

The glamorization of mental illness among teenagers



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When visiting any well-known social network geared towards teens and adolescents, it takes but a few minutes to encounter a post that glorifies a disturbed mind. However, being mentally disturbed does not make a person beautiful. Many teens and adolescents believe that fabricating and self-diagnosing certain mental illnesses are a way to gain peer acceptance and to stand apart from the crowd. Although this belief may seem harmless, the glamorization of mental illnesses can create severe physical and emotional problems for teens.

The most common mental issues that teens tend to glamorize are of self-mutilation, anxiety disorders, and depression. Self-mutilation includes an array of serious issues. Forms of self-mutilation include cutting, burning, and inflicting slight physical discomfort; such as repeatedly banging one's head off the wall. Typically, teens self-mutilate for emotional release or in order to quietly indicate the need for help. Nicci Gerrard states in her article in The Guardian Magazine, "...[self abuse is] a morbid secret and a public confession.

And it is simultaneously very serious and weirdly casual - a cross between Sylvia Plath and wearing your baseball cap backwards" (2002, 3). Teens with low self-esteem or continued suffering from childhood abuse may resort to self-mutilation. Teens that feel they can only be relieved of emotional pain by causing harm to themselves need treatment and attention in order to keep the behavior from escalating into a cycle of constant self-abuse. Although self-mutilators possess serious problems that should be recognized, growing portions of self-mutilators hurt themselves for fun.

Nicci Gerrard sums up this movement of “cutting for fun” by stating, “...in some schools it has almost become a group-led gothic kind of fashion statement: a grungy display of hardness (look at the pain I can bear) and softness (look at the pain I am feeling inside)” (4). Also, some self-mutilators use the artistic approach when harming themselves. This artistic act consists of specific burn scars, specific cuts, or specific patterns of scab marks (Self Mutilation, 2008, 25). Due to the wide range of motivations for self-mutilators, adults sometimes write off this behavior as simply another form of teen drama.

However, teens with a true mental illness tend to hide their abuse marks and become upset or ashamed once they hurt themselves (28). Nicci Gerrard morbidly jokes, “They don’t show it off. They don’t run down the halls saying, ‘look how sad I am! I cut my wrist in the shape of a heart because I want love’” (5). Lindsay, now sixteen, provides a perfect example of how the glamorization of cutting for fashion impacts grieving and hurting teens.

Lindsay was interviewed by the Gale Psychological Team to share her story.

“Lindsay had been cutting herself for 3 years because of abuse she suffered as a child...[she] hasn’t cut herself in more than a year. ‘I feel proud of that,’ Lindsay says. ‘So when I hear girls talk about [cutting] like it’s a fad, it really gets to me. How could they take something so sick and so terrible and turn it into something fashionable. It isn’t cute and doesn’t make you stand out. If anything, you become empty, numb, and hardly even alive. Everything beautiful completely vanishes...and it’s really sad” (Self Mutilation, 2008, 27).

Obviously, the misunderstanding of this mental illness within teens negatively impacts both those who genuinely need professional help and those that self-mutilate for show. As a result, specialists, parents, teachers, therapists, family, and friends have a hard time discerning what type of treatment or help, if any, to give to the teen that really needs professional help. The glamorization of anxiety disorders poses another threat to the mental stability of teenagers. All humans possess a certain level of anxiety.

In fact, a certain level of anxiety is normal and required in order to live a healthy lifestyle. However, anxiety disorders are the most common category of mental illness (Brian Kennedy, 2010, 20). Throughout the teenage years, normal levels of anxiety naturally increase due to all of the pressures of growing up and fitting in. Because of the constant worries and fears that teens experience, many start to self-diagnose General Anxiety Disorder (GAD).

GAD disrupts one's daily life by greatly magnifying normal worries and fears, typically about the future (26). Some researchers suggest that GAD runs in family members (28). This theory considers not only genetics, but also environment. Some children learn anxious behavior from their elders (28). However, in some cases, the reason for the development of GAD cannot be determined. Typically, when a teen claims to have GAD without showing any typical symptoms of the illness, that the teen may have self-diagnosed. Self-diagnosis of GAD can create many emotional and medical problems in adolescents.

Brian Kennedy explains, “ Students in medical school are famous for convincing themselves that they have the disorders they are studying. The same might easily happen to people reading about anxiety disorders – especially, perhaps, with GAD. Because everyone suffers from anxiety at some point, it would be easy to self – diagnose GAD. But diagnosing an anxiety disorder is a tricky science and must be left to those qualified to treat mental disorders” (70). Teens who claim to have GAD without a proper diagnosis must be taken to a professional immediately.

In cases where a teen has falsely convinced a caregiver that she suffers from GAD, the taking of anxiety medications or receiving specialized treatment in the school environment could adversely affect her body and mind (71).

Therefore, discerning between clinical anxiety and glamorized anxiety poses a difficult challenge that negatively impacts those who need and would benefit from treatment and special alterations. Depression is the final most commonly glamorized mental illnesses. Depression and general sadness do not indicate the same symptoms or provoke the same emotions.

Recent studies show that more than twenty percent of teens have emotional problems (Judith Levin, 2009, 3). One-third of teens attending psychiatric clinics suffer from depression (3). Judith Levin states, “ In a nutshell: Lots of people experience depression, lots of people get over it” (8). Depression can be broken down into several different classifications; Reactive Depression, Major Depression, Dysthymia, Bipolar Disorder, Atypical Depression, Seasonal Affective Disorder, and Postpartum Depression (Michael R. Wilson, 2010, 5). These classifications may range from mild depression to severe depression (5).

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Many of the symptoms of mild depression coincide with those of major depression. The difference lies in the severity of the symptoms and how often the person experiences them (6). Sometimes, one might not even feel sad. Instead, one may feel flat or unable to care about anything (6). Studies and observations show that teens that suffer from depression often act out instead of acting sad and withdrawn (Judith Levin, 2009, 4). Because this depressive behavior reflects stereotypical teenage behavior, adults do not always recognize teen depression.

Instead, they see depressed teens as “ bad” or “ lazy,” and they respond with punishment, rather than treatment. A poll carried out by the online portal known as mentalline.com reported that ten percent of the teenagers felt that exhibiting erratic behavior and acting out was cool. Apart from that, about fifty percent felt that such a behavior was trendy, about twenty-five percent felt that it made them gain social acceptance, and about sixteen percent expressed that celebrities suffering from such conditions made the whole thing look “ glittery and attractive” (Elina Needham, 2011, 5).

Many studies on depression and mood disorders tend to reveal similar results. According to *The Atlantic*, online communities present a gentler, more aesthetically pleasing version of the disorder that could seriously skew teens’ views on clinical depression. On social media - especially Tumblr - depression is presented as a lifestyle choice. Writer Anne-Sophie Bines argues in *The Atlantic*, “ If Tumblr were the *Virgin Suicides*, it would be all Kirsten Dunst flouncing around in soft focus and pastel dresses, no little sister jumping out the bedroom window.

All virgins, no suicide. All jutting hipbones and artfully dangling cigarettes. Charmingly tragic. Tumblr continues to brim with photos and images that evoke negative emotions through art and call it depression. Black and white photographs of mystical emaciated women who stare off into the distance put psychological torment and beauty on the same page" (The Atlantic, 2012, 35). This distorted vision of depression makes a serious disease seem like a cool personality trait.

In The Atlantic article, psychologist Mark Reinecke worries that all of this beautiful sadness could lead non-depressed teenagers to think that they are depressed and to be self-pitying and self-harming (38). Overall, the glamorized views on depression continue to invade the minds of teens, and in result, negatively impact how the mental illness is dealt with and treated. Given these points, teenagers should not allow themselves to succumb to peer pressure or the darker side of pop culture by simulating the effects of true mental disorders like self-mutilation, anxiety disorder, or depression.

It becomes more difficult to set apart those who genuinely need help and those who want attention. Because of this issue, people may easily generalize and lump all types of teens together. Teens who truly suffer from these mental illnesses continue to slip through the cracks and become another scream in the crowd, which may leave these teens trapped and searching for a way out. In order to keep preventable tragedies from happening, teens need to become more aware of what they do, say, and post. Glamorizing mental illnesses should unnerve teens, not inspire them.

More and more teens label themselves as psychologically or physiologically atypical in an attempt to add an air of mystery and intrigue. They use mental illness as an accessory to their identity, something that helps cultivate an image of uniqueness. Such acts are shameful and wrongly fuel assumptions about the mentally ill. If teens of this generation continue to follow along with this misinformed idea of mental illnesses, the future will consist of nothing but lost people with no individuality and no hope for the truly sick.