Department of Justice, Law and Society
School of Public Affairs
The American University

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JLS-333-F01L LAW, PSYCHOLOGY AND JUSTICE
Distance Education on BlackBoard
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On-line via Blackboard
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Course Description
[From the AU catalogue: "Examines psycho-legal research related to evidentiary issues in the criminal and civil justice process. Areas covered include accuracy of childhood testimony, eyewitness identification, judicial use of social science research, impact of non-adversarial versus adversarial expert testimony. Usually offered every spring."]

Law: "That which is laid down, ordained, or established. A rule or method according to which phenomena or actions co-exist or follow each other. Law, in its generic sense, is a body of rules of action or conduct prescribed by controlling authority, and having binding legal force. . . .That which must be obeyed and followed by citizens subject to sanctions or legal consequences is a law. Law is a solemn expression of the will of the supreme power of the State." (Black's Law Dictionary, 6th Ed.)

Psychology: The study of mental processes and behavior.

Justice: "Proper administration of laws. . . . Commutative justice concerns obligations as between persons (e.g., in exchange of goods) and requires proportionate equality in dealings of person to person; Distributive justice concerns obligations of the community to the individual, and requires fair disbursement of common advantages and sharing of common burdens; Social justice concerns obligations of individual to community and its end is the common good." (Black's Law Dictionary, 6th Ed.)

Course description by Professor Schaler: Psychologists and psychiatrists are now major players in the game of law. They give expert testimony on any number of matters pertaining to a defendant's mental processes and behavior, state of mind, competence, guilt and innocence. In many ways, psychology and psychiatry have

become extensions of law. Thus, do we live in what psychiatrist Thomas Szasz termed a "therapeutic state," the union of medicine and state that came to replace the theocratic state, the union of church and state. These mental health professionals testify about a defendant's competence to stand trial, testamentary capacity, ability to differentiate between right and wrong, ability to conform behavior to the dictates of law, memory and eyewitness identification, the likelihood of committing crimes and suicide, to name just a few areas.

If psychologists and psychiatrists are truly experts on mental processes and behavior, we should be clear about what the words "mental processes" and "behavior" actually mean. The expertise of a psychologist or psychiatrist is different from expertise regarding toxicology, building design, the effects of tar on the lungs, pathology and brake failure of an automobile.

What are mental processes? We cannot help but think about what the mind is when we try to define mental processes. Our inquiry necessarily becomes philosophical. Mind is different from brain. For example, the mind is invisible. We use metaphors and symbols to describe and define the mind. The mind is not a tangible entity. We cannot touch it, see it, smell it, etcetera. In fact, there is no such thing as the mind. Think of this yet another way: The mind and behavior cannot be found in a cadaver at autopsy.

So, what do people mean by mind and mental processes? Usually they mean what people do and the reasons for their behavior. Or, they mean the manipulation of symbolic representations of the world, what we call thinking. They mean the voices in one's head that we normally refer to as cognition, deliberation, contemplation, problem-solving, and conscience. Desires, aversions, aspirations, duties and values may be the reasons people do or do not do this or that.

What is behavior? Deportment, mode of conduct. Volitional activity. Just as we cannot define mind and mental processes independent of behavior, we cannot define behavior without speaking of mind and mental processes, in this case, "volition." What is volition? "Voluntariness." What we choose to do. What we want to do. Consider the truthfulness of the following statement: "There is no such thing as an involuntary behavior." What are the consequences for responsibility if we believe the assertion is true or false? Behavior and reflex are different from one another.

Why are these definitions so important when it comes to studying law and justice? Because if there is no such thing as an involuntary behavior, or, if behavior is always volitional, then the meaning of responsibility stays more or less constant. If behavior can be involuntary, the meaning of personal responsibility changes.

In terms of the criminal law, two things must exist for a person to be held responsible for a crime: Mens rea, or "guilty mind," "intent"; and actus reus, or "guilty act." The actus reus is the physical aspect of a crime, whereas the mens rea involves the intent

factor. Both must be present for a crime to occur. Psychologists and psychiatrists have been instrumental in asserting that mens rea can be absent when a crime is committed, because of "mental illness." (Insanity is a legal term, not a medical one.) Thus, we have the insanity defense and its variations.

In other words, we may know for a fact that someone did something that most of us would consider a criminal act (actus reus), yet psychological and psychiatric testimony can erode or nullify the element of intent or mens rea. A crime is committed and a person is regarded as not guilty by reason of insanity, according to a court of law, when a jury and/or officers of the court agree with expert testimony from psychologists and psychiatrists. In the insanity defense, a guilty person may be declared innocent because of testimony regarding mental illness.

Similarly, the intention to commit a crime is not sufficient for culpability (conspiring to commit a crime notwithstanding). Actus reus must be present for a person to be found guilty of a crime. Psychologists and psychiatrists, testifying that a person is likely to harm himself or others before the fact, recommend involuntary commitment to a mental hospital, again due to the idea of mental illness. This time a person who is obviously not guilty of a crime (there is no actus reus), is deprived of liberty as if he committed a crime. Innocent people are deprived of liberty as if they were guilty of committing a crime, when they are committed involuntarily to mental hospitals.

It is important to keep a few things in mind throughout this course: When we assert that mental illness is a myth, we do not deny the existence of abnormal, disturbing, irrational, and/or destructive behavior, either towards oneself or others. The controversial issues we will be addressing in this course include whether or not the state has a compelling interest to protect people from themselves. Most of us would agree that a purpose of government is to protect us from one another.

Keep in mind that the state deprives persons of liberty and justice, not psychologists and psychiatrists alone. There is a difference between consensual or contractual psychology and psychiatry, and institutional psychology and psychiatry. This course is not about "anti-psychiatry." The professor believes that people should be free to seek psychiatric and psychological help if they want it. Whether the state has the constitutional right to coerce citizens into receiving psychiatric help and drugs is another matter, one that we will be debating throughout this short but intense course. The U.S. Supreme Court currently holds that involuntary commitment is constitutional. While this is usually done on the basis of a diagnosis of mental illness, a person can now be committed on the basis of abnormal thinking (Cf Kansas v. Hendricks, 1997, http://www.oyez.org/cases/1990-1999/1996/1996_95_1649 , a case we will be discussing).

These actions by psychologists and psychiatrists are significant when it comes to comprehending liberty and justice in our free society. Yet, many people do not understand how the idea of mental illness is used in such strategic ways, ways that

ultimately circumvent basic constitutional protections. In this course, you will learn how the idea of mental illness is used in such strategic ways.

We will examine the nature and meaning of mental illness, and how its legal corollary, insanity, is used by psychologists, psychiatrists and the courts, to deprive people of liberty and justice. We will discuss the meaning of "legal fiction," and how it is used for strategic and political purposes. We will examine opposing views on mental illness and criminal responsibility. Szasz Under Fire is all about criticism of Szasz's views and his responses to those who take issue with him. We cannot deconstruct the meaning of mental illness and what mental health professionals do, without examining both sides of controversies. This means we must begin by comprehending the conventional wisdom regarding mental illness. Then, using analytic reasoning and empirical methodology, we test the theories that many coercive practices are based on.

Against the backdrop of contemporary psychology, we will examine the validity of eyewitness identification and child testimony regarding sexual abuse; how schizophrenia and other mental illnesses are inventions, social constructions, not scientific or medical discoveries; and the purposes these inventions serve in diverse legal, clinical, social and public policy arenas.

Course Objectives

1. To learn about the nature and function of law and its relation to liberty and justice.
2. To understand psychological and psychiatric ideas about abnormal behavior and their relation to the criminal justice system, with particular emphasis on predicting harm to others and harm to self.
3. To become aware of how psychologists and psychiatrists function in court, and why there is inconsistency in expert testimony among mental health professionals.
4. To comprehend the relationship between freedom and responsibility in public and legal policy.
5. To become familiar with the consequences of state paternalism for individual freedom.
6. To develop a comprehensive understanding of the moral basis of law.
7. To deepen our understanding about psychological theories of memory and perception.
8. To understand the difference between the mind and the brain.
9. To comprehend key issues regarding the ethics of suicide.
10. To acquire skill in debating these and related ethical issues.

Required Texts

- Szasz, T. (2007). The medicalization of everyday life. Syracuse, NY: Syracuse University Press. ISBN: 13-: 978-0-8156-0867-7

- Szasz, T. S. (1997). Insanity: The idea and its consequences. Syracuse, NY: Syracuse University Press. Reprint edition. ISBN: 08126-9568-2

- Szasz, T.S. (1988.). The myth of psychotherapy: Mental healing as religion, rhetoric, and repression. Syracuse, NY: Syracuse University Press. ISBN-10: 0815602235, ISBN-13: 978-0815602231

- Schaler, J.A. (Ed.) (2004). Szasz under fire: The psychiatric abolitionist faces his critics. Chicago: Open Court. ISBN 0-8126-9568-2 paper

- Edwards, R.B. (Ed.). (Feb. 1997). Ethics of psychiatry: Insanity, rational autonomy, and mental health care. Amherst, NY: Prometheus Books. 2Rev Ed edition/ ISBN: 1573921130 (Make sure you have this edition and not an earlier one)

Course Requirements and Grades

Paper	50%
Final examination	50%
Class participation	Required. If the assignment is not completed, your final grade may drop by 20 percent.
Total =	100%

So, this is the three-step model that we will constantly return to in terms of comprehending addiction, explaining it, and comprehending the relationship between explanations and policy in each of the four domains mentioned. If you are ever lost in terms of material we are covering, always go back to this three-step model and find out where you are stuck in the model. Then ask the professor or teaching assistant for help if you need more assistance. The three-step model makes learning easy and fun.

Description of course requirements

You are going to learn an important model in this course that was developed by Professor Schaler. Some of you have used it in my courses on addiction. It is called the "three-step model of policy analysis." Throughout the course, refer back to this model. Whatever it is that you are reading in books, articles that I post for you to read, lectures, discussions, the topic and what we are focusing on fits somewhere in this model. The three-step model is an intellectual compass. It will help you not only in this course, but in other courses you are and will be taking. First, there is what I call a "phenomenon of interest." The phenomenon of interest for this course is "mental illness." We are learning about, comprehending, explaining, and determining the efficacy of policy in light of how the three steps relate to one another à all concerning mental illness. So, with the phenomenon of interest "mental illness," the model looks like this:

Step One: We must describe and define mental illness. Describe is different from define. Describe and define are different from "explain." Never confuse explanations for mental illness with description and definition of mental illness. We are concerned with the description and definition of mental illness. We do not want to confuse description and definition with theories about why mental illness occurs, or what we call "explanations for mental illness." We are interested in explanations for mental illness, they are tremendously important to comprehending and evaluating policy, we just don't want to confuse explanation with description and definition. How do the drugs get into the body? Are we talking about behavior or disease? Study the meaning of behavior. We are using the Virchowian definition of disease. Disease = cellular abnormality. This is also the definition that pathologists use. We are not using the definition of disease frequently used by members of the mental health profession. To the extent that we are concerned with medicine in this course we are concerned with, and differentiate,
medicine not/from clinical medicine. Everything that is in the Diagnostic and Statistical Manual of Mental Disorders (DSM) is part of Step One. This is because the DSM describes many diverse behaviors. It does not explain why the behavior occurs.

We will also discuss and you will learn about the difference between public and private health. Both are concerned with disease. One way of remembering the difference is that a true public health problem is phenomena whereby you can contract a disease simply by being in the vicinity of another. Private health problems are the result of a consensual relationship where contracting a disease is a potential risk of the relationship. Catching herpes genitalis from having consensual sex with someone is a private health problem or risk. Catching swine flu virus simply by breathing the air in a contagious person's vicinity is a public health problem or issue. You didn't do anything to contract the disease but be in the vicinity, be near a person who was contagious. We will discuss many other examples.

Step Two: Explanations. Why does mental illness occur? We will examine four domains of explanation: Religious or theological; Biological/genetic; Psychological; and Sociocultural. The biological and genetic explanatory paradigms are most popular here, however, this has not always been so, and it is unlikely to remain this way. Much of what you may have learned elsewhere regarding the truth about neurotransmitters and genes or mutations of genes as causes of mental illness may not be true. We will examine the evidence supporting claims regarding each of these explanations. It is up to you to decide what you think makes the most sense.

Step Three: Policy. What do we do about mental illness. Keep in mind that one of the policies can always be doing nothing, that is, leaving people alone. Policy here means what we do about mental illness and the people who are labeled as mentally ill.

We are concerned with policy in four domains: The legal domain, meaning, to what extent does mental illness exculpate criminal behavior? Here we are concerned about

involuntary commitment, the insanity defense, testamentary capacity, the right to refuse treatment, competency to stand trial, and so on. The second domain is concerned with clinical treatment. If we regard mental illness as a "treatable disease," or even just a treatable problem in living, what approaches are best? Do any treatment approaches actually work? The third area of policy is concerned with what we call "informal social control," in sociology, or what we shall refer to here as "social policy." There are two areas we are especially concerned with here: relational forms of social control and self control. Remember that when it comes to social policy, or informal social control, we are not talking about the involvement of the state. And finally, the fourth area of policy that we are focusing on in this course is referred to as "formal social control" by sociologists, or public policy. Here we are talking about the involvement of the state in controlling mental illness. Does the State have any business "inside a citizen's head?"

So, this is the three-step model that we will constantly return to in terms of comprehending mental illness, explaining it, and comprehending the relationship between explanations and policy in each of the four domains mentioned. If you are ever lost in terms of material we are covering, always go back to this three-step model and find out where you are stuck in the model. Then ask the professor or teaching assistant for help if you need more assistance. The three-step model makes learning this very new and different perspective easy and fun.

Paper:

You are free to write about anything you want, as long as it is somehow related to what we read and discuss in the course. You must follow the instructions regarding format below, though. Most people get a poor grade on their papers because they did not follow the rules regarding procedure below.

Just make sure your paper has something to do with the idea of mental illness and how it is used to exculpate someone who is truly guilty, for example, variations on the insanity defense, and how it is used to deprive someone of liberty who is truly innocent, for example, variations on involuntary commitment. Think about what we've gone over: How many people are actually held against their will in psychiatric facilities at any one time, throughout the U.S.? How often is the insanity defense actually used, and of those times, how often is it used successfully? Think about how people are being injected with drugs to make them competent to stand trial. Think about how wills are challenged via psychological autopsies. Consider the mandatory screening of children throughout the United States to see if they can "catch" someone who is depressed, or has "mental illness." How many people are shocked with electro convulsion therapy (ECT) and whether that works or not in relieving the symptoms of depression. Notice how many people have had lobotomies as a treatment for depression. Consider how people are evaluated for mental illness if they want to have a sex change operation. Or want to end their lives. Look at all times when people

have been diagnosed with mental illness for political purposes. Trace the history of this in totalitarian countries, communist China, Russia, etc. What are the demographics of people who choose to be psychiatrists today? Why so many foreigners? How is psychiatric medication used to control old people as well as children?

There is no page limit. You decide how long your paper should be. Most students submit papers between six and ten pages long. It must have the following sections in it: A title page, an introduction – containing your thesis, or the purpose of your paper. At the end of this introduction you must write a sentence that begins, "The purpose of this paper is . . . " You may include two or three sentences here. Just make sure you state the purpose. If you don't, your grade will drop. Next, you must have a section containing operational terms and definitions, but only if needed. By this I mean that if you are going to use terms that most readers are unfamiliar with, or terms that have more than one meaning, specify the meaning you are using here. Use complete sentences as you very briefly define your terms. For example, you might say the following: For the purposes of this paper, the term "addiction" refers to how drugs get into a person's body, not what drug do to a person's body. Also, the word disease is used the way Rudolf Virchow and all contemporary pathologists use the term. Disease refers to cellular pathology or abnormality. Nosology refers to how diseases are classified. And so on.

Next is your literature review (your opinion must be absent from this section. You include only the opinion of others). In a literature review you paraphrase what others have found or said about an issue you are addressing. You must always cite your sources of information. And you must always use American Psychological Association (APA) style or format when you insert in-test citations. This is extremely important. Go online and find out how to create APA format. Next comes your discussion section, where you analyze and interpret your findings in the literature review (your opinion is appropriate for this section—no colloquialisms, or "casualisms," please). After this, you create a summary/conclusion followed by your references, which begin on a separate page at the end. Note: Each of the other sections do not begin on a separate page, except for the title page and your introduction. You must use American Psychological Association style/format. (Find APA format guidelines on the web. I will try to post a link to this for you. There is only one version of APA format. If someplace suggests a different version, it is not the correct version. We will go over all of these requirements the first week of class.'

Take into consideration some of the points below.

- Take into consideration the relationship between liberty and responsibility.
- Your paragraphs must neither be too short nor too long. Each paragraph should be able to stand alone. NEVER make a paragraph a page in length. If you tend to make long paragraphs, then as a rule of thumb, don't let your paragraphs be longer than three per page.

- Make sure you have smooth and logical transition from sentence to sentence and from paragraph to paragraph.
- Make sure you keep people, possession, and time parallel. For example, if you begin a sentence speaking in the plural and present tense, don't follow up in the same sentence using the singular and past tense.
- Make sure each sentence is a complete sentence.
- Proofread your paper, again and again and again and again. Remember: Time is the best editor.
- Make sure you differentiate between factual material and your opinion. Your opinion is fine, however, do not express your opinion as if it is fact.
- If you cite a source within the text, make sure you use APA format. If you don't know what APA format is, go to the library or purchase the APA Manual of Style. In-text citation is like this (Smith, 1969), and only like that. Not, (Smith, p. 46). It's always author's last name, year of publication, and if necessary, the page numbers, like this (Smith, 1969: pp. 12-15).
- Do not use footnotes.
- Do not cite material in the reference section that you did not cite in-text. Do not cite material in-text that you do not cite in the reference section. The reference section is on its own page.
- Make sure your name is on the first page. Give your paper a short and descriptive title. Make sure each page is numbered, centered, at the bottom of each page.
- Do not quote more than two lines of material. Paraphrase material in your own words, then reference it from the source it came from.
- Keep your writing and language formal, no colloquialisms.
- Do not plagiarize. If you plagiarize, you can ruin your academic and professional career. Everyone's paper is subject to review using turnitin.com . This means that I am able to trace the originality of every line in your paper. There is nothing wrong with giving credit where credit is due. However, if you do not give credit for something that someone else created, then you have created a very serious problem for yourself. Don't do it.

Again: Pick a topic and explore it. This is a research paper. You must have the following sections clearly indicated with these headings: Introduction; Operational Terms and Definitions (if needed); Literature Review; Discussion; Summary/Conclusion. Do not put your opinion in the literature review. Your opinion goes in the second half of the Discussion section, plus, Summary/Conclusion. You must use APA (American Psychological Association) format. Make sure your in-text citations are correctly cited as per APA, and your references in the end are EXACTLY APA format.

Remember though, you must use the definition of disease as established by R. Virchow, and used as the gold standard by pathologists all over the world. This means that disease is of the body and consists of cellular abnormality, lesions, signs. There is no such thing as the mind, therefore the mind cannot be sick, ill, or diseased. The

brain can obviously be diseased. Brain and mind are different. Disease is something literal. Behavior can be sick or diseased in a metaphorical sense only, not in a literal sense. Differentiate between literal and metaphorical disease. Metaphorical disease can only be "treated" metaphorically. The difference between metaphorical and literal disease is one of the most difficult concepts in this course, and it is one of the most important concepts to comprehend. Use your dictionary. Ask questions. Work to understand the difference. Once you "get" the difference, everything "comes together." It doesn't matter whether you want to continue to believe that the mind can exist in a literal sense or not. You must use the gold standard when it comes to defining disease, that is, a disease is something physical, characterized by cellular abnormality and tissue destruction, and found in the cadaver during an autopsy. This is part of your exercise in analytic thinking.

Also,

- You may not use Wikipedia for research.
- Your must always find the author of the piece you are citing. Do not rely on urls or articles on the web. If the article is on the web, you must still cite the written article. For example, if someone reproduced my book Addiction Is a Choice on the web, and you found it on the web, you must still cite it this way: Schaler, J.A. (2000). Addiction is a choice. Chicago: Open Court.

Final examination: The final examination will consist of multiple choice and/or essay questions focused on the material we study throughout the whole course. You will be given the opportunity to express your own point of view on the many controversial issues we addressed. Instructions for how you will take the exam and how you will submit your papers will be sent to you by email, and placed on BlackBoard. The final exam is taken based on an honor system. This will all be explained.

Class participation (CP): Further instructions or clarification for the assignment below will be presented in class. One post per week. This must be posted in the BlackBoard discussion board for the week indicated or labeled in the margin on the left of your BlackBoard home page for this course.

You will also be called upon by name to answer questions throughout the course, and especially to give your opinion. This is a time for everyone to be involved. You are perfectly free to disagree with me, your professor, and the authors of material we are reading together. Do not, however, attack anyone's character to try and win an argument. Stick with ideas.

CP Directions: Each week you post one CP assignment for the appropriate week BlackBoard discussion board. There are three parts to one CP assignment or post. Title each CP post the following way and make sure your name is listed as it appears with the registrar: CP post, date, your name.

Inside your post you do this: You post a news item you've found on the Internet that is related to anything we've discussed in class or in the readings. You summarize the article briefly, put the url there so that fellow students can read the article you found, then you give your brief opinion of the article. Thus,

You write CP, your name, the date, in the subject area.
Title of article in the text area with the URL of article, followed by

1. Your brief summary, objective, of the article or news item. You may not express your opinion in this section. Just give your objective review of what the article is about.

2. Your opinion of article/issue. You decide the length. You should present enough to establish a clear statement of your opinion.

3. Then, underneath this you write "Reply to (name of student you are replying to)." Here you post a response to the opinion written by someone else in class—their opinion in any post of theirs for that week. Please be polite and respectful. Argumentum ad rem, no argumentum ad hominem.

You complete this by Sunday night midnight, each week. Remember: This counts for twenty percent of your final grade. This also means that your final grade can drop by twenty percent if the CP assignment is not completed perfectly. You don't get a grade for this assignment, it is required. If you don't do the assignment, your final grade will be dropped by twenty percent.

Note: Get your CP up early in the week, say by this Wednesday. That way people will be able to comment on your opinion, and you on theirs. You have until Sunday night at midnight to get your CP posted, however, everyone benefits if you get your CP up by Wednesday of each week.

This is a mini-research assignment. I want to teach you how to pay attention to items that we are discussing as they appear in the news and elsewhere.

You can tell Google to notify you every time an article appears that has something to do with addiction, drug legalization, treatment, morphine, pain control, whatever you want. This makes it a lot easier for you. Use Proquest in a similar way.

Note: Clear and accurate writing—including accurate spelling on exams and papers—will be taken into account in assigning grades, as well as participation in class discussions. Material discussed in class, or in a film, if I can figure out how to show a film or access a film on line, and not in any of the readings, may form the basis for questions on the examinations. The exam must be taken on the date assigned. Students are responsible for anything covered in class during their absence. Readings must be completed by the session to which they are assigned. Additional readings may be assigned during the course. Students are encouraged to form study groups on their

own. You do the readings. You write down questions for discussion from the readings and lectures. I lecture on various points from the readings. I do not lecture on everything you read. You are responsible for the readings. This is different from high school. You could be tested on something that is part of the readings that I did not lecture on in class. Grades: A-=90, B+=89, B-=80, C+=79, C-=70. Our teaching assistant, Ms. Stefanie Parker, keeps track of your CP posts. Please do not miss posting any.) Mr. Andrew Lewis will help you with your paper if you need help. These are not difficult assignments. What can be difficult is keeping up with the reading. You must stay on top of the reading.

College is a lot about exploring and debating new ideas, new ways of viewing oneself and the world. I welcome diversity and different points of view. Much of what you will learn in this course is rarely presented in other classes. In order for me to present these alternative ways of viewing disease and behavior, I have to present the "other side."

You are also welcome to send me emails privately at any point. Send all questions to me privately at schaler@american.edu .

You're welcome to call me on that old-fashioned but incredibly sophisticated device called "the telephone." Sometimes, that's easiest. My cell phone number is listed on the front of the syllabus.

Final examination: You take the test on-line. You must take the exam at the time announced. By taking this course, you promise to keep all your books and notes away from your desk while you are taking the exams. The primary focus is on comprehension of concepts and their application in policy domains of law, clinical, public, and social arenas. There may also be some philosophical questions. Again, you write the answers to the exam on line.

I know how to catch people cheating on the exams and plagiarizing their papers. I've caught students before and it is an extremely unpleasant experience when I have to turn the problem over to the Dean. Please do not even think about doing this. There is too much at stake. I'm not saying this to scare you. I'm just suggesting that you be wise in terms of decision making when it comes to this sort of thing.

I will place materials in the various folders on Blackboard. The Discussion Boards for each week, where you post your CPs, will be up by the end of the first class today. I'm sending out this syllabus first so you know what to expect. We always have a lot of fun in this class. I'm sure you will, too.

Librarians can help you identify, locate, evaluate, and incorporate pertinent information into your course assignments. There are many ways to contact a reference librarian at American University:

Visit the Reference Desk on the main floor of the Library during its open hours.

Use the IM Reference service (AIM: AskAULibrary), which is staffed by AU reference faculty and staff. IM reference is ideal for getting recommendations on the best print and Web-based resources for your research needs. Online librarians can explain how to navigate the ALADIN catalog and databases, and they can show you how to formulate effective search strategies to save you time.

Email an AU reference librarian by completing this online form. Librarians respond to email questions within 48 hours Monday-Friday. Allow extra response time for questions submitted over weekend and holiday time periods.

Note: If the library embedded links are missing, I will add them during the first week of class. Sometimes I lose the embedded links when I use a template to create each syllabus.

On-line meetings: Each Sunday evening from 8pm to 10pm. Everyone is online who can make it. Go to the Discussion Board called "Sunday on-line meetings."

You ask me questions, I answer as rapidly as I can. Very intense, lots of fun. If you can't make it, read about what happened when you are back on line. Ask questions anytime during the week. I will send out a response and likely post the response on that same Discussion Board.

Note: Clear and accurate writing—including accurate spelling on exams and papers—will be taken into account in assigning grades, as well as participation in class discussions. Material discussed in class, or in films, and not in any of the readings, may form the basis for questions on the examinations. The exam must be taken on the date assigned. Students are responsible for anything covered in class during their absence. Readings must be completed by the session to which they are assigned. Additional readings may be assigned during the course. Students are encouraged to form study groups on their own. You do the readings. You write down questions for discussion from the readings and lectures. I lecture on various points from the readings. I do not lecture on everything you read. You are responsible for the readings. This is different from high school. You could be tested on something that is part of the readings that I did not lecture on in class. Grades: A-=90, B+=89, B-=80, C+=79, C-=70.

Final examination: You take the test on-line. You must take the exam at the time announced. By taking this course, you promise to keep all your books and notes away from your desk while you are taking the exams. The primary focus is on comprehension of concepts and their application in policy domains of law, clinical, public, and social arenas. There may also be some philosophical questions. Again, you write the answers to the exam on line.

CLASS SCHEDULE

Read at your own pace. When in doubt, read more than assigned for that specific date. At the start of each week, usually a Monday, I will post a lecture.

Remember: Our "class meetings" are on Sunday evenings from 6pm to 8pm EDT (New York time) in the Discussion Board for that week. It is best if you have questions written beforehand. Try to keep your posts brief so that as many people can be answered as possible. We have a lot of ground to cover in a very short amount of time. Please keep up with the reading and CP posts.

Date	Topic	Reading
May 17	Introduction: Three Step Model Mind, brain, disease and behavior How Szasz changed the history of psychiatry, pathology, and medicine	Part I of Insanity Read Part II of *Insanity* Part II and Part III Part IV of *Insanity*
May 24	The medicalization of socially-Deviant behavior; Negritude; Lying; The invention of behavior as a disease; Benjamin Rush; Religion masquerades as medicine; Masturbation causes insanity; politics masquerading as medicine; stigma; scapegoating; the "need" for a scapegoat.	*The myth of psychotherapy* Lecture on topics to the left Lecture on What psychotherapy is all about - rhetoric
May 31	Mental illness everywhere; everyone is a psychiatrist; diagnosis as a weapon; Is everyone "mentally ill?"	*The medi-calization of everyday life.*
June 7	**The critics fight back**: Critics of Szasz; Michael Moore and "rationality"; Engelhardt, analytic versus synthetic truth; Rita Simon and reply by Szasz; Battin & Spellecy and the "right to die"	*Szasz Under Fire*
June 14	Szasz is wrong, and sick, too! More critics of Szasz; "No, he's not sick, he's just wrong and out of date –Ignore him!" Lieberman and pharmacracy Further critics, from the biological perspectives	Rem Edward assigned articles to be announced
June 21	Critics of Szasz From the psychological perspective	Assigned articles
June 28	More critics of Szasz "Todschweigen" and "identity theft"	fr. Edwards book on

	Antipsychiatry – Not	Psych &
July 5	Szasz: The problem that won't go away	Ethics
	Science, Political Science, Science Fiction	Review
	No more CPs after July 5	
July 8	**Final exam**	
July 15	**Papers due**	

Note: First we learn the Three Step Model; then we learn Szasz's views; then we look at in-depth criticism of Szasz's ideas. You do not have to agree with me or Szasz. You do have to understand the criticism on both sides, and how both sides think about these and related issues.
You will learn more about the issues this way than through any other approach.

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