

Emily Lancaster & Christopher Warren
Fall 2004
Lesson Plans

Mental Illness Unit Rationale

Mental Illness is a psychiatric disorder that results in a disruption in a person's thinking, feeling, moods, and ability to relate to others.

The integration of literature by and about disenfranchised social groups in high school curricula is not at all a new phenomenon. Indeed, almost every school system encourages the teaching of literature written by and about women and various racial and ethnic minorities. Literature about the mentally ill is also a staple of most high school literature curricula, including works such as Catch-22, One Flew Over the Cuckoo's Nest, various novels by Faulkner, and assorted plays by Shakespeare. Rarely, however, does classroom study of these works draw attention to the depiction and purpose of mental illness in these works, often glossing over these issues and ignoring many opportunities to build social awareness about the mentally ill and to examine societal and personal views about mental illness that are oftentimes negatively portrayed in popular culture.

People can suffer from mental illness regardless of age, gender, ethnicity, socioeconomic background, or culture. According to the National Institute of Mental Health, an estimated 22.1 percent of Americans ages 18 and older-about one in five adults-suffer from a diagnosable mental disorder in a given year. When applied to the 1998 U.S. Census residential population estimate, this figure translates to 44.3 million people. The American Psychiatric Association estimates that only about 3 to 4.5 percent of the public suffers from "severe mental illness" (Vatz, 2). Although not everyone

agrees on the exact percentages of mental illness in America, we can agree that the issue exists.

Although not everyone agrees on the exact frequency of mental illness in the population, the existence of mental illness and its effects on individuals cannot be denied. It is likely (based upon these statistics) that a student will come into contact with a mentally ill peer, have a family member with a mental illness, or have a mental illness themselves. Our primary goal is to promote awareness of mental illness and to alleviate the stigma associated with such forms of illness. We argue that social awareness can help students to seek help if they suffer from maladies such as depression, anxiety, eating disorders and so on.

According to the Encarta encyclopedia, anxiety affects “an estimated 8 to 10 percent of children. Depression is another common childhood mental disorder, affecting up to 2.5 percent of children (under age 13) and up to 8.3 percent of adolescents in the United States.” In 2000, suicide was the third leading cause of death among 15 to 24 year olds. Depression in students can cause lower grades, lower self esteem, or difficulty in social situations. We feel that dealing with mental disorders in a straightforward manner can help our students who might suffer from mental illnesses realize that they are not alone.

American psychiatrist Thomas Szasz has critiqued the common practices and social function of psychiatry, criticizing the psychiatry community and American society's "boundless mindlessness about mental illness, liberty, and death" (Szasz, The Therapeutic State, 86). Szasz points out the stigma inevitably associated with the labeling of individuals as mentally ill, "the idea of mental illness, whether of the mind or the body,

implied deviation from a norm" (Szasz, The Therapeutic State, 15). In his attempt to revise the foundational constructs of contemporary psychiatry, Szasz takes an unabashedly radical view, and, in the debate over psychiatric practices and their legitimacy, few have ignored his voice (Svensson 14).

Szasz's body of work consistently and thoroughly criticizes the psychiatric community for what he views as a flawed conceptualization of so-called "mental illness," using common diagnoses such as hysteria and schizophrenia to illustrate the blurred distinctions between biochemical imbalances and personal problems that have no direct correlation to physical health. While his criticism is well-founded, Szasz provides few alternatives to the current psychiatric model. Szasz, however, does provide one solution, suggesting that all people are students in a metaphorical "school of life," and that all people are obligated to view social constructs with a certain degree of skepticism in order to rethink these essentially artificial concepts of human behavior and interaction (Szasz, The Myth of Mental Illness, 310).

While Szasz's approach to psychiatry is indeed radical and the nuances of his theories are somewhat complex for high school instruction, his iconoclastic views on mental illness certainly provide an apt starting point for a thematic instructional unit focusing on portrayals of the mentally ill in literature. Szasz, throughout his criticism, highlights the need for social understanding in approaching issues related to mental illness. Furthermore, while studies of mental illness (biological and otherwise) may seem more appropriate for a science classroom, even Szasz points out that the misconceptualization of mental illness is "primarily linguistic... a matter of how words are used to shape popular opinion and to justify legal action and political policy" (Szasz,

The Therapeutic State, 16). While students in a high school classroom would not be deciding issues of public policy, their understanding (and sometimes misunderstanding) of social issues determine their sense of responsibility as future citizens.

By extrapolation, even high school language arts teachers should accept responsibility for encouraging critical thought on an issue as personally and socially devastating as mental illness. However, we should also keep in mind that great strides have been made in the psychiatric community towards diagnosing and treating mental illness. Nevertheless, only 50% of those who experience mental disorders seek treatment (U.S. Department of Health and Human Services, 1999); in Canada, this figure is less than 33% (Centre for Addiction and Mental Health, 2002). Regardless of Szasz's sharp critique of the psychiatric community, the help of trained professionals can assist many who suffer from persistent mental illness, and, by destigmatizing mental illness, students will perhaps be more understanding and accepting of other peoples' deviations from a psychological norm (Edney, 5).

Considering the abundance of characters in literature who are considered "mentally ill" and even "insane," the high school language arts classroom is an ideal place for young people to begin a genuine exploration of mental illness and its effects on both the individual and society. Harper Lee's To Kill a Mockingbird, Joseph Heller's Catch-22, Allen Ginsberg's Howl, Charlotte Perkins Gilman's "The Yellow Wallpaper," Henrik Ibsen's Hedda Gabbler, and William Shakespeare's plays Hamlet and Macbeth are just a handful of examples for critically analyzing the role of mental illness in literature. Rather than glossing over the issues of "madness" and "insanity" in these works, students will

finally take more than a moment to examine the significance and purpose of depicting mental illness and its attendant social repercussions.

In addition, the instructional unit provides a number of opportunities for cross-curricular studies with the social sciences. The unit connects language arts with studies in history, as well as both psychology and sociology. At the same time, the study of various mental illness, their biochemical or emotional causes, and their physical symptoms provides connections with both chemistry and biology. Connections can even be made to both music and fine arts, examining the musical and visual compositions of individuals who were considered "mad" by their contemporaries.

During the course of the unit, these young people will hopefully acquire a better understanding of their world and the people in it. By emphasizing the interconnections of language and mental illness, this instructional unit hopes to encourage a critical stance on literature and its representations of the mentally ill. Szasz makes his case for this critical stance quite clear: "Poetry, politics, and psychiatry all come down to language--to the ancient truth which we forget at our own peril: namely, that it is by controlling words that we control men" (Szasz, The Therapeutic State, 181). This instructional unit strives to give students at least some understanding of and control over words, vesting students with the responsibility to be aware of their social surroundings and their personal prejudices, as well as pointing out ways that students can reshape these prejudices and grow as individuals who are socially conscious and morally conscientious.

Works Cited

- Cohen, Alex and Arthur M. Kleinman. "Mental Illness." Microsoft Encarta: Encyclopedia Online. 2004. 19 October 2004.
<http://encarta.msn.com/encyclopedia_761566888/Mental_Illness.html>.
- Edney, Dara Roth. "Mass Media and Mental Illness: A Literature Review." Canadian Mental Health Association January 2004. 26 September 2004.
<http://www.ontario.cmha.ca/docs/about/mass_media.pdf>.
- Svensson, Tommy. On the Notion of Mental Illness: Problematizing the Medical-Model Conception of Certain Abnormal Behaviour and Mental Afflictions. Brookfield, VT: Ashgate Publishing Company, 1995.
- Szasz, Thomas S. The Myth of Mental Illness: Foundations of a Theory of Personal Conduct. New York: Hoeber-Harper Books, 1961.
- . The Therapeutic State: Psychiatry in the Mirror of Current Events. Buffalo, New York: Prometheus Books, 1984.
- "The Numbers Count: Mental Disorders in America." National Institute of Mental Health 2001. 19 October 2004 <<http://www.nimh.nih.gov/publicat/numbers.cfm>>.
- Vatz, Richard E. "Misleading Report Overstates Prevalence of Mental Illness."
HealthyPlace.com 30 January 2000. 19 October 2004
<<http://www.healthyplace.com/Communities/Depression/ect/resources/surgeongeneral/editorial.asp>>.

Goals/Objectives for Unit on Mental Illness

The overarching goals for this unit consist of the following:

- a) To provide students with a broad understanding of mental illnesses, their symptoms, their prognoses, and their treatments.
- b) To facilitate social understanding of the mentally ill.
- c) To familiarize students with the cultural, social, and thematic relevance of mental illness in literature.
- d) To recognize different purposes and methods of writing; identifies a writer's tone and point of view.
- e) To engage in discussion as both speaker and listener, critically and constructively interpreting, analyzing, and summarizing ideas.

For the first three weeks, the focus of the unit will be on the three major mental disorders. Week one will address depression. Week two will concentrate on bipolar disorder and the third week students will learn about schizophrenia. During weeks four through six, students will learn about Obsessive-Compulsive Disorder and Posttraumatic Stress Disorder. Because students will be doing their own research on mental illness, the teacher will not be *lecturing* students about the specific characteristics of the mental illnesses. Students will learn about mental illness through in-class reading, discussions, and research. Students will be expected to first read the literature presented in class and apply their prior knowledge of mental illness to the short stories and novels. It is fine for the students to have pre-conceived notions of mental illness and the inaccuracies should be addressed (or at least questioned) by other classmates or the teacher. When the students begin to do library research on mental illness, many myths of the illnesses should be eradicated through this exploration.

Because our lesson plans are a way to promote awareness of mental illness in literature and in real life, students should explore points of view from the perspective of the mentally ill and from other characters in the literature. Since the summative assessment requires students to write a diary from either the perspective of a person with mental illness or from a friend; family member; or health care worker of someone with a mental illness, students should get a feel for which perspective is most comfortable for them. Consequently, students have several opportunities to take perspectives by creating artistic interpretations from the perspective of the narrator, doing a rewrite of a story from another character's point of view, producing a body biography to better understand their character, and discussing perspectives in groups.

. Students will build awareness of people with a mental illness through reading both fiction and nonfiction. Our unit will consist of formative assessment during weeks one through four to build towards the summative assessment that students will work on during weeks five and six.

- ❖ During weeks one, two, and three students will choose books for literary circles.
- ❖ During weeks three and four students will research the mental illness that the character they choose for the summative assessment demonstrates
- ❖ During weeks five through six students will bridge the information from the literary circles and research to their diary entries.

Students may choose from a list of texts for their literary circles and their diaries; however we will read short stories and excerpts from nonfiction work in class together.

These short works include excerpts from Women of the Asylum, The Yellow Wallpaper by Charlotte Perkins Gilman and The Sphinx by Edgar Allan Poe.

Students will also be able to meet with their Book Clubs in class frequently. This time should allow students to either read silently or read aloud in groups. With some of the more difficult passages, the students may benefit from the book being read aloud. Weaker readers will also benefit from hearing the book read aloud; it is likely that most of the students will want to read in this manner. Those who want to read silently and are bothered by noise may read in the hall or may go to the library.

Lesson Plans (90 minute periods)

Week One

Monday:

- 3 minutes: Attendance and housekeeping
- 15 minutes: Introductory activity--Hand out opinionnaire and have students answer questions individually
- 15 minutes: Small group discussions based upon opinionnaire answers
- 15 minutes: Whole class discussion based upon individual and small group
- 15 minutes: Share the following information with students--

Mental disorders such as depression, bipolar disorder, schizophrenia, obsessive compulsive disorder, generalized anxiety disorder, post-traumatic stress disorder, ADD/ADHD, anorexia and bulimia, etc. will probably affect the lives of at least one student in every teacher's classroom during some point in their careers.

The reality is that "[o]ne in five children and adolescents may have a mental health problem. At least one in ten, or as many as six million young people, may have a serious emotional disturbance. And an estimated two-thirds of all young people with mental health problems are not getting the help they need (Children and Families Advocacy, 2002)." And, with more disabled students mainstreamed into regular classrooms, the likelihood of teaching a student with a serious mental health disorder is only increasing.

Greenberg, L. and Grimm, A. (2002). Mental Health in School. *PBS Teacher Source*. Retrieved November 28, 2004, from: http://www.pbs.org/teachersource/whats_new/health/may02.shtm

- 15 minutes: Discussion of stereotypes of people with mental illness. The discussion can include examples from TV, movies, commercials, or personal examples.
- 10 minutes: Give students a list of the following novels or play to read. Students should be in groups of four for book club groups. Students should indicate their choice and will be given the books tomorrow.

Novels:

To Kill a Mockingbird by Harper Lee

Catch-22 by Joseph Heller

The Bell Jar by Sylvia Plath

One Flew Over the Cuckoo's Nest by Ken Kesey

The Sound and the Fury by William Faulkner

Play:

Death of a Salesman by Arthur Miller

- 2 minutes: Preparation to leave

OPINIONNAIRE

Each of the following statements expresses an opinion. Rate each of the following statements from 1 (strongly disagree) to 5 (strongly agree).

1. People with mental illness should be institutionalized.

1 2 3 4 5

2. I tend to shy away from people who “act crazy.”

1 2 3 4 5

3. I can tell when someone has mental problems from the way he/she acts.

1 2 3 4 5

4. Insane people are dangerous.

1 2 3 4 5

5. Movies and television accurately portray the mentally ill.

1 2 3 4 5

6. Mental illness makes one incapable of performing day-to-day activities.

1 2 3 4 5

7. People who are eccentric are mentally ill.

1 2 3 4 5

8. People with mental illness are not as intelligent as “normal” people.

1 2 3 4 5

9. Mental illness can be cured.

1 2 3 4 5

10. No one is normal.

1 2 3 4 5

Tuesday:

- 3 minutes: Attendance and housekeeping
- 10 minutes: Distribute books to groups. Have students sign for the books they borrowed.
- 5 minutes: Distribute the rubric for the book club group discussions that will be presented to the entire class. Answer any questions.
- 25 minutes: Silent reading or group read-aloud of book in Book Groups.
- 15 minutes: Small group activity (3-4 students). Brainstorm about events that could cause a person to become depressed. List as many as possible. Personal examples are fine, but remind students that any topic they relate to themselves that is potentially harmful will be related to a third party.
- 15 minutes: Have students share ideas about the causes of depression
- 10 minutes: Give students the depression handout. They should read silently.
- 5 minutes: Ask students if any of the statistics surprised them. Why?
- 2 minutes: Preparation to leave

HOMEWORK: HAVE STUDENTS READ AT LEAST THE FIRST TWO CHAPTERS OF THE NOVEL. SINCE THEY HAD TIME IN CLASS TO READ, MANY STUDENTS WILL NOT HAVE MUCH TO READ AT HOME.

BOOK CLUBS

For the unit on mental illness, you will form a Book Club and choose from the following texts:

Novels:

To Kill a Mockingbird by Harper Lee

Catch-22 by Joseph Heller

The Bell Jar by Sylvia Plath

One Flew Over the Cuckoo's Nest by Ken Kesey

The Sound and the Fury by William Faulkner

Play:

Death of a Salesman by Arthur Miller

If you should choose an alternate text by an American author, it must be approved by me. Groups preferably have four people. You will be expected to work in class with your group in forming discussions and analysis of the text. Your group will be required to have a presentation for the entire class.

The literary circles will consist of a discussion director, a summarizer, a vocabulary enricher, and an illustrator (Smagorinsky, 2002). The responsibilities of each student will rotate each class. You will meet in their groups several times a week to discuss the text, and will present to the class during the third week. I will have a sign-up sheet of times posted. The time you spend in their literary circles will include preparing for group presentation.

During the third week, your groups will present the information to the whole class; the groups will decide which format of discussion they would like to present to the class. You may, but are not limited to, creating talk shows in which you take on the role of a character from their text, take on the role of teacher and create a game show for members of the class, or discuss the prevalence of mental illness in the text. Each presentation should be at least 30 minutes long and should be informative and hopefully creative as to gather interest from the other students in the class.

An “A” discussion will include:

1. Evidence that all members have read the book.
2. A brief summary of the story, making sure to include key details from the chapters assigned.
3. Each group member takes a roughly equal part in leading the discussion.
4. Information that demonstrates reflection on the prevalence of mental illness in the book, but does not have to specifically name the mental illness at this time.
5. The discussion or activity will include at least 75 percent of the other students in the class.

A “B” discussion will include:

1. Evidence that three group members have read the book.
2. A brief summary of the story that includes most of the key details from the chapter assigned.

3. Each group member takes a roughly equal part in leading the discussion, although some students speak noticeably more than others.
4. Information that acknowledges the prevalence of mental illness in the book, but does not have to specifically name the illness.
5. The discussion or activity will include at least 50 percent of the other students in the class.

A “C” discussion will include:

1. Evidence that two group members have read the book.
2. A brief summary of the story includes vague details that could be better elaborated.
3. Some group members speak substantially more than others.
4. Information mentions the prevalence of mental illness in the book, but does not elaborate on the characters that demonstrate such characteristics.
5. The discussion or activity includes less than half of the other students in the class.

A “D” discussion will include:

1. Evidence that one group member has read the book. The three other group members have little to no information to give.
2. A brief summary of the story that leaves out most of the key details.
3. Some group members do most of the talking.
4. Information barely mentions mental illness in the book; there is no indication that the students know which characters have a mental illness.
5. The discussion or activity includes no more than 25 percent of the other students in the class.

An “F” discussion will include:

1. Little evidence that the book has been read by any of the group members.
2. Students include little to none of the summary of the book.
3. Group members may be talking, but have no factual information.
4. Students do not include information on mental illness in the book.
5. The discussion or activity does not include the other students in the class.

Depression

1. Clinical depression affects 15 million Americans every year. Approximately 3 to 5 percent of the teen population experiences clinical depression every year...that means approximately two million people.
2. Approximately 25% of high school students seriously consider suicide each year, and over the past 35 years, the youth suicide rate in the U.S. has tripled.
3. Depression is not a weakness; it's a serious health disorder.
4. Symptoms of depression include, among others: Feelings of sadness and hopelessness; an inability to make decisions; loss of interest in ordinary activities; loss of appetite and radical behavioral changes.
5. Among people who are experiencing severe depression, 80-90 percent are treatable.

* National Institute of Mental Health stats

Depression: On The Edge. *National Institute of Mental Health*. Retrieved November 28, 2004 from:
http://www.pbs.org/inthemix/depression_index.html

Wednesday:

- 3 minutes: Attendance and housekeeping
- 30 minutes: Read The Yellow Wallpaper by Charlotte Perkins Gilman aloud as a class; ask for volunteers.
- 15 minutes: Whole class discussion on The Yellow Wallpaper. Have students come up with questions of their own. If they are having difficulty, or if there is a lull in the conversation, some of the following questions are possibilities to ask students:
 - ✓ Do you think this story accurately portrays someone who is mentally ill?
 - ✓ The narrator says that she is not “well.” What do you think about her illness?
 - ✓ Do you think the narrator has been mentally ill for a long time?
 - ✓ Why do you think the narrator and John were staying at the “colonial mansion?” What do you think about the setting of the story? What does the narrator think about the setting?
 - ✓ What are your feelings about John? Why do you feel that way about him?
 - ✓ How does John feel about the narrator? Why do you think so?
 - ✓ Do you think it is ok for the narrator to cry when she is alone?
 - ✓ Do you think that John is correct when he says that no one can help the narrator except herself?
 - ✓ What are the narrator’s feelings about the yellow wallpaper?
 - ✓ Does the narrator get well during her stay at the mansion?
 - ✓ Why do you think that John fainted?
- 20 minutes: Have groups of students (4 people each) choose a room that the narrator described and attempt draw the room or features of the room (such as the wallpaper) from the narrator’s perspective. Students may also choose to do a movie poster and cast actors/actresses.
- 20 minutes: Have students share their artwork on the overhead.
 - ✓ Why did you choose this room/item?
 - ✓ Was it hard to take the perspective of the narrator--to get inside her head?
 - ✓ Why did you cast this actor/actress?
- 2 minutes: Preparation to leave

HOMEWORK: STUDENTS SHOULD READ THE NEXT CHAPTER OR TWO IN THEIR NOVELS.

Thursday:

- 3 minutes: Attendance and housekeeping
- 5 minutes: Address any further questions/comments on “The Yellow Wallpaper.”

- 30 minutes: Perspective Taking--In groups of two or three people, have students write a portion of The Yellow Wallpaper from another character's point of view (John, Jennie, etc.)
- 15 minutes: Have students share their stories.
- 15 minutes: Book Club discussions. Students should get in their groups and discuss what they read so far. The teacher will walk around to each group to ask questions and see if students have questions.
- 20 minutes: Book Club meeting. Students may choose to read their novels silently or read aloud in groups.
- 2 minutes: Preparation to leave

HOMEWORK: STUDENTS SHOULD CONTINUE READING THEIR NOVELS, GROUPS WILL BE RESPONSIBLE FOR DECIDING HOW FAR THE GROUPS SHOULD BE. STUDENTS WILL BEGIN THEIR PRESENTATIONS BY WEEK THREE, SO THEY SHOULD DICTATE THE PACE ACCORDINGLY.

Friday:

- 3 minutes: Attendance and housekeeping
- 20 minutes: Book Clubs should get together to start discussing the format of their presentations. They need not have solid plans; however they should have a rough idea. Brainstorming is encouraged. The teacher will walk around to each group to ask questions and see if students have questions.
- 10 minutes: Hand out research information and summative assessment sheets and answer questions. Students should be deciding which character's perspective they would like to take in their novel.
- 35 minutes: Read the firsthand account of Anna Agnew, a woman in an Indiana asylum from 1878-1885:
Gellar, Jeffery L. & Harris, Maxine (1994). Anna Agnew (1878-1885). *Women of the asylum: voices from behind the walls, 1840-1945* (pp. 137-146). New York: Anchor Books.
- 20 minutes: Discussion on the historical views of an asylum in America. Encourage students to ask questions. This is a list of backup questions:
 - ✓ Do you think that Anna should have been put in a mental institution?
 - ✓ What do you think of Anna's father? Was he a good father?
 - ✓ Do you think that Anna's husband loves her?
 - ✓ Do you think that the asylum helped Anna?
 - ✓ How is mental illness treated now?
 - ✓ Do you think treatment is more effect now than in was in the late 1800s?
 - ✓ Why do you think that treatment changed?
 - ✓ Do you think that people who are mentally ill should be placed in an asylum even if they do not want to be there?
 - ✓ Should a spouse be able to decide if his/her mate remains in an asylum?

✓ How has medication for people with a mental illness changed?

➤ 2 minutes: Preparation to leave

HOMEWORK: CONTINUE TO READ BOOK CLUB NOVELS.

Research--Mental Illness

During weeks three and four, you will conduct research in the library. Although you will still be reading the novel, you may begin researching mental illnesses. Sources should include books and the Internet. Sources must be cited in MLA or APA styles, which we will go over in class. You should keep in mind that the purpose of the research is to identify and reflect upon the mental illness of the character that you chose for the diary entries. You should identify the aspects of the character's mental illness and keep track of how the illness impacts behavior. You will have the responsibility of identifying the character's mental illness; you will need to justify your diagnosis through the research. In diagnosing a character, there is no one correct answer.

You will turn in a two page paper that briefly summarizes the characteristics of the mental illness that you feel your chosen character exhibits. You will have access to computers in the library, so you are expected to type this paper. You will have opportunities in class to peer edit and review. Sources should be attached.

An "A" summary will:

1. Be at least two pages long.
2. Be typed, doubled spaced, using Times New Roman Font.
3. Have strong evidence that links a mental illness to the student's chosen character.
4. Include sources (one of which must be a book) and have a works cited page.

A "B" summary will:

1. Be almost 2 pages long.
2. Be typed, double spaced, using Times New Roman font.
3. Have evidence that links a mental illness to the student's chosen character.

4. Include sources (one of which must be a book) and have a works cited page that needs revision.

A “C” summary will:

1. Be a page and a half.
2. Be typed, double spaced, using Times New Roman font.
3. Have weak evidence that links mental illness to the student’s chosen character.
4. Include sources that do not cite a book. The works cited page has many mistakes.

A “D” summary will:

1. Be a page.
2. Be typed, double spaced, using Times New Roman font.
3. Have little to no evidence that links mental illness to the student’s chosen character.
4. Includes sources, none of which are a book. No works cited page is attached.

An “F” summary will:

1. Be less than a page.
2. Not be typed.
3. Have no evidence that links the mental illness to the student’s chosen character.
4. Does not include sources or a works cited page.

Diary

The summative assessment for the unit on mental illness will consist of a 5 page “diary” of one of the mentally ill character that we have studied for the unit. The character need not be the “main character” and can serve a minor role in the literature as long as you can show that character’s perspective. You should exhibit knowledge of the character and the type of mental illness that their character demonstrates.

You also have the choice to choose a family member, friend, or health care worker in the novel that has firsthand experience of a character with mental illness. One example would be a diary of Nathan Radley, Boo Radley’s brother. If you choose Nathan as the voice of the diary, you will still be expected to diagnose Boo’s character through research. Perhaps you will feel more comfortable about taking the perspective of a family member that is dealing with another family member’s mental illness. In addition to learning about mental illness through research and literature, the purpose of this assignment is for you to write creatively, learn about voice, and develop an understanding of perspective.

This is a creative writing assignment, but it should also contain elements of mental illness that we have learned in class and from student research. The paper does not have to be typed, as handwriting or illustrations may add to the diary. However, handwriting should not be larger than normal to “take up space.” Handwritten assignments should be the equivalent to five typed pages. You do not have to resolve any conflicts, but the paper should emphasize their character’s point of view. To go along

with the diary, you must turn in a one page explanation of why you picked the character and what you learned about his/her mental illness.

An “A” paper will:

1. Be from the perspective of a character (or other character described above) that we have studied in the unit on mental illness.
2. Clearly demonstrate that the student understands the characteristics of the mental illness of a character.
3. The text need not necessarily be coherent at all times due to the nature of the topic, but it should illustrate the thought processes of a person with a particular mental illness or of a character that has experience with a person with a mental illness.
4. Specifically address the voice of the character chosen. Students will need to keep in mind how the character speaks or acts in the original text. Grammar and usage should reflect the chosen character; students will not be penalized for using nonstandard English.
5. The diary should explain the transformation, if any, of the character throughout the course of the story.
6. Have a diary that has at least five pages of written (or typed) text and include a one page explanation of why they picked the character and what they learned about the mental illness.

A “B” paper will:

1. Be from the perspective of a character that we have studied in the unit on mental illness.

2. Demonstrate that the student understands the characteristics of the mental illness of a character. The “B” paper is not as clear as the “A” paper.
3. The text need not necessarily be coherent at all times due to the nature of the topic, but the paper illustrates some the characteristics of a person with a particular mental illness.
4. Address the voice of the character chosen. Students will need to keep in mind how the character speaks or acts in the original text. The student switches voice at times.
5. Explain the transformation, if any, of the character during part of the story.
6. Have four pages of text and includes a $\frac{3}{4}$ page explanation of why the student picked the character and why he/she learned about the mental illness.

A “C” paper will:

1. Be from the perspective of a character that we have studied in the unit on mental illness.
2. Vaguely demonstrate that the student understands the characteristics of the mental illness of a character.
3. The text need not necessarily be coherent at all times due to the nature of the topic, but the paper illustrates very few of the characteristics of a person with a particular mental illness.

4. Attempt to address the voice of the character chosen. Students made some effort to keep in mind how the character speaks or acts in the original text, but often switches voices.
5. Does not attempt to address any changes in the character.
6. Have just three pages of text and includes half a page explanation of why the student picked the character and why he/she learned about the mental illness.

A “D” paper will:

1. Be from the perspective of a character that we have studied in the unit on mental illness.
2. Inaccurately describe the characteristics of the mental illness of a character.
3. The text need not necessarily be coherent at all times due to the nature of the topic, but the paper illustrates little to no characteristics of a person with a particular mental illness.
4. No attempt to address the voice of the character chosen.
5. Does accurately describe the character.
6. Have just two pages of text and includes a paragraph of explanation of why the student picked the character and why he/she learned about the mental illness.

An “F” paper will:

1. Give evidence that the student did not read the story, with evidence indicated by the absence of correct information about the character, his/her mental illness, or highly inaccurate information about the mental illness.
2. The student makes no attempt to address the voice of the character or creates an inaccurate picture of the character.
3. Has a page or less of text and does not explain why the student picked the character and what he/she learned about the mental illness.

Week Two

During Week Two, students will have more reading time so they can finish their books by next Monday. If a group is finished reading, they may have Silent Sustained Reading time or may work on their presentation for next week.

Monday

- 3 minutes: Attendance and housekeeping
- 45 minutes: Book Club reading and discussion. The teacher will walk around to each group to ask questions and see if students have questions.
- 10 minutes: Read handout-- Bipolar Disorder.
- 15 minutes: Have students (as a whole class) come up with a definition of stigma. Then students will get into pairs and brainstorm ways that the mentally ill are treated and how/if stigma can be eliminated.
- 15 minutes: Students will share ideas.
- 2 minutes: Preparation to leave

Bipolar Disorder

National Institute of Mental Health. Bipolar Disorder. Bethesda (MD): National Institute of Mental Health, National Institutes of Health, US Department of Health and Human Services; 2001 [reprinted 2002; cited 2004 January 26]. (NIH Publication Number: NIH 02-3679). 26 pages. Available from: <http://www.nimh.nih.gov/publicat/bipolar.cfm>

Introduction

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in a person's mood, energy, and ability to function. Different from the normal ups and downs that everyone goes through, the symptoms of bipolar disorder are severe. They can result in damaged relationships, poor job or school performance, and even suicide. But there is good news: bipolar disorder can be treated, and people with this illness can lead full and productive lives.

More than 2 million American adults,¹ or about 1 percent of the population age 18 and older in any given year,² have bipolar disorder. Bipolar disorder typically develops in late adolescence or early adulthood. However, some people have their first symptoms during childhood, and some develop them late in life. It is often not recognized as an illness, and people may suffer for years before it is properly diagnosed and treated. Like diabetes or heart disease, bipolar disorder is a long-term illness that must be carefully managed throughout a person's life.

What Are the Symptoms of Bipolar Disorder?

Bipolar disorder causes dramatic mood swings—from overly "high" and/or irritable to sad and hopeless, and then back again, often with periods of normal mood in between. Severe changes in energy and behavior go along with these changes in mood. The periods of highs and lows are called **episodes** of mania and depression.

Signs and symptoms of mania (or a manic episode) include:

- Increased energy, activity, and restlessness
- Excessively "high," overly good, euphoric mood
- Extreme irritability
- Racing thoughts and talking very fast, jumping from one idea to another

- Distractibility, can't concentrate well
- Little sleep needed
- Unrealistic beliefs in one's abilities and powers
- Poor judgment
- Spending sprees
- A lasting period of behavior that is different from usual
- Increased sexual drive
- Abuse of drugs, particularly cocaine, alcohol, and sleeping medications
- Provocative, intrusive, or aggressive behavior
- Denial that anything is wrong

A manic episode is diagnosed if elevated mood occurs with three or more of the other symptoms most of the day, nearly every day, for 1 week or longer. If the mood is irritable, four additional symptoms must be present.

Signs and symptoms of depression (or a depressive episode) include:

- Lasting sad, anxious, or empty mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in activities once enjoyed, including sex
- Decreased energy, a feeling of fatigue or of being "slowed down"
- Difficulty concentrating, remembering, making decisions
- Restlessness or irritability
- Sleeping too much, or can't sleep
- Change in appetite and/or unintended weight loss or gain
- Chronic pain or other persistent bodily symptoms that are not caused by physical illness or injury
- Thoughts of death or suicide, or suicide attempts

A depressive episode is diagnosed if five or more of these symptoms last most of the day, nearly every day, for a period of 2 weeks or longer.

Tuesday

- 3 minutes: Attendance and housekeeping
- 25 minutes: Informal writing assignment-- How would you feel if a houseguest was sad or anxious? What would you think about the guest if he/she saw monsters? What would you do? Would you invite the guest back again?
- 15 minutes: Students will share their writing assignment with a partner and then turn in their work.
- 30 minutes: Read The Sphinx by Edgar Allen Poe
- 15 minutes: In small groups of 3-4, students will consider the following questions:
 - ✓ The narrator says he has a “condition of abnormal gloom.” Why do you think he is in this condition? Is it abnormal?
 - ✓ Of what was the narrator scared?
 - ✓ Do you think that the narrator should have told the host about the Sphinx?
 - ✓ Do you think the host contemplates whether or not the narrator has a mental illness? Why?

- 2 minutes: Preparation to leave

Wednesday

- 3 minutes: Attendance and housekeeping
- 15 minutes: Read the article from CNN.com.
- 20 minutes: Group discussion--Students will be responsible for questions about this news article. If they get stuck, or if they get off topic, here are a few prompts:
 - ✓ How do the news media portray the mentally ill?
 - ✓ Do you think that the media should tell the public that someone who is accused of a crime is mentally ill?
 - ✓ Do you think that mental illness causes people to commit crimes?
 - ✓ Do you think that people “get away” with crimes due to their mental illness?
 - ✓ Do you think that people without mental illness claim that they have one when they are on trial for a crime?
 - ✓ Do you think mental illness of the accused should be a factor in a trial?

- 50 minutes: Book Club reading and discussion. Teacher will circulate, ask questions, and answer questions.
- 2 minutes: Preparation to leave

CNN.com. (2001, July 5). Ex-congressman plans insanity defense in fraud case. Retrieved November 28, 2004, from; <http://archives.cnn.com/2001/ALLPOLITICS/07/05/mezvinsky.plea/index.html>

Ex-congressman plans insanity defense in fraud case

PHILADELPHIA, Pennsylvania (CNN) -- An ex-congressman charged with swindling banks and clients out of \$10 million plans to plead innocent by reason of insanity.

An attorney for former U.S. Rep. Edward M. Mezvinsky filed notice Tuesday in U.S. District Court of an intent to raise a mental health defense in the case.

Attorney Mark E. Cedrone told U.S. District Judge Stuart Dalzell in the filing that Mezvinsky would raise the insanity defense based on a **long history of mental illness and said his client's conduct can be explained as "a classic textbook illustration of manic phase bipolar disorder."**

"The indictment in this case portrays a sad tale in which many lives were adversely affected. Mr. Mezvinsky does not contest many of the facts alleged in the indictment," the notice states.

Mezvinsky was indicted in March on many counts of fraud and related charges.

"Essentially, Mr. Mezvinsky takes the position that even though he may have engaged in much (although not all) of the conduct attributed to him in the indictment, he did not manifest criminally culpable intent," the notice states.

Mezvinsky represented a district in Iowa from 1973 to 1977. He is married to former U.S. Rep. Marjorie Margolies-Mezvinsky, D-Pennsylvania, who served from 1993 to 1995.

Cedrone said the illness affected his client's judgment, blinding him from the risks associated with a financial scheme that Mezvinsky allegedly entered into with con artists from Africa. He said Mezvinsky's mental problems were exacerbated by anti-malaria drug Lariam, which Mezvinsky apparently took on business trips.

"Mr. Mezvinsky is not raising a Twinkie-like defense. It is true that Lariam may very well have had an impact on the precipitation and exacerbation of Mr. Mezvinsky's pre-existing, serious mental illness. Lariam may also have caused Mr. Mezvinsky to become locked in the manic and uncontrollable behavior at issue in this case," the notice said.

Thursday

- 3 minutes: Attendance and housekeeping
- 5 minutes: Each student should decide on a character in his/her book that they want to use for the diary assignment. Students should turn in their choice to the teacher.
- 20 minutes: In groups of two, students should go to the website <http://www.mhasp.org/coping/quiz.html>, and take the quiz on mental health IQ and bipolar disorder. This will not be graded; it is just a way for students to see what they have learned about mental illness.
- 60 minutes: Book Club groups. Remind students that they **MUST** have their books read by Monday. They have been given plenty of in-class time to finish.
- 2 minutes: Preparation to leave

Friday

- 3 minutes: Attendance and housekeeping
- 25 minutes: Read Book Club book.
- 45 minutes: Body Biographies. Show the students examples of body biographies. Then, get out construction paper and have students draw the character they chose for the diary assignment.
- 15 minutes: Students will share their work in their book club groups and then turn the body biographies.
- 2 minutes: Preparation to leave

Week Three

Monday

- 3 minutes: Attendance and housekeeping
- 15 minutes: Refresher on citing sources (MLA and APA).
- 40 minutes: Library Research on mental illness for diary. Students must cite sources.
- 30 minutes: Book club meets for their final discussion. Students should have finished their book over the weekend.
- 2 minutes: Preparation to leave.

Tuesday

- 3 minutes: Attendance and housekeeping
- 45 minutes: Library Research
- 40 minutes: Students will meet with their book club groups to solidify the details of the group presentations; students may also practice their presentations.
- 2 minutes: Preparation to leave

Wednesday

- 3 minutes: attendance and housekeeping
- 30 minutes: Group Presentation #1
- 30 minutes: Group Presentation #2
- 15 minutes: Distribute the schizophrenia handout for individual reading.
- 10 minutes: Clip from *A Beautiful Mind*.
- 2 minutes: Preparation to leave

SCHIZOPHRENIA

National Institute of Mental Health. Schizophrenia. Bethesda (MD): National Institute of Mental Health, National Institutes of Health, US Department of Health and Human Services; 1999 [reprinted 2002; cited 2004 January 26]. (NIH Publication Number: NIH 02-3517). 32 pages. Available from:
<http://www.nimh.nih.gov/publicat/schizoph.cfm>

(All material in this publication is free of copyright restrictions and may be copied, reproduced, or duplicated without permission from NIMH)

Schizophrenia is not "split personality." There is a common notion that schizophrenia is the same as "split personality" – a Dr. Jekyll-Mr. Hyde switch in character. This is not correct.

Schizophrenia is a chronic, severe, and disabling brain disease. Approximately 1 percent of the population develops schizophrenia during their lifetime – more than 2 million Americans suffer from the illness in a given year. Although schizophrenia affects men and women with equal frequency, the disorder often appears earlier in men, usually in the late teens or early twenties, than in women, who are generally affected in the twenties to early thirties. People with schizophrenia often suffer terrifying symptoms such as hearing internal voices not heard by others, or believing that other people are reading their minds, controlling their thoughts, or plotting to harm them. These symptoms may leave them fearful and withdrawn. Their speech and behavior can be so disorganized that they may be incomprehensible or frightening to others. Available treatments can relieve many symptoms, but most people with schizophrenia continue to suffer some symptoms throughout their lives; it has been estimated that no more than one in five individuals recovers completely.

This is a time of hope for people with schizophrenia and their families. Research is gradually leading to new and safer medications and unraveling the complex causes of the disease. Scientists are using many approaches from the study of molecular genetics to the study of populations to learn about schizophrenia. Methods of imaging the brain's structure and function hold the promise of new insights into the disorder.

Thursday

- 3 minutes: Attendance and Housekeeping
- 15 minutes: Discussion of the clip from *A Beautiful Mind*. Let students try to ask questions first. If they cannot think of any, here are some prompts:
 - ✓ Do you think Russell Crowe portrayed a realistic version of a person with schizophrenia?
 - ✓ Did you expect a person with schizophrenia to also be highly intelligent?
 - ✓ Can you give other examples of other famous people (alive or dead) who had a mental illness and were also highly intelligent (Charles Dickens, Mozart, etc.)
 - ✓ In 1994, John Nash, Jr. won the Nobel Prize in Economics. Do you think his mental illness prevented him from achieving even more?

Give Students the information on the book, a Beautiful Mind.

by Sylvia Nasar

Soft cover, 460 pages

ISBN: 0-684-85370-1

LCCN: 98-2795

- 30 minutes: Group Presentation #3
- 30 minutes: Group Presentation #4
- 10 minutes: Work on diary in class.
- 2 minutes: Preparation to leave

Friday

- 3 minutes: Attendance and Housekeeping
- 30 minutes: Group Presentation #5
- 30 minutes: Group Presentation #6
- 25 minutes: Work on diary in class. Teacher will circulate to see if students understand the assignment.
- 2 minutes: Preparation to leave

Week Four

Monday

- 3 minutes: Attendance and housekeeping

- 45 minutes: Continue library research, though focus should still be on obtaining information and sources for brief research essay. Students are reminded to cite sources using either MLA or APA format.
- 15 minutes: Have students respond to the following writing prompt: “A psychologist has an ethical obligation to disclose information about mentally ill patients if the patients threaten to hurt themselves or others. Does a teacher? A student?”
- 15 minutes: Students should meet in small groups (three to four people) to discuss the prompt. Instruct students to look for differences and similarities in their responses.
- 10 minutes: Share response to writing prompt as a class. Ask for volunteers to share.
- 2 minutes: Preparation to leave

Tuesday

- 3 minutes: Attendance and housekeeping
- 50 minutes: Allow students time in computer lab to write research papers.
- 20 minutes: Briefly review common errors made in writing papers. This should simply be an overview of common writing errors discussed throughout the semester (run-ons, comma splices, subject-verb agreement, pronoun-antecedent agreement, etc.).
- 15 minutes: All students should be given time to look over their own papers for these common errors. Students should be encouraged to ask any questions or express any concerns about their writing to their teacher.
- 2 minutes: Preparation to leave

HOMEWORK: REMIND STUDENTS TO WORK ON RESEARCH PAPERS AND TO HAVE AT LEAST A ROUGH DRAFT READY FOR THURSDAY’S CLASS!

Wednesday


- 3 minutes: Attendance and housekeeping
- 25 minutes: Share the Obsessive-Compulsive handout with students, and allow them to discuss it in small groups.
- 15 minutes: Discuss OCD as a class. Encourage students to come up with their own questions. If students are having difficulty coming up with questions, here are some prompts:
 - ✓ Why do you suppose cases of OCD frequently go unrecognized?
 - ✓ Why do you suppose OCD can be so difficult to treat?
 - ✓ How do you think people with OCD might feel about their own mental illness?
 - ✓ How is OCD different from more conventional superstitions or habits?
 - ✓ How are the symptoms of OCD similar to “normal” personal behavior?
- 10 minutes: Watch brief clip from the movie “Matchstick Men” (in which Nicholas Cage portrays a con-man with OCD).

- 5 minutes: Discuss portrayal of OCD in this clip as a class. Consider discussing how OCD contributes to the (albeit quite brief) glimpse of Cage's character in this scene.
- 10 minutes: Watch two brief clips from "As Good As It Gets" (in which Jack Nicholson plays a writer with OCD).
- 5 minutes: Discuss portrayal of OCD in this clip as a class. Consider discussing how OCD contributes to the (albeit quite brief) glimpse of Nicholson's character in this scene.
- 13 minutes: Return to previous class discussion about the media's portrayal of the mentally ill, only this time with a cinematic rather than journalistic emphasis.
- 2 minutes: Preparation to leave

HOMEWORK: REMIND STUDENTS TO BRING PRINTED DRAFT OF RESEARCH PAPER TO CLASS TOMORROW FOR PEER EDITING!

The Obsessive-Compulsive Foundation (1998). *What is OCD?* Retrieved November 29, 2004, from: <http://www.ocfoundation.org/ocf1010a.htm>

What Is OCD?



If you or someone you care about has been diagnosed with Obsessive-Compulsive Disorder (OCD), you may feel you are the only person facing the difficulties of this illness. But you are not alone. In the United States, 1 in 50 adults currently has OCD, and twice that many have had it at some point in their lives. Fortunately, very effective treatments for OCD are now available to help you regain a more satisfying life. Here are answers to the most commonly asked questions about OCD.

What Is Obsessive-Compulsive Disorder?

Worries, doubts, superstitious beliefs all are common in everyday life. However, when they become so excessive such as hours of hand washing or make no sense at all such as driving around and around the block to check that an accident didn't occur then a diagnosis of OCD is made. In OCD, it is as though the brain gets stuck on a particular thought or urge and just can't let go. People with OCD often say the symptoms feel like a case of mental hiccups that won't go away. OCD is a medical brain disorder that causes problems in information processing. It is not your fault or the result of a "weak" or unstable personality.

Before the arrival of modern medications and cognitive behavior therapy, OCD was generally thought to be untreatable. Most people with OCD continued to suffer, despite years of ineffective psychotherapy. Today, luckily, treatment can help most people with OCD. Although OCD is usually completely curable only in some individuals, most people achieve meaningful and long-term symptom relief with comprehensive treatment.

What are the symptoms of Obsessive-Compulsive Disorder?

OCD usually involves having both obsessions and compulsions, though a person with OCD may sometimes have only one or the other.

Table 1. Typical OCD Symptoms	
Common Obsessions:	Common Compulsions:
Contamination fears of germs, dirt, etc.	Washing
Imagining having harmed self or others	Repeating
Imagining losing control or aggressive urges	Checking
Intrusive sexual thoughts or urges	Touching
Excessive religious or moral doubt	Counting
Forbidden thoughts	Ordering/arranging
A need to have things "just so"	Hoarding or saving
A need to tell, ask, confess	Praying

OCD symptoms can occur in people of all ages. Not all Obsessive-Compulsive behaviors represent an illness. Some rituals (e.g., bedtime songs, religious practices) are a welcome part of daily life. Normal worries, such as contamination fears, may increase during times of stress, such as when someone in the family is sick or dying. Only when symptoms persist, make no sense, cause much distress, or interfere with functioning do they need clinical attention.

1. Obsessions.

Obsessions are thoughts, images, or impulses that occur over and over again and feel out of your control. The person does not want to have these ideas, finds them disturbing and intrusive, and usually recognizes that they don't really make sense. People with OCD may worry excessively about dirt and germs and be obsessed with the idea that they are contaminated or may contaminate others. Or they may have obsessive fears of having inadvertently harmed someone else (perhaps while pulling the car out of the driveway), even though they usually know this is not realistic. Obsessions are accompanied by uncomfortable feelings, such as fear,

disgust, doubt, or a sensation that things have to be done in a way that is "just so."

2. Compulsions.

People with OCD typically try to make their obsessions go away by performing compulsions. Compulsions are acts the person performs over and over again, often according to certain "rules." People with an obsession about contamination may wash constantly to the point that their hands become raw and inflamed. A person may repeatedly check that she has turned off the stove or iron because of an obsessive fear of burning the house down. She may have to count certain objects over and over because of an obsession about losing them. Unlike compulsive drinking or gambling, OCD compulsions do not give the person pleasure. Rather, the rituals are performed to obtain relief from the discomfort caused by the obsessions.

3. Other features of Obsessive-Compulsive Disorder

- OCD symptoms cause distress, take up a lot of time (more than an hour a day), or significantly interfere with the person's work, social life, or relationships.
- Most individuals with OCD recognize at some point that their obsessions are coming from within their own minds and are not just excessive worries about real problems, and that the compulsions they perform are excessive or unreasonable. When someone with OCD does not recognize that their beliefs and actions are unreasonable, this is called OCD with poor insight.
- OCD symptoms tend to wax and wane over time. Some may be little more than background noise; others may produce extremely severe distress.

When does Obsessive-Compulsive Disorder begin?

OCD can start at any time from preschool age to adulthood (usually by age 40).

One third to one half of adults with OCD report that it started during childhood. Unfortunately, OCD often goes unrecognized.

On average, people with OCD see three to four doctors and spend over 9 years seeking treatment before they receive a correct diagnosis. Studies have also found that it takes an average of 17 years from the time OCD begins for people to obtain appropriate treatment.

OCD tends to be under diagnosed and under treated for a number of reasons. People with OCD may be secretive about their symptoms or lack insight about their illness. Many healthcare providers are not familiar with the symptoms or are not trained in providing the appropriate treatments. Some people may not have access to treatment resources.

This is unfortunate since earlier diagnosis and proper treatment, including finding the right medications, can help people avoid the suffering associated with OCD and lessen the risk of developing other problems, such as depression or marital and work problems.

Is Obsessive-Compulsive Disorder Inherited?

No specific genes for OCD have yet been identified, but research suggests that genes do play a role in the development of the disorder in some cases. Childhood-onset OCD tends to run in families (sometimes in association with tic disorders). When a parent has OCD, there is a slightly increased risk that a child will develop OCD, although the risk is still low. When OCD runs in families, it is the general nature of OCD that seems to be inherited, not specific symptoms. Thus a child may have checking rituals, while his mother washes compulsively.

What causes Obsessive-Compulsive Disorder?

There is no single, proven cause of OCD.

Research suggests that OCD involves problems in communication between the front part of the brain (the orbital cortex) and deeper structures (the basal ganglia).

These brain structures use the chemical messenger serotonin. It is believed that insufficient levels of serotonin are prominently involved in OCD. Drugs that increase the brain concentration of serotonin often help improve OCD symptoms.

Pictures of the brain at work also show that the brain circuits involved in OCD return toward normal in those who improve after taking a serotonin medication or receiving cognitive-behavioral psychotherapy.

Thursday

- 3 minutes: Attendance and housekeeping
- 40 minutes: Assign students to work in pairs. They should exchange papers and review them for clarity and content.
- 15 minutes: Students should return papers to each other and discuss both areas for improvement and areas where the writer's ability stands out.
- 30 minutes: Students have the rest of the period to edit, revise, and finalize their research papers.
- 2 minutes: Preparation to leave

Friday

- 3 minutes: Attendance and housekeeping. Students should turn in finished and published research papers at the beginning of the period.
- 20 minutes: Students should respond to the following writing prompt: "Think back to our discussion about the treatment of the mentally ill in nineteenth century asylums. Students should ask questions and also consider the following questions:
 - ✓ Do you think that treatments for mental illness have changed?
 - ✓ How do you feel mental illness should be treated (incarceration, counseling, drugs)?
 - ✓ How should society treat the mentally ill? Are they really "ill"?
- 15 minutes: Students should discuss their responses as a class.
- 15 minutes: Review (edited) clips from the movie "One Flew Over the Cuckoo's Nest," illustrating the treatment of the mentally ill (including McMurphy's plan to pretend he is mad, McMurphy's arrival at the hospital, various clips of hospital staff, and brief clips of patients).
- 15 minutes: Students should continue their written response by answering the following questions:
 - ✓ What do you think of McMurphy's plan?
 - ✓ What do you think of McMurphy's reactions to Dr. Spivey's questions?
 - ✓ How do you feel about the hospital staff's treatment of patients? Are you surprised?
 - ✓ How do you feel about the other patients in the hospital? Based on what you have learned in the unit so far, do you think that the movie portrays their mental illnesses accurately?
- 20 minutes: Students should discuss their responses to both writing prompts as a class.
- 2 minutes: Preparation to leave

Week Five

Monday

- 3 minutes: Attendance and housekeeping
- 15 minutes: Students should form small groups (no more than four people) to discuss the following question: “What can cause mental illness? Feel free to think back to what we have studied in this unit and your previous knowledge (from other classes, from your interactions with other people, or from what you have heard on TV or radio).
- 15 minutes: Student groups should share their ideas with the class.
- 20 minutes: Students should return to their groups to review the Posttraumatic Stress Disorder (PTSD) handout:
- 20 minutes: Students should select one traumatic event which can caused PTSD and should answer the following questions:
 - ✓ How can this be considered traumatic?
 - ✓ What might trigger the symptoms of PTSD to emerge in this situation?
 - ✓ According to the website, how could this case of PTSD be treated?
 - ✓ How does the media portray individuals suffering from this form of PTSD?
- 15 minutes: Student groups should discuss their responses with the class.
- 2 minutes: Preparation to leave

National Center for Posttraumatic Stress Disorder. (2003, May 14). What is posttraumatic stress disorder? Retrieved November 29, 2004, from: http://www.ncptsd.org/facts/general/fs_what_is_ptsd.html

What is Posttraumatic Stress Disorder?

A National Center for PTSD Fact Sheet

Posttraumatic Stress Disorder, or PTSD, is a psychiatric disorder that can occur following the experience or witnessing of life-threatening events such as military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults like rape. People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged, and these symptoms can be severe enough and last long enough to significantly impair the person's daily life.

PTSD is marked by clear biological changes as well as psychological symptoms. PTSD is complicated by the fact that it frequently occurs in conjunction with related disorders such as depression, substance abuse, problems of memory and cognition, and other problems of physical and mental health. The disorder is also associated with impairment of the person's ability to function in social or family life, including occupational instability, marital problems and divorces, family discord, and difficulties in parenting.

Understanding PTSD

PTSD is not a new disorder. There are written accounts of similar symptoms that go back to ancient times, and there is clear documentation in the historical medical literature starting with the Civil War, when a PTSD-like disorder was known as "Da Costa's Syndrome." There are particularly good descriptions of posttraumatic stress symptoms in the medical literature on combat veterans of World War II and on Holocaust survivors.

Careful research and documentation of PTSD began in earnest after the Vietnam War. The National Vietnam Veterans Readjustment Study estimated in 1988 that the prevalence of PTSD in that group was 15.2% at that time and that 30% had experienced the disorder at some point since returning from Vietnam.

PTSD has subsequently been observed in all veteran populations that have been studied, including World War II, Korean conflict, and Persian Gulf populations, and in United Nations peacekeeping forces deployed to other war zones around the world. There are remarkably similar findings of PTSD in military veterans in other countries. For example, Australian Vietnam veterans experience many of the same symptoms that American Vietnam veterans experience.

PTSD is not only a problem for veterans, however. Although there are unique cultural- and gender-based aspects of the disorder, it occurs in men and women, adults and children, Western and non-Western cultural groups, and all socioeconomic strata. A national study of American civilians conducted in 1995 estimated that the lifetime prevalence of PTSD was 5% in men and 10% in women.

How does PTSD develop?

Most people who are exposed to a traumatic, stressful event experience some of the symptoms of PTSD in the days and weeks following exposure. Available data suggest that about 8% of men and 20% of women go on to develop PTSD, and roughly 30% of these individuals develop a chronic form that persists throughout their lifetimes.

The course of chronic PTSD usually involves periods of symptom increase followed by remission or decrease, although some individuals may experience symptoms that are unremitting and severe. Some older veterans, who report a lifetime of only mild symptoms, experience significant increases in symptoms following retirement, severe medical illness in themselves or their spouses, or reminders of their military service (such as reunions or media broadcasts of the anniversaries of war events).

How is PTSD assessed?

In recent years, a great deal of research has been aimed at developing and testing reliable assessment tools. It is generally thought that the best way to diagnose PTSD-or any psychiatric disorder, for that matter-is to combine findings from structured interviews and questionnaires with physiological assessments. A multi-method approach especially helps address concerns that some patients might be either denying or exaggerating their symptoms.

How common is PTSD?

An estimated 7.8 percent of Americans will experience PTSD at some point in their lives, with women (10.4%) twice as likely as men (5%) to develop PTSD. About 3.6 percent of U.S. adults aged 18 to 54 (5.2 million people) have PTSD during the course of a given year. This represents a small portion of those who have experienced at least one traumatic event; 60.7% of men and 51.2% of women reported at least one traumatic event. The traumatic events most often associated with PTSD for men are rape, combat exposure, childhood neglect, and childhood physical abuse. The most traumatic events for women are rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse.

About 30 percent of the men and women who have spent time in war zones experience PTSD. An additional 20 to 25 percent have had partial PTSD at some point in their lives. More than half of all male Vietnam veterans and almost half of all female Vietnam veterans have experienced "clinically serious stress reaction symptoms." PTSD has also

been detected among veterans of the Gulf War, with some estimates running as high as 8 percent.

Who is most likely to develop PTSD?

1. Those who experience greater stressor magnitude and intensity, unpredictability, uncontrollability, sexual (as opposed to nonsexual) victimization, real or perceived responsibility, and betrayal
2. Those with prior vulnerability factors such as genetics, early age of onset and longer-lasting childhood trauma, lack of functional social support, and concurrent stressful life events
3. Those who report greater perceived threat or danger, suffering, upset, terror, and horror or fear
4. Those with a social environment that produces shame, guilt, stigmatization, or self-hatred

What are the consequences associated with PTSD?

PTSD is associated with a number of distinctive neurobiological and physiological changes. PTSD may be associated with stable neurobiological alterations in both the central and autonomic nervous systems, such as altered brainwave activity, decreased volume of the hippocampus, and abnormal activation of the amygdala. Both the hippocampus and the amygdala are involved in the processing and integration of memory. The amygdala has also been found to be involved in coordinating the body's fear response.

Psychophysiological alterations associated with PTSD include hyper-arousal of the sympathetic nervous system, increased sensitivity of the startle reflex, and sleep abnormalities.

People with PTSD tend to have abnormal levels of key hormones involved in the body's response to stress. Thyroid function also seems to be enhanced in people with PTSD. Some studies have shown that cortisol levels in those with PTSD are lower than normal and epinephrine and norepinephrine levels are higher than normal. People with PTSD also continue to produce higher than normal levels of natural opiates after the trauma has passed. An important finding is that the neurohormonal changes seen in PTSD are distinct from, and actually opposite to, those seen in major depression. The distinctive profile associated with PTSD is also seen in individuals who have both PTSD and depression.

PTSD is associated with the increased likelihood of co-occurring psychiatric disorders. In a large-scale study, 88 percent of men and 79 percent of women with PTSD met criteria

for another psychiatric disorder. The co-occurring disorders most prevalent for men with PTSD were alcohol abuse or dependence (51.9 percent), major depressive episodes (47.9 percent), conduct disorders (43.3 percent), and drug abuse and dependence (34.5 percent). The disorders most frequently comorbid with PTSD among women were major depressive disorders (48.5 percent), simple phobias (29 percent), social phobias (28.4 percent), and alcohol abuse/dependence (27.9 percent).

PTSD also significantly impacts psychosocial functioning. For instance, Vietnam veterans with PTSD were found to have profound and pervasive problems in their daily lives. These included problems in family and other interpersonal relationships, problems with employment, and involvement with the criminal justice system.

Headaches, gastrointestinal complaints, immune system problems, dizziness, chest pain, and discomfort in other parts of the body are common in people with PTSD. Often, medical doctors treat the symptoms without being aware that they stem from PTSD.

How is PTSD treated?

PTSD is treated by a variety of forms of psychotherapy and drug therapy. There is no definitive treatment, and no cure, but some treatments appear to be quite promising, especially cognitive-behavioral therapy, group therapy, and exposure therapy. Exposure therapy involves having the patient repeatedly relive the frightening experience under controlled conditions to help him or her work through the trauma. Studies have also shown that medications help ease associated symptoms of depression and anxiety and help with sleep. The most widely used drug treatments for PTSD are the selective serotonin reuptake inhibitors, such as Prozac and Zoloft. At present, cognitive-behavioral therapy appears to be somewhat more effective than drug therapy. However, it would be premature to conclude that drug therapy is less effective overall since drug trials for PTSD are at a very early stage. Drug therapy appears to be highly effective for some individuals and is helpful for many more.

Tuesday

- 3 minutes: Attendance and housekeeping
- 15 minutes: Clip from the movie “Birdy” (starring Matthew Modine and Nicholas Cage, depicting Vietnam Era soldiers, one of whom is hospitalized for PTSD following shellshock in the war). This clip will feature the title characters love for birds, his enlistment, and his accident in Vietnam.
- 15 minutes: Students should discuss (as a class) the origin and symptoms of PTSD in the film.
- 15 minutes: Students should then view another clip from “Birdy,” this time featuring the moment when Nicholas Cage finally helps Matthew Modine breakout of his traumatized state.
- 20 minutes: Students should respond individually to the following prompt:
 - ✓ What is unique about Nicholas Cage’s approach to his friend?
 - ✓ How is this approach different from the approach taken by the doctors, nurses, and officers?
 - ✓ What treatments and procedures are actually recommended for the treatment of PTSD?
 - ✓ Why do you suppose this approach works?
- 10 minutes: Students should share their responses to the prompt in class discussion.
- 2 minutes: Preparation to leave

Wednesday

- 3 minutes: Attendance and housekeeping
- 45 minutes: Distribute copies of “The Birthmark” by Nathaniel Hawthorne and allow students to read in class. Students may read individually or may read to each other in small groups of no more than three.
- 20 minutes: As students finish reading, distribute handout with these discussion prompts:
 - ✓ What methods does the husband attempt to remove the birthmark from his wife’s face?
 - ✓ Why does the husband work so hard to remove the birthmark?
 - ✓ How do you think this community feels about people who are different and events that are unusual?
 - ✓ What does this story illustrate about stigmatization?
 - ✓ If anyone in the story can be considered deranged or even vaguely mentally ill, who would it be?
- 20 minutes: Students will share their responses in class discussion.
- 2 minutes: Preparation to leave

Thursday

- 3 minutes: Attendance and housekeeping
- 20 minutes: Students will receive background information on Tennessee Williams (1911-1983) and his writing career:
 - ✓ Sister Rose was schizophrenic and spent a great deal of time in asylums
 - ✓ In 1943, she was given a lobotomy (her parents approved it) and was never the same. She had to be permanently institutionalized.
 - ✓ Tennessee Williams loved his sister and was devastated that his parents would allow such a thing to happen.
 - ✓ 1944 won Pulitzer Prize in drama for The Glass Menagerie
 - ✓ Focus on Williams' battles with depression, alcoholism
 - ✓ Homosexual. For over a decade he was with partner Frank Merlo. In 1961, Merlo died of cancer
 - ✓ More depression over the death of Merlo
- 40 minutes: Distribute copies of The Glass Menagerie, break students into groups of four and allow them to act out the play in groups.
- 25 minutes: Allow students time to work on one-page summaries of diary narratives in class.
- 2 minutes: Preparation to leave

Friday

- 3 minutes: Attendance and housekeeping. One-page summaries of diary narratives should be turned in at this time.
- 50 minutes: Allow students to finish acting out The Glass Menagerie in their groups.
- 20 minutes: Provide students with the following prompt and allow them to respond:
 - ✓ How can Laura be considered mentally ill?
 - ✓ How can Amanda be considered mentally ill?
 - ✓ How can Tom be considered mentally ill?
 - ✓ If you identified any of the above characters as mentally ill, identify what their mental illness might be, including a discussion of their symptoms and their effects on other people.
 - ✓ If you did not identify any of the above characters as mentally ill, describe how the relationship between the characters is emotionally strained and how this fosters dysfunction.
 - ✓ Describe any similarities (especially those related to mental illness) between these characters and any other characters we have encountered in the course of the semester.
- 2 minutes: Preparation to leave

Week Six

Monday

- 3 minutes: Attendance and housekeeping
- 30 minutes: Review Bloom's Taxonomy. Emphasize processes of higher-order thinking and learning, including synthesis, analysis, evaluation.
- 25 minutes: Explain expectations of Socratic Seminar on Mental Illness. Instruct students that they will prepare a list of 10 higher-order questions, with each question counting for seven points (for a possible total of 70 points out of a 100). Students will be expected to use these questions in the Socratic Seminar exercise at the end of the week (which will account for the remaining 30 points). Explain that Socratic Seminar will consist of 20 students inside a circle with the remaining handful on the outside. Students on the inside can only answer questions; students on the outside can only ask questions. Each answer provided by a student will be graded on a scale of 1 to 5 and each student may answer up to six questions. When a student has reached his or her six-question limit, that student will switch places with a student on the outside and then only ask questions. The exercise will continue for the rest of the class period.
- 10 minutes: Students will be allowed time in class to brainstorm possible topics and questions for Socratic Seminar.
- 20 minutes: Students will be given class time to work on diary narrative.
- 2 minutes: Preparation to leave

Tuesday

- 3 minutes: Attendance and housekeeping
- 40 minutes: Allow students time to work on questions for Socratic Seminar in class. Questions should be very definite, very focused, and yet still provide intellectual space for discussion.
- 20 minutes: Allow students to form groups of three to four students to discuss questions and topic areas. Formal answer should not be formulated, but highly engaging and dynamic topics should be found.
- 25 minutes: Students will be given time in class to work on diary narrative.
- 2 minutes: Preparation to leave

HOMEWORK: STUDENTS SHOULD FINALIZE LIST OF SOCRATIC SEMINAR QUESTIONS. MAKE SURE THAT ALL QUESTIONS ARE OF HIGHER-ORDER THINKING AND THAT ALL OF THEM ARE APPROPRIATE AND ENGAGING.

Wednesday

- 3 minutes: Attendance and housekeeping.
- 5 minutes: Review procedures and expectations for Socratic Seminar. Randomly select students to stand on the outside as question-askers.
- 50 minutes: Allow students to engage in self-directed Socratic Seminar and score student responses as they are given. Collect lists of questions at the end of the exercise for a grade.
- 20 minutes: Students should finalize narrative diary entry.
- 2 minutes: Preparation to leave

Thursday

- 3 minutes: Attendance and housekeeping
- 10 minutes: Review procedures for Socratic Seminar exercise. Randomly select the individuals who will ask questions from the outside. Arrange students and furniture for this exercise to work.
- 50 minutes: Continue Socratic Seminar exercise from Wednesday.
- 25 minutes: Allow students time in class to edit, finalize, and publish narrative diary entry.
- 2 minutes: Preparation to leave

Friday

- 3 minutes: Attendance and housekeeping
- 40 minutes: Students should return to their literature circles / book clubs and read their diary entries with each other. Students may exchange them and read silently, or they may read them aloud to each other. Students should also take time to ask questions and discuss their diary narratives with each other.
- 20 minutes: Class discussion in which each group should share a brief summary of their different perspectives and what they learned in writing a first person narrative from an alternate point of view.
- 25 minutes: Students should respond to the following writing prompt: “Identify one (or more) misconceptions or misunderstandings about mental illness that you had at the beginning of the unit. Explain how this misconception or misunderstanding has changed in the course of your reading and writing during this unit.”
- 2 minutes: Turn in diaries and preparation to leave