

## **ROLE REVERSALS, RESPONSIBILITY AND RECOVERY**

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### **ABSTRACT**

*This paper outlines a recovery story in which increased personal responsibility and a shift in life roles helped to facilitate recovery. Two role reversals – from daughter with mental illness to carer, and from consumer to worker – are discussed. This paper aims to examine the importance of self-care and responsibility, and how the roles we are given – and take – within both families and the mental health system can contribute to recovery. This recovery story asks carers, workers and consumers to reconsider how our roles can enable us to make the very powerful shift from ‘consumer’ to ‘participant’ to ‘leader’.*

### **INTRODUCTION**

This paper examines some of the drivers for my own recovery from mental distress.

Ten years ago, to my horror, I found myself in a psychiatric ward. It was the first of seven admissions. I was terrified, and lost in a great, gaping despair that I couldn't see a way out of. Over the next few years I was alternately diagnosed with Schizo-Affective Disorder, Major Depression, Bipolar Disorder, and everyone's least favourite, Borderline Personality Disorder. From this information alone I suspect that most of you can fill in the blanks to get a sense of what my life was like. It was not pleasant.

The good news is that those days are now old news. Today I lead a rich life; I am the project manager for an exciting new community mental health program, I am studying psychology part-time, I have a wide circle of friends and my niece and nephews tell me that I am 'pretty cool'. I still work on my recovery – but these days I know what works, I have strong supports, and, most importantly, I have the motivation of having 'a life worth living'.

What happened in between 'then' and 'now' is the focus of this paper. I could spend substantially longer discussing the 'hows' of my recovery; which treatments and strategies assisted me, and which did not. Instead, I have chosen to talk about the 'why'; what it was that gave me the motivation to recover. Without the 'why', I suspect all the 'hows' in the world would not have made a difference.

## **ROLE REVERSALS, RESPONSIBILITY AND RECOVERY**

Everyone has roles and responsibilities. These define who we are, give us a sense of value, and provide direction and drive to our activities. Unfortunately, one of the first casualties of receiving a diagnosis is that we lose our roles and responsibilities. Sometimes we give them up ourselves. Other times they are taken away from us, generally with the best of protective intentions. The result is that we stop being workers, students, active family members and trusted confidants.

From my own experiences I strongly believe that without healthy, diverse roles, we lose the reason to work on recovery. How can we recover ourselves when we've lost the things that help us define and value ourselves?

During my own period of distress, I had two very significant opportunities to change my roles and take on new responsibilities. I outline these below, and discuss how I believe they contributed to my recovery.

### **Changing Roles: From Consumer to Worker**

My first role change came in 2002 when my keyworker, Kaz Mitchell, challenged me to dream about employment. Recovery did not seem possible to me then, let alone work. But Kaz was persistent, and eventually I said that if I could have anything, I'd want her job. It was a great job which provided support and coordinated the art program. I had been studying art when I first went to hospital, but thought this dream was gone.

Within a few months, Kaz had supported me to become a volunteer in the art room. I taught groups, with Kaz in the background, and loved it. Eventually I was offered a casual wage to continue working, and then, in 2006, I was offered a permanent job as the keyworker coordinating the art program. Kaz had become team leader by this time and I was being offered the unthinkable – her old job.

Looking back I can see that I would not have had this opportunity if Kaz had not done three critical things:

1. Challenged me to determine what I wanted from life, with no qualifications about 'being realistic';
2. Genuinely believed that I could do it; and
3. Supported me – emotionally and practically – to make it possible.

Some have suggested that I was only able to work because I was already recovering. I argue that the role opportunity and recovery went hand-in-hand. The impact of having opportunities that mattered to me was that I suddenly had very motivating reasons to get out of bed, shower, and go to therapy, work, and elsewhere. I had something to do that I cared about, and other people were depending on me.

### **A Consumer-Carer Role Reversal**

My mother used to be my carer. Although she lived in country Victoria, she was the one who took late night phone calls from the hospital and the police. She came to town to clean my flat before my hospital discharges. She never stopped ringing around to try and find me the help I needed, and she never stopped loving or believing in me. My role was to be the troubled daughter.

This began to change in 2003 when my mother, in town for a visit, noticed a lump in her abdomen. She thought it was a hernia, but a visit to the hospital revealed stage four lung cancer which had metastasized to her lymph nodes and liver. The prognosis was terminal; with treatment she had – perhaps – a year to live.

Overnight our roles did a complete reversal. Mum could not stay in a remote area for treatment, she did not want a hospice, and I was the only person in our family with the time to care for her. And so I, the daughter who was still often suicidal, became the carer for my mother, who was fighting to live.

The following eight and a half months were the most difficult responsibilities of my life: being with Mum through chemotherapy, radiotherapy, medications, appointments and personal care. Yet I was able to be present for all of this, including sitting with Mum through the pain and the fear, and being able to stroke her hair at the end while she was surrounded by family, friends and a roomful of her favourite roses. This was a truly awful role, yet it was also beautiful, wondrous and deeply significant. I had to use all of my resources and supports to make it through – and there were many days I thought I would not be able to do it. But I did it because I had to. And I did my recovery work – my therapy and self-care – so that I could keep going. In being carer for my Mother I discovered a previously unknown capacity and determination in myself.

The role of becoming a carer, of making such a deeply significant contribution to someone I loved – helped me find the drive to care for myself as well.

### **IN CONCLUSION**

This is just one, short personal story, but it is my hope that it has something to offer for workers, carers and consumers.

To Workers: I have been lucky to have had access to some extraordinary workers during my recovery. In the paper above I discussed some of the factors that made a difference in becoming a worker myself.

In thinking about all the workers who supported me over the years, what made the biggest impact was when it was made clear that recovery was my responsibility; while my workers could assist and support in all manner of ways, ultimately the work was up to me. When this gifting of responsibility was teamed with compassionate assistance, practical strategies and real hope, then things started to shift. I contrast this with earlier times when workers told me that my main responsibility was to comply with medication – these messages taught me, wrongly, that I had no power. I encourage all workers to consider the messages they give to consumers when discussing recovery, particularly emphasising responsibility and choice.

To Carers: Naturally I don't advocate contracting a terminal illness in order to give your loved ones an opportunity to care! I do advocate letting your loved ones in and being less protective. Let us hear your worries, ask us for advice, and share family responsibilities. A mother once told me that her family took turns to have dinner at a different family member's house each month. Except for her son, of course, who was not well, and whose flat was always in a dreadfully messy state. My response was to ask her what motivation he had to clean, when no one ever came for dinner? Perhaps he won't be spotless, but given the chance he's likely to try.

The idea that we are helpless is a harmful idea. It's harmful because we believe it and then make it true. On the other hand, the idea that recovery is real, and that we can all take on roles and responsibilities helps us to create lives worth living.

To Consumers: I remind you that we all have something to give, in all manner of roles. If you don't know what you have, then start by allowing yourself to dream, then do something, anything, and see what works. Carve out a role bigger than just 'consumer'.

Every one of us is full of possibility. When we start to live that possibility in terms of genuine roles and responsibilities, we find the fuel we need for our recovery.