

*Our invitation to you...*

# FRIENDS Recovery Booklet

FRIENDS Project



Family Recovery Initiatives  
by Engaging, Networking and  
Developing Supports

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## ACKNOWLEDGEMENT

FRIENDS stands for Family Recovery Initiatives by Engaging, Networking and Developing Supports. We are a partnership between family members, Áras Folláin, Shine and the Mid-West HSE.

We would like to acknowledge and sincerely thank all involved in the production of the booklet and the deep commitment of all the partners to bring the project this far. The development of this booklet has involved three years of action research, co-production between partners and a shared vision of family recovery. The development of FRIENDS has been informed by the work of family advocates, research, empirical evidence, local knowledge and collective aspiration for a hopeful life for the whole family (Brennan, 2015).

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This booklet has been co-produced by the FRIENDS steering committee: Mary Doyle, John Purcell, Rachel Collopy, Helen McAteer, Margo O'Donnell-Roche of Áras Folláin, Susan McFeely, Ann Marie Flanagan of Shine and Laura Thompson, Niamh O'Mahoney and Paul Guckian of the Mid-West HSE. It was co-produced by families in recovery and Sile Walsh, Project Training and Development Officer and edited by Dr. Aimie Brennan, Agora Research & Learning Alliance. A sincere thank you is owed to all contributors.

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Central to our work a heartfelt thank you to the family members who have shared in our journey of recovery along the way. And a special acknowledgment to the people in our lives with mental health difficulties and to those who are no longer with us. You are our teachers, our inspiration and our opportunity for recovery and hope!

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## Our invitation to you...

Dear Reader,

We are a group of family members of people with mental health issues. We would like to share our journey of hope with you. This booklet may challenge the way you currently view your situation. The families involved in this booklet are mothers, fathers, siblings, partners, adult children. We can testify that many of us began feeling hopeless, stressed, sad, afraid for our own and our relative's future.

We hope that the FRIENDS booklet will offer you hope and solutions to situations that we personally and professionally understand. Recovery-of-self and wellbeing is central to our experiences and education during challenging times. In this booklet, we are going to share information that can hopefully support your recovery.

When someone important to us experiences mental health challenges, we are impacted. For most people, we neglect our own needs and become fixed on the person experiencing mental health issues. It is a very common response, and can be unhelpful to you. We would like to offer you other options.

Family recovery is not commonly spoken about and you may find it hard to comprehend at first, however, we in FRIENDS are experiencing our recovery journeys. Family recovery is the process of becoming aware of how our behaviours and beliefs impact our relationships and quality of life. When someone practices family recovery, it can have a positive impact on everyone involved in our lives, in particular the person experiencing mental health issues.

What we have learned from our research, is that some family members may feel hopeless, at times lost, and may reject the idea that family recovery is even necessary, thinking things like *"if s/he was better, I'd be ok"* and *"what do you mean I need recovery, I am not unwell?"* Most of us believed this also, until we experienced recovery for ourselves and started to see the impact it had. Even though we thought we were doing the right thing, as family members we learned we were often controlling, overstepping, and reinforcing unhelpful dynamics between ourselves and the person in our lives experiencing mental health issues.

So as you read the following pages, we invite you to be open to what we suggest. This booklet is grounded in theoretical and empirical evidence. Our lived experience is intertwined within the pages. Although other experiences may be different, we have a shared understanding of how we are impacted when someone close to us experiences mental health difficulties. It is this through shared experience that we have been able to apply the tools in this booklet and find a quality of life again.

We would love you to join us,

FRIENDS

## THE BACKGROUND TO OUR JOURNEY SO FAR

Over three years Shine, Mid-West HSE, Áras Folláin, Peer Support Centre and family members of people with mental health difficulties have worked together to identify how best to support families who have been impacted by their relative's mental health issues.

The 'carer' role is routinely ascribed to family members of people with mental health issues. Most family members want to do everything they can to help their relative get better. What we in FRIENDS have learned, through our work together as families, mental health professionals and support workers within the recovery voluntary sector, is that recovery for all the family is the key to being able to support our relatives in a way that is sustainable, helpful and empowering.

Together, family members and mental health services provide support for individuals with mental health difficulties, yet the family member may find themselves without support, perspective, feel exhausted, overwhelmed, disempowered, hopeless for both themselves and their relative. A culture of fear, anger, hopelessness and conflict is often at the root of the interaction either within the family and/or mental health services. When a person is in crisis so too is their family. Family's needs are often not met during and after a crisis. As a result, if a person's mental health difficulty is not improving after accessing services blame can attached to what is perceived to be 'poor outcomes', with responsibility for the person's mental health recovery being misplaced.

To respond to these issues in a solution-focused way, FRIENDS has developed an approach to family recovery that is grounded in the values of recovery, empathy, equality, mutual respect, autonomy, empowerment and partnership. We apply principles of participatory action research (PAR) and co-production to achieve a truly collaborative process. Central to this process are families lived experience of recovery. FRIENDS work equally with families, HSE staff and organisations who are champions of recovery and are committed to working as equal partners to learn about family recovery. We endeavour to share the learning and contribute to change in culture to foster recovery service enhancement.

## STAGES OF DEVELOPMENT

**Stage One - The GENIO Trust funded the initial phase of FRIENDS, which achieved its objectives of engaging with family members in Mid-West region through:**

- A series of co-produced wellness workshops.
- A model of recovery based self-care for relatives of people with mental health issues.
- The development of a strategy of empowering and enabling family members to be active participants within the mental health services.
- Family members trained in Peer support. (Brennan, 2015).

**Stage Two - Newly trained family peer supporters began to take on a leadership role in engaging with:**

- The HSE regionally and nationally,
- Shine
- Áras Folláin
- Advancing the Family Peer Support service with the HSE

**Stage Three - Pobal provided funding to further progress FRIENDS initiatives such as:**

- A series of one day workshops for isolated family members
- Recovery educational programmes
- Wellness days
- Peer Supporters to qualify QQI level 6 Trainers.
- Engagement with HSE staff to develop a deeper understanding of HSE staff roles to explore how they can support families within a recovery context
- The development of this booklet

**Stage Four - The HSE are funding the pilot phase of the Family Peer Support Service in Limerick and University of Limerick will evaluate the outcome:**

- The piloting of the Family Peer Support Service in Limerick.
- Family Peer Supporters will provide the service and Shine will contract the Peer Supporters.
- Family Peer Supporters are also represented within the Recovery Principals training for HSE staff, the Mid-West ARI Project team and national consultancy to support CHO areas nationally within ARI.

## METHODOLOGY

### Participatory Action Research (PAR)

FRIENDS Family Recovery engages with relatives by using a PAR approach. PAR came about to assist people with a lived experience, who may previously have been left out of the research process, to have a voice and to work in partnership to find a solution to a given problem. PAR can be defined as “a participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes, grounded in a participatory worldview... [and bringing] together action and reflection, theory and practice, in participation with others in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and communities” (Reason & Bradbury, 2001: 32).

Smith (2002) outlines the five key aspects of Paulo Freire's work with PAR which describes why it is of importance to our work. First, Freire recognised that informal educational learning comes from conversation. He identified that learning can be enhanced through a respectful two-way conversation, where people work with each other regardless of roles and positions within organisations and society. Otherwise, “too much education, Paulo Freire argues, involves ‘banking’ – the educator making ‘deposits’ in the educatee” (Smith, 2002: 1). The FRIENDS steering group holds two-way conversation as a value and method of working. Because of the mutual respect for each other's roles and experiences, the voices of families take centre stage in the solution to family recovery in the world of mental health and wider society.

Second, Freire links the conversations underpinned by certain values as making a positive difference in the world. Smith tells us “process is important and can be seen as enhancing community and building social capital and to leading us to act in ways that make for justice and human flourishing” (2002:2). Participation in the FRIENDS process is changing the lives of families involved, educating the educators (partners) and wider society. It offers a framework for hope, empathy and equality within families, services and society.

Thirdly PAR supports educators who have a history of working with people whose voice has been marginalised or forgotten. Bringing people with the lived experience together with supportive educators offers consciousness in the world of those who don't have a voice. Families of people with mental health difficulties who felt excluded and powerless are now involved in a process which offers them a voice.

Fourth, Paulo Freire's philosophy places the lived experience central to the educational activity. This is the guiding principal of FRIENDS steering group.

Fifth, is the reduced gap of knowledge and expertise between the educators and those with the lived experience when the conversation happens. The growing expertise of people with lived experience meeting the conscious awareness of the educators is the power of PAR, to give a voice to the voiceless and consciousness to the world. During the development of the booklet this process was very apparent. The commitment and knowledge of the family peer supporters to develop a booklet for families, to offer an understanding of how they live with hope, recovery, greater autonomy and equality.

## CO-PRODUCTION

Together each of the stakeholders bring their experiences and commitment to develop opportunities for families to feel supported and engage in recovery. In the UK, IMROC (Implementing Recovery through Organisational Change), a partnership with communities to develop systems, services and cultures that support recovery and wellbeing for all, describes co-production as an “effort to change the nature of conversations, to rebalance power and to mobilise our energy and talents around our shared aspirations” (Lewis, 2016).

### **FRIENDS approach has:**

- Rebalanced the perceptions of power within families and mental health services.
- Empowered and mobilised families to recognised their skills and abilities.
- Developed a shared goal to create recovery opportunities for families of people with mental health difficulties.
- Increased recovery opportunities for people who use mental health services.

### **Co-production initiatives succeed in:**

- Changing views so that people who use services and family members are seen as assets with skills.
- Breaking down barriers between professionals and beneficiaries.
- Increasing everyone’s skills and capacities.
- Enhancing reciprocity (where people get something back for having done something for others) and mutuality (people working together to achieve their shared interests).
- Building links between peer and personal support networks work with professional networks.
- Facilitating organisations to become agents for change.

### **The following elements and processes were instrumental to the work of FRIENDS:**

- Building of the steering group partnership (2013 onwards).
- Developing the peer support training (2014).
- The evaluation of stage one and two (2015).
- The Strategy for the Inclusion of Families in Mental Health Services (2015).
- The Pobal funding application.
- The training and workshops (2016).
- The publication of this booklet.

## FAMILY RECOVERY

### CAN FAMILY RECOVERY HELP ME?

- Do you feel overwhelmed?
- Do you find yourself distracted thinking about the person with mental health difficulties?
- Have you neglected relationships with others?
- Do you want to fix the person with mental health difficulties?
- Are you putting things that are good for you on hold for prolonged periods of time?

### WHAT IS FAMILY RECOVERY?

Family recovery is an on-going process in which we transform unhelpful ways of living into more helpful ways of living, thinking, feeling, behaving and being. Recovery is an individual process, it isn't linear and everyone recovers at their own pace. Recovery is not dependent on another person's wellness or recovery, we are only responsible for our own recovery.

Family recovery, put simply, is taking personal responsibility for our own emotions, expectations, fears, behaviours and support in the process. It involves understanding the challenges we are facing within the family, including our own stress and how that impacts us as individuals. It means understanding how we communicate, drawing on different styles of communication to have our needs met more effectively is an important element of recovery. Family recovery is respecting and accepting that while we all see things differently there are key skills we can draw on to live a life with hope, empathy, equality and autonomy. Learning to care about our relatives and feel supported is what family recovery is all about. Let us continue explaining further.

### WHAT FAMILY MEMBERS DID BEFORE RECOVERY THAT WAS UNHELPFUL?

"Micro managed our son and too involved in all of his life" - Parent

"I tried to take control of his life and do things for him." - Sibling

"I used to be telling her what to do forgetting that she is now an adult." - Mother

As you see from our quotes we all fall into roles that we understand are a natural reaction to when our relatives experience mental health issues. Firstly, it is important to acknowledge how we are affected by our family member with mental health difficulties. There can be a long lead into the point at which the person with mental health difficulties finally engages with mental health services (voluntary or involuntary). The person with mental health difficulties can be in denial and sometimes (family members too) might not want to seek help.

During the initial stages of a relative's mental health issue (crisis) family members can experience a number of emotions; sadness, fear of the unknown, guilt, loss, grief, anxiety, shame, anger.

Often families question;

- Why me?
- Why my family?
- Is it real?
- Will "it" every end?
- Will s/he die?
- Will s/he get better?
- Will I ever get my life back?
- If s/he just..... life would improve?

We genuinely understand and empathise. We ask you to continue reading as we want to share with you how those feelings and emotions transformed into hope, accepting, respect and empathy. Also when we find ourselves asking old questions, we now have peer support to help us move forward.

### THE BENEFITS TO FAMILY RECOVERY

- Responding in an appropriate and helpful way to difficult situations.
- Being able to separate what is my responsibility from other people's responsibility.
- Shifting feelings of guilt, loneliness and powerlessness to feelings of hope, empowerment and understanding.
- Finding hope and helpful supports in difficult times.
- Improving our relationships.

### I AM NOT IN RECOVERY WHEN...

- I am worried, anxious and in disaster prediction mode.
- I am not living each day as it comes.
- I am not looking after myself.
- I feel frustrated that the person experiencing mental health issues isn't living up to my expectations of how they should be living.

### I AM IN RECOVERY WHEN...

- I am leading my own life.
- I am more accepting of the decisions and choices of my relative.
- I am looking after myself.
- I practice self-care and look at my emotions and needs.
- I step back and stop trying to control my relative.

## FAMILY MEMBERS LIVED EXPERIENCES OF RECOVERY

*"It was shaking off a heaviness of fear, guilt, and loneliness. It was embracing my sense of self belief and confidence that I too needed support and kindness to myself. It is being able to breathe deeply with ease and peace" (Margo, Sibling).*

*"My recovery is a journey of discovery" (Helen, Mother).*

*"My recovery started when I attended the 'family recovery course' run by Shine. Recovery for me now is getting on with my own life and getting off my son's back. Empathising with him and treating him as the adult he is. My son and I have a much better relationship now" (Anon, Mother).*

*"Understanding my own emotional response to my loved one's mental health is part of my recovery. Knowing I have my own journey of recovery quite separate to her" (Anon, Mother).*

*"Recovery for me was accepting the fact that I couldn't fix everything and that it wasn't my fault" (Anon).*

*"Changing my attitude towards my family member. Realising I cannot FIX everything. Discovering peer support for family members" (Anon).*

*"I am still in recovery; my recovery started the day I accepted that my loved one had a [mental health issue] and has continued day by day since. Separating the illness from my loved one" (Dave, Father).*

*"Recovery for me is about me, benefiting me and not about my son. I can still care about my son but I can care for myself first. Take control of my own life. Feel very good, more confident, greater learning from being engaged with FRIENDS. Sharing experiences with peers. Hear other people's stories of hope" (Helen, Mother).*

*"I am learning to take one day at a time, still on a roller coaster but it is not as severe. I have learned to let my son take control of his own life and medication. FRIENDS is where I have learned that I am not alone on this recovery journey has helped me with this. Shine is a wonderful organisation" (Anne, Mother).*

*"Back training, life is normal. Before my recovery I stopped my life and now I am carrying on with my life. I use to look for answers that didn't exist, how to fix things. I look at myself differently. I am aware of the things that stress me out" (John, Father).*

*“No longer fearful, I see professionals as equals. I understand what it is to be hopeful. I am no longer trying to fix my daughter. As a result of my better understanding of recovery the atmosphere in our home has changed from one of gloom and doom to one of happiness and positivity. I didn't notice until I changed. My daughter noticed the changes in me from who I was to who I am now. In my situation while finding out my loved one has a mental health difficulty can come out of the blue, it is important to remember that they are probably aware of it for a long time” (Mary, Mother).*

*“We have come further in 2 years with FRIENDS than in 10 years trying without them. Families always want to help but very often don't know how to” (Rachel, Sister).*

## FEELINGS AND REACTIONS

We all experience different emotions and reactions when we witness someone we care about experience distress, mental health difficulties or receive a diagnosis.

This is ok and often how we feel and react may be different to how others do, or even how we think we/they should.

Common feelings family members express include feelings such as shame, confusion, fear, being alone, angry, disappointed or guilty. These are only some of the many feelings we can have, however what we have found that every and any emotion can occur.

All feelings are acceptable and the best thing we can do for ourselves and the person experiencing mental health issues is to seek support for ourselves around these feelings. We can do this in a number of ways including contacting Shine, attending support groups, discussing our needs with the local mental health team or a therapist.

Common responses include;

- Looking for answers.
- Denying the person is experiencing a mental health issue.
- Trying to 'fix it'.
- Blaming someone or something for the situation.
- Attempting to control the person e.g. taking responsibility for the person's medication.
- Social life, education and appointments.
- Waiting for the person to improve before resuming living our own lives.

Most of the reactions named above can hold back recovery. Engaging with family recovery can assist you in becoming more helpful and effective in supporting yourself and the person experiencing mental health difficulties.

**WORDS OF SUPPORT FROM US TO YOU THE READER -  
FAMILY PEER SUPPORT**

Seek emotional support and help to understand family recovery and the importance of self-care.

Join Shine & get to a “family recovery course”

Caring for yourself first can help to support loved ones on their own personal journey of recovery

There is always hope. Help is available. Other families are going through a similar experience. Regardless of a person’s mental health, families have a unique shared experience.

You are not alone.

To get support and to talk about your feelings

It’s ok to cry, be angry, feel lost and a thousand other emotions.



Deal with the situation day by day and look for the positives in each day. Seek help and advice from professionals, organizations and others with similar situations. Have hope.

\*We will now share an introduction to educational pieces which support family recovery. To develop an effective and working understanding of these pieces we strongly encourage you to explore them with the support of a recovery focused facilitator in the setting of a course or workshop provided by one of our partners.

## RECOVERY AND RELATIONSHIPS

Long before the person in our life experienced mental health issues, we all had developed ways of coping and managing life which is called family dynamics. In a stressful environment, these dynamics are more pronounced. We often think that our reactions and coping mechanisms are as a direct result of another person's issues i.e. mental health difficulties. Recovery for families is about taking ownership over what we have control over ourselves. By deepening our self-awareness about how we engage under stress, we can seek the support we need. It is about empowering ourselves to find solutions and listen to our own needs in a way that supports us to be more open and connected to others, in a healthy way.

### \*Understanding Unhealthy Relationship Roles

When a family member or someone close to us is experiencing mental health issues or mental distress we have our own emotional and behavioural response. Often this response can be taking on an unhealthy relationship roles within the family. This is often driven by fear, the needs of the family being more important than an individual's needs, or a family crisis or difficulty occurring. There are four dominate roles that can occur which go by the names of The Hero; The Scapegoat; The Lost Child; and The Mascot or Clown.

### Who do you relate to?

#### THE HERO

- Do people rely on you to solve situations?
- Are you the one people call when they need something?
- Do you skip fun activities or things that matter to you to care, mind or do things for others?
- Do you feel guilty looking after your own needs?
- Do feel like you're the only one who can fix situations or situations are always left up to you to fix?



### Characteristics of the Hero

On the outside the 'hero' can appear perfect, gets positive attention, high achiever and appears to have things sorted. On the inside the hero can feel not good enough, fears failing and has to be in control. In relation to the family, the 'hero's role seems to help the family think "we aren't so bad" because I am keeping it/ us together. Without recovery, the 'hero' can become a workaholic, physically ill, controlling, serious and does not know how to relax in a healthy way. With recovery, a 'hero' let's go of the role, can stop chasing success, enjoys their achievements, learns to say no, allows themselves and others to make mistakes, accepts others have a possible solution, failure is an opportunity for learning and growth.

#### THE LOST CHILD

- Do you feel lonely?
- Do you keep yourself to yourself?
- Do you stay out of the way as much as possible?
- Do you withhold your worries from others?



### Characteristics of the Lost Child

On the outside they appear to be quiet, no trouble and have very little needs. What is going on inside though is a challenge expressing feelings and needs, feeling lonely and feeling as though they don't matter. In relation to the family, the 'lost child's role assists the family dynamic by not detracting from the 'scapegoat's needs. They enable the family to stay focused on one situation "at least we don't have to worry about you". Without recovery, the 'lost child' becomes increasingly withdrawn and doesn't feel needed and doesn't value their feelings, needs or input into the family situation. With recovery, they are no longer lost, becoming assertive, a good communicator and feels connected and values themselves, has empathy and self-advocates.

#### THE SCAPE GOAT

- Do you feel like the odd one out in your family?
- Do you feel like everyone blames you or do you blame yourself often?
- Are you frequently doing things that get you in trouble?
- Do you find even when you try to do the right thing, you do the wrong thing according to others?



### Characteristics of the Scapegoat:

On the outside the 'scapegoat' can appear to be troublesome or the 'black sheep' and doesn't really fit in. What is going on inside is feelings of hurt, rejection and doesn't believe in their inherent goodness. In relation to the family, the 'scapegoat's' role distracts from other issues, marriages and families often bond over 'fixing' and facilitates others in the family to avoid looking at their own behaviours. Without recovery, they can carry a 'chip on their shoulder' and continue playing this role out in work and other relationships, lack insight. With recovery, they can learn to feel good enough, believe in themselves and take responsibility for their lives.

### THE MASCOT/CLOWN

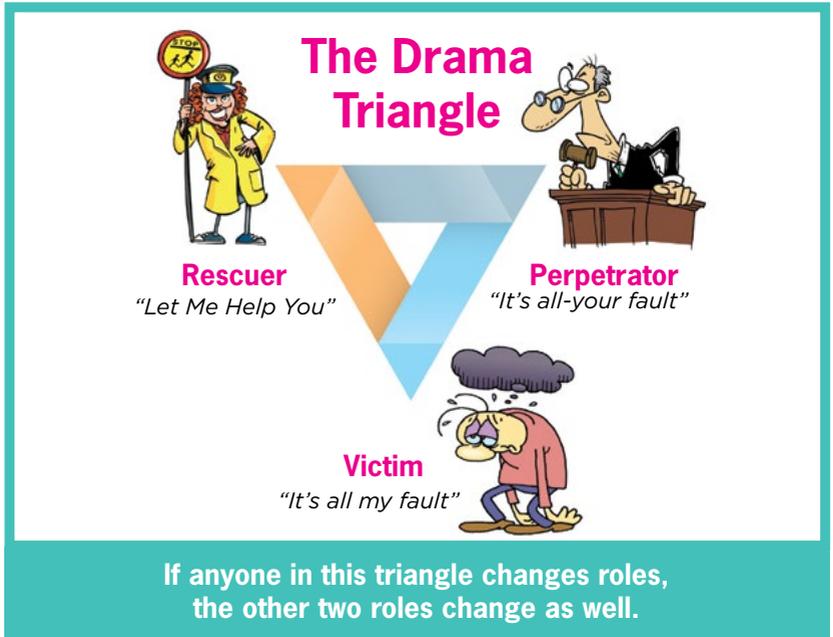
- Are you the funny one?
- Do you use humour to avoid conflict or discomfort?
- Do you feel uncomfortable when things are too serious?
- Do you use stories and situations as a way of connecting, rather than discuss your feelings?



### Characteristics of the Mascot/Clown

On the outside the 'clown' is seen as funny, hysterical, great craic, immature and fun to be around. What is going on inside is feeling scared, inadequate and hiding deeper feelings of pain. In relation to the family, this role brings comic relief to difficult situations and helps family avoid issues. Without recovery, the 'clown' continues to build up pain, lets others tell them what to do too much and doesn't mature into themselves. With recovery, they take themselves seriously, can feel a range of emotions, can use laughter with while knowing limits, can learn to take the lead more and become more responsible and reliable.

***Remembering that the person we have the most power over is ourselves, it is important if you see aspects of these roles in your life that you reach out for recovery and support.***



### \*RECOVERY AND THE DRAMA TRIANGLE

When we face a situation where distress and challenges come up it is easy for us to engage in a process called the drama triangle (Karpman, 1968). The drama triangle is a theory that was developed to explain a dynamic that occurs between people in unhelpful and unhealthy relationship dynamics. The drama triangle is a situation in which a level of discomfort arises within us in response to a situation and we react in one of three ways which we will describe below.

When we experience discomfort especially fear of the unknown, we try to manage by acting out one of the following roles (Persecutor, Rescuer and Victim). This serves as a short-term relief from the discomfort. But these roles act as a training ground for powerlessness. They prevent equality in relationships and have a long-term impact on relationships if we continue them. The sense of powerlessness will go on if we continue to take on one of these roles or assume a role for another.

**PERPETRATOR** – We start blaming and looking for who is at fault

*“It’s all-your fault”*

- Sets strict limits unnecessarily
- Blames
- Criticises
- Keeps victim oppressed
- Is mobilised by anger
- Rigid, authoritative stance
- “Critical” Parent



To get off this place on the triangle, we need to give clear instructions about how we are feeling.

**RESCUER** – We jump in to fix the situation, save someone and try to minimise the consequences to another person.

*“Let Me Help You”*

- Rescues when really doesn’t want to
- Feels guilty if doesn’t rescue
- Keeps victim dependent
- Gives permission to fail
- Expects to fail in rescue attempts
- Spoiling Parent



To get off this place on the triangle, we need to move to two way communication.

**VICTIM** – We take no responsibility in the situation and wait for someone to come and save us.

*“It’s all my fault”*

- Feels victimised, oppressed, helpless, hopeless, powerless, ashamed
- Looks for a Rescuer that will perpetuate their negative feelings
- If stays in Victim position, will block self from making decisions, solving problems, pleasure and self-understanding
- “Dejected” stance



To get off this place on the triangle, we need to start looking at problem solving.

As the drama plays out, people may suddenly switch roles, or change tactics, and others will often switch unconsciously to match this. For example, the victim turns on the rescuer, or the rescuer switches to persecuting. The covert purpose for each person is to get their unspoken wishes met in a manner they feel justified, without having to acknowledge the broader issues or harm done in the situation. As such, each person is acting upon their own 'needs', rather than acting in a genuinely adult, responsible or altruistic manner.

**Recovery** is when we recognise the role we play and take steps to leave the drama triangle behind. The exciting news is that it only takes one person to change roles for others to follow suit. We can revolutionise our lives by changing how we engage with others. Remember we play these roles so we can change.

**No more being a Rescuer** means we stop treating one another as helpless victims with no control and we start to be responsible for everything and everyone!

**No more being a Persecutor** means we stop blaming others, expecting others to rescue and to solve the victim's problem, which we think will solve our problem!

**No more being a Victim** means we stop feeling helpless, overwhelmed or relying on others to make decisions and rescue us. No more being fearful and criticised by a person, who out of their own fear and frustration, is a persecutor.

## DIALOGUE THAT COMMONLY OCCUR AS A CONSEQUENCE OF REACTING TO A RELATIVES MENTAL HEALTH ISSUE PRE-RECOVERY

We have developed insight into the following dialogue through attending the recovery educational courses and individual support meetings hosted by FRIENDS and partner organisations. If you would like support with your recovery, then we encourage you to attend recovery support courses to learn in a supportive environment. We have found this the most effective way to support our recovery.



How can I move on? It could happen again?



When we experience a crisis in our lives, it can feel very challenging and overwhelming. It is natural for us to have a reaction. Everyone reacts differently to situations, however the impact after the crisis can stay with us even when the crisis has ended. Part of recovery is identifying how our own fears can keep the feelings and stress of a crisis alive, even when the crisis has passed.

**Our three invitations for you** in this scenario include (1) seeking out support through a peer support group (2) attending Individual Support Meetings and one-to-one recovery (peer) support, and (3) participate in a family recovery course.

There are people with mental health difficulties who take a longer path to recovery, lack insight or don't want to take medication. It can be particularly important for family members to engage in family recovery if this is the case. When we engage in recovery it often has a positive impact on our relationship with others including the person with mental health difficulties.

Often, when we are stressed and upset about our relative's mental health difficulty, especially if we feel they are not doing enough or in denial, then strong feelings of fear, helplessness and anger can be triggered. There is a readiness in recovery and everyone, including you and your family member, get there in your own time. This is not to say you should wait for your own recovery or should focus on where they are in their recovery journey. In fact, most of us did that in the beginning and found it counterproductive.

**Our invitation for you** is to join an educationally based recovery course and to take time to focus on which emotional needs are being triggered by the situation.



All I want is for my relative to get better. What is the point in my recovery if they refuse they have mental health issues?



**DIALOGUE THAT COMMONLY OCCUR AS A CONSEQUENCE OF REACTING TO A RELATIVES MENTAL HEALTH ISSUE PRE-RECOVERY**

**If they were fixed then all this would go away & everything could go back to normal.**



Most of us thought this too, and it became the one thought that that kept us stuck, some of us spent years using this idea to motivate change and still ended up with feelings of disappointment, resent and helplessness. We do not live in isolation. When someone in our life goes through difficulty it can have an impact on us. Through the work of FRIENDS we have identified that often dormant dynamics are awoken when crisis occurs. At this stage we can blame the other person for how we are feeling and everything that is happening, denying our own responsibility in the situation.

***Our invitation for you*** is to really look at how you have managed crisis or difficulty in the past and ask yourself: "Is my reaction different now or is it reinforced by the closeness of my relationship?"

## DIALOGUE THAT COMMONLY OCCUR AS A CONSEQUENCE OF REACTING TO A RELATIVES MENTAL HEALTH ISSUE PRE-RECOVERY



**The mental health services won't tell me anything about my relative, how am I meant to help?**



When a person is in the early stages of engaging with mental health services often family member have had a role in encouraging them to seek help. Family member are, by this stage, exhausted and worried. Also, family members are full of relief that their relative will finally get the help they need and 'get better'. There are times that the recovery journey can take longer and a different path than expected. By this time, because of the crisis and the unknown, family members have been so involved that there is a fear of stepping back and not needing to know what is going on with their relative.

The information that can be shared depends on the relative's willingness to involve his/her family. If s/he is unwilling to include the family, then the HSE must respect that. However, this is where there is an opportunity for HSE staff to engage with the family and find out how they are feeling and what impact the anxieties around supporting a relative is having on the family.

While this can be challenging, we have learned that being continuously involved in our relative's treatment had the opposite effect. In fact, the experience of families is that over-involvement can reduce recovery and increase dependency resulting in the family believing our relatives cannot and will never manage without us. It also can cause the person to withdraw more and not share helpful information as they carve out a way to find privacy. When not in recovery, family members can interpret this as secrecy but with recovery we now understand that like us, they want and need privacy.



*"Through my journey of recovery, I have learned that the less involvement I have in my family member's on-going care, the more beneficial it is for her. While there is a great urge to know everything, at the end of the day, sometimes having the knowledge and not being able to do anything with it is equally hard. I know that I can't love my family member better and how she chooses to engage with her recovery is ultimately up to her. I can only live my life and it would be very disrespectful to assume that I know what it is like for her. However, I do know that by standing back I am empowering her and giving her the space to take back control of her life. It's very easy to fall into the trap of doing everything for your family member without expecting anything from them but this only continues to make them feel more dependent and reinforces the notion of hopelessness and helplessness" (Mary).*



## DIALOGUE THAT COMMONLY OCCUR AS A CONSEQUENCE OF REACTING TO A RELATIVES MENTAL HEALTH ISSUE PRE-RECOVERY



I am so scared  
they might die

Many of us have lived in fear of our family member dying by suicide. For some, it was the thought of what could happen that became a fear, other times, it came from our family member expressing the desire to die or behaving in a dangerous way, and for some of us it came from witnessing attempts of suicide. None of these situations are easy or comfortable. It is understandable to fear that someone we love might die. It is understandable that it scares us, but living hostage to this fear isn't helpful.

The fear of this has driven many of us to monitor our relative's actions, by attempting to control, withhold information, and manage their lives. Yet, despite our best attempts, many of us have found we were adding to our own stress and our relatives. Our invitation to you is to review where your fear is coming from, seek support to develop strategies to be in the present with your relative, as we don't know for sure how long any of us will have on this earth. Look at what you can do in the situation that is healthy for you and your relative, using a sense of personal responsibility and support to guide you. Your relative is responsible for their choices and you are responsible for yours.

We know this is not easy for some family members. Engaging the right supports can assist you in working through your anxieties and feelings and accepting your relative's decisions and rights. Otherwise, the alternative is to continue wearing yourself out trying to control something that is not within your control. This can lead to even more risk as it can close down opportunities for a person to share their true feelings and not seek help. The best support you can offer your relative, if there is evidence of risk of self-harm or suicide, is to respect their feelings, keep communication opportunities open, hear their pain and not to judge it. Our fear reactions and monitoring do NOT reduce risk. Empathy and listening can.

## DIALOGUE THAT COMMONLY OCCUR AS A CONSEQUENCE OF REACTING TO A RELATIVES MENTAL HEALTH ISSUE PRE-RECOVERY

Many of us were waiting to be happy again. We felt guilty about getting on with our own lives when we felt our relative was unhappy and stuck, we stopped doing things we enjoyed. We have learned many unhappy people in a home doesn't help anyone and our need for our relative to be happy in a certain way can often put additional pressure on them. Imagine realising everyone around you isn't allowing themselves to feel happy because you are not happy.

Waiting to be happy can often hold recovery back for everyone involved in the situation. When we act as if someone else's feelings direct our lives, we place a lot of extra pressure on them to feel well, to not experience what they experience, and we negate responsibility for our own feelings. This is common in situations of co-dependency. We have responded to this in our own lives through recovery programmes, relative support groups and educational courses supported by Shine, Áras Folláin, HSE and Family Peer Supporters.

I can't be happy if my relative isn't!

I didn't know there was a difference between empathy and sympathy.

The motivation behind sympathy and empathy are very different. Sympathising with a relative is coming from a place of loss, grief and pity. We learned that we were sympathising with our relative because we saw their mental health issues as terrible and that their lives were ruined. We learned we were not in recovery and that by focusing on our own emotions we began to respect our relative's experience. Now, in recovery, we can empathise with our relative, as we relate to them as we would a friend sharing, with hope and respect. When coming from a place of

hopefulness and relating to the person, we connect to our own understanding of what is occurring and we understand this to be empathy.

**Our invitation for you** is to consider; "If I am not doing recovery how will I ever have hope for my relative and empathy for their journey, doing is believing?"

**RECOVERY IS WHEN FAMILY MEMBERS:**

- Separate our experiences from the person with mental health difficulties.
- Are hopeful for ourselves and our relative.
- Can value and respect our relative's choices and decisions even if we don't agree.
- Accept where our relatives are at in their lives.
- Seek our own support to engage in recovery even if our relative is not.
- Understand we cannot love our relatives better.
- Can communicate our own needs and get the support we need.
- View our relatives as people who can recover without out direction and supervision.
- Communicate with our adult relatives as adults.
- Are not talking negatively about our relatives to others.
- Can enjoy moments and not be waiting for a crisis.
- Can listen without jumping in with a solution.
- Are busy getting on with our lives.
- Are proud of ourselves and our family.



## Who are FRIENDS Partners?

Family Recovery Initiative by Engaging Networking and Developing Supports (FRIENDS) is a Partnership with Shine, Mid-West HSE, Family Peer Supporters and Aras Folláin.



**Mission: Shine is the national organisation dedicated to upholding the rights and addressing the needs of all those affected by mental ill health, through the promotion and provision of high-quality services and working to ensure the continual enhancement of the quality of life of the people it serves.**

We Shine provides information and supports to people with mental ill health and their families. Shine provides this through:

- A network of Phrenz and Relatives' support groups around the country
- Public presentations about mental health issues and the services we offer
- Individual support meetings to allow you to discuss your needs, concerns and options for supporting you in your recovery
- Assessment of your needs and referral to other mental health professionals or supports
- Training and education courses for people affected by mental ill health



Áras Folláin Peer Support Centre provides a non-judgemental environment where one has an opportunity to develop one's physical, emotional, mental and spiritual well-being. We facilitate individuals and groups in our respective challenges to follow our dreams and achieve healthy lifestyles through peer support, self-advocacy, personal development, self-recovery and wellbeing in our daily lives"

Established over 11 years ago, Áras Folláin has developed organically from a small peer led project instigated and consistently supported by local, community champions working in partnership (including people using services, family members, mental health professionals and community volunteers) Over the years,

Áras Folláin has made strategic and incremental steps to sustain and develop the once small project into the established peer-led centre in evidence today. At the heart of the centre's development has been an unwavering commitment to consolidate and further strengthen the peer led ethos within the centre. The centre provides 1-1 peer support, several peer led support groups such as walk and talk, social circles, mothers group, mindful recovery, etc. four drop in Wellness Café times as well as running a number of educational and well-being programmes including Peer Support training, WRAP, Self-Advocacy, Restorative Practice, Group Facilitation skills, Development Workshops, Arts and Crafts, Creative Writing, and Mindfulness & Stress Management activities to name a few. Áras Folláin promotes wellness and recovery for people who have experienced mental health difficulties or are at risk of mental health difficulties through social isolation, family circumstances, relationships, financial circumstances, disability, unemployment or other life challenges. It is a community based centre led by people who use the mental health services within a recovery model with support from professionals on an as needed basis.



“The HSE Mid-West Mental Health Services provides a comprehensive range of community-based mental health services. Services provided are caring and confidential. You cannot stop the impact of an illness on someone you care for, but you can look after yourself.” ([www.HSE.ie](http://www.HSE.ie)).

The Mid-West HSE Mental Health Service provides a range of mental health supports and services within Clare, Limerick and Tipperary to individuals experiencing mental health difficulties and their family members (Brennan, 2015).

## FAMILY PEER SUPPORTERS

We are family members engaged in recovery, trained as trainers and peer supporters. We learned that a lot of our ideas about what we should do were unhelpful for ourselves and our relatives. We learned that there is a different way and that we can have a quality of life, if we choose to practice recovery. Now we practice recovery in our own lives daily and engage with ongoing training and support. We also train others in recovery; facilitate monthly relative's recovery groups; offer one-to-one peer support; work alongside the HSE to support family recovery; speak at national mental health conferences; wrote this booklet; and develop educational courses to meet the needs of family members. We believe in recovery because it has changed our lives in ways we could not have ever expected. We now appreciate that our wellbeing is our responsibility and we have found ways to manage it and mind ourselves in the midst of things that are not within our control. The good days are brighter and the difficult days more manageable.

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