SPEAKER NOTES

Motivation and Coping

Summarized by Thomas T. Thomas

All of our members deal with a family member or a friend who has a mental illness. Two of the major problems in such relationships are stimulating these people toward some kind of positive activity, and helping them cope with the stresses that their illness creates.

At our January 24 meeting, we got valuable insights from **Rebecca Woolis, MFCC,** who has worked in the mental health field for more than 20 years. She is the author of *When Someone You Love Has a Mental Illness: A Handbook for Family, Friends and Caregivers*.

Woolis cautioned at first that everything she had to say was guaranteed to work with some people, some of the time. Different individuals and illnesses require vastly different approaches, and you must use judgment in applying any of these techniques.

In the natural course of development, Woolis said, a child is curious and outgoing. Allowed to flourish, he or she will continue to explore and enjoy the outside world at all ages. What obstacles, then, confront people with a mental illness so that it interferes with their being fully active?

Woolis drew from the audience several suggested answers: old habits and patterns, the effects of medications, and "too much internal life." All of these, she said, were good responses.

There are five distinct obstacles that Woolis has observed professionally. And she offered some ways that mentally ill people and their friends and relatives can cope with them.

Drugs and Alcohol: People with mental illness are no freer than the rest of us from addictions. They may in fact be more susceptible than most of us, because drugs and alcohol can offer a temporary escape from pain.

Dealing with addiction is a separate and complicated issue for the mentally ill. The addict's tendency to deny the problem worsens the situation for friends and relatives. In this case, the approach differs from the way you deal with most symptoms of mental illness: you must confront the person and force him or her to recognize the problem. Only after the addiction is brought out in the open can conventional treatments such as twelve-step programs and therapy sessions begin to work.

Depression: People suffering depression usually lack an interest in day-to-day activities and can't take pleasure from them. They feel helpless and hopeless. The main treatment in this case is medication, supported by talk-therapy to help the person see him- or herself in a new and better way.

"Positive Symptoms" of Schizophrenia: Delusions, hallucinations, confused thinking, and unpredictable reactions to normal stimuli can make the mentally ill person averse to seeking company or new experiences. Medication is the single most effective form of treatment, and it works best when supported by

some kind of psycho-social interaction such as a day program. There are also classes that will train the patient in symptom management.

Once the person is under treatment, you can help by understanding these symptoms and encouraging your friend to deal with them. Often a change of behavior is beneficial. For example, the person can learn a relaxation technique such as meditation; listening to music is another diversion. Interestingly, when schizophrenics "hear voices," the simple act of humming a tune sometimes seems to help.

"Negative Symptoms" of Schizophrenia: The withdrawal, lack of interest, and lack of enjoyment sometimes felt by schizophrenics are quite similar to the feelings that accompany a severe depression. Some of the newer medications are also effective in treating these mood states.

The one thing to remember with all these symptoms, Woolis pointed out, is that they are not constant. Delusions, voices, and apathy all come and go. The person can cycle back and forth between feeling bad and feeling almost well. This cycling is one way for the person to learn about his or her illness and find the means to adapt to it.

By catching your friend or relative at the peak of a cycle, when he or she is feeling good and relaxed, then you can remind the person of the symptoms he or she has experienced at the bottom and suggest ways of dealing with them when the cycle comes around again.

Clearly, when there is a relapse and the symptoms become more acute, then you must be sensitive to the person's abilities and needs. Activities that were easy to plan and exciting to do yesterday may not be possible today—but will be doable again tomorrow, or next week.

Helping a schizophrenic manage the stresses that come with his or her symptoms is a complex business. Cause and effect are not always obvious to the outsider. It helps to talk with the person and help him or her think about what situations and experiences create feelings of anxiety.

Sometimes normal stimuli—a ringing phone, an unexpected visitor, or a change in the daily routine—which anyone else would take in stride, the mentally ill person will find extremely stressful. Thus, he or she may feel more comfortable in a highly structured environment with consistent and predictable events.

Occasions which many schizophrenics find stressful include large gatherings like parties and the anniversaries of past stressful events like going into or coming out of the hospital. You can help by noticing what causes the person's stress and then talking with him or her about the reaction to the stress. Often this reaction will include restlessness and walking around, or abnormal sleeping patterns, or other idiosyncratic activity. Once the reaction is identified, you can suggest ways to cope with the stress, such as engaging in a hobby or exercise, or finding some time alone to relax.

Learned Responses to Experiences of Failure: When a person has bad experiences in trying out new situations, he or she can become discouraged and lose the normal sense of confidence and self-esteem. The problem is compounded if he or she comes to classify a whole range of experiences as negative: such as lumping all educational experiences, however limited, with one bad experience in college.

The best thing you can do is help the person take the first step toward re-entering the dreaded situation. This can require some creativity on your part. For example, if your friend is hesitant about taking a class, help him or her register for it—which can be a confusing experience—or go along to the first session.

Giving encouragement and rewards can also be helpful, such as arranging some activity that your relative really likes to do if he or she will attempt the new experience. Hopefully, after external motivators have brought the person to try, he or she will internalize the benefits of the activity itself and continue in it without help.

In these circumstances, any small step can be positive. You can help by reminding your friend that the advance, while not apparently significant in itself, is more than he or she was able to do yesterday. The idea is to refocus the person on what's possible today and tomorrow—and away from concerns with great achievements in the far future or the distant past.

If the person says that he or she is really not interested in getting out, that's usually a smokescreen, covering up one of the obstacles discussed above. You should listen carefully to determine if the person is genuinely uninterested in the specific activity, or generally fearful or hesitant of all outgoing activities. If the former, then you can offer alternatives, something the person really wants to do and can succeed at. The goal here is to rebuild the willingness to try.

It's important for you to keep your expectations realistic. The chances are that your friend or relative will be able to do less than you may expect, but he or she still needs to feel success with the attempt. On the opposite extreme, the error is to "baby" your friend and expect too little.

The most unrealistic expectations, of course, are that your relative will have a speedy and complete recovery; that he or she will reach the same high level of functioning as before the illness came on; that he or she will never relapse or go into the hospital again; and that today's level of functioning will continue at the same high—or low—level.