Preface

CHAPTER 1 THE RECOVERY PROCESS

2 The Course of Psychiatric Disorder, III: Longitudinal Principles
   JOHN S. STRAUSS, HISHAM HAFEZ, PAUL LIEBERMAN & COURtenay M. HARDING

14 A Long and Winding Road: The Process of Recovery From Severe Mental Illness—WILLIAM PATRICK SULLIVAN

25 Sense of Self in Recovery From Severe Mental Illness—LARRY DAVIDSON & JOHN S. STRAUSS

40 Self, Identity, and Subjective Experiences of Schizophrenia: In Search of the Subject—SUE E. ESTROFF

51 Chronicity in Schizophrenia: Revisited—COURtenay M. HARDING, JOSEPH ZUBIN & JOHN S. STRAUSS

68 Consumer-Practitioners and Psychiatrists Share Insights About Recovery and Coping—ANDREA BLANCH, DANIEL FISHER, WILLIAM TUCKER, DALE WALSH & JANET CHASSMAN

CHAPTER 2 THE EXPERIENCE OF RECOVERY

74 Recovery as a Journey of the Heart—PATRICIA E. DEEGAN

84 Finding Myself and Loving It—JEANine M. O’NEAL

86 Maintaining Mental Health in a Turbulent World—J. F. HOUGHTON

92 Recovery: The Lived Experience of Rehabilitation—PATRICIA E. DEEGAN

99 How I Perceive and Manage My Illness—ESSO LEETE

104 The Schizophrenic Inside—PATRICIA J. RUOCChIO

108 Schizophrenia: Some Issues—JILL STAINSBY

112 The History and Outcome of My Encounter With Schizophrenia—RON B. FORTNER WITH CHRISTINE STEEL

119 My Schizophrenia—ROBERTA PAYNE
CHAPTER 3  COPING AND ADAPTATION

138  Past the Struggles of Mental Illness, Toward the Development of Quality Lives—DONNA ORRIN

145  Twelve Aspects of Coping for People With Serious and Persistent Mental Illness—FREDERICK J. FRESE

156  Spirituality and Serious Mental Illness—KAREN N. LINDGREN & ROBERT D. COURSEY

171  Women: The Ignored Majority—CAROL T. MOWBRAY, DAPHNA OYSERMAN, CATHERINE LUTZ & ROGEAIR PURNELL


203  Involuntary Commitment: A Consumer Perspective—BARBARA GARRET & TOM POSEY

207  AIDS Knowledge, Attitudes, and Risk Behavior Among People With Serious Mental Illness—JIM A. CATES, GARY R. BOND & LINDA L. GRAHAM

216  Women With Serious Mental Illness in the Role of Parent: Characteristics, Parenting Sensitivity, and Needs—JUDITH K. ZEMENCHUK, FRED A. ROGOSCH & CAROL T. MOWBRAY

228  Dealing With Depression and Manic Depression for People With Mood Disorders and Those Who Love and Support Them—MARY ELLEN COPELEND

240  A Continuum of Care for People Who Are Elderly and Mentally Ill—MICHAEL A. BERNSTEIN & SUSAN JENKINS

CHAPTER 4  THE FAMILY

246  Family Burden and Family Stigma in Major Mental Illness—HARRIET P. LEFLAY

254  Troubled Journey: Siblings and Children of People With Mental Illness—DIANE T. MARSH, REX M. DICKENS, RANDI D. KOESKE, NICK S. YACKOVICH, JR., JANET M. WILSON, JAMI S. LEICHLITER & VICTORIA MCQUILLIS

270  Successfully Living With Mania: Helpful Hints to Families and Professionals—MARY D. MOLLER & LAURA GEER KNUDSVIG

280  The Family Recovery Process—LEROY SPANIOL & ANTHONY M. ZIPPLE
285 Leaving Home: Separation Issues in Psychiatric Illness—Agnes B. Hatfield

293 A Father’s Thoughts—Anonymous

298 A Mother’s View—Gaetana Caldwell-Smith

303 Schizophrenia Through a Sister’s Eyes: The Burden of Invisible Baggage—Ami S. Brodoff

308 Meanwhile, Back on the Ward…—Jay Neugeboren

317 Confessions of the Daughter of a Schizophrenic—Roxanne Lanquetot

323 Growing Up With a Psychotic Mother: A Retrospective Study—Bonnie Dunn

CHAPTER 5 THE HELPING CULTURE

334 Resistance of Mental Health Professionals to Working With People With Serious Mental Illness—Kenneth Minkoff

348 Spirit Breaking: When the Helping Professions Hurt—Patricia E. Deegan


370 Recovering Our Sense of Value After Being Labeled—Patricia E. Deegan

377 A Pit of Confusion—Anonymous

382 A Consumer Perspective on Psychosocial Treatment—Esso Leete

CHAPTER 6 SELF-HELP

390 Self-Help and Mental Health—Audrey J. Gartner & Frank Riessman

398 Consumer-Run Housing in the Bronx—Eva Conrad

401 Comparison of Self-Help Groups for Mental Health—Linda Farris Kurtz & Adrienne Chambon

411 Self-Help Programs: A Description of Their Characteristics and Their Members—Judi Chamberlin, E. Sally Rogers & Marsha Langer Ellison

424 Fostering Self-Help on an Inpatient Unit—Kathleen M. Kelly, Frederick Sautter, Karen Tugrul & Michael D. Weaver

430 Characteristics and Service Use of Long-Term Members of Self-Help Agencies for Mental Health Clients—Steven P. Segal, Carol Silverman & Tanya Temkin

441 Professional Underutilization of Recovery, Inc.—Donald T. Lee
CHAPTER 7  BARRIERS TO RECOVERY

452  Public Attitudes Toward Persons With Mental Illness—ANDREW B. BORINSTEIN

461  The Quiet Discrimination—ANONYMOUS

463  Educating the Public About Mental Illness: What Will It Take to Get the Job Done?—MARY E. FRASER

467  Barriers to Recovery and Empowerment for People With Psychiatric Disabilities—PAMELA J. KRAMER & CHERYL GAGNE

477  The Power of Language in the Helping Relationship
    SUSAN SPANIOL & MARIAGNESE CATTANEO

485  Student Perceptions of Persons With Psychiatric and Other Disorders
    MIKE LYONS & ROBYN HAYES

497  The Multiple Effects of Culture and Ethnicity on Psychiatric Disability
    LAURENE FINLEY

511  Empirical Correction of Seven Myths About Schizophrenia With Implications for Treatment—COURTENAY M. HARDING AND JAMES H. ZAHNISER

CHAPTER 8  ADVOCACY AND EMPOWERMENT

522  Rehabilitating Ourselves: The Psychiatric Survivor Movement
    JUDI CHAMBERLIN

527  The Independent Living Movement and People With Psychiatric Disabilities: Taking Control Back Over Our Own Lives—PATRICIA E. DEEGAN

541  The Ex-Patients’ Movement: Where We’ve Been and Where We’re Going
    JUDI CHAMBERLIN

552  Professional Training for Consumers and Family Members:
    One Road to Empowerment—ROBERT I. PAULSON

562  Power, Powerlessness, and Empowerment in Psychotherapy—JOHN E. MACK
The psychological and social approach to understanding physical disability has a long tradition (Marinelli & Dell Orto, 1991; Shontz, 1975; Wright, 1983). There has been a deliberate attempt in the field of physical rehabilitation to understand how a person is affected by the disability, as well as how the person with a disability affects and is impacted by family, friends, the helping system, and society in general. The focus of research and demonstration efforts in the area of physical disability has been both on the experience of the person and on the barriers in the environment that prevent functioning fully and autonomously in the community. While information and resources have been available to assist the person with his or her disability, the emphasis has been on increasing his or her capacity to function independently.

In the field of psychiatric disability the traditional focus has been on treating the illness, rather than the person who has the illness. Hospitalization, medication, and therapy have been used as the primary interventions to treat the illness and to reduce positive symptoms. Negative symptoms have been seen as part of the illness, or as resistance on the part of the person, rather than as attempts by the person to cope with the illness, medication, and the effects of his or her environment. Traditional treatment approaches have not acknowledged the wholeness and integrity of the person with the disability. They have not acknowledged important dimensions of the internal recovery process that follow the onset of mental illness, as with any significant trauma (Deegan, 1988). They have not acknowledged the impact of the helping system, and society in general, on the person who is struggling to recover. They have not acknowledged the impact on the families of people with psychiatric disability, including parents, spouses, siblings, and children of parents with psychiatric disability. While there has been some effort to understand the person’s experience of the illness, the impact of society on the person’s ability to function, and the need for new skills and supports to function more effectively, this effort has not become widespread and has not been effectively integrated into the helping process. Research and service efforts that have been narrowly focused on what seemed to impact on the illness and on the symptoms, have begun to focus on the person’s functioning in a variety of environments of choice.

The newly emerging information on psychological and social aspects of psychiatric disability represents an additional approach to understanding people with mental illness. The approach focuses on understanding the experience of the person, the impact of the environment on the person, how the person copes, how the person moves on with his or her life, and what the barriers and facilitators are to this process. We want to present ways to identify and to support the strong and fiercely tenacious spirit of people with psychiatric disability.

Language usage has changed dramatically over the last several years in the field of psychiatric rehabilitation (Guidelines for Reporting and Writing About People With Disabilities, 4th edition, 1993; Information for Writers, NAMI, 1995; also see Spaniol & Cattaneo in chapter 7 in this book). In most cases, we did not update the language originally used in the articles selected for this book. The articles reflect this gradual change toward language that is more respectful of, and consistent with, how people with psychiatric disability view themselves.

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ingly and generously, knowing that others might benefit from what they have learned.

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