Seeing the “Us” in “Them” – Developing Empathy for People with Mental Illness
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Many illnesses have a face – we associate Lou Gehrig with ALS, and Michael J. Fox with Parkinson’s. These faces humanize diseases, motivate us to donate money and educate us about the illness. So who should be the face of mental illness?

According to the Centers for Disease Control and Prevention, one in four American adults has a mental illness. That’s a lot of faces. Yet most don’t seek help. Treatment can be costly and difficult to access but many Americans don’t even try to get help because of embarrassment or fear. They hide their symptoms, fear losing jobs and believe that treatment won’t help. This lack of treatment is costly - Americans miss at least 200 million days at work due to mental illness, at a cost of more than $17 billion.

The media shows us the wrong faces. We see young men who commit monstrous acts of violence, purportedly due to their mental illness. They share an eerily consistent story. They did not do well in school, had few friends and acted strangely. The warning sign are seen too late – after they open fire in schools, shopping malls or movie theaters.

These faces understandably make us feel disgust and anger. But the images of these young men taint our perceptions of the millions of people suffering from mental illness. This happens because we naturally think in terms of “us” versus “them”. We belong to many groups; defined by our jobs, where we live, our race and the sports teams we support. Most of these memberships do not come with a card but our brains are designed to tell us if someone is “one of us” or “one of them”. We naturally favor people who are like us and we display something termed the “empathy gap” toward others who are different. According to studies by Jennifer Gutsell and colleagues at the University of Toronto we feel less empathy or concern for others who are different than us. And we feel even less when prejudice is involved.

So this gets us to understand why we may be less likely to help someone with mental illness, but what does the news story about a mass shooting do? The answer can be found in research conducted by Erin Buckells and colleagues at the University of British Columbia. They study the tendency to “dehumanize”; that is to see someone as less than human. They found that we do this often, but we dehumanize the most when we are already feeling disgusted. Imagine reading
an article about another school shooting that ends with a plea for more mental health treatment. As a reader, you are naturally feeling disgusted by this disturbing story. How likely are you to now empathize with the faceless millions of American suffering from a mental illness?

So if we want to create empathy, what face do we use? The truth is, these faces exist within our own communities. If we think back to the statistic that one in four of us have a mental illness, we begin to recognize that this group includes our siblings, co-workers, friends and maybe even ourselves.

The good news is that we can close the empathy gap through a process called personalization. Nurcan Ensali and colleagues from the Alliant International University study this. Their work shows us that when we get to know someone from an outside group, we begin to see how they are unique from the group and how they are like us. We learn new things from them and we begin to understand and even feel some of what they feel. But empathy doesn’t stop there. Our interaction with this one person helps us to understand the group as a whole, bridging the gap between “us” and “them”.

This work is beginning in many communities, through a training program called Mental Health First Aid. This program teaches community members about the signs of mental illness and ways to provide support and get help when someone needs it. If we saw someone choking in a restaurant or falling on a sidewalk, chances are we would rush to their aid. We would feel empathy and know how to help. Mental Health First Aid teaches communities to do the same when people are in emotional distress. It helps us overcome our discomfort to act in a compassionate, human way. By seeing the “us” in “them” we can begin to see the faces within our own community.
References


