Mental Illness: Family Debilitation
Grief, Burden, Stigma, Violence

T. H. Pyle
The Family Role in Psychiatric Rehabilitation
Unit 5

Titian (Italian), *Sisyphus*, 1549.
Welcome, Class...

Kean University Psychology Students
Last week...

- Family Psychiatric Emergencies

Next week...

- PsyR Modalities—to help adapt... and assist
  - Family Education
  - Family Psychoeducation
  - Family Consultation
  - Family Counseling
Today

Family Debilitation

- **Causes:** Grief, Burden, Stigma, Violence
- **Needs:** Access, Info, Action

Leading to... PsyR modalities of care:
- Family Education
- Family Psychoeducation
- Family Consultation
- Family Counseling
Learning Objectives

- Differentiate causes of family debilitation
- Detect family debilitation
- Anticipate family needs
- Identify PsyR modalities
- (Refer families to such modalities)
“Debilitation?” What Is It?
What “debilitation” feels like...

(“Storm Surge”, NatGeo, 1:16)

http://www.tubechop.com/watch/1514137/
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The Four Horsemen, Victor Vasnetsov (Russian) 1887
Type  \[\text{(Eakes et al., 1999)}\]

- Chronic sorrow
- What is vs. what might have been
- Ongoing, never ending...
  - “No finish line...”

Image credit:
Permission pending.
7 Aspects  (Mohr & Kubinski, 2001)

- 4 focus groups, 8 per group, 90 minutes each, Children ages: 17 to 31

1. Foreboding  “nightmares”
2. Action  “shattering” “intense clarity
3. Overwhelmed  “emotional shredding”
4. Fear  “extreme... of everything
7 Aspects (Mohr & Kubinski, 2001)

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1. Foreboding  “nightmares”
2. Action      “shattering” “intense clarity
3. Overwhelmed “emotional shredding”
4. Fear        “extreme... of everything
5. Anguish     “ripping out a part of life”
6. Guilt       “What could I have done?”
7. Sequelae... Loss of trust...
Implication?...
Implication?

- Caregivers must know grief dynamics
  - It’s not “dysfunction”...
  - Rather: show understanding
Implication?...

- Caregivers must know grief dynamics
  - It’s not “dysfunction”...
  - Rather: show **understanding**

- Refer families to programs that can help...
  - NAMI Family to Family, etc.
Honoré Daumier (French),
*The Burden (The Laundress)*. 1850–53
Interesting facts... (Doornbos, 2001)

- Families remain critical caregivers:
  Up to 60% of those with SMI live with, receive care from families

- What effect on the families?
Types of burden  (Lefley, 1989)

- Objective
- Subjective
Behavior management issues...
(Lefley, 1989)

- Abuse
- Mood swings
- Conflicts
- Squandering money
- Property damage
- Poor hygiene
- Sleep disruption
- Meds rejection
- Inappropriate public behavior
5 caring processes
(Doornbos, 2001)

- Monitoring
- Managing
- Maintaining
- Encouraging
- Socializing

What Is Needed?...
(Doornbos, 2001)

- Information!
  - Medications
  - Symptoms
  - Resources
  - “Everything!”

- Where?
  - Support groups
  - Education programs
Wanted from Professionals?...
(Doornbos, 2001)
Wanted from Professionals?...
(Doornbos, 2001)

- Understanding of family impacts
- Inclusion in treatment planning
- Understanding of family time devoted
- Understanding of family frustration
What is stigma?

What is stigma?

- A mark, brand, label

What is stigma?

- A mark, brand, label
- A social process

Structural models of stigma
(Larson & Corrigan, 2008)

In familiar terms...

› Cognitive (stereotypes)
› Emotional (prejudice)
› Behavioral (discrimination)
3 levels (Heflinger & Hinshaw, 2010)

- Individual
- Community
- Societal

Stigma → Effects (Heflinger & Hinshaw, 2010)

- Lack of recognition of prodomal symptoms
- Shame → less assessment, treatment
- Less funding, lower reimbursements
- Low status, marginal priority
- Shrunken networks, outlets, opportunities
Violence
Schizophrenic.
Killer.
My Cousin.

From Newtown to my hometown, the insane cost of abandoning troubled minds.

By Mac McClelland
In 2001, Scott Thorpe, 41, a man with untreated mental illness, for whom his family unsuccessfully sought inpatient hospitalization, murdered mental health worker Laura Wilcox, 19.
“I am Adam’s Lanza’s Mother!...”
The special problem... (Torrey, 2008)

4 million

400,000

40,000 (1%) (untreated, anosognosia)
But generally in society...
(Walsh et al., 2002; Steadman et al., 1998)

- Some statistical association, but...
- Very small % of societal violence
  - e.g. 1 in 13,000
- Targets: 50–60% are family members
All Things Considered... The Same
(Elbogen & Johnson, 2009)

(Elbogen & Johnson, 2009):

SMI, but no substance abuse or violent history?...

“...same chances of being violent... as any person in the general population.”

http://www.youtube.com/watch?v=wCeFEr5ioqo
In Conclusion...

- **Family debilitation**
  - Grief: Chronic, never-ending...
  - Burden: Many roles all at once, all exhausting
  - Stigma: A shrinking, shamed world...
  - Violence: Less than thought; mostly towards families
In Conclusion...

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  - Grief: Chronic, never- ending...
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- **Family needs**
  - Grief: Relief, understanding
  - Burden: Anticipation, access, information
  - Stigma: Acceptance, support, engagement
  - Violence: System response, timely treatment
Assessment

- Differentiate causes of family debilitation
- Detect family debilitation
- Anticipate family needs
- Identify PsyR modalities
- Refer families to such modalities
Assessment: Example

Differentiate causes of family debilitation wrought by a loved one’s mental illness;

a. Overview

Janet F., a Greystone parent who participated in one of our field trip visits, spoke to us about her brother, now 52, for whom she is caring since the death of their parents. The brother seems "normal" when on his medications, but "cannot communicate" when he is not on them. He is stubborn and "doesn't admit it". He also has physical issues. Although she said that she is now "at peace" with her brother's circumstance, she lamented that she feels that she will "never get to the finish line".

What aspect of the family experience best describes Janet F.'s lament?
Choose one answer.

- a. Violence
- b. Stigma
- c. Burden
- d. Grief
References


