

Young Women's Accounts of Caregiving, Family Relationships, and Personal Growth When Mother Has Mental Illness

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Abstract Family members often serve as the primary source of care and support for loved ones living with mental illness. Although existing research has examined the role of parents and well siblings in providing care to adult children with mental illness, relatively little is known about the caregiving experiences of adult children with a parent with a psychiatric disability. Guided by a life course perspective, the present qualitative study examined first-person accounts of 10 young women attending college (ages 18–22) who were raised by a mother living with mental illness (depression, bipolar, or schizophrenia). Participants completed individual semi-structured interviews in which they described their experiences of caregiving, role reversal, and felt obligation towards mother, their ties to father and siblings, and their views of the impact of maternal mental illness on their lives. Overall, young adults' accounts of their relationship with mother could be characterized as either predominately positive or predominately negative. In general, participants' accounts of their caregiving experiences, views of felt obligation, and supportiveness of family ties differed depending on their reports of the overall quality of the mother–daughter relationship. Adult daughters described positive impacts of maternal mental illness on their own lives, regardless of their accounts of relationship quality with their mothers.

Keywords Caregiving · Family relationships · Serious mental illness · Young adult women

Introduction

There are an estimated ten million adults in the United States diagnosed with a serious mental illness such as severe depression, anxiety, schizophrenia, or personality disorders (Substance Abuse and Mental Health Services Administration 2014). Despite advances in mental health treatment, family members are often the primary source of care and support for their loved ones coping with mental illness (Rowe 2012). Caregiving research has typically focused on the role of parents and well siblings in providing care to an adult family member with a psychiatric disability (Crowe and Brinkley 2015). Yet, relatively little is known about the caregiving experiences of adult children who have a parent with a serious mental illness (Abraham and Stein 2012).

Existing research has described a variety of negative outcomes for children and adolescents who have parents with mental illness. Findings from these studies indicate that children of parents with a psychiatric disability generally experience more behavioral, social, and mental health difficulties when compared to children whose parents do not have mental illness (Mowbray and Mowbray 2006). Epidemiological studies suggest that adults of parents with mental illness are at a significantly higher risk of being diagnosed with a mental illness than the general population (Kessler et al. 1997). Additionally, research suggests that adults generally report more avoidance and lower self-esteem, increased interpersonal problems, and have higher incarceration rates and legal difficulties compared with adults whose parents do not have mental illness (Ensminger et al. 2003; Duncan and Browning 2009; Mowbray et al. 2006; Williams and Corrigan 1992). However, studies also acknowledge substantial variability in outcomes for adults considered “at risk” on the basis of

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parents' psychiatric status (Abraham and Stein 2013). Previous studies suggest that supportive social networks may mitigate adjustment difficulties for individuals with a parent with mental illness (Hoefnagels et al. 2007; Williams and Corrigan 1992). Unfortunately, family relationships, such as those with parents and siblings, have typically not been considered by researchers as potential sources of social support for adult children with a parent with a psychiatric disability.

Adolescent and adult children often provide care for their parents coping with mental illness, generally at the expense of their own employment, school activities, or leisure time (Caton et al. 1998; Abraham and Stein 2012). In a retrospective study of nine adult women who grew up with mothers with serious mental illness, participants described providing care and acting in a parental role toward their mothers or younger siblings (Dunn 1993). Common themes described by these adult women included feelings of maternal abuse and neglect, isolation from peers, a sense of guilt, and critical views of the mental health system. Despite their negative experiences, these adult daughters also expressed a profound sense of loyalty towards their mothers (Dunn 1993). In a study of women raised by mothers with mental illness who participated in a therapy group, Williams (1998) found that women described feelings of stigma and isolation and difficulty forming close relationships with others. Study participants also discussed negative feelings towards their mothers, partly as a result of feeling that they provided more care to their mothers than they received themselves.

Several recent empirical studies conducted by Abraham and Stein (2010, 2012, 2013) have specifically focused on role reversal and felt obligation in adult child–parent relationships among families with parental mental illness. Role reversal, or parentification, is defined as a one-sided exchange in family roles where children or adolescents assume a caregiver or parenting role for their parents and/or siblings (Jurkovic 1997). In a study of perceived role reversal, maternal mental illness, and psychological adjustment, Abraham and Stein (2013) compared the reports of young adults with mothers with mental illness with those of young adults with mothers without mental illness. Results suggest that perceived role reversal mediated associations between maternal mental illness and self-reported psychological symptoms. Maternal mental illness was associated with higher levels of role reversal which, in turn, was associated with higher levels of psychological symptoms. These findings were similar to a previous study that found that young adults of mothers with affective disorders reported higher levels of role reversal than did young adults with mothers without affective disorders (Abraham and Stein 2012).

Felt obligation is conceptualized as a set of “negotiated commitments” which emerge in ongoing relationships between adults and their parents over time (Stein 2009). Felt obligation is thought to be particularly salient for young adults, as the construct encompasses aspects of both individuation and connectedness in parent–child relationships. Dimensions include aspects of connectedness with parents such as felt obligation to maintain contact and family rituals, provide assistance, and engage in personal sharing. The construct also includes aspects of separateness such as felt obligation to establish self-sufficiency and avoid conflict (Stein 1992). Although obligation is typically considered relevant when adults care for their elderly and infirm parents (Miyawaki 2015), research suggests young adults' felt obligation towards their middle-age parents was generally greater than middle-age parents' reports of felt obligation for their elderly parents (Stein et al. 1998).

Unfortunately, the role of felt obligation towards parents for young adults with a parent with mental illness remains unclear. In a 2012 study, Abraham and Stein found that young adults with mothers with affective disorders generally reported lower levels of overall felt obligation than young adults with mothers without affective disorders. However, in a previous study, these authors found no significant overall differences in felt obligation reported by young adults in families where a parent had a serious mental illness and young adults in families with non-distressed parents (Abraham and Stein 2010). Although these studies highlight the importance of role reversal, felt obligation, and caregiving experiences for young adult children with a parent with a psychiatric disability, existing research is limited in a number of important respects.

Previous studies have focused on differences in overall felt obligation between groups of young adults with and without parents coping with mental illness. Existing research has neglected to address variation in parental felt obligation for young adults with parents with mental illness or aspects of felt obligation that may be particularly salient for young adults from these families. Previous studies have focused exclusively on relationships between adult children and the parent identified with having mental illness. Other important family relationships, such as those between young adults and their siblings and the non-distressed parent have been ignored in these previous studies. In addition, little or no consideration has been given to potentially positive lessons learned by young adults who cope with a parent with mental illness, despite a growing literature devoted to personal growth as a result of dealing with difficult life circumstances such as mental illness (see Jayawickreme and Blackie 2014). Clearly, more research is needed to better understand various aspects of parental felt obligation for young adults in families coping with mental

Table 1 Sample characteristics

Participant's name ^a	Age	Year in school	Mother's diagnosis ^b	Mother's approximate age	Father's approximate age	Parent relationship status	Number of brothers	Number of sisters	Birth order
Bridgette	21	Junior	Bipolar disorder	Late 50s	Late 50s	Married	0	1	Oldest
Olive	21	Senior	Bipolar disorder	Late 50s	Early 50s	Married	0	1	Oldest
Natasha	18	Freshman	Bipolar disorder	Late 40s	Early 50s	Married	1	0	Oldest
Brittany	20	Sophomore	Schizophrenia	Late 30s	Late 40s	Married	0	1	Oldest
Piper	20	Junior	Schizophrenia	Early 50s	Mid 50s	Married	4	0	Middle
Autumn	21	Junior	Depression	Late 50s	Late 50s	Married	0	1	Youngest
Madeline	19	Freshman	Depression	Late 50s	Late 50s	Married	2	2	Middle
Winnie	22	Senior	Depression	Early 50s	Late 50s	Married	1	1	Oldest
Molly	18	Freshman	Depression	Late 40s	Early 50s	Married	0	1	Youngest
Rosie	21	Senior	Depression	Early 50s	Mid 50s	Married	1	0	Oldest

^a Pseudonym

^b As reported by participant

illness, ways young adults navigate their relationships with both parents and siblings, and how young adults themselves view the impact of mental illness on their everyday lives.

The present qualitative study examined young adult women's accounts of caregiving and family relationships in families where the mother has a serious mental illness. Specifically, we invited young adult women to share their personal accounts of caregiving and role reversal, perceptions of the mother–daughter relationship and ties to father and siblings, and their views of the impact of maternal mental illness on their lives. The present research is guided by a life course perspective and we intentionally focused on the experiences of young adult women. Critical developmental life tasks of young adulthood include establishing an appropriate balance between autonomy and support from family members and making meaningful social connections outside of the family (Arnett 2000; Stein et al. 1998; Mortimer 2012). Using a life course perspective, mental illness is conceptualized as a traumatic life circumstance that typically disrupts the developmental life tasks and activities of individuals and family members (Pickett et al. 1994). We purposefully selected a sample of young adult daughters coping with maternal mental illness given the focus of previous research, the role of mothers in raising children, and the importance of adult daughters in providing care (Abraham and Stein 2010; Coward et al. 1992; Stoller 1990, Stein et al. 1998). The primary goals of the study were to: 1) replicate and extend existing research on perceived role reversal and felt obligation; 2) explore the nature of family ties between young adult daughters

and their fathers and siblings, and 3) examine young adults' accounts of ways that maternal mental illness has impacted their lives.

Method

Participants

The sample consisted of 10 young adult undergraduate women enrolled in a Midwestern university with mothers coping with mental illness. To be eligible to participate in the study, women needed to have a mother diagnosed with a long-term serious mental illness as defined in the DSM-IV-TR (i.e., schizophrenia or related disorder, severe, long-term mood disorders, or severe anxiety disorders). Additionally, participants must have spent the majority of their childhood sharing the same residence with their mother, another parent who was not diagnosed with a mental illness, and at least one sibling. Characteristics of the women in the sample are found in Table 1.

The majority of the sample was Caucasian (90 %) or African American (10 %) and the mean age of participants was 20.1 years ($SD = 1.37$). A total of 30 % of the sample were college freshmen, 10 % were sophomores, 30 % were juniors, and 30 % were in their senior year of college. Participants in the sample reported that they grew up living with both their mother and their father and the participants in the sample reported having two siblings ($M = 1.7$; $SD = 1.25$). All participants reported that they were never married, and did not currently reside with their parents. A

total of 60 % of participants reported that they lived in an apartment off campus (60 %) or in a campus residence hall (40 %). A total of 60 % of participants reported that they currently held a job in addition to being a full-time student and were employed for an average of 6.8 hours per week ($SD = 7.38$). The average age for fathers of participants in the sample was 53.6 years old ($SD = 5.97$) and mothers of participants were an average of 51.4 years old ($SD = 6.18$). According to participants' reports, 50 % of the women had mothers with a primary diagnosis of major depression, 30 % of participants reported that their mothers were diagnosed with bipolar disorder, and 20 % of the sample had mothers with a primary diagnosis of schizophrenia.

Procedure

Following approval by the university human subjects review board, information about the study was disseminated through advertisements in online campus updates, an online student research participation system, and announcements in undergraduate courses. Women interested in participating in the study were contacted by telephone to describe the research and determine their eligibility for the study. Of the 30 women who expressed interest in the study, 12 women met study eligibility requirements, and 10 women agreed to participate in the study. Written informed consent was obtained from all participants in the study. Individual, semi-structured participant interviews were conducted by the first author at a location convenient for participants. All interviews were audio-recorded and each interview lasted between one to two hours. At the conclusion of interviews, participants were given a \$20 gift card as a token of appreciation for their involvement in the research. All interviews were transcribed verbatim for data analysis.

Measure

Young Adult Daughter Interview Protocol

This semi-structured interview protocol developed for the present study consisted of basic demographic questions and open-ended questions focusing on topics related to the experience of being raised by a mother coping with mental illness. Specifically, participants were invited to share their experiences about topics that included: (1) an account of mother's mental illness; (2) overall relationship with mother; (3) the negotiation of caregiver roles within the family; (4) possible feelings of obligation towards mother; (5) relationships with father and siblings; (6) the perceived impact of mother's mental illness on their lives. The concept of felt obligation towards parents was briefly

introduced to participants as described by Stein (1992) and dimensions of felt obligation were discussed. Participants were asked about the degree to which they felt that they "needed to" or "should" maintain contact, provide assistance, be self-sufficient, avoid conflict, and share personal information in their relationship with mother.

Data Analyses

Interviews were transcribed verbatim and interview texts were examined using content analysis techniques (Miles et al. 2014). This approach was used to examine text to identify common and unique themes across interview transcripts. After multiple readings of the transcripts, initial themes were identified to characterize participants' descriptions of the mother–daughter relationship, felt obligation towards mother, relationships with father and siblings, family caregiving roles, and possible ways that having a mother with mental illness had impacted them personally. A set of 23 major codes and 57 sub-codes were generated based on interview text across the 10 transcripts. Common themes were identified across all interviews, and unique themes were found based on grouping participants' narratives according to their accounts of their overall relationship with mother as positive or negative. Representative quotes were selected for common and unique themes. A total of 830 utterances from 10 participants were categorized into themes by the first author and a research assistant. Utterances were then re-sorted into themes by two judges working independently. Differences in the coding of utterances were resolved by review and discussion.

Results

Mother–Daughter Relationships

Young adults in the study discussed their relationships with their mothers at length, often focusing on the history, importance, and quality of the mother–daughter relationship. In considering these women's accounts as a whole, two groups of daughters emerged: those adult daughters ($n = 5$) who described their relationship in largely positive terms, and those women ($n = 5$) who generally view their relationship with their mother as problematic. For example, in talking about her relationship with her mother, Brittany, a 20-year-old woman who reported that her mother was diagnosed with schizophrenia, stated, "We [my mother and I] are just ridiculously open. Anytime anything happens I just want to tell her. So, I think we have a really good relationship." Similarly, Winnie, a 22-year-old woman whose mother was diagnosed with depression explained,

“We have a pretty good relationship. I feel like I can tell her anything and she just wants me to tell her anything I might feel uncomfortable talking to anyone else about. So she won’t get upset if I tell her anything...” Olive, a 21-year-old woman whose mother is coping with bipolar disorder, likewise said, “My mom and I are extremely close... We’re really, really good friends. We enjoy each other’s company a lot. I miss her a lot when I’m not there.”

In contrast, each of the remaining five participants described her relationship with her mother in predominantly negative terms. While the women in the positive relationship group discussed feelings of closeness, trust, and friendship, these participants described mother–daughter relationships filled with feelings of distance and regret. For example, Madeline, age 19, described her relationship with her mother coping with depression: “It [our relationship] is just not ever substantial. It’s always just... you’re always questioning and tiptoeing around things... It’s just hard, because you’re always wishing for a relationship that’s not really going to happen.” Similarly, Rosie, age 21, said of her mother who experiences depression, “I kind of felt like she was never happy with me, ever. It was really hard to make her happy, even when we were trying to do happy things, like go on a vacation or anything like that. She would still be upset about just being there.” Natasha, an 18-year-old woman who reported that her mother is coping with bipolar disorder, commented: “We [My mother and I] weren’t really close. It [her illness] started to affect her... as I got into middle school, and through high school we barely spoke at all because we just fight.” For the purposes of thematic analysis, we organized participants’ accounts into two groups (positive relationship group ($n = 5$), negative relationship group ($n = 5$)) on the basis of participants’ descriptions of the quality of their mother–daughter relationship. Themes that emerged are summarized in Table 2. Chi square analysis indicates that there were no significant differences between participants in the two relationship quality groups based on their mother’s primary mental health diagnosis, $X^2(2, N = 10) = .868, p = n/s$.

Caregiving and Role Reversal

Participants had the opportunity to discuss their experiences with taking on a caregiver role with their mothers, a process that is described in the literature as “parentification” or “role reversal” (Jurkovic 1997). All of the ten young women described experiences with role reversal, with some explicitly stating that they have occasionally felt like they are the parent to their mother. For example, in the positive maternal relationship group, Olive stated, “Your parents are supposed to be in control and have things a little bit more together than you do. I’ve never really felt that way. I generally feel like...I’ve got things more together

than my parents.” Similar to young women in the positive relationship group, some participants in the negative relationship group, such as Autumn, a 21-year-old woman whose mother lives with depression, also explicitly stated that they have sometimes felt like the parent in the mother–daughter relationship. Autumn said, “Sometimes I feel like I’m the parent. I guess I kind of try to help her [my mother] by giving in...Maybe [I feel that I] was a protector.” Regardless of the nature of their relationships with their mothers, young women in the present study clearly identified with the concept of role reversal as a child whose mother has mental illness.

Perhaps not surprisingly, participants in the two relationship groups seemed to differ in their feelings about being in a parentified role with their mothers. The majority (4/5) of women in the positive relationship group did not express resentment nor regret about taking on a parental caregiving role. They described these experiences as a positive aspect of their relationship with their mother, or as something that had never bothered them. For example, Bridgette, age 21, whose mother lives with bipolar disorder, explained: “I’ve gotten used to it [role reversal] when it happens. I know that if the situation was reversed that my mom would help me so I’m kind of like, ‘Yeah it might not be the normal but that ... it is what it is,’ so I’m just going to help her as best as I can.” Conversely, all five young women in the negative relationship group described their experiences with caregiving for their mother and taking on a parent-like role in more negative and resentful terms. They described the challenges of having to care for their mother and feeling that they were not getting much in return, and felt that these experiences have left them with little to no desire to care for their mother in the future. Speaking to this last point, Natasha stated, “I know I should probably feel obligated to take care of her when she’s older - but at the same time I feel like I spent so much time taking care of her when I grew up that I don’t know really how much longer I plan to do that.” Autumn spoke of her discomfort with taking on a parental role with her mother, and how she feels that it would have been a role better suited to her father: “So I kind of felt like I had to step in and take care of my mom... And I felt like that should have been my dad’s responsibility.” Present findings highlight the common experience of role reversal in the present sample and suggest that role reversal is not always viewed as a negative experience for adult daughters coping with mothers with mental illness.

Daughters’ Own Mental Health Issues

An important but unexpected aspect of these women’s personal accounts was their spontaneous disclosures about their own experiences coping with symptoms of mental illness. Although not asked directly about this issue,

Table 2 Summary of themes in narrative accounts grouped by daughters' views of relationship with mother

Themes	Positive relationship with mother	Negative relationship with mother
Parentification	5/5 Participants endorsed experiences with parentification 4/5 Participants viewed this experience favorably	5/5 Participants endorsed experiences with parentification 5/5 Participants viewed this experience negatively
Felt obligation	<i>Contact:</i> 4/5 Participants reported satisfaction with current amount of contact with mother or wanted more <i>Self-sufficiency:</i> 5/5 Participants were happy with their amount of independence from mother <i>Personal sharing:</i> 5/5 Participants found personal sharing with mother to helpful <i>Avoid conflict:</i> 5/5 Participants avoid discussing specific topics with mother, particularly those that may upset her	<i>Contact:</i> 4/5 Participants preferred more distance from mother and limit contact to avoid conflict <i>Self-sufficiency:</i> 4/5 Participants wanted more or complete independence from mother <i>Personal sharing:</i> 5/5 Participants avoid personal sharing because mother does not “deserve” to know personal information <i>Avoid conflict:</i> 5/5 Participants avoid discussing specific topics with mother, particularly those that may upset her
Relationship with father	0/5 Participants acted as a caregiver for father 4/5 Participants reported father copes with mother's mental illness poorly	2/5 Participants acted as a caregiver for father 5/5 Participants reported father copes with mother's mental illness poorly
Relationships with siblings	1/5 Participants acted as a caregiver for siblings 4/5 Participants bond with siblings over shared experiences with mother	5/5 Participants acted as a caregiver for siblings 4/5 Participants bond with siblings over shared experiences with mother
Positive growth	3/5 Participants have greater appreciation for happiness and coping skills 2/5 Participants aspire to have a career in the human services field 2/5 Participants strive to break down mental illness stigma	4/5 Participants have increased empathy, understanding, and acceptance for others 3/5 Participants aspire to have a career in the human services field 3/5 Participants strive to break down mental illness stigma

participants in the positive relationship group (3/5) compared to participants in the negative relationship group (1/5) spontaneously discussed specific ways in which their own personal experiences with mental illness helped them to better understand their mothers' experiences. For example, Brittany described how her own experiences with schizophrenia helped her better understand her mother and feel more comfortable about herself. She explained, “I knew I had those issues, and I knew that before I knew exactly what my mom was going through. [I realized] ‘Oh my God. This is what happens to her,’ and then that made me feel comfortable with talking to her about my stuff because I had never told anyone.” Molly, an 18-year-old with a mother diagnosed with major depression, described how her own experiences with depression inspired conversations with her mother about mental illness. Molly stated, “When I started to show signs [of depression], is when my mother first sat down and talked to me....And she told me everything about my grandma and her and everything that was going on, and so that's how I learned about her suffering with it. And she told me that she still suffers with it and that made me feel better as I was going through it.”

Felt Obligation

Participants were invited to discuss their feelings of obligation towards their mother based on descriptions of the

construct offered by Stein (1992, 2009) and Abraham and Stein (2010). Participants in the two relationship quality groups differed in several meaningful ways in their views of maternal felt obligation in general and specific aspects of felt obligation. Although none of the participants in the negative relationship group took issue with the word “obligation,” several of the participants in the positive relationship group (3/5) were uncomfortable with using the word “obligation” when talking about their relationship with their mother. For example, Bridgette said, “I don't feel, necessarily, an obligation to, but it just happens anyway. I don't think that I feel obligated to do it, I do it because I *want* to.” Additional differences emerged between young women's accounts in the positive and negative relationship groups for various aspects of felt obligation (e.g. maintain contact, self-sufficiency, engage in personal sharing and avoid conflict).

Participants discussed the amount of contact they wish to have with their mothers, as well the amount of contact that they feel they *should* have with their mother. Participants' reports of frequency of contact with mother ranged from several times per day to about once a week. Several of the participants in the negative relationship group (4/5) stated that they would like more distance and less contact between themselves and their mothers. Some young women in this group also explained that they felt they needed to limit the amount of contact they have with their

mother as a means of avoiding inevitable conflict. As Rosie, age 21, who has a mother with depression, explained, “Sometimes I feel like I should interact more just to see how she’s doing...But I feel like if I interact with her too much then we’re just going to end up fighting or something. So I don’t really want to do that.” Some participants in this group described their hopes that contact with mother could be of a higher, more substantial quality. Madeline, a 19-year-old woman whose mother experiences depression, stated, “I wish that we [mother and I] were able to speak more...But when I do talk to her on the phone, I just always end up frustrated...I wish I had more loving contact with her.” In contrast, four of the five participants in the positive relationship group reported that they were either fine with the amount of contact they currently had with their mother, or that they want more than what they currently had. Several participants in this group reported that they currently talk less with their mother than they did in the past due to being away from home, but do not feel that this has hindered their relationship. Olive, for example, explained, “I wish that my mom and I could talk all the time. I’m never happier than when I’m living there [at home] and we get to hang out all the time. But I don’t feel as if the lack of constant communication or distance has weakened that relationship, because when I go home I have the same exact relationship with my mom as I always have.”

These young women also varied in their descriptions of their sense of obligation to be self-sufficient. Within the positive relationship quality group, all five women described feeling content with current levels of self-sufficiency. Bridgette, for example, explained, “I feel like I have an appropriate level of self-reliance.” She goes on to say that her mother “should have enough [independence] that she doesn’t need me around...But...she should know that she can talk to me if she’s upset about something or that I’ll be there to support her.” In contrast, four of the five participants in the negative relationship quality group felt that they should have complete independence from their mothers and were particularly vocal about how mothers should be self-sufficient from their daughters. For example, Autumn, age 21, stated, “I don’t really feel like parents should have to depend on their children for happiness” and Natasha said, “she [my mother] should be able to take care of herself. She’s a grown adult. She’s getting help now. She’s getting medicine. She has my dad.”

Participants in both the positive and negative relationship groups explained that they did not feel any obligation to engage in personal sharing with their mother, but their reasons differed. All five women in the positive group explained that they do not feel that having personal conversations is something that they feel obligated to do, but rather that they do because they find personal sharing with

their mother to be genuinely helpful. For example, Winnie stated that, “I’d rather talk to her [my mother] than most of my friends about certain things, because I know I can trust her.” In contrast, all five young women in the negative relationship group indicated that they feel they do not “owe” personal sharing to their mother because she does not “deserve” to know details about their everyday lives. As Autumn remarked, “I kind of have the mindset of she doesn’t deserve to know me or really what’s going on with me.” Natasha, age 18, explained, “Everyone talks about, like ‘Oh, I can go tell my mom this.’ I can’t. So, I feel like it’s more like I’m the one missing out on that relationship more than my mom is.”

In contrast to the other aspects of felt obligation, participants in both groups had similar thoughts about their obligation to avoid conflict with their mothers. Participants in both groups (10/10) indicated that they often feel they must regulate their words around their mother, especially when she’s feeling particularly depressed or anxious for fear of not wanting to upset or stress their mother further. Molly reflected these sentiments when she stated, “I had to watch what I’ve said more, because if I said something that really upset her, then it would just throw her into a downward spiral, and I didn’t want to see that.” Findings suggest that these young women feel that there are restrictions to the type of information that they choose to share with their mother, regardless of how they characterize the mother–daughter relationship in general.

Father and Sibling Relationships

Young women in the study were asked about their caregiving relationships with their fathers and siblings. None of the participants in the positive relationship group felt that they had to care for their fathers, and instead described their father as very independent, stable, and not needing support. For example, Molly said of her father, “My dad has always been very independent. And like I’ve said, he’s never had any mental illness or anything, so I don’t feel like I’ve ever had to take care of him.” A total of three participants in the negative relationship group generally expressed that they did not provide assistance or care for their father. However, two of the five participants explained that they provided their father with emotional support as a protection for their father from their mother. Autumn, for example, explained, “Sometimes I feel like when I go home I need to be upbeat for him and be like, ‘Dad, let’s go somewhere, let’s take a bike ride,’ just to keep him happy. It’s hard when we’re [siblings] not there. So I do feel a burden...when I go home to just be happy and pretend that I’m fine because I don’t want to add another thing [to the family’s problems].” Participants were also similar across groups in describing how their

father copes with their mother's mental illness. In total, nine of the ten participants reported that their father either deals with the mental illness poorly or avoids dealing with it entirely. Participants described how their father may be distant from family members, and how he often times refuses to get involved in issues related to mental illness. For example, Rosie explained: "I don't think he [my father] really deals with it [mother's mental illness] that well. He doesn't seem to acknowledge it. He kind of just keeps to himself about things. When she's crazy and just yelling about things, he... I mean, he never yelled back, pretty much." As Piper, a 20-year-old woman whose mother is diagnosed with schizophrenia and copes with depression, explained, "I know that he's [my father] experienced a lot of confusion. He doesn't think depression is real."

A total of four of the five participants in the positive relationship group stated that they feel they did not have to care for their siblings. The one young woman in this group who did report providing care to siblings did not express any resentment or other negative feelings about it. Discussing her siblings, she explained, "I feel like we kind of took care of each other in that way. It just felt natural." Conversely, all five participants in the negative relationship quality group had experiences with caregiving for a sibling in some form. Three participants in this group discussed their experiences of providing care for younger siblings or receiving care from older siblings, and explained how the older sibling in these relationship dyads essentially took on a "pseudo-mom" role. Autumn explained, "My sister was kind of like a parent figure, almost, because she's older and she's been through college." Relatedly, Rosie discussed ways she feels she took on a "pseudo-mom" role with her younger brother. She explained, "I kind of dealt with more of the delicate things, like how my brother is feeling and ... what he wants to do... I kind of feel like I had a pseudo-mom kind of role when we were younger."

A total of eight participants across both relationship groups talked about how they and their siblings provide mutual support for one another, and have bonded over the shared experience of having a mother with mental illness. For example, Olive described a set of strategies she developed over time for dealing with her mother and her mental illness. She explained, "I wish I could write these [strategies] down and give them to my sister now that she's living there by herself, because I know that I was around her age when I started formulating these things and really becoming aware of what I was doing..." Autumn offered an insightful and powerful statement that summarizes the importance of supportive siblings when living with a mother who is coping with a mental illness. In describing her relationship with her older sister she explained, "We bonded over our mother's condition and I always think if I

was an only child, I'd probably be somewhere in an insane asylum, because it really is helpful to have somebody there that's already been through it. At the end of the day, nobody knows except your sister because she was there..."

Mothers' Mental Illness and Daughters' Personal Growth

Although the present study highlights many challenges faced by daughters of mothers experiencing mental illness, all ten participants shared ways that they have grown personally as a result of being in a family where their mother has a mental illness. Regardless of the quality of their mother–daughter relationships, a majority of young adult daughters (8/10) described ways that they have changed for the better as a person that included having a greater appreciation for happiness, learning helpful ways to cope with stress, having greater empathy for others, and feeling inspired to be independent young women. As Molly explained, "I feel like I gained a lot of understanding of life because of what my mom has gone through. I have more of an appreciation for life and happiness..." Natasha focused on feelings of independence: "I feel like the independence I've gotten out of it is really great because coming [to college] is so easy..." Piper offered an insightful summary of the ways she believes her experiences with her mother have changed her for good. She says, "I think it's safe to say I'm an entirely different person because of it. I'm pretty sympathetic and empathetic towards [mental illness]... I think it [having a mother with mental illness] changed me as a person, and I really strongly value learning from things like that... I don't know what would happen to me if I took it [my experience with my mother] negatively. I'm sure I would not be here."

A number of participants (5/10) discussed how experiences with their mother helped them to focus on a career in the helping professions. For example, Olive explained, "If anything, I'm almost grateful, because it's forced me to think about things and be aware of things that I wouldn't have otherwise. I'm so passionate about the work that I do with kids and I'm working towards a place where I can use arts constructively in children's lives. And part of that is the fact that she [my mother] has a mental illness and part of that is the fact that she's a teacher, and I don't know that I ever would have thought about this as a career path if it hadn't been for my relationship with her." Piper described ways she feels her experiences with her mother shaped and prepared her for her future career goals. She stated, "I would like to think that it affected me as feeling like I could be a stronger educator because I could reach out to certain people that feel that they don't have a nice home life so they can't do their work."

Some participants (5/10) discussed their advocacy experiences to combat stigma associated with mental illness. For example, Natasha, age 18, stated, “I feel like I have to defend her [my mother] when people talk about her.” Other participants, such as Olive, mentioned personal disclosure as a form of stigma-busting: “In the past two years, I’ve had a big charge to break down stigmas around mental health. I have no problem talking about the fact that I am currently depressed and dealing with depression.”

Discussion

The present qualitative study examined the accounts of ten young adult women in families where mother has a serious mental illness. The goals of the study were to replicate and extend existing research to understand young adult daughters’ experiences of role reversal and felt obligation, explore their perceived ties with father and siblings, and learn about their views of the impact of maternal mental illness on their own lives. Overall, findings suggest that young adult daughters had strong feelings about their mother–daughter relationships that could be characterized as either predominantly positive or predominately negative. All ten of the young adults in the study described experiences of caregiving and role reversal in their families. Young women’s accounts of caregiving, felt obligation towards their mothers, and ties with other family members appeared to differ according to daughters’ overall characterizations of their relationship with mother. Some participants spontaneously described their own mental health difficulties and how their own struggles shaped their relationships with their mothers. All of the adult daughters in the study described positive impacts of maternal mental illness on their own lives.

The majority of studies examining maternal mental illness have focused on negative consequences for children, including poor academic, social, behavioral, and mental health outcomes (Downey and Coyne 1990; Beck 1999; Mowbray et al. 2004). Recent comparative studies of adult children’s family relationships highlight the importance of factors such as role reversal and feelings of obligation in adults’ relationships with mothers coping with mental illness (Abraham and Stein 2010, 2013). A few existing studies also suggest that adults sometimes report positive aspects of their experiences coping with parental mental illness, although research typically highlights adults’ negative experiences (Ensminger et al. 2003; Duncan and Browning 2009; Mowbray and Mowbray 2006; Mowbray et al. 2006; Williams and Corrigan 1992). Findings from the present qualitative study provide some basic, yet powerful suggestions for researchers studying adults from families with maternal mental illness. First, present

findings highlight the importance of maternal relationship history and ongoing views of the mother–daughter relationship in shaping young adult daughters’ accounts of their experiences. The narratives of young adult daughters in our study sometimes differed sharply depending on adults’ characterization of their relationship with their mothers as mostly positive or mostly negative. Secondly, the present study reminds us that adults’ experiences in families with maternal mental illness are not viewed as uniformly negative. The present research includes young women’s accounts of positive personal impacts that they attribute to having a mother with serious mental illness.

All of the young adult daughters in the study reported that they provided care to their mothers, and had no trouble characterizing their mother–daughter relationships as either mostly positive or negative. However, adult daughters who described a positive relationship with mother tended to express little or no resentment over taking on a parental role, or with mother’s dependence on them, and hoped that their mother would continue to rely on them in the future. In contrast, young women who felt that their overall relationship history with mother was negative described parentification and caregiving for their mothers in resentful terms, and emphasized their lack of desire to provide future caregiving. Moreover, participants’ descriptions of their positive or negative relationship views towards mother were not significantly related to their reports of maternal psychiatric diagnosis.

A number of young adult women in the present study spontaneously discussed their own mental health difficulties. Research consistently finds that mental illness tends to run in families, with children of parents with a psychiatric disability having an increased likelihood of being diagnosed with a mental illness than the general population (Kessler et al. 1997). However, rather than blaming their mother for their own mental health problems, a number of daughters felt that their own experiences with mental illness brought them closer with their mothers. Some young adult daughters credited their mothers as models of perseverance and sources of support. Our findings stand in contrast to prevailing scholarly views about the effects of maternal mental illness as entirely negative and detrimental (e.g., Duncan and Browning 2009).

Present study findings add valuable insights into results of comparative studies of role reversal and felt obligation among young adults with mothers with mental illness (Abraham and Stein 2010, 2013). In studies comparing the views of young adults in families where a parent had a serious mental illness to young adults in non-distressed families, Abraham and Stein (2010, 2013) found that young adults reported higher levels of role reversal than their counterparts from non-distressed families. Present findings support previous research in that all of the adult daughters reported experiences of role reversal in providing care for

their mothers. However, daughters with positive views of their relationship with mother also tended to express the positive aspects of caregiving. Similarly, young women's interpretation of several aspects of felt obligation also appeared to be tied to their overall views of the maternal relationship.

Participants in the negative mother–daughter relationship group had no difficulty understanding felt obligation as the “oughts” and “shoulds” in ongoing mother–daughter relationships. However, young adult daughters with a positive relationship history with their mother tended to interpret relationship expectations in terms of affection for their mother and were sensitive to any negative connotations associated with the term “obligation.” These women expressed that their commitments to mother were what they “wanted” to do, not what they felt that they “should” do. In terms of frequency of contact, for example, participants with a positive mother–daughter relationship described being satisfied with expectations for contact with their mothers, or described wanting more contact. Participants with a negative mother–daughter relationship tended to describe a preference for more distance and more limited contact with mother, unless the quality of the maternal relationship was to substantially improve. Given the mixed results regarding felt obligation in recent comparison studies of adults with a parent with mental illness (Abraham and Stein 2010, 2012), the more nuanced perspective of the present qualitative study suggests that participants may have different interpretations of felt obligation depending on their perceptions of their relationship with mother. Future empirical research might benefit from an assessment of the mother–daughter relationship as a possible covariate in the investigation of young adults' reports of felt obligation towards a parent with mental illness.

Previous research suggests the importance of social support networks in coping with the difficult life circumstances faced by children of parents living with mental illness (Gass et al. 2007; Hoefnagels et al. 2007). However, existing studies have not typically focused on examining family ties such as those with fathers and siblings for adult children coping with maternal mental illness. Participants in the present study were generally critical of how fathers handled their mothers' mental illness. Young adult daughters felt that father avoided discussions of mental illness entirely or was generally distant from the family. Although women in the negative maternal relationship group were more likely to describe providing care to siblings, participants in both maternal relationship groups noted the importance of siblings in their lives as substantial sources of mutual support.

Interestingly, majority of the young women in the present study described positive personal attributes that resulted from having a mother with mental illness,

including a greater empathy for and acceptance of others, creativity, independence, assertiveness, and a sense of resiliency. A majority of these daughters also described ways in which their experiences have inspired them to engage in advocacy to reduce mental illness stigma and/or contributed to their plans for careers in the helping professions. Regardless of their reports of maternal relationship quality, young women in the present study seemed to make meaning of their experiences in positive ways. Present findings are consistent with some results from previous studies of adults coping with parental mental illness (Kinsella et al. 1996; Mowbray et al. 2004; Dunn 1993) and a growing literature on benefit finding and personal growth for adults coping with a variety of difficult life circumstances (Jayawickreme and Blackie 2014). Present findings suggest that the exclusive focus on negative outcomes, deficits, and dysfunction that can result from maternal mental illness that appears to currently dominate existing scholarly literature may distort the experiences of adult children and unwittingly perpetuate negative stereotypes associated with mental illness.

Although intriguing, present study results are limited in a number of important respects. Participants were a small, non-random sample of mostly Caucasian female college students from a Midwestern, public university. Their experiences may not be representative of young adult women with mothers coping with mental illness with different educational levels, racial or cultural backgrounds, phases of the adult life course, or other life circumstances. The present study purposefully limited the sample to accounts of young adult daughters with mothers coping with mental illness, so the research cannot speak to the experiences of sons or the experiences of adult children who have fathers with psychiatric disabilities. The research relied upon daughters' self-reports of their mothers' psychiatric diagnoses that were not verified by independent sources. Young women in the sample reported several different types of maternal mental illness including depression, bipolar disorder, and schizophrenia, and the influence of the type and duration of maternal mental illness on participants' accounts is unclear. Future studies with diverse samples of young women that are sensitive to maternal psychiatric diagnoses are needed to contextualize findings from the present research.

Limitations of the present research also suggest the need to identify the role of gender of adult children in understanding particular types of mental illness that are experienced by fathers as well as mothers. Moreover, our findings suggest that young women's characterization of overall maternal relationship quality was a useful factor upon which to explore similarities and differences in participants' narrative accounts. Of course, no claims about causality can be made regarding the role of overall views of the mother–daughter relationship in shaping young women's accounts.

The present research did not speak to factors that have shaped daughters' accounts of the quality of their relationships with their mothers in the first place. We also found a number of similarities in young women's accounts of their experiences regardless of their maternal relationship history.

Despite study limitations, our findings suggest the importance of a family systems perspective for mental health professionals working with individuals experiencing mental illness. Present findings serve as a powerful reminder to clinicians that the entire family structure can be impacted by maternal mental illness, in both negative and positive ways. Family members may acquire unexpected or atypical roles within the family as a result of maternal mental illness. Findings also underscore potential strategies that young adult daughters may use in coping with difficult family circumstances that can be caused by mental illness. Mental health professionals can be sensitive to the potential role of support networks of siblings in the lives of young women coping with parental mental illness, and may wish to explore positive meaning making strategies used by family members to understand mental illness (Park 2010). Future research that examines family members' strategies for support and coping has direct implications for the design of interventions with adults with mental illness and their families.

The present qualitative research gives voice to the experiences of ten young adult daughters from families where mother has a serious mental illness. The present research identified the perceived quality of the mother–daughter relationship as a potentially important factor in future empirical studies of felt obligation for this population. Findings also encourage researchers to take a more balanced perspective in understanding the experiences of adult children from families coping with mental illness, focusing on both positive and negative meanings that adults attribute to their family experiences. We hope that the present study serves as a catalyst for more qualitative and quantitative research to better understand ways that families cope with serious mental illness.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval All procedures performed in this study were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

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