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Diminishing the Hierarchy: Mental and Physical Illnesses put into Perspective

Every day, I walk through campus and look at all of the passing people. They scurry along in little groups, not wanting to be late to their next class or to a date with a friend. Many of them just hurry about on their way, but some stop in the middle of the sidewalk and discuss their day with their peers. Sometimes I hear them in the midst of their conversations uttering, “God, that’s depressing,” “She is just SO depressing,” and even the occasional “That class makes me want to kill myself, it’s depressing.” I have used similar phrases as well, spoken about how



something my friend did was “depressing” or how a class made me “depressed,” but I know first-hand what actual depression can do. I lost my grandfather to suicide because of his depression, and I have struggled with it myself yet I still find myself using words associated with depression in a casual tone. I don’t intend to be hurtful towards people who have to deal with mental illnesses, but we have allowed the use of words, like “depression,” to become something heard in

everyday conversation.

Why is the degrading of a mental illness so acceptable? Imagine a cancer patient. Would someone say something like “Oh, that’s so cancerous”? We have conditioned society to not speak about devastating diseases like cancer in a light-hearted manner because people are physically able to see the devastation they cause in a person’s life. However, these visible illnesses are looked at differently than invisible illnesses like depression. Although the symptoms and outcomes may be different, they both have their difficulties.

What makes it socially acceptable to use words like “depressed” and “depressing,” or throw around symptoms like suicide as a way to be funny? Why is it acceptable to say phrases like “I’m going to kill myself” if something doesn’t go exactly right? Depression can be life altering, just like any other chronic illness. If an invisible illness has the ability to be as devastating as a visible illness, why have we created two separate views, one trivial and one protected by society?

These views on physical and mental illnesses have created two separate spheres. Physical illnesses are seen with greater empathy than mental illnesses. We see the people who have visible illnesses as strong, as fighters, and deserving of sympathy since they can’t help that they have their illness. With physical illnesses, society is able to sympathize more easily because they are able to visualize a diagnosis; they can experience and imagine it on their own, and they can see the possibility of recovery. They are willing to support and do everything they can to help get rid of a person’s ailment.

However, we look at people with invisible illnesses differently. We see them as weak and needing to fix whatever is wrong with them. We are unable to create an idea to relate with because they look like an unaffected person-- they look like us. Before his suicide, I never thought that my grandfather was depressed. I was unable to see that he was going through something serious until after his death. In all of the pictures I’ve seen, I wouldn’t think he had depression if I didn’t know beforehand.

People who have mental illnesses, like my grandfather, are just as strong and go through just as many difficult and devastating times as people with physical illnesses, but we deem their illness



appropriate to mock casually in everyday conversation. However, I think that if we educate people about depression and mental illness, the social acceptability of throwing around words like “depression” would diminish.

Depression is trivialized because people lack a clear understanding of what depression is and how it affects the person suffering from it. People see depression as crying constantly and self-harming, or as being sad or upset. But these views are very limited compared to the actuality of depression. The standard definition from the *Diagnostic and Statistical Manual of Mental Disorders* states that depression is a “depressed mood or a loss of interest or pleasure in daily activities for more than two weeks” as well as a change in a person’s typical behavior (“Depression” 160). Although this general definition of depression sounds similar to the way society views the disorder, there are specificities to this illness as well. People with depression have a “decreased interest or pleasure in most activities, most of each day” as well as other symptoms, such as significant changes in weight and sleep patterns, fatigue or loss of energy, feelings of worthlessness, or excessive or inappropriate guilt. There is a diminished ability to think or concentrate, indecisiveness, and, in very severe cases, prominent thoughts of death or suicide (DSM pg.161). The general definition fails to include these general symptoms and as a result, society fails to view mental illnesses for what they really are--actual diseases.

The symptoms of mental illnesses are not as physically debilitating as a disease like cancer, so we blame depression on the person rather than on the illness. However, these are very serious symptoms that should not be seen as easy-to-overcome.. These symptoms are out of the control of the person with depression. Even after people with depression overcome major milestones with their illness, depression still has the capability to come back. In a recent study where relapses and recurrences of depression symptoms were looked at, both relapse and

recurrence were defined as “two or more weeks in which the patients suffered from at least five out of nine DSM-IV defined symptoms.” Data showed that over 60 percent of the subjects of the study, all of whom were depressed, went back to having major symptoms of depression (Conradi, Ormel, and de Jong). The risk of recurrence and relapsing back into depression is one of the challenges faced by people with depression- just like physical diseases.

Despite the similarities, people with mental illnesses have a different experience with their disease compared to someone with a physical illness. However, that doesn't make the severity of either one any less. Each person with any disease goes through a different experience. People who suffer from depression go through very mentally taxing times and unfortunately, often feel as if they are going through things alone because society has placed a stigma around their illness. There is a prevailing idea that they have to fix it themselves because it is a part of them. But people with depression need the support of others, just like people with physical illnesses in order to overcome very difficult periods in their lives. In a study conducted by doctors at the Massachusetts General Hospital, they examined the effects of treatment of depression and found that discussions with a therapist helped patients get through their depression faster and helped keep them from relapsing (O'Keefe, Renna, and Sinclair). Their conclusion shows that support often helps people with mental illnesses, just like it helps people suffering from physical illnesses.

Even though people with both types of illnesses need similar help from their peers and society in order to get through the difficulties presented, we still see mental illnesses differently from physical illnesses. We have created a hierarchy, putting visible illnesses ahead of invisible illnesses, rather than treating them as equally worthy of comprehension and support. Instead of having two separate spheres, we need to look at both illnesses within the same one. Although

they are different, the way we discuss and look at both illnesses needs to be similar. Even in casual discussion, if we regard visible illnesses in a certain way, then invisible illnesses need to be looked at the same, because both are worthy of being looked at with respect and understanding.

Works Cited

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