

## Growing Up with a Parent having Schizophrenia: Experiences and Resilience in the Offsprings

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### ABSTRACT

**Background:** Parental mental illness has been found to have an impact on offsprings in their emotional, social, and behavioral aspects of life. **Aims:** To examine the experiences of offsprings of a parent having schizophrenia and to study their resilience. **Materials and Methods:** A sample of 45 adults with one parent diagnosed with schizophrenia was selected using purposive sampling. Subjects were assessed using socio-demographic data sheet, semi-structured interview schedule, and Connor–Davidson Resilience Scale. **Results:** The experiences perceived by them as different from children of healthy parents included negative experiences in social (49%) and emotional aspects (40%), lack of support from the parent who is ill (40%), and burden (66%) in various areas. Majority of the offsprings were satisfied with the parenting received (70%). About 60% of them reported medium resilience, and 24% and 15% reported high and low resilience, respectively. Majority of those with medium and high resilience had supportive relationship with other family members. Social support was the most frequently reported factor that helped them to cope with difficulties. **Conclusions:** Growing up with a parent having mental illness can have negative impact on offsprings. However, it can also have positive effects in terms of developing resilience in the presence of good support system.

**Key words:** *Offsprings, parent with schizophrenia, resilience, social support, vulnerability*


### INTRODUCTION

Several studies have shown that offsprings of parents with psychiatric disorders are at an increased risk of developing psychiatric disorders. Most of the studies on children of parents with schizophrenia have focused on the risk and vulnerability to psychopathology.<sup>[1,2]</sup>

The impact of parental illness affects the offsprings in several areas of life. They tend to have social

deficits characterized by emotional instability, aggressiveness, and social isolation,<sup>[3-7]</sup> difficulties in work, marriage,<sup>[8]</sup> and struggle with issues related to poor self-esteem, and social adjustment.<sup>[9-13]</sup> They undergo negative experiences in their childhood such as childhood abuse, neglect, isolation, and guilt.<sup>[14]</sup> Studies showed that they felt hatred towards mother with illness and self, reported having inadequate parenting, excessive care giving to the mentally ill parent, stigma, and lack of support from others.<sup>[13,15]</sup>

Similar to studying the vulnerability factors, early investigators have taken an interest in studying the question of what factors influence invulnerability among disadvantaged, paving way for the resilience research.<sup>[16]</sup> Resilience is regarded as a complex repertoire of behavioral manifestations. It characterizes a style of behavior with clearly definable patterns of thought, perception, and decision-making methods in different

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situations. These help to successfully withstand a threatening and challenging situation, resulting in a favorable outcome despite substantial demands, costs, tension, or risk.<sup>[17,18]</sup> As research evolved, it became clear that individuals respond to different circumstances with varying degrees of resilience and vulnerability, and the specific characteristics and/or situations that contributed to resilience are termed as protective factors.<sup>[19,20]</sup>

Bonnano's<sup>[21]</sup> work with adults who have experienced personal loss through bereavement and trauma suggested that resilience is not an inborn quality, rather, it is forged through many adversities that challenge them. He identifies characteristics such as hardiness, self-enhancement, repressive coping, positive emotion, and humor. The resilience research has largely focused on children, wherein it is referred to "good results" despite serious threats to the child's development.<sup>[22]</sup> Werner and Smith<sup>[23]</sup> conducted a study of children born into poverty and found that certain protective factors such as strong personal relationship, easy temperament, having many friends and interests, and having better language and reasoning skills played a part in resilience.

Though various studies have established the risk status of offsprings of parents with mental illness, few have analysed their psychosocial outcomes in adulthood. Since schizophrenia in parents also can severely impact children and it is a chronic stress as well, it is important to study the experiences of those who have actually lived with such parents throughout the childhood. Also, it is important to understand the factors that helped them to cope with difficulties and show resilience. This will help in providing interventions to increase resilience in individuals who are living in adversities. Hence, the study was conducted with the objectives of understanding experiences of offsprings of parents with schizophrenia and their resilience.

## MATERIALS AND METHODS

### Sample

The study was exploratory in nature with a single-group design and purposive sampling. Sample comprised of 45 offsprings of parents with diagnosis of schizophrenia according to ICD-10 (F20-F20.9),<sup>[24]</sup> with illness duration of >2 years. The offsprings who were >18 years, with 10<sup>th</sup> standard education and who could speak and understand English or Kannada were included in the study. Subjects whose parents had a diagnosis of other chronic psychiatric illness, substance abuse disorders, and physical illnesses were excluded. Also, those offspring with a history of psychosis, organic conditions, and other neurological conditions were

excluded. The sample was taken from the inpatient and outpatient psychiatric services of National Institute of Mental Health and Neurosciences (NIMHANS). The study was conducted as a part of MPhil in Clinical Psychology dissertation work at NIMHANS, Bangalore, and the protocol was approved by the departmental review committee.

### Tools

A semi-structured interview schedule was developed for the present study. This schedule contains 4 parts (a) socio-demographic data sheet for parent, (b) socio-demographic data sheet for the subject, (c) family details, (d) experiences of living with the parent.

Resilience was assessed using Connor-Davidson Resilience Scale (CD-RISC).<sup>[25]</sup> It comprises of 25 items, each rated on a 5 point scale (0-4). The total score ranges from 0-100, with higher scores reflecting greater resilience. It has 5 subscales such as (1) high standards and tenacity; (2) trust in one's instincts, tolerance of negative affect, and strengthening effects of stress; (3) positive acceptance of change and secure relationships; (4) control; and (5) spiritual influences.

### Procedure

Data collection took place between May 2009 and December 2009. A total of 98 patients with schizophrenia were screened and 45 were selected based on the inclusion and exclusion criteria. Written informed consent was obtained. The tools for the study were administered individually by the researcher.

### Statistical analysis

Frequency distribution and percentage of various socio-demographic variables were calculated. Mean and standard deviation of the resilience score for the sample was calculated. Statistical analyses were performed using Statistical Package for the Social Sciences, version 16.00.

## RESULTS

The sample largely consisted of males (60%), unmarried (71%) from middle socio-economic status (42%). The age of the offsprings was in the range of 18 to 50 years. About half of them (51%) had school education, and the rest (49%) had college education. The parents of the selected sample were largely mothers (73%).

The information from the semi-structured interview schedule showed that they had negative experiences in social aspects of life such as while going out with parents or guests visiting them (49%) and difficulties in emotional aspects such as having fearfulness, loneliness,

and lack of sense of peace and happiness (40%). Lack of support and guidance in studies and emotional support was reported by 40% of them. Similarly, burden in areas such as taking responsibilities and financial and emotional aspects was reported by 66% of them. However, a few of them (2%) reported having positive experiences.

With respect to the vivid memories that they could not forget, 13% of them remembered parent's aggressive behavior as unforgettable and the second most vividly remembered experience was the experience of stigma (9%). Among factors that helped them deal with difficulties, taking social support was most frequently used (49%) and approaching the problem was least used (4%). Other methods used were watching TV, listening to music, playing games, and relaxing (31%); positive thinking and reappraisal of events happening in their life (24%); prayers and meditation (11%); and engaging in avoidance (13%). Support system used was predominantly from close relatives (58%). About 33% reported not receiving any support. With respect to satisfaction with life, 62% reported moderate satisfaction and 13% reported high satisfaction.

The scores on CDRISC varied from 35 to 92 with a mean of 69.44 ( $\pm 15.7$ ). The sample was divided into low, medium, and high resilient group by taking mean  $\pm$  one standard deviation. Also, 15% were found to be low on resilience, 60% medium, and 24% had high resilience. Distribution of resilience group according to socio-demographic variables is given in Table 1. The resilience is found to have no significant correlation with any of the socio-demographic variables.

The family relationships as given in Table 2 shows that majority of those with medium and high resilience have supportive relationship between parents, cordial relationship with mother, and cordial relationship with sibling. They reported being satisfied with the family functioning.

Table 3 shows the kind of experiences that these offsprings had owing to illness of the parent. Majority of those with medium and high resilience were satisfied with the parenting received; however, they also reported difficulties in social and emotional aspects as well as lack of support. Among the factors that helped them to deal with difficulties, social support was most frequently used.

## DISCUSSION

About half of the offsprings had discontinued education, and majority of them were working. Similar to the findings of the study by Manjula and Raguram,<sup>[13]</sup>

**Table 1: Socio-demographic variables and resilience of offsprings**

Socio-demographic variables (n=45)	Resilience		
	Low (%)	Medium (%)	High (%)
Sex			
Male	4 (8.8)	14 (31)	9 (20)
Female	3 (6)	13 (28)	2 (4)
Age			
18-35	7 (15.5)	24 (53)	10 (22)
35-50	0 (0)	3 (6)	1 (2)
Marital status			
Unmarried	7 (15.5)	19 (42)	6 (13)
Married	0 (0)	8 (17)	5 (11)
Education			
School	2 (4)	17 (37.3)	4 (8.8)
College	5 (11)	10 (22)	7 (15.5)
Discontinuation of education			
No	7 (15.5)	12 (26.6)	3 (6)
Yes	0 (0)	15 (33)	8 (17)
Satisfaction with education			
Yes	3 (6)	5 (11)	1 (2)
No	4 (8.8)	22 (48.8)	10 (22)

**Table 2: Details of the family relationships among resilience categories**

Socio-demographic variables (n=45)	Resilience		
	Low (%)	Medium (%)	High (%)
Relationship between parents			
Supportive	2 (4)	18 (40)	9 (20)
Conflicting relationship	3 (6)	5 (11)	2 (4)
Separated	2 (4)	4 (8.8)	0 (0)
Relationship with healthy parents			
Cordial relationship with mother	0 (0)	8 (17)	7 (15.5)
Cordial relationship with father	2 (4)	10 (22)	4 (8.8)
Conflicting relationship with father	5 (11)	9 (20)	0 (0)
Sibling relationship			
Cordial	5 (11)	18 (40)	9 (20)
Conflicting	2 (4)	7 (15.5)	0 (0)
Satisfaction with family			
No	3 (6)	9 (20)	1 (2)
Yes	4 (8.8)	18 (40)	10 (22)

15% of them reported taking up responsibilities due to parental illness.

A large percentage (80%) of offsprings were functioning well, which was the very reason that they were able to bring their parents. The fact that majority of the parents had supportive relationship among themselves once again bring attention to the fact that family support exists for patients with schizophrenia.<sup>[26]</sup> Keeping the fact that majority of them were female patients, it can be understood that the husbands were supportive of the wives. In those parents who were separated, again mothers had the illness, in such cases offsprings

**Table 3: Experiences of the offsprings with a parent having mental illness**

Socio-demographic variables (n=45)	Resilience		
	Low (%)	Medium (%)	High (%)
Satisfaction with parenting			
No	3 (6)	9 (20)	1 (2)
Yes	4 (8.8)	17 (37.3)	10 (22)
Experiences different from others			
Social	3 (6)	14 (31)	5 (11)
Emotional	3 (6)	9 (20)	6 (13)
Support	1 (2)	12 (26.6)	5 (11)
Factors helped in dealing with the difficulties			
Distraction positive	3 (6)	8 (17)	3 (6)
Social support	3 (6)	15 (33)	4 (8.8)
Positive thinking	5 (11)	5 (11)	1 (2)
Spiritual	0 (0)	2 (4)	3 (6)
Avoidance	0 (0)	5 (11)	1 (2)
Problem solving	0 (0)	0 (0)	2 (4)

reported fathers being irresponsible or not being supportive. The findings reflect on the fact that cordial relationships between the parents seem to reflect itself in their relationship with the offsprings. Illness often contributed to the conflict between parents. Those who reported dissatisfaction, felt that, in their childhood, they were rejected by parents, and also that they did not have any support system, emphasizing the role of supportive relationships in dealing with the impact of parental mental illness.<sup>[15]</sup>

About 78% of the sample had cordial relationship with sibling and reported satisfaction with the functioning of family (71%). These findings give an overall picture of satisfactory relationships, which would have potentially contributed to the resilience.

Similarly, the offsprings perceived satisfaction in parenting received. Among those who were satisfied with the care, some of them (18%) were taken care of by grandmothers. The findings shed light on the importance of the extended supportive family relationships as seen in other studies.<sup>[27-29]</sup>

The negative experiences of growing up with a mentally ill parent was related to social aspects of life (49%) such as going out with parents or guests visiting them and not being able to bring friends to their house. Some of them had broken their relationship with neighbours and relatives due to the interference of illness such as being suspicious and getting angry. Stigma became the important part of the experience of growing up with a parent with mental illness. The stigma was experienced in the form of embarrassment in the public places, others making fun of them, and fear that others would think of them as having mental illness. Concealment was mostly used to avoid stigma. These findings are supported by

other studies which show that feelings of stigma are known to be widely prevalent among family members living with a person having mental illness.<sup>[13,30-32]</sup>

The vivid memories of the childhood in relation to the parents frequently included memories of aggressive behaviors shown by the parent, experiences of stigma, difficulty in the studies, and often feeling sad because of all these reasons. The findings shed light on intensity of the emotional difficulties these offsprings had to go through. Study by Foster *et al.*<sup>[33]</sup> also reports similar experiences.

Difficulties experienced with respect to emotional aspects included fearfulness about the symptoms of the parent, loneliness, and lack of sense of peace and happiness. Because of the above reasons, naturally they felt lack of emotional support and in addition they did not get guidance in studies.

However, the reason for few (2%) reporting positive experiences such as becoming more independent was that they could handle things alone, developed positive relationships in the process of taking and giving help. They felt that these experiences made them more selfless.

Among factors that helped them deal with difficulties, support of the family members, friends, and relatives was the important one (49%) apart from positive distraction, reappraisal, religious coping, approaching, and avoidance. The findings again emphasize the importance of the availability of support system, which seems to play a significant role in the life of offsprings.

In the sample, more than half of the offsprings were found to be medium on resilience, and very less percent were low on resilience. This is substantiated by studies that show that significant number of children of people with mental illness show resilience.<sup>[16,19,20,34-36]</sup> The characteristics of those with medium to high resilience [Tables 1 and 2] brings notice to the several factors that contributes to resilience, among which the familial characteristics marked by presence of warmth, cohesion, structure, emotional support, and positive styles of attachment seems to contribute largely as protective factor.<sup>[22,37]</sup> However, the findings seem to emphasize the role of “cumulative protective factors,” which is a combination of individual coping strategies, good families, and social factors.<sup>[38]</sup>

With respect to satisfaction from the parenting received, majority of those with medium and high resilience was satisfied with the parenting received [Table 3]. This may be because of the better understanding about the parent’s illness and that they were able to perceive



things in a positive manner. This emphasizes the role of positive reappraisal, which is found to be one of the contributing factors in the resilient individuals. Resilient individuals are said to draw on positive emotion eliciting coping strategies such as benefit finding and positive reappraisal.<sup>[39]</sup> The fact that people with medium and high resilience used social support to deal with their difficulties [Table 3] indicate two things: 1) importance of social support and 2) that these individuals have the ability to negotiate for the resources and use them in meaningful ways.<sup>[40,41]</sup>

Some of the limitations of the study includes, sample being predominantly male offsprings, which puts a limitation on understanding the experiences of female offsprings (daughters), especially in the context of the gender roles and responsibilities in the cultural context. Effects of certain socio-demographic variables such as education and gender on resilience were not found since the current sample consisted predominantly of males and those educated up to less than 10<sup>th</sup> standard was not included into the study. The sample was not formally assessed for any psychopathology, which may also have confounding impact on the resilience and the reporting of the experiences. The sampling technique used was purposive and, hence, the results cannot be generalised. The sample comprised mainly of those individuals who accompanied parents, which shows that these individuals are functioning well. Hence, the sample may not be a representative of the offsprings of the parents with mental illness; however, as the study focused on resilience, the sample facilitated exploration of factors contributing to resilience.

The study has drawn attention to an area that has not been studied in our cultural context. The study has shown the experiences of offspring of parents with schizophrenia and its relation to resilience. The findings indicate that there is an urgent need for early interventions based on resilience and are aimed at primary prevention. Programs addressing coping, enhancing social support, dealing with a parent having mentally illness, and healthy adjustment and achievement in life could be of help. Also, there is an urgent need to address the parenting skills of parents with mental illness.

## CONCLUSIONS

The study has attempted to capture the experience of growing up with a parent having a mental illness. The experiences they had were primarily negative. They had to face difficulties academically, financially, socially, and emotionally. Despite the negative experiences, majority of them perceived satisfaction in parenting received due to the support and care they received

from other sources. Satisfactory relationship either with the healthy parent or with extended family members potentially contributed toward their resilience. Other factors such as positive distraction, reappraisal, and religious practices also helped them to cope with the difficulties. The study highlights the fact that the negative impact of the parental illness can be moderated by the presence of various protective factors and in turn can make them resilient.

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