

STRENGTH USE OF ADULT OFFSPRING TO COPE WITH PMI WHILE GROWING UP

Which strengths did adult offspring use to cope with parental mental illness while
growing up?

A qualitative interview study

Bachelor Dissertation

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Abstract

Background

The impact of mental illness of parents on their children is often neglected. If investigated, negative consequences of parental mental illness (PMI) on children is in the focus. Emerging popularity of positive psychology counters the emphasis on maladjusted aspects towards human resilience, human strength, and optimal functioning. Research in this domain has revealed that children facing adversities, such as PMI, often overcome risk and develop into resilient adults. Major contribution to bouncing back from adversity is the use of personal strengths. Therefore, this study contributes to the paucity of strength-based research in the context of children growing up with PMI, with the aiding research question: *Which strengths did adult offspring use to cope with parental mental illness while growing up?*

Methods

Both convenience and snowball sampling was used for recruitment. A semi-structured interview was conducted with seven adult children that had been growing up with PMI. The interview focused on strength use as a way of coping. Interviews were transcribed verbatim and iterative phenomenological analysis steps were taken. Both deductive and inductive approaches were used to develop the final coding scheme.

Results

Analysing the interviews, two emerged categories highlighted the importance of nine strengths. The first category namely strengths used to cope directly with PMI consisted of the strengths reflectivity, optimism, caring, serenity, and empathy. The second category namely strengths used to indirectly cope with the ramifications of PMI consisted of autonomy, seeking social connections, seeking an own space, and taking initiative.

Conclusion

The two diverging categories concerning strengths use have highlighted the importance of both direct and indirect coping with PMI. Strengths supporting direct coping had shown to be important to make sense of aggravating circumstances and to maintain the relationship with the parent. Strengths used to indirectly cope with PMI have shown to be crucial for the offspring to foster personal development and growth despite negative effects of PMI.

Introduction

Mental illness has a high impact on the lives of people suffering from it. However, as often neglected, not only are those suffering from it affected but also their close surrounding. This is especially relevant for close relatives. In the UK, for instance, approximately 57% of men and 67% of women with mental health problems are parents (Statistics UK, 2017). Since a high number of people suffering from a mental illness have children, the family context and especially the accompanied impact of parental mental illness (PMI) on the children should be recognized. Children of those affected by mental health issues are immediately involved and, hence, also directly affected by their parents' struggles. Impacting their everyday life, children grow up under circumstances that can demand dealing with various challenges during their upbringing such as detached behaviour, frequent emotional outbursts, and unstable emotional support (Trondsen, 2012).

In the focus of existing research, the psychopathological impact that growing up with parents affected by mental illness might have on children is well investigated. Children are categorised to be at higher risk of developing a mental illness themselves (Mattejat & Remschmidt, 2008). Besides direct exposure to symptoms and disruptions in parenting, the factor of genetic predisposition additionally increases the risk of developing mental health and behavioural problems (Anthony, 1969). Furthermore, Corrigan and Miller (2014) listed various maladaptive consequences as typical and affecting the everyday life of these children, for instance, shame, guilt, and isolation from peers. Prevailing literature has shown a great spectrum of negative consequences that children of parents with mental illness may suffer.

Expanding the notion of negative consequences, investigations of the subject matter from a positive psychological view revealed that aggravated circumstances of children growing up with PMI can result in positive outcomes as well (Seligman, 2002). Positive psychology, the movement of studying human resilience, human strengths and optimal functioning, allows to recognize the individual in a more holistic, comprehensive manner that goes beyond an at-risk label (Seligman, 2002). Accordingly, research has shown that despite facing adversities, a considerable number of children overcome those challenges and develop into resilient adults. Investigating aspects that potentially constitute resilience in the presence of PMI is therefore of high interest.

Resilience is seen as a dynamic process in which high-risk individuals bounce back from adversity and adjust well in life (Rutter, 1985). More precise definitions of the concept diverge, however, common findings underpin the major role of individual characteristics to facilitate thriving in spite of parental dysfunction (Tedeschi, 2005). Individual characteristics

that allow a person to perform well are also referred to as ‘personal strengths’ (Wood, Linley, Maltby, Kashdan, & Hurling 2011). Strengths develop while individuals engage in an ongoing adaptation to the external world (Masten & Coatsworth, 1998). In terms of PMI, using personal strengths is thought to function as a coping mechanism to be able to overcome challenges, adapt successfully, and develop in a healthy manner (Fergus & Zimmermann, 2005). In the process of using personal characteristics in an adaptive way to cope with difficulties, these characteristics are shaped and amplified, resulting in even more pronounced strengths (Rutter, 2012).

Looking at personal strengths, Tedeschi’s (2005) summary of the common findings across the resilience research include attributes such as positive temperamental qualities, positive self-worth, self-efficacy, good intellectual functioning, perceived competence, solid problem-solving skills, and a sense of optimism. One of the earliest studies on personal strengths in specific relation to PMI was conducted by Kinsella, Anderson and Anderson (1996). Their findings showed that strengths such as independence, ability to create and accomplish, empathy, and assertiveness were of significance in coping with mental illness of a parent. In a more recent research, an analysis of narratives of nine adults that grew up with PMI identified similar strengths such as independence, creativity, empathy, and assertiveness (Maunu & Stein, 2010). Although research in this regard is limited, existing literature has undermined the significant role of using personal strengths in coping with PMI.

Focusing on the individual’s set of strengths and abilities rather than their limitations provides the foundation for the strength-based approach (Xie, 2013). Basic principles of the strength-based approach are to first acknowledge that every person possesses strengths that can be used to improve their quality of life. Second, an individual’s motivation to improve the quality of life stems from a focus on strengths. Finally, all environments consist of resources that can support individuals in developing their strengths (Saleebey, 2006). Therefore, moving away from a victim-lens supports individuals in recognizing an active role in their lives (Smith, 2006). Interventions applying the strength-based approach to parents with mental illness and their children have demonstrated enhanced success rates (Hinden, Biebel, Nicholson, Henry, & Katz-Leavy, 2006). Interventions with a strength-based approach teach children to identify their strengths and to apply them when facing adversity (Connell, Spencer, & Aber, 1994). Focus on potential and already existing strengths has shown to facilitate enhanced self-esteem, a positive outlook, less risky and more desired behaviour of people in treatment (Xie, 2013). Therefore, identifying strengths in children that grew up with PMI can provide significant information for intervention design that contributes to strengths

reinforcement which can foster better coping and resilience.

The present study provides an in-depth investigation of the experience of children growing up with parents with mental illness. The focus on strength use as a means of coping adds to the paucity of research with a strength-based perspective. Furthermore, interviewing adult children that grew up under these circumstances raises awareness of the significant role of the family context in regard to the impact of mental illnesses. The qualitative nature of the study leaves room to explore how strengths were used, established, or reinforced in each participants' individual process of coping with mental illness of the parent. Accordingly, the following research question is guiding the study: *“Which strengths did adult offspring use to cope with parental mental illness while growing up?”*

Methods

Participants

The study was conducted in 2019 in Germany and in the Netherlands. First, four participants were recruited by means of convenience sampling, meaning people known by the researcher of fulfilling the inclusion criteria were contacted personally by word of mouth or via telephone. Furthermore, communication with fellow students facilitated recruitment of two further participants which were contacted via telephone. Second, snowball sampling eventuated as one participant facilitated telephone contact to a further eligible person which also took part in the study.

The sample consisted of seven adults with age 20 to 26 ($n = 6$) and 62 ($n = 1$). There were five women and two men. All of the participants were from Germany. All of the participants had already moved out of the home of their parents, except one who lived part-time with the parents. Demographics of the participants are shown in Table 1.

To be eligible to take part in the study, participants had to be at least 18 years old, spoke German, and must have been growing up with one or both parents suffering a mental illness for at least three years. Confirmation of the participants ensured the criterion of a diagnosed parent. In that regard, incorrect information could not be ruled out. Mental illnesses of the parents included major depressive disorder, narcissistic personality disorder, generalized anxiety disorder, bipolar disorder, and paranoid schizophrenia.

Table 1.

Demographic Characteristics (n = 7)

Characteristics		n
Gender	Female	5
	Male	2
Nationality	German	7
Age	$M = 28$	
Type of mental illness of parent	Major depressive disorder	3
	Narcissistic personality disorder	1
	Generalized anxiety disorder	1
	Bipolar disorder	1
	Paranoid schizophrenia	1

Interview

An extensive interview scheme was used to gain insight of the circumstances that participants were growing up with. A Semi-structured interview scheme with open-ended questions was developed to allow for delineation of subjective experiences (See Appendix A). Additionally, various prompts enabled adaptability throughout the process of data collection in response to the answers of the participants. The interview was structured in four parts including an introduction, general questions regarding circumstances while growing up, coping strategies in terms of strengths use, and circumstances nowadays.

With the introduction of the participant, demographics such as age, family status, and employment status were clarified. Further questions such as “*Do you have siblings?*”; “*What was the family situation while growing up (With one or both parents, with siblings, grandparents, other acquaintances)?*” served to get a better understanding of the given situation. The second part allowed for more detailed exploration of the circumstances using questions as for instance “*Were the circumstances consistent, ever-present or changing over time?*”; “*What kind of challenges did you face?*”. Investigating coping strategies in terms of strengths use, the third and most significant part included questions such as “*How did you deal with difficult situations?*”; “*Were there personal characteristic(s) that helped you cope with the situation back then?*”. Lastly, the impact of the mental illness of the parent nowadays in the present was questioned “*In what ways does it affect your life nowadays?*”; “*Are there ways in which you perceive you took any benefits from the experience?*” as well as an evaluation of the participants on their way of dealing with PMI while growing up, questions like “*From the perspective of today how would you say did you deal with challenges and given situations in the past?*”; “*If you could go back to when you were a child/teenager what would you do differently?*” were posed.

Questions of that kind helped guiding the interview to assess strengths use of the participants in coping with PMI.

Procedure

After review of the study proposal, the ethical committee of the University of Twente gave permission to conduct the study. Due to time and quality demands, recruitment was ended with 7 participants. To maximise comfortableness, locations of the interviews were determined by the participants themselves; they were held either at home of the participants or in localities of the University of Twente. Prior to the interviews written consent (See Appendix B) was provided by the participants, who did so voluntarily and without compensation. The informed consent included all ethical matters to clarify voluntariness and confidentiality. All interviews were conducted by the researcher of the study. To record the interviews an audio recorder was used. The interviews varied from 28 to 52 minutes in lengths. Information gathered during the interviews differed in terms of detail.

Data Analysis

After all interviews were conducted, they were transcribed verbatim by the researcher. To ensure anonymity of the participants, names, places, and other indicators mentioned during the interview were deleted. To get familiar with the data, all transcripts were reread. The programme ATLAS.TI was used to code the data. To analyse the data interpretative phenomenological steps were taken. Both deductive and inductive approaches were used in the process of analysis. The study of Kinsella et al. (1996) resembled the present study the most. Therefore, initially, codes were derived from Kinsella et al. (1996) namely *Independence or self-reliance*, *Ability to create and accomplish*, *Empathy*, *Resiliency*, *Assertiveness*, *Spiritual and life perspective* were as a starting framework to deductively analyse the data. Beginning to analyse, some overlap of the preliminary codes was found. However, as additional relevant themes became apparent inductive analysis was included from the first interview on. Identification of all significant statements across the interviews showed great thematical variety which led to constantly comparing the interviews in light of new emerging codes. In the process of analysing, two categories became apparent namely strength used to directly cope with PMI and strengths used to indirectly cope with ramifications of PMI. Finally, the scheme was composed of both codes derived from Kinsella et al. (1996) and newly developed ones. The final coding scheme (See Appendix C) was used to analyse the first two interviews to verify its completeness. The first supervisor counter-checked the development of the coding scheme and provided aid for improvement. This process endured until consensus was met.

Results

To explore the research question which strengths did adult offspring use to cope with parental mental illness while growing up, analysis of the data resulted in emergence of two categories namely strengths used to directly cope with PMI and strengths used to indirectly cope with ramifications of PMI. To directly cope with PMI five strengths have been demonstrated to be of great importance namely Reflectivity, Optimism, Caring, Serenity, and Empathy. Four strengths were especially helpful to indirectly cope with ramifications of PMI namely Autonomy, Seeking Social Connections, Seeking an own Space, and Taking Initiative.

Strengths used to directly cope with PMI

The first category consists of strengths, namely Reflectivity, Optimism, Caring, Serenity, and Empathy that were fostered through direct, active coping with circumstances resulting from the mental illness of the parent. Especially, interacting with the parent in spite of difficult behaviour reinforced the use of the following strengths.

Most frequently expressed in this category, all participants mentioned aspects concerning *Reflectivity* to have been particularly prevalent while growing up. Mostly, demanding or irritating behaviour of the parent induced the child to reflect on that behaviour to better understand and make sense of it. Considerably, from an early age on, participants seemed to begin to differentiate between a healthy way of behaving and actions induced by the mental illness. For instance, if the parent's behaviour seemed highly paradox, participants reflected on it and were able to discern and categorise it as part of the mental illness instead of part of the parent's character.

Five participants explained how *Optimism* helped them to turn feelings of despair and sadness into a sense of strength and positivity, in some cases even into pride based on the ability to deal with circumstances that other children do not face. In this regard, aspects mentioned showed that most participants used an optimistic framing technique in order to regain a positive outlook and motivation to keep going despite aggravated circumstances. For instance, recurring severe phases of the mental illness were followed by good phases signalised by fewer or marginal symptoms which in turn created a sense of optimism in the child during severe phases.

Four participants mentioned elements of *Caring* as a way of coping with PMI. It was expressed that caring was a natural reaction to seeing the parent suffering. However, great differences in the effectiveness of caring for the parent influenced the degree of manifestation

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of caring as a coping mechanism. Two participants described attempts to support the parent, who, however, did not accept any help. On the other hand, three participants explained how their parents were accepting their help and how they accordingly learned which “buttons to push” to make their parent and therefore themselves feel better.

Serenity was mentioned by four participants as a result of and helping with coping with phases of adversity. Participants spoke of their ability to react in a particularly tolerant and easygoing manner to outside stressors as they have learned to withstand high levels of stress at home. Participant’s utterances of this strength showed that the challenges of the upbringing toughened them up and made them more resistant to outer influences in life. Mostly, serenity was described in comparison to other people in their surrounding who seemed to be less stress resistant than the participants themselves.

Empathy helped three of the participants to interact with their parents in a peaceful and constructive manner. Respondents explained how learning to empathise with the parent helped immensely to be able to comprehend their behaviour. This in turn facilitated appreciation both from the child as well as from the parent, leading to an improved relationship. Contrarily, participants who did not mention empathy as a way of coping seemed to not have been given the possibility due to a lack of involvement from the side of the parent.

Table 2.

Strengths used to directly cope with PMI

Code	Code total <i>n</i>	Example quote
Reflectivity	7	R2: On some days she just laid in bed, she didn’t get out. Back then I always asked myself ‘Ok, what could be the reason for that?’ R5: So, it is really strange to deal with that [depression of the mother] as the daughter. Often, you’re angry but somehow you also think ‘Yes but it is an illness, she can’t do anything about that.’

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Code	Code total <i>n</i>	Example quote
Optimism	5	<p>R2: I think that I learned that no matter how often you feel devastated like I have seen it with her [her mum], you will always get out of it and you simply have to continue, because it was also like that with her, she did not have it [depressive episode] for a long time and I just know if she would have given up back then, she wouldn't be at that point right now and that showed me that you should always keep on going.</p> <p>R6: Back then I always thought 'Yes, all of this is not that great, but I will manage and I managed it so far and not many other people could claim that'. I tried to see it more from an optimistic perspective. Also, as an example, instead of remembering the negative, I chose positive memories of my father as a mentally ill person.</p>
Caring	4	<p>R5: It was often like that, I wanted to help my mother, undertake some kind of activity with her but she simply never wanted to.</p> <p>R6: He was in the clinic and I was allowed to have calls with him because when he got temper tantrums, it was the only thing that calmed him down.</p>
Serenity	4	<p>R3: I have experienced so much stress, so things that I experience in my nowadays normal, stable life don't feel like problems or the like. Circumstances in which other people despair, I really cannot relate. A lot would have to happen to throw me off the track.</p> <p>R7: I think that [the way of growing up] is one of the main reasons that many things stressing other people out, don't bother me at all because somehow you just know how terrible it can be, especially in private life and that is why I am very positive and resistant.</p>
Empathy	3	<p>R2: So now that I know that she got it [depression], I have to say that she always tells me then if she has another bad phase and then it is somehow easier to cope with it, because then I know 'ok she doesn't feel good right now', then I can better deal with it.</p> <p>R6: I would not approach my dad and tell him for example that I am lovesick and that I feel very bad, because I know that he would become super nervous and would not be able to sleep anymore.</p>

Strengths used to indirectly cope with ramifications of PMI

Strengths of this category, namely *Autonomy*, *Seeking Social Connections*, *Seeking an Own Space*, and *Taking Initiative* had been used in the course of indirectly coping with difficult circumstances. Overall, these strengths mainly compounded aspects that served the participant to develop their character outside of the context of PMI.

All participants mentioned *Autonomy* to be a strength that helped them dealing with aggravated circumstances. Circumstances ranging from a non-safe environment at home to mentally fragile parents that are overwhelmed with the role of parenting led to independent behaviour of the child from an early age on. All participants stated a lack of support from their parents which, however, resulted in them growing more quickly into autonomous individuals. For instance, having no shoulder to lean on, one participant described how she learned to be her own shoulder herself to lean on.

Five participants mentioned *Seeking Social Connections* as a strength which seemed to have been reinforced during their time of growing up. Respondents stated that seeking valuable and close friendships helped enormously to cope with adversities. Avoidance of staying at home, for instance, led to connecting with other people and spending time at their places. Some participants also highlighted the importance of having friendships with like-minded people. One technique to ensure connecting with the ‘right’ people was outlined by one respondent, namely telling potential future friends about the mental illness of the parent to check if they would deal well with it.

Aspects related to *Seeking an own Space* were mentioned by four participants. Different kind of spaces were sought and used to feel better. Simultaneously, these spaces were used to escape and shut oneself off from aggravated situations at home. Two participants, for instance, used to spend many hours in nature where they could feel free and enjoy themselves without interference of ramifications of the mental illness of the parent. Two other participants described that their own room at home served as a ‘safe space’ to follow one’s own interests apart from potential distractions.

Lastly, *Taking Initiative* helped four participants to indirectly cope with PMI in terms of breaking out of the situation and taking opportunities to foster their development independent of their home. Utterances of this code were descriptive for pursuing one’s own destiny. Exemplary, participants described how they took advantage of the school setting to develop or how they took initiative to begin different kind of hobbies. Especially expressive was a statement of one of the participants mentioning the urge to escape home to spend time in nature and with animals. The participant had a huge desire to ride horses, however, she had

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no money to get horse-riding classes. Therefore, she initiated the deal of cleaning the boxes of the horses at the farm to get training classes in return.

Table 3.

Strengths used to indirectly cope with ramifications of PMI

Code	Code total <i>n</i>	Example quote
Autonomy	7	<p>R3: It is simply a feeling of especially because the parent did not have much regulation over the life, oneself in turn has all the more agency and possibility to actively choose to get the best out of it.</p> <p>R4: When I told my mother what I was going to study she reacted hysterically and said I would not be able to accomplish it, so there was zero trust from my parents, so then I was like ‘Okay, I told them. I do my thing now and they can do whatever with the information, I don’t care.’.</p>
Seeking Social Connections	5	<p>R3: I avoided to stay at home but out of free will because I wanted it like that and because I liked it better somewhere else and because of that I often had the feeling that I spent more time with people, began early on to make close connections.</p> <p>R7: I was and I am still very good at making friends, and making a lot of friends and because of the negativity at home, I always ensured a positive atmosphere when I was in school or in general when I was with my friends.</p>
Seeking an own Space	4	<p>R1: It was my big luck that I could always get the dog of my neighbours, so I always ran away with him, I was walking the dog so much, through nature, through parks, for many hours, beautiful! Breaking out of the narrow straits!</p> <p>R2: When I was younger and I noticed something was going on, I cut myself off from the situation, to not notice too much, and went into my room for example.</p> <p>R4: We also had a huge, huge garden. I was very happy there, without my parents, spending hours in the garden, I almost lived there, went home in the evening only to go to sleep.</p>
Taking Initiative	4	<p>R1: So we cleaned the boxes of the horses and in return we got horse-riding classes. That is how I learned horse riding, I worked for the classes myself.</p> <p>R4: I think I was simply frustrated by the situation at home, so I simply went outside and did just anything. Also in school, for example, I wanted to do acting, so I went to acting classes, I wanted to play music, so I did.</p>

Discussion

The study gives voice to adult children and their perspectives on growing up with PMI. The aim was to explore which strengths of the offspring of parents with a mental illness were used while dealing with adverse circumstances while growing up. Following, an outline of the findings will answer the research question: Which strengths of adult children were used to cope with parental mental illness while growing up? and will be placed into context of relevant literature.

First of all, this research adds to emerging evidence of strengths as protective factors in the course of coping with the various challenges children face while growing up with parental mental illness (Hinden, Biebel, Nicholson, Henry, & Katz-Leavy, 2006; Kinsella, Anderson & Anderson, 1996; Lind, Walsh, McCaffrey, Wardle, Johansson, & Juby, 2018; Maunu & Stein, 2010). Emerged categories highlight the differentiation of coping with PMI either in a direct or an indirect manner. Strengths related to direct coping were reflectivity, optimism, caring, serenity, and empathy. These strengths were used while confronting ambiguities, interacting with the parent and their struggles, making sense of unsettling behaviour, and to stay calm while facing challenges. On the other hand, strengths used to indirectly cope with the ramifications of PMI were autonomy, seeking social connections, seeking an own space, and taking initiative. These strengths have shown to be helpful in the face of aggravated circumstances which led to enhanced involvement and initiative taking outside of the problematic situation at home.

Balancing to cope with the burden of PMI and to find ways to thrive outside of the home appears to be an ongoing task for the offspring (Cowie, 2017, p. 59). Likewise, a study by Mordoch and Hall (2008) investigating children's way of coping with the mental illness of their parents emphasised the importance of children to balance maintenance of the relationship with the parent while preserving safe distances. In respect thereof, Drost and Schippers (2013) described a finding of their case study on children of parents with a mental illness as follows: "Ann lived in two separate worlds. One involved struggling with a hectic home situation and the other was that of a young adult girl mixing with friends and colleagues". Underlining divergence of these two worlds, findings of the present study demonstrate the importance for children to apply direct and indirect coping with the mental illness of the parent to combine these worlds.

Most participants demonstrated an amplified need to escape the situation at home, especially during overwhelming phases. Similar to the study of Mordoch and Hall (2008), findings showed that participants had put great effort in activities apart from the parents'

struggles. One effective way for children to diminish exposure to their parents' symptoms of mental distress are social connections (Haug Fjone, Ytterhus, & Almvik, 2009). To that effect, most of the participants mentioned enhanced seeking of social connections in order to deal with their situation. A few participants mentioned the desire to connect with peers living similar experiences. Partly, respondents told how they rather naturally connected with peers with a more complicated family background. These insights are in line with literature demonstrating attraction of offspring of PMI towards peers with a comparable background (Haug Fjone, Ytterhus, & Almvik, 2009). Spending time with friends, being able to connect with others, overall possessing a social network has been demonstrated to provide a great source to be able to bounce back from adversities (Lee, Halpern, Hertz-Picciotto, Martin, & Suchindran, 2006.).

Corresponding to indirect coping by means of escape mechanisms, seeking an own space was additionally mentioned to be an important strength. Sought places were, for instance, outside in the nature or the own room at home. Seeking these places helped participants to free themselves from the burden of PMI. The ability to cut oneself off from overwhelming situations and to find a place to step away was demonstrated to be of great importance. This strength echoes findings of Mordoch and Hall (2008) describing children's mechanism of 'Getting away' to distance themselves from the parent to recharge energy.

Concerning escape mechanisms, data from the interview demonstrated enhanced initiative of respondents in order to get involved in different kinds of activities. To foster development despite missing support from the parent, participants were indirectly required to take greater initiative in various contexts. This goes along with literature implicating positive outcomes of taking part in various kinds of activities as a form of distraction as well as enabling personal growth (Bee, Berzins, Calam, Prymachuk, & Abel, 2013; Mordoch & Hall, 2008). Furthermore, a study of Watt, David, Ladd, and Shamos (1995) on resilient adults, demonstrated not merely their survival but their way of thriving in reaction to early life stresses. A strong conviction had been developed to assert control over one's fate as antidote for a sense of powerlessness in cases of adverse experiences at home. Findings of the present study underline potential reinforcement of initiative taking as to pursue goals despite aggravated circumstances in relation to the parents.

Overall, the aforementioned aspects contributed to the most often stated strength namely autonomy. Inducing factors mentioned by the participants ranged from missing support to parents requiring assistance themselves. Having to take on a more responsible role from an early age on, all participants described enhanced independence in comparison to most

of their peers. In line with research of Harstone and Charles (2012) on children's perspective of growing up with PMI, greater responsibility was described as burdensome on the one hand but relishing on the other. Growing more quickly into an autonomous person was stated in a positive light. However, it meant for participants having to deal with all kinds of challenges on their own. Rutter (1979) identified mastering challenges as such to contribute to invulnerability. Additional to having external or internal resources, he described the ability to moderate the impact of adverse conditions on one's life to result in invulnerability. However, so-called invulnerability which has been positively labeled has also been criticised. Being invulnerable implies an inability to be vulnerable. Cowie (2017, p. 66) highlights the ability to be vulnerable as prerequisite for development and maintenance of social relationships. A matter of investigation and perspective, therefore, determines whether autonomy can be solely seen as a strength.

Confronting PMI, participants most often mentioned reflectivity and optimism to aid coping. Reflectivity helped participants to make sense of confusing or distressing circumstances. Optimism, on the other hand, enabled a positive outlook despite negative happenings. These strengths seem to support the notion of the stress-related growth phenomenon. Stress-related growth describes how phases of adversity can result in character growth (Janoff-Bulman, 2006). It is theorised that experiences of traumatic events devastate an individual's beliefs system. In return, a person begins to struggle to make sense of the world, people surrounded by, and the own character and abilities. Following, a process of reconstruction induces new positive values and beliefs which may contribute growth (Janoff-Bulman, 2006). During this process, reflecting is seen as part of the reconstruction process (Tedeschi & Calhoun, 2004). Underlining the theory, findings of the present study emphasise the role of reflectivity in reaction to negative experiences with the parents as a mechanism to make sense of it. Making sense of the situation induced optimistic thinking which in turn fostered a more positive state of mind. Furthermore, prevailing literature of resiliency frameworks state a sense of optimism as one of the key qualities to contribute to resilience (Tedeschi, 2005). Respondents supported the role of reflectivity and optimism as enabling factor to cope with adversity.

Additional important strengths used by means of direct coping include caring and empathy. Mordoch and Hall (2008) identified childrens' adaptation mechanism to diminish their parents' mental distress. One way to minimise distress is by caring for the parent (Mordoch & Hall, 2008). Participants mentioned how seeing their parent suffering induced a natural response of trying to help. However, acceptance to receive support was only given by

some of the parents. Parents' acceptance and involvement seemed to go hand in hand with their openness about their struggles. A kind of positive feedback loop seemed apparent, transparency of the parent induced involvement of the offspring in form of empathy and care. Following, the relationship improved which in turn reinforced openness of the parent and involvement of the child. This notion is in line with findings of previous research identifying positive outcomes such as an improved relationship to result from care of the child (Aldridge & Becker, 2003; Mordoch & Hall, 2008). Besides transparency of the parent, Cowie (2017, p. 65) assumed a heightened skill of empathy to emerge from persistent watching for changes in mood and behaviour of the parent in order to have some control over unpredictable situations. Overall, depending on the behaviour of the parent, empathy and care were evaluated as helpful strengths to improve well-being of both the parent and the child.

Lastly, serenity was found to be especially helpful to deal with aggravated circumstances. While growing up, participants became more and more used to uncomfortable or distressing situations. As a result, most respondents described a high level of stress tolerance and calmness in reaction to negative experiences. In line with Masten and Coatsworth's (1998) explanation, the strength had been developed in the process of ongoing adaptation to recurring circumstances in their environment.

Strong points

Research about the impact of PMI on children is still at its beginning. Investigating the domain raises awareness of the significant role of mental illnesses in regard to the family context. Existing literature focuses on the negative consequences of PMI. With a focus on the strength-based approach, the study at hand contributes important insights to the present gap.

Although the study was focused on a highly sensitive topic, research conditions were augmented by several factors. The first enriching factor concerned demographics of the participants. Most of the participants were of the same age range and from a similar background as the researcher. The second factor refers to the recruitment strategy. Most participants were recruited within the network of the researcher. Both these factors appeared to facilitate openness of the respondents during the interviews. Comfortableness of the interview partners seemed to enhance attunement which in turn raised the quality of the data by means of deeper insights.

A further strong point of the study was the heterogenic nature of the sample concerning the type of PMI. Great differences allowed exploration of a wide spectrum of

important information. The significant role of outlined strengths was emphasised as these strengths were mentioned across the sample despite the great variety of experiences.

Limitations and Recommendations

A limitation with minor impact on the study was the inexperience of the researcher concerning interviewing skills. During some of the interviews the use of probing questions could have been improved in order to gain more knowledge about the context of the use of certain strengths. It is recommended to conduct a number of pilot interviews to get a better understanding of the right use of questions. Additionally, interview training could improve the use of probing questions to foster statements that provide more context.

During the interviews it became apparent that some participants found it way easier to tell about the use of personal strengths as compared to others. This aspect strengthens the emergence of a strength-based perspective for children facing adversities like PMI. According to one of the basic principles of the strength-based approach, every person possesses strengths that can be used to improve one's life (Saleebey, 2006). Thus, while interviewing it became apparent that for individuals to acknowledge and internalise this idea, it would be of great support if strength-based perspectives would be taught to reinforce self-esteem and self-efficacy beliefs (Bandura, 1997).

Pointing out the heterogenic nature of the sample in regard to the mental illness of the parents as a strong point, it yet became apparent that divergence of the use of specific strengths appeared to be partially based on the kind of PMI. Thus, it is recommended for future research to additionally investigate homogenic samples in regard to the kind of mental illness the parents possess to be able to specify strength use tailored to particular kinds of mental illnesses.

Conclusion

This study corroborates previous research affirming the use of strength as highly important for children to cope with PMI while growing up. Emergence of the two distinct categories, namely strengths that were used to cope with PMI directly and strengths that were used to indirectly cope with it, emphasise the importance for children to balance impacts of PMI in two ways. On the one hand, confronting adversities supports coping in terms of making sense of the situation, establish understanding, and maintenance of the relationship with the parent. On the other hand, dealing with the mental illness of the parent indirectly aids coping by means of fostering personal growth and development despite aggravated circumstances. Both ways of coping have shown to induce the use of the outlined strengths.

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Appendices

Appendix A

Semistructured Interview Scheme

Introduction

Welcome! Thank you for taking your time to take part in this study. Although you might know the purpose of this interview, to recap - it is to explore the coping strategies and possible strengths that are used to deal with given challenges of growing up with a parent with mental illness.

I would like to gain insight in the given challenges, how these were experienced, and especially how you coped with them. Accordingly, I would like you to elaborate on the life circumstances during your upbringing and the effect it had on you.

During the interview you will be asked some questions but most of the time I will let you talk freely with minimum interruption. As mentioned in the informed consent the interview will be recorded and later on transcribed for analysis. Considering the sensitivity of the topic, it is ensured that every information will be treated confidentially, all information will be anonymised and no third party will get access to it. Potentially, some of your quotes will be mentioned in the report, however, it is ensured that all indicating information is removed. You can take a break, ask questions or stop the interview at any time during the interview.

INTRODUCTION - To start the interview, I would like you to introduce yourself:

- What is your name?
- How old are you?
- What is your family status?
- What is your employment status?
- Do you have any siblings?
- Family situation while growing up (With one or both parents, with siblings, grandparents, other acquaintances)?

BROAD START

- Could you tell me about the way you grew up? General life situation?

The following questions are more like a checklist, I will let the participant talk freely and only if information according to the questions below is not mentioned I will ask them.

- Do you remember when it first became apparent to you that your parent has a mental illness?
- How would you describe the relationship with your parent/s?
- Were there differing phases (up/down) considering the situation at home?
Circumstances consistent, ever-present or changing over time?
- Were there challenges you had to face? What kind of challenges?
- What would you say how did it affect your life?

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COPING

After mentioning the situation and given challenges while growing up, could you tell me how you coped with these:

- How did you deal with the difficult situations/challenges?

The following questions are more like a checklist, I will let the participant talk freely and only if information according to the questions below is not mentioned I will ask them.

- Did you deal with difficult situations on your own or did you seek advice in your surrounding (Friends, Other family members, Acquaintances, Official Place)?
- How did your family (and surrounding) treat the mental illness (keeping it a secret/be open about it)?
- Was there something that helped you specifically to deal with it?
 - > If yes, can you give some examples?
- Looking back are there things you were (specifically) good at?
 - > Were you aware of these “strengths” back then?
 - > Do you think these “strengths” helped you cope with difficult situations?
- Were there personal characteristic(s) that helped you cope with the situation back then?
- Are there situations or places that you associate specifically with happy moments?
 - > If yes, what about these situations or places made you feel happy?

NOWADAYS – Looking back on the time living with your parent and the mental illness, it would be interesting to know how you perceive the situation from today’s perspective and how the life circumstances are nowadays like.

- How is the situation nowadays?
- In what way does it affect your life nowadays if it does?
- How is the relationship with your parent nowadays?
- From the perspective of today how would you say did you deal with challenges and given situations in the past?
- If you could go back to when you were a child/teenager would you do something differently?
 - > Do you think there are characteristics of yourself that could have helped you if you would have made use of them?
- How do you perceive the circumstance with your parent nowadays compared to when you were younger?
- Do you think that the experiences had any effects on your personality?
 - If close people of yours had to describe you in a few words, how would that probably be?
- Which personal characteristics of yours constitute your personality most saliently?
 - > In what way do they help you with difficult situations if they do?
- Are there things you are now (specifically) good at?
 - > Do these “strengths” help you cope with specific circumstances nowadays?
- Are there ways in which you perceive you took any benefits from the experience?

This was the last question. I would like to thank you for your openness and for sharing the insights with me. I gained some knowledge about the circumstances, your way of dealing with them and in what ways it perhaps also had a positive effect on you and your personality. I hope the interview went fine for you as well, maybe you can take some new realizations with you too. Thank you again for participating. Do you have any questions right now? ...
If you have any questions in the future you can always contact me via my e-mail address.

Appendix B

Informed Consent

Project Title

Coping in form of development and use of strengths of grown up children of parents with a mental illness

Purpose of the Study

This research is being conducted by Julynn Kittel, a third year Psychology Bachelor student of the University of Twente. I am inviting you to participate in this research project about possible strengths use to cope with growing up with a parent with a mental illness. The purpose of this research project is to find out if grown up children (adults) who lived together with a parent with a mental illness developed and used strengths to cope with probable challenging circumstances while growing up.

Procedures

You will participate in an interview lasting approximately 30 to 60 minutes. You will be asked questions about the way you coped with growing up with a parent with mental illness by the use of strengths and how you nowadays perceive your strengths use looking back on the time living with your parent/s. Sample questions include: "Growing up were there challenges you had to face? What kind of challenges? How did you deal with the circumstances/challenges? Was there something that helped you specifically to deal with it? Did you deal with difficult situations on your own or did you seek advice in your surrounding (friends, other family members, acquaintances, official place)? How would you say did you deal with the challenges and given situations in the past? What kind of personal characteristics helped you cope with the situation back then? Are there things you were or now are good at? Did this help you in the situation back then or does it help you nowadays? If you could go back to when you were a child/teenager would you do something differently? Are there ways in which you perceive you took any benefits from the experiences?".

You must be at least 18 years old and have been growing up with a parent with a mental illness (at least for the time of two years)

Potential Risks and Discomforts

There are no obvious physical, legal or economic risks associated. However, based on the sensitivity of the topic, some discomfort might arise while answering the questions. Therefore, please keep in mind that you do not have to answer any question you do not wish to answer. Your participation is voluntary and you are free to discontinue your participation at any time. Furthermore, to account for a safe environment the interview will be held at your home or at another location of your choice where you feel comfortable.

Potential Benefits

Participation in this study does not guarantee any beneficial results to you. As a result of participating you may get a deeper insight yourself which strengths and resources you have used/still use to cope with possibly challenging circumstances you were facing/still face. The broader goal of this research is to get a deeper insight into strengths use in coping with challenging circumstances of growing up with a parent with a mental illness from the perspective of grown up 'children'.

Confidentiality

Your privacy will be protected to the maximum extent allowable by law. No personally identifiable information will be reported in any research product. Moreover, only trained research staff will have access to your responses. Within these restrictions, results of this study will be made available to you upon request. At the start of the research your name will be replaced by a pseudonym; your name will be coded.

As indicated above, this research project involves making an audio recording of the interview with you. Transcribed segments from the audio recordings may be used in published forms (e.g., bachelor thesis report, journal articles and book chapters). In the case of publication, pseudonyms will be used. The audio recording will be saved by the researcher and will be destroyed after finishing the study.

Right to Withdraw and Questions

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify. The data you provided before you stopped participating however will be processed in this research; no new data will be collected or used.

If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the primary investigator:

Julynn Kittel, j.e.kittel@student.utwente.nl

Statement of Consent

Your signature indicates that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree that you will participate in this research study. You will receive a copy of this signed consent form.

I agree to participate in a research project led by Julynn Kittel. The purpose of this document is to specify the terms of my participation in the project through being interviewed.

1. I have been given sufficient information about this research project. The purpose of my participation as an interviewee in this project has been explained to me and is clear.
2. My participation as an interviewee in this project is voluntary. There is no explicit or implicit coercion whatsoever to participate.
3. Participation involves being interviewed by a researcher from the University of Twente. The interview will last approximately 30-60 minutes. I allow the researcher to take written

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notes during the interview. I also may allow the recording by audio of the interview. It is clear to me that in case I do not want the interview to be taped I am at any point of time fully entitled to withdraw from participation.

4. I have the right not to answer any of the questions. If I feel uncomfortable in any way during the interview session, I have the right to withdraw from the interview.

5. I have been given the explicit guarantees that, if I wish so, the researcher will not identify me by name or function in any reports using information obtained from this interview, and that my confidentiality as a participant in this study will remain secure.

6. I have been given the guarantee that this research project has been reviewed and approved by the faculty of Psychology and by the BMS Ethics Committee. For research problems or any other question regarding the research project, the Secretary of the Ethics Commission of the faculty Behavioural, Management and Social Sciences at University Twente may be contacted through ethicscommittee-bms@utwente.nl.

7. I have read and understood the points and statements of this form. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.

8. I have been given a copy of this consent form co-signed by the interviewer.

_____	_____	_____
Name Participant	Signature	Date
_____	_____	_____
Name Researcher	Signature	Date

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Appendix C.

Coding Scheme

Category	Code	Description
Strengths used to directly cope with PMI	Reflectivity	Realising problems of the parent induced by mental illness and interacting with the parent leading to recurring reflections in order to understand and make sense of the behaviour
	Optimism	Frame various occurrences positively in order to stay optimistic
	Caring	Provide support to the parent to help them feel better
	Serenity	Possessing high stress tolerance based on experiences of worse
	Empathy	Understanding the feelings or behaviour of the parent
Strengths used to indirectly cope with ramifications of PMI	Autonomy	A sense of independence due to a lack of agency of the parent
	Seeking Social Connections	Initiating contact to other people in order to connect and to make friends
	Seeking an own Space	Escaping burdening situations of PMI and seeking a place to spend time there to feel better
	Taking Initiative	Take initiative to get involved in some kind of activity apart from home