

Global Independent Study Project (GLISP) | Application

Welcome to the Global Independent Study Project proposal process! A GLISP is a student-designed independent study course taken while abroad. GLISPs are an opportunity to explore a particular topic that you have no prior knowledge about, or one in which you are already somewhat familiar and thus wish to engage in a more in-depth study. GLISPs take advantage of overseas, site-specific resources — individual people, communities, cultural, academic, or historic institutions.

Like other Brown courses, GLISPs are for a full course credit, and thus GLISP syllabi must reflect 180 hours of effort. This being said, GLISP courses are unique in their design because they incorporate experiential learning in some way. Also, the GLISP proposal allows for some flexibility in terms of learning about the resources available on site upon arrival and during the first few weeks.

Before you begin, the following is **mandatory**:

- Schedule an appointment with the GLISP student coordinator, (Jennifer Osborne, 2019-20 academic year). Come with an idea or a very basic outline of your course. This will boost your chances of creating a successful application. Have a look through some past GLISP proposals available on the OIP website. To schedule an appointment, email jennifer_osborne@brown.edu.
- Applications without a coordinator meeting will not be considered.
- Read the [GLISP Student FAQs](#) on the OIP website.

Writing competency statement. Every GLISP proposal is expected to meet College guidelines for writing competency. The GLISP Screening Committee will not consider proposals that fall below baseline standards for written communication.

Application Instructions. There are **five** sections in this application that are designed to help you think comprehensively about your GLISP. Some sections contain placeholder text *<in angular brackets like this>*. Please delete/replace this text as you go along.

Submission Instructions.

Please send your application as a Word document to oip@brown.edu and to the 2019-20 GLISP peer coordinator jennifer_osborne@brown.edu. Title your document Title_Semester/Year. For *example*: Indian Higher Education_Fall 2018.

Your submission should include a) your application; b) your Faculty Sponsor Statement(s), signed and scanned as a PDF file, and c) supplemental material, if needed.

Academic Support

Brown University is committed to full inclusion of all students. If you have a disability or other conditions that might require accommodations or modification of any of these course procedures, please contact [Student and Employee Accessibility Services](#) at 401-863-9588 or SEAS@brown.edu.

Submission Deadlines for Spring 2020

- **November 1:** Early Submission Deadline. Early submissions are highly encouraged to allow students time to revise proposals if needed before being reviewed by the GLISP committee.
- **November 8:** Final Submission Deadline. All proposals must be received by 5 p.m.

PROJECT DESCRIPTION

I. What

Please explain your course by addressing the following (500 words max):

- First paragraph:
 - What is the purpose of your course?
 - What are your guiding questions?
 - What are the learning goals of your course?
- Second paragraph:
 - What is the scholarly context of your course (how is it studied elsewhere) and how will you contribute to this field of study? Keep in mind that a GLISP can explore a topic at the introductory level, or at a more advanced level of knowledge.
 - What themes or topics will you examine, and how will you do so week to week?
- Third paragraph:
 - What is the structure of your course (hours, assignments, midterm/ final, etc.)?
- **If your course does not follow a traditional format, be sure to include any additional information in your description that will help the committee evaluate the proposal.** Proposals that emphasize creative self-expression in one form or another must make clearly evident the intellectual purposes to be served and indicate on the part of the student an awareness of other work that has been or is being done in the area.
- **Proposals involving creative or performing arts:** In the case of a GLISP in the creative or performing arts, it is an expectation that the endeavor will be substantiated by a formal academic structure. As for any other type of proposal for independent study, a week-by-week syllabus and bibliography are expected.

This upcoming semester, I plan to study abroad in Tokyo, Japan. A major reason for my interest in studying abroad in Japan specifically is my personal interest in Japanese psychiatry. Thus, I am proposing to pursue a GLISP entitled, *Mental Illness in Contemporary Japan*.

I am a concentrator in the Science, Technology, and Society program, focusing on the anthropology of mental illness. Thus, this GLISP is a perfect fit and opportunity to use the skills I've developed in the study of anthropology and ethnography in order to explore a cultural context that is important to me, Japan. I am particularly interested in studying mental illness in East Asia, and Japan has a rich literature on its evolution of psychiatry. Through my studies at Brown, I have taken various courses to give me background in medical anthropology and social medicine, in which I have written final papers pertaining to mental illness more specifically. I hope to utilize that historical and anthropological background in order to learn about the cultural and historical context of psychiatry and mental illness in Japan.

The overarching goal of this course is to understand the historical and social processes that shape conceptions of mental illness and psychiatry in contemporary Japan. Among the questions I'll be considering are these: what has/is the role of state/public health control in constructing the psychiatric institution, its treatment facilities, and the practice of mental health care in Japan? How does feminism in Japan impact cultural conceptions of health care and help-seeking? What are conceptions of disability in Japan and how might that relate to mental illness? What factors influence the current climate surrounding mental illness in Japan and how is this influenced by the Westernization of psychiatry? What are the health promotion strategies

in place to educate about mental illness/wellness and how do they influence understanding and access to mental health services? Finally, what are the constraints on accessing mental health care in Japan and how is this influenced by social stigma? Underlying all these questions will be the consideration of who has access to speaking about mental health and mental illness in Japanese society.

I will address these questions in two ways. First, I will conduct a review of the key works of English-language scholarship on these topics. In week 1, I will be introducing myself to the basis of illness narratives globally to expose myself cross-cultural understandings of illness. In weeks 2-4, I will be focusing on the cultural anthropology of Japan with readings on feminism and the concept of *amae*, and considering how this relates to illness in Japan. In weeks 5-7, I will be reading papers on the historical context of psychiatry in Japan. Finally, I will be centering my last weeks on anthropological works on mental illness in Japan. Some will specifically address mental illness in Japan while others will more broadly address illness and healthcare in Japan as well as Japanese culture. Second, I will be working with Professor Junko Kitanaka at Keio University. Professor Kitanaka is a specialist in medical anthropology in Japan, and much of her work focuses on mental illness, and more specifically on the construction of depression in Japan. Working with Professor Kitanaka will allow me access to her data, interviews, and connections, and help me take full advantage of being an institution in Japan that works with anthropology and sociology of mental health. In addition, I will be expanding my knowledge of mental illness in Japan beyond what is available in the current English-language scholarship, as research in this field has been limited. Professor Kitanaka and I will be analyzing her collected data from fieldwork in order to build knowledge in an area I identified during my English-language scholarship as in need of further explication. All of this work will culminate in a 10-15 page term paper on my findings. The topic of the final paper will be approved by my faculty advisor, Kerry Smith, and require the utilization of local sources and resources.

I am qualified to do this GLISP for a number of reasons. My coursework has focused on anthropology and mental health, interests that have continued throughout my time here at Brown. I have taken several interdisciplinary courses addressing health disparities and understandings of health, including *Precision or Privileged Medicine, Science and Social Controversy*, and the *History of Psychiatry: Medieval Bedlam to Prozac Nation*. I research at Butler Hospital, Providence's psychiatric hospital, and have worked with Dr. Shirley Yen since the spring semester of my freshman year. I also serve as a coordinator with Project LETS, a national non-profit organization working with disabled mentally-ill communities. As a fellow with the Storytellers Fellowship in the Swearer Center, largely centered on mental health narratives, I have also gained experience with organizing and interviewing on sensitive topics. All of this together, including my background in approaching science and medicine through the lens of other disciplines will be necessary as I undertake my work in this GLISP.

II. Why

Provide a rationale for the proposed GLISP (350 words max)

First paragraph:

- Describe the ways in which this project helps you to meet your educational purposes at Brown.
- Why does your GLISP subject matters to the world?
- Why is this GLISP subject matter important to you?
- Why did you choose to do a GLISP where you are going to study? What specific resources does the host country offer to your project that makes it necessary to do that project there and necessary to your Brown experience?

Second paragraph (if applicable):

- Your GLISP must not duplicate regular course offerings. If your project appears similar to a regular Brown course, please explain how it differs substantively from that course.

This GLISP is part of a larger personal endeavor to pursue my passions at Brown, studying the medical field through a social justice lens. In my undergraduate career, I have in particular continued my interest in working with mental illness and neurodivergent communities, with a particular eye to learning, constructing, and hearing narratives that are important and necessary. At Brown, I've learned the importance of diversity in perspectives and the intersectionality and interdisciplinary nature of such studies, and that is why I am studying anthropology. I believe pursuing a GLISP in Japan will give me the opportunity to delve deeper into a subject of learning that I wrote about even in my application to Brown -- addressing mental illness in Asia. Taking this GLISP will allow me to pursue an analysis of the intersections of culture, illness, and public/social control within healthcare, a topic which has been one of my primary educational goals, seen through the courses I have chosen to take, and will also help enrich my experience abroad and meet my personal educational goals.

First, the process of designing this course will (and has already) given me insight into the various scholarly questions in the field of medical anthropology and mental illness, and the importance of considering which histories are included and which have also been altered by changing social perspectives (such as Westernization in Japan.) Second, the GLISP allows me to engage with the issues of mental illness in a different cultural understanding, an issue whose complexities I have worked with in great depth in United States and at Brown, from a different historical and anthropological perspective. This will help me better understand the ways in which different societies, histories, and politics converge to influence understandings of health. Third, by working under various professors in different departments, including Professor Kerry Smith and Professor Junko Kitanaka at Keio University, I will have access to direct and individualized feedback about the ways in which I am approaching complicated concepts in order to better ground myself in my research. Finally, as I hope to write a final paper that is an ethnographic study of my time in Japan or a research paper bringing together the readings of the course, I hope that I'll be able to gain invaluable experience with ethnographic interviewing and considerations of lived experiences and storytelling that is unique to working in a different country.

Overall, my GLISP will contribute greatly to my education. Depending on the amount of fieldwork I will be able to do, I am considering working on a thesis with the medical anthropology of mental illness in Japan. I am certain however that I will be taking time after undergraduate to either pursue more anthropological graduate studies and/or researching anthropology abroad (either in Japan or an English-speaking country.) I hope that the creation of a GLISP that doesn't exist in Brown will allow me to pursue a passion of mine I otherwise would not have access to.

III. How

A. Syllabus *Provide a detailed course syllabus.*

Please provide a detailed breakdown of your course by addressing the following/week; see the Sheridan Center's [guide for creating a syllabus](#).

In particular, explain how the course will be enhanced by tapping into local in-country resources that would clearly be unavailable in Providence. These might include local archives, museums and historical

sites; research organizations and recognized in-country experts in given disciplines; and/or hands-on participation in local cultural events (i.e., theater, arts, and music), interaction with local government, business and industry leaders, and access to non-governmental organizations.

- Week # (at least 14 weeks): Title // Date // Total Hours // Assignments
 - Look at a real calendar and the schedule for your study abroad program! Account for holidays and breaks
 - Include midterm and final projects preparation weeks and due date weeks
- Short explanation of what will be learned that week
- Guiding questions and topics that will frame the discussion for that week
- Required readings and other learning materials (films, music, podcasts, projects, etc)
 - Include page numbers (or equivalent) and a short annotation of its relevance
 - [Each week must have 100-150 pages of reading (roughly 10 hours), or a comparable amount of engagement with visual media, scientific journal articles, or other academic or creative/artistic material]
 - For example, for a math-based GLISP or creative music GLISP, explain how the assigned work is comparable to other classes covering a similar topic.

Please note the number of total hours of effort per week.

Note: All Brown full-credit courses (including the GLISP) must demonstrate a **minimum of 180 hours of effort for the semester.**

Week 1- Introduction to Medical Anthropology

Description: I will begin my work with an introduction to medical anthropology to give myself context and understanding of the field I am working from. I begin with readings that discuss global health and cross-cultural understandings of illness and suffering in the modern era. The cultural construction of illness is especially important in exposing myself to various narratives and styles of listening, interpretation, and quoting. The readings this week are methodological and theory-driven, as opposed to later readings centering around case studies of ways in which culture and illness intersect.

Readings: (Total - 118 Pages + 1 hour of listening)

Biehl, Joao. 2004. "Life of the mind: The interface of Psychopharmaceuticals, Domestic Economies, and Social Abandonment" in *American Ethnologist* 31(4): 475-496. (21 pages)

- This reading focuses on how psychiatric diagnostics and treatments are embedded into the domestic world, and how persons are assessed as productive members of society. This reading will introduce me to the methodology of following a central case study and relating anthropological theories.

Brotherton, P. Sean and Vinh-Kim Nguyen. (2013) Revisiting Local Biology in the Era of Global Health. In *Medical Anthropology: Cross-Cultural Studies in Health and Illness* 32(4): 287-290.

(3 pages)

- This reading introduces the concept of “local biology” as first developed by Margaret Lock. As a theoretical piece, I will beginning to introduce myself to classic anthropological concepts.

Farmer, Paul. “On Suffering and Structural Violence: A View From Below.” *Daedalus, Social Suffering*, 125, no. 1 (Winter 1996): 261–83. (22 pages)

- This reading introduces conversations on suffering and pain, both abstract sensations that are central to illness narratives. This is a theoretical piece that will introduce to me an anthropological approach to illness narratives by focusing on certain aspects of the narrative.

Lock, Margaret ‘Cultivating the Body: Anthropology and Epistemologies of Bodily Practice and Knowledge, *Annual Review of Anthropology* 22: 133-155, 1993. (22 pages)

- This reading centers the “body” as how we understand the world and global health. I will use this centrality of body to my readings of later illness narratives, in understanding how patients and healers read and understand the body.

Margaret Lock. Film 3. Doing Research (...) in Japan, and Linking the Mind to the Body (30:39): <https://www.youtube.com/watch?v=Z-Rnbr6Vea0>

- This is a video of Margaret Lock discussing how she practices fieldwork in Japan and how she connects bodily understandings to the mind. This is an introduction to the theory of practicing fieldwork in Japan, and to the framework of understanding mental processes as opposed to physical.

Kleinman, Arthur, and Joan Kleinman. “The Appeal of Experience; The Dismay of Images: Cultural Appropriations of Suffering in Our Times.” *Daedalus* 125, no. 1 (1996): 1-23. (23 pages)

- This reading discusses how images of suffering have been utilized in various cultures; this is a phenomenological reading useful in understanding how illness and suffering are constructed.

Nguyen, V.K., and K. Peschard. “Anthropology, Inequality, and Disease: A Review.” *Annual Review of Anthropology*, 2003, 447–74. (27 pages)

- This reading examines the relations between inequality, and specifically socioeconomic class, with disease. This article argues for a different framework of study, using the embodiment of social hierarchy as a form of violence for modern bodies.

Week 2-4: Anthropology & STS in Japan

Description: This week will help me focus on cultural anthropology in Japan, regarding subjects such as the youth and adolescents, the concept of amae, and femininity as related to caregiving in Japan. All of these cultural examinations will also tie in illness experience in some form, to help further my understanding of medical anthropology located in Japan. I will be reading on topics of menopause, youth social issues, feminism, and public control in illness management. The two books included for these weeks delve into the Japanese concept of amae and the female caregiver as related to alcoholism and codependency.

Readings: Total - 408 pages

Week 2: Youth & Adolescent Mental Health in Cultural Contexts

Readings: Total – 72 pages

Borovoy, Amy. "Japan's Hidden Youths: Mainstreaming the Emotionally Distressed in Japan." *Culture, Medicine, and Psychiatry*, vol. 32, no. 4, Dec. 2008, pp. 552–76. Springer Link, doi:10.1007/s11013-008-9106-2. (24 pages)

- This reading introduces the cultural concept of hikimori, unique to Japan. It is related to the mental health of the youth and adolescents as one way in which mental health has manifested in Japanese culture.

Lock, Margaret. "Plea for Acceptance: School Refusal Syndrome in Japan." *Social Science & Medicine*, vol. 23, no. 2, Jan. 1986, pp. 99–112. *ScienceDirect*, doi:[10.1016/0277-9536\(86\)90359-X](https://doi.org/10.1016/0277-9536(86)90359-X). (14 pages)

- This article by Lock is an introduction to youth social problems. In particular, the article discusses Confucian capitalism as it connects to health and illness, and how this influences health professionals and the general public. The article is an important background into understanding medical practice and help seeking behavior in Japan.

Borovoy, Amy. "Doi Takeo and the Rehabilitation of Particularism in Postwar Japan." *The Journal of Japanese Studies*, vol. 38, no. 2, 2012, pp. 263–95. DOI.org (Crossref), doi:10.1353/jjs.2012.0056. (34 pages)

- This reading will introduce me to the concept of Amae, which is a crucial concept of how both Japanese people understood themselves, and how western scholars understood Japanese relationships. It will then delve into how this concept has evolved since the original book by Doi Takeo.

Week 3: Government Control and Health in Japan

Readings: Total – 149 pages

Borovoy, Amy. "Japan's Public Health Paradigm: Governmentality and the Containment of Harmful Behavior." *Medical Anthropology*, vol. 36, no. 1, Jan. 2017, pp. 32–46. Taylor and Francis+NEJM, doi:10.1080/01459740.2016.1148033. (14 pages)

- This reading introduces me to how Japan's public health system is set up, as well as how public health has been used as a form of social control.
Suzuki, Akihito. *Medicine, State and Society in Japan, 500-2000*. | Akihito Suzuki - Academia.Edu.https://www.academia.edu/8205736/Medicine_State_and_Society_in_Japan_500-2000. (10 pages)
- This reading more generally concerns how the state has exerted control on medicine and society in Japan.

Begin readings of "The Too-Good Wife" – read 125 pages

Week 4: Femininity in Japan

Readings: Total – 186 pages

Borovoy, Amy. *The Too-Good Wife: Alcohol, Codependency, and the Politics of Nurture in Postwar Japan*. 1st ed., University of California Press, 2005. JSTOR, <https://www.jstor.org/stable/10.1525/j.ctt1pnxmh>.(251 pages)

- This book focuses on feminism in Japan, and specifically how females are related to caregiving roles and illness helpseeking culturally. The reading also centers on substance abuse as a mental health topic.

Lock, Margaret. 1995. "The Turn of Life: Unstable Meanings. In *Encounters with Aging: Mythologies of Menopause in Japan and North America*. Berkeley: University of California Press (pp. 1-30).

(30 pages)

- With Lock's work in menopause and its cultural understandings in Japan, Lock introduces us to a distinct illness experience and how it is shaped in different context.

Lock, Margaret. *Protests of a Good Wife and Wise Mother: The Medicalization of Distress in Japan*. p. 31. (31 pages)

- This article introduces a feminist dilemma into the discussion of various medical health issues. This article will help me understand the Japanese culture of gender identities fit into medicalization.

Assignment: Midterm Paper (6-8 pages) synthesizing anthropological theory from the first unit with cultural anthropology in Japan. This paper should center specifically on how cultural and social practices in Japan impact frameworks surrounding illness and care in Japan.

Week 5-7: Historical Context of Psychiatry in Japan

Description: Especially due to the complicated nature of psychiatry, the importance of its historical context and how that shapes its form in the current moment cannot be understated. I will be reading several articles considering the history of Japan, which concern its history with confinement and imprisonment, its current state of hospitalization, and its Westernization and overlaps with the United States Diagnostic Statistical Manual V, the backbone of diagnosing in the US There are several articles by Suzuki Akihito, a professor at Keio University - I hope to be in discussion with him while studying abroad as a means of discussing readings and understandings of the text and gaining more resources in my research.

Readings: Total - 359 pages

Week 5: Psychiatric Hospitals in Japan

Readings: Total – 67 pages

Kanata, Tomoko. “Japanese Mental Health Care in Historical Context: Why Did Japan Become a Country with so Many Psychiatric Care Beds?” *Social Work*, vol. 52, no. 4, 2016, pp. 471–89. SciELO, doi:10.15270/52-2-526. (20 pages)

- This article delves into how psychiatric hospitals in Japan evolved to become what they are today, and concerns the evolution of how society has viewed mental illness and mental institutions.

Kim, Yumi. “Seeing Cages: Home Confinement in Early Twentieth-Century Japan.” *The Journal of Asian Studies*, vol. 77, no. 3, Aug. 2018, pp. 635–58. Cambridge Core, doi:10.1017/S0021911818000475. (23 pages)

- This reading traces how confinement and imprisonment of the mentally-ill have evolved and introduces the framework of how psychiatric hospitals exist contemporarily.

Suzuki Akihito (2003a). A Brain Hospital in Tokyo and Its Private and Public Patients, 1926–45. *History of Psychiatry* 14, no. 3: 337–60. (24 pages)

- This reading follows case studies in a hospital and how the patients within the hospital are treated, viewed, and assessed.

Week 6: Cultural Understandings of Mental Illness in a Historical Context

Readings: Total – 92 pages

Bucci, Fiorella. *Cultural Representations of Mental Illness in Contemporary Japan*. 2014. (27 pages)

- This article will introduce me to the history of psychiatry in Japan, specifically the home custody within the modernization of the country between Edo and Meiji periods and cultural frameworks of contemporary psychiatry’s action.

Lock, Margaret. "DSM-III as a Culture-Bound Construct: Commentary on Culture-Bound Syndromes and International Disease Classifications." *Culture, Medicine and Psychiatry*, vol. 11, no. 1, Mar. 1987, pp. 35–42. Springer Link, doi:10.1007/BF00055006. (8 pages)

- This article questions the limits of porting diagnosis for mental health issues across different countries and cultures. This article will help me understand how the Diagnostic Statistical Manual, the backbone of diagnosis in US for psychiatric illness, is shaped and differs in Japanese culture.

Suzuki Akihito (2003b). The State, Family, and the Insane in Japan, 1900–1945. In *The Confinement of the Insane: International Perspectives, 1800–1965*, edited by Porter Roy and Wright David, 193–225. Cambridge: Cambridge University Press. (32 pages)

- This reading delves into how the state and the family have related to mental illness in Japan. This provides a cultural and political context for mental illness in Japan.

Suzuki Akihito (2010). Global Theory, Local Practice: Shock Therapies in Japanese Psychiatry, 1920–1945. In *Transnational Psychiatries: Social and Cultural Histories of Psychiatry in Comparative Perspective, c. 1800–2000*, edited by Ernst Waltraud and Mueller Thomas, 116–41. Newcastle upon Tyne: Cambridge Scholars. (25 pages)

- This reading traces the history of shock therapy in Japan and its utilization as a treatment and/or repressive measure.

Week 7: Depression in Japan

Readings: Total – 200 pages

Kitanaka, Junko (2012). *Depression in Japan: Psychiatric Cures for a Society in Distress*. Princeton, NJ: Princeton University Press (200 pages)

- This book follows the cultural context of depression in Japan and how its contexts have evolved its meanings beyond the medical understandings.

End of Week 12 : Full Draft of Final Paper to be submitted to Professor Smith for review. This will give him enough time to make comments and suggestions before the final paper.

Week 8-13: Mental Illness in Contemporary Japan

Description: In this week, I will be centering my studies on anthropological research done of mental illness in Japan, with a special focus on suicidality. The cultural and social practices and context of suicide in Japan have been the subject of attention in research, and thus there are a number of articles delving into suicidality in Japan that are unique to the country.

Week 8: Biomedicalization of Mental Illness in Japan

Readings: Total - 274 pages

Kim, Hayang. *Sick at Heart: Mental Illness in Modern Japan*. Columbia University, 2015. academiccommons.columbia.edu, doi:10.7916/D8KS6QM8. (263 pages)

- This book traces how seishinbyō has altered in the turn of the century as mental illness becomes more biomedicalized and a pathology of the soul.

Wu, Harry Yi-Jui, and Wen-Ji Wang. "Making and Mapping Psy Sciences in East and Southeast Asia." *East Asian Science, Technology and Society*, vol. 10, no. 2, June 2016, pp. 109–20. read.dukeupress.edu, doi:10.1215/18752160-3494245. (11 pages)

- This article offers insights into the interconnections between knowledge, social order, and the psychological sciences in Asian countries.

Week 9-10: Contemporary Case Studies of Mental Illness in Japan

Readings: Total – 289 pages

Fisch, Michael. *Tokyo's Commuter Train Suicides and the Society of Emergence*. *Cultural Anthropology*, May 2013, vol. 28:12. (24 pages)

- This reading speaks to the cultural contexts around train suicides in Japan with case studies of train suicides.

Nakamura, Karen. *A Disability of the Soul: An Ethnography of Schizophrenia and Mental Illness in Contemporary Japan*. Cornell University Press, 2013. JSTOR, JSTOR, <https://www.jstor.org/stable/10.7591/j.ctt1xx5h5>. (265 pages)

- This book follows an ethnographic account of how schizophrenia is treated in contemporary Japan, exploring how productivity and disability are viewed.

Week 11-12: Suicide and the Youth

Readings: Total - 313 pages

Hurley, Adrienne. *Revolutionary Suicide and Other Desperate Measures: Narratives of Youth and Violence from Japan and the United States*. Durham and London: Duke University Press, 2011. (274 pages)

- This reading focuses on how child abuse and youth violence exists in Japan and how it manifests in violence and vulnerability in mental health.

Ozawa-de Silva, Chikako (2008) "Too Lonely To Die Alone: Internet Suicide Pacts and Existential Suffering in Japan." *Culture, Medicine and Psychiatry*, 32:4, 516-55. (39 pages)

- This reading explores the newer advent of how internet affects mental health, and specifically the group suicide pacts that arose in Japan.

Week 13: Mental Health and the Japanese Economy

Readings: Total – 273 pages

Allison, Anne. *Ordinary Refugees: Social Precarity and Soul in 21st Century Japan*.; *Anthropological Quarterly* 85, no. 2 (2012): 345-70. [http://www.jstor.org/stable/41857246](https://www.jstor.org/stable/41857246). (25 pages)

- This reading delves into how recent economic changes in Japanese society have led to youth crises. As youth refuge in cafes in Japan, this reading delves into how this relates to hikimori and mental health.

Iga, Mamoru. *The Thorn in the Chrysanthemum - Suicide and Economic Success in Modern Japan*. Berkeley: University of California Press, 1986. (248 pages)

- This book explores how Japanese ideals of conformity and groupism are related to the high rates of suicide in Japan.

Final Paper: This paper should be 10-15 pages long, and should ideally synthesize readings and theories with fieldwork and data gained from shadowing and independent research with Professor Kitanaka and conversations with Professor Suzuki. This paper can morph and be shaped by the data collected, but should ultimately tie in cultural and social readings surrounding depression and suicidality.

B. Meeting Times

Provide a timeline for periodic electronic communication with the faculty supervisor. Faculty sponsors must participate in at least five weekly meetings for a GLISP, via email, Zoom, Skype, etc.

Proposed Weekly Meeting Day(s) and Time(s):

It is understood meeting days and times may change once you are on site and your course schedule is finalized. Please provide your tentative meeting schedule below.

4/17th – 9am-9:30 EST, 10-10:30 JST

5/15 9am – 9:30 EST

6/11 9am – 9:30 EST

7/10 9 am- 9:30 EST

7/15 9am-9:30 EST

C. Bibliography

Provide a well-researched bibliography including all of the materials from the syllabus.

Use standard bibliographic formatting (APA, MLA, etc.), identifying the authors, titles, publishers, dates and, where possible, page numbers). It's understood that your weekly reading may be supplemented/revised during the course of the project as you find additional literature on-the-ground that had not been available to you prior to your semester abroad, but it should, at a minimum, be the equivalent of the reading identified in your project proposal.

Allison, Anne. "Ordinary Refugees: Social Precarity and Soul in 21st Century Japan." *Anthropological*

Quarterly, vol. 85, no. 2, 2012, pp. 345–70. DOI.org (Crossref), doi:[10.1353/anq.2012.0027](https://doi.org/10.1353/anq.2012.0027).

Borovoy, Amy. "Doi Takeo and the Rehabilitation of Particularism in Postwar Japan." *The Journal of*

Japanese Studies, vol. 38, no. 2, 2012, pp. 263–95. DOI.org (Crossref),

doi:[10.1353/jjs.2012.0056](https://doi.org/10.1353/jjs.2012.0056).

- . "Japan's Hidden Youths: Mainstreaming the Emotionally Distressed in Japan." *Culture, Medicine, and Psychiatry*, vol. 32, no. 4, Dec. 2008, pp. 552–76. *Springer Link*, doi:[10.1007/s11013-008-9106-2](https://doi.org/10.1007/s11013-008-9106-2).
- . "Japan's Public Health Paradigm: Governmentality and the Containment of Harmful Behavior." *Medical Anthropology*, vol. 36, no. 1, Jan. 2017, pp. 32–46. *Taylor and Francis+NEJM*, doi:[10.1080/01459740.2016.1148033](https://doi.org/10.1080/01459740.2016.1148033).
- . *The Too-Good Wife: Alcohol, Codependency, and the Politics of Nurturance in Postwar Japan*. 1st ed., University of California Press, 2005. JSTOR, JSTOR, <https://www.jstor.org/stable/10.1525/j.ctt1pnxmh>.
- Bucci, Fiorella. *Cultural Representations of Mental Illness in Contemporary Japan*. 2014. *Depression in Japan*. 2011. *press.princeton.edu*, <https://press.princeton.edu/books/paperback/9780691142050/depression-in-japan>.
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D. Evaluation

Please explain how your course will be graded by addressing the following:

- Assignment/class breakdown (percentages) — Assignments should demonstrate a mastery of the material / align with your learning objectives.
- Explain each course requirement, include percentage, details, due dates
 - *Describe the plan for student assessment and grading.* In 1 – 2 paragraphs, describe the work to be submitted by each student for evaluation. Indicate the proposed topic, nature, length, and the evaluation questions and criteria for the work.
 - Papers should consist of a mid-term (6 – 8 pages) and a final paper (12 – 15 pages.)
 - If the final evaluation will be based on a project other than a written paper, please describe the project. In this case, your final project should be accompanied by a 3-5 page paper. You should have a clear idea of the project you would like to take on for the final evaluation (even if may change this later!) Students who are planning to do a creative project need to be very clear about their ideas for how they would like to **present** their work (as an installation, presentation, etc.).

The work to be submitted starts with a midterm that is six to eight pages submitted on May 15th. This paper should incorporate themes of the readings up to that point, and synthesize at least three of the sources into a formal paper. The second assignment is a full draft of the final paper to be submitted on June 20th which will allow enough time for comments and revisions to be made. An important part of this evaluation is also focused on the writing process and having time to respond to comments and improve my writing; this final paper, unlike the midterm paper, should be written in a more ethnographic/anthropological style. Evaluations will thus be made on strength of argument and clarity of explanation, flow and organization of the paper, and usage of sources and research integration into the paper.

IV. Reflections and Expectations

Please explain your planning process by addressing the following:

- Explain why you chose your Faculty Sponsor and what they contributed in the planning of the GLISP
- Name additional Brown faculty and other people consulted; How did each person contribute to the making of this course (syllabus, bibliography, etc.)?

I was first referred to my faculty sponsor from a previous professor I took a class with, Jennifer Lambe. She would be on sabbatical in the spring but recommended me to Professor Smith because of his background with the history of Japan. I met with Professor Smith before embarking on my GLISP. He was able to suggest several readings for the syllabus. I also sent him my syllabus and added his edits and suggestions to the syllabus.

I also consulted Professor Katherine Mason in the medical anthropology department – she suggested I read *Disability of the Soul*. I also was in contact with Professor Kitanaka and Keio and several of her graduate students who suggested many of the readings included in the syllabus. One graduate student, Ramsey, suggested that I read the works of another professor at Keio doing similar work, Professor Suzuki whom I could speak with when I arrived.

V. Required Faculty Sponsor Statement(s) + Optional Instructor Co-Sponsor Statement

- You must submit the [Faculty Sponsor Statement](#) (and if applicable, the co-sponsor statement) with your GLISP proposal.



11/6/19

Student Signature

Date