

Emotional Impact of Mental Illness on Families

by Dawn Fox

My purpose today is to try to help you understand a little of the emotional impact that these illnesses have on those afflicted and their families. When mental illness strikes, families face serious financial, emotional, and spiritual challenges. Sometimes it is easy to see the difficulties those with mental illnesses are having, but we often forget about the impact on the family. In order to help you empathize with what families go through, I would like you to try to think of some event or time in your life that was very traumatic. Perhaps you were in an earthquake, an accident, or there was a sudden death of someone you love, or you were diagnosed with a serious illness. In trauma work, events such as these are defined as catastrophic stressors. They are usually unanticipated, with little time to prepare, in an area where one has little previous experience, and they usually carry a huge emotional wallop. Can you remember the feelings you had of your world slipping out of control, of not knowing what was going to happen next, of not knowing how to cope? Do you remember the initial fear, anxiety, disbelief? People who come down with mental illness and their families are faced with just such an event. Besides the initial trauma of the mental illness, families face what we call secondary traumas which occur because of the illness. Perhaps an afflicted father who has always been the provider for the family can't work, or a mother may no longer be able to care for her children. Often insurance doesn't pay for treatment and medications for mental illness in the same way it does for other illnesses, and the financial burden can be great. There may be bizarre and frightening behaviors which may lead to trouble with the law. There may be an increased tendency toward drug or alcohol use. Relationships can become strained in a family dealing with mental illness. Often it is difficult for the ill person to even attend church because of depression or anxiety. As church leaders, we probably will not be able to prevent mental illness from occurring, but we can provide resources to help families cope with the secondary traumas, some of which are outlined above. And we can know that families will go through predictable stages as they try to understand what has happened to them. These stages are outlined for you at the end of this talk and are taken from the National Alliance for the Mentally Ill Family-to-Family Education Program.*

The **FIRST STAGE** is dealing with the catastrophic event which puts you in a state of crises, chaos, fear, and shock. In the case of mental illness, this might be a psychotic episode where a loved one has lost touch with reality, is hearing voices when no one is present, is unable to work or communicate, attempts suicide, or enters a manic phase of illness.

One father said the initial psychotic break which led to a diagnosis of schizophrenia for his previously very high functioning son was more traumatic to him than anything which happened to him in his service in Viet Nam. Often there is denial on the part of both the ill person and the family as they try to assimilate what has happened to them.

Families feel like they are being turned inside out and upside down as their loved one's mental illness escalates. They don't know what is happening. Often they blame the ill person for the trouble he/she is causing the family. They blame themselves, searching their hearts and past for something they might have done or not done to cause such difficulties. They often seek family counseling where therapists sometimes tell them to establish rules for their family with consequences and other techniques which work well for people who are not ill, but which are usually not the whole answer for people with serious mental illness. Often Church members go to

their bishop for help. Depending on his understanding of mental illness and his familiarity with resources, he can be a great support and help to those families, but sometimes even bishops can make parents feel blamed, implying that if they had just been better parents, they wouldn't be having the problems. Families are often embarrassed and don't want their neighbors to know what is happening. They feel isolated, with no one to talk to who will understand and not judge. They sometimes feel as if they are a hostage to the illness, unable to leave their loved one alone, especially if there is any violence. Sometimes home is not a happy place and none of the other children want to be there. Families are sometimes so caught up with trying to deal with mentally ill person that they become blinded to some of the needs of other children in the family which can cause problems with them. This is what the first stage can be like for a family.

Families in this stage have particular needs that can be addressed. They need support, empathy for confusion and pain, help in finding resources, an understanding that they did not cause the illness, and someone to listen without judging.

The **SECOND STAGE** is learning to cope, recognizing that the illness is real, and is not going to just magically go away. Families and those with the illnesses in this stage often feel anger and frustration which might be directed toward God for letting it happen, or toward professionals who diagnose and try to treat the illness, or even toward the person with the illness. They also may feel tremendous guilt, thinking if they had only been better parents or had family prayer or family home evening more faithfully, it wouldn't have happened. Then they often go through a grief process as they come to terms with what this might mean in their lives and the life of their loved one.

Families in this stage need someone to listen, to normalize their feelings, to say to them "In light of what you have been through, your feelings (of anger, guilt, frustration, grief) are perfectly understandable." They also need education about the illness so they can know the prognosis, diagnosis, treatment options, symptoms (so they can differentiate symptoms from willful behaviors). They need help in letting go, not of loving and caring, but letting go of unrealistic expectations for themselves and their loved one. They must come to terms with the fact that life might now be very different from what they had thought it would be. They have to let go of the idea that if they just work hard enough, they can fix it. In addition, they need a plan for the care and treatment of the family member with the illness. They need to know what help is available and how to access it.

The one thing that helped us move from stage I and helped us through stage II began when a caring psychiatrist suggested to us that we attend the local support group of the National Alliance for the Mentally Ill. We had never heard of it before, but we were desperate to try anything. The first time we attended the meeting was like coming home. We were surrounded by people who had been through what we were going through, who understood our pain and our needs, and who knew about resources to help us. We also became involved in NAMI's Family-to-Family Education Program which is a twelve week course which provides families with education about the illnesses, support, and coping skills. The support group and the class saved our emotional lives.

The **Third Stage**, Moving into Advocacy, is where one gains an understanding of the illness and accepts it. It is like saying, "Yes, bad things do happen to good people, but life is still worth living and we will go on. And we will use the experience and understanding we have gained to help others." As we come into understanding, we begin to feel a tremendous respect for those with the illnesses and their struggles. We see the heroism involved as they try to

manage the illnesses and keep going.

The needs in this stage are to try to restore a balance in our lives as we try to care for our loved one and still meet our own needs and goals. We often then get involved in teaching classes, advocating at the legislature, or other activities that help those with mental illness and their families.

Now, these stages aren't just something someone made up. They reflect the actual experience of many families. I know that the first time we saw this chart it was as if we saw a map of where we had been and where we could go. The reason we are spending so much time on them is our hope that it will increase your understanding and compassion for people experiencing the trauma of mental illness in their lives. We hope you can see that if you can determine where a person or family is in this process, it will help you to know what they need. Sometimes people get stuck in one of the stages, such as anger or denial, and we think they stay there until they get what they need and then they can move on. Another thing is that whenever a new crisis or relapse happens, it can throw them right back to stage one. People go through these stages in their own way and in their own time frame, but knowing about them can give all of us insight and understanding.

We know that the Savior spent much of his ministry healing the sick. He said to the Nephites "The works which ye have seen me do, that shall ye also do." (3 Nephi 27:21) How can we go about doing as the Lord did? How can we help heal others? We may not be able to heal the mental illness itself, but we can help heal feelings of loneliness, isolation, and despair. As Church leaders, and under inspiration, we can use the resources of the Church to ease the burdens of those who are suffering. In these ways we can keep our covenant to "Comfort those who stand in need of comfort." (Mosiah 18:9)

We know that the Savior came with healing in his wings and because of his atonement, all of us will be resurrected with perfect bodies, including brains that are free of structural or functional problems. Our challenge then, is to help those who have afflictions that are not healed during mortality. That we may do so I pray in the name of Jesus Christ, Amen.

PREDICTABLE STAGES OF EMOTIONAL REACTIONS *

I. DEALING WITH CATASTROPHIC EVENTS

Crisis/Chaos/Shock

Denial

Hoping Against Hope

NEEDS: *Support *Comfort *Empathy for confusion *Help finding resources *Crisis intervention
 *Prognosis *Empathy for pain *NAMI

II. LEARNING TO COPE

Anger/Guilt/Resentment

Recognition

Grief

NEEDS: *Vent feelings *Keep hope *Education *Self-care *Networking *Skill training *Letting go
 *Co-op from System *NAMI

III. MOVING INTO ADVOCACY

Understanding
Acceptance
Advocacy/Action

NEEDS: *Activism *Restoring balance in life *Responsiveness from System *NAMI

Joyce Burland, *NAMI Family-to-Family Education Program Teaching Manual*. 2nd ed. (Arlington: National Alliance for the Mentally Ill, 1998) 1.19-1.20.