

2GG3 Online Discussion Questions

1. Making reference to at least TWO of the assigned readings, explain how aspects of an individual's social identity might impact their mental health.

An individual's mental health revolves around their social identity. This is documented in Anakwenze and Zuberi's *Mental Health and Poverty in the Inner City*. The article discusses how poverty is a serious risk factor for mental illnesses. For instance, children who come from low income households disproportionately suffer from deficits in cognitive skills and educational achievement. (Harding, 2010; Murali & Oyeboade, 2004). Not only does starvation and hunger affect physical health, but also mental health. A poor diet inhibits the brain from carrying out essential homeostatic functions. Impoverished children are also more likely to be diagnosed with behavioral problems such as ADHD. Poverty can cause stress and result in depression for both parents and children. For instance, financial instability leads to poverty which causes anxiety for the parents, thereby influencing the child's mental health (Hernandez et al., 2010). Furthermore, Diener and Seligman's *Beyond Money*, discuss how too much money can also be a problem, affecting mental health. The article discusses how constantly pursuing individual gratification (i.e. Money) leads to a socially inadequate lifestyle and poor relationships. This leads to poor mental health and potential mental disorders because supportive, positive social relationships are essential for well-being. Individuals without strong relationships are more likely to be mentally ill.

Another example of social identity impacting mental health can be perceived in Meg John Baker's *Depression and/or Oppression? Bisexuality and Mental Health*. This article discusses how individuals who identify as bisexual are more vulnerable to mental health problems than hetero and homosexuals. These findings are consistent across the board and a range of countries and contexts. Bisexuals do not get enough representation in the media, leading to a lack of accessible services. Since they do not get enough attention and services, this leads to a lot of bisexuals with mental disorders that go undiagnosed and untreated. These services are overwhelmingly provided to homosexuals than any other group in the LGBTQ community. Furthermore, due to poor media representation, other individuals are more compassionate to homosexuals than bisexuals. In fact, bisexual women are often viewed and dismissed as titillating men. This feeling of discrimination and lack of acceptance leads to poor mental health, as seen in Diener and Seligman's *Beyond Money*. Being a part of something (i.e. A Group) dramatically decreases the chances of having a mental disorder as the feeling of belonging and companionship elevates positivity in the brain.

2. With reference to at least TWO of the assigned readings, explain the relationship between social trends and diagnostic labels (mental disorders).

Social trends mold diagnostic labels. They can create them, amplify them, and even destroy them. Diagnostic labels are directly affected by social trends, as social climate gives rise to mental disorders.

This can be seen in Sam Timimi's *The McDonaldization of Childhood*, where he discusses children's mental health in Neo-liberal cultures. The diagnosis and use of prescription medication for children has dramatically increased in the past decade in developed countries like The United States Of America. A good example of this is ADHD, where more and more kids are being diagnosed with ADHD today, than 20 years ago. This can be explained by the dramatic shift in societal culture. In today's world, families are less structured, and more narcissistic; pursuing individual gratification over social interaction. Our lifestyle has completely changed to become more socially inept while consuming tons of artificial sugar and saturated fats. To cope with these changes, we use pills, on ourselves and especially on children. If children slightly misbehave (after consuming copious amounts of sugar) they get hit with an ADHD label and are given psycho-stimulants to control their "unfitting" behavior. The decrease in tolerance and patience of the modern parent has lead to the dramatic uptake in psycho-stimulant use among all age groups. Parents have less time to spend with their kids. Thus, when they act out, its easier to put them on pills than deal with their behavior. The destruction of the nuclear family and increase in individual gratification has caused children to become more socially inept, which has huge potential in leading to a mental disorder diagnosis (i.e. GAD) in the future, leading to more psycho-stimulant use. As more and more people resort to psycho-pharmaceuticals, the faster it becomes a societal norm, where it is acceptable to be on some form of prescription medication.

Another example of society molding diagnostic labels are documented in Gilman's *Madness As A Disability*. Psychiatrists who wanted to reform the DSM's definition of autism spectrum disorder were faced with lot of backlash from the autism community. In 2011, Dr. Susan Swedo was tasked with revising and simplifying the autism spectrum disorder in the upcoming DSM V. Her idea, as claimed by the autism community, involved excluding certain forms of Autism such as Asperger's syndrome. Faced with a lot of backlash, psychiatrists scrapped the idea and purposed a new (simpler) revision. However, if this revision went through, then about 25% of autism diagnoses would not qualify, excluding them from services. A quarter of the autism community would no longer be labelled as autistic.

3. Watch the two videos below and explain how their perspective on schizophrenia differs from (a) each other, and (b) your understanding of the typical beliefs about schizophrenia.

Jim Van thinks that schizophrenia is connected to human mental function, akin to disorders such as anxiety and depression. It is all about perception and how you see things that greatly influence your actions. Genetic factors are important, but not nearly as important as the environment. The brain plays a key role, but that role revolves around interpreting external stimuli, rather than genetic makeup. Our brain translates external sensory information from the environment into an internal mental experience. These sensory translations are highly personal and can differ from person to person. For instance, two people walking side by side in the woods will interpret the event differently due to different thoughts. And thoughts can be so overpowering that they get projected into the real world as external voices and visions, causing psychosis. In short, Jim Van, a psychiatrist, believes that schizophrenia is connected to the current environment around you.

On the other hand, Eleanor Longden believes that schizophrenia is due to traumatic experiences and inaccessible emotions. The voices are a meaningful response to traumatic experiences, particularly childhood events. The voices are a sane reaction to an insane event. They reflect her true feelings, and can be overcome by facing fears. The aggressive and hostile voices represent the parts that scared her the most. Eleanor believes that schizophrenia isn't about what's wrong with people, rather what happened to them, and how it altered their thoughts and behaviour. In short, Eleanor Longden, a schizophrenic patient, believes that schizophrenia is about a (disturbed) past projecting trauma on the future.

I think that schizophrenia is about how the environment interacts with us, and how we view those interactions. Even though biology and chemistry are involved, ultimately, it boils down to interaction and perception. An increase in traumatic experiences leads to an increase in being diagnosed with schizophrenia, but how we view those events is equally important. Viewing life events (past or present) in different ways will elicit a different response, and our body (and mind) will react and adapt accordingly.

4. Should involuntary confinement within psychiatric hospitals be permitted? What about involuntary outpatient treatment? Use evidence from lecture and at least ONE reading to justify your response.

Involuntary confinement within psychiatric hospitals should be allowed only if the person is a threat to themselves and/or society. Unless this criteria can be satisfied and proven beyond a reasonable doubt, involuntary outpatient treatment should not be permitted. This is because we cannot effectively diagnose mental illnesses, yet. There is no definitive biological test that can determine whether a person is mentally healthy or unhealthy. A blood test, MRI scan, ECG, etc. are all inadmissible in the world of psychiatry. This can be seen with the trial R.V. Leilani Muir. She was diagnosed as a “Mental defective Moron” after scoring 64 on an IQ test. Without her knowledge or consent, doctors forcibly destroyed her fallopian tubes, sterilizing her. However, when she retook an IQ test, she proved that she was of normal intelligence and never should have been sterilized. Furthermore, Muir was not the only one affected by this involuntary “treatment”. Over 850 Albertans were wrongfully sterilized in the 1900s. A person should only be given treatment under two conditions. First, if they are a threat to themselves and/or society. Second, if they can willingly consent to it, and if they cannot, then their immediate family should decide. The first rule supersedes the second if established beyond a reasonable doubt.

Another example, of mistreatment/ill-confinement can be seen in Thomas Szasz’s *Origin Of Psychiatry*, where incarcerated patients were “troublesome” members of the high class who posed a “nuance” to their families. The mad doctor was a front for the propertied class to unload their responsibility of caring for their family, both immediate and extended. The madhouse was a surrogate home for removing an individual from the house and dumping them on another’s house. In retrospect, the madhouse was a private incarceration center for the wealthy. Once a person was diagnosed as insane, they would lose all their rights and be subject to harsh conditions. This is why involuntary confinement should not be allowed. Involuntary confinements ends up incarcerating innocent individuals who pose no threat to themselves or society. And those who desperately need treatment and help, go unnoticed and untreated. Involuntary incarceration should only take place if it can be justified beyond a reasonable doubt.