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Stigma Towards Mental Illnesses

Cancer is not a joke. It's a life-changing illness that almost everyone has been affected by, directly or not. Even if someone hasn't been impacted by it, they can agree that it is serious and needs widespread attention so change can be made. Psychological illnesses, such as Obsessive-compulsive Disorder, Bipolar Disorder, and Schizophrenia, do not get the same consideration. One in twenty Americans lives with a mental illness (Mental Health Myths and Facts). However, society allows this suffering to be trivialized and mocked. Mental diseases are as consequential as physical ones, yet misconceptions are widely publicized by entertainment and news and absorbed by society. This ignorance causes stigma, directly impacting mentally ill people and their livelihoods. Everyone, both in the media and everyday conversations, should promote awareness and acceptance, rather than ignorance, of mental illnesses. Not having to deal with discrimination will allow mentally ill people to lead safer, healthier, and more successful lives.

Some people believe that psychiatric suffering is a cultural construct (Persistent Stigma, Skepticism About Mental Illnesses Causes Real Harm, Dr. Steve Scholzman). A few non-psychiatric doctors are not convinced it is real either. No lab tests, brain scans, or chemical imbalance tests can be done to verify a mental disorder as a condition. There is no evidence of the right balance of chemicals in the brain, so imbalances are impossible to prove or treat (Real Disease vs. Mental "Disorder"). All of this is misleading, as psychiatric disorders are real. Studies prove that mental illnesses are caused by a complex mix of social and psychological circumstances including bereavement, poverty, trauma, and abuse; many biological and genetic factors also contribute (Medicine's Big New Battleground: Does Mental Illness Really Exist?, Jamie Doward). And treatment is possible. Many mental illnesses can be effectively treated with a combination of medication and various therapies (Mental Health Treatments). Those who received successful treatment were not making up their illnesses for attention or just in a bad mood for a few days. They experienced real pain, sought out real help, and achieved real results.

Our society learns and is influenced by both news and entertainment medias. Erroneous and stereotypical depictions of mental health are common in the entertainment realm, especially on television and in cartoons and films. Characters on TV with mental illnesses are usually shown as the most dangerous characters (Violence and Mental Illness: The Facts). A quarter of all mentally ill characters on United States television programs kill someone, and half are shown to hurt others. This portrayal is significantly more violent than other characters and most real people with mental illnesses. Television does little to demonstrate that people can recover or be productive members of society. Even cartoons display the mentally ill as objects of amusement, derision, and fear. The lack of specific symptoms or diagnoses invites negative generalizations of all mentally ill into the minds of young children (Media Portrayal of Mental Illness and Its Treatments, Dr. Heather Stuart). Movies convey similar trends. A study of forty films featuring a character with schizophrenia was done by Dr. Patricia R. Owen, a psychology professor at St. Mary's University in Texas. She found that the majority of these characters were middle-aged white men, suffering mainly from delusions and hallucinations. Half displayed aggressiveness, and a significant portion were homicidal, both inaccurate representations of the disorder. Schizophrenia is only prevalent in one percent of Americans, affecting men and women equally, and common symptoms more probable than hallucinations are trouble focusing and social withdrawal. Schizophrenics are unlikely to be violent; they are often the victims themselves of such crimes. They frequently become isolated from their communities and face heavy prejudice and discrimination (Mental Illness in the Media is an Inaccurate Portrayal, Kirsten Orth). Even when the material broadcast is factual, negative characteristics are pushed on viewers. Many news stories on the topic of mental illness focus on the crimes and violence committed instead of recovery stories (Violence and Mental Illness: The Facts). Articles addressing everyday news often use incorrect terms. Arun Chopra, a psychiatrist at Queen's Medical Center in Nottingham, England, remembers a woman, whose son was diagnosed with schizophrenia, bursting into tears reading a

newspaper article that described the weather as schizophrenic (OCD, Bipolar, Schizophrenic, and the Misuse of Mental Health Terms, Jon Kelly and Denise Winterman). This negative attitude towards the mentally ill in the media is both wrong and the cause of public stigmatizing beliefs and behaviors that destroy the livelihoods of numerous harmless individuals.

Stereotypical labels and usage of disease terms are prevalent forms of stigma and ignorance in everyday dialogue. In student conversations, where a lot of this is heard, these derogatory terms are regularly ignored or unrecognized as offensive. Labels have shifted from medical information to trivial metaphors, fueling misunderstanding (Misuse of Mental Health Terms in Everyday Conversation, Solomon Hammerly). A huge misconception is that of Obsessive-compulsive Disorder, or OCD. People who live in clean, organized homes are not "OCD." The term is often used to describe organizational habits or the repeated performance of actions like washing hands; this is not accurate to the symptoms of the actual disease (Misuse of Mental Health Terms in Everyday Conversation, Solomon Hammerly). The disorder impacts a person's ability to function, causing extreme anxiety ('She's OCD! He's Schizo!' How Misused Mental Health Lingo Can Harm, Meghan Holohan). OCD is serious and debilitating, and its behavior may include cleaning the same spot on the floor for eight hours straight, or being unable to leave the house (OCD, Bipolar, Schizophrenic, and the Misuse of Mental Health Terms, Jon Kelly and Denise Winterman). Another common mistake is labeling thin people as "anorexic." This is extremely offensive, both to that individual and people who have anorexia. If that person had anorexia but was trying to either hide it or get better, the last thing they would want is to be called anorexic. If he or she wasn't anorexic, it would be highly disrespectful. Along those lines, things or people that change rapidly are not bipolar ('She's OCD! He's Schizo!' How Misused Mental Health Lingo Can Harm, Meghan Holohan). In 2011, the International Monetary Fund's September World Economic Outline reported the global economy as bipolar (Misuse of Mental Health Terms in Everyday Conversation, Solomon Hammerly). Bipolar disorder is a mental disorder, characterized by serious mood swings. It is not a description of how things can change quickly. If people grow up hearing the names of these disorders used to describe everyday things, such as the weather and average people, they will never understand what these terms actually are and how insulting they can be.

A prevalent opposition to this is the idea that labels don't affect anyone. These terms are used widely all over social and news medias, along with Hollywood. People who take labels seriously are believed to be overreacting, since they are meant as metaphors or jokes. Bryony Gordon, a Daily Telegraph columnist, is diagnosed with OCD and routinely has to explain that her condition is not just about organization. But she doesn't mind the trivial usage, believing that it is good that people are acknowledging its existence. She is glad that people ask, as it allows for increased discussion and understanding. However, most mental illness advocates disagree with Gordon (OCD, Bipolar, Schizophrenic, and the Misuse of Mental Health Terms, Jon Kelly and Denise Winterman). The popularity of labels gives human issues a false simplicity, and they do not convey actual symptoms well ('She's OCD! He's Schizo!' How Misused Mental Health Lingo Can Harm, Meghan Holohan). The utilization of trivial labels demonstrates ignorance and lack of caring for others' feelings. Everyone goes through hard times, and for some that's a mental illness. The theory of Communitarianism states that obligations to those we are related to go beyond other theories; therefore, those suffering deserve only support from both their communities of relatives and fellow mentally ill.

Stigma causes the mentally ill to avoid seeking help. It can lead to fear, mistrust, and violent acts towards the mentally ill and their families. If bosses or coworkers absorb stigma, mentally ill people can lose their jobs on the assumption that they are not fit for work. When people's suffering is not accepted as truth, they are less likely to access needed health services. They are afraid of being ignored, judged, or not taken seriously by strangers on the street, family, friends, and care providers. Fear of being associated with negative stereotypes, such as the belief that they are all inherently violent, is a strong motivator to keep quiet (Stigma as a Barrier to Mental Health Care, Patrick Corrigan). And even when help is sought, it is not always given, partly because patients are sometimes not considered sick enough for care or insurance. The Medicare law limits the number of days a patient can receive psychiatric care, but not physical (Stigma, Discrimination Against Mentally Ill are Common, Liz Szabo). At a 2013 Massachusetts Division of Insurance hearing, Dr. Matthew Mostofi, an emergency physician at Tufts Medical Center in Boston, testified to his observations of this stigma. Two patients came in, seeking care: one with

appendicitis, the other suicidal. The former was treated quickly, but the latter had to wait for hours, held up by insurance requirements. "If you look at these two patients, which is more life-threatening? The fact of the matter is, this depressed suicidal patient has a higher mortality [risk] than the patient with appendicitis, and yet this is the one that we delay and make wait," stated Dr. Mostofi (Kennedy Calling for Equal Coverage of Mental Health-Yes Still). Incalculable lives would be saved if stigmatizing attitudes were not prevalent in society. John Stuart Mill's Utilitarianism supports this because ridding society of stigma will increase the happiness and decrease the pain of mentally ill people, by freeing them to seek help. The mentally ill deserve to be treated the same, both emotionally and medically, as any other person.

Instead, many believe that people suffering choose not to get help; their avoidance has nothing to do with stigma. Widely publicized hotlines and free health clinics are set up for the purpose of aid. They are confidential, so friends, family, and co-workers wouldn't know. Schools have health classes that address common symptoms and how to find assistance and support. And most disorders are thought to be treated easily with a drug prescription or some therapy sessions. But this is not the case. Public discrimination convinces the mentally ill that they are wrong to feel unwell and require help. Also, mental illnesses are often not quick or easy to treat, especially with just a drug. Most of the time, drugs do not work or many different ones have to be tried before any results are noticed (Media's Damaging Depictions of Mental Illness, Margarita Tartakovsky, MS). Many do not receive treatment because they cannot afford it, or aren't covered by insurance. Less than twenty percent of children and adolescents, and thirty-eight percent of adults, get the treatment they need. The quantification of sickness is not explicitly possible, given the amount of different diseases and symptoms, so it is not fair to deny someone insurance or care because they have an illness that cannot be seen. Both this and social stigma cause the mentally ill to internalize society's attitudes and often conceal their symptoms or avoid treatment until it is too late (Violence and Mental Illness: The Facts).

No illness or personal struggle should be hard to talk about or obtain help for. Deeply-rooted misbeliefs about mental illnesses are displayed to all ages through media and everyday conversation. It shouldn't matter whether a person suffers from high blood pressure, leukemia, or OCD, because every kind of illness ought to be universally acknowledged as real and painful, no matter what part of the body it affects. There is no shame in having physical diseases, and it is not acceptable to mock those ailments. There shouldn't be any excuse to stigmatize those whose brains have an illness. First Lady Michelle Obama said it best: "Whether an illness affects your heart, your leg, or your brain, it's still an illness, and there should be no distinction" (Michelle Obama Promotes Awareness of Mental Health Care, Stacy A. Anderson).

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