



# Reclaiming Humanity: Addressing the Non-being of the Mentally Ill in the Mental Health Crisis Narrative

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## DESCRIPTION

Mental health crisis” continues to shape our understanding and responses to mental illness. This crisis is often framed in terms of increased prevalence rates, strained healthcare systems, and societal costs. However, within this narrative lies a deeper philosophical and existential issue: the non-being of the mad. This term, rooted in existential philosophy and critical psychiatry, speaks to the marginalization and dehumanization of individuals with severe mental illnesses. It suggests that societal perceptions and treatments of the mentally ill often strip them of their personhood, reducing them to mere diagnoses and symptoms. The concept of non-being refers to the existential condition where an individual’s existence is denied or rendered invisible. For those labeled as “mad,” this manifests in multiple ways. Society tends to view mental illness through a lens of otherness, positioning the mentally ill as fundamentally different from the “normal” population. This othering process not only stigmatizes but also dehumanizes, effectively erasing the individual’s identity and humanity. The mad are seen not as persons with unique stories and experiences but as cases to be managed and controlled. This dehumanization is perpetuated by the mental health system itself. Psychiatric diagnoses often reduce complex human experiences to simple categories, ignoring the socio-cultural and personal contexts that contribute to mental illness. Treatment approaches, particularly those that rely heavily on medication and institutionalization, can further this sense of non-being. Patients are often treated as passive recipients of care rather than active participants in their recovery. Their voices and autonomy are frequently disregarded, reinforcing the notion that they are incapable of self-determination and agency. Moreover, the language used to describe mental illness contributes to the non-being of the mad. Terms like “schizophrenic” or “bipolar” are often used as labels that define the entire person, overshadowing all other aspects of their identity. This linguistic reductionism

simplifies the complex reality of mental health, leading to stereotypes and misconceptions that further alienate and marginalize individuals with mental illness. The narrative of a “mental health crisis” tends to focus on statistics and systems, neglecting the personal, subjective experiences of those affected. The media also plays a significant role in shaping public perceptions of mental illness. Sensationalist reporting often links mental illness with violence and danger, perpetuating fear and misunderstanding. This not only exacerbates stigma but also reinforces the notion of the mad as non-beings, threats to be controlled rather than individuals to be understood and supported. Such portrayals contribute to a culture of exclusion, where the mentally ill are seen as outside the bounds of normal human society. Addressing the non-being of the mad requires a radical shift in how we perceive and respond to mental illness. First, it involves recognizing the full humanity of those with mental illnesses. This means valuing their experiences, stories, and voices, and acknowledging them as active agents in their lives and recovery. Mental health care should move beyond a purely biomedical model to include holistic, person-centered approaches that consider social, cultural, and existential dimensions. Empowerment and inclusion should be central to mental health care. This can be achieved by involving individuals with mental illness in decision-making processes about their treatment and care. Peer support, where individuals with lived experience of mental illness support others, can also be a powerful tool for fostering a sense of community and belonging.

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## CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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