

**UNDERSTANDING AND LIVING WITH
PEOPLE WHO ARE MENTALLY ILL**

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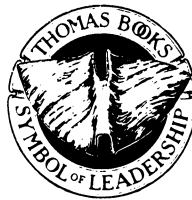
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UNDERSTANDING AND LIVING WITH PEOPLE WHO ARE MENTALLY ILL

Techniques to Deal With
Mental Illness in the Family

By

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PREFACE

Each year from 16 to 20 million Americans suffer from major depression. Even more individuals are impaired by anxiety disorders. It is estimated that 13 percent of the population abuse or are dependent on alcohol and other mood altering drugs. As our population ages, more and more people suffer from Alzheimer's disease. Over two million Americans are diagnosed as schizophrenic.

At one time or another, it is probable that every family will experience mental illness. Living with mental illness in the family is difficult and often has a negative emotional impact on family members. Common responses are feelings of anxiety, guilt, hopelessness, helplessness, depression, shame, codependence, anger, and confusion.

The purpose of this book is to help family members understand mental illness and develop healthy, functional, and appropriate attitudes and responses. This book will also be of interest to students, counselors, and therapists by assisting them to understand the concerns, emotional responses, and problems facing family members. With this knowledge, the therapist can help the family develop coping plans and techniques.

Symptoms, treatment approaches, and advice on obtaining help are discussed. Disorders described include alcoholism, Alzheimer's disease, mood disorders, sexual and spouse abuse, rage episodes, obsessive compulsive disorders, anxiety disorders, sexual dysfunction, bulimia and anorexia nervosa, adolescent suicide and depression, and attention deficit disorders.

Other subjects included are stress management techniques, codependency, self-help groups, adult children of alcoholics (ACOA) issues, effective parenting techniques, the use of psychotropic drugs in treatment, and various types of psychotherapy.

J.E.S.

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**UNDERSTANDING AND LIVING WITH
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Section I

Chapter I

THE NATURE, PREVALENCE AND DIAGNOSIS OF MENTAL DISORDERS

The *Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition)* defines a mental disorder as “. . . a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and is associated with present distress (e.g., a painful symptom) or disability (i.e., an impairment in one or more important areas of functioning) or with a significant increase of risk of suffering, death, pain, disability or loss of freedom” (p. xxi, introduction). The syndrome must be more than an expected response to an event such as grief with the death of a loved one.

In the case of a mental illness, the disorder creates distress, disability and/or other risks. The distress is more than a passing distress. It must be persistent. (Symptoms less than 6 months are considered acute, over 6 months chronic.) If functional impairment occurs it must be in major life areas such as career, family, social, financial. The “risks” referred to are such things as injuring self or others, inability to care for self, and inability to function independently.

The definition is “wordy” however it is important for a family member to understand the nature as well as characteristics of the particular mental disorder affecting the family. Mental disorders vary in intensity and severity, however in order to fit the diagnostic criteria there must be a significant level of distress and/or dysfunction or risk thereof.

Mental disorders are common in our society. Emotional illness has been recorded since the beginning of history. However, there has been a tendency to consider mental disorders in a negative light. Individuals accept and seek medical treatment for physical disorders. However, many mental disorders go undiagnosed and untreated.

Mental disorders are more prevalent than one might think. According to the American Psychological Association, at any one time, 18 percent of Americans (including 18 million children) suffer from a diagnosable

mental disorder. One percent of the population is considered to be schizophrenic. Conservative estimates place the number of people in the U.S. who have a depressive episode at between 10 and 20 million. (Fifty-five percent of the population is diagnosed as having a significant depression at least once in a lifetime.) The prevalence of anxiety disorder is even greater in the U.S. population than depression, although symptoms often are not treated or diagnosed. Personality disorders often create severe career, family and relationship problems, however, like anxiety disorders, often are untreated. Psychoactive substance use disorders (alcohol and other mood altering drug abuse and dependence) tend to destroy families and impair the functional ability of family members in adulthood. A recent study reported that 13 percent of the adult population could be classified as alcohol abusers or dependent on alcohol at some time in their lives. Adolescent depression and suicide as well as gang membership and chemical abuse and dependency are on the rise. With increased longevity there is also an increase in senile dementia (Alzheimers). Very few families are untouched by mental disorder.

Diagnosing the disorder as well as family responses to the individual who is impaired is important in treatment. Care must be taken to distinguish between "emotional problems" and "mental disorders," although the author has used the term "emotional problems" in the text to discuss and describe symptoms. (A sequel to this book is planned to deal with techniques of coping with less severe problems such as divorce adjustment and grief, although many techniques mentioned in this book are appropriate.) The reader must realize that there is a real difference, for example, between people who are depressed and those with major depression. The same applies to individuals who are anxious and tense as opposed to those who suffer from panic disorder. Using alcohol is quite different than abusing alcohol or being chemically dependent with alcohol the drug of choice. The problems related to living with individuals who have a mental disorder are usually severe and disturbing to the family system as well as the individual members of the family. Other situations and conditions can also be disturbing. The *DSM-IV* lists conditions not attributed to a mental disorder that are significant. These include such things as child-parent problems, marital problems and "phase of life circumstances."

Recently a leading weekly magazine published an article entitled, "Crybabies and Tattletales." The article claimed that the 1990's was a time of "crybabies and tattletales" and that there is a tendency in our

society to blame others for our faults and problems. The article continued that we, as a society, also have developed a sense of entitlement and that we tend to be jealous and resentful of those who have more than we do. Hopefully, individuals using this book will recognize the possibility of blaming others and using the label “mentally ill.” Often comments such as, “The relationship failed because he or she is mentally ill” or has emotional problems, is heard in therapy.

Often individuals who have problems with relationships label the significant other as “alcoholic” or characterologically disturbed. Of course, there are a number of people who are alcoholics or suffer from personality disorders; however our diagnosis must be based on more than a tendency to blame. Blaming the other person relieves us of the necessity of taking the responsibility for our own happiness and our own life.

There is also a tendency to project. Projection is to classify or identify the other individual as possessing feelings or characteristics which we ourselves possess. Individuals who are depressed, for example, often see depression in those around them. In dealing with mental illness in a family we must recognize the possibility of blaming others for our own faults or labeling others falsely.

The diagnosis of mental disorders requires very specialized clinical training. The purpose of this book is to help family members and significant others to develop better methods and techniques in dealing with mental disorders. It is not intended to encourage individuals to diagnose mental illness. The criteria and symptoms listed in this book under each category of disorder are included for educational purposes as is the discussion regarding associated features, course, complications and prevalence of the disorder.

Many individuals who suffer from mental disorders have been diagnosed either as an inpatient in a psychiatric hospital or on an outpatient basis. It is important to be aware of how these diagnoses were made and the qualifications of the diagnostician. The symptoms of schizophrenia and the manic episodes of a bipolar disorder are usually so extreme and often so debilitating that professional help has been sought and a diagnosis provided. Other disorders are not as obvious. Depressive symptoms in the elderly are often classified as Alzheimer’s. The symptoms may be due to depression.

Diagnosis may be made by individuals with limited credentials and abilities. Someone once stated, “If the only tool you have is a hammer, everything looks like a nail.” There is an alarming trend of untrained

individuals making diagnostic judgements. The reader should be aware of this as well as the possibility of blaming interpersonal problems or other problems on the pathology of another.

It is important to emphasize that an accurate and valid diagnosis is primary not only in the treatment of an individual who has emotional problems but also in developing an appropriate and functional way of dealing with the pathology by family members. Although individuals who suffer from mental disorders often resist treatment (and assessment) professional help is often vital.

A diagnosis provides a conceptual framework and reference point. Often family members are confused, angry and overwhelmed, especially if the mental disorder is acute and just developing. Knowing more about the disorder and realizing that help is available is an important first step in developing an adaptive and helpful way of dealing with mental illness in the family.