](#).

You are strongly advised to pay close attention to the "Last date to enrol without permission of course instructor" deadlines. These deadlines represent the last date students have unrestricted access to the registration and enrolment system.

After that date, you must contact the professor/department offering the course to arrange permission.

You can drop courses using the registration and enrolment system up until the last date to drop a course without receiving a grade (drop deadline).

You may [withdraw from a course](#) using the registration and enrolment system after the drop deadline until the last day of class for the term associated with the course. When you withdraw from a course, the course remains on your transcript without a grade and is notated as 'W'. The withdrawal will not affect your grade point average or count towards the credits required for your degree.

Information on Plagiarism Detection

Plagiarism is a serious breach of academic honesty (see below). Simply put, plagiarism is presenting the words and ideas of someone else (including AI-generated words and ideas) as your own and without attribution. We use Turnitin software for the writing assignments in this course to help detect plagiarism.

Electronic Device Policy

This course will be delivered in an online format and therefore electronic devices (e.g., tablets, laptops) are permitted for course-related purposes. It is expected that you would complete tests/exams in a manner that does not require consulting an unauthorised source during an examination unless the tests/exams are open-book.

Academic Integrity for Students

York University takes academic integrity very seriously; please familiarize yourself with [Information about the Senate Policy on Academic Honesty](#).

It is recommended that you review Academic Integrity by completing the [Academic Integrity Tutorial](#) and [Academic Honesty Quiz](#)

Test Banks

The offering for sale of, buying of, and attempting to sell or buy test banks (banks of test questions and/or answers), or any course specific test questions/answers is not permitted in the Faculty of Health. Any student found to be doing this may be considered to have breached the Senate Policy on Academic Honesty. In particular, buying and attempting to sell banks of test questions and/or answers may be considered as “Cheating in an attempt to gain an improper advantage in an academic evaluation” (article 2.1.1 from the Senate Policy) and/or “encouraging, enabling or causing others” (article 2.1.10 from the Senate Policy) to cheat.

Academic Accommodation for Students with Disabilities

While all individuals are expected to satisfy the requirements of their program of study and to aspire to do so at a level of excellence, the university recognizes that persons with disabilities may require reasonable accommodation to enable them to do so. The university encourages students with disabilities to register with Student Accessibility Services (SAS) to discuss their

accommodation needs as early as possible in the term to establish the recommended academic accommodations that will be communicated to Course Directors as necessary. Please let me know as early as possible in the term if you anticipate requiring academic accommodation so that we can discuss how to consider your accommodation needs within the context of this course.

<https://accessibility.students.yorku.ca/>

Excerpt from Senate Policy on Academic Accommodation for Students with Disabilities

1. Pursuant to its commitment to sustaining an inclusive, equitable community in which all members are treated with respect and dignity, and consistent with applicable accessibility legislation, York University shall make reasonable and appropriate accommodations in order to promote the ability of students with disabilities to fulfill the academic requirements of their programs. This policy aims to eliminate systemic barriers to participation in academic activities by students with disabilities.

All students are expected to satisfy the essential learning outcomes of courses.

Accommodations shall be consistent with, support and preserve the academic integrity of the curriculum and the academic standards of courses and programs. For further information please refer to: [York University Academic Accommodation for Students with Disabilities Policy](#).

Course Materials Copyright Information

These course materials are designed for use as part of the 3140 course at York University and are the property of the instructor unless otherwise stated. Third party copyrighted materials (such as book chapters, journal articles, music, videos, etc.) have either been licensed for use in this course or fall under an exception or limitation in Canadian Copyright law.

Copying this material for distribution (e.g. uploading material to a commercial third-party website) may lead to a violation of Copyright law. [Intellectual Property Rights Statement](#).

Course Schedule:

<u>Week:</u>	<u>Topic:</u>	<u>Materials:</u>
1 – Sept. 6	Troubling “abnormal” psychology: Key concepts and frameworks	-Marecek & Lafrance (2021) -Schrader, Jones, & Shattell (2013) -Hogan (2019)
2 – Sept. 13	What can we learn from history?	-Ramos (2022) -Lane (2010) -“A residential school survivor...” (2016)
3 – Sept. 20	Diagnosis and its discontents	-Lane (2013) -Lafrance & McKenzie-Mohr (2013) -Read & Harper (2022)
4 – Sept. 27	COMMUNITY AND CONNECTION	
ACADEMIC REFLECTION 1 DUE BY 9AM ON MONDAY OCT. 2		
5 – Oct. 4	What does culture have to do with it?	-Watters (2010) -Kleinman (2004) -Schulz (2004)
FALL READING WEEK OCT. 9-13		
READING RESPONSE 1 DUE BY 9AM ON MONDAY OCT. 16		
6 – Oct. 18	‘Race,’ racism, class	-Williams et al. (2022) -Klein & Lopez (2021)
7 – Oct. 25	‘Structuring’ practice	-Kirmayer (2013) -Metzl & Hansen (2014)
8 – Nov. 1	COMMUNITY AND CONNECTION	
9 – Nov. 8	Gender and distress	-Ussher (2013) -Oliffe & Phillips (2008) -Dickey (2020)
10 – Nov. 15	(De)Medicalizing sex and sexuality	-Hart & Wellings (2002) -Hartley & Tiefer (2003) -King (2019)

ACADEMIC REFLECTION 2 DUE BY 9AM ON MONDAY NOV. 20

11 – Nov. 22

Troubling trauma

-Tseris (2015)

-Burrage et al. (2022)

READING RESPONSE 2 DUE BY 9AM ON MONDAY NOV. 27

12 – Nov. 29

Beyond “treatment”

-Beyond Possible video

-Gone (2022)

-Read & Harper (2022)

ASSIGNMENT DUE BY 9AM ON TUESDAY DEC. 5

MATERIALS BY WEEK (listed in the order in which they should be read/consulted):

1) SEPT 6: Troubling “abnormal” psychology: Key concepts and frameworks

Marecek, J. & Lafrance, M. N. (2021). Editorial introduction: The politics of psychological suffering. *Feminism & Psychology*, 31(1), 3-18.

Schrader, S., Jones, N. & Shattell, M. (2013). Mad pride: Reflections on sociopolitical identity and mental diversity in the context of culturally competent psychiatric care. *Issues in Mental Health Nursing*, 34, 62-64.

Hogan, A. J. (2019). Social and medical models of disability and mental health: Evolution and renewal. *CMAJ*, 191(1), E16-E18.

2) SEPT 13: What can we learn from history?

Ramos, M. (2022) “Mental Illness is Not in Your Head” *Boston Review*:
<https://bostonreview.net/articles/mental-illness-is-not-in-your-head>

Lane, C. (2010, May 5). [How schizophrenia became a Black disease: An Interview with Jonathan Metzl](#). *Psychology Today: Side Effects*.

[A residential school survivor shares his story of trauma and healing](#), *The Globe and Mail* (2016)

3) SEPT 20: Diagnosis and its discontents

Lafrance, M.N. & McKenzie-Mohr, S. (2013). The DSM and its lure of legitimacy. *Feminism & Psychology*, 23, 119-140.

Lane, C. (2013, May 4). [The NIMH withdraws support for DSM 5](#). *Psychology Today: Side Effects*.

Read, J. & Harper, D. (2022). The Power-Threat-Meaning Framework: Addressing adversity, challenging prejudice and stigma, and transforming services. *Journal of Constructivist Psychology*, 35(1), 54-67. **READ PAGES 54-61 (to end of Alternatives section)**

4) SEPT 28: COMMUNITY AND CONNECTION (see e-class site for details)

5): OCT 4: What does culture have to do with it?

Watters, E. (2010, January 8). The Americanization of mental illness. *New York Times Magazine*. Retrieved from: http://www.nytimes.com/2010/01/10/magazine/10psyche-t.html?_r=0

Kleinman, A. (2004). Culture and depression. *New England Journal of Medicine*, 351, 951-953.

Schulz, K. (2004), August 22). Did antidepressants depress Japan? *New York Times Magazine*, retrieved from <http://www.nytimes.com/2004/08/22/magazine/did-antidepressants-depress-japan.html>

6) OCT 18: 'Race,' racism, and class

Williams, M. T., Khanna, R. A., MacIntyre, M. P., Faber, S. (2022). The traumatizing impact of racism in Canadians of colour. *Current Trauma Reports*, 8(2), 17-34.

Klein, E.J., & Lopez, W.D. (2022). Trauma and police violence: Issues and Implications for mental health professionals. *Culture, Medicine, and Psychiatry*, 46, 212–220. <https://doi-org.ezproxy.library.yorku.ca/10.1007/s11013-020-09707-0>

7) OCT 25: Culture in practice

Kirmayer, L. J. (2013). Rethinking cultural competence. *Transcultural Psychiatry*, 49, 149-164.

Metzl, J. & Hansen, H. (2014). Structural competency: Theorizing a new medical engagement with stigma and inequality. *Social Science and Medicine*, 103, 126-133.

8) NOV 1: COMMUNITY AND CONNECTION

9) NOV 8: Gendering, gender, and distress

Ussher, J. (2013). Diagnosing difficult women and pathologising femininity: Gender bias in psychiatric nosology. *Feminism & Psychology*, 23, 63-69.

Oliffe, J. L. & Phillips, M. J. (2008). Men, depression, and masculinities: A review and recommendations. *Journal of Men's Health*, 5, 194-202.

Dickey, L. M. (2020), 'History of Gender Identity and Mental Health', in Esther D. Rothblum (ed.), *The Oxford Handbook of Sexual and Gender Minority Mental Health* (online edn, Oxford Academic, 9 July 2020), <https://doi.org/10.1093/oxfordhb/9780190067991.013.3>

10) NOV 15: (De)Medicalizing sex and sexuality

Hart, G. & Wellings, K. (2002). Sexual behaviour and its medicalisation: In sickness and in health. *BMJ*, 324, 896-900.

Hartley, H. & Tiefer, L. (2003). Taking a biological turn: The push for a “female viagra” and the medicalization of women’s sexual problems. *Women's Studies Quarterly*, 31, 42-54.

King M. (2019). Stigma in psychiatry seen through the lens of sexuality and gender. *BJPsych Int*, 16(4), 77-80.

11) NOV 22: Troubling trauma

Tseris, E. (2015). Trauma and women's rights ... According to whom? Decolonizing the psychological trauma narrative. *Feminism & Psychology*, 25(1), 34–38.

Burrage, R. L., Mompers, S.L. & Gone, J.P. (2022). Beyond trauma: Decolonizing understandings of loss and healing in the Indian Residential School system of Canada. *Journal of Social Issues*, 78, 27-52. **READ PAGES 27-32 and 42-49**

12) NOV 29: Beyond “treatment”

[Beyond Possible: How the Hearing Voices Approach Transforms Lives](#)

Gone, J. P. (2022). Re-imagining mental health services for American Indian communities: Centering indigenous perspectives. *American Journal of Community Psychology*, 69, 257-268.

Read, J. & Harper, D. (2022). The Power-Threat-Meaning Framework: Addressing adversity, challenging prejudice and stigma, and transforming services. *Journal of Constructivist Psychology*, 35(1), 54-67. **READ PAGES 61-67**