

# Household behavior affects patient

By HOLLY D. REMY

Somewhere today, not far from where you live, perhaps in the house next door, a wife calls her husband's boss and said he would be staying home again, 'sick.'

She did not mention his hangover, the third this week. A few blocks away, a mother quarreled with her young son about his staying home from school. It seems he never wants to go. She finally relented and the child played quietly at home all day.

Across town, a couple was shocked to learn that their teenage daughter's suicide threats were not just idle attempts at winning sympathy. The doctors asked their permission to admit the girl to a psychiatric ward when she recovers from an overdose of tranquilizers she took from the family medicine cabinet.

According to Mary L. Otto, Ph.D., chairwoman of the guidance and counseling area at Oakland University's school of education, cases like these might be helped if the families understand the role they play in a psychologically troubled person's illness. She suggests counseling families together if one member is having emotional problems.

"IF THE HOME environment is contributing to emotional problems for one member, the others are a part of it," Ms. Otto said. She spent a number of years counseling families of pre-schizophrenic adolescents in Indianapolis before coming to OU, and she still practices in the Detroit area.

"If you don't work with the family, you don't get anywhere," she said.

"Everyone fares better if involved," Ms. Otto said there are many kinds of emotional disturbances. They vary in severity and treatment from person to person.

"The emotionally disturbed person needs help coping with adjustments to the 'normal' catastrophes we experience."

"A family member might be in therapeutic treatment for adjustment problems or for drug use. He might be receiving outpatient treatment for depression."

"A person might be temporarily institutionalized for a number of things—schizophrenia, depression, suicidal tendencies," she added.

Ms. Otto said families are confused about what kind of behavior to expect from the disturbed person and how they should react.

"The biggest reaction from parents of emotionally disturbed children is 'What did I do wrong?'" she said. "But some parents say 'It's not my fault, don't blame me.'"

"The next reaction is usually disbelief—'This can't happen to me.' An 11-year-old girl I was counseling had to be hospitalized—Her parents were dumfounded."

"SOMETIMES, FAMILIES are frightened or want to be nice to the disturbed person," Ms. Otto said. "I once counseled a 20-year-old woman who experienced a break with reality. She would say 'Jesus is coming, Jesus is coming,' and her family would humor her by setting an extra place at the dinner table."

Ms. Otto believes such behavior can hinder the disturbed person's recovery.

"The environment of emotionally disturbed persons can affect their emotional disturbances."

"The danger in not getting help is that something could go wrong. For example, a pyromaniac could be dangerous to himself and his family."

"Some people feel that as long as a

person talks about suicide, he isn't going to kill himself. Any suicide threat should be taken seriously, if for no other reason than it is an indication something is wrong."

Ms. Otto believes family counseling can benefit emotionally disturbed persons.

"THE FAMILY of the suicidal person would benefit from professional help. The family needs help to learn not to be manipulated by the disturbed person."

"A therapist can suggest behavior that would be helpful for the disturbed person. It is important to have people around who behave in helpful ways. Families often try to be nice to disturbed members but end up manipulated by them, Ms. Otto admitted.

"The behavior of a nonalcoholic spouse of an alcoholic may be supportive," she said. "The spouse will call the boss and say 'Gee, he's sick, he can't come to work' when he actually has another hangover. The supportive spouse keeps the alcoholic from facing his own behavior."

"A child who refuses to go to school has what we call 'schoolphobia.' The longer he stays home, the harder it gets for him to go to school. The parents will have to take physical abuse and psychological pain in forcing him to go, but they shouldn't give in to his demands."

Persons released from institutions face family problems, she said.

"There is still a stigma attached to being hospitalized."

"The released person often finds it difficult to reintegrate himself into society, and he has difficulty finding a job."

"Families are often hurtful because they treat the person like an emotional invalid," Ms. Otto said.

"They allow him to stay home instead of looking for work."

"He is told half-truths when something bad happens in the family," she said. "By having bits and pieces of information, the person finds it hard to deal with the situation."

"SOME PEOPLE have a concept that once a person is emotionally disturbed, he's always emotionally fragile. This isn't true. The person's emotional instability is often temporary."

Ms. Otto said the family of a released person should meet with a therapist who will give suggestions to help the person adjust.

## College reps to talk at Fairlane Center

Representatives from Michigan colleges and universities will be ready to answer questions of prospective students at a college fair.

Fairlane Towne Center will sponsor the event between 11 a.m. and 8:30 p.m., Feb. 22 and 23, in the south grand court of the shopping center located west of Southfield Road and south of Michigan Avenue in Dearborn.

Representatives include Eastern Michigan University, Grand Valley State College, Oakland University, Shaw College of Detroit, Spring Arbor College, Highland Park Community College, Oakland Community College, Lawrence Institute of Technology, Kirtland Community College, Aquinas College, Detroit College of Business, University of Michigan-Dearborn, Suomi College, Calvin College, Davenport College, John Wesley College, Henry Ford Community College, Merrill-Palmer Institute, Adrian College, Siena Heights College, Alma College, and Wayne State University.

"The family should treat the person like he has been released from the hospital for a physical ailment," she said.

"The family members should not ignore that his problem existed, but should talk about it."

"They should be supportive. They should recognize that it will be hard for the person to find a job, but they should not let him be dependent."

Ms. Otto believes families do not

seek aid because they do not know services are available. She noted many opportunities for help.

"This is a sophisticated area, with regard to psychological health," she said.

"If the family chooses to consult a private psychologist or psychiatrist, I suggest they not go through the phone book to pick one. They will be more comfortable with someone referred to them by a friend or relative."

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