



Increasing Our Understanding of Mental Illness

Beyond Stigma

Have you ever purchased a bunch of daffodils to support cancer research? Or pinned a pink ribbon on your shirt as a fundraiser for breast cancer? Or participated in a walk-a-thon for multiple sclerosis? Throughout the year, we are exposed to, and participate in, many campaigns which profile and raise funds for diseases of all types. However, there are noteworthy gaps in regards to illness which do not receive the public spotlight, and which, given their prevalence, don't get the support they deserve.

Can you think of awareness raising activities which support mental illnesses such as depression, anxiety or substance abuse? Can you identify a symbol, a ribbon, a bracelet or a flower that you associate with a mental illness or an emotional disorder?

Mental health researchers and epidemiologists estimate that between one fifth and one quarter of us will experience a mental health illness in the course of our adult lives. That's between 20-25% of all of us! That's you and me, our friends, our families and our colleagues who are experiencing these problems. We are many in number, but collectively we still maintain a deafening silence about our experiences of mental illness.

Historically, Western civilizations have identified diseases by classifying them by their symptom patterns, and then developing appropriate treatment processes. And when the symptoms go away, we collectively identify the restoration of health. Mental illnesses have not been as amenable to diagnosis. There isn't a standard blood test that can identify depression or addiction in the way that we can easily tell whether or not our cholesterol level is elevated. It's also harder to see when a mental or emotional illness has healed – a cast isn't removed, and there aren't any stitches to be taken out to let it be known that healing has taken place.

The “invisible” and “unseen” aspects of mental illness extend beyond the level of diagnostics and treatment. Although it's not uncommon for us to discuss our experiences with heart disease, diabetes and even prostate cancer, typically, we don't talk openly or publicly about mental and emotional concerns. A cloud of shame and embarrassment is still associated with these illnesses. We often believe that they must be the result of a character flaw or some other personal vulnerability. We tend to internalize the causes of mental illness (and ascribe them to personal or familial causes) but externalize the causes of physical illness (and attribute them to a virus, a germ or a genetic cause).

Our silence speaks more to our limited understanding of mind/body processes than it does to the nature of disease. Surely being genetically predisposed to diabetes is no different than being genetically predisposed to anxiety? Both conditions interfere with daily life, and both are treatable. Both can be managed in ways that allow for full and satisfying life experiences. We don't hold individuals personally accountable for their genetic makeup. So why is it more acceptable to acknowledge diabetes than anxiety? Why do we openly acknowledge one condition, whereas we tend to hide the other?

With the advent of MRI technologies and other sophisticated and sensitive diagnostic tests which map the biochemistry and electrical circuitry of the brain, our ability to link mood and behavioural activity to brain function has grown beyond recognition. It's quite possible that one day we will be able to concretely and objectively identify mental health symptoms. But given the cost and limited availability of these types of testing, we're not there yet!

To reduce stigma, we need to become aware of how effective current treatment practices can be in addressing depression and anxiety. We need to change how we view mental illnesses and recognize that, in most cases and when treated appropriately, these conditions can be readily managed and healed. Mental health concerns fall along a continuum of severity, and most of these illnesses are amendable to treatment.

So where does stigma come from and what can we do about it? Most importantly, how can we reduce the myths and misconceptions that are associated with mental illness? How can we create acceptance so that when we experience a mental health crisis, we can step forward and receive the help we need, rather than trying to hide the illness from both ourselves and others?

The historical and cultural roots of stigma lie in our culture's split between mind and body, and the fear we associate with conditions that are not concrete and tangible. We don't have to look back very far to find asylums as the "treatment of choice" for those suffering from mental illness. The images associated with these institutions are dark, frightening and painful. It's only in the last 100 years that effective therapeutic interventions, both pharmacological and psychotherapeutic, have been available. We still have much to learn about how to "heal" and "recover" from mental illness, although the progress we have made in recent years is astounding.

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We need to educate ourselves about mental illness. When we become aware of our stereotypes, judgments and prejudices, we can examine them and change them. Mental illness is not a life sentence – it's a common and treatable health condition. In just the same way that someone one who has a knee replacement may need to modify certain aspects of their lifestyle, so may someone who is prone to anxiety or someone who is bipolar. In either case, the condition itself, whatever it is, does not define who someone is, or what they are capable of doing.

We need to normalize illnesses that have historically been hidden and ignored. When we speak about our experiences of mental illness, we help to remove the internalized shame that is associated with mental illness. This is not an “us” and “them” situation. We are all “us”. We are all potentially vulnerable to suffering from mental health problems, and all of us have the potential to heal, or at least to manage, these issues and lead a full life.

Homewood's EAP services are focused on reducing the pain and suffering associated with mental illness. It has been said that suffering can be defined as pain multiplied by resistance. In the case of mental illness, pain results from the inner turmoil and relationship distress that are part and parcel of the course of these illnesses. However, if we can remove the resistance we have to mental illness by addressing the stigma, shame and judgment that we traditionally associate with it, then we can reduce the suffering. It's time to speak openly and normalize our experiences of mental illness and for mental health issues to receive the public recognition they are due.

Begin Chat