

Coping Strategies for Family Members During the Holidays

Summarized by Thomas T. Thomas

Holidays can be a difficult time when a family includes a person with mental illness. Substance abuse, which is endemic among people with brain disorders, can further complicate the situation. The speaker at our November 28 meeting, **Rebecca Woolis, MFCC**, is an expert in this area. Not only is she the author of *When Someone You Love Has a Mental Illness*, Ms. Woolis has also been program coordinator for Bonita House and has a private practice in Berkeley. Currently, she is a director at the Alameda Point Collaborative, a new housing and treatment facility for mentally ill homeless people, located at the former Alameda Naval Air Station.



REBECCA WOOLIS, MFCC

“This time of year is difficult for many people,” she said, “not just those with mental illness.” The holidays are stressful times because they confront us with many expectations: to be happy; to function in social settings that involve large groups and family members we may not have seen for a year; to confront an abundance of liquor and perhaps also recreational drugs; to select gifts for people we do not know well, and to receive gifts with the proper emotions; and, sometimes, to take stock of our lives, when they may not be what we once expected.

Dealing with these situations can be difficult for anyone, but more so for people with schizophrenia and schizo-affective disorder. In addition to social reticence and paranoia, these illnesses involve many internal distractions, such as auditory hallucinations and bizarre thoughts that are difficult to filter out. The stimulations of a family reunion or party setting can raise these distractions to overwhelming levels. And then, when the person must deal with distant family members, he or she must respond to small talk and questions about life, current activities, and personal successes.

Holidays may also bring up memories of happier times, when the person was not ill and life was better—forcing him or her to reflect on the current situation and draw depressing comparisons.

For people with dual diagnosis, defined as a mental illness combined with alcoholism or substance abuse, the holidays can also be a treacherous time. Many such people may never have spent an entire holiday season clean and sober before. In addition, parties and their social stresses may be a personal “trigger” that leads to drinking or drug use.

Finally, there is the cultural expectation that the family will draw together during the holiday season, loving each other with Hallmark-card sentiments and matching cocktail napkins.

What can family members do to cope with these stresses?

First, be creative and flexible. Change the family traditions to provide “reasonable accommodation” for the member with a mental illness. If the person doesn’t do well at parties, allow him or her to come for the holiday meal only but not attend the socializing that may go on before or afterwards. Reduce your expectations and let the person know that he or she is welcome to participate to the limit of his or her capabilities. Allow time in the schedule for smoking breaks and outdoor walks that let the person get away from the pressures of interaction temporarily. Realize, also, that the person may not show up at all due to heightened anxiety or deepening symptoms.

Second, plan ahead. Discuss some of the situations the person may encounter. Remind him or her about family members who are likely to be present and what some of their interests, questions, or attitudes may be. Help him or her strategize and rehearse responses to awkward questions. Prepare the person to deal with the temptations of alcohol or drugs. And avoid last-minute changes of plan or surprises that may be upsetting.

Third, help define a role, or a function, or a task that the person can adopt as an anchor point during the affair. Letting him or her take photographs, prepare and serve food, or just occupy him- or herself with a picture puzzle or a ping-pong game in another room can provide a focus that takes the attention away from the anxieties of social interaction.

Fourth, be sensitive. Take time before the event to discuss the mixed feelings and expectations the person may have about holiday events. Be aware of the pressure that the presence of drugs or alcohol can present to a recovering user. (And if you yourself cannot face the prospect of a party without them, it may be time to evaluate your own use patterns.)

Fifth, deemphasize gifts if they are a focus of stress. The exchange of gifts can be an uncomfortable experience: trying to anticipate the likes of people the person may not know well; and trying to react with enthusiasm when receiving gifts that may not match his or her own expectations. If gifts are an essential part of your holiday tradition, try to set up a less intensively personal situation, such as a grab bag or cost limits for all family members, which will reduce expectations all around.

All of these approaches are part of the general, everyday coping skills and guidelines that family members of people with mental illness need to adopt.

Being in recovery from addiction or an episode of a major psychiatric disorder means learning to deal with limitations. A good strategy is to focus on strengths, talents, and things the person can do, rather than the illness and its symptoms. Remind the person that, first and foremost, he or she is a human being with dignity and purpose. Provide him or her with support, encouragement, and the materials to exercise personal talents. And help him or her deal with the risks of disappointment involved with any creative endeavor.

While offering encouragement, you also need to help the person understand his or her illness. Help him or her monitor the course of symptoms;

evaluate trends such as fluctuations in the sense of personal well-being, energy levels, and equilibrium; and define triggering thoughts and incidents that may indicate an oncoming episode. Help him or her understand the medications prescribed for the illness and the importance of taking them at the indicated intervals.

Understand yourself what you and the family can do to reduce stress, minimize recurring episodes, and help the family member through difficult times. In addition to helping and talking, there is value as well in backing off and offering less contact until the person may feel better. Understand, also, that relapse is natural to both substance abuse and in mental illness, and the family must treasure successes without being overly disturbed by failures.

Find time for yourself and structure pleasurable activities that will take you away briefly from the situation, the ill family member, and the situation's problems. A vacation, a time to "recharge your batteries," can enable you to endure the long haul.

Finally, keep a positive attitude and hope for the future. Treatments for both mental illness and substance abuse are improving all the time. New medications are coming out every year that exhibit fewer side effects, offer greater therapeutic effectiveness, and achieve broader patient acceptance. Peer programs, education and therapy, and effective case management can help a family member rejoin the world. Perhaps he or she can even learn to enjoy the social interaction of the holidays.