

Broadening our Perspectives and Exploring New Directions during a Time of *Lingchi*

Lingchi ? What is that and what does that have to do with ISPN and mental health?

Many people have heard the phrase “death by a thousand cuts” which originates from western civilization’s description of *lingchi*, a Chinese form of lingering death which served as punishment for those convicted of crimes. The convicted person was killed by small ongoing traumas to the body which accumulated over time and resulted in death.

The daily experience of stigma in the form of microaggressions can also be seen as “death by a thousand cuts” in that they are small traumas to one’s dignity, self-esteem, hope and perceptions of being “other” over the course of a lifetime. There are many times when it is not the major traumas in life that kill, but rather what has been labeled as “creeping normalcy”—a way of interacting that has been incessant and cumulative, and ultimately can be devastating. They are subtle expressions of stigmata or put-downs which are brief and commonplace such as daily verbal, behavioral and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory or negative slights and insults to the target person or group (Wang et al., 2011). Microaggressions can also include incidents of exclusion or marginalization, more specifically, invisibility i.e., feeling ignored or overlooked owing to one’s group membership and the distress caused by such experiences (Franklin & Boyd-Franklin, 2000). Invisibility occurs at the individual level when the target person’s contribution are dismissed, discounted, devalued, minimized or compartmentalized because it is viewed as less valued or relevant to the dominant group. These acts cause anger and frustration, lowering subjective well-being and can result in microaggressive stress among the targeted group (Sohi & Singh, 2016; Sue, 2010).

Mental health nurses fully recognize the impact of stigma and the resulting microaggressions and negative assumptions that are experienced by individuals with poor mental health diagnoses (Knaak et al., 2017). What may not be as evident is the impact of our current political climate and the microaggressions (microassaults, microinsults and microinvalidations) or the emotional traumas that are being experienced by those without mental health concerns because of their group membership (gender/ identity/orientation, ethnicity, immigrant status and race). How do those experiences impact their mental health and what should mental health nurses do to support good mental health for those under stress?

ISPN continues to take opportunities to assure our relevance and leadership in mental health through our efforts in the areas of health

services, education, policy and research. Through each of those efforts we embed strategies to combat stigma focused on those individuals who have mental health concerns and to address social conditions that place individuals at risk for poor mental health outcomes.

Increasingly ISPN has employed partnership with like-minded others to amplify those efforts. We have always had a strong relationship with the American Psychiatric Nurses Association (APNA) and each organization has benefitted from this partnership and moved the needle in enhancing the outcomes for individuals with mental health concerns as well as those at risk. Our joint efforts have also aimed at educating the public and health professionals to reduce stigma. Toward those ends, ISPN has also expanded our collaboration to include the *Global Alliance for Behavioral Health and Social Justice* organization and a joint effort with the *Mental Health Nurse Academics UK and the Royal College of Nursing*.

Internally, ISPN has increased its focus on social justice as an important driver of mental health outcomes and mental health equity through incorporation of this paradigm into our planned spring 2020 conference and dialogue of the social justice perspective as part of our long standing policy interest group.

ISPN is making strides to address mental health needs through a social determinants of health lens which includes a critical focus on social policy and social justice. This is a challenging period to be a part of ISPN but is also a great opportunity to lead during a time of *Lingchi*. We invite you to join us in these efforts.

References

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