THE SCRIBLERIAN

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In the United States, high school football players constitute a significant percentage of concussions that are a result from participation in sports and recreational activities. Concussions can render these high schoolers unable to participate in football and school. Because of the physiological nature of adolescent brains, the recovery time for these athletes can last weeks and in some cases even months. Concussions have even resulted in death in some extreme cases among high school football players. Recently, there has been a major focus on concussion prevention and player safety in all levels of football. The need to increase concussion awareness in high school football is apparent as there have been several concussion related deaths in recent years. Concussion awareness in high school football can be increased through improving concussion education among football players and coaches. As concussion awareness increases among high school football players and coaches, the risks associated with concussions will decrease.

Concussions in Football

Concussions are a medical phenomenon that have been understood very limitedly until recently. Even with modern medical technology and research, there is still a lot that is not known about concussions. Pruthi, Hall-Flavin, and Swanson (2014) have defined a concussion as a traumatic brain injury that changes the way the brain functions. They further state that concussions are most commonly caused by a blow to the head, but can also occur when the body is violently shaken. A concussion can result in the loss of consciousness, but most do not. Cournoyer and Tripp (2014) state that some of the commonly known symptoms of a concussion are headache, dizziness, and confusion. Less known symptoms include vomiting, trouble falling asleep, personality changes, being more emotional, and being nervous or anxious. The recovery process from a concussion is described by Johnson (2012) as physical and cognitive rest until the athlete no longer exhibits concussion symptoms. Johnson also states that return to activity should be stepwise. This explanation of the concussion recovery process highlights that there is still much that is unknown about concussions. There is no specified healing process, and this can often lead to mistreatment.

The volume of concussions that occur is a rather staggering statistic. Resch and Kutcher (2015), state that it is estimated that up to 3.8 million concussions occur annually in the United States as a result of participation in sports. They continue to acknowledge that over 50% of emergency room visits for traumatic brain injuries involved patients 24 years old or younger. Johnson (2014), stated that there are about 23,000 emergency room visits for nonfatal traumatic brain injuries in the United States each year, and that adolescents ages 5 to 18 account for almost 90% of these visits. Concussions among youth is a serious problem. Participation in football is one of the main contributors to youth concussions. Cournoyer and Tripp (2014) state that participation in football is attributed to over half of the more than 3 million annual sport-related concussions. That is a lot of concussions from football!

This statistic may seem rather obvious to some. Of course there will be a lot of concussions in football. Giving youth pads and helmets and telling them to hit each other is bound to result in a lot of brain
injuries. Football is a rough sport, and hard hits are one of the most celebrated aspects of the game. These thoughts have a great deal of validity. As long as football is played there will be concussions. While it is an inevitable part of the game, the risk of concussions can be reduced, and there has been a great deal of progress made toward this end within recent years. Within the past few years, rule changes have been made to the game of football that focus on player safety. One of these rules has made targeting—intentional contact to the head—illegal. There are also continuous improvements being made with helmet technology. These improvements have contributed to improving player safety and reducing concussions.

There have also been conversations about additional changes that can be made to increase player safety. To reduce the risk of concussions, Johnson, L.M. (2012) suggested that tackling should be eliminated from football for all youth under the age of 16. Other studies have suggested that youth and high school football should be altogether done away with. These are possible solutions, but they are impractical for a few reasons. Football is one of the most popular sports in the United States, with millions of participants in the high school level alone each year. Because of its popularity, it would be almost impossible to make people stop playing football. The public resistance would be too great. Eliminating youth and high school football would also have serious implications on football at the collegiate and professional level, which is a huge industry in the United States. Eliminating tackling from youth football is a little more practical, but there would still be a lot of public resistance. Tackling is a huge part of the game of football, and tackling can’t be eliminated without changing the nature of the game. While these conversations are working toward the worthy goal of player safety, understanding the greater dangers of concussions can give these conversations a different and more practical direction.

Although an initial concussive injury isn’t to be treated lightly, there are complications associated with the mismanagement of concussions that are of a much more serious nature. Some of the complications associated with improper management and treatment include post-concussion syndrome (PCS), second impact syndrome (SIS), and Chronic Traumatic Encephalopathy (CTE).

Post-concussion syndrome is a condition where concussion symptoms don’t go away after a normal healing time period. A typical concussion will resolve itself after 1-2 weeks with proper treatment and management, but with PCS, symptoms of a concussion can last anywhere from a couple weeks to several months. This has direct implications on high school football because it usually means that football players are required to miss school for extended time periods.

Second impact syndrome occurs when an athlete receives a second concussive impact while still experiencing symptoms of a previous concussion. This is more severe because of the damage it causes to the brain. In a recent study, Johnson (2012) stated that SIS is a very severe condition because it causes cerebral swelling and brain herniation. It is further stated that the death rate associated with SIS approaches 100%, and death usually occurs within the first 5 minutes. Johnson also acknowledged that all confirmable cases of SIS have occurred in children and adolescents 18 years old and younger. This means that high school football players are at a very high risk for SIS.

Johnson (2012) defines Chronic Traumatic Encephalopathy as a degenerative brain disorder that is associated with repetitive concussive injuries. CTE is most common among retired NFL football players. Johnson states that CTE is thought to be associated with depression, suicide, early dementia, disinhibition and erratic behavior, and motor neuron disease. Currently, the only method for diagnosing...
CTE is through autopsy. Although CTE cannot be currently diagnosed among high school football players, youth and high school football are where the development of CTE begins.

Having a brief overview of what can happen when a concussion isn’t properly handled brings to light the urgency to increase awareness of these complications. When one realizes how many concussions occur each year, and how many people are at risk to suffer from PCS, SIS, or CTE, it becomes apparent that sport-related concussions are indeed a public health crisis.

**The Need to Focus on High School Football**

As was previously mentioned, high school football players constitute the largest group of participants in the sport of football. It can be inferred that because high school football has the largest number of participants, it also has the largest number of concussive injuries. This should lead to high school football receiving the most attention in discussions and studies regarding concussion management. Johnson (2012) observed that recently a great deal of attention has been placed on concussions in professional sports. Although this is a step in the right direction, attention should be placed on the group most affected. It is apparent that concussion knowledge and awareness is lacking in high school football. Baugh, Kroshus, Daneshvar, and Stern (2014) stated that recent studies have shown that as many as 50% of concussions in high school football go undiagnosed. This statistic alone is sufficient to show the need to focus on concussion management in high school football.

Knowing what causes concussions to go unreported is important in discovering solutions to increase concussion awareness. There are several factors that can contribute to concussions going undiagnosed. It can result from an athlete’s inability to identify concussion symptoms. In a recent study, Cournoyer and Tripp (2014) observed that young athletes’ lack of knowledge about concussions is possibly one of the main reasons that they return to play prematurely after sustaining a concussion. It may seem like an obvious connection, but an athlete that cannot identify concussion symptoms will never be able to report a concussion so it can be properly handled. Another possible reason is an athlete not understanding the serious nature of the injury. Without understanding the severity of concussive injuries, football players may be prone to return to play without allowing any time for the concussion to heal, even when the concussion has been diagnosed. It is easy for a football player to see a concussion as an injury that isn’t severe, because, unlike a broken leg or torn muscle, a concussion is an injury where the athlete can usually still perform normal activities like running and jumping. It is also possible that high school football players feel negative pressure to “push through it.” There tends to be a “tough guy” mentality associated with the game of football, where athletes are encouraged to be more powerful than the pain of the injury they have sustained. Often, the athletes that play through injuries are celebrated as truly dedicated to their team and to the game. Baugh, Kroshus, Daneshvar, and Stern (2014) noted that football players will often not report a concussion because they don’t want to lose playing time, or because they don’t want to let down coaches and teammates. Unlike most injuries, playing through a concussion isn’t just a matter of dealing with pain. There are serious long-term effects that are associated with playing while concussed.

All of the mentioned reasons for concussions going unreported can be traced back to a lack of knowledge about concussions. And as was explained, there are severe complications that can come with improper concussion treatment and management. An undiagnosed or ignored concussion will never be properly handled. The risk of serious concussion complications is especially high among adolescents. Cournoyer and Tripp (2014) explain that adolescent brains are more susceptible to traumatic and even
fatal brain injuries because of the physiological nature of their brains. One simply cannot “push through” a concussion and be okay. With the volume of concussions sustained by high school football players and up to 50% of them going undiagnosed, it is no wonder that there have been concussion related deaths.

Increasing Concussion Awareness

With what is known about concussions, it is obvious that something has to be done. As was already discussed, it is nearly impossible to eliminate concussions from football altogether. But this is not a lost cause. One solution is to not focus on eliminating concussions, but to reduce the risks associated with concussion mistreatment and mismanagement. To reduce these risks, concussion awareness needs to increase among football players and coaches. This can be accomplished through improving concussion education. In a recent study by Manasse-Cohick and Shapley (2014), it was stated that educating youth football players and coaches about concussions can contribute to reducing the players’ risk of second impact syndrome. It was also acknowledged that without proper concussion education, athletes are less likely to report concussion symptoms to coaches or medical staff, and that coaches who are uneducated about concussions are unable to help athletes go successfully through the recovery process.

With concussions being such a topic of interest in recent years, great steps have been taken to increase concussion awareness among high school football players. Resch and Kutcher (2015) observed that as of 2015, all states in the U.S. except Arkansas require concussion education for high school athletes, coaches, parents, an administrators. Also, all states except for Arkansas require that any athlete suspected of having a concussion be removed from participation. These athletes cannot return to play until cleared by a medical professional. In short, changes are being made to improve the safety of high school football. Legislation has been passed in all but one state of the U.S. requiring concussion education. The question to be considered is whether the education required by these legislations is making a difference.

In a recent study by Cournoyer and Tripp (2014), football players from several high schools in Florida were surveyed to determine how much they knew about concussion symptoms and the seriousness of traumatic brain injuries. This survey was administered after the state of Florida had implemented legislation requiring high school football players and parents to attend an educational presentation on concussions. Before any of the athletes could participate in the season, both the athlete and parent or guardian had to sign a form stating that they had received concussion education. It was found that almost 90% of the football players surveyed recognized the symptoms of headache, dizziness, and confusion. Just over 80% of the athletes also recognized loss of consciousness as a symptom. Out of the group tested, the recognition of symptoms like nausea, vomiting, behavior and personality change, trouble falling asleep, being emotional, and being nervous and anxious varied from around 50% to less than 30%. The survey results also showed that just less than 60% of the athletes reported having actually been educated on concussions, and about 50% of the athletes reported having a discussion about concussions with their parents.

The findings of this study are significant because they show that although the state of Florida required these football players to be educated on concussions before the participating in the football season, almost half of the players surveyed reported that they hadn’t received any education. It can be inferred from this that the educational program that the athletes were exposed to had little impact on them. These findings highlight the need to consider alternative educational methods. This requires additional research and studies to determine which methods of communication would be more effective to
increase education awareness. Regardless, there is a great need for the effectiveness of concussion education for high school football players to improve.

There is also a great need to improve concussion awareness among high school football coaches. Coaches hold a very influential role in the lives of football players. Accordingly, coaches can be very crucial to improving the safety of the game of football. Baugh, Kroshus, Daneshvar, and Stern (2014) acknowledged that coaches are very influential on athletes’ decisions in regards to safety. It is further stated that coaches who know more about concussions are more likely and able to communicate the importance of concussion safety. This seems to be an obvious connection, but many coaches aren’t educated enough to be in a position to help their players. In the same study it is noted that coaches have reported that they feel inadequately trained and informed in concussion identification and management. Essentially, many coaches aren’t able to help their athletes because they simply don’t know enough. This is a major issue because many high school football programs across the United States don’t have a large enough budget to have an athletic trainer on staff. Again, further research is needed to determine what the most effective way is to educate coaches on concussions. Another idea that should be further researched is the effect that an athletic trainer has on a high school football team’s concussion safety behaviors. If an athletic trainer makes a positive difference on concussion reporting rates, the possibility of providing each football program with an athletic trainer should be investigated.

In addition to the conversation about concussion awareness at the high school level, public awareness of concussions has also increased in recent years. Media is being used to inform the general public of the seriousness of concussions. On December 25, 2015, Sony Pictures will release the movie “Concussion.” This movie stars Will Smith and tells the story of Dr. Bennett Omalu discovering CTE. This will be a great contributor to increasing concussion awareness in the public setting, informing millions of Americans of the dangerous long-term effects that concussions can have if they aren’t treated properly.

**Conclusion**

Concussions are a serious issue among all sports, but especially in football. High school football constitutes the largest group of football players, and as such has the highest risk of athletes sustaining concussions. Complications like post-concussion syndrome, second impact syndrome, and Chronic Traumatic Encephalopathy have serious effects on people. Adolescent football players are especially at risk for traumatic brain injuries. Hunsucker, J. (2014) stated that proper treatment of concussions among youth is critical because the developing adolescent brain is at a very high risk of aggravation of an unhealed concussion. Adolescents are also at high risk for re-injury. Concussions will never be altogether eliminated from football, but the risk of high school football players suffering complications to concussion injuries can be reduced through increasing concussion awareness.

In recent years, steps have been taken in the right direction in regards to increasing concussion awareness. Almost every state in the U.S. has legislation requiring high school football players and coaches to receive concussion education before the season begins. Although the education required by these legislations may not be most effective, it is a start. As research continues to develop, more effective means of education can be developed to help high school football players and coaches know how to properly manage concussions. Football is a game that is loved by many people. As concussion awareness increases, football will be more safe and enjoyable for everyone involved.
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Whether the title, “Fairy Tales” dredges up images of animated movies, bedtime stories, or glittery costume pieces, it is commonly believed that fairy tales are for children. They provide lessons about patience and bravery, as well as kindness and honesty in a way that is capable of capturing the young mind in imaginary lands and entertain as they teach. However, most fairy tales contain a moment of judgment that reveals an area of fairy tales that is seriously lacking as far as teaching is concerned. While patience, bravery, kindness, and honesty are all valuable traits, there is very little skill displayed by fairy tales that could potentially help children cultivate these traits. Many fairy tale characters show very poor decision making skills. The vast majority of these characters make snap decisions without considering the consequences of their actions, and even those who do make considerations tend to draw conclusions of questionable solidity. As a general trend, fairy tales provide very weak models for decision making skills, sacrificing logic for plot substance, and ultimately leave the reader entertained but frustrated.

In the modern day, many decision making models explicitly outlay and organize information regarding the decision in question, which is a factor of decision making not usually incorporated into fairy tales. One such is the Rational Model. In a presentation on decision making models, Eugene H. Baker of The University of North Florida outlined this model in four basic steps, “identifying the problem, generating alternative solutions, selecting a solution, and implementing and evaluating the solution.” This model allows its user to gather their information and take all actions into consideration, which is where fairy tale characters tend to fall short. Instead of evaluating their choices and decisions, protagonists tend to leave themselves open to suggestion that later gets them into trouble.

In Hans Christian Andersen’s “The Little Mermaid,” an outline of The Rational Model of Decision Making can be seen in near completion. When the youngest mermaid princess falls in love with the prince from the surface, she determines that she must find a way to be with him. In visiting the Sea Witch, she discovers that a way is in fact possible (Andersen). However, the mermaid does not consider, nor even search out any other options. After identifying the problem, she takes the first solution she can find without generating any alternatives, as The Rational Model requires. The mermaid only briefly evaluates her solution when the payment for obtaining humanity is more than she expects, but quickly dismisses her concerns in the thought that any price is worth what she wants. In the end, the mermaid princess is unsuccessful, and turns to foam on the first morning of the prince’s marriage, as mandated by the Sea Witch (Andersen). Although the princess followed most of the steps of The Rational Model of Decision Making, in failing to identify more than one possible solution, the mermaid is unable to make a more rational decision, and so she is unable to achieve her original purpose.

Baker also discusses a secondary model in which more limitations are acknowledged. Simon’s Normative Model is seen as the less rational model because it accounts for gaps in information. In his presentation, Baker also notes that the idea of “satisficing” is implemented in this second model. Satisficing is a process by which a decision is deemed “good enough,” usually the minimal needed to satisfy some sort of requirement (“satisfice”). This concept is further explained by Barry Schwartz, Yakov Ben-Haim, and Cliff Dacso. In their article on good decision making, satisficing is described as a process in which “you
are still trying to maximize something, but what you’re trying to maximize is your confidence of a good enough outcome even if things go poorly.” This is often the course fairy tale characters take as it allows them more agency, more room for deviation in making their own decisions. However, as certain aspects of information are left unknown, or sometimes even veiled from key characters, the characters in these stories often fail to make the most constructive decisions available to them.

One such story is that of the Brothers’ Grimm version of “Snow White.” Snow White is oftentimes in the dark about what exactly is going on around her, as the Queen approaches her in disguise each time she makes an attempt on Snow White’s life. However, Snow White is warned by the dwarves before all three occasions in which the witch appears, “‘Beware of your stepmother. She’ll know soon enough that you’re here. Don’t let anyone in the house,” (Grimm). On the first occasion that the Queen appears before her, Snow White is able to rationalize the dwarves’ advice not to let anyone in the house. “‘I can let this good woman in,’ Snow White thought to herself, and she unbolted the door,” (Grimm). With only pieces of the information needed to make a sound decision, Snow White gives into temptation each time the Queen approaches her, making concessions and excuses as to why each particular time her choice is an acceptable one. This can be seen as Snow White’s attempt at satisficing. She was told not to let her step mother in, but decides that a good woman, or a peddler is safe, confronting the dwarves original suggestion to keep all strangers out of the house. It is in making these concessions that Simon’s Normative Model fails Snow White. As an element of self-deception is introduced to the model, Snow White places herself more and more in danger as she becomes less and less capable of making a sound decision.

If fairy tale characters were to make sound decisions at every turn, there would of course be quite a bit less to the stories people read and watch. However, the decisions these characters are making seem to defy common sense. Instead of constructive models, decisions are made to be simple plot vehicles. This is dangerous, because the lessons being taught become less applicable to modern life, as they are only seen in circumstances of general ridiculousness. Children are shown that their actions have consequences, but they are not taught how to make good choices in the first place to avoid these consequences. The lessons offered by fairy tales are many. However they do not offer very comprehensive lessons in the essential skill of decision making, a lesson which is invaluable. In the face of a moral such as, “sacrifice doesn’t guarantee victory,” or something as simple as “rely on your friends, and you’ll be victorious in the end,” as such tales as The Little Mermaid and Snow White can be reduced to. These morals, while important, don’t teach children applicable skills, and they certainly don’t offer comprehensive, or even complete models of decision making.

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Works Cited


Imagine being so obsessed with a thought that your actions revolve around it. Picture feeling as if the best possible solution to the problem is remaining secluded inside your apartment so that you or those around you can’t be harmed. These are just two of my experiences a little over a year ago. In September 2013, I left for Europe as an LDS missionary. Up until that time, I had always dealt with varying degrees of anxiety and stress, but I was about to experience something that I wouldn’t wish upon anyone. Over the next several months, my anxiety levels continued to increase and I was in an almost constant state of worry and concern. At one point, the stress became so significant that I began suffering from extreme headaches which eventually led to blurred vision. After about a year, I found myself in Bruck an der Mur, a very small town in Southern Austria. During this time, I began counseling extensively with a psychologist and met with an Austrian psychiatrist. New psychological jargon, such as neurotransmitters, synapse, and receptor sites, were tossed my way as if I was expected to understand what they were saying. I often felt alone and misjudged in my trials. To make matters worse, my hospital visits were conducted in German, straining my intellectual capacity.

My story is just one example that illustrates what nearly 1 in 5 American adults experience in a given year (National Alliance on Mental Health). The prevalence of mental illnesses means that nearly everyone is affected in some way. Mental illness is a serious issue, but it is an issue that is often spoken of with reservations, embarrassment and a general feeling of ignorance. In an article published in the American Journal of Public Health, several researchers from King’s College London Institute of Psychiatry stated that “Globally, more than 70% of people with mental illness receive no treatment from health care staff” (Henderson 777). Why is it that so few receive the help that they need? These same researchers went on to suggest reasons why people went without treatment. These reasons included lack of knowledge to identify features of mental illness, prejudice against those with mental illness, and expected discrimination against those diagnosed with mental illness (777). It’s no wonder why the majority of people dealing with such issues don’t seek help. Anyone who has ever been diagnosed with a mental illness, or knows someone who has, better understands the negative feelings, stigmas, and difficulties in comprehension that are associated with this issue. Mental illness has been tabooed in our culture and it is common for people to be seen as inferior or strange when they suffer from these difficulties. My experience has taught me that the professional terms, which can often be viewed as a foreign language, are not adequately explained by doctors and psychologists. This misunderstanding leads to a general lack of interest and state of ignorance on the part of the general public. Doctors, patients, and the general public must be more adequately educated so relief can be administered and discrimination reduced. It is important for all people to understand the emotional impact of mental illness, the social implications that exist, and the scientific reasons behind these illnesses. This new found knowledge would lead to more educated, prepared individuals, and a better quality of life for all people, especially for those who suffer from such illnesses.

In order for people to become more educated on this topic, they must first understand the emotional impact that occurs as patients hear the diagnosis from doctors and attempt to explain their diagnosis to
others. Consider first how it might feel to be plagued with obsessive thoughts and compulsive actions or be in a chronic state of depression. How would it be to experience the contrast of extreme joy and elation, followed quickly by melancholy and loss of hope? It is equally trying to attempt to explain one’s emotions and actions to friends and family. In my experience, I was first challenged emotionally. I couldn’t quite understand what was going on and why I was thinking the way that I was. I also didn’t feel that the doctors or psychologists were exerting themselves in an attempt to improve my understanding. I felt alone and often held all of my emotions inside until they broke free in the form of an argument or snide remark. Attempting to understand the science behind my problems was emotionally exhausting. I didn’t know what neurotransmitters were. I had no clue that chemical messengers went throughout my brain influencing the way I thought and acted. This experience has led me to understand what others go through when faced with similar trials and why so many misunderstandings occur. There have been many advances in the study of psychology and other medical fields, but one of the most important steps has yet to be taken. Psychologists must learn how to more adequately explain their research and theories to their patients and the general public. Due to the lack of connection between myself and my psychologist, I often experienced emotions of helplessness, frustration, and anger. These emotions could have been avoided or lessened if I had received more thorough explanations. I was also reluctant to express these emotions because of the possible social consequences.

One possible consequence of seeking help is discrimination. This problem could be reduced if the general public more adequately understood mental illnesses. Whether explicitly or implicitly, discrimination against those who have been diagnosed with mental illness is a serious problem. The comparison is often made that a person would not be subject to persecution if they suffered from a heart attack, diabetes, or some other physical ailment. Those suffering from a mental illness should also be free of persecution and judgement. Although this comparison is true, it is often disregarded. Perhaps the main reason why this is so often disregarded is the lack of knowledge collectively shared by the general public. In a research study conducted by Canadian psychiatrists and university professors, it was stated that “People with mental illness suffer stigma and discrimination across various contexts… The stigmatized person is labelled as different, and linked to negative stereotypes. A separation is forged between us (the stigmatizers) and them (the stigmatized);” (Dabby 452). According to this report, people with mental illnesses are subject to discrimination and stigma in a variety of settings which lead to negative stereotypes. These individuals may begin to feel ostracized and disconnected from their social norms. This disconnection could easily be avoided if doctors, and scientists in general, sought to better explain their knowledge.

The previously mentioned study conducted by Canadian scholars dealt with observing discrimination between individuals with mental illness and their psychiatrists. It is a staggering thought to imagine that even psychiatrists, who have been specifically trained to aid these suffering individuals, will sometimes display discrimination. It would be very difficult to visualize a medical doctor exhibiting prejudice towards his patient with a broken bone. This example clearly shows the need that exists to educate individuals more fully on these issues and take necessary steps to prevent persecution. Perhaps this prejudice between doctor and patient occurs because of a lack of understanding. More knowledge would be available if doctors were more devoted to giving clearer explanations. The magnitude of this issue prompted a response from the U.S. Surgeon General in 1999 who said that the stigma, or negative
beliefs about mental illness, is “the most formidable obstacle to progress in improving mental health.” (Center for Mental Health Services).

My personal experiences have led me to better understand the social meanings behind the psychological study of mental illness. I also found it very difficult to express what I was going through because I feared possible judgement and discrimination. I felt as if I was going crazy and often labelled myself as weird, strange, or abnormal. These fears could have been avoided if I better understood what was happening internally and if my peers had a greater understanding as well. A missionary is always assigned a peer to be a companion. On one occasion, I became so frustrated with a companion that we began to argue. He couldn’t quite grasp why I was struggling and I couldn’t manage to explain it to him. I couldn’t simply say that my brain chemistry was not where it should be. This story exemplifies the need for physicians to more adequately explain illnesses to their patients and to the public. Individuals challenged with such issues often have a difficult time maintaining positive, healthy relationships due to misunderstanding and lack of knowledge and assistance on both sides. If the problem is going to be solved, people must be better educated on the issue.

All scientists must educate clients and normal citizens on the intellectual and scientific reasons behind mental illness in order to improve awareness and promote support. From my own experience, I couldn’t understand why such a thing was happening to me. I was confused, frustrated, and angry. Doctors and psychologists were using professional jargon that I had only briefly heard in movies and TV shows. I didn’t know what was meant when one lady told me I had too few neurotransmitters. When someone is put into such a situation, it often seems as if they are listening to a foreign language. The intellect is strained at a time when person is already exhausted physically, socially, and emotionally. The difficulty in understanding is shared by both parties in this exchange. The individual faced with the illness must learn to understand why certain things are happening and those around that individual must also seek understanding if they hope to be supportive and free of discriminatory thoughts or actions.

Fortunately, some steps have already been taken in improving understanding and preventing segregation. The Mental Health Services Act was passed in California in 2004. The main purpose of this act was to reduce the stigma and discrimination associated with issues of mental health. Features of the law included social marketing to increase the public’s awareness as well as specific training to individuals in order to make them more equipped to lend a helping hand. The main objective of the law was stated as follows, “Collectively, these strategies aim to foster permanent change in the public perception of mental illness and in the individual experience of stigma.” (Clark 786). Such laws are excellent steps in the right direction, but physicians and psychologists should also be included in receiving special training in giving clearer explanations. The general public should also seek greater understanding to help individuals who are in need. It is important that laws and other plans continue to be put into place to address this serious issue. By doing so, understanding and quality of life would greatly increase. Educating the general public on these issues is perhaps the most significant step that can be taken.

In today’s culture, it is often looked down upon when someone admits to suffering from a mental illness, but that shouldn’t be the case. It is extremely important that steps are taken to educate psychologists, individuals that suffer from these illnesses, and those who interact with people that are suffering. By increasing understanding, necessary support and encouragement can be given to assist those in need. Discrimination towards these people would be reduced. As the general public begins to more fully understand the emotional impact of mental illness, the negative social consequences, and the
scientific reasons behind it all, everyone will benefit from increased happiness and wellbeing. Each of us shares in the responsibility to see that the essential steps are taken to promote awareness and support. We are all connected and when one person is given the help that they need, more help for all people will follow.

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Works Cited


Quantitative - General Education 1000

1st Place Winner: Staci Thompson, “Cellular Respiration Rate of Crickets Compared to Wheat Seeds Germinated in Various Situations”
For Dr. Lindsey Roper

Withheld by student’s request