Mental Health: A Transnational Perspective of Women’s Experiences

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Introduction

Mental health and mental disorders are an increasingly predominant issue. The volume of individuals diagnosed with mental illness increases yearly as does awareness around mental health issues. It has been found that in the future, half the population will experience some type of mental health concern (Gleason & Coyle, 2016, p. 848). Thus, the topic is important for the whole population of this world, including women. In particular, women are especially susceptible to oppression and discrimination when it comes to their mental health. In as recent history as 100 years ago it was not uncommon for a woman to be labeled as “hysteric” if she had symptoms of mental illness (Mannekote, Pillai & Harbishettar, 2019). However, the perception of individuals with mental illness as a whole was not entirely positive in the last century and beyond either. For example, the mass institutionalization of individuals with mental health concerns was quite popular even until the 1960s (Mannekote, Pillai & Harbishettar, 2019). There was very little concern for quality of life for individuals diagnosed or suspected to have a mental illness. These people were placed in institutions, and that
was expected to be where they would finish their lives, with no attention paid to improvements for independence. This is not only in the United States as well. Some of the concern for individuals with mental illness has only been brought to the forefront in very recent decades in other countries worldwide (Holland & Koot, 1998). Worldwide, mental illness and substance abuse issues represent the leading cause of disability and the fourth overall cause of disease burden (Fellmeth, Plugge, Moo Kho Paw, Charunwatthana, Nosten, & McGready, 2015, p. 2).

In today’s world, a definition for mental illness is a “behavioral or psychological syndrome or pattern that occurs in an individual” (DSM-5). It is easy to observe how vague and thus, varied experiences of mental illness are.

Mental Health Stigma

Stigma about mental illness seems to be widespread and widely endorsed by the general public. “Studies suggest that the majority of citizens in the United States (13,15-17) and many Western European nations (18-21) have stigmatizing attitudes about mental illness” (Corrigan & Watson, 2002). Mental health stigma can be divided into two very distinct types: social stigma and perceived-stigma or self-stigma.

Social stigma is characterized by discriminating behavior and prejudicial attitudes that are directed towards individuals with mental health issues. It is important to note that stigmatizing views about mental illness are not limited to the general public. Trained professionals from most mental health disciplines also subscribe to stereotypes about mental illness (Corrigan & Watson, 2002). Because of these ridiculous stigmas, discrimination starts to appear in public opinion about how one should treat people with a mental illness. Social stigmas are often linked to culture, gender, race, intelligence, and health. Perceived-stigma or self-stigma is when one internalizes perceptions of discrimination, thus causing feelings of shame that can lead to a poorer treatment outcome. Once a person internalizes these negative thoughts, there are sometimes negative emotional reactions. “Individuals who live with conditions such as schizophrenia are also vulnerable to endorsing stereotypes about themselves, self-stigma. It is comprised of endorsement of these stereotypes of the self (e.g. “I am dangerous”), prejudice (e.g. “I am afraid of myself”), and resulting self-discrimination (e.g. self-imposed isolation)” (Corrigan & Rao, 2012). One should note that when a person internalizes the stigma of mental illness, it worsens the course of their mental health because of all the bottled up judgement and self-hate. Self-stigma can diminish any feelings of self-worth. Unfortunately, there is an overwhelming amount of stigma surrounding women and mental health. Stigma affects all women, but it is important to note that it is especially prevalent in the minority population. “There are cultural differences in stigma that make it less likely that minority females will seek treatment even when they know that they could benefit from services” (Hunter, 2013). Some women thought they couldn’t seek treatment because of how they would be seen in their communities. “Women especially may be more prone to internalized or self-stigma in which the way that others see them becomes the way that they see themselves. This can lead to lower self-esteem and avoidance of a label or treatment” (Hunter, 2013). As mentioned before, this can lead to lower self-esteem and avoidance of getting a label or receiving treatment. Women are seen as being more emotional, dramatic, and even attention seeking. Often symptoms of mental illness go untreated or ignored. Reducing mental health stigma for all women is important, because treatment is important, and stigma has been shown repeatedly to stifle the willingness to seek treatment (Hunter, 2013).

Women’s Experiences in the United States

Many women in the United States have experienced mental health issues. “More than 1 in 5 women in the US experienced a mental health condition in the past year, such as depression or anxiety” (womenshealth.gov). Women’s
experiences of mental illness often differ from men’s (Mizock, 2019, p. 3). Women with mental health issues have often experienced high rates of sexual or physical abuse, poverty, and single parenthood. Mental illness affects women of all races. In a study about Hispanic women and mental health, it was found that 1 in 10 Latina women in the U.S. have been diagnosed with major depressive disorder in the last year (Lopez, Sanchez, Killian, & Eghaneyan, 2018, p. 3). Unfortunately, there are barriers to depression treatment among Hispanic populations. This includes persistent stigma which is primarily perpetuated by inadequate disease literacy and cultural factors (Lopez, Sanchez, Killian, & Eghaneyan, 2018, p. 3). According to research, depression is one of the leading causes of disability in America. Hispanics account for 5.8% of the population with major depression (Lopez, Sanchez, Killian, & Eghaneyan, 2018, p. 3).

Women who struggle with mental health issues in the United States have different struggles than men. These struggles take a toll on one’s life and can negatively affect one’s work, family, and relationships. It would be extremely beneficial for there to be a bigger emphasis on working to help support women with mental health issues, rather than promote stigmas that negatively impact one’s health.

**Women’s Experiences Internationally**

There are a multitude of instances where culture has influence on the impact of mental illness on women internationally. For most of these cultural influences, the primary issue is a lack of recognition of mental illness as a brain disease instead of a character default. For example, there is not even a word for depression in the Urdu language of Pakistan (Watson, Harrop, Walton, Young & Soltani, 2019, p. 7). This helps to represent the missing piece of discussion about mental health issues. Only two-thirds of refugees surveyed at the Thai-Myanmar border had actually heard of mental illness. The remainder (around 33%) had not even heard of mental illness or disorders. The lack of discussion includes the symptoms of mental illness. One study found that women who had experienced symptoms of mental illness did not consider them to be correlated with a mental illness or disorder, but rather a simple state of mind (Watson, Harrop, Walton, Young & Soltani, 2019, p. 7). In addition, roles of gender and social influences in culture are often in conflict with representations of mental illness. For example, in the black Caribbean culture women are taught to be very strong and depression is thought of as a type of weakness (Watson, Harrop, Walton, Young & Soltani, 2019, p. 8). This is confirmed in other cultures as well. South Asian cultures consider depression as unacceptable and specifically Bangladeshi women consider it as a weakness (Watson, Harrop, Walton, Young & Soltani, 2019, p. 8). This furthers the experiences of stigma because the cultural belief can attribute negative stereotypes like weak to women who are diagnosed with mental illness, specifically depression. One South Asian woman described her experience as that her family would say things such as “her mind is not working properly” (Watson, Harrop, Walton, Young & Soltani, 2019, p. 9). Once again, this helps to illustrate the depiction of mental illness as a default of the mind and person, instead of a disease the same as diabetes. Homelessness can be a common problem for women experiencing mental illness both in the US and internationally. This is due to the lack of supports for women and the stigma surrounding their illness. In India, women who had become homeless were often not welcomed back by their families (Moorkath, Vranda, & Naveenkumar, 2018, p. 477). This contributes to negative experiences of women with mental illness. The cultural influence of stigma and perceptions of women with mental illness can have lasting negative impacts on these individuals.

The perpetuation of these influences on women’s experiences is vast. Women often expressed fears of judgment. Specifically, women who were mothers expressed that they feared being considered bad mothers because they were diagnosed with mental illness (Watson, Harrop, Walton, Young & Soltani, 2019, p. 9). Further, mothers were even afraid that their children would be taken away if they sought treatment (Watson, Harrop, Walton, Young & Soltani, 2019, p. 9). This helps to identify the way that perceptions of mental illness create barriers and prevent women from feeling...
comfortable to receive treatment. These social conceptions continue for treatment options. For example, one study found that most participants agreed that the best treatment for mental illness included social and emotional supports (Fellmeth, Plugge, Moo Kho Paw, Charunwatthana, Nosten, & McGready, 2015, p. 2). However, very few of these participants at the Thai Myanmar border even mentioned treatment that included healthcare supports (Fellmeth, Plugge, Moo Kho Paw, Charunwatthana, Nosten, & McGready, 2015, p. 2). Thus, healthcare treatments which are proven to be very effective (in collaboration with emotional and social supports) are not very well-known in some international places. This helps to perpetuate the limited options that women have when it comes to mental health and treatment internationally.

**Recommended Improvements**

There are many ways that can help improve outcomes for women experiencing mental illness around the world. A promising start was that for women who had little in person supports, they found refuge in online communities (Watson, Harrop, Walton, Young & Soltani, 2019, p. 9). These online communities, which can be accessed by anyone with an internet connection, can help to provide positive support and recognition for women experiencing mental illness in places where as discussed previously, mental illness has a very negative connotation. Moreover, care that is centered around women and includes their perspectives can have positive outcomes (Mizock, 2019, p. 3). Feminist theory can be applied to treatment of mental illness for women internationally to provide the most tailored and effective care (Mizock, 2019, p. 3). These includes practices such as gender empowerment and being careful and specific to certain concerns specific to women such as experiences of oppression and correlated trauma. This also includes a collaborative approach that also utilizes empowerment theory. Empowerment theory is the idea that in order for individuals to achieve their best outcomes, they must be supported and lifted up to evoke change.

**Conclusion**

In sum, care that is sensitive to concerns that are specific to women can be very helpful for individuals who are experiencing mental illness. Empowering these women in the face of oppression, especially in cases where it has been shown their diagnoses are demeaned, helps normalize their lives. Women are constantly facing oppression and other forms of mistreatment especially in the mental health field. This has been shown in both the United States and in other cultures internationally. The issue is far-reaching and includes symptoms, treatment, and many different aspects of mental illness.

**References**


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