SPEAKER NOTES

Some Subtleties of Recovery

Summarized by Thomas T. Thomas

A long-time friend and colleague of NAMI-East Bay, Rebecca Woolis, MFT, spoke at our July 28 meeting. She is the author of *When Someone You Love Has a Mental Illness*, is director of the Bonita House-sponsored Creative Living Center in Berkeley, and has a private therapy practice in the East Bay. She has practical knowledge of both mental illness and substance abuse, and shared her views on recovery from mental illness.

REBECCA WOOLIS, MFT

"Mental illness used to be thought of as a chronic condition, one from which the person would suffer for the rest of his or her life," Woolis said. "About five to ten years ago, however, a movement for recovery began, spurred by the consumers themselves."

The movement—which shares many features with the idea of recovery from substance abuse—is directed at changing attitudes, values, skills, and feelings among people with mental illness. The movement says that people can and do recover from mental illness to become hopeful, competent human beings with meaningful lives. This is a holistic approach that involves every aspect of the person: physiological, psychological, social, and spiritual.

"But this doesn't mean that the person is cured, or that the symptoms go away forever," she said. "That kind of thinking can build up false hopes. Instead, recovery is different for each person, and the process can be a 'long and winding road.' "

The course of recovery depends on:

- Effectiveness of medication, and response to medication is different for everyone.
- Level of functioning and severity of symptoms.
- Insight into the illness, and many people with mental illness suffer from anosognosia (lack of awareness or denial of a neurological deficit that seems to be hard-wired into the brain). "Anosognosia is often considered a symptom of mental illness," Woolis said.
- Presence of a co-occurring substance abuse syndrome.
- Presence of family members or other support. "People who have loving family members do better than those who don't."
- Length of time in dealing with the illness, or age of onset. "Generally, a later onset is more likely to have a better outcome," she said. "Average age at onset of a mental illness in males is 18 to 20 years, and in females somewhat later."
- Current stage in the recovery process.

Woolis described the four stages of recovery that people with mental illness and their families usually experience. The length of time at each stage and progress is, again, dependent on the individual.

First Stage begins with crisis and onset of the illness, which brings feelings of helplessness, loss of control, that things are unraveling. The person is reluctant to say what he or she is experiencing, because of the stigma associated with mental illness. The person denies the illness and attributes the experience to other events and conditions. Some people with mental illness never get past this stage.

Second Stage, ideally, is marked by the person's beginning to accept the fact of the mental illness and beginning to cope with it. The person understands his or her symptoms and can make sense of the experience. At this stage, having a diagnosis and knowing that treatment is available can help with this understanding. Ideally, the person will get education on the illness and learn coping skills. This is where the family can help.

"The second stage is a back and forth process," Woolis said. "It happens gradually."

Third Stage begins with a strengthening sense of self. The person regains valued social and vocational roles. He or she is better able to manage the illness and can identify and recognize its symptoms. The person begins to feel empowered in relation to the illness.

Fourth Stage occurs when the person grows beyond the illness and develops a contributing life that expresses talents and abilities. He or she develops strategies for preventing and coping with relapses and what to do to avoid crises in life.

"Not everyone can reach this stage," she said. "But everyone is different, the pace of recovery varies, and some people get farther than others."

What can family members do to help a person with mental illness, especially one who suffers from anosognosia? Woolis offered the following suggestions:

- Develop a trusting relationship by listening, empathizing, and letting the person know you understand his or her perspective. There is, of course, a fine line between empathizing and engaging in discussions of and reinforcing the person's delusions—which is seldom helpful. "You can't talk a person out of a delusion," she said.
- Focus on the person's strengths, not on weaknesses.
- Be persistent and celebrate small successes and achievements.
- Help the person attend to immediate needs like medicine, food, and shelter.
- Help the person with issues related to the illness when he or she is ready to accept help.
- Maintain the relationship. "You can't help someone who's not in contact," Woolis said. But she also urged family members to set personal limits and not accept abusive or destructive behavior.

What can you do for a person who doesn't understand that he or she has dual diagnosis? Suggestions included:

- Help the person stay safe and engage in harm reduction. "That is, if abstinence is not possible, try to reduce and mitigate the damage, such as encouraging a drug abuser to use clean needles."

- Help the person to establish goals and achieve them. "Every young person wants to be a rock star," she said. "You can use that ambition to focus on the first steps, which might be finding a place to live. Creativity is a wonderful thing and can bridge the gap between the goal and where the person actually is."
- Focus on behaviors and consequences for reaching the person's goal.
- Be consistent. "This is important for someone whose internal world is full of chaos and unpredictable symptoms."
- Keep your own expectations realistic.

Woolis cited the work of Kim Mueser, PhD, a professor at Dartmouth Medical School, who co-authored The Family Intervention Guide to Mental Illness (Oakland, CA: New Harbinger Publications, Inc., 2007). According to Mueser, long-term wellness involves a mastery of medication; therapy or rehabilitation; knowledgeable, effective communication with family; the family's love and support; and supportive friends. "Medication and therapy can eliminate 70% to 80% of hospitalizations," Woolis said. Other requirements for wellness and recovery are:

- Strategies for preventing and coping with relapses.
- Having someone take responsibility for the person's long-term care.
- Regular, purposeful activity.
- A low-stress place to live and adequate income.
- The well-being of other family members.

"We used to think," Woolis said, "that for a person to go to school or do a job, he or she had to be at a certain level of recovery. Now we know that, for some people, having purposeful activity helps reduce symptoms. It may not be for everyone—especially if the person has tried and failed. You want this to be a successful experience."

As to the well-being of family members, Woolis said, "you need to take care of yourself, replenish your emotional reserves, and know your limits." Indeed, many close family members may experience post-traumatic stress disorder over the course of a loved one's illness.

Families go through a staged recovery process, just like the person with mental illness. The first stage involves shock and loss of control, followed in the second by feelings of guilt, shame, and doubt. In the third stage, the family regains a sense of competence, and in the fourth they gain an adjusted view of the world, come to accept their loved one's condition, and can accept changes.

"Family recovery is a combination of recovery from trauma and processing of grief," she said. "Recovery is non-linear and the pace varies."

The Berkeley Creative Living Center can be contacted at http://www.bonitahouse.org/services/clc or by calling (510) 548-2269.