

# Planning Low-Stress Holiday Festivities That Can Include Your Mentally Ill Family Member

*Summarized by Thomas T. Thomas*

The holidays are a stressful time for everyone, but the hardest hit is a family member with a mental illness, who must suddenly cope with guests, parties, changes in routine, and charged expectations. At our November 20 meeting **Rebecca Woolis, MFCC**, suggested ways to plan for low-stress festivities that everyone can attend and enjoy.

With 20 years of experience of helping patients with mental illnesses and their families, Ms. Woolis has a private practice in Berkeley and works with Community Companions in San Jose.

“The holidays are coming, and everyone is looking forward to their being *over*,” Ms. Woolis said, noting that the stresses involved can bring on a crisis and lead to heightened symptoms, relapse, and even a rehospitalization. She noted the four main contributors to a crisis:

- Non-compliance with medication (cited as causing up to 65 percent of relapses), usually because patients start to feel good, stop taking their meds, then stay off because the illness clouds their thinking.
- External psycho-social stresses (33 percent), sometimes triggered by another person’s good fortune such as a recent marriage or new job.
- Drinking or substance abuse (33 to 85 percent, depending on the study cited), aggravated by “holiday cheer.”
- Cyclic nature of the illness, particularly in depression and bi-polar syndrome.

“But sometimes,” Woolis said, “you can spot a crisis coming. If you can treat it within 72 hours—using some of the new medications—you can possibly avoid a relapse and hospitalization.” The clues of an imminent crisis are:

- Sleeplessness or changed sleeping habits.
- Apathy, low motivation, and withdrawal.
- Anger, irritability, or argumentativeness.
- Mania, heightened activity, or rapid speech.
- Increase in symptoms, such as paranoid ideation, religious delusion, hallucination, or hearing voices.

“There are also idiosyncratic signs that you just learn to recognize,” she said, “like wearing a particular color—all red or all black—adopting a particular haircut, or listening to a certain kind of music. Families need to note these patterns and watch for them in the future. When the patient is feeling better, you can discuss them with him or her.”

In dealing with a crisis, Woolis noted, it’s best to have a plan but to expect the unexpected. Things families can do beforehand include making a list of

emergency phone numbers, gathering MediCal and other insurance information in one place, and thinking about people to call on for assistance, transportation, and such. "You learn these things from each go-round," she said.

The general guidelines for managing stress are the same for a person with mental illness as for anyone else.

First, learn what causes stress. Sometimes it can be a happy thing, like getting into a new relationship, moving to a new home, or getting a job. Sometimes it's idiosyncratic, like having visitors, hearing the phone ring, or something else unexpected.

Second, learn your own reactions to stress, the signs that you are affected. These can be headaches, sleep and stomach disorders, changes in eating habits, irritability, anxiety, restlessness—in fact, many of the same symptoms which, on a more pronounced level, can signal an emotional crisis.

Third, do something to relieve the stress. Coping mechanisms include taking exercise, even just a long walk; taking a break with music, reading, a puzzle, or some other diversion; engaging in positive self-talk and affirmation; and finding ways to build more into your life.

"Of course," Woolis acknowledged, "some patients may not be open to all of these mechanisms. Reading or puzzles are difficult if you have impaired concentration. But you can start small, trying for even a few minutes of relief."

If you have a dog, she suggested, asking your mentally ill family member to take it for a walk might be a good way to get him or her away from the crush of holiday visitors for a while.

The holidays can be oppressive for the patient, because of the enormous expectations generated at family gatherings. Visiting relatives usually ask what you have done during the year, and not everyone has an answer for that.

Ways to reduce the stress include:

- Talking with the family in advance and setting ground rules for visits and discussion topics.
- Throwing out old expectations and routines and trying to enjoy something new together.
- Talking with the patient in advance to discuss feelings, anxieties, and expectations. Let him or her know what's going to happen. "Surprises don't go over well," Woolis noted.
- Understanding that persons with a mental illness may promise more than they can actually do, so prepare to be disappointed.

"You have to accept the patient's limitations and make the best of them," she said. "But you also have to respect your own needs and those of your family."

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Our November 20 meeting started with the video *Families Coping with Mental Illness*, which was produced by the Mental Illness Education Project and is available through the ASA-AMI office. In it, family members at a round-table forum discuss their experiences at the onset of a relative's illness and suggest ways of coping with problems that won't go away.

Among the thoughts expressed was the anger at how certain practitioners may abuse family members. One mother was still angry at her son's social worker,

who blamed her for causing the illness. In another instance, as one father put it, "You don't do psychoanalysis... psycho-babble... with a raving maniac who's been off his meds for a month."

Participants generally agreed that the holidays were "a guaranteed loser," and that families needed to set limited expectations, even time limits, for events like visiting and opening presents.

The video expressed the frustrations that everyone with a mentally ill family member has felt at one time or another. Participants concluded that family members must live their own lives. "Sometimes you have to get angry enough to say no to your relative who is the patient," one mother said. "You can't let him destroy your life."

In summary a father asked, "How can you deal with reality when the person you're dealing with isn't dealing with reality?"