

The Impact of Mental Illness on the Family: Predictable Emotional Reactions and Psychic Trauma Experienced by Family Members

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Stage 1: Dealing with the Catastrophic Event

Adaptation Model:

Crisis/Chaos/Shock: Feeling overwhelmed, confused, lost. Something catastrophic is going on and we do not know how to deal with it. Our sense of emotional intactness is shattered.

Denial: A protective response giving us time to process the painful events that have turned our lives upside down. We decide all this is not really happening and/or there is a perfectly logical explanation for these events and/or it will pass, etc. We “normalize” what is going on.

Hoping-Against-Hope: The dawning of recognition and the hope that “this is not what I think it is” - - that it is something easier to deal with. Here we assume that if we make a huge effort it will change everything and our lives will go back to normal. This usually does not work; another crisis, or relapse dashes our hopes (families call this the “roller-coaster”).

Trauma Model: The use of denial to avoid the reality of personal disaster, to protect ourselves from feelings that threaten to overwhelm our coping mechanisms; *most basically a flight from recognition*. Families suffering this initial harrowing traumatic shock may tell you nothing is the matter, or they may be unusually calm; they may report no feelings at all, or they may completely fall apart.

Families in this state need timely and comprehensive crisis response; sympathy and comfort; reassurance that it is all right to break down; validation that their behavior is normal and understandable; delivery from guilt; unconditional and uncritical support; basic information about diagnosis and prognosis; concrete advice and direction; assistance in managing daily tasks of living (gifts of food, child care, house-keeping); information about what their ill family member is experiencing; education as a way of mastering the confusion around them; introduction to NAMI Family members who can offer counseling; a trusted confidant or therapist.

Stage 2: Learning to Cope: “Going through the mill”

Adaptation Model:

Anger/Guilt/Resentment: We start to “blame the victim”; insisting that the ill person should “snap out of it” or “get back to work”. We feel fed up and do not want to handle it; we distance ourselves from the problem. At the same time, we harbor tremendous guilt, fearing that it is really our fault. Then we compensate and get over-involved with the problem. This ambivalence really drains us. We feel rejecting and too solicitous, all at the same time.

Recognition: The fact that a catastrophic illness happened to someone we love becomes a reality for us. It is clear something tragic occurred that has changed our lives together. We begin to mark time as before or after the even of illness.

Grief: We mourn the loss of the time before illness struck; we deeply feel the tragedy of what has happened to the person who is ill; we grieve that our future together is uncertain. If our loved ones have attacked or rejected us in their illness, we feel inconsolable. Because these illnesses are either episodic or chronic, our grief does not go away: it is “chronic sorrow”.

Trauma Model: The use of anger and projection to avoid feelings of relentless personal guilt and recriminations; an escape from the terror that the ill family member will come to harm through one’s own lapse, or negligence; *most basically, a flight from fear, from our powerlessness to protect someone we love.* Families in this state will appear “over protective”, demanding.

Families in this state need competent medical and system support to avoid a family tragedy; case planning sensitive to their relative’s need for safety; concrete information about the biological cause and course of mental illness; participation in NAMI family education programs and support groups; help with the pain of dealing with catastrophic illness; encouragement to vent their negative feelings; recognition of the sacrifice and devotion they offer in the care of their mentally ill relative; reassurance that it is not their fault if the worst should happen; validation that they are doing everything they can; respite and time to restore their spirits; protection from criticism and social stigma; inclusion in the treatment process to restore the sense of control; acceptance of their need to be hyper-vigilant and “over-involved” - - that is, empowerment from the system.

Stage 3: Moving into Advocacy: “Charge!”

Adaptation Model

Understanding: We begin to gain a solid, empathic sense of what our family members suffer in their illness. With some of our fear behind us, we find we can grasp what the inner experience of illness is for our loved ones. We gain real respect for their courage and fortitude.

Acceptance: yes, we finally say, bad things do happen to good people. We surely wish this trouble had not come into our lives, but it did, and we can accept our misfortune. It is not our fault; it is not their fault. It is a sad and difficult life experience, but we will hang in there and manage.

Advocacy/Action: With a measure of acceptance, we can now focus our anger and grief and work to confront the system that has often failed us. We are ready to “come out”, to fight stigma and to change the world that shames the mentally ill and their families. We join public advocacy groups, we get involved.

Trauma Model: The practice of advocacy as an antidote to loss; the therapeutic use of action to compensate for the “stopped-time” in our lives with our ill family members; *most basically, a flight from the grief of shattered identity and dreams.*

Families in this state need encouragement to express grief; comforting around the pain of inconsolable loss; help with adjusting to long-term chronic illness in someone they love; open-hearted welcome into NAMI advocacy work; reassurance that their preoccupation with advocacy is healing for them and helpful to others; recognition of their determination and dedication; permission to put aside work and have fun; forbearance with their frustration at the slow process of change; positive response from the system.

Things to Remember about coming through Trauma

Each “flight” family members take, in each stage, is protective and healing in its own time. When they get stuck in one phase of this process, it simply means that they haven’t reached the emotional resolution required to move on. This happens because they are not getting what they need and deserve from others (and from the system), or they are not doing what they need for themselves. Family members invariably move forward when their needs are understood and met by others, when their feelings are validated and accepted, and their heroism recognized.

There is always a reliable clinical guideline to follow in dealing with psychic trauma: When people have suffered catastrophic life events and are in pain, don’t make judgments. Just give them what they need.

Some Important Things to Remember about this Adaptive Process

1. None of these responses to catastrophic illness are pathological, or “wrong”. They are normal reactions everyone experiences when faced with traumatic events causing critical disruptions in their lives.
2. These stages are not necessarily “progressive”. People are often in more than one state at a time. Sometimes family members feel they are beginning to gain acceptance and a relapse takes them right back to chaos and confusion! Families who deal with chronic or episodic illness will cycle through these stages of emotional response many times.
3. Different family members are often at different places in the cycle, or suffering different traumatic responses. This is why family members have difficulty communicating with each other and agreeing on what to do.
4. Although the stage model appears to be prescriptive, it is not about expectations. This is an individual journey that each person travels in his or her own way. But it offers hope to families to know that they do progress through pain and grief to acceptance.