

The Family Recovery Process

By LeRoy Spaniol & Anthony M. Zipple

LeRoy Spaniol, Ph. D. is a Senior Director of the Center for Psychiatric Rehabilitation at Boston University, Adjunct Professor in the Department of Rehabilitation Counseling at Boston University, and Executive Publisher of the Psychiatric Rehabilitation Journal. Anthony M. Zipple, Sc.D. is Vice President for mental health services for the Vinfen Corporation, a private nonprofit agency operating in Massachusetts and a Board member of the International Association of Psychosocial Rehabilitation Services.

This article originally appeared in the *Journal of California Alliance for the Mentally Ill*, 1994, 5(2), 57-59, and is reprinted with permission.

Introduction

The onset of mental illness is frequently a traumatic experience for all the members of a family. While the mental illness in their family may be life-long, we have found that each individual member of the family can experience his or her own recovery from the trauma, just as the family member who has the mental illness can experience recovery. Thus, we are beginning to see recovery as a process of readjusting our attitudes, feelings, perceptions, and beliefs about ourselves, others, and life in general.

Recovery is a process of self discovery, self renewal, and transformation. All people experience recovery at various times in their lives. The more threatening the particular event, the more it shakes the foundation of who we are and how we experience our lives. These powerful events break personal connections we took for granted and shatter the expectations, dreams and fantasies for which we had hoped. Clearly these are processes which involve profound adjustments in our lives and more intensive periods of recovery. Recovery is painful and difficult for all family members. Yet the outcome of recovery can be the emergence of a new sense of self which is more vital and connected to who we really are, to others, and to a greater sense of meaning and purpose in life.

Recovery is painful and difficult for all family members. Yet the outcome of recovery can be the emergence of a new sense of self which is more vital and connected to who we really are, to others, and to a greater sense of meaning and purpose in life.

While there is a growing literature on consumer recovery in the field of psychiatric rehabilitation, there is not a great deal of information about the recovery process in families.

Understanding the recovery process can provide a welcome long-term perspective to family members. It can bring some relief when they are caught up in the many difficult daily events of caring for a family member with a mental illness. When we are caught up in a particular stressful event, it is hard to recognize it as a process because it seems as if the pain will never end.

The particular impact of the illness differs in family members. A mother's experience is different from a father's experience. A parent's experience differs from a sibling's experience. A younger sibling's experience is not the same as a sibling who is older than the family member with the illness

Emotional reactions of family members during the recovery process, even intense ones, are natural reactions and do not imply that there is something wrong with the family members

Professionals also need to understand how family members react to the trauma of mental illness in a family member. This knowledge can help professionals understand the family's experience and respond to it in a more helpful way, giving family members a sense of hope about their lives and the life of their family member with a disability.

There are several general characteristics of the recovery of family members that should be noted.

(1) Recovery is a growth process—a transforming process. While it may not feel transformative at the time, and can be very painful, it is still a powerful growth process.

(2) The particular impact of the illness differs in family members. A mother's experience is different from a father's experience. A parent's experience differs from a sibling's experience. A younger sibling's experience is not the same as a sibling who is older than the family member with the illness.

(3) Each person in the family recovers at his or her own rate. This means that family members may be in different phases of recovery at any given time.

- (4) Families need to be aware of each other's phase of recovery. Each phase of the recovery process has its own reactions and its own developmental tasks. As family members acquire the knowledge, skills and support to complete these tasks they grow personally.
- (5) Recovery is not linear, so family members will recycle themselves through the phases as they gradually complete tasks that will facilitate moving ahead.
- (6) Emotional reactions of family members during the recovery process, even intense ones, are natural reactions and do not imply that there is something wrong with the family members.

The recovery process for family members can be describes as a series of stages. It is important to note that stages are only guidelines. While they help us to understand the process of recovery, they do not define the process for each individual. Each stage contains many tasks. People may cycle through the stages and then return to complete incomplete tasks. This is why family members may feel they are losing ground in their recovery process at times. They experience themselves returning to issues they feel they have resolved because important emotional, intellectual or physical tasks have not been completed. The following stages describe the experiences of family members.

People may cycle through the stages and then return to complete incomplete tasks. This is why family members may feel they are losing ground in their recovery.

Discovery/Denial

As family members begin to become aware of what is happening they may try to explain it away. Family members may believe that their loved one's disorder is not really so serious. They may have negative or exaggerated images of people with mental illness from the media and their family member may not conform to those images. They may develop alternative and more "acceptable" explanations for their family member's behavior such as alcohol, drugs, laziness or bad friends.

An all too frequent lack of clarity and communication with professionals about what is happening makes the illness hard to accept. As the relationship with the family member begins to change, family tensions and frustrations increase. Family members often attempt to find answers through any possible source, such as friends, other families, clergy and professionals. Denial can be persistent and can linger throughout other aspects of the recovery process. Each member of the family must deal with his/her own recovery. Members of the family can support one another but they cannot recover for one another. Disbelief is sometimes a more accurate word than denial to describe the experiences of some families. Disbelief is primarily a conscious process and it implies some acceptance, but "...it is hard to believe it is happening to us." Belief begins to set in gradually as the reality of the disability makes it difficult to avoid. Family

members need to be supported during their disbelief and they need to be gradually helped to see the disability for what it is.

Recognition/Acceptance

Families do gradually become aware that their family member has a major mental illness. Initially this awareness increases their faith and hope in professionals because professionals are expected to know the answers. However, as awareness of the seriousness of the illness increases, so may feelings of guilt, embarrassment, and self-blame. Family members are part of the general culture which has supported these feelings. If family members encounter professionals who maintain that families are responsible for the illness, then family members will have a double burden, because their worst fears seem to be confirmed by an “expert.”

As family members begin to accept that there is a serious long-term illness, they experience a deep sense of loss. Perhaps the most striking loss is the destruction of their image of the life that they had envisioned with and for their ill family member. This feeling of loss is also experienced by the family member who has the illness. All family members share and must come to terms with this deep sense of loss. Acceptance of the loss is often made more difficult by the cyclical nature of the illness. Improvement of the family member raises hope that he or she will return to normal previous functioning. This on-again, off-again experience becomes an emotional roller coaster ride for the entire family

As the persistence of the illness becomes obvious to the family, the grieving process can begin more fully as they let go of old hopes and expectations and begin to create new ones. It should be noted that this awareness also creates a crisis in meaning. Questions about oneself, one’s relationships to others, to one’s work, and to larger meanings or purpose in life become important. As these meanings change, family members change. As family members begin to develop new answers to these basic questions, which incorporate the reality of their loved one’s disability, they often change in profound ways.

Coping

Coping implies struggling with a problem without adequate knowledge, skills or support. This is how family members begin to cope. At some point it becomes clear that family members need to continue on with their individual lives and begin to think of supporting their ill loved one over the long run. This is when coping begins to take the place of grieving. Family members cope with the disruption in normal family life, recurrent crisis, the persistence of the illness, the loss of faith in some professionals and the mental health system, and the aspirations of their family member with the mental illness. Professionals may feel family members are “intrusive” at this stage because family members may become more angry and assertive. They may question professional competency and demand additional services.

Their anger at professionals and outrage at the mental health system derive from their frustrations when seeking adequate care. Sometimes their anger derives from poorly trained professionals or inadequate resources. However, it is important to be aware that the anger family members feel is augmented by the hopelessness they often feel. They cope with pessimism and despair.

As families persist in their coping, they experience more success. Belief in the expertise of other family members grows. Family members value the support of other families who are struggling with a family member with a mental illness and gradually learn to accept the limits of what they can do about the illness. They begin to focus increasingly on the management of symptoms and improving the functioning of their family member. They become more interested in improved inpatient care, community services, housing and rehabilitation. They gradually identify professionals on whom they can rely, and work more closely with them. Family members come to see valued professionals as necessary, but not sufficient in their efforts to cope.

Personal and Political Advocacy

Gradually, family members come to a new awareness of themselves in the recovery process. This awareness can include a greater level of personal advocacy and increased assertiveness and confidence. Family members say they feel differently about themselves. Even though the illness of their family member continues, they have changed. They blame themselves less. They let go of what they can't change or don't want to change and become more focused on efforts to bring about the changes they see as necessary. They work out new roles and relationships with professionals which are more collaborative and based on equality. Their interest in the training of professionals may increase. They become more persistent over the long run.

For many, political advocacy becomes more important. United action to change the system becomes more valued. Family members experience their power, often for the first time in their lives. They experience their ability to influence the systems that are supposed to support their family member. And, it is at this point, that they have integrated and/or deepened new meanings and values about themselves, others, their work, and the larger concerns in life.