

**Faculty of Health  
Department of Psychology  
PSYC 3140 3.0A F(24)**

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

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**Instructor and T.A. Information**

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

Email: alexr@yorku.ca

Physical Office: 215 BSB

Office Hour Information: I will hold an open “door”, drop-in office hour by zoom, on Mondays, 11am-12noon EST starting Septemer 9th, unless otherwise announced on e-class; see the zoom link on the e-class site. I am also available by appt. on zoom. I do not necessarily reply to email on weekends.

Your TAs are also very knowledgeable about the course content, and are your first stop for questions related to marking and grading. They can also answer questions and give guidance about the assignments. Please feel free to reach out to them.

T.A.	Desiree Salis (for students with last names starting with A-Kam)	Amanda Nkeramihigo (for students with last names starting with Kan-Z)
Email	salisd@yorku.ca	amandank@my.yorku.ca
Office hour	By appointment	By appointment
<u>Location</u>	072E BSB	072E 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

**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 FOUR components. 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:
Participation Mark 1	by September 27th	10%
Academic Reflection	by October 4th	25%
Reading Response	by November 1st	25%
Participation Mark 2	by November 29th	10%
Final Assignment	by December 3rd	30%

**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. **NOTE: Since this is an online course and you have access to all of the course materials, you can easily be working on assignments ahead of time if your due dates in other classes overlap!**

## *Description of Course Requirements and Assignments*

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**For information on how to earn Participation Marks 1 and 2 – see e-class site for Week 4 and below:**

**Participation Mark 1:** Submit via Turnitin by noon on September 27<sup>th</sup>. Submit a short response to the podcast you listened to for WEEK 4. In 150-200 words, describe one thing that you learned from the research discussed in the podcast that MOST SURPRISED or INTERESTED you *and why*. No in-text citations or reference list are required. This is a PASS/FAIL assignment. If you do it with reasonable care, submit 150-200 words that makes sense, without plagiarizing or using AI, you will get 10%. If not, you will get 0%. TAs will not be giving feedback on this assignment.

**Participation Mark 2:** Submit via Turnitin by noon on November 29<sup>th</sup>. Submit a short response to one of the required readings listed for WEEKS 10, 11, or 12. In 150-200 words, describe something that you learned from the research discussed in the reading, that MOST SURPRISED or INTERESTED you *and why*. Your first sentence should be: "In this reflection, I am discussing the article by [then insert the author(s) name]. No reference list is required. This is a PASS/FAIL assignment. If you do it with reasonable care, submit 150-200 words that makes sense, without plagiarizing or using AI, you will get 10%. If not, you will get 0%. TAs will not be giving feedback on this assignment.

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### **ACADEMIC REFLECTION: Surfacing Assumptions**

**Consult general guideline document at top of e-class site**

**Minimum 600 words, maximum 800 words; worth 25%; due by 12 noon Eastern time on Friday, October 4, 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, and/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, your culture, 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 different specific references to course material (can include lecture material) from weeks 1-4 in your reflection.** See below for how to reference lecture material. Use APA format for all referencing.

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### **\*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. In your reference list you would put:

Rutherford, A. (2024). Week 1 Lecture. *Psychological Health, Distressment, and Impairment, 3140 A F(24)*. York University, Toronto, ON, Canada.

The in-text citation would be Rutherford (2024, Week 1).

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**READING RESPONSE:**

**Consult general guidelines document at top of e-class site**

**Minimum 600 words, maximum 800 words; worth 25%; due by 12 noon Eastern time on Friday, November 1, via Turnitin.**

Choose ONE of the following course readings (see below) and write a full reading response. In this response, you must draw on and cross-reference at least THREE other readings and/or lectures from across weeks 5-8 of the course. Be sure to draw on material that is not *only* from the same week as the reading you choose. For how to do this effectively, see the document “How to prepare a reading response” at the e-class site. “Making connections” means explaining how the perspective or argument offered in the reading takes up, responds to, complements, extends, or contradicts a perspective or argument from another reading. What do we learn when we put the two texts in conversation, rather than considering them alone?

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>

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.

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

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**FINAL ASSIGNMENT: Messaging Madness**

**Minimum 700 words, maximum 900 words; worth 30%; due by 12 noon Eastern time on Tuesday, December 3<sup>rd</sup>, via Turnitin.**

For this assignment you are to source a visual depiction pertaining broadly to mental health/distress that you have encountered, either in the popular press (newspaper, magazine, blog, reputable website), or in real life (a subway sign, an artwork, a poster, a billboard) and unpack the assumptions and information it conveys (its messaging!).

This visual depiction could be an illustration, a piece of art (painting, sculpture), a cartoon, a meme, a photograph, an advertisement, a poster, etc. and can include accompanying text but should **rely on visuals** to convey meaning. It can be “historical” (from the past) or it can be contemporary. Your task in this assignment is to unpack the messaging that this visual depiction conveys, *specifically in terms of the assumptions about and influences on psychological health, distress, and impairment that you have learned about in this course.*

Thus, your selection of a visual depiction should not be random, and you should pick something meaningful that allows you to do this assignment well. You should be looking critically at the messaging about madness that appears all around us, and pick a source that you think is **interesting** to unpack given the material and critical questions you have been exposed to **in this course.**

For example, how might the visual depiction convey normative beliefs about gender, sexuality, race, culture, and class and their relationship to distress? How might the visual depiction convey medical model (including disease-based, biological model), social model, or structural model assumptions about psychological distress? Is there messaging about power and expertise? Stigma? Individual versus social responsibility for distress, and our response to it? How does it do this?

Once you have chosen a depiction, include a copy **within your assignment document** (no multiple documents please!) by copying and pasting the image or a screenshot of the image, taking a photo and uploading it into the document, etc., and credit the source right below it (e.g. Image source: Toronto Star, November, 13<sup>th</sup>, 2023, [www.xxxxx](http://www.xxxxx)). Then, in your essay, do the following:

- 1) Give its context – tell us where it appeared, in what kind of publication, in what forum, to accomplish what aim, for what possible or intended audience? **(3 points for clear description of context);**
- 2) Tell us why you chose it, that is, what assumptions and normative judgements does it convey and how does it convey them? **(6 points for effectiveness of selection of visual and unpacking of its messaging);**
- 3) Tell us how these assumptions map onto your own understandings – do they converge or diverge from your own understandings? How? **(6 points for thoughtfulness of reflection on how these assumptions map onto your own understandings – convergence or divergence);**
- 4) Describe how/whether you would change the depiction in any way based on what you have learned in this course? If you would *not* change the depiction, what do you like about the messaging it conveys? If you would change it, how? What message would you *like* to convey? **(6 points for insightfulness of analysis).**

•Give at least three *different* references to ANY of the course material (i.e.,from any weeks). For example, in addressing point #3 above you can draw in material that you have learned in the course. **(6 points for effective and appropriate integration of course material)**

•Use first-person, active voice and use appropriate APA format for references. E.g. “I chose this meme because it conveys....”; “I would change the illustration to convey that depression is not

only a problem of individual biochemistry, but is also affected by structural factors. It is not “all in your head”! as Ramos (2022) would say”; or “I like this cartoon because it *challenges* the sanist belief that people with a psychiatric diagnosis should not make their own decisions. It does this by....” And so on. (3 points for use of active voice and APA formatting)

**NOTE: 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.**

### 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 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](#).

### Add/Drop Deadlines

For a list of all important dates please refer to [Undergraduate Fall/Winter 2024-2025 Important Dates](#)

	Fall (Term F)	Year (Term Y)	Winter (Term W)
Last date to add a course <b>without permission</b> of instructor (also see Financial Deadlines)	September 18	September 18	January 20
Last date to add a course <b>with permission</b> of instructor (also see Financial Deadlines)	October 2	October 16	January 31
Drop deadline: Last date to drop a course without receiving a grade (also see Financial Deadlines)	November 8	February 7	March 14
Course Withdrawal Period (withdraw from a course and receive a grade of “W” on transcript – see note below)	November 9 – December 3	February 8- April 4	March 15- April 4

### 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 and Use of AI Generated Responses**

Plagiarism is a serious breach of academic honesty and integrity (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. In addition, your TAs will be comparing your responses to AI-generated responses and you will be penalized for using AI. If you have concerns about your ability to do the work for this course without using AI, please speak to us. The point here is for you to learn to use your own critical, reflective capacities to discern and evaluate assumptions, perspectives, and arguments.

### **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:

Week:	Topic:	Materials:
1 – Sept. 4	Troubling “abnormal” psychology: Key concepts and frameworks	-Marecek & Lafrance (2021) -Schrader, Jones, & Shattell (2013) -Hogan (2019)
2 – Sept. 11	What can we learn from history?	-Ramos (2022) -Lane (2010) -“A residential school survivor...” (2016)
3 – Sept. 18	Diagnosis and its discontents	-Lane (2013) -Lafrance & McKenzie-Mohr (2013) -Read & Harper (2022)
4 – Sept. 25	<b>COMMUNITY AND CONNECTION</b>	-PODCAST

[Unscientific diagnoses medicalize normal human experiences](#)

**PARTICIPATION MARK 1 DUE BY 12 NOON ON FRIDAY, SEPT. 27th**

5 – Oct. 2	What does culture have to do with it?	-Watters (2010) -Kleinman (2004) -Schulz (2004)
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**ACADEMIC REFLECTION DUE BY 12 NOON ON FRIDAY, OCT. 4th**

6 – Oct. 9	‘Race,’ racism, class	-Williams et al. (2022) -Klein & Lopez (2021)
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**FALL READING WEEK OCTOBER 12-18**

7 – Oct. 23	Culture and structure in practice	-Kirmayer (2013) -Metzl & Hansen (2014)
8 – Oct. 30	Gendering, gender, and distress	-Ussher (2013) -Oliffe & Phillips (2008) -Dickey (2020)

**READING RESPONSE DUE BY 12 NOON ON FRIDAY NOV. 1st**

9 – Nov. 6	<b>COMMUNITY AND CONNECTION</b>	
10 – Nov. 13	(De)Medicalizing sex and sexuality	-Hart & Wellings (2002)

		-Hartley & Tiefer (2003) -King (2019)
11 – Nov. 20	Troubling trauma	-Tseris (2015) -Burrage et al. (2022)
12 – Nov. 27	Beyond “treatment”	-Beyond Possible video -Gone (2022) -Read & Harper (2022)

***PARTICIPATION MARK 2 DUE BY 12 NOON ON FRIDAY, NOV. 29th***

***FINAL ASSIGNMENT DUE BY 12 NOON ON TUESDAY DECEMBER 3rd***

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

**1) Sept 4: 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 11: 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 Metz](#). *Psychology Today: Side Effects*.

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

**3) Sept 18: 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 25: COMMUNITY AND CONNECTION (see e-class site for details)**

**PODCAST: [Unscientific medical diagnoses medicalize normal human experiences](#)**

**5) Oct 2: 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/10psych-e-t.html?\\_r=0](http://www.nytimes.com/2010/01/10/magazine/10psych-e-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 9: '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 23: Structuring 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) Oct 30: 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>

#### **9) Nov 6: COMMUNITY AND CONNECTION (exact date TBA; see e-class site for details)**

#### **10) Nov 13: (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 20: 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 27: 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**