The Intersection of Social Hierarchy/ Caste and Mental Illness:
… Dehumanization, the 6th Pillar of the Caste System

Rossler writes, “There is no country, society or culture where people with mental illness have the same societal value as people without a mental illness.” When I first came across this quote I was surprised at how narrowly I perceived the presence of stigma, when viewed through my subjective societal and cultural lens.

I thought to myself, out loud, of course people have varying views of mental illness, formed primarily by their individual and group membership experiences. And those views form the basis for false narratives that assign groups and individuals to a hierarchical status in our human social structure.

It had just never occurred to me how universally the concept of stigma was utilized to place people in a social hierarchy in order to differentiate “them from us.”

In her book “Caste: The Origins of Our Discontents,” Isabel Wilkerson proposes specific social constructs, institutions and laws that created an environment that justified the enslavement of other human beings. The attempted extermination of an entire race of people was based on a perceived inherent superiority and still exists today: India’s caste system which labels its lowest members “Dalits” or “Untouchables.”

After seeing the Movie “Origins,” based on Wilkerson’s book, it occurred to me that there are specific elements in her description of eight “pillars of caste” that have been applied, at one time or another, to individuals diagnosed with a mental illness or experiencing a substance use disorder.

- #1 Divine Will and Laws of Nature
- #2 Heritability
- #3 Endogamy
- #4 Purity vs Pollution
- #5 Occupational Hierarchy
- #6 Dehumanization
- #7 Terror as Enforcement, Cruelty as a Means of Control
- #8 Inherent Superiority vs Inherent Inferiority

Of particular note is “pillar” 6. “Dehumanization and Stigma: Lower castes are treated as less than human. Myths are invented or adapted to rationalize this treatment and explain why subordinate-caste persons are not “really” human to begin with. Individuals in subordinate castes are referred to by nicknames or even numbers.”

During the length of my career of working in behavioral health there has been a consistent effort, by various institutions, regulatory agencies, advocacy groups, persons served and caregivers to reform the public mental healthcare system. Here in the United States we can point to three distinct reform periods, “Moral Treatment,” “Mental Hygiene” and “Community Mental Health” or “Deinstitutionalization.”

Moral Treatment placed an emphasis on character and spiritual development; the “Mental Hygiene” period introduced large psychiatric hospitals; and the 1970’s Community Mental Health Period placed a focus on deinstitutionalization in favor of community mental health centers.

The movement towards community care has continued well into the new century in the form of a “Continuum of Care” model. This model emphasis a system of programs and services that are community-based, community-oriented, and directed toward serious mental illness. It’s a system that assists seriously mentally ill individuals before, during, and after crisis.

Research has shown that individuals at different stages of recovery benefit more, and clinical outcomes are achieved at a higher level of satisfaction, when community resources coordinate with one another to work towards the best interest of persons served.

Also of note during the past three decades, is the movement towards persons with a lived experience of a mental health diagnosis and caregiver empowerment. Societal and clinical attitudes that have long denied that persons with a lived experience can have significant therapeutic value within the multidisciplinary team approach, have changed. The shift in these attitudes help to create opportunities for people with a lived experience in the form of trained Peer Support Specialist.

In programs such as NJ’s Mobile Crises Outreach Response Team (MCORT) these Peer Support Specialists play a vital role. They help to support individuals in crisis with a shared understanding and respect that assists the individual to staying engaged in the recovery process, and successfully managing their mental health or substance use disorder.

Lastly, but always of major concern is stigma and its impact on the wellbeing, and recovery of those facing mental wellness challenges. Internal, external and institutional forms of stigma significantly impairs an individual’s ability to confidently seek needed

services, providers ability to furnish non-biased culturally competent care, and hinders the implementation of legislative mandates to achieving parity between physical and mental health.

Wilkerson writes, “A caste system, through its social controls and **stigma** and other pillars of caste, embeds and foments division," "It programs people into believing that they have no stake in the well-being of those that they've been told are beneath them, those that they have been told are unworthy, undeserving.” And so it becomes easy for some of us to minimize or ignore all together the discrimination, in the form of inadequate or denied resources that would otherwise be available if not for a mental health/substance use diagnosis.

NAMI has long valued the contributions of peers, families and friends with helping to fulfill our Mission. Through their unique lens, programs such as In Our Own Voice, Family to Family and Ending the Silence, to name a few, help to debunk false narratives, and affirm humanity in the form of activism and educating the public.

We are almost 25 years into the new millennium. We must take care not to continue to rely on systems that have so far been responsible for oppression and abuse of people with mental wellness challenges. The shift away from purely biomedical approaches to more effective treatment models must continue as we increase our efforts to build new systems. It is imperative to understand that some of the “old ways” still influence us and therefore must be clearly recognized as not in the best interest of those in need.

“Caste is insidious and therefore powerful because it is not hatred, it is not necessarily personal. It is the worn grooves of comforting routines and unthinking expectations, patterns of a social order that have been in place for so long that it looks like the natural order of things.” “People can come to disregard the predicaments facing people deemed beneath them, seeing their misfortunes as having no bearing on their own lives, seeing whatever is happening to them as, say, ‘their’ problem, rather than a human problem…”

Building on Wilkerson’s metaphor for America as a house in need of renovations’ we are the caretakers of the current system of mental health care. We didn’t build it but it is “ours to deal with now!” Where we go from here is in “our hands.”

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