OVERVIEW

This unit of study consists of two parts, sections A and B. In the first half of the unit (section A), philosophical issues within psychology will be examined by Dr. Hibberd, giving due consideration to some of psychology’s history. In the second part (section B), Dr. Pols focuses on the history of psychiatry and also takes up philosophical issues. Across both sections, we examine one of the most interesting developments in the history and philosophy of science, viz., the scientific practices involved in making human beings an object of study. We examine the ways in which psychologists and psychiatrists have investigated human nature, approaches to research they have developed to that end, major controversies in the fields, and basic philosophical assumptions made in the sciences of human nature. We investigate the development of psychological theories and investigative methods as well as the development of psychiatric theory, treatment methods, and institutions.

This unit of study is for students in the History and Philosophy of Science and for students in Psychology. For the latter, the unit counts towards a major in Psychology. Successful completion of the essay in the philosophy of psychology (Dr Hibberd’s section) is compulsory for Psychology students intending to take the theoretical thesis option in Psychology Honours.
Pre-requisites
There are two ways to meet the pre-requisites for this unit:
1. 12 intermediate credit points in HPS.
OR
2. 12 intermediate credit points in Psychology.

Assumed knowledge
HPS students: The basic principles and approaches within the History, Philosophy, and Sociology of Science, as taught in HPSC2101 (Introductory Philosophy of Science) and HPSC2100 (The Birth of Modern Science)
Psychology students: Junior and Intermediate Psychology.

COURSE OBJECTIVES
1. To examine the history of psychology and psychiatry, introducing students to debate about interpretation of the historical process, focusing on important individuals and movements and drawing particular attention to recurrent ideas and themes.
2. To acquaint students with various arguments which have been presented in favour of (or against) certain theories and approaches in psychology and psychiatry.
3. To expose students to conceptual analysis by relating historical conceptual problems to modern problems in psychology and psychiatry, and by examining some key concepts (such as ‘mind’, ‘behaviour’, ‘consciousness’, ‘theory’, ‘explanation’, ‘mental illness,’ and so on).
4. To foster in students the development of their own abilities to present and evaluate arguments and to engage in critical analysis of any material encountered in their reading and research in psychology and psychiatry.

Generic skills developed during this unit of study include:
1. Analytical reading: being able to gain a clear understanding of arguments through analysis of scholarly material.
2. Research and writing skills: development of an argument using clear reasoning and language skills.
3. Presentation skills.

If you would like to see some samples of well-written work, please see your lecturer.

LECTURE AND TUTORIAL ATTENDANCE
- Lecture attendance is highly recommended.
- The Faculty of Science requires students to attend 80% of all tutorials. A tutorial roll will be taken each week.
**ASSESSMENTS**

One essay: 40%.
One exam: 40%.

Tutorial exercises: 2% per tutorial exercise; there will be 10 tutorial exercises.
Tutorial exercises: 20%.

I. **Essay (40%)**: students will choose one of the following two options:
   
   A. History & Philosophy of Psychology essay
   B. History of Psychiatry essay

   Essays are 2,500 words. Psychology and HPS students may choose either option.
   Due by: Monday 2 May, 11:55pm on Blackboard. After submission, you will receive an electronic confirmation receipt.

II. **Exam (40%)**: students will sit a formal 2hr. exam (4 x 30 min. long essay questions) during the June examination period. The exam paper contains 4 sections, each with four questions. **The questions for sections A and B deal with Dr. Hibberd’s part of this Unit of Study; the questions for sections C and D deal with Dr. Pols’ part of this Unit of Study.** Students are required to answer one question from each section. Exam questions will cover both lecture and tutorial material.

III. **Tutorial exercises (2% for each submission x 10)**
   From week 2 to week 12, before 12:55pm each Monday morning (i.e., before Monday’s lecture), you will submit through Blackboard the tutorial submission for that week.
   **Note, there will be no opportunity to submit your summaries at a later point because the link on Blackboard will disappear.**

   **Criteria for avoiding an ABSENT FAIL (AF) result**
   You must:
   1. Submit an essay (and it must be a serious attempt at the topic), and
   2. Sit the exam (and your paper must constitute a serious attempt), and
   3. Submit at least 8 tutorial exercises, and
   4. Attend at least 10 of the 12 tutorials.

   **Note 1.** If you miss more than 2 tutorials, you can only avoid an AF result if: (a) you have the approved special consideration forms covering you for the periods you were absent, and (b) you could not have attended any other tutorial that week.

   **Note 2.** If plagiarism is detected in even one tutorial exercise, the total mark for the tutorial exercises component will be 0 (zero). However, you must still ensure that you have submitted 9 other tutorial exercises to avoid the AF result.

**ESSAY SUBMISSION**
If either your e-copy to Blackboard is submitted after their respective due times, your essay will receive a late penalty.
Penalties for late essay submission

Up to **one week** after due date  The assignment will be accepted and marked as normal, but **10** marks will be deducted.

Up to **two weeks** after due date  The assignment will be accepted and marked as normal, but **20** marks will be deducted.

Up to **three weeks** after due date  The assignment will be accepted and marked as normal, but **30** marks will be deducted;

**Past three weeks** after due date  Your assignment will be accepted but will not be marked. It will be checked to make sure that it is a serious attempt, and it will be given a mark of **zero (0)**. You will have fulfilled unit requirements, and so you are still eligible to complete the HPSC unit.

**More than 28 days** after due date  Your assignment **will no longer be accepted** You are **no longer eligible to complete** HPSC 3023.


If you believe that your essay has not been marked fairly, please email the marker of your essay (see signature at end of essay) and explain why you think the mark is unjustified. They will arrange to meet with you. If, after that meeting, you continue to think that the mark is unjustified, please contact the unit co-ordinator.

**Exam marks**
These will be posted to Blackboard as soon as possible after marking.

**HPS AND UNIVERSITY RESOURCES**
The HPS main office is located in Carslaw, 3rd floor, and operates during the semester on Monday, Tuesday, and Wednesday (hours may differ between semesters and the office is closed on major holidays).


The University Code of Conduct prohibits any harassment, bullying or other treatment by another student, inside or outside class, that makes it harder for you to study or interferes with your education. This includes cyber-bullying or unwelcome texting. If you are being harassed, you should immediately let the unit co-ordinator know, and we will advise you to lodge a formal complaint.

**READINGS**
All readings will be made available through the Blackboard web-site or the university library. There is no course reader. You will be expected to have read the tutorial material *in advance* of the tutorial for which it is scheduled. In addition, books associated with the topics of this unit of study will be placed in the special reserve section of Fisher Library. Some readings, particularly historical primary sources, may contain sexist or other types of potentially offensive language, and are used for pedagogical purposes, but in no way represent the
endorsement of such language or views. The Unit for HPS promotes and requires critical and analytical reading of all materials used in its units of study.

**Journals in which articles on conceptual issues in Psychology most frequently appear:**
*American Psychologist; Theory & Psychology; Philosophical Psychology; Journal for the History of the Behavioural Sciences; Journal of Theoretical & Philosophical Psychology; New Ideas in Psychology; Journal of Constructivist Psychology; Journal for the Theory of Social Behaviour; Behavior & Philosophy; Journal of Mind & Behavior; Mind; Philosophy, Psychiatry & Psychology*

**Journals in which articles on the History of Psychiatry appear:**


**Background readings:**


Note that lecture topic/material may change at the lecturer’s discretion.

**TIMETABLE – SECTION A: Psychology and the Philosophy of Science**

**Week 1.**
29 Feb.  The relationship between Psychology and Philosophy
In examining this relationship, we need to establish what is meant by the ‘philosophical test’ or ‘conceptual analysis’ and why the philosophical test is so important to all science, including Psychology and Psychiatry. This is done through examining the nature of theory and the hypothetico-deductive method. We also consider a metaphysical reason for philosophy’s relevance to Psychology.

3 March. Logical Positivism and its Impact on Psychology: Verificationism and Operationism
In this and the next lecture we examine the most influential of the philosophies of science on Psychology – logical positivism. A little of this philosophy needs to be understood in order to recognise the role that it’s played in shaping Psychology as a discipline. The most important legacy has been operationalism, i.e., the methodological dictum that Psychology operationally define its variables. We examine operationalism’s insurmountable logical difficulties and consider why the doctrine continues to live on.

**Week 2.**

10 March. Realism and Instrumentalism in Psychology
Neither positivism nor instrumentalism make the truth of a theory the scientific priority. In this lecture, we compare these doctrines with realism, using examples from Psychology, and identify the problem associated with neglecting truth as a requirement of scientific explanation.

**Week 3.**
14 March. Popper’s falsificationism and Psychology’s response
Popper provided a substantial critique of logical positivism offering falsificationism as a criterion of demarcation between science and pseudo-science. In this lecture, we examine Popper’s thesis and Psychology’s response to it.

17 March. Is Psychology still waiting for its first scientific paradigm?
What, if any, have been the influences of Kuhn’s Structure of Scientific Revolutions on Psychology? In this lecture, we examine Kuhn’s account of science before considering Psychology’s appropriation of the Kuhnian model.

**Week 4.**
21 March. Social constructionism and post-modernism in Psychology
Kuhn’s account of science was a significant influence on the social constructionist movement which developed in the 1980s. Social constructionism offers a radical alternative to positivist-empiricist philosophies of science, and its influence in Psychology is greatest in the ‘softer’ areas of the discipline. We consider some of constructionism’s central tenets and the logical problems they encounter.


**Psychology and the Philosophy of Mind**

**24 March. Descartes, Dualism, and Cogito Ergo Sum**
In this and the following lecture, we provide the intellectual context for the concepts of mind that subsequently informed Psychology and Psychiatry. We examine Descartes’ metaphysics, his mind-body dualism and his *Cogito Ergo Sum* argument.

**28 March and 31 March: AVCC Common Week**

**Week 5.**

**4 April. John Locke and British Empiricism**
This lecture provides an overview of Locke’s concept of ‘idea’ and primary and secondary qualities in the context of Cartesian and Newtonian physics.

**7 April. The concept of behaviour**
This lecture examines what must, and what cannot, be meant by the term ‘behaviour’? We demonstrate three necessary components of any item of behaviour and explain why other analyses run into problems.

**Week 6.**

**11 April. Guest speaker Q & A: The positive-negative distinction grounding Positive Psychology.**
In this Q & A session, students will have the opportunity to question Professor Barbara Held (Clinical & Theoretical Psychologist, Bowdoin College, USA) about her critique of Positive Psychology.

**14 April. The observability of mental processes and the concept of cognition cont.**

**Week 7.**

**18 April. The concept of motivation**
In this lecture, we examine the concepts of intention, purpose, disposition and instinctual drives.

**TIMETABLE – SECTION B: History of Psychiatry**

**Psychiatry, Mental Illness, Mental Disorder**

Psychiatry has always been controversial. Critics have claimed that mental illness is not a disease and that psychiatrists merely medicalise and pathologise deviant or unusual behaviour, thereby forcing individuals to conform to middle-class standards of propriety. In this lecture, an overview of the main criticisms that have been levelled against psychiatry (asylums, anti-psychiatry and labelling theory) will be given.

**Reading**
Further Reading

Week 8.
25 April. ANZAC day

28 April. The Origin of the Mental Hospital
Psychiatry as a discipline originated in the mental hospital. Initially, lunatics were considered animals because they had lost their reason. Harsh and brutal treatment awaited them. In the beginning of the 19th century, a different approach to mental illness became popular: moral treatment. Doctors advocating moral treatment considered the mad as confused children in need of a gentle guidance. The treatment of the mentally ill improved considerably when the ideals of moral treatment became popular. After mental hospitals increased in size and became overcrowded, the ideals of moral treatment were impossible to maintain.

Reading

Further Reading

29 April. Excursion to the site of the former Callan Park Mental Hospital
Excursion to the site and buildings of the former mental hospital at Callan Park, now the Sydney College of the Arts. Callan Park was one of the first mental hospitals in Australia and was built according to the principles of moral treatment. When it opened in 1877, it was the most expensive structure ever built in Australia. Attendance is voluntary.

Week 9. Neurasthenia and Hysteria

2 May. Neurasthenia and the Rest Cure
In the 1870s, the American neurologist George Miller Beard introduced neurasthenia, which was characterized by vague complaints such as depression, restlessness, irritability, sleeplessness, fatigue, headaches, and the like. It primarily affected upper-middle class men engaged in desk work and intellectual labour. According to Beard, neurasthenia was one of the consequences of the advances of civilisation, which taxed our brains beyond its natural capacities.

Readings

**Further Reading**

5 May. Hysteria, Hypnosis, and Jean-Martin Charcot
In the 1880s, Jean-Martin Charcot introduced the diagnosis of hysteria for a wide variety of psychological phenomena he had observed in his female patients in a Paris mental hospital. Hysterics generally suffered from local paralyses for which no neurological explanation could be found. They were unusually susceptible to hypnosis. After Charcot’s death, the diagnosis disappeared.

**Reading**

**Further Reading**


**Week 10. Psychoanalysis and mental hygiene**

9 May. Sigmund Freud and Psychoanalysis
In 1900, Sigmund Freud published his *Interpretations of Dreams* and developed his talking cure for the treatment of hysteria and other mental disorders. According to Freud, mental disorders are rooted in life experiences and the internal psychological dynamics of desire and its repression. Psychoanalysis, although always controversial, has profoundly influenced the history of psychiatry.

**Reading**


**Further Reading**


12 May. Mental Hygiene and the Psychiatric Diagnosis of Society
Mental hygienists were psychiatrists who wanted to bring psychiatry out of the mental hospital and into the community. They wanted to make treatment available to more people before more severe forms of mental illness could develop. They believed that prevention was better than cure. Mental hygienists also advocated far-reaching measures of social reconstruction to create a better society in which there would be fewer cases of mental illness.

Reading

Further Reading

Week 11. Biological psychiatry & DSM
16 May. Somatic Treatments in Psychiatry
The only Nobel Prize ever awarded for research in psychiatry and neurology went to the Portuguese neurologist Egaz Moniz, the inventor of lobotomy, in 1949. At the time of its introduction in the 1930s, lobotomy was heralded as an exciting new surgical technique that could liberate thousands of patients from the mental hospital. Other somatic treatment methods that were common before 1940 were: malaria fever therapy, metrazol shock therapy, insulin coma therapy, and electroconvulsive therapy (ECT).

Reading

Further Reading


19 May. DSM, Biological Psychiatry, and the Pharmaceutical Industry
The DSM is the Bible of diagnostic psychiatry. When your condition can be labelled with one of the many diagnoses of the DSM, you have a disorder. In the past, psychiatric diagnoses, however, have turned out to be remarkably flexible. In 1980, homosexuality was voted out as a mental disorder, at the same time when Posttraumatic Stress Disorder was voted in. Is there an objective or empirical basis for many of the disorders in the DSM?

**Reading**


**Further reading**


**Week 12. War and Trauma**

**23 May. War, Trauma, and Psychiatry**

Is participating in war inherently traumatic? The number of veterans with psychiatric complaints has always been high. During World War I, soldiers were diagnosed with shell shock. During World War II, with war neurosis, combat fatigue, or combat stress. And after the Vietnam War, the diagnosis of Posttraumatic Stress Disorder (PTSD) was introduced.

**Readings**


**Further Reading**


26 May. Trauma, Repressed Memories, and False Memory Syndrome

In 1980, Post-Traumatic Stress Disorder became part of the Diagnostic and Statistical Manual, the diagnostic Bible of psychiatry. Psychiatrists applied this diagnosis to victims of rape, sexual abuse, violence, and natural disasters. These experiences are, not surprisingly, associated with painful memories. Advocates of psychotherapy argued that therapy helped in uncovering memories which have been repressed because of their painful nature; critics argued that psychotherapy merely created these memories, and that these were thereby false.

Reading

Further Reading

Week 13. Global Mental Health

30 May. Mental Illness and Mental Disorder in a Global Perspective

The expression of mental disorder is historically and culturally variable. We will investigate what it depends on, and how new models for mental illness come about.

Reading

Further Reading
For psychology see: Psychology around the world.
2 June. Global Mental Health?
Both psychologists and psychiatrists claim to deal with universal categories. Yet some critics argue that they embody Western approaches to Western minds. What about psychology and psychiatry in other parts of the world?

Reading

Further reading
Movement for global mental health: [http://globalmentalhealth.org/](http://globalmentalhealth.org/)