Common Family Reactions to Mental Illness

Stages of Emotional Responses of Families to Mental Illness

“Emotional Stages of Response” [Dr. Joyce Burland (1990) The Journey of Hope (Family to Family Education Program)]

1. Heads out of the sand – Family realizes that the loved one has a mental illness.
2. Learning to cope
   - Families grow in acceptance of the illness.
   - A variety of emotions may intensify (e.g., anger, guilt, grief, etc.).
3. Moving into advocacy
   - Families may take on advocacy roles.
   - They may support other families that are struggling with similar issues.

Four Stages in the Caregiving Experience [Dr. David Karp, a sociologist at Boston College]

1. Emotional disorganization/confusion (before a firm diagnosis)
   - Fear and confusion about the loved one’s behavior
   - Uncertainty about how to feel
   - Questioning as to what I did wrong to cause the illness
   - Hope that the behavior will just go away
2. Hope and compassion (at the time of getting a diagnosis)
   - The diagnosis can clarify much of the confusion of stage one and may
   - Elicit optimism and sympathy in families
   - Involve much learning and study about the illness
   - Involve hope that a combination of medication, therapy and family love will bring a rapid cure
   - Include “heroic measures” to cure the person
3. **Loss of dreams and resentment** (family realizes the illness may be a long-term condition)

During this stage, families may:
- Experience anger and resentment as they feel powerless to change the individual’s situation
- Revise their expectations of their loved one
- Experience role reversal
- Experience resentment when they have to give up their own goals and activities to help the loved one
- Become isolated from their social support
- Wonder about the loved one’s ability to control his/her behavior and struggle with how to interpret objectionable behaviors. Family members may ask “do we blame the person or the illness?” for this behavior. Families also wonder whether their loved one may be being manipulative at times (e.g., using the illness as an excuse).

4. **Recognition that families cannot control the consumer’s illness**

As families move into the acceptance phase, they can:
- Feel relieved of a sense of responsibility to fix the problem
- Accept what Karp calls the “4 Cs”: “I did not cause it, I cannot control it, I cannot cure it. All I can do is cope with it.” (Karp, 2000, p. 20)
- Gain respect and admiration for the consumer’s struggle and strength

**Reminders about Family Reactions**

1. Remember that there is no “right” way to respond and/or cope with mental illness in the family. Work to respect others’ means of dealing with the situation rather than thinking they “should” be doing a certain thing or feeling a specific way.

2. Be aware that your own feelings and attitudes will likely change over time and that these shifts are normal. Because mental illness is unpredictable, coping strategies that were effective during one episode may not work a year later; therefore, it is important for families to re-assess what is helpful at the time and what is not so helpful.

3. Seek support for yourself. Individuals with mental illnesses can be irritable and reject your help; they may be unappreciative of your support. At those times, attempt to take a break from interacting with your loved one, engage in some self-care activity, and attempt to discuss the issue at a calmer time.

4. Be a “mirror” not a “sponge.” Sponging is absorbing another person’s negative feelings and allowing them to control you; mirroring, on the other hand, involves simply reflecting back the other person’s negative feelings without “catching” the emotion.