Understanding Mental Illness

HOW FRIENDS AND RELATIVES CAN HELP

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So faith, hope, love abide, these three; but the greatest of these is love.

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Good psychiatric help and effective drugs and other forms of treatment are crucial to recovery or remission of symptoms in psychiatric disorders. But the help that friends and relatives can provide is perhaps even more crucial. Philosophers of the past have commented that man is ‘‘a thinking animal” or “a political animal.” One might also add that man is a spiritual animal. As all these statements indicate, human beings are characterized by their need for one another and their need for a feeling of purpose or meaning in their lives. They need faith, hope, and love, but most of all love. Psychiatrists and medications can help patients alleviate their symptoms. But friends and relatives can help them find faith, hope, and love.

Recognizing Symptoms

The first reaction of a friend or relative to the development of symptoms in a loved one is often a refusal to recognize symptoms. To psychiatrists, this is the familiar ‘‘mental mechanism” of “denial.” Denial is both a great source of

comfort and a great deceiver. Essentially, it is a refusal to recognize warning signals because they are too frightening or too painful. It is denial, for example, which prevents the heavy smoker with a chronic cough and difficulty breathing from giving up smoking before he develops emphysema or cancer. Or it is denial which prevents women from going in for annual pap smears or recognizing the danger signals of carcinoma of the cervix such as unusual bleeding. None of us wishes to recognize something as painful as the potentiality or reality of illness and death. When denial prevents people from recognizing symptoms, it is a great danger and a great deceiver. Nevertheless, it can also be a great source of comfort at times, particularly in the case of a person who has a terminal illness but wishes to go on living as happy and normal a life as possible prior to his death.

Just as people avoid recognizing the symptoms of physical illness in themselves or others as long as possible, so too they often avoid recognizing symptoms of psychiatric illness. Bill, for example, who was slowly developing symptoms of schizophrenia began to believe he was possessed by witches and began to hear their voices talking to him and to see them appearing before him. Terribly frightened by this experience, he told his parents about it, and they replied that it was his imagination or a bad dream. He again told them about it two or three

times more, but when he received the same reply, he finally decided to keep the experience to himself. It was finally called to everyone's attention when he broke into a church and defaced the altar when the commands from the witches became irresistible. Perhaps if Bill had received treatment when the first warning symptoms were communicated to his parents, he and society might have been spared at least some of the consequences of his illness. It is, of course, only natural to hope that, if one closes his eyes and ignores the symptoms, they will go away. Occasionally this happens, but not often.

You may be asking yourselves: how do I know there really is a problem? Some warning signals are so flagrant that they should never be denied. Bill's hallucinations of witches, described to his parents with great fear and emotion, represent an example of a very obvious warning signal. So, too, is the expression of a desire to commit suicide in a person who has also been clearly despondent. In general, it is easier to determine that a person definitely needs help if the problem is either quite serious or quite acute. More specifically, it is easier to make decisions in illnesses such as depression, schizophrenia, or mania.

Sometimes a person coming down with a psychiatric illness directly expresses his symptoms and asks for help. If this occurs, the

problem is relatively simple. More often, a friend or relative must himself assume responsibility for recognizing the meaning of changes in behavior. He may simply notice that Mike has become secretive and uncommunicative. When people talk to him his answers are brief and evasive. He may withdraw to his bedroom and be very seclusive, or he may simply sit apathetically in a chair and stare into space. Molly may show little interest in food and begin to lose weight. She may toss and turn in bed at night or complain that she can no longer sleep. She may begin to run herself down, alluding to her worthlessness or sinfulness. Such people may be in very great pain and wish treatment, but they may be afraid to ask for it because they fear criticism, rejection, or mockery. It is indeed a sad situation if the denial system of a sick person and that of a loved one interact with one another so that both avoid getting help for the suffering person. If you notice symptoms like these, *ask* in a kindly way about the person's behavior. Indicate that you feel they may need help and that you will give them support in seeking it.

You should be aware that if a person is very ill, he may not realize his need for help. For example, a person who is very depressed may feel so worthless and guilt-ridden that he actually wishes to die and considers it his due. He may feel that total abandonment and neglect is all that he deserves. Therefore, if asked whether he wishes

help, he will probably refuse it. In such a case, if you recognize that symptoms of depression are present as they have been previously described, then you have a moral obligation to help him against his wishes. Similar lack of insight about need for treatment occurs in people suffering from schizophrenia or mania, and in the latter illness in particular it may be difficult to persuade the person of his need for treatment.

In the case of illnesses which develop more slowly, such as neurosis or alcoholism, the sudden and dramatic development of symptoms which require treatment is more unlikely. In these cases, therefore, it is more difficult to evaluate when there really is a problem. If in doubt, you should encourage your relative or friend to obtain a psychiatric evaluation and leave the decision about further treatment to him and the psychiatrist involved.

Seeking Treatment

Your role in helping your loved one obtain treatment will vary depending on the nature of the problem. If he is very ill, you may have to take the initiative. If the problem is milder, he will of course be able to make the appointment himself, although your encouragement and support can be of considerable consolation to him. The extent to which

you will be involved in the initial appointment will also depend on the nature of the problem and the preferences of the doctor or facility. Some facilities use a team approach. The doctor will see the patient, while a social worker will obtain a supplementary history from an accompanying relative. In other facilities the doctor may wish to see the patient alone.

Once the initial evaluation has been completed, the physician consulted should be permitted to determine what your role in treatment will be. If your relative is significantly depressed, for example, but the physician elects to handle the problem initially on an outpatient basis, he may wish to have you quite actively involved. He may ask you to make sure the patient takes his medication, to watch him closely for the risk of suicide, to help him become more active and interested in things, or to report improvement or worsening of symptoms. On the other hand, he may have some important reason for requesting that you remain minimally involved. If this occurs, you should not take it personally or think that the doctor does not value your opinion. Ordinarily, this simply means that the doctor needs to establish a close relationship with the patient and that communicating with relatives might handicap this relationship. In some cases the doctor may ask that you have a continuing relationship with a social worker or psychologist while he continues to see the patient. In other

cases, the doctor may ask to see both you and your relative together or the entire family together for family therapy.

Relatives are placed in a difficult position if they themselves feel that a loved one needs treatment and he in turn refuses. If this situation occurs, you have several options available. You may make the first appointment for yourself and describe your relative's symptoms to the doctor and let him advise you further as to whether or not you should insist that your relative come in. You may enlist the help of a valued friend, minister, or lawyer and have another person join with you in persuading your loved one to seek treatment. If the problems seem severe enough, you have a moral obligation to insist on treatment for him, since the consequences of untreated psychiatric illness can obviously be serious.

Your doctor may recommend hospitalization if the illness is severe. He will usually indicate to you how actively he wishes you to be involved in visiting the patient. Most hospitals have some regulations about visiting hours and who may see the patient. These are usually rather liberal, but if the patient is somewhat disturbed, visiting may be restricted until he improves. Patients are often quite fearful of hospitalizations. This is only a natural reaction. People fear entering a hospital for treatment of a physical illness such as an ulcer,

and psychiatric hospitalization also has an element of irrational fear associated with it because of the unenlightened attitude some people have about psychiatric illness. Therefore, you should support and encourage your loved one as much as possible. Usually you will help him by accompanying him to the hospital. Most hospitals have guidelines about what type of clothing and toilet articles he should bring with him, and you will want to help him get the appropriate necessities together.

Sometimes patients refuse hospitalization. This places a painful responsibility upon his relatives. Of course, no physician can force a patient to enter a hospital against his will. He can only recommend that the patient needs hospitalization. If the patient refuses and the risk to his life or the lives of others is significant, then his closest relative is usually asked to sign him into the hospital against his wishes. This is legally known as a commitment. Relatives are often hesitant about committing a patient. They fear he may feel that they have rejected him or mistreated him. Usually after the patient recovers, however, he is grateful to his loved ones for making the decision to help him.

Handling Your Own Feelings

Recognizing the symptoms of psychiatric disorder developing in a loved one is a terrifying experience. For example, your husband or wife's personality may change before your very eyes. A familiar lifetime companion may seem a different person. Depression may cause a vigorous active person to waste away as if consumed by a fatal illness. A teenager stricken with schizophrenia may change from a happy, intelligent, and well-adjusted youngster into a troubled, confused, and tormented person who seems to hold only a poignant shadow of dwindling promise. One may suddenly realize that the evening drink or the cocktail party circuit has turned into a destructive dependency which is crippling a spouse physically and mentally. Or a loved one may suddenly become paranoid, expressing frightening and irrational delusions about how others are trying to attack or poison him. Sometimes the loved one will include members of his family in his delusional system and accuse them of turning against him as well. Disappointment, heartbreak, bitterness, and fear may begin to haunt the relatives of people with psychiatric illness.

You take the first step in handling these feelings when you recognize the symptoms and encourage your loved one to obtain treatment. His doctor may be willing to discuss these reactions with you. Most of the time, however, the "normal" relative is expected by the doctor to carry his responsibilities bravely and without a good deal

of advice or support. Many times relatives are able to do this. Family members unite together to console and advise one another, or close friends may offer much-needed encouragement. With the partial disintegration of family life in our era, which means that various family members may be scattered all over the United States and people are frequently on the move, sometimes people do find themselves forced to handle the development of illness in a loved one without comfort or support from friends or relatives. If this should happen, and if you feel the stress becoming intolerable, you should not hesitate to seek someone out to talk with. This may be someone outside the medical field, such as a minister, or you may wish your relative's physician to see you formally or to refer you to another physician or social worker with whom you can talk. In spite of their professional expertise, psychiatrists sometimes forget how difficult it may be for relatives to handle their feelings about illness in a loved one. It does not hurt to remind them.

Whether you talk to someone about them or not, you will notice yourself developing feelings about your relative's illness which you may find troubling. For example, you may become very impatient with a relative who is severely depressed. Quite often, a husband or wife may feel that if only their spouse would get up and do something, the spouse would feel better. They may feel a very understandable but

misguided desire to scold or berate their spouse. This will, of course, only worsen the person's feeling of guilt and worthlessness, and so such scolding should be avoided. Or you may become very angry and frustrated with a relative suffering from symptoms of psychiatric illness.

Schizophrenics, in particular, often have an apparent "method in their madness,"—a playful or teasing behavior which seems designed to irritate. For example, they may answer questions obliquely and insultingly, or they may become dirtier and more dilapidated if encouraged repeatedly to wash themselves. Psychiatrists call this trait "negativism," and it, like the apathy of depression, is part of the illness. Neither the apathetic depressive nor the negativistic schizophrenic really wants to be irritating. He simply cannot help it. You, as a loving relative, also cannot help feeling irritated. You will inevitably have feelings toward your relative which you find unpleasant. I can only stress that it is normal to feel this way. No one is saintly enough to deal with really sick people without having such reactions, and you should not feel guilty about them. On the other hand, of course, you should not let such feelings get in the way of an important relationship. Recognizing that such feelings are natural and normal is helpful in learning to handle them and in keeping them from interfering with the relationship.

Being Supportive

Once you have learned to recognize your impatient or angry feelings as normal, you will be better able to support or assist your loved one in his recovery. Most relatives want to be as helpful as possible, but they are never quite sure what they should do. Perhaps the most basic thing the relative of a psychiatric patient can do for his loved one is to reaffirm his love and loyalty. He should indicate from time to time that he is ready to help whenever needed and that the illness will not interfere with their relationship.

Sometimes relatives are not sure about how much advice they should give to the patient. It is a good idea to talk this over with the patient's physician at some point. Ordinarily, a simple guideline is: Don't be afraid to listen to the patient and respond to his thoughts, feelings, or behavior, but also don't try to play psychotherapist yourself. Usually relatives are too close to the patient to make objective interpretations. Sometimes common sense will serve as a guideline. For example, if a patient persists in talking in detail about his sinfulness and guiltiness, when it is perfectly obvious to the observer that he is not a great sinner, this usually means that he wants to be consoled or reassured and thereby in a sense "absolved." It certainly does no harm to positively reassure patients that they are

good people, good husbands, good wives, good fathers, or good mothers.

Don’t be discouraged if your relative does not respond to a substantial amount of encouragement, however. Patients do need love and loyalty in an abundance, but ordinarily this alone will not "cure” them. If it would, there would be no need for medications or psychotherapy. It is difficult for relatives to continue being encouraging and supportive when they get little positive feedback from the patient about their therapeutic effectiveness. But even if the relative does not respond immediately or even for several months, he usually responds eventually. At some point, as he improves, he will recognize and appreciate your loyalty. In addition to indicating your continued love, you can be supportive to your relative in other ways as well. If he finds the side effects of prescribed medications troubling, you can remind him that these, to some extent, are indications that the medication is working.

If an elderly person with an organic brain syndrome or a younger person who has had electrotherapy has trouble with his memory, you can assist by filling in gaps for him and reorienting him when he is confused. Handling paranoid delusions can be particularly difficult. One does not wish to encourage the delusion, but on the other hand,

one does not wish to anger the patient by arguing about them. Ordinarily, a patient cannot be "talked out" of his delusions. It is usually best to avoid replying when the patient discusses them or to indicate frankly that you can see how the patient might feel that way but that you disagree and then drop the matter.

Recognizing Relapses

A final way that the relatives of people who suffer from the vast gamut of psychiatric illnesses can help is by remaining alert for the symptoms of relapse. Although discouraging for patient and loved one alike, relapses are in some respects easier than initial episodes of illness. At least the second or third time around, both patient and relatives have a better understanding of what is happening and have learned some resources for handling the situation. In the case of an initial episode, relatives are usually frightened and use denial. If they recognize the possibility that a relapse may occur, they are usually very careful about evaluating symptoms and seeking treatment immediately if symptoms do recur. In general, the sooner psychiatric illnesses are treated, the better the prognosis. Particularly in the case of illnesses such as depression, but also in the case of schizophrenia, early recognition of symptoms and increasing or reinstituting medication may avert a hospitalization.

Certain psychiatric illnesses are characterized by having a relapsing and remitting course. If relatives know that their loved one has such an illness, they should be particularly alert for the possibility of relapse. Those illnesses which are particularly characterized by relapses and remissions include mania, depression, acute schizophrenia, alcoholism, and drug abuse. To say that these illnesses tend to be relapsing and remitting does not mean that relapses are inevitable, however. Each individual has his own characteristic course and pattern. Many people who experience a single episode of each of these illnesses or problems recover completely with treatment and never relapse. Others may have a single relapse, whereas a few have frequent relapses. No one can say what the future holds for a particular patient. Even in the patients who relapse, however, the future is certainly brighter if they have a supportive and enlightened relative standing by to recognize their symptoms and to offer them help in obtaining treatment.