

MADNESS AND SOCIETY IN THE MODERN AGE

Semester Two, 2002-2003

**HS 3832 [10 CREDITS]
HS 4332 [20 CREDITS]
HS 6832 [POSTGRADUATE]**



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MADNESS AND SOCIETY IN THE MODERN AGE
HS 3832 (10 CREDITS) • HS 4332 (20 CREDITS) • HS 6832 (POSTGRADUATES)

Lectures: Wednesdays 11AM, Mathematics Tower, Room 2.10

Seminars: 1 hour per week, times to be arranged

Timetable

Week	Date	Lecture	Deadline
1	5 February	Introduction + video ('Madness: Out of Sight')	Select seminar groups
2	12 February	Asylum and moral therapy	
3	19 February	Degeneration	
4	26 February	Inventing the 'Pervert'	Collect topics for assessed essay
5	5 March	The Madwoman and Her Doctors	
6	12 March	Race, Imperialism and Madness	20 CREDITS: Confirm Project Titles
7	19 March	READING WEEK: NO LECTURE	
8	26 March	The Borderlands of Madness: Neurasthenia	
9	2 April	Sigmund Freud, Hysteria and Psychoanalysis	
		EASTER BREAK	
10	30 April	Psychiatry and the Great War: Shell Shock	Assessed essay due in class
11	7 May	The Experience of Madness	
12	14 May	Treating Madness: From Lobotomy to Prozac	
21 May: 20-Credit Projects due in Maths Tower Room 3.38, 10AM-4PM <i>Please note that this deadline falls within the Exam Period – it would be in your best interest to finish your Project earlier</i>			

Aims and Objectives

This course explores the evolution of Western concepts of insanity from the late eighteenth century to the present. It will show how insanity is not simply a medical matter: the diagnosis and treatment of mental illness is influenced profoundly by social and cultural factors. By the end of the course, students should acquire:

- Familiarity with the outlines of the history of concepts of mind and madness
- Facility in linking the history of madness to the history of medicine
- Appreciation of the social forces that have influenced medical ideas of madness
- Critical skills in analysing the claims of historians
- Experience of presenting historical arguments in essays and seminars

20-credit students will acquire all of the above and the following:

- Experience in planning, researching and presenting a comprehensive historical project

COURSE REQUIREMENTS

The course meets twice a week (one lecture and one seminar). The lectures will deal broadly with a single important theme; the seminars are intended for closer critical investigation of specific points based on the required readings for the week. Attendance at lectures and seminars is **required and I shall be monitoring attendance**.

ASSESSMENT

10 credits (HS 3832): You will be required to:

(1) write a 1500-word essay (**DUE DATE: AT LECTURE ON 30 APRIL** *except for Intercolated History of Medicine BSc students, who should follow the deadlines advised by Dr Penelope Gouk*) from a list of topics I shall provide **in week 4** – you are welcome to decide on a topic of your own but you will need to clear the topic with me; and

(2) to take the 2-hour examination.

The essay will contribute 50% of your total mark and the exam, the other 50%.

20 credits (HS 4332): You will have to:

(1) write a 1500-word essay (**DUE DATE: AT LECTURE ON 30 APRIL**),

(2) take the 2-hour examination, and

(3) do a 3000-word independent research project (**DUE DATE: AT MATHS TOWER, ROOM 3.38, ON 21 MAY**)

(1) and (2) will each contribute 25% of your final mark while (3) will contribute 50%.

Postgraduates (HS 6832):

You will be assessed according to the guidelines of your department.

Late essays or projects will not be accepted except in documented emergencies

DISABILITY SUPPORT

The University of Manchester is committed to providing all students access to learning in the way most beneficial to them. It is important to tell us about any additional support that you need. If you have a disability, a learning difficulty or any condition that you feel may affect your work then you might want to approach the lecturer to discuss any additional needs that you have.

ESSAYS AND PROJECTS

The 1500-word essay is a standard assignment, for which you would be expected to read about ten articles or chapters, above and beyond required course reading. The title of the essay *must* be phrased as a question, rather than a statement. For example, ‘Shell shock and British ideals of masculinity’ is unacceptable, whereas ‘In what ways did shell shock challenge British ideals of masculinity?’ would be fine. Please consult me on such issues before you decide on your topic.

Research for essays: Most of the material you need for the 2000-word essay should be available from the seminar readings and background readings. If there are points you want to explore at greater depth than is possible through those sources, follow up the references supplied in them, bearing in mind that not all of those referred items may be available locally. I am always available to advise on these or other research questions.

The 3000 word project is meant to be a substantial piece of independent research that would allow you to explore in depth issues of interest to you and to give you an opportunity to develop historical research skills. The project can take the form of an extended and enhanced essay or a comprehensive literature review on a relevant topic. *20-credit students must notify me immediately and consult with me regularly on their project.*

Research for projects: Research for a project, too, should begin with the background readings but these are unlikely to be sufficient in themselves. Their bibliographies and references, therefore, are far more important for projects than for the essay. As you go through the background readings, note which sources the authors refer to when they discuss the themes that relate to your project. You should then track down the most relevant of those cited sources – I must emphasize again the importance of verifying that a source you need for your research is available in Manchester – or somewhere within your reach. The best source is unlikely to be any good for you if there is only one copy of it one hundred miles away! This is just one of the reasons why those doing projects must consult me regularly.

Warning: Plagiarism is a very serious offence, comparable to cheating in exams. It consists of passing off others’ work as though it were your own (eg, lifting passages word-for-word from books, articles or the internet). Even ‘recycling’ parts of your own work, which has been submitted for assessment at this University or elsewhere, constitutes plagiarism. The penalties for plagiarism range from being required to resubmit the piece of work in question (with a maximum possible mark of 40%) for minor instances to expulsion from the University in serious ones. It is your responsibility, therefore, to familiarise yourself with the University’s policy on plagiarism before you prepare and submit any coursework. The information you need can be accessed via the Student Intranet (via the University’s home page). At the end of this course outline, accordingly, you will find a ‘plagiarism declaration’ form which you must complete, sign, and attach to your essay for this course.

Further notes on writing essays and projects are at the back of this booklet. I would be happy to read and comment on drafts for the essay and the project.

SEMINARS

The seminars are integral to the course – **please note that substantial amounts of examinable material, which cannot be dealt with in the lectures, will be discussed in the seminars.** More generally, presentational and debating skills acquired in seminars will serve you well beyond this particular course. I shall be looking for careful and constructive participation in the seminar discussions. You must be prepared to converse with your fellow students, to ask questions, point out alternative perspectives, suggest further issues for exploration or debate, and listen carefully and respectfully to others. To do all this intelligently would require that you come to the seminars having digested the required readings and having reflected on the major discussion questions listed for each week in the outline below.

Seminar times will be arranged at the first lecture.

READINGS AND RESEARCH

There is a set of **recommended lecture readings and required seminar readings** for each week. The seminar discussions will be based on the *required readings*, focusing on the questions listed later. *The questions will provide only the framework for discussion: ideally, your contributions should extend into issues that are not directly addressed by them.*

The **background readings** are meant to help you in researching your essay and to provide you with additional information on issues you find particularly interesting. Those marked * are strongly recommended if you intend to write your essay on the topic concerned.

All recommended and required readings – and many of the background readings – are available in multiple copies at the Short Loans Collection of the John Rylands University Library of Manchester: photocopies are indicated in the reading list as SLCX and books as SLC; when a chapter is available in multiple copies from a book that is also in the Short Loan Collection, it will be indicated below as SLCX, SLC. If you can't track something down, please contact me.

Library catalogues and other resources on the Internet: The Internet offers many resources for research in the history of medicine, including online catalogues of major UK and international libraries. For a comprehensive selection of sites that may be relevant to your interests, visit **www.man.ac.uk/CHSTM/links.htm**.

EXAMINATION

The exam consists of two essay questions chosen out of six. The questions will test your knowledge of the 'big picture' rather than your memory for detail. All examinable material will be covered by the *lectures*, the *seminar discussions* and the *required readings*. **The date of the examination will be announced later in the course. For previous examination papers, see: <http://www.intranet.man.ac.uk/past-papers/2001/science/CHSTM/Sem2/HS3832.pdf> and <http://www.intranet.man.ac.uk/past-papers/2002/science/CHSTM/Sem2/HS3832.pdf>**

Here, for your guidance, are some of the questions from the 2001 exam paper:

- Discuss how the theory of degeneration helped late-nineteenth-century doctors to explain insanity as well as their general failure to cure it.
- Compare and contrast the eighteenth-century idea of the English Malady and the late-nineteenth-century concept of neurasthenia.
- Evaluate the claim that shell-shock pushed British psychiatry and the British ideal of masculinity into the modern age.

COURSE OUTLINE

WEEK ONE

Introduction and overview

Course mechanics; Arranging seminar groups

Screening of video: Madness, 'Out of Sight' (BBC TV, 1991)

Seminar

Most of the seminar discussion this week will focus on the video screened at the lecture and the questions distributed at the screening. Also, you may want to read: Porter, Roy. 'Mental Illness', in Porter, R. (ed), Cambridge illustrated history of medicine (1996), pp. 278-303. **SLCX, SLC**

WEEK TWO

Madness and Moral Therapy: Interpreting the Asylum

When did asylums come into being and why? What happened to mad people before then? What were the medical and social contexts of asylum building? What kinds of treatment were available in the asylums? How effective were they as curative institutions? How have historians interpreted the history of the rise of asylums?

Lecture reading (recommended):

Pinel, Philippe. Treatise on insanity (1806), Section II: The moral treatment of insanity.
SLCX

Seminar

We shall focus on the evolution of 'moral therapy' in nineteenth-century asylums and base our discussions on two famous traditions: the French version of moral treatment developed by Philippe Pinel in late-eighteenth-century Paris and the home-grown variety developed around the same time at the small English asylum, the Retreat at York. Some of the questions we shall address are:

- What did the word 'moral' in moral treatment mean?
- How was this new kind of treatment different from earlier therapies?
- What were the aims of moral treatment?
- Was moral treatment a *medical* innovation or was it shaped by other factors too?

Required readings:

Digby, Anne. 'Moral Treatment at the Retreat, 1796-1846', in Bynum, W.F. et al. (eds), The anatomy of madness, vol. 2 (Institutions and society), pp. 52-72. **SLCX, SLC**

Goldstein, Jan. Console and classify: The French psychiatric profession in the nineteenth century (1987), chapter 3 (pp. 64-119). **SLCX, SLC**

Background readings:

* Foucault, Michel. Madness and civilization: A history of insanity in the Age of Reason (1961), particularly chapters 8-9. **SLC**

* Scull, Andrew. The most solitary of afflictions: Madness and society in Britain 1700-1900 (1993) **SLC**

WEEK THREE

The spectre of degeneration

The lecture will show how late-nineteenth-century European theories of mental illness were

influenced by the theory that insanity was an inherited condition, caused by hereditary transmission of unspecified damages to the nervous system. We shall examine what degeneration was supposed to be, why such a vague theory was so influential, and how the concept of degeneration affected areas of medicine and culture far beyond psychiatry.

Lecture reading (recommended):

[Morel, B.-A.] 'On the degeneracy of the human race', Journal of psychological medicine and mental pathology, 10 (1857): 159-208. **SLCX**

Seminar

The main issues will be:

- What exactly was degeneration?
- What kinds of phenomena did it explain?
- What kind of theory of heredity was it based on?
- How were deviations from the normal defined?
- What were the criteria for defining normality?
- Why was the theory of degeneration so popular?
- In what ways was the concept of use to the medical profession?

Required reading:

Ian Dowbiggin, Inheriting madness: Professionalization and psychiatric knowledge in nineteenth-century France, Chapter 6: Hereditarianism, the Clinic, and Psychiatric Practice in Nineteenth-Century France' (pp. 116-43). **SLCX**, **SLC**

Background readings

Magnan, Valentin. 'The degenerate', American Journal of Insanity, 52 (1895): 193-98.

Martindale, Colin. 'Degeneration, disinhibition and genius', Journal of the History of the Behavioral Sciences, 7 (1971): 177-82.

* Nordau, Max. Degeneration (1895; rpt., 1993). **SLC**

* Nye, Robert A. Crime, madness and politics in Modern France: The medical concept of national decline (1984). **SLC**

* Pick, Daniel. Faces of degeneration: A European disorder, c.1848-c.1918 (1989). **SLC**

Turner, Trevor. 'Henry Maudsley – Psychiatrist, philosopher and entrepreneur', Psychological medicine, 18 (1988): 551-74. Also available under same title in: Bynum, WF et al. (eds), The anatomy of madness, vol. 3 (The asylum and its psychiatry), pp. 151-89. **SLC**

WEEK FOUR

Inventing the ‘pervert’: Psychiatry defines sexual normality

We shall explore how late-nineteenth-century psychiatrists transformed acts and desires previously considered to be immoral or sinful into psychological and nervous disorders. We shall see how this process was dependent upon cultural concepts of masculinity and femininity as well as upon the theory of degeneration. The cultural impacts of medical theories of ‘perversion’ will be emphasized.

Lecture reading (recommended):

Krafft-Ebing, Richard von. Psychopathia sexualis: A medico-forensic study (London, Rebman, 1899; many later reprints), Chapter 1 and selections from the case histories. **SLCX**, **SLC**

Seminar

The primary questions we shall address are:

- Was the Victorian era an age of repression or one obsessed with sex?
- Was Foucault correct in challenging the concept of Victorian repression?
- What, if any, role does ‘sexuality’ play in our sense of identity and selfhood?
- What role did traditions of confession play, according to Foucault, in 19th-century medical approaches to sexuality and its supposed aberrations?
- In the history of modern sexuality, Foucault sees the replacement of pleasure by knowledge. What are the broad features of his argument?

Required reading:

Foucault, Michel. History of sexuality, vol. 1: An introduction (1981), Part 3 (Scientia sexualis), pp. 53-73 in the Vintage paperback edition (page numbers may vary in other editions). **SLCX**, **SLC**

Background readings:

Bland, Lucy and Doan, Laura (Eds). Sexology in culture: Labelling bodies and desires (1998). **SLC**

Greenberg, David F. The construction of homosexuality (1988). **SLC**

Hall, Lesley A. Sex, gender and social change in Britain since 1880 (2000). **SLC**

* Hall, Lesley A. & Porter, Roy. The facts of life: The creation of sexual knowledge in Britain, 1650-1950 (1995). **SLC**

Hauser, Renate. ‘Krafft-Ebing’s psychological understanding of sexual behaviour’, in Porter, R. and Teich, M. (eds), Sexual knowledge, sexual science: The history of attitudes to sexuality (1994), pp. 210-227. **SLC**.

* Nye, Robert A (Ed). Sexuality (1999) [A reader containing excerpts from major historical works—medical as well as non-medical—on human sexuality.] **SLC**

* Rosario, Vernon (Ed). Science and homosexualities (1997). **SLC**

Weeks, Jeffrey. Sex, politics and society: The regulation of sexuality since 1800, 2nd edn (1989). **SLC**

WEEK FIVE

The madwoman and her doctors

Our main concern this week will be to examine how Victorian beliefs on woman's nature interacted with and determined Victorian medical theories of women's insanity. In particular, we shall analyse how woman's reproductive role was assumed to determine her place in the world but also her infirmities, including insanity and nervous disorders.

Lecture reading (recommended):

Maudsley, Henry. 'Sex in mind and education', (orig. publ. Fortnightly review, 1874), in Katharina Rowold (ed.), Gender and science: Late nineteenth-century debates on the female mind and body (1996), pp. 32-53. **SLCX**

Seminar

- Was woman's mind considered to be the same as man's mind?
- If not, what were the differences?
- How did Victorian doctors and cultural thinkers explain this difference?
- How were woman's reproductive functions linked to mental disorders?
- In what ways did such connections influence the nature of treatment?
- What kinds of feminist analyses of this history are possible and what are the deficiencies of the available ones?

Required readings:

Showalter, Elaine. 'Victorian women and insanity', in Andrew Scull (ed.), Madhouses, mad-doctors and madmen: The social history of psychiatry in the Victorian era (1981), 313-36.

SLCX, SLC

Busfield, Joan. 'The female malady? Men, women, and madness in nineteenth-century Britain', Sociology, 28 (1994): 259-77. **SLCX**

Background readings:

* Anderson, Elizabeth Garrett. 'Sex in mind and education: A reply', Fortnightly review, new series, 15 (1874): 582-94. [Response to Maudsley's essay, above] **SLCX**

Micale, Mark. 'Hysteria male/hysteria female: Reflections on comparative gender construction in nineteenth century France and Britain', in Benjamin, M. (ed.), Science and sensibility: Gender and scientific enquiry, 1780-1945 (1991). **SLC**

Oppenheim, Janet. 'Shattered nerves': Doctors, patients, and depression in Victorian England (1991), Chapter 6. **SLC**

* Showalter, Elaine. The female malady: Women, madness, and English culture, 1830-1980 (1987). **SLC**

Tomes, Nancy. 'Feminist histories of psychiatry', in Mark S. Micale and Roy Porter (eds), Discovering the history of psychiatry (1994), pp. 348-83. **SLC**

WEEK SIX

Race, imperialism and madness: Psychiatry and the Dark Continent

Race was one of the central concepts of nineteenth-century medicine and biology and imperialism was central to the politics of the period. Using sources from and readings of British colonial psychiatry in Africa, we shall see how racial difference was translated into neurological and psychological difference and then combined with ideas of cultural difference to produce the notion of the 'African mind'.

Lecture reading (recommended):

Carothers, J. C. 'A study of mental derangement in Africans, and an attempt to explain its peculiarities, more especially in relation to the African attitude to life', Journal of mental science, 93 (1947): 548-97. **SLCX**

Seminar

- What were the features of the 'African mind'?
- How were these features supposed to determine the manifestations of mental disorder in Africans?
- Did the notion of the 'African mind' merely reflect imperialistic ideas or did it actually provide a strong justification for imperial rule? How?

Required reading:

Vaughan, Megan. Curing their ills: Colonial power and African illness (1991), Chapter 5: The madman and the medicine men: Colonial psychiatry and the theory of deculturation, pp. 100-128. **SLCX, SLC**

Background readings:

Deacon, Harriet. 'Racial categories and psychiatry in Africa: The asylum on Robben Island in the nineteenth century', in Ernst and Harris (eds), Race, science and medicine, pp. 101-122. **SLC**

Ernst, Waltraud. 'Idioms of madness and colonial boundaries : The case of the European and 'native' mentally ill in early nineteenth-century British India', Comparative studies in society and history, 39 (1997): 153-81.

Ernst, Waltraud. 'Colonial policies, racial politics and the development of psychiatric institutions in early-nineteenth-century British India', in Ernst and Harris (eds), Race, science and medicine, pp. 80-100. **SLC**

Ernst, Waltraud & Harris, Bernard (Eds). Race, science and medicine, 1700-1960 (1999) [Especially essays by Matthew Thomson, Harriet Deacon and Waltraud Ernst, all cited here separately.] **SLC**

* McCulloch, Jock. Colonial psychiatry and the 'African mind' (1995). **SLC**

Sadowsky, Jonathan. 'Psychiatry and colonial ideology in Nigeria', Bulletin of the history of medicine, 71 (1997): 94-111. **SLCX**

WEEK SEVEN: READING WEEK: No lecture, no seminar

WEEK EIGHT

The 'borderlands of madness': Neurasthenia as the price of progress

Not all serious mental disorders cause patients to rave, rant and be completely unreasonable. Other, apparently subtler symptoms can pose equally serious problems for patient and doctor. Moreover, such 'neurotic' conditions, with their multiplicity of symptoms, have always been particularly difficult to define in specific clinical terms and whatever causal explanation we can come up with are usually influenced greatly by cultural values and expectations. We shall address these issues, using the example of the late-nineteenth-century concept of neurasthenia, relating it to its conceptual predecessors and the cultural and medical contexts that sustained it.

Lecture reading (recommended):

Beard, George Miller. American nervousness: Its causes and consequences (1881), selections. **SLCX**

Seminar

- What was neurasthenia?
- Was it considered to be a pure mental disorder?
- What were its causes according to nineteenth-century doctors?
- Were these causes exclusively biological or psychological? What, if any, cultural forces were of influence?
- How was the concept of neurasthenia of use to doctors?
- Why did the concept disappear?

Required reading:

Sicherman, Barbara. 'The uses of a diagnosis: Doctors, patients, and neurasthenia', Journal of the history of medicine and the allied sciences, 32 (1977): 33-54. **SLCX**

Background readings:

* Drinka, George F. The birth of neurosis: Myth, malady and the Victorians (1984). **SLC**

Gijswijt-Hofstra, Marijke and Porter, Roy (eds). Cultures of neurasthenia from Beard to the First World War (Amsterdam: Rodopi, 2001).

Gosling, F G. Before Freud: Neurasthenia and the American medical community, 1870-1910 (1987).

* Oppenheim, Janet. "Shattered nerves": Doctors, patients, and depression in Victorian England (1991). **SLC**

Wessely, Simon. 'Neurasthenia and fatigue syndromes', in Berrios, German and Porter, Roy (eds), A history of clinical psychiatry: The origin and history of psychiatric disorders (1995), pp. 509-32. **SLC**

EASTER VACATION

WEEK NINE

ASSESSED ESSAY DUE IN CLASS

Sigmund Freud and hysteria: The birth of psychoanalysis

Concentrating on the earliest period of Freud's complex career, we shall explore how psychoanalysis was influenced by late-nineteenth-century concepts of hysteria and the realities of women's lives at the time. We shall also briefly survey Freud's later work and assess the impact of psychoanalysis on the practice of psychiatry.

Lecture reading (recommended):

Appignanesi, Lisa and Forrester, John. Freud's women (1992). [Chapters 3 and 5 (pp. 63-116 and 146-67 respectively)] **SLC**

Seminar

- Who was Freud? What kind of doctor was he? Why did he get involved with psychiatry?
- What role did hysteria play in his work?
- How did he explain hysteria?
- How was his clinical experience related to his theoretical contributions?
- What role did his ideas of woman's nature play in his supposedly scientific theory of psychology?
- What kinds of impact did his work have on medicine and broader culture and why?

Required reading:

Freud, S. & Breuer, J. Studies on hysteria (1897), case history of Fräulein Elisabeth von R., pp. 202-55 in the Penguin paperback edition – page numbers may vary in other editions. **SLC, SLCX**

Background readings:

The literature on Freud and psychoanalysis is enormous. The following are suggested only as starting points. Gay's biography (below) has an excellent bibliographic essay, which will lead you to more specialised sources. The literature on hysteria is almost equally vast – start with Micale's book (below), which has a superb bibliography.

Bernheimer, Charles and Kahane, Claire (Eds). In Dora's case: Freud, hysteria, feminism (1985). **SLC**

Freud, Sigmund. Dora: An analysis of a case of hysteria (1903, rept 1997). **SLC**

* Gay, Peter. Freud, a life for our time (1988). **SLC**

* Micale, Mark S. Approaching hysteria: Disease and its interpretations (1995). **SLC**

Shorter, E. A history of psychiatry from the era of the asylum to the age of Prozac (1997), Chapters 4-5 (pp. 113-89). **SLC**

Wood, R.D.H. 'Psychoanalysis in Britain: Points of cultural access, 1893-1918', International journal of psycho-analysis, 76 (1995): 135-51. **SLCX**

WEEK TEN

Psychiatry and the Great War

In what ways was the First World War unprecedented in history? What was 'shell shock' and how did the military and traditional doctors interpret and manage it? Why were these approaches insufficient? What new explanations and therapies were tried and in what contexts? What were the impacts of shell shock on British society in general, especially with regard to concepts of masculinity, courage and patriotism? How did shell shock change British psychiatry?

Lecture reading (recommended):

Barker, Pat. Regeneration: A novel (1991). **SLC**

Seminar

- How were the symptoms of shell shock understood, explained and treated?
- How was the patient's social class factored into the symptomatology and treatment?
- Did concepts of hysteria and neurasthenia contribute to the concept of shell shock? How?
- Was Freudian psychoanalysis found useful in explaining shell shock?
- To what extent and in which contexts?

Required reading:

Stone, Martin. 'Shellshock and the psychologists', in Bynum, Porter and Shepherd (eds), Anatomy of madness, vol. 2, pp. 242-71. **SLC** [multiple photocopies unavailable because of copyright restrictions on copying more than one article from the same book. Please make your own photocopies.]

Background readings:

* Bogacz, T. 'War neurosis and cultural change in England, 1914-1922: The work of the War Office Committee of Enquiry into shell shock', Journal of contemporary history, 24 (1989): 227-256.

* Feudtner, Chris. "'Minds the dead have ravished": Shell shock, history and the ecology of disease systems', History of science, 31 (1993): 377-420. **SLCX**

* Leed, E. 'Fateful memories: Industrialized war and traumatic neuroses', Journal of contemporary history, 35 (2000): 85-100.

Shephard, Ben. A war of nerves (2000). **SLC**

Young, A. 'W H R Rivers and the war neuroses', Journal of the history of the behavioral sciences, 35 (1999): 359-378. **SLCX**

Merskey, H and Brown, E M. Post-traumatic stress disorder and shell shock. In G E Berrios and Roy Porter (eds), A history of clinical psychiatry: The origin and history of psychiatric disorders (1995), pp. 490-508. **SLC**

WEEK ELEVEN

The experience of madness

What difficulties await us if we wish to discover how mentally ill people have experienced their illness and its personal and social consequences? Can some of these problems be minimised when the patient was an eminent person? Or when the patient, although not well-known in his lifetime, left a detailed testimony? What approaches can one take to such texts?

Lecture reading (recommended):

Porter, Roy. The Faber book of madness (1991; paperback 1993) **SLC**

Seminar

- What kind of information do we have on George III's bouts of illness?
- What consequences did his illnesses have on British medical and social attitudes toward insanity?
- Is it the historian's business to diagnose what a long-dead patient like George III may have suffered from?
- Even if we do not try to diagnose a patient such as Dr Schreber, how do we interpret his sufferings and their possible causes?
- What kind of information do we need? Are they easy to find?
- General revision.

Required readings:

Macalpine, Ida and Hunter, Richard. George III and the mad-business (1969, rpt. 1991), pp. xi-191. **SLC**

Schreber, Daniel Paul. Memoirs of my nervous illness, trans. & ed. Ida Macalpine and Richard Hunter, Chapter 5, pp. 69-79. **SLCX**, **SLC**

Background readings

Freud, Sigmund. 'Psychoanalytic notes on an autobiographical account of a case of paranoia (dementia paranoides)' [The Schreber Case], in Freud, S., Case histories II (Penguin paperback), pp. 131-223. **SLC**

Lothane, Zvi. In defense of Schreber: Soul murder and psychiatry (1992). **SLC**

Peterson, Dale (ed.) A mad people's history of madness (1982).

Porter, Roy. The social history of madness: Stories of the insane (1987). **SLC**

WEEK TWELVE **20-CREDIT PROJECTS DUE**

Treating madness: From lobotomy to Prozac, from the asylum to the community

Is biological psychiatry new in principle? What is the history of somatic methods of treatment in psychiatry? What kinds of physical treatments were tried in the past and what was so unprecedented about the new, potent drugs that began to be available in the 1950s? Did asylums begin to close *simply* because these new drugs were so effective? How has the waning of the asylum era affected psychiatric services? What are the pros and cons of caring for seriously psychotic people in the community?

Lecture reading (recommended):

Tansey, E M. “‘They used to call it psychiatry’”: Aspects of the development and impact of psychopharmacology’, in Gijswijt-Hofstra, M. and Porter, R. (eds), Cultures of psychiatry and mental health care in postwar Britain and the Netherlands (1998), pp. 79-101. **SLCX, SLC**

Seminar

- Did the ‘new’ biological psychiatry originate from fundamental new discoveries in neurophysiology or from chance discoveries of new drugs that happened to ‘work’?
- Have the new drugs had any impact on our understanding of brain physiology?
- General revision.

Required reading:

Thomas, P; Romme, M A J and Hemmelinjk, J. ‘Psychiatry and the politics of the underclass’, British journal of psychiatry, 169 (1996): 401-404. **SLCX**

Background readings

Barham, Peter. Closing the asylum: The mental patient in modern society (1992). **SLC**

Bartlett, Peter and Wright, David (Eds). Outside the walls of the asylum: The history of care in the community, 1750-2000 (1999).

Berrios, G E, 'The scientific origins of electroconvulsive therapy: A conceptual history', History of psychiatry, 8 (1997): 105-119.

Binder, D K and Iskandar, B J. ‘Modern neurosurgery for psychiatric disorders’, Neurosurgery, 47 (July 2000): 9-21. **SLCX**

Braslow, Joel. Mental ills and bodily cures: Psychiatric treatment in the first half of the twentieth century (1997). **SLC**

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ESSAY AND PROJECT GUIDELINES

1. Presentation

- Type your essay, double-spaced, on one side of the paper only.
- Number the pages and leave left-hand margin of at least one-inch for marker's comments.
- Keep within the word-length specified.
- **Hand in two copies of the essay at lecture specified.**
- Essays which ignore these guidelines will lose marks.

2. Planning the essay

Prepare an outline of your argument before you start writing. The outline should list in abbreviated form (e.g. on one side of A4), the points you wish to make, and the kind of evidence which you will cite. Once this outline is coherent, then draft the essay from it.

3. Writing the essay

- The first paragraph should introduce the overall aims of the essay, and the last paragraph should briefly summarise your conclusions.
- In order to help the reader, your paragraph structure should mirror the structure of your argument. Avoid a succession of very short paragraphs (one or two sentences) or long ones (more than one page).

4. Citing sources

- If you use an author's argument or evidence, you **must** cite the author and title of the work you have used. You may cite these sources at the bottom of the page (footnotes), at the end of the essay (endnotes) or within the text in brackets (EXAMPLE: Pickstone, 1998). Provide the full reference in your bibliography (see below).
- Do not bother to quote an author directly unless his/her particular phrasing is important for your argument.
- If you do quote directly from a work however, you must cite the author's name, title and the page where the quote appeared. Short quotes (3 lines or less) need only be set off with inverted commas. Longer quotes should be indented as a bloc, so that the reader can easily distinguish it from your own text.
- **Attach a full bibliography at the end of your essay.** Include only those sources you have used, following this model:

J.V.Pickstone, Medicine and Industrial Society (Manchester 1985)

or when the cited text is an article,

D.Edgerton, "Science and Technology in British Business History",

Business History, vol.29 (1987), 84-103.

- DO NOT CITE A SOURCE UNLESS YOU HAVE ACTUALLY USED IT YOURSELF.

5. Marks

Once the essay has been marked, you may collect it from a place that will be announced by the lecturer. The mark given at this stage is provisional only; it does not become final until approved at the examiners' meeting in June.

Marks are awarded according to the following criteria:

- **Coverage of the relevant literature:** have you drawn upon a reasonable number of sources from the reading list?
- **Understanding** (of lectures, required readings, and readings used in your essay).
- **Structure of the argument:** have you set out your argument or analysis in a clear way and supported it with relevant evidence?
- **Critical capacity:** have you noticed the weaknesses in some authors' work? Have you reflected upon the weak points in your own argument?
- **Quality of prose:** have you used complete sentences properly punctuated? Is your meaning clear?
- **Organisation of the material:** does the sequence in which you present material make sense? Have you started a new paragraph each time you make a new point? Have you included an introduction and a concluding paragraph?
- **Format:** have you followed the essay guidelines?

6. Plagiarism: ***DON'T DO IT !***

- For a general definition of 'plagiarism', see the University's policy on plagiarism, accessed via the Student Intranet (accessed via the University's home page: www.man.ac.uk).
- Bear in mind that plagiarism also includes '**recycling**' parts of **your own** work which have been submitted for assessment at this University or elsewhere.
- CHSTM policy is that **work displaying plagiarism gets an automatic mark of zero**. The University may, however, opt to impose **additional penalties**; for details, see the Student Intranet cited above.

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11. Direct quotations or paraphrasing from an earlier piece of the student's own work, if unattributed, suggests that the work is original, when in fact it is not. The direct copying of one's own writings qualifies as plagiarism if the fact that the work has been or is to be presented elsewhere is not acknowledged.
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