

Running head: NEEDS OF CHILDREN OF SCHIZOPHRENIC PARENTS

Growing up with a schizophrenic parent --- What children say they need

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Abstract

Despite the rich literature on the effects of parental mental illness on child development, the needs of children of mentally ill parents have been overlooked in both research and services. The present study investigated the needs of a neglected group, Chinese adolescent children of schizophrenic parents, aiming to gain insights into the design of programs for these adolescents. In-depth interviews were conducted individually with five Chinese adolescent girls whose mother or father was diagnosed with schizophrenia. Analysis of the interview data revealed four common themes: stigma and discrimination, mixed feelings of love and anger, role of a carer, and positive gains. The results shed light on the importance of taking cultural context into consideration when providing services for these children and conducting research in this area. Although mental illness is regarded as a taboo and associated with shame in Chinese culture, these children, out of filial piety, showed a strong sense of loyalty to their parents and suppressed their anger and sorrow for their parents' sake. Implications for social services for children of parental mental illness and suggestions for future research are discussed.

Keywords: schizophrenic parents, stigma, carer, Chinese culture

Growing Up with a Schizophrenic Parent —What Children Say They Need

In Hong Kong, because of the scarcity of resources and philosophy of social integration, there is a heavy reliance on family care giving in handling individuals suffering from mental illness. However, living with a mentally ill family member can be very stressful. Among those mentally ill individuals who have married, many have divorced or their partners have left them, and their children have become their only family members. These children bear the responsibilities of a carer and at the same time family stigma associated with mental illness, but are powerless within the family and the social system (Mordoch & Hall, 2002).

Studies show that the offspring of mentally ill parents score relatively low on various psychosocial adjustment indices, including psychological well-being, social functioning and academic achievement (Goodman, & Gotlib, 1999; Oyserman, Mowbray, Meares, & Firminger, 2000). Among children and adolescents, having a parent with a mental illness is predictive of the development of a range of diagnosable psychiatric conditions (Hammen & Brennan, 2003) and behavioral disorders (Stallard, Norman, Huline-Dickens, Salter, & Cribb, 2004). Despite the large volume of research that confirms that parental mental illness has impeding effects on child development, the needs of children with a mentally ill parent are easily overlooked by mental health care providers (Garley, Gallop, Johnston, & Pipitone, 1997; Bibou-Nikou, 2004). These children are described as “invisible” (Gray, Robinson, & Seddon, 2008), mainly because they are neglected. They are exposed to situations with multiple risks and stressors, and effective interventions are needed to build their resilience and prevent adverse outcomes.

A clear understanding of what children of parental mental illness experience and what they need is essential for the success of any program designed to serve them.

Studies have been conducted to explore how children are affected by parental mental illness (e.g., Rutter & Quinton, 1984; Goodman & Brumley, 1990; Hammen, Brennan, & Keenan-Miller, 2008), but the subjective experiences and perspectives of children are seldom considered (Mordoch & Hall, 2002; Doran et al., 2003). In-depth qualitative studies investigating the experiences of children of mentally ill parents are needed to help formulate more appropriate policy and practice (Doran et al., 2003). The present study, with a Chinese sample, investigated the needs and stress reactions of adolescent children of schizophrenic parents from the children's own perspectives, aiming to provide insights into the development of effective programs to help this group of children.

Lefley (1996) asserts that the stressors experienced by the children of mentally ill parents include (1) being discriminated against by friends and neighbors, (2) experiencing social isolation, (3) feeling insecure, lonely and worried and (4) handling emergent psychiatric symptoms and relapse. Children of schizophrenic parents are likely to experience these burdens and need help from professionals including social workers, psychiatric nurses and school counselors.

Stigma of Schizophrenia, Discrimination and Isolation

Schizophrenia carries a greater stigma compared to other types of mental illness, probably because people perceive schizophrenic people to be uncontrollable, unpredictable and violent and believe that they may perform outrageous actions in public places (Furnham & Chan, 2004; Magliano et al., 2004). Therefore many people prefer social segregation.

The stigma associated with mental illness is stronger in Asian than in Western culture (Hsu et al., 2008). In a study conducted in Hong Kong, participants with schizophrenia reported that they experienced stigma and that their family members

tried to conceal from others the presence of a schizophrenic family member (Lee, Lee, Chiu, & Kleinman, 2005). The study also reported that ordinary people admitted that they prefer social segregation. The stigma of mental illness and associated social isolation create a great burden among children of schizophrenic parents. In addition, mental illness is linked with the concept of “face” in Chinese culture. Chinese regard mental illness as something shameful or disgraceful, which has to be concealed (Chong et al., 2007). Possible reasons for such an attitude are moral judgments about or beliefs in supernatural causes of mental illness (Tseng, 2001; Song, Chang, Shih, Lin, & Yang, 2005). Many Chinese believe that mental illness is a punishment for a sin committed by the mentally ill individual or the individual’s parents or ancestors. Moral judgments about mental illness lead to negative attitudes and dispraise of the mentally ill and their children. It is not difficult to imagine how stressful it is for these children to bear the stigma of having mentally ill parents. Facing prejudice and discrimination, the children can have difficulties building secure relationships or friendships with peers. They may actively withdraw from the social world and keep secret the parent’s mental illness.

Mixed Feelings towards the Parent

Children may experience a sense of loss and grief when a parent is diagnosed with mental illness. The parent is physically present but may be emotionally and psychologically unavailable (Mordoch & Hall, 2002). Schizophrenic individuals are withdrawn and passive in interacting with the environment and are likely to show incongruent affect (Goodman & Brumley, 1990). The combination of emotional unavailability, insensitivity and incongruent affect create an insecure emotional environment for the children of such individuals. In addition, the schizophrenic episodes of parents, which involve delusions and hallucinations, also cause fear,

confusion and anxiety in their children. Studies report that some children who live with a mentally ill parent experience strong negative emotions and confusion (e.g., Dunn, 1993; Knutsson-Medin, Edlund, & Ramklint, 2007). In addition, the cyclical nature of mental illness may exacerbate the children's negative emotions (Mordoch & Hall, 2002).

Research shows that children of mentally ill parents experience ambivalent feelings towards their parents (Knutsson-Medin, Edlund, & Ramklint, 2007). As noted, because of the stigma of mental illness, these children are usually isolated from the outside world. Naturally, they are attached to their parents. However, they may also feel resentful and angry about having a mentally ill parent and not being able to have a normal family and live a normal social life as do their peers. Because of the importance of filial piety in Chinese culture (Ho, 1986), such anger can give rise to a sense of guilt among Chinese children. These strong emotions of grief, loss, fear, anger, guilt and confusion experienced by the children of the mentally ill are seldom addressed or handled by professionals until the children have presenting problems.

The Role of Carer

Rather than being taken care of by their parents, the children of those who are mentally ill have to "parent" their parents (Polkki, Ervast, & Huupponen, 2004). In addition to handling the bizarre behavior, weird thoughts, irregular daily patterns and excessive and uncontrollable emotions and hallucinations of their parents (Yip, 2004), these young carers have to deal with everyday tasks, including ensuring that their parents take prescribed medication, and provide emotional care such as crisis support for their parents (Gray et al., 2008). In a study conducted in the United Kingdom, mentally ill parents reported that their children took up household duties, and that they depended on their children for emotional support during difficult times (Aldridge &

Becker, 2003).

The burden of being a carer has a spiraling impact. Together with the effect of stigma, the responsibility of taking care of parents makes children even more isolated from their peers. As the sole or main carer supporting their parents during crises and monitoring their emotional health, children may become more attached to their parents and experience even stronger grief. If the marital relationship is affected or breaks down, then “closer filial and caring relationships” (Aldridge & Becker, 2003, p. 60) can form, especially between mothers and their daughters. The burden of being a carer exacerbates feelings of resentment and the desire to escape, while the idea of abandoning the ill parent and the family evokes strong feelings of guilt. This places children in an ambivalent situation.

While the caregiver role creates stress, it can also help to build resilience. Mordoch and Hall (2002) suggest that the diverse roles of caregiver and housekeeper are essential to family functioning and may be viewed as personal achievement. The crucial point is how the children define their roles and view what they have done for the family. Aldridge and Becker (2003) state that the role of a carer “can help children feel involved and needed” (p. 93), and that professionals should acknowledge the children’s contribution to the family.

The developmental task of adolescents is searching for an identity (Erikson, 1968). However, the adolescent children of mentally ill parents experience more difficulties and stress and face more demands and challenges than do other adolescents; hence, the former need help and support from professionals on their path to adulthood.

The present study looked into the experience of adolescent children living with a parent suffering from schizophrenia. The aim was twofold: to obtain relevant

information to guide the development of an intervention program for this group of adolescents, and to extend the literature on children of schizophrenic parents by considering the Chinese cultural context and the children's own perspectives.

Method

The present study adopted the ethnographical research method, which aims to describe people through writing and is concerned with "gaining insights into the nature of one's experience" rather than establishing causal relationships (Garley, Gallop, Johnston, & Pipitone, 1997, p. 99). The in-depth interview is a good method for exploring and understanding the meaning of experience (Williamson, 2009) and thus was adopted for data collection.

The following questions were asked in each interview.

1. Have you ever disclosed your parent's mental illness to others? If so, what was your experience? If not, why not?
2. How does your parent's illness affect you?
3. How do you feel about your mom's/dad's mental illness?
4. How do you cope with your parent's psychotic episodes?

Participants

Five adolescent girls who live with a schizophrenic parent participated in this study. One of them has a schizophrenic father and the other four have a schizophrenic mother. The demographic data of the participants are presented in Table 1.

[Insert Table 1 about here]

Procedure

The participants were recruited from a nongovernment organization that provides rehabilitation services to mentally ill people and their family members, and participated in a program designed to help the children of the mentally ill to build

resilience. Consent to join the study was obtained from both the adolescents and their parents. Because it is not easy for the children of mentally ill parents to build rapport with strangers and trust them, the interviews were conducted by the second author, with whom the participants were acquainted. Each interview lasted from 45 to 90 minutes. All interviews were audio-taped, and the interviewer also jotted down notes about the nonverbal communication of the interviewees. Each audio-taped interview was transcribed verbatim. The second author coded the responses, and grouped like responses together and categorized them based on conceptual themes that represent the experience of the participants. The first author reviewed the categorization scheme and main themes. As the first author was not involved in the interviews, she was not immersed in the experience of the participants and could be more objective (Garley et al., 1997).

Findings

Analysis of the transcriptions revealed four overarching themes characterizing the common experiences of the participants. The first is stigma and discrimination, and includes four subthemes, family secret, betrayal, social isolation and low self-esteem. The second main theme is loss, grief and ambivalence. The third is the responsibilities of being a carer and includes two subthemes, protection and emotional support. The fourth main theme is positive gains through painful experiences.

The Stigma of Mental Illness and Discrimination

The participants spontaneously mentioned that people stigmatized mental illness and regarded mentally ill people as violent, brutal and dangerous. All of them perceived that people are afraid of those who are mentally ill. One girl exclaimed:

“Psychosis! In fact, it is something serious...I think it scares people. For example, people think that psychopaths will kill and beat people up...are lunatics...[People] are terribly frightened.”

Two others also mentioned that people do not accept the mentally ill. More

importantly, the way that the participants described mental illness showed that they themselves perceived mental illness to be something very serious.

“After all, no one accepts mental illness. [It] is different from flu or coughing, which seem to be comparatively more trivial.”

“I don’t want to scare my classmates. They might be frightened... They have not met [Mom] before. For sure, they will be frightened. After all, it is not something trivial – it’s better not to reveal it.”

The literature shows that children of mentally ill parents tend not to, or dare not, disclose their parent’s illness to other people (Dunn, 1993; Aldridge, 2006). One participant expressed worries that people might attack her family and regard her as mentally ill as well:

“People in this society discriminate against the mentally ill. I think that if it is made known to them, I am not sure how they will regard us...[They] will attack us...[They] may think that I am insane too.”

Family Secret

As Chinese adopt take a moral approach to mental illness, the stigma of mental illness may create greater pressure among children of mentally ill parents in Chinese societies than among those in Western societies. Chinese people associate mental illness with “losing face” which means it is a disgrace. There is a Chinese saying, “A family disgrace shouldn’t be disclosed to outsiders.” Because mental illness is regarded as a family disgrace, children with mentally ill parents shoulder the responsibility of keeping a shameful family secret:

“The illness is Mom’s personal affair. Unless she reveals it herself, otherwise, I have to respect her...Anyway, it is a family secret...I have to protect her.”

“It is a family secret. Family affairs shouldn’t be revealed to others, should they? Not to mention that it is that kind of illness...I will not tell outsiders.”

People’s stigmatization of those who are mentally ill and the Chinese conception

of mental illness as a family disgrace created great pressure or stress among the participants. In Chinese philosophy, holds an integrative view of body and mind, and Chinese people tend to complain about physical symptoms when experiencing stress (Song, Chang, Shih, Lin, & Yang, 2005). Two participants expressed their mental stress in terms of physical symptoms:

“I feel a weight on my shoulders; it seems [I] have to shoulder many things...[I] don't know how to describe it, [I] always have a headache.” [The interviewer:] “You mean you shoulder many things?” “That is stressful. I can't fall asleep. And sometimes, [I] think about Mom's matters [mental illness], then get a headache.”

Isolation

Because of the stigma of mental illness, these children are not only socially marginalized, they also psychologically isolate themselves from others to guard the family secret. The participants admitted that they worried that other people might discover their parents' mental illness, and that they felt lonely because they could not share their problems and worries with their peers. In addition, they felt torn between not wanting to disclose the secret and not wanting to tell a lie.

“Grandma doesn't want me to tell my classmates. I can understand. Mom will be unhappy...but as I cannot reveal this to others, it is not easy. I feel lonely, as if I am alone.”

“Every time people ask me why my mom is admitted to hospital, I tell them that she has a headache. Should I tell them it is mental illness? Well, I have to protect her. In fact, I do not want to lie to people.”

“When people asked me what my dad is, I am not sure whether to tell them [that my dad is mentally ill]. [Sigh] I do not want to tell the truth, but neither do I want to lie.”

All participants reported that they had only a few friends.

“Other than going to school, in fact, I feel very lonely...[I] have only the fish given to me by the worker. I have few friends.”

“Me and my younger brother basically stay at home...[we] seldom go out like other families.”

Betrayal and Helplessness

The participants also mentioned that they did not talk with other people about the mental problems of their parents because they did not believe that people could help.

“It is no use telling people. It [the mental illness of the participant’s mother] is a fact already. No one can change that...If no one can change the fact, there is no need to tell [others].”

“It’s no use telling others...Save the trouble...No one can change that [the mental illness of the participant’s mother]. She was ill before I was born.”

Two of the participants told the interviewer that they had once disclosed their “secret” to their good friends but had been betrayed. They regretted that they had revealed the secret to others, and one said that she had learned not to trust people.

“I remember that I told someone once when I was in primary three. She was my best friend. I told her not to tell others...but in a few days, everyone in our class and many in the next class knew that. Many classmates asked me about that. I was very frightened, kept on denying that...and told them I hadn’t said that. Since then, I won’t tell anyone...I reflect on that with regret.”

“I have been betrayed before. I won’t tell anyone. This kind of things spread fast. Once a person knows that, many will know...[One] should be more careful before trusting anyone.”

It is clear that the participants felt helpless and hopeless about their parents’ mental health problems. They did not trust people and felt very lonely.

Low Self-esteem

Feedback from other people is important in building self-esteem, and this is especially true for adolescents. Because they are entering the formal operation stage, they have started to engage in abstract thinking (Inhelder & Piaget, 1958). The stigma of mental illness brings adolescents feelings of shame, and anticipated negative comments or remarks from people have adverse effects on their self-esteem.

“I worry about bumping into my classmates when I go out with Mom. You know how my mom behaves...so strangely...Going out with her, sometimes, I feel I lose face.”

“If when we run into some classmates, [Mom’s] condition is poor [i.e., she is displaying schizophrenic behaviors]... I don’t know how to handle that ... I feel that I lose face.”

“Sometimes it is embarrassing because Mom speaks nonsense, smiles stupidly at people, behaves

in a stupid way. People don't understand. It seems that if she behaves in that way, everyone in the family has problems...I feel that I lose face."

"I prefer going out alone. So many people look at us. Walking in the street with [Mom], I don't know when she will display schizophrenic behaviors...Take last time as an example, she bumped into a lamp post. I felt so embarrassed...an adult bumped into a lamppost."

Although these adolescent girls all loved their mother very much, they worried that their friends would laugh at them or tease them because of their mother's psychotic behavior. They all mentioned "losing face" (being disgraced) because of their mother's behavior, which shows that they were concerned about how other people would view them. "Face" is important in Chinese culture (Bond, 1991), and losing face strongly affects self-esteem.

Mixed Feelings towards the Parent

Research shows that the children of mentally ill parents are loyal to their ill parent (Dunn, 1993; Polkki, Ervast, & Huupponen, 2004). The same was found in the present study. In Dunn's study, adult children reported that they were loyal to their ill parent because they knew that she or he needed them. This reflects their love towards their parent. The participants in the present study also spoke of their love towards their parent.

"Yes, I know that [my mother] is ill, cannot control her emotions. But I am a human being [the participant wept]...To be honest, I do not want to get angry with her. I want to ignore her. She causes me such pain. But I have only one mother. I love her so much that I could not get angry with her forever."

"In fact, Mom is the person I love most but she shows no response...She never reads the cards I make for her. I am very upset...But although I become angry with her, soon, I tell myself not to be angry."

These reflections show a close parent-child relationship and at the same time, mixed feelings of love and bitterness. In the present study, in addition to their love

towards their parent, four of the participants emphasized the status of the mother as parent, which indicates their sense of obligation to fulfill filial responsibilities.

“I understand clearly she is ill. It is not her fault. She does not want to roll around on the floor...However, she is so noisy. I have to go to school, I need sleep...Sometimes, I am very angry with her. However, she is my mom. It is impossible for me to yell at her...[I may be] very angry but cannot get mad at her.”

“I have done nothing wrong. I feel that I am a good daughter. What do you expect? But she still yells at me, and even beats me. I have been really very, very angry...Being sick means you can do anything you like? Soon I will be sick also. Anyway, let it go. She is my mom. How can I be angry with her?”

These participants emphasized that it was impossible for them to get angry with their mother although they felt furious inside. Filial obligation caused a dilemma, and mixed feelings of love, anger and guilt.

The Role of a Carer

Because of parental mental illness, children have to adopt new roles (Aldridge & Becker, 2003). They become caregivers in the family, perform housework and sometimes, have to provide emotional support to their parents. Similar roles were found to be taken up by the participants of the present study. One girl said:

“I am the elder sister...I have to take care of my younger brother, help Mom, and do many household chores.”

Protective role. Chinese stress familial responsibilities and value interdependence among family members (Ho, 1996). Therefore, family members have the responsibility of protecting and helping each other. The participants revealed that they took it upon themselves to protect their ill parent from being hurt by outsiders.

“I don't care even if you speak against me but I won't allow you say anything negative about my mom. It is unlikely that our neighbors know that [the mental illness of the participant's mother]. I need to protect her.”

“Should I tell them it is psychosis? Well, I have to protect her.”

“Who is to blame that I am the eldest? How can I abandon my mom? Should I ask my younger brother to take care of her?...In fact, I am the male in the family; my younger brother is a female. At home, I have to look after them.”

Emotional care. Usually children obtain emotional support from their parents, but the participants acknowledged that they had to give emotional support to their ill parent. They talked about trying to be very careful not to elicit negative emotions from their parent, lest their parent relapse.

“If I am not good, she will relapse. In fact, every time she says she wants to die and cannot take care of me and my younger brother, my heart aches. I am afraid that she will die, and very worried, but cannot talk about this with her...[Even if I’m] at the edge of crying, I will try my very best not to cry in front of her. She reacts very strongly. I am worried that I will affect her emotions.”

“I tell myself that no matter how unhappy I am, I cannot throw a temper tantrum around my mom...because she loves me most...I can’t...I cannot allow her to feel that I want to leave her. The illness is hard for her but I have to hide myself when I cry – it is hard for me also.”

“Ever since I was small, no matter what unhappy thing happened...even being scolded by her for no reason, I will be very calm. I have to control myself and be calm...In fact, it is hard...but I do not want Mom to be sleepless. When she suffers from insomnia, she is very confused the next day.”

“I always hear Mom screaming in front of the window. Then I feel very sad, my heart aches...but I have to pretend I do not feel anything special, just smile, walk towards her, ask her how she is. I talk with her...I know that if I talk with her, she will calm down slowly...I want to cry but I swallow my tears. I am used to it.” [Tears flowed from the corners of the respondent’s eyes. She smiled bitterly. This was her most emotional moment during the whole interview.]

One participant said that when she was at school, she worried that her mother might relapse and commit suicide. The participants revealed that they suffered from pain and worry, but suppressed their negative emotions in front of their parent, lest their parent relapse. In each case, the respondent lived in a single-parent home and there were no other adults who could share her burden. Because the respondents chose

not to share their problems and negative feelings with their friends and teachers, it is not difficult to imagine how lonely and stressed they are.

Positive Gains from Painful Experiences

In the present study, the participants had turned their difficulties into a blessing. They all said that they had learned to be stronger, more mature and more considerate because of their parent's problems.

"I am happy that I have this kind of ...gain...[I am] more mature and will not go astray."

"[I am] more mature, more calm, and won't be impulsive. I don't want Mom to worry about me because she is not OK."

"[I am] stronger, don't cry easily...I think everyone has something which he or she is not happy about. If [one is] strong, [one] can face that with courage... Sometimes, I see some classmates cry easily, and I comfort them."

"Mom's illness has changed me a lot...I was pigheaded before, insisted on my own way. I have learned how to view things from her perspective, learned how to bear her weaknesses...I won't insist now. That would hurt Mom...[I am] more mature and calm than my classmates...I know I love her more than before and I know how to make her happy."

"[I am] more likely to take Papa's views into consideration. After all, he is on medication; [it is] very painful...I will be a better daughter."

Whether the children of mentally ill parents wallow in their misfortune or learn and grow through the difficulties that they experience depends on their attitude and perception. None of the five girls in this study held negative attitudes towards her ill parent. Out of love, each learned to be more considerate and caring, and to see things from different perspectives.

Discussion

Previous studies of the experiences of children of mentally ill parents mainly adopt either the retrospective approach (e.g., Dunn, 1993; Knutsson-Medin, Edlun, & Ramklint, 2007) or the focus group approach (e.g., Garley et al., 1997). The extensive,

first-person accounts collected in the present study from adolescents living with schizophrenic parents help us gain an in-depth understanding of the feelings, stressors, thoughts and needs of these adolescents, and provide useful information about how professionals can help this group of young people. In general, the experiences and problems of these Chinese adolescents are similar to those of their Western counterparts, with some intensified by the Chinese conception of mental illness as a family disgrace and the Chinese value of filial piety.

The reflections of the participants indicate that the children of schizophrenic parents are under great pressure. As reported in previous studies, (Furnham & Chan, 2004; Magliano et al., 2004), their stress comes from the stigmatization of mental illness and discrimination against the mentally ill and their families. Because Chinese adopt a moral approach to mental illness, the stigma of mental illness is generally accompanied by social segregation. In a survey conducted in Hong Kong, 48.8% of the participants indicated that they did not want to be the neighbor of mentally ill people, 43.9% did not want to live near organizations that provide services to mentally ill people and 61.7% felt that mentally ill people should be hospitalized until they fully recover (Hong Kong Council of Social Services, 2005). Studies conducted in Beijing and Singapore using Chinese samples reveal similar views about social segregation and the social hazard associated with the mentally ill (Chong et al., 2007; Kenzo, Masaharu, Yan, & Naohisa, 2009). People's preference for social segregation contributes to the great burden of children living with schizophrenic parents. Children of schizophrenic parents need to learn how to manage people's negative attitudes towards and enquiries about their parents' mental problems.

In Chinese societies, the mental illness of a family member is a disgrace and there is a Chinese saying "A family disgrace shouldn't be disclosed to outsiders".

Therefore, the participants of this study felt that they had the responsibility to protect their parents from being hurt by the stigma. This resulted in further pressure on these girls. They admitted that they felt lonely and helpless and needed emotional support. However, the stigma, the discrimination, the belief that no one could help them and the experience of being betrayed created barriers that hindered the participants from seeking emotional support and help from their peers or teachers. Consistent with the reports of other studies (Dunn, 1993; Gray, Robinson, & Seddon, 2008), this group of adolescents experienced a sense of alienation from their peers and the community. It is necessary to help this group of adolescents build a supportive social network which is essential to healthy development.

Previous studies reported that children living with a mentally ill parent experienced mixed feelings of love and anger towards their parent (e.g., Dunn, 1993; Knutsson-Medin, Edlund, & Ramklint, 2007). The adolescent girls in the present studies reported similar experience. All of them lived in a single-parent home. Aldridge and Becker (2003) observe that marital breakdown can foster a filial and caring parent-child relationship, especially between mothers and their daughters. Four of the adolescent girls in the present study had a schizophrenic mother, and they all reported that they had a close relationship with their mother, whom they said they loved very much. As a result, they experienced strong feelings of guilt and self-condemnation when they felt angry with their ill parent. Although the participants suffered from negative emotions including anger, worry, hopelessness and sorrow, they tried to suppress their negative feelings for the sake of their mentally ill parent. These findings indicate that they need to learn more positive emotion coping strategies.

Adolescents have to learn to be independent and establish their own identity

(Erikson, 1968). They need to explore new experiences and experiment with new relationships. During this psychosocial moratorium, a role model, peer affiliation and emotional support from significant others are essential. In view of this, adolescents with mentally ill parents may experience more challenges and difficulties in achieving the developmental task of searching for an identity compared to their counterparts in ordinary families (La Roche, 1989). They strive for independence but are bound by their responsibility of being the carer of their parent. They need peer support but they are isolated from peers and find it difficult to form trusting relationships with friends. They need a role model to guide their development into adulthood (Chan & Chan, 2005), but their ill parent fails to act as their model, and social isolation and stigma make it difficult for them to have other people, such as teachers, as mentors. In addition, as revealed in the present study, the stigma of mental illness, especially schizophrenia, has hampering effects on the self-esteem of children of schizophrenic parents.

In Hong Kong, most of the programs and activities currently provided for these adolescents are leisure or educational programs, similar to those designed for adolescents in general. It is hoped that the present findings can help service providers gain a deeper understanding of the needs of these adolescents to tailor programs to cater for their needs.

While this group of adolescents cannot avoid the mental illness of their parents and the stigma of mental illness, professionals can help them build resilience so that they can overcome the challenges and difficulties brought about by parental mental illness. Resilience is promoted in a warm, supportive, responsive and psychologically secure environment (Riley et al., 2008), which the parents or the families of these young people may not be able to provide. Other elements contributing to resilience in

adolescents are peer affiliation and positive models of coping with challenging situations (Erikson, 1968). Programs aiming to help this group of adolescents should take these factors into consideration.

It is suggested that professionals help this group of adolescents to form mutual support groups. These mutual support groups can provide members with a secure environment within which they can get empathetic feedback and assurance rather than discrimination when they talk about the mental illness of their parents and their own problems and emotions (Gray, Robinson, & Seddon, 2008). The sharing among group members can help in the normalization and acceptance of negative emotions towards parents or the mental illness. Psychoeducation workshops can be offered to these groups and topics could include how to handle the schizophrenic episodes or behaviors of their parents, how to handle people's enquiries about their parents and constructive emotion coping strategies.

Another element of resilience is the acceptance of one's own limitations and appreciation of one's own achievements. The participants perceived that they had experienced gains from being the carer of their parent, upon which attainment they can build resilience. To reduce the burden of guilt of these adolescents, professionals should encourage them to learn to accept their limitations as teenagers and acknowledge their contributions to their parents and families. Professionals can also encourage these adolescents to contribute to society through taking up volunteer work. This would both enhance their self-esteem and facilitate their integration into society. To help relieve the worry and stress of this group, leisure activities could be arranged for them by professionals, with parallel programs arranged for their parents so that the young people would not need to be concerned about their parents being left unattended.

It is also suggested that a Big Brother/Sister scheme be set up for this group of adolescents so that they can have a buddy or mentor who can act as a role model. Volunteers who demonstrate a positive attitude towards life and healthy coping strategies could be recruited to act as mentors. Big Brothers/Sisters could stand by these adolescents, walk through difficulties with them and give them support.

Limitations

We acknowledge that a major limitation of the present study is the small sample size. Although the small sample size enables an in-depth investigation of the inner feelings of children of mentally ill parents, it also limits the representativeness of the sample. The results may not be generalizable to cases with different demographic data related to parents, such as different length of illness, different age of onset and different nature or degree of the mental illness. Another limitation is that all of the participants are female. Gender-related personality traits have been found to be a moderator of the relation between stress and interpersonal functioning (Lam & McBride-Chang, 2007). Hence, the findings of the present study may not be generalizable to male adolescents. A related limitation is that four of the participants have a mentally ill mother. The mother-daughter relationship may be different in nature from the father-son relationship and relationships with opposite sex parents. Studies show that the gender of parents has an interaction effect with the gender of their children (e.g., Chang, Schwartz, Dodge, & McBride-Chang, 2003). Future studies of male adolescents with a schizophrenic mother or father would add to the knowledge of the needs of male adolescents living with schizophrenic parents and help to improve services designed for them.

Implications for policy and practice

- Present findings reveal that more resources and support should be given to

children carers of mentally ill parents.

- Service providers should help children of mentally ill parents establish a social support network through programs such as mutual support groups or Big Brother/Sister Scheme.
- Psychoeducation workshops on topics including how to handle schizophrenic episodes and constructive emotion coping strategies are useful to children of parental mental illness.
- Helping these children acknowledge their contributions to the family can help build their resilience.

Table 1

Demographic Data of the Participants

Participant	Age/grade	Mentally ill parent	Onset date	Participant's age at parent's onset	Nature and degree of parent's mental illness	Residential family members
1	12 / S1	Mother	8 years ago	4 years old	Occasional relapse Suicidal attempts Depressive mood	The only child at home Father deceased
2	13 / S2	Mother	2 years ago	11 years old	Frequent relapses Frequent hospitalization Serious hallucinations	Has a younger brother aged 10 Parents divorced 3 years ago
3	13 / S2	Mother*	5 years ago	8 years old	Serious paranoid Suicidal ideation	The only child at home Lived with both parents
4	14 / S3	Father**	5 years ago	9 years old	High irritability	The only child at home Lived with both parents
5	15 / S3	Mother	25 years	Before participant's	Serious hallucinations	The only child at home

ago

birth

Violent behaviors

Lived with both parents

Note: *the participant's father was diagnosed with depression; **the participant's mother was diagnosed with depression.

S = secondary.

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