



# NAMI

# Cape Cod

The Nation's Voice on Mental Illness

NOVEMBER, 2008

## President's Message:

By LeRoy Spaniol, PhD

### THE PAIN AND THE POSSIBILITY: THE FAMILY RECOVERY PROCESS: Part I

**The onset of a mental illness is a traumatic experience for all the members of a family.** While the mental illness in their family member may be life long, family members can experience their own recovery from the trauma, just as their family member with a mental illness can experience recovery (Davidson, Harding, & Spaniol, 2005; 2006; Spaniol, Wewiorski, Gagne & Anthony, 2002; Spaniol, Zipple, Marsh & Finley, 2000). This is the first in a two-part series of papers on the family recovery process.

Recovery is a painful and deeply emotional process. It involves facing the reality of our experience and its emotional impact, and, readjusting our attitudes, feelings, perceptions, and beliefs about ourselves, others, and life in general. Recovery is also a process of self-discovery, self-renewal, and transformation. Recovery means that people can deal with their pain and still have a life that includes hope, personal meaning, intimate connections with others, an identity separate from the trauma, and goals for the future.

All people experience recovery at various times in their lives from accidents, illnesses, and loss. The more painful the particular event is, the more it shakes the foundation of who we are and how we experience our lives. These powerful events break inner and intra-personal connections we take for granted and shatter our perceptions and dreams. Clearly these processes involve profound adjustments in our lives and intensive periods of recovery. Recovery for all family members is long-term with many cycles of despair and hopefulness. Yet the outcome of recovery can be the emergence of a new sense of self that is more empathic, alive, and connected to ourselves, to others, and to a greater depth of participation, meaning, and purpose in life.

While there is a growing literature on recovery of the person with the illness, there is less information about the recovery process in other family members. Yet, understanding their recovery process, as well as that of their family member with a disability, can provide a welcome long-term perspective. This perspective is important when family members are caught up in a particular stressful event; because it is hard to recognize it as a process—it seems as if the pain will never end. Understanding the process can sustain hope when family members are caught up in the many difficult daily events of caring for a family member with a mental illness.

Professionals also need to understand how family members react to the trauma of a mental illness in a family member. This knowledge can help professionals understand the family's experience and respond to it in a helpful and empathic way, and, to give family members a sense of hope about their lives and the life of their family member with a mental illness.

In this paper the author will focus on the recovery experience of family members without the disability. However, there are some inevitable overlaps with that of their family member with the disability, because recovery is a generic process that we all experience when we have been in a traumatic situation. For more information on the recovery process of people with a psychiatric disability see the references identified in the first paragraph of this paper.

(continued on page 2)

**PRESIDENT'S MESSAGE (cont. from page 1) General Characteristics of the Family Recovery Process**

Before beginning a description of the process of family recovery, there are several general characteristics of the recovery of family members that should be noted.

- Recovery is a process of consolidation and transformation. Consolidation has to do with a healing process that is multidimensional and long-term. It is multidimensional because it involves emotional, physical, social, vocational, and spiritual changes. A mental illness in the family affects every area of our lives. Consolidation involves integrating, settling in with, grounding ourselves in, accepting, and giving meaning to this challenging life experience. Consolidation is a long-term, episodic, non-linear process. It involves periods of intense activity and long periods of concentrated quiet and rest—when it “appears” that nothing is happening. John Strauss (1985), a psychiatrist, compared it to “mountain climbing.” i.e., gaining a foothold on a difficult climb and resting to restore our resources before moving on. Consolidation is an active process where something is always happening. It is transformative because the outcome is a dramatically changed person. Many family members have said “I am not the same person I was when this started.” While it may not feel transformative at the time, and can be very painful, it is still a powerful growth process.
- The particular impact of the illness differs in various family members. A mother's experience is different from a father's experience. A parent's experience differs from a sibling's experience. A younger sibling's experience is not the same as a sibling who is older than the family member with the illness. A child's experience of a parent with a mental illness also has its own dynamics (Marsh, 1993a, b). It is important to be aware of the unique impact on each person and to acknowledge where each person is in their own recovery process, without judging.
- The recovery process of family members can be described as a series of phases. It is important to note that these phases are only guidelines. While they help us to understand the process of recovery, they do not define the process for each individual. Each phase contains many experiences, tasks, barriers and facilitators to change, and personal attitudinal and emotional shifts.
- Each person in the family recovers at his or her own rate. This means that family members may be in different phases of their recovery at any given time. Families need to be aware of each other's phase of recovery in order to be empathic and helpful to one another.
- Recovery is not linear, so family members will recycle themselves through the phases for a variety of reasons at different points in time. Family members retain a vulnerability to recycling for many years, even when they are well into their recovery. They are particularly vulnerable when relapses or negative changes occur in their family member with the disability or memories of painful events are recalled. This ongoing vulnerability is a natural part of the recovery process and family members should be prepared to periodically experience “being back where I started from.” However, with time and experience, while the pain may still be as intense, the frequency and duration of the pain should diminish. The diminishing is often the result of recognizing ourselves as being in a process, realizing that this too will pass, and the development of more effective coping skills and support.
- Emotional reactions of family members during the recovery process, even intense ones, are natural reactions and do not imply that there is something wrong with the family members. The key risk to this very emotional process is the possibility of further damaging the underlying relationships among family members. Damage occurs when the inevitable hurt and anger in the reoccurring bruising within relationships lead to giving up of hope and even retaliation. The greatest threat in any relationship is the possibility that it may be lost and the accompanying sense of personal failure—even when these profound emotional consequences are denied by either or both parties. Whatever attaches us in our relationships, whether it is love, loyalty, family, or spirituality, can be the motivation to repair the periodic bruising and reaffirm the value of the relationship above any particular event that threatens it. And at times this reaffirmation needs to be explicit or clearly stated, even when there are negative natural consequences as a response to a specific event.

There are specific phases to the recovery process and within each phase are specific tasks that need to be completed. People may cycle through the phases and then return to complete incomplete tasks. This is why family members may feel they are losing ground in their recovery process at times. They experience themselves returning to issues they feel they have resolved but important emotional, intellectual, or physical tasks have not been completed. **(See references for this article on page 7)**The next issue of the Newsletter will describe the family recovery process

## NAMI Cape Cod Receives Recognition at the State Convention

**Congratulations**

to Team Cape Cod and Team Sumner for receiving recognition at the NAMI State Convention held on October 18, 2008 in Danvers. Team Sumner and Team Cape Cod were among the top tier of team fund raisers for the Annual NAMI Walk held in May. **Brian Ramsay and Charles Sumner** received recognition for being among the leaders in individual fund raising.

**David Mitchell and Charlie Manning** received additional recognition for their volunteer work at the State level. They attended the State meetings and helped with preparations for the walk itself.

On November 19th, 2008, Judy David and Charlie Manning will attend their first State meeting to start a new project of NAMI Cape Cod by reaching out to Nonprofits to form teams and increase our consumer co-operation

## *December 10, 2008 Speakers Program Welcomes Dr. Kenneth Duckworth and Dr. Matthew Ruble*

On Wednesday, December 10, 2008 NAMI Cape Cod is fortunate to have two invited speakers for a program scheduled at the Cape Codder Hotel in Hyannis from 7 PM to 9 PM.

Our first speaker is **Dr. Kenneth Duckworth**, Assistant Clinical Professor of Psychiatry at the Harvard Medical School and Medical Director of NAMI National and the Vinfen Corporation.

Dr. Duckworth will be speaking on the subject of community based mental health programs based upon his experience in the field, as well as his being a member of the American Association of Community Psychiatrists.

Our second speaker is **Dr. Matthew Ruble**, Clinical Instructor in Psychiatry at the Harvard Medical School and Associate Director of Training in the Division of Adult Psychiatry at the Cambridge Health Alliance. Dr. Ruble was the former Director of Psychopharmacology at Cambridge Hospital and the title of his presentation will be: "New Medications for Serious Mental Illnesses: Implications for Families and People with Mental Illness."

At present, we have applied for the program to include Continuing Medical Education (CME) credits for attendance and anticipate having the necessary certification for the meeting.

Each presentation will be followed by time for questions and answers for participation by those in attendance.

**The following letter was sent to the NAMI Cape Cod office during Mental Health Awareness Week in October. Even though that week has passed, we are printing this letter with the permission of Ms. Arnett. The message is timeless.**

**My Story**

October 14<sup>th</sup> was my sister Kris’s birthday. She would have turned 44. On January 15, 2008, Kris committed suicide. My sister was bi-polar and unfortunately, now is a statistic of mental illness and a casualty rather than a person successfully living a normal, healthy life coping with a mental illness. Although I miss my sister very much, I believe she is finally at peace and doesn’t have to suffer any more with the inner demons that possessed her every minute of every day for at least the last 25 years of her life. I would not wish this kind of suffering on anyone and that is why I am compelled to educate about and reach out to those with mental illness.

Although Kris was beautiful, smart, talented, one of the kindest and most giving persons I have known, owned a beautiful home, and had many admirers and friends, she thought of herself as worthless, as a “loser”, and as having no value on this earth. No matter how hard or what she tried, she was not able to overcome the demons that ultimately lead to her demise because she wasn’t able to get the help she really needed.

After spending time in the psychiatric ward of a hospital back in 2006, and after suffering through electric shock treatments (ECT) which did more harm than help, her doctors then felt her only hope was to spend at least a year in one of the most reputable mental therapy institutions in Massachusetts and in the Northeast. After applying for admission, she was turned down because her insurance did not cover the particular recommended treatment. Then, with the threat of losing her job due to the lengthy stay in the hospital, her doctors released Kris to immediately go back to her job even though she had lost much of her short-term memory as a result of the ECT and wasn’t prepared to do so. She ultimately ended up losing her job and going on disability. From that point on, she was never the same and she began to visibly rapidly lose any bit of hope she had for any recovery.

I do know first hand a little bit of what my sister felt—after all some of the physiologic make-up is in the genes. I am not bi-polar but I have suffered from depression in my past and do have generalized anxiety which at times has disabled me to the point that I haven’t been able to get out of bed. I take medication on a regular basis which helps, I try to eat right and exercise, and I thank God for my life every morning, practice positive mantras, and conduct breathing exercises when I feel the onset of anxiety. Some days it is immense work and others not. But, you see, I maintain the two things my sister did not—HOPE and FAITH!

You may be wondering why I am revealing so much personal information to you. First of all, I talk about this because I am not ashamed to, nor am I afraid to speak out. Also, because if I don’t talk about this then I am one less person talking about an illness that is serious, real, and can be deadly. If I don’t talk about it, this is one less person to reach out to those suffering, one less person to advocate and educate, and one less person to spread the word about mental illness which afflicts as many as 1 in every 4 people. These diseases need a common voice so if you add up all the people who can’t, won’t or don’t talk about it, you have many thousands or more that don’t make a difference. Did you know that 80 million Americans suffer from depression alone every year? Did you also know that 80% of homeless people are inflicted with a mental illness? This means that chances are pretty good that any one of you could have a mental illness, have a family member or friend with mental illness, or simply know someone with a mental illness.

(cont. on page 5)

**MOVING????** *If you are moving or have moved, please clip this box and send it to NAMI Cape Cod, 5 Mark Lane, Hyannis, MA 02601 or email us at [namicapecod@verizon.net](mailto:namicapecod@verizon.net) so we can keep you informed of NAMI events.*

**NAME** \_\_\_\_\_

**OLD ADDRESS** \_\_\_\_\_

**NEW ADDRESS** \_\_\_\_\_

(cont. from page 4) **My Story**

Regardless of these statistics, the most important part about all this is that for anyone suffering from any kind of mental illness, there is HOPE of recovery and as many as 50% - 70% of those with mental illness reach full recovery and live normal, healthy, and fulfilling lives. We can only hope and strive to one day increase this percentage to 100%.



**My sister, Kris Arnett**

I belong to a grassroots organization called NAMI (National Alliance for Mental Illness). Thanks to NAMI, the perception of mental illness has changed from a stigma to being recognized as an illness that can be treated successfully with the right help and support. Those with mental illness don't have to suffer and can lead normal and productive lives. NAMI instills the power of self-change through implementation of recovery programs and support groups, passing legislation, conducting ongoing research, providing education, support, and awareness about mental illnesses for those living with mental illness and their families and friends.

Not only am I a member of NAMI but I also take an active role in consistently advocating and educating on the organization's behalf which is why I am talking to you now. The more I talk about it, the more people will hear and learn and talk about it with others. It's the theory of "I tell two friends, you tell two friends, and so on..." I've seen it work!

I am writing to inform you that this week, beginning October 6 is Mental Health Awareness Week, Tuesday, October 7<sup>th</sup> is National Prayer Day and Thursday, October 9<sup>th</sup> is National Bi-Polar Disorder Day. As you can imagine, this week is very important to me and my family and very near and dear to our hearts. As hard as we tried, we were not able to prevent my sister's death but perhaps we can prevent others through further advocacy and by reaching out to provide hope to those now living with Mental Illness.

My goal is to raise awareness of this week and ask any of you, if you feel so moved, to take an active part in this week—whether it be writing a letter to your legislators, saying a prayer for those with mental illness and their families, reaching out to someone you know with a mental illness, making a donation to NAMI, simply forwarding this email—telling just one other person about this week and what it means, or by telling your own story if you have one. If I am able to make all of you aware of the issue of mental illness and what we can do to help, and then all of you tell only one person and so on, think of what a difference we can collectively make just by talking!

The link below leads to NAMI's website which provides many valuable tools (logos, templates, sample letters to legislature, etc.) to help anyone who is interested in advocating, educating and reaching out. I know everyone has his/her own special cause that may be near and dear to one's own heart, so I understand if this isn't one that strikes you. If this isn't a cause that compels you I only ask that you pass along this message to people you know. It may be a cause near and dear to someone else without you even knowing it and can make a significant difference in many lives.

[www.nami.org](http://www.nami.org) and [www.nami.org/sites/capecod](http://www.nami.org/sites/capecod)

Thanks for listening and for your support!

Kerry Arnett

Medicare Drug Benefit Update: 2009 Plan Year Enrollment Begins. November 15, 2008 marks the start of the open enrollment period for the Medicare Part D drug benefit for 2009. Dual eligibles are losing their "deemed" status in 2009 and must now apply for the Part D LIS program to avoid increased costs next year.

## ***NAMI Massachusetts Legislative Agenda Meeting Held***

**As part of NAMI Cape Cod's Speakers Program**, Laurie Martinelli, Executive Director of NAMI Massachusetts (NAMI MA), and Toby Fisher, Director of Public Policy for NAMI MA, spoke on October 14, 2008 at the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) offices in Hyannis, presenting the legislative agenda for NAMI MA for 2008 – 2009, as well as an overview of the legislative process and the local elected officials representing Cape Cod and the Islands.

The presentation covered a variety of topics including the legislative process and key factors in developing a rapport with your local elected officials, with an emphasis on the statements "All Politics is Local" and "Golden Rules for Beneath the Golden Dome" – the Massachusetts State House.

Discussions were also held on the Massachusetts Mental Health Parity Law which passed this summer as well as an update on the Federal Mental Health Parity Law which was passed by Congress after 10 years of debate and signed into law on October 3, 2008 as part of the Emergency Economic Stabilization Act.

The **top five legislative priorities for NAMI MA** were stated as:

**Restore Funding** to the Department of Mental Health

**Preserve Access to Appropriate Medications**

**Promote Housing** for People with Mental Illness

**Encourage Jail Diversion & Coordinated Re-Entry Services from the Criminal Justice System**

**Establish a Comprehensive Children Mental Health Service System**

Copies of the presentation can be obtained by contacting the NAMI Cape Cod office by telephone or e-mail and the presentation will be sent out either by regular mail or electronically via e-mail.

### **References for President's Message from pages 1 and 2**

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## Managing Worry Thoughts (in Twelve Steps)

*Stella Thomson, MSW, LICSW*

Managing worry thoughts. It sounds so easy, doesn't it? But we all know that when our worry thoughts are the gerbil and our brain is the wheel, well, it's a whole other story, then, isn't it? Sometimes, it is helpful to have something written down that we can follow, so we don't have to "reinvent the wheel" (if you'll pardon the pun) while we are in such a state of distress.

Step 1: **Stop.** Sometimes saying "Stop!" out loud is helpful, but step one is to just stop. Stand with both feet shoulder width apart, arms hanging loosely by your side, palms facing inward (in yoga, this is called Mountain Pose). You can also do this sitting in a fairly straight chair (Sitting Mountain Pose) or lying in a bed (Reclined Mountain Pose).

Step 2: **Take a deep breath.** Take a nice deep breath, breathing in all the way down to your toes, and as you inhale, with the breath, draw in positive energy (in Hindu this is prana, in China it is chi). However you understand it, take a nice, big, deep breath of positive life energy.

Step 3: **Exhale.** Blow the air gently through pursed lips. As you do this, you might imagine filling a balloon with any stress, anxiety, worry thoughts, negative energy – use any image you wish, and let it go. It may help to imagine the balloon filled with these thoughts with the name of the thoughts on the outside of the balloon, and just floating away.

Step 4: **Take another breath.** Another nice, big, slow, deep breath, right on down to your toes, filling yourself as much as you can with the positive life energy.

Step 5: **Exhale.** Blow the air gently through your lips, letting everything just float away.

Step 6: (You're getting the hang of this, now, aren't you?) **Inhale another nice, big slow, deep breath.** Fill up with the positive energy, the relaxation, a warm glow.

Step 7: (Are you jumping ahead?) **Exhale.** Just let it all go.

Step 8: **Continue following steps 2 through 7,** and begin to imagine a coil of gentle energy at the base of your spine. Allow this coil to begin to unwind and loosen itself down into the ground, forming a connection between you and the earth. Feel your connection to the earth, your groundedness.

Step 9: **Continue with your breathing,** and begin to imagine the energy you are feeling begin to move up your spine and out the top of your head. You may imagine this as a column of white light, connecting you with the heavens, God, your Higher Self...Use any imagery that works for you.

Step 10: **Imagine this energy,** connecting you with the earth and with your Higher Self, feel it humming and pulsing gently and calmly, like a gentle massage, up and down your body. With each inhalation the energy moves downward; with each exhalation the energy moves upward. Continue with this for as long as you need to do so, in and out, down and up, slowly and gently, blowing away any stressful thoughts.

Step 11: **When you feel ready, begin to imagine the energy wrapping around you like a warm, comfortable shawl.** Let go of your breathing and return to your normal breathing pattern. Allow yourself to see your surroundings, clearly and calmly, acknowledging the presence of each thing you see, perhaps by saying its name in your head, or out loud if that works better for you. Allow yourself to know that there is a solution for whatever is triggering your thoughts, and that from this calm and centered place, you can begin to seek the solution.

Step 12: **Reconnect with your surroundings and your present moment.**

For the best results with this exercise, practice several times a day, even for just a moment or two, during a time when you are not having any worry thoughts, maybe while you are in the shower or standing in line at a store (this exercise is not recommended for practice while driving, using any heavy equipment or power tools, or in any situation that requires your full attention!). This will help you to develop "muscle memory" (like you use to ride a bicycle), allowing for deeper relaxation when you need it!

**Be Blessed**



The Nation's Voice on Mental Illness

**NAMI Cape Cod**

**5 Mark Lane**

**Hyannis, MA 02601**

**508-778-4277**

**Website: [nami.org/sites/capecod](http://nami.org/sites/capecod)**

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**NAMI Cape Cod**

**MISSION**

NAMI Cape Cod serves to advocate for improved services and laws governing the care of people with mental illness, to support and educate families and individuals on their path to recovery, to educate all people on the nature of mental illness

**Support Group Schedule**

**For Friends and Family of People with mental illness:**

First Wednesdays of the month—Christ the King Church Parish Center, off Rte 151, Mashpee 7-9 PM. Contact Charlie Bacher at 508-778-0650

First Thursdays of the month—First Congregational Church, Main St., Chatham 7-9 PM. Contact Chris Ebel at 508 778 4277

Fourth Tuesday of the Month—The Senior Center, 415 Old Kings Hwy, Wellfleet. 6:00-8:00 PM. Contact LeRoy Spaniol at 508 349 2475.

**NAMI CONNECTION**

First and Third Wednesdays of the month—Louis Gordon Office Facility Meeting Room, 1100 Rte 134, Dennis 6:00-7:30 PM. Contact Karen at 508-385-5078  
Last Saturdays of the month—Federated Church, Main St., Orleans 10:00-11:30 AM. Contact Carolyn at 508-255-8521 or Linda at 774-722-3323.

**For People with Psychiatric Disabilities**

Recovery Support Group for people with psychiatric illness. Facilitated by consumers from 5:30—7:00 pm at NAMI Cape Cod office, 5 Mark Lane, Hyannis, MA 02601. Call 508 778 4277 for more information.