silver--lining Podcast Scripts

1. Mental Health vs. Society

Hey there! Thanks for tuning in! My name is Daniel and this is the first episode of my new podcast, "silver--lining," where we open up the discussion of mental health for all members of society from neurological, psychological and philosophical perspectives and take it all with a bit of humor, too. This time, we're tackling something a little bit more serious, though. Let's get right into it.

[intro sound]

So, as you might have guessed from the title, today we're talking about all of the social barriers that keep us from talking about our mental health openly and with everyone else like we're doing it here. I started addressing them in the introduction to this podcast, so check it out if you haven't already. Now, we're going to get into a little more detail and try to get to the bottom of all this. Let's see: What is the relationship between mental health and society?

To better answer this complex question, let's first look at a definition of the first concept. As the Guardian's executive editor Mark Rice-Oxley, and I hope I pronounced that correctly, put it in his article published on June 3rd, 2019, our sanity is quote "a spectrum, a continuum that we all sit on. At one end is mental health, where we are thriving, fulfilled and at ease. In the middle reaches, people can be described as coping, surviving or struggling. At the far end sit the range of mental illnesses. Most of us move back and forth along this line our entire lives."

It seems clear as day that mental health is not a straight line from points A to B, but rather a really confusing, serpentine, crooked, warped line you can't really narrow down. Like many things in life, it's a spectrum. This is essential to remember. One consequence of this is that stigma against everything that isn't immaculate mental health can have manifold forms and consequences.

Researches have come to agree on nine major dimensions of stigma affecting the conversation about mental health and establishing barriers everywhere: concealability, course, disruptiveness, peril, origin, aesthetics, stability, controllability, and pity. Each of them can appear independently or simultaneously to others. Let me give you a brief overview of what each of these ideas mean.

As I have mentioned, the first face of stigma is *concealability*, or visibility of mental illnesses. Granted, not everyone will be affected by this, but it is vital to know about it since we are all prone to mental and behavioral disorders even when we don't expect them, regardless of financial background, class, social status, fame, success, etc. Disorders such as schizophrenia have quite visible symptoms that accompany the affected in their everyday life. Thus, it is easier for members of society to develop stereotypes regarding which kind of people have these disorders or how they behave and should be treated as a result. Unfortunately, this means that concealability stigma in mental health represents another dimension of racism, sexism and other types of social discrimination. The paradoxical tendency arises that mental

illnesses are associated with entirely unrelated aspects such as physical appearance and religious background. I have said it once and I will say it again: Mental health and related disorders affect anyone and everyone, regardless of who you are.

Moving on, the dimensions of *course* and *stability* correspond to how likely and fast a patient is to regain stable mental health and benefit from their treatment, or how long someone spends either fighting or tolerating their condition. Society bases its judgement of mental illnesses on their severity and the lengths of individual journeys to recovery while obviously knowing only of the days when a certain person showed their condition publicly.

Disruptiveness describes the extent to which a disruption of one's mental health will affect social standing and relationships within society. On the basis that some people are unable to pursue their career for a while or permanently when suffering from a mental illness, stigmas imply that disorders are correlated with lower levels of education, poverty, and low socioeconomic and social class status. As behavioral researcher Brian K. Ahmediani states in his "Journal of social work values and ethics," "this demonstrates that if disorders are less disruptive, in which case they may be perceived as more stable, they are also less stigmatized. This also expresses that some flexibility exists within each type of mental or behavioral disorder, as each diagnosed person is not stigmatized to the same extent."

Furthermore, *peril*, or dangerousness, is another pivotal dimension of stigma related to mental health. It is closely related to the aesthetics dimension. According to Ahmediani, "when society attributes, upon a person or group of people, perceived behaviors that do not adhere to the expected social norms, discomfort can be created. This often leads to the generalization of the connection between abnormal behavior and mental illness, which may result in labeling and avoidance. This also may be why society continues to avoid those with mental and behavioral disorders whenever possible." Especially when people believe the mentally ill or otherwise unstable to be strange, unpredictable, and frightening, they quickly associate these stereotypes with danger. In a nutshell, the perception may be that those with mental disorders are not only not aesthetically pleasing and warped, but also that they are dangerous and disrupt the quality of life of others. Once again, this can lead to utter discrimination.

When the assumption is held that mental instability arises from biological and genetic factors, the *origin* dimension of stigma applies. The implication is that mental illness is a permanent disease spreading fast and making meaningful life impossible, because it is anchored deeply within a person's DNA.

By contrast, the *controllability* dimension of mental health stigma is rooted in the notion that mental disorders are personally controllable. Consequently, people are blamed for their own condition if they can't recover from it by themselves. The underlying opinion is that those unable to get better independently don't try hard enough and, essentially, 'had it coming.'

The final dimension of stigma is *pity*. In essence, people with less controllable, yet aesthetically acceptable disorders are often pitied more frequently than others. The wavering levels of sympathy are connected to social conflicts and discrimination and, just like so many dimensions of stigma before, do not reflect the values of healthy, acommodating society.

All of these parts of discrimination can further be distinguished in three levels of stigma: Social stigma, referring to society and social barriers, health professional stigma, the still common case when even health professionals carry stigmatized beliefs towards their patients and treat them differently depending on personal preference, and self-stigma. The latter comes into play when individual coping mechanisms lead to the internalization of stigmas present in one's immediate surroundings. It can lead to radical stagnation of self-esteem and self-efficacy and further prevent the affected from seeking help, given that they may feel embarrassed, angry, isolated, and less-than.

Oof, this sounds like a lot, I know. But frankly, it just is! It's a lot for those affected, and it should be too much for those who are fortunate enough not to be currently going through mental distress. People are losing jobs, families, friends, values, passions, religious communities, energy, dreams, and most importantly, hope, because of the hostile environment society has become for them.

In my opinion, it should not be an opinion that the social perception of mental health is anomalous, not the mentally unstable. The only way to make mental health equal to physical health is to understand that, at the end of the day, both of these are one and the same. While this may sound incomprehensible and bizarre to many, there are obviously physical processes underlying each decision and reaction in our brains, as examined in the field of neurology. The network of electricity and abstract perceptions that this organ represents still remains a mystery in many ways today, and we aren't exactly wired to associate unexpected behaviors with a specific neurological cause every time we experience mental instability or illness.

Therefore, the best thing we can do is try to hear, understand, honor and share the very individual situations of those with mental disorders and distress in our surroundings. Raising awareness is key. What do you think I created this podcast for? Together, we can accomplish anything, and I hope from the bottom of my heart that we can all start accomplishing justice and equality for those struggling with their mental health. No matter what this may mean to them or to you.

Thank you for listening and see you in the next episode! Until then, trust your silver lining.

[outro sound]