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Psychological and Social Aspects of Psychiatric Disability

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Preface

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.

We would like to thank the many students, family members, consumers, and professionals with whom we piloted this book. They shared their experiences will-

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

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