FAMILIAL CAREGIVING, ROLE REVERSAL, AND SOCIAL TIES:
EXPERIENCES OF YOUNG WOMEN WITH MOTHERS WITH MENTAL ILLNESS

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ABSTRACT

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Research on the experiences of adult children of mothers living with mental illness has primarily focused on negative outcomes, including poor academic, social, behavioral, and mental health outcomes. Few studies exist that examine the ways in which these adult children navigate their familial and social relationships and how they understand their experiences. The present qualitative study examined first-person accounts of 10 young women attending college (ages 18-22) who were raised by mother living with mental illness (depression, bipolar disorder, or schizophrenia). Participants completed individual semi-structured interviews in which they described their relationships with their mother, their father, siblings, and friends, feelings of obligation and parentification in their family, and positive experiences that resulted from their mother’s mental illness. Qualitative content analysis indicated differences in the perceived quality of adult daughters’ relationships with their mothers. Young women who described the quality of their mother – daughter relationship in positive terms also described aspects of felt obligation, caregiving, and support seeking with family and friends differently than young women who described the quality of their mother – daughter relationship in more negative terms. Regardless of differences in their perceptions of maternal relationship quality, however, all participants described positive experiences associated with having a mother with mental illness. Implications of study findings for research and clinical practice are discussed.
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INTRODUCTION

Research devoted to understanding the experiences of children being raised by a parent with mental illness has typically focused on negative outcomes experienced by these children, including poor academic, social, behavioral, and mental health outcomes (Downey & Coyne, 1990; Beck, 1999; Mowbray, Bybee, Oyserman, Allen-Measures, MacFarlane, & Hart-Johnson, 2004), and these difficulties have been found to persist into adulthood (Williams & Corrigan, 1992; Dunn, 1993; Ensminger, Hanson, Riley, & Juon, 2003; Mowbray & Mowbray, 2006; Abraham & Stein, 2010). Research also suggests that children who have a parent with mental illness may experience parentification, or role reversal, as they take on a caregiver role for parents (Williams, 1998; Jurkovic, 1997; Jurkovic, Thirkield, & Morrell, 2001; Macfie, McElwain, Houts, & Cox, 2005). Research findings that examine relationship quality between young adults and their parents who experience mental illness are mixed, and studies looking at relationships between young adults and other family members such as siblings are rare. Moreover, a very small portion of the literature focuses on protective factors and positive outcomes found in this population, with results suggesting that some children feel independent and possess both positive coping strategies and supportive social networks in spite of having a parent with mental illness (Mowbray et al., 2004; Kinsella, Anderson, & Anderson, 1996). Unfortunately, relatively little is known about how individuals with a parent with mental illness navigate their relationships with family members and friends in young adulthood. Given that young adulthood is said to be a critical time for the establishment of meaningful social ties (Arnett, 2000), it is particularly important to understand the role of social relationships for young adults coping with a parent’s mental illness.
The present qualitative study uses first-person accounts of young women raised by mothers with mental illness to understand the ways in which young adults negotiate their relationships with parents, siblings, and peers. Given the role of mothers in raising children and the importance of daughters in providing care (Coward, Home, & Dwyer, 1992; Stoller, 1990; Stein, Wemmerus, Ward, Gaines, Freeberg, & Jewell, 1998), the present study examines the experiences of 10 daughters attending college who report having a mother with a serious mental illness (i.e., serious mood disorders, anxiety disorders, or forms of schizophrenia). The study examines the lived experiences of young women regarding family caregiving, perceived role reversal, felt obligation, and factors that shape their relationships with family and friends. The research also explores these women’s perceptions of positive factors related to coping with a parent with mental illness. The research seeks to give voice to young women coping with their mother’s illness and to better understand the role of social network ties in coping with difficult life circumstances.

**Children with a Parent with Mental Illness**

Researchers have studied the effects of maternal mental illness on children, in terms of both current and long-term effects that may extend as the children age into adulthood. The majority of the literature suggests that children who grow up in such an environment are likely to face a variety of negative outcomes throughout their childhood that may follow them into adulthood. Downey and Coyne (1990) for example, conducted a review of past literature on the adjustment of children of depressed parents (predominantly mothers). They found that, based on parent, teacher, and self-report, these children tend to face significant social and academic difficulties, as well as internalizing and externalizing behavior problems. Additionally, children with depressed parents may be more likely to have a negative self-concept, as well as face
greater risk for developing depression themselves. Beck (1999) conducted a similar review using meta-analytic techniques that supported Downey and Coyne’s (1990) findings, with results indicating a moderate correlation between maternal depression and child behavior problems among preschool to school-aged children.

Further review of the literature reveals findings related to poor academic, social, behavioral, and mental health outcomes among children coping with maternal mental illness to be common. A large number of studies have found similar outcomes, with significant percentages of the sampled children reporting problems in school, such as poor performance, difficulty adapting to the school environment, and a tendency towards deviant behavior (Mowbray et al., 2004). Similarly, in their survey of mothers with mental illness, Nicholson and Henry (2003), found concern for their children’s social welfare to be prominent. The mothers reported worry over their sons’ and daughters’ potential to experience “secondary discrimination” over their mother’s mental illness, and wanted their children to be able to view peers as providers of support rather than ridicule.

There is evidence to suggest that effects of maternal mental illness on children often continue into adulthood. Overall, the literature indicates that children raised by a mother with mental illness experience similar outcomes in adulthood compared to what they experienced as children. Maternal mental illness appears to be related to higher rates of mental illness diagnoses among adults, as well as greater use of mental health services (Williams & Corrigan, 1992; Dunn, 1993; Ensminger et al., 2003; Mowbray & Mowbray, 2006; Mowbray et al., 2006, Abraham & Stein, 2010). Studies have found additional negative outcomes among adult children raised by a mother with mental illness, including increased likelihood of not completing
high school, higher incarceration rates and legal problems, and personal and interpersonal difficulties.

Qualitative studies have allowed for men and women to expand upon various difficulties that they experienced being raised by a parent with mental illness, and the challenges that they continue to face in their adult lives. In a study of adults who grew up with a mother with mental illness, Dunn (1993) found common themes of feelings of abuse and neglect, isolation from peers and their communities, guilt, and negative views of the mental health system. Williams (1998) conducted a study based on a therapy group held for a small number of women raised by mothers with mental illness and found similar results. The women described feelings of stigma and isolation, and lamented on the difficulty of forming close relationships with others, in part due to the desire to avoid discussing family. Additionally, the women revealed negative feelings directed towards themselves as well as their mothers. They cited reasons for these feelings that included their mothers’ frequent absences due to hospitalizations or feeling as though they provided more care than they received while growing up.

The concept of caregiving may be a particularly relevant when considering children raised by a mother with mental illness. Findings of Williams (1998) suggest that such children may grow up in a home where the typical parent-child relationship may be altered such that the child may take on a caregiver role for the parent and for other family members such as siblings living in the home, a process typically referred to as role reversal or parentification (Jurkovic, 1997; Jurkovic et al., 2001; Macfie et al., 2005). Few studies, either quantitative or qualitative, have looked at the caregiver relationship between mothers with mental illness and their families, instead choosing to focus on the risk factors that such children face. Results of the few studies that have done so, however, along with those looking at parent-child relationships amidst other
similarly disruptive life circumstances indicate that further research is warranted. Several studies, for example, have found that individuals with a parent with alcoholism report experiencing parent-child role reversal (Burnett, Jones, Bliwise, & Ross 2006; Kelley, French, Bountress, Keefe, Schroeder, Steer, Fals-Stewart, & Gumienny, 2007), as do children dealing with parental divorce (Jurkovic et al., 2001). This role reversal is thought to lead to negative outcomes among children growing up in such a context. Hooper, Decoster, White, and Voltz (2011) conducted a meta-analysis with 2,472 participants from a total of 12 studies and found higher levels of role reversal in childhood and adolescence to be related to more psychological symptoms in adulthood. These results suggest that parent-child role reversal and caregiving may have significant effects on a son or daughter’s well-being, and it is important that future research explore the ways in which maternal mental illness may relate to role reversal.

A small group of quantitative studies has explored the caregiver relationship among parents with mental illness and their adult children. Abraham and Stein (2010) compared emerging adult-parent relationships among those adults with and without a parent with mental illness. Specifically, the study looked at the construct of felt obligation, or the expectations that one feels toward family members, particularly one’s parents (Stein, 1992). Feelings of obligation are suggested to be particularly relevant in parent-child relationships, in that adults may feel obligated to maintain ties and provide care for their parents as a means of repaying them for the care that they received as children. Abraham and Stein (2010) found no differences in felt obligation between emerging adults with a parent with mental illness and those without a parent with mental illness. They did find, however, that among participants with a parent with mental illness, higher levels of felt obligation were associated with lower levels of psychological
symptoms and loneliness, thus suggesting that greater parental connectedness may be particularly important to those experiencing parental mental illness.

Abraham and Stein (2012) examined ways in which emerging adults with and without mothers with affective disorders viewed the parent-child relationship and parental caregiving experiences. In contrast to previous findings, participants with mothers with affective disorders in this study reported lower levels of felt obligation, less affection and less reciprocity toward their mothers than did adults whose mother did not have an affective disorder. Additionally, results indicated that these adults had more experiences with role reversal in their relationships with their mothers, and they had fewer intentions to serve as caregivers in the future than did their counterparts in the study. Abraham and Stein (2013) looked more closely at the concept of role reversal among emerging adults with mothers with mental illness. Using a sample of 116 emerging adults, the researchers replicated their 2012 findings indicating that maternal mental illness was associated with lower levels of felt obligation and higher levels of role reversal. Interestingly, they found no direct effects between maternal mental illness and the psychological well-being of participants, but, rather, found that role reversal mediated the relationship between the two variables. Results suggest that adults’ reports of maternal mental illness was associated with their perceptions of higher levels of role reversal, which, in turn, was associated with higher levels of perceived psychological symptoms among emerging adults. Thus, role reversal may be an important element in describing outcomes experienced by adult children raised by a mother with mental illness.

Mothers with Mental Illness

When it comes to parental caregiving in general, studies suggest that women are far more likely than men serve as primary caregivers to their parents (Dwyer & Coward, 1992;
Stoller, 1990; Stein, et al., 1998), and women also tend to report more frequent contact with their parents (Coward, et al., 1992). Relatedly, felt obligation appears to be experienced more deeply among women than men, and, overall, both men and women tend to have deeper feelings of obligation towards their mothers than fathers (Stein, 1992; Abraham & Stein, 2010). Additionally, it is important to consider the ways in which gender intersects with the outcomes associated with parental mental illness. Abraham and Stein (2010) found that young adults with a father with mental illness had similar outcomes to those individuals with two well parents, whereas those with a mother with mental illness experienced poorer outcomes. Likely due to the fact mothers are typically assigned more caregiver duties than fathers, it may be particularly challenging when mothers have a mental illness as opposed to fathers.

Similarly, the literature suggests that women and men may experience different outcomes in relation to maternal mental illness, with women and girls being more responsive and sensitive to their mother’s mental health. Several studies suggest women raised by mothers experiencing mental illness tend to experience more internalizing problems, such as mental health symptoms related to depression and anxiety, whereas maternal mental illness appears to be related to more externalizing issues among men and boys, such as behavioral problems or failing to complete school (Boyle & Pickels, 1997a,b; Mowbray et al., 2004; Ensimger et al., 2003). Such gender differences may suggest the need for nuanced studies of factors associated with men’s and women’s understanding of and coping with their mother’s mental illness.

**Positive Outcomes and Protective Factors**

The majority of the research concentrating on the effects of maternal mental illness on children of varying ages has taken a decidedly negative focus, with most studies pointing out the negative outcomes experienced by both children and adults raised by a mother with mental
illness. However, there is some evidence to suggest protective factors related to having parents with a mental illness. For example, Mowbray and colleagues (2004) found about one-third of their sample of 166 teenage children, 15 years old on average, of mothers with mental illness to have high levels of positive coping and school competence and few mental health symptoms and behavioral problems. Additionally, about one quarter of their sample could be labeled as average, adult-oriented youth, who were similar to a non-distressed population. Other researchers have also found the potential for positive outcomes among children who were raised by a parent with mental illness. Although the men and women of Dunn’s (1993) study reported a number of negative findings, they also described a profound sense of loyalty that adults reported feeling towards their mothers. Additionally, the 20 young adults surveyed in a study by Kinsella and colleagues (1996) felt that they gained a number of personal strengths through their experience, including a sense of independence, creativity, empathy for others, assertiveness, and a sense of resiliency. Strength-based research approaches may be essential to understand the risks, challenges, and resilience factors for individuals in families where a parent has a mental illness.

The literature on mothers with mental illness suggests that social support may be an important mediator on the effects of maternal mental illness on children. Mowbray and Oyserman (2003) suggest that having access to resources and social supports beyond the child’s mother may serve as a protective factor, and may counterbalance the challenges associated with living with a mother with mental illness. Indeed, although Williams and Corrigan (1992) found that having a parent with mental illness may be related to poor mental health outcomes in adult children, they also found that levels of depression and anxiety in their sample were related to the size of their support network and their satisfaction with it. Other researchers have discovered similar findings, with children of parents with mental illness revealing social support to be an
important coping strategy (Kinsella, et al., 1996; Dunn, 1993). Thus, it appears that social support may be one important factor contributing to positive outcomes among children and adults raised by a parent with mental illness.

It is vital to understand the sources and contexts in which social support may develop for young adults with a parent with mental illness. One possible form of social support that may be particularly relevant is that provided by family members. It may be that family relationships, particularly those with individuals who live in the same home such as a well parent or siblings, may be a positive influence for children raised by a parent with mental illness. There has been little research conducted that specifically focuses on the impact of immediate family as social support for adults experiencing maternal mental illness, although several studies suggest that both mothers and their children alike may benefit from a support network of extended family members (Dunn, 1993; Mowbray, Bybee, Hollingsworth, Goodkind, & Oyserman, 2005). Beyond these preliminary findings, there appears to be little research exploring the impact of family relationships, particularly those between siblings, on the effects of being raised by a parent with mental illness.

An even smaller group of literature exists on the impact of peer relationships on children of parents with mental illness. Research suggests that such social support may be particularly beneficial for this population, and that children may seek out companionship with an individual outside of their potentially stressful family environment. Dunn (1993), for example, found that the adults in the study recalled trying to reach out to peers and form friendships as children, but ultimately they were left feeling isolated. Similarly, the young adults surveyed by Kinsella et al., (1996) reported that they seek social support from peers and attempt to engage in activities outside of the home in order to cope with the pressures associated with living with a mother with
mental illness. Finally, these children may be able to benefit from peer relationships through engaging in conversation about their parents’ mental illness, such as by disclosing information about the diagnosis and their experience with it. Baik and Bowers (2006), for example looked at how adult children of mothers with depression disclose to peers, and determined that disclosing is a process that happens gradually over time, especially as the child’s understanding of the mental illness grows and changes. Although initial research suggests that building peer relationships may help promote positive outcomes among young adults with a parent with mental illness, the topic remains heavily understudied. Considering the potential for social support to be an important protective factor for this population, future research should address this limitation.

**Qualitative Research Methods**

The majority of research examining the effects of parental mental illness has taken a quantitative approach, with most of the studies focusing on negative outcomes associated with parental mental illness. Unfortunately, little is known about the potential for the existence of protective factors among young women whose mother has a mental illness, or the possibility of positive factors being associated with these life circumstances. Moreover, quantitative methods of inquiry provide limited opportunities for detailed study of the life experiences of research participants.

Given the limitations of existing literature on the topic, the present study used qualitative inquiry to describe the lived experience of young adult daughters coping with their mother’s mental illness. Qualitative research is often used to describe ways in which individuals function within a larger social context (Trickett, 1996; Stein & Mankowski, 2004). Such methods are particularly important to the field of community psychology, as qualitative research has also been recognized for its ability to “give voice” to marginalized groups or amplify their point of
view (Rappaport, 1995). Community psychologists have traditionally taken on the role of advocate for the disenfranchised, and qualitative research can be a method through which such individuals can have their voices heard by those in power (Stein & Mankowski, 2004). Individuals with mental illness experience such marginalization, and family members often experience the burn of secondary stigma (Williams, 1998; Nicholson & Henry, 2003). Thus, qualitative research methods were particularly well suited to the goals of the present investigation.

Present Research

The present qualitative study examined the role of perceived mother-daughter relationship factors, social support and maternal caregiving in the lived experience of young women who have mothers coping with serious mental illness. Specifically, the study examined young women’s understanding of their mothers’ mental illness, their views of maternal relationship factors (i.e., felt obligation, role reversal, emotional closeness, and perceived caregiving), their perceptions of social network ties with families and friends, and their views of outcomes they have experienced in relation to their mothers’ mental illness. The study was designed to replicate and extend existing research on young women’s perceptions of caregiving, family and peer relationships, and potential positive factors associated with having a mother with a mental illness.
METHOD

Participants

The participant sample for the study consisted of 10 female undergraduate students 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 as well as another parent 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 ($SD = 1.37$). The majority of participants were also single, never married (90%) or co-habitating (10%). A total of 60% of the women lived in an apartment off campus, while 40% lived in a campus residence hall. In terms of year in school, a total of 30% of the sample were in their freshman year of college, 10% were sophomores, 30% were juniors, and 30% were in their senior year. A total of 60% of the sample reported that they currently have a job, and that they work a mean of 6.8 hours per week ($SD = 7.38$). All participants reported that they had at least one sibling, had parents that were currently married to one another, and grew up living with both their mother and father.

Participants reported a variety of mental health diagnoses for their mothers. For the sake of analysis, a primary diagnosis was designated for each participant’s mother if more than one was given. According to the daughters, a total of 50% of the participants had mothers living with depression, 30% had mothers experiencing bipolar disorder, 20% had mothers living with
schizophrenia. The mean age of mothers reported by adult daughters in the present sample was 51.4 years ($SD = 6.18$).

**Measures**

**Young adult daughter interview protocol.** This semi-structured interview protocol (Appendix A) developed for the present study consisted of basic demographic questions designed to gain an understanding of participants’ backgrounds, as well as a combination of closed- and open-ended questions focusing on a number of different topics related to the experience of being raised by a mother coping with mental illness (see Appendix). Additionally, the interview contained an introduction that explained the purpose of the study, an opportunity to obtain informed consent from the participant, and a closing that allowed participants to provide additional information or ask questions about the interview process.

Questions of the interview followed the themes and research questions of the present study. Specifically, participants were asked about: (1) the nature and history of their mother’s mental illness, (2) their conceptualization of their mother’s mental illness, (3) feelings of obligation for their mother, (4) the nature of their relationships with other family members and the negotiation of caregiver roles within the family, (5) the nature of relationships with friends and history of disclosure about their mother’s mental illness with friends, and (6) feelings about unique experiences and outcomes related to having a mother with mental illness.

**Nature of mother’s mental illness.** Section one asked participants to describe their mother’s current diagnosis and symptoms related to it. Furthermore, participants were asked to explain, to the best of their ability, the different forms of treatment that their mother utilized over the years, including medications and in- and out-patient care.
Issues of relationship with mother. Section two focused more specifically on participants’ perspectives and experiences of growing up with a mother coping with a mental illness. Participants were asked to explain how to they came to understand and learn about their mother’s mental illness, and to describe the changes they noticed in their mother over the years, as well as changes that they had to make in their own lives in relation to their mother’s mental illness.

Felt obligation. Section three of the protocol focused on the concept of felt obligation (Stein, 1992). Developed from a quantitative measure designed to assess expectations for appropriate behavior within family relationships, questions in this section asked participants, in an open-ended format, to describe the ways in which they feel they “need to” or “should” act with their mother. Specifically, questions encouraged participants to explain the ways in which they feel obligated to maintain contact with their mother, avoid conflict with her, share personal information with her, and the degree of independence that they feel from her. Furthermore, participants were asked to describe other additional responsibilities or obligations that they may feel towards their mother.

Relationships with family members and maternal caregiving. Section four looked at participants’ relationships with siblings and other family members. Participants had the opportunity to describe their relationship with their siblings, and to reflect on the role that they and their siblings play in each other’s lives. Furthermore, this section asked participants to consider times in which they have taken on a caregiver role with their mother, and the ways in which they negotiate these caregiver roles with their siblings. Similarly, participants explained times in which they have served as caregivers for their siblings. Finally, participants also
discussed their relationship with their other parent, and provided their perception of their parents’ relationship.

*Relationships with friends at home and at school.* Section five examined participants’ relationships with friends and other peers outside of their family. Specifically, questions encouraged participants to think about close friends from both school and home, and explain the degree to which they discuss the nature of their mother’s mental illness with these friends. Additionally, participants could discuss any other individuals that may have helped them cope with their mother’s mental illness over the years.

*Feelings about yourself.* Section six of the interview protocol looked at other potential outcomes that may have been missed in earlier parts of the interview. Specifically, participants were asked to explain the ways that they have been affected by having a mother with a mental illness, and to describe any unique experiences that they may have gained in aging into adulthood. Throughout the interview and across the different sections of the protocol, participants were encouraged to think about the ways in which the different topics changed over the years as both they and their mother have aged.

**Procedure**

Information about the study was disseminated through a variety of sources including a daily campus-wide bulletin, a weekly newsletter published by the women’s and gender studies department, an online student research participation database, and outreach to students enrolled in various psychology classes. Young women interested in participating in the study were pre-screened using a telephone conversation protocol that asked a number of questions on the diagnosis of the individual’s mother, their family structure and situation growing up, and if they
felt they were able to articulate any experiences with caregiving (Appendix B). Women who met eligibility criteria were then contacted and invited to participate in the research.

The interview protocol was used to conduct an individual semi-structured interview with each participant. Interviews were held in a private room on campus and audio recorded. Interviews lasted between 1-2 hours for each participant. Informed consent was obtained from each participant prior to starting the interview, and participants were told that they could ask for clarification or skip questions at any time. Participants were given a $20 gift card at the end of the interview as a token of appreciation for their time and involvement in the study. Interviews were transcribed verbatim for further analysis.

**Qualitative Analytic Approach**

The present study utilized a qualitative content analysis approach as described by Miles, Huberman, and Saldaña (2014). Such a method allowed for the analysis of the transcribed interviews. Rather than use a grounded-theory approach in which the data drives the analysis, the data analysis was guided by previous research findings and a priori research questions, thus making a content analysis approach appropriate. Content analysis was used to analyze text in order to find common patterns and themes across the interview transcripts.

Analysis began with steps taken to “reduce” the data, which included processes to simplify and focus the data (Miles, Huberman, & Saldaña, 2014). Each individual interview was transcribed verbatim and checked for accuracy by the principle investigator and a research assistant. Upon reading each of the transcripts, the two researchers independently made note of common thoughts and key quotes that stood out or seemed to be prevalent across multiple transcripts, and then together discussed their findings. This process allowed for the gradual
emergence of common themes and patterns that were continually developed, tested for validity, and refocused as needed.

These initial findings were used in combination with the original research questions and interview protocol to develop a coding manual with a series of 23 codes and 57 sub-codes designed to assist in the analysis process. Upon development of this coding manual, the principal investigator and research assistant coded each transcript, with one transcript coded separately by both by the researcher and research assistant to check for reliability across the two coders. A total of 830 utterances were coded across the 10 transcripts through this process. The utterances spoken by participants who disclosed having a positive relationship with their mother were compared to those spoken by participants who disclosed a negative relationship. Within these two groups, the coding categories were divided into several different themes based on the original research questions and areas of interest, and the content of the utterances were analyzed. Recurring themes that emerged from analysis of these utterances were integrated into conclusions for each of the areas of interest for the present research.
Participants offered important insights into their experiences with growing up with a mother coping with a mental illness. Numerous key themes emerged within the data that include participants’ perspectives on their (1) relationship with mother, (2) understanding of mother’s mental illness, (3) experiences with parentification and role reversal, (4) experiences with felt obligation, (5) relationships with other family members and friends, and (6) positive experiences and outcomes as a result of mother’s illness. Each topic area and themes within it will be described below.

**Relationship with Mother**

**Relationship quality.** Young adults in the study discussed their relationships with their mothers at length, focusing on their views of the quality and importance of the mother-daughter relationship, and their views on changes in the relationship with their mothers over time. In considering the data 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. When asked about her relationship with her mother, Brittany, a 20-year-old woman with a mother who was said to have a diagnosis of schizophrenia, stated, “We 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 who reported that her 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 feel comfortable telling her anything I might feel uncomfortable talking to anyone else about. So she won’t get upset if I tell her anything, like, really extreme or something like that that I’m going through.” Olive, a 21-year old woman whose mother is said to be coping with depression and
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. Although 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, who is said to experience depression, in the following terms: “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.” Finally, Natasha, an 18 year old woman who reported that her mother is coping with bipolar disorder, said about her relationship with her mother, “We weren’t really close. When I was younger we were really close, but then it [her illness] started to affect her more as soon as I got into middle school, and from middle school to midway through high school we barely spoke at all because we just fight.”

The narratives of study participants have been organized in two groups according to their reports of the quality of the mother-daughter relationship for the purposes of thematic analysis. 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, $\chi^2 (2, N = 10) = .868, p = 1.00$. Accounts of the young women in these two groups will be compared and contrasted as a means of understanding the experiences of study participants.
**Importance of the mother–daughter relationship.** Understandably, women in the positive relationship and negative relationship groups described their views of the mother–daughter relationship differently. As seen in Table 2, only one of the five participants in the positive relationship group discussed the importance of the mother-daughter relationship, and she did so by explaining that she feels that the mother-daughter relationship benefitted from her mother’s experience with mental illness. In contrast, all five participants in the negative relationship group lamented how they had missed out on having a “normal” mother–daughter relationship.

Women in the negative relationship group gave a variety of interesting descriptions of the importance of the mother–daughter relationship. For example, Madeline said, “Because your mom is just a very important person... When it’s your mom, you just want her to give you something... it’s kind of what we look for in a mother. Its nurture and care. And when you don’t get that, it makes you question so many things about yourself... I think I do feel less happy with myself because I can’t really have her full support... Why would one person have so much effect on me? It has so much, just every day, in everything.” Similarly, Autumn, a 21-year-old whose mother experiences depression described it this way: “I guess maybe I missed out on...just having those good conversations with your mom. Maybe having a role model, like your mother being your role model. I feel like I kind of missed out on that, maybe. Just because she was sick.”

**Changes in relationship over time.** Each participant also discussed her perceptions on the ways she feels her relationship with her mother has changed or evolved over time. In particular, participants explained ways they feel moving away from home to attend college has affected their relationships with their mothers. As seen in Table 2, only one of the five women in
the positive relationship group felt the increased distance from her mother improved their relationship, and the remaining four participants reported that distance makes it more challenging for them to keep a positive, close relationship with their mothers. As Olive explained, “I never found having to help my mother stressful until the past year or so and I think it’s because when I’m there [at home] every day it’s such a gradual change…Whereas now I don’t even hear about problems until it’s gotten to a point where if I were living at home they never would’ve gotten that far. And so my dad won’t call me until my mom is wandering around on the streets at 4 o’clock in the morning, which is great information to have when you’re 15 hours away. I can literally do nothing about this…I think it’s more stressful not having the complete control of the situation...” Brittany discussed ways in which the distance caused by college has made communication with her mother more difficult, saying, “I feel like I have to make more of an effort to interact with her, so it feels…like I have to put in more effort and so it feels more like work. And so it feels less like a choice.” In summary, although these young women described their relationship with their mother in largely positive terms, they identified ways in which the increased physical distance caused by moving away from home to attend college has led to increased stress.

Women in the negative relationship group also discussed having less communication as a result of the geographical distance from their mothers. A majority of these women felt that increased geographical distance was helpful in their relationships with their mothers. These women reported that less communication with their mothers actually helped in decreasing their levels of stress and increased their levels of overall understanding for their mothers’ challenges due to mental illness. For example, Natasha said “Now, I’m closer with her [my mother] because I’m not around her all the time… I think we get along better because we don’t have to
see each other all the time.” Piper, a 20 year old woman with a mother living with schizophrenia, described a similar situation in which she feels there is less conflict with her mother due to the decreased communication. She said, “I guess I don’t talk to her as much, so maybe that’s why we don’t fight as much. But I like to think we’re getting along better. Because if I wasn’t in college, I would be home and everyone would be mad that I didn’t get a job and move out...So, she’s been nicer, I guess.”

Taken as a whole, these accounts highlight important dimensions of these young women’s relationships with mothers coping with mental illness. Women differ in the ways that they characterize their mother – daughter relationships and the role that geographical distance and time play in their interactions. For participants who describe their relationships in mostly negative terms, geographical distance from home seems to be associated with less stressful maternal relationships. Daughters who generally report positive relationships also reported that geographical distance from home tended to increase their stress and decrease their sense of control in helping with problems related to their mothers’ mental illness.

Understanding Mother’s Mental Illness

Each of the 10 participants described the process through which they came to know about and understand their mother’s mental illness. More specifically, participants discussed their feelings about and reactions to learning of their mother’s mental illness. Participants described learning about their mothers’ mental illness through a variety of methods that included having a formal conversation with family members about the topic, conducting their own independent research upon learning about their mothers’ illness, comparing their family interactions to those of other families, and learning about their mothers’ mental illness by virtue of their own mental health challenges.
**Feelings and reactions to mother’s mental illness.** A majority of participants (6/10) described their feelings about their mother’s mental illness with two of five young women in the positive relationship group describing their reactions and four of five young women in the negative relationship group describing their reactions. As seen in Table 3, one participant in the positive relationship group described her reaction in neutral terms and indicated that it did not alter her perceptions of her mother, and the other participant described learning about her mother’s mental illness as a negative experience in which she felt that she did not want to “turn out” like her mother.

Participants in the negative relationship group tended to describe learning about their mothers’ illness as a negative experience that left them with many questions and few answers. For example, Natasha explained that while her views of mental illness have evolved over time, learning of her mother’s illness was initially confusing: “I was really upset because I didn’t really understand what mental illness was at all. I didn’t understand that it was just like being sick. It was never explained to me. Because the way I view it now, it’s just like if you have to go to the doctor if your arm’s broken or something... But at the time, I just thought that she was crazy, and I didn’t know why, and everyone just avoided the subject matter. So I wasn’t getting real answers, and it just did not go over well at all.” Rosie explained that she did not fully understand the situation, and that she experienced negative feelings about mental illness in general. She stated, “I kind of felt like it was a weakness. I didn’t like that she [mother] was on antidepressants. I wasn’t really into that idea at all, because… I guess I didn’t really understand it.”

**Comparison to other families.** Participants in the positive relationship with mother group, but not the negative relationship group, discussed how they came to know about their
mother’s mental illness by comparing their family structure to that of their peers. The three participants who disclosed doing so explained that through these comparisons they were able to discern that their family and the issues they deal with are not typical. Olive explained, “When you’re little, you think that everybody has the same life you do. No matter how average or, you know, divergent that experience is, you always assume it’s the exact same as everybody else… So when my mom would do things, like, you know, cry for days on end…, I just kind of assumed that’s what adults did. And it took me a really long time of observing other people’s family structures [to realize that wasn’t the case].”

**Formal conversation.** Whereas participants in the positive relationship with mother group were more likely to describe the ways in which they came to understand their mother’s mental illness as a gradual process, the young women in the negative relationship with mother group were more likely to talk about specific things they did to learn more about their mother’s mental illness. Three of the four participants who discussed this experience recalled a specific instance in which they had a conversation with their father about their mother’s mental illness. For example, Natasha explained, “I remember I found the paper [with her diagnosis] on the table, and then - I never brought that up - and then, a few weeks later, my dad took us to a park by us and pretty much just explained everything that had been happening, and then that was pretty much the end of the explanation. And he just told us that she was bipolar.” Madeline reported that although her father told her about her mother’s mental illness, she did not find the experience helpful. She explained, “Actually, it was awful, but my dad, he would tell me. He would just tell me... And I don’t think it was right that he would tell me, I was like eight and nine. I think he did it…I just remember him saying she’s ill, she’s sick and she needs help. And I didn’t understand that. I just thought that that’s how my mom was.”
**Independent research.** In addition to having formal conversations with their fathers, three of the five participants in the negative relationship group explained that they conducted their own research in order to better understand the situation. They described how they found clues around the house suggesting their mother’s mental illness and then did research to confirm it, or that they were told basic information and then did their own research to learn more about mental illness. For example, Autumn stated, “I kind of just found out [about my mother’s illness] on my own, like with medicine that I saw…I think it was Xanax, in the [medicine] cabinet, and I didn’t know what it was, so I looked it up. I think I maybe was a freshman in high school and I remember looking that up on the Internet. And I started looking up anxiety disorders and I started thinking that makes sense with what I had seen with my mom.”

**Like mother like daughter: Daughters’ own mental health issues.** One somewhat unexpected finding related to participants’ accounts of learning about their mother’s mental illness was participants’ spontaneous disclosures about their own experiences with mental illness and the role that it played in understanding their mother’s experiences. More participants in the positive relationship group (3/5) than in the negative relationship group (1/5) discussed specific ways in which their own mental illness has helped them understand that of their mothers. For example, Brittany described how her own experiences with schizophrenia helped her not only better understand her mother, but also feel more comfortable with herself. She explained, “I knew I had those issues, and I knew that before I knew exactly what my mom was going through. And so, when I realized that, it really clicked with me like ‘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 depression, also described how her own experiences with depression inspired conversations with
her mother about mental illness, and how it helped this young woman better understand her mother’s experiences and feel better about her own. She stated, “When I started to show signs, probably around like seven or eight, is when she first sat down and talked to me, and was like, this is what you’re going through too. So it’s kind of just always been something that I’ve known about her. And then as I got older, like when I was 14 and I really started getting depressed, she told me everything about my grandma and her and everything that was going on, and so that’s how I kind of 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.”

In summary, all 10 participants described ways in which they came to know about and understand their mother’s mental illness and their feelings about the situation. Although young women in the positive relationship group and the negative relationship group expressed some similar experiences, the accounts of participants in the two groups differed in several ways. Young women in the positive group tended to describe more gradual ways in which they came to learn about their mother’s mental illness, such as by comparing their family to other families or through their own experiences with mental illness. Young women in the negative relationship group were more likely to talk about specific events, such as having formal conversations with their fathers or conducting their own research on the topic. For whatever reasons, learning about their mother’s mental illness may have been a more of a “defining moment” in the lives of young women in the negative relationship group such that they remembered it more clearly than participants in the positive relationship group.

Parentification and Role Reversal

Experiences and feelings about parentification. 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; Jurkovic, Thirkield, & Morrell, 2001; Macfie, McElwain, Houts, & Cox, 2005). Each of the 10 young women described experiences with role reversal, with some explicitly stating that they have occasionally felt like they are the parent to their mother (see Table 4). In the positive relationship group, Olive stated, “There’s this construct that 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, except for money concerns, and that’s even tenuous, I definitely feel like I’ve got things more together than my parents. To the point where I’ve joked that I feel I’m their parent.” Like those in the positive relationship group, some participants in the negative relationship group, such as Autumn, 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 by giving in, so to speak. Like when she calls me up or… I don’t know. 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 parentification as a child whose mother has mental illness.

Perhaps not surprisingly, participants in the two relationship groups differed in their feelings about being in a parentified role with their mothers. Although some women in the positive relationship group expressed that it was challenging to take on a parental role with their mother, the majority (4/5) did not express resentment nor regret about it. 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 that she was fine with the role because she feels like she also had the opportunity to receive care from her mother in return. She said of her experiences with parentification, “It’s
kind of weird because it’s like ‘I’m the daughter here…I’ve gotten used to it 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 other members of the household without feeling as if they were getting much in return, and how their experiences while growing up have left them with little to no desire to care for their mother in her future old age. 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… I was kind of the one who was kind of like, ‘What do you need?’ Reading over what the doctor said to do. And I felt like that should have been my dad’s responsibility.” Present findings highlight the common experience of parentification in the present sample and suggest that parentification is not always viewed as a negative experience for adult daughters coping with mothers with mental illness.

**Felt Obligation**

The concept of parentification was further explored in the present study by inviting participants to discuss their feelings of obligation towards their mother. In the present study, felt obligation was described as the expectations that one feels toward family members, particularly parents (Stein, 1992). As seen in Table 5, participants in the two relationship quality groups
differed in several significant ways in their views about their sense of obligation to their mother. 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 were uncomfortable with using the word “obligation” when talking about their thoughts on their expectations for their relationship with their mother. For example, Bridgette said, “I don’t feel, necessarily, an obligation to, but it just happens anyway. Because I don’t think that I feel obligated to do it, because I want to - I want to talk to her.” Additional differences that emerged between those in the positive and negative relationship groups will be discussed for each of element of felt obligation, which includes feelings of obligation towards contact and ritual, to avoid conflict, to be self-sufficient, and to engage in personal sharing (Stein, 1992).

**Contact and ritual.** In discussing their sense of felt obligation to their mother, participants discussed the amount of contact they wish to have with her, as well as the different types and amount of contact that they feel they should have with their mother. Participants across the groups were varied in the amount of contact they reported they feel obligated to maintain, with their responses ranging from several times per day to roughly once per week. Participants’ accounts clearly differed between groups in their feelings about the amount of contact they have and feel they should have with their mother, as well as in their feelings on the quality of these contacts.

In regards to the positive relationship group, four of the five participants reported that they were either fine with the amount of contact they currently have with their mother, or that they want even more than what they already have. Bridgette, for example, stated, “[My mother’s] mental illness didn’t get in the way of our [relationship]- even though it might put a strain on it at times - it never really got that bad where I can’t talk to her… But now I feel like I
want to talk with her more... It’s not like I don’t feel more or less obligated, because it’s always been that I want to talk with her, I want to see her.” Additionally, several participants in this group also disclosed that although they currently talk less with their mother than they did in the past due to being away from home, they 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, and we get to make dinner together, and watch movies together and just talk. But with me going to school so far way, it’s just not feasible. We try to talk every week... 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.”

In contrast, several of the participants in the negative relationship group stated that they would be happy with even more distance and less contact between themselves and their mothers. As Natasha stated, “I want to keep in contact with my parents, but...I would be completely okay with [not being in contact] because I’m not very close with any of my immediate family or anything.” Other participants in the negative relationship group explained that they feel they need to limit the amount of contact they have with their mother as a means of avoiding inevitable conflict. Rosie, for instance, explained, “Sometimes I feel like I should interact more just to see how she’s doing and things like that. But I don’t know. Because 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.”

Finally, it should be noted that although, overall, participants in the negative relationship group expressed having a limited amount of contact with their mothers and were either fine with that or would be happy with less, some participants in the group indicated that they would like to
have more if the contacts could be of a higher, more substantial quality. Madeline, for example, explained that even though she typically finds herself frustrated after having conversations with her mother, she has not given up hope of having improved contacts in the future. She stated, “I wish that we were able to speak more. But when I do talk to her on the phone, I just always end up frustrated because I feel like she always tries to butt in with her opinion when I’m just trying to tell her how I feel or what I’m doing. I just want to get it out and tell her without her coming back with something. So I wish I had more loving contact with her.”

**Self-sufficiency.** Participants across both groups also discussed the amount of independence or self-sufficiency they would like to have from their mother, as well as the amount that they would like their mother to have from them. The young women varied in their descriptions of ideal independence, but noteworthy overall differences emerged between the positive and negative relationship with mother groups. Within the positive relationship with mother group, all five women reported that they’re generally happy with their current relationship, and four out the five stated that they’re content with the amount of independence they feel they have from their mother. Bridgette, for example, explained, “I feel like I have an appropriate level of self-reliance but I also have my parents there to help me too, so I feel like I don’t really think that that’s something I need to fix.” She then goes on to say that her mother, “should have enough [independence] that she doesn’t need me around…But I think that she also should know that she can talk to me if she’s upset about something or that I’ll be there to support her.” Bridgette’s words reflect an additional finding among the positive relationship group that they would like their mother to feel independent from them, but they also hope that their mother feels that she is able to rely on them for help and support when needed.
Recalling their feelings about parentification, four of the five participants in the negative relationship group, in contrast to those in the positive relationship group, stated that they should have complete independence from one another. When asked how much independence she feels her mother should have from her, Autumn stated, “My first reaction to that question was 100%. I don’t really feel like parents should have to depend on their children for happiness. Or, I mean it’s different when you’re older and maybe you need some physical health, like your health is deteriorating and you need your children. But as far as emotionally, I don’t think that you should depend on your child to make you feel better. I just don’t. But I don’t really know. If, I mean, I need my mom to be supportive, she’s the adult and she’s the parent.” When asked the same question, Natasha responded: “Like completely. All the way… I think she should be able to take care of herself. I mean, she’s a grown adult. She’s getting help now. She’s getting medicine. She has my dad.”

**Personal sharing.** Participants in both the positive and negative relationship groups explained that they do 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. So it’s just a natural thing. It’s not like I feel like I have to tell her, it’s just something to talk about in conversation.”

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 and that any information they do share will not be received well or will be ignored. Autumn, for
instance, shared that, “I kind of have the mindset of she doesn’t deserve to know me or really what’s going on with me, just because, I don’t know, I guess there’s some anger there…Sometimes, I feel like she doesn’t approve of me or she doesn’t like me.” Another participant in the negative relationship with mother group, Natasha, presented an interesting take on the topic and explained that she feels that encouraging and being receptive to personal sharing is something that her mother should owe her, because she feels that is an important part of the relationship that she is missing out on. She explained, “I feel more like she owes it to me than I owe it to her… 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 than she is.”

**Avoid conflict.** In contrast to the other aspects of felt obligation, participants in both groups were similar in their 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 upset or stress their mother further. For example, Natasha explained how she feels she can only ever focus on her mother’s problems rather than her own. She said, “If I was upset about something and I told her, then she’d get upset. So it was like, ‘Oh no, I can’t be upset over something because I can’t tell my mom that I’m upset,’ so, instead of dealing with my problems, I was just dealing with hers and ignoring all of mine.” Molly expressed similar feelings 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 wanna see that. Cause there are some kids who do the screaming match, and they’re like, ‘I hate you,’ to their parents, and they don’t really continue to dwell on it. But it would throw my mom into this deep depression and I’d have to get her out of 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.

**Relationships with Family**

**About father.** As seen in Table 6, none of the participants in the positive relationship group felt that they had ever had to care for their fathers, and instead described their father as very independent, stable, and not needing care or 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 … He’s always taken care of himself, which is good.” Other participants in the positive relationship group went so far as to explain that any positive feelings they have for their mother, they experience the opposite towards their father, including their thoughts on obligation. Olive discussed this concept: “It’s the complete opposite. Like, all the stuff we were talking about before with family duty and burdens and things that we owe our parents, like all that stuff… I don’t owe my mom anything [in terms of negative connotations of the word “obligation.”] All the negative connotations of [felt obligation] are attributed to my dad.”

Participants in the negative relationship group generally expressed that they felt that they did not have to provide assistance or care for their father. However, two of the participants explained that they provided their father with emotional support as a protection for their father from their mother, or a way of providing relief from her for him. Autumn, for instance, 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. Because I think, 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].”
To provide additional context for their relationships with their fathers, the young women in the study also described their perceptions of their parents’ relationship with one another, and how they feel their father deals with their mother’s mental illness. Participants in the two mother-daughter relationship quality groups did not differ in their perceptions of their parents’ relationship quality in that the majority in both groups (3/5 in the positive relationship group and 4/5 in the negative relationship group) described the relationship in predominantly negative terms. They described an overall lack of closeness and an overabundance of conflict, and many participants even questioned why their parents remain married. Winnie reflected on this theme when she described her parents’ relationship in the following terms: “They don’t really talk a lot now. But when they do, they’re usually arguing… They argue less, but now they talk less too. So when they do actually talk, it’s usually an argument or a debate or something.” Autumn also illustrated this theme in her own description of her parent’s relationship, which she labeled as “very strained.” She then went on to say that, “My dad kind of does his own thing. It’s very obvious they’re not happy in their marriage, but my dad is very frustrated with my mom. I think he’s just kind of over it. They both talk about each other to me, like my mom would talk about my dad my dad will talk about my mom, which I found is very damaging to your child. But he’ll say she’s so worried all the time and she’s so negative all the time, but I have no idea what it’s like at home with just them. I can’t imagine it being very good. I don’t think they really talk.”

These descriptions by participants of their parents’ relationship quality reveals that not only can the relationship between parent and child be disrupted by mental illness, but the relationship between spouses may be as well.

Participants were similar across groups in describing how their father copes with their mother’s mental illness. In total, nine of the 10 participants reported that their father either deals
with the mental illness poorly or avoids dealing with it entirely. They described how their father may be distant from family members, and how he oftentimes refuses to get involved. For example, Rosie explained her father’s reaction to her mother’s mental illness: “I don’t think he really deals with it 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. Maybe just a little bit, but not to the caliber that she’s doing or not beyond that.” Some participants also explained that their fathers have expressed that they do not believe in mental illness, and instead attempt to attribute the mother’s symptoms to her personality or physical health issues. Piper spoke of her father and explained, “I know that he’s experienced a lot of confusion. He doesn’t think depression is real. So I know he’s very confused… So I don’t think my dad necessarily understands a lot about it... He doesn’t- he only really understands her physical pain. So he’ll rub her back and stuff. And he thinks that the only underlying reason is that ‘your back hurts.’”

**About siblings.** Participants discussed their experiences with their siblings as it related to providing care for their mother (see Table 7). In the positive relationship group, all five participants reported that they feel they care for their mother the most out of all of their siblings. Coincidently, four of the five participants in this group are oldest children in their family. Winnie summarizes this theme of sibling responsibility for caregiving well, saying, “Definitely me [I am the one who provides the most care], even though I’m not there. But she’ll [mother] say when I come home that she actually feels better and she feels relaxed and she can sleep and stuff like that. And she’s like, when I’m not there, no one really does anything for her… I guess being older, [my siblings] automatically listen to what I have to say… So I just felt like I had to take
over because they looked up to me and it didn’t seem like, if I didn’t say anything, like they wouldn’t do much.”

Conversely, only three of the five participants in the negative relationship group reported that they care for their mother the most out of all of their siblings. It also should be noted that three of the five participants in this group have at least one older sibling. Two of the participants in this group with older siblings talked about how they feel that they have “aged into the system” of taking care of their mother. They explained that although their older sibling used to do more for their mother, the older sibling has since moved on and the participant has taken the sibling’s place. Autumn, for example, explained, “My sister, just because she’s older, is kind of over the stage that I’m at right now. I feel like I’m still at the stage where I have to take care of mom, you know, do what she says to make her feel better, just do anything to help her. My sister’s kind of past that and is like ‘screw it,’ you know, ‘I’m going to do me.’”

Participants also offered insights into their experiences with caregiving with their siblings. Four of the five participants in the positive relationship group stated that they feel they did not have to care for their siblings. Also noteworthy is that the one participant in this group who did report caregiving did not express any resentment or other negative feelings about it. She explained, “I feel like we kind of took care of each other in that way. It just felt natural. There was no resentment or stress or anything bad. It just kind of came naturally. I never thought, until probably even this interview, I probably never thought of the words ‘I took care of her.’”

Conversely, all five participants in the negative relationship with mother group had experiences with caregiving for a sibling in some form. Most significantly, 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. And, you know, my mother lacks a little bit sometimes. So my sister kind of takes that place. I told her that and she kind of laughed, like ‘I’m not ready for that!’ But she does, it’s true. She knows that I come to her before mom and I think she’s okay with it, because she’s in a very good point in her life.” Relatedly, Rosie discussed ways she feels she took on a “pseudo-mom” role with her younger brother. She explained, “In the past, yeah, I definitely did lot compared to my parents. I felt like I kind of dealt with more of the delicate things, like how he’s feeling and things like that, what he wants to do…I kind of feel like I had a pseudo-mom kind of role when we were younger.”

Participants in both groups talked about how they and their siblings provide mutual support for one another, particularly through understanding of and bonding over their shared experiences, as well as through exchanging strategies between older and younger siblings over effective ways to deal with their mother. Olive explained that over the years she developed a set of strategies for dealing with her mother and her mental illness, and that she hopes that one day she can pass this information along to her younger sister. She explained, “I had a set of tactics for how I dealt with each version. Like whether I had to like temper her mood or whether I had to build her up. And things that are ok to say and things that aren’t ok to say… I wish I could write it down and give it to my sister now that she’s living there by herself, because I know that I was around her age when I stared formulating these things and really becoming aware of what I was doing in terms of dealing with them.” Autumn offered an insightful and powerful statement that summarizes that importance of supportive siblings when living with a mother who is coping with a mental illness. She described her relationship with her older sister and 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 for that. So I’m very thankful I have her in my life, and just to be able to talk about things and share stories about what mom did.”

**About friends.** In addition to discussing relationships with friends, participants also discussed their experiences with friends and other peers. Notably and somewhat unexpectedly, young women across both the positive (3/5) and negative relationship (4/5) groups explained that they have found themselves with a curiously large number of friends who either have similar experiences with mental illness in terms of their own personal experiences or with family members, or who have an interest in psychology (see Table 8). As Natasha explained, “I find myself surrounded by other people who have mental illnesses... So, when I look in the past, it’s just really weird to look and see how many of my friends have mental illnesses and have told me about it or some other issue, or even people I was in a relationship with. But I feel like other people don’t have as many friends with mental illness. I don’t think I find them [friends with mental illness]. I don’t know if they just find me…” Rosie stated, “I had an ex-boyfriend that I told a lot of things to, and we kind of bonded over both of our mom’s being crazy, I guess…So maybe that kind of helped a little bit and also maybe kind of changed my perspective.”

In further discussing their friendships, participants also talked about ways they feel they were challenged in forming and maintaining relationships due to their experiences associated with their mother’s mental illness. Specifically, these young women spoke about opportunities and experiences they feel they missed out on in comparison to other adolescents and young adults. Participants in both relationship groups (4/5 in the positive relationship group and 3/5 in the negative relationship group) suggested that they sometimes felt more restricted in their
friendships and as if they had fewer freedoms. They also discussed having to explain their mother’s behavior to their friends, thus leading them to feel hesitant about inviting friends over to the house. Illustrating this last point, Bridgette explained, “Especially when my mom was in a depressive state, it was hard because I would have friends over, but my mom just wouldn’t come out of her room and it was just weird. I didn’t know how to explain it or anything. I just didn’t. People didn’t really ask, but I just felt weird because it was like… I would see other people with their mothers and be like why is mine different?”

Positive Experiences

Although the present study highlights some of the challenges faced by daughters of mothers experiencing mental illness, participants’ accounts also described positive attributions related to their mother having a mental illness. Regardless of relationship group, all 10 participants were able to identify positive experiences or outcomes related to their mother having a mental illness (see Table 9). Specifically, participants described ways in which they feel their individual character has improved, ways their experiences with their mother and her mental illness have brought them closer together, the impact of their experiences on their future plans, and how they have been inspired to engage in advocacy work to fight against mental illness-related stigma.

Improved individual character. Participants in the positive relationship with mother group (3/5) explained that they feel their experiences with their mother have provided them with a greater appreciation for happiness, and they have learned ways to cope with stress. Molly, for example, explained, “I feel like I gained a lot of understanding of life because of my mom, what she’s gone through. I have more of an appreciation for life and happiness because…I felt not being happy and I’ve seen my mom and now she tries to be happy and I try to be happy. So I
have a better appreciation and understanding of not sweating the little things because of my experience with my mom… So I feel like I got lucky getting to experience all of that.”

Participants in the negative relationship with mother group (4/5) also described ways they feel their character has improved as a result of their experiences with their mother with mental illness. These participants discussed ways it made them more empathetic and supportive of others, accepting of many different types of people, and also inspired to be more independent. In regards to the increased independence, Natasha explained, “I feel like the independence I’ve gotten out of it is really great because coming [to college] is so easy… I thought this was going to be so much harder when I came here, but this is fine.” Piper offers an insightful summary of the ways she believes her experiences with her mother have improved her personal character for the better. She explained, “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]. If anyone said they’ve had something like that it would always hit home… So I think it 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. I’m sure I would be in a terrible situation if I had taken it the way that a lot of people could have taken that.”

**Feeling closer with mother.** A total of three of the five participants in the positive relationship group discussed how their experiences with having a mother coping with mental illness have actually made them feel that they have a closer and stronger relationship with their mother as a result of mother’s mental illness. For example, Bridgette explained, “It’s hard having a mother with a mental illness, but at the same time, for me at least, it makes me closer with her, because when she’s going through rough times, I’m able to help her with it. It makes me feel very close with her.” Olive described unique experiences she feels could only be had
with a mother with a mental illness and explained that they provided valuable mother-daughter bonding time and improved their relationship. She said, “…it wasn’t even until years later that I realized they [things I did with my mother] were probably abnormal or indicative of some kind of manic episode. And then just all the times that we spent together, like five hours at a time in the early hours of the morning watching movies together, things like that. I definitely got more of a cultural cinematic background than I would have otherwise, because I was up at three in the morning watching Citizen Kane, or whatever. That’s what was on Turner classic movies at four o’clock in the morning.”

**Impact on future plans.** Participants in both groups discussed their future plans and related their future career goals in the human services to their experiences with their mothers. In her reflections, 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. So I think it changed me as a person, and I really strongly value learning from things like that.”

**Advocacy against mental illness stigma.** Finally, some participants discussed experiences with engaging in advocacy work to fight against stigma related to mental illness. For
example, Natasha stated, “I feel like I have to defend her when people talk about her because sometimes I feel like I can be like “Yeah, my mom’s crazy,” but if someone else says that, they are just not in the place to talk about someone that they are not related to and don’t live with all the time.” Other participants, such as Olive, were more explicit in their talk on combating mental illness-related stigma. She described recent efforts she has taken to do so: “Particularly in the past two years I’ve had a big charge to break down stigmas around mental health. So I really have no problem talking about the fact that I am currently depressed and dealing with depression. And if I’m sullen and not going into classes, and things like that, and my friends ask me what’s going on, I’ll be like these are symptoms of my depression which is currently active right now. I’ve been dealing with it for so many years.”
DISCUSSION

The present qualitative study examined the experiences of ten young adult women raised by mothers experiencing mental illness. Findings indicate that young women in this context related to their mothers in differing ways, with half of the sample describing a positive relationship with their mother and the other half of the sample describing a negative mother-daughter relationship. These two groups of women differed in their views on the importance of the mother-daughter relationship and the ways they feel their relationship has changed over time. They also differed in their feelings about their mother’s mental illness, and the ways they came to know about it. Each of the participants had experiences with parentification and caring for her mother, but the two groups differed in their views on these experiences, and the ways in which it impacted their thoughts on felt obligation directed towards their mother. The daughters discussed their views on their father, siblings, and friends, with findings indicating that sibling and similar-background peer relationships may be particularly important for the women with negative relationships with their mothers. All of the young women in the study discussed positive experiences related to having a mother with mental illness, which included improved individual character, feeling closer with their mother, and plans to engage in human services and advocacy work.

The majority of studies examining maternal mental illness have focused on negative outcomes for both the mother and her children, describing results that point to poor academic, social, behavioral, and mental health outcomes (Downey & Coyne, 1990; Beck, 1999; Mowbray, et al., 2004). The finding that children of mothers experiencing mental illness are more likely to experience their own mental health issues is repeatedly highlighted among studies focusing on both young and adult children, as well as those utilizing both quantitative and qualitative
methods alike. Similar to the previous literature, the majority of participants in the present study spontaneously discussed their own experiences with mental illness without being directly asked about the topic. However, unlike previous research, many of these participants did not view their own personal experiences with mental illness as a negative outcome, but, rather, as a positive, sometimes even protective, factor in their lives that brought them closer with their mother and other individuals in their lives. The young women who personally identified with experiencing a mental illness disclosed that sharing mental health symptoms with their mother helped improve the mother-daughter relationship, and also provided them with a support system for coping with mental illness. The daughters explained that they found it helpful to have a mother experienced in dealing with similar symptoms, and that they were thus better able to know about and understand their own mental illness.

The narrative of mental health symptoms as negative outcome has also featured prominently in the parentification and role reversal literature, with studies indicating that higher levels of parentification are associated with more psychological symptoms in adulthood, along with other negative outcomes (Hooper, et al., 2011). Few studies have examined parentification among children of parents coping with mental illness, and the present research addresses this gap in the literature by presenting the finding that each of the ten young women who participated in the study disclosed experiences with parentification in relation to caring for their mother. The present study further contributes to the literature and that it lends additional credibility to the proposed alternative narrative of maternal mental illness. Although all of the participants discussed parentification experiences, only some labeled these experiences in negative terms. In fact, several participants viewed their ability to take on a caregiver role with their mother as a very positive aspect of their lives, and described it as something that they took both pride and
pleasure in doing. These findings reveal the importance of qualitative research in that, by having
the space to do so, participants were able to not only identify that they experienced
parentification, but they could also fully articulate that experience and describe their perceptions
of it in ways typically not afforded by quantitative methods.

Related to the topic of parentification, the present study also examined the concept of felt
obligation by asking participants to describe their perceptions on the amount of contact and
independence they should have from their mother, as well as their feelings on personal sharing
and avoiding conflict with her. Similar to the finding that only some of the participants viewed
parentification experiences negatively, the young women offered nuanced responses in their
discussion of felt obligation. This was particularly seen in their discussions of the amount of
independence they would like to have from their mother and that they would like their mother to
have from them. Those with a positive relationship with their mother explained that they
experience no resentment over taking on a parent role, or feeling as if their mother depends on
them, and expressed the wish that she feels able to continue to do so in the future. In terms of felt
obligation in regards to contact, even though participants who identified a negative relationship
with their mother predominantly expressed a desire for more distance and limited contact with
their mothers, they also indicated that they would be more than willing to have more contact if it
could be of a higher, more substantial quality. Furthermore, young women with a positive
mother-daughter relationship explained that they were happy with the amount of contact they
had with their mother or that they would like even more. Additionally, although all of the
participants indicated that they do not experience an obligation to engage in personal sharing
with their mothers, the young women with a positive relationship with their mothers explained
that personal sharing is something that they genuinely want to engage in because they find it to be helpful, rather than because they feel they should.

These findings on the topic of felt obligation are notable in the way they relate to the concept of parentification and role reversal. They add valuable insight into the results found by Abraham and Stein (2012, 2013) in their quantitative studies looking at the relationship between role reversal and felt obligation among young adults with mothers with mental illness. These authors found that maternal mental illness was associated with lower levels of felt obligation and higher levels of role reversal. In the present study, all 10 participants described experiences with role reversal and parentification, a finding that replicates the quantitative data. However, the finding that participants in the quantitative studies had lower levels of felt obligation is difficult to support due to different ways in which participants in the present study reacted to the concept of “obligation.” Although participants with a perceived negative relationship with their mother experienced lower levels of felt obligation, the participants with a positive relationship with their mother present a more complex picture. These participants expressed lower levels of felt obligation, such as with personal sharing, because they did not view the act as an obligation, but, rather, as something they wanted to do. This finding illustrates that although felt obligation may be well-suited to revealing the sense of duty or debt that individuals have towards their parents, individuals may not always think always think of these factors as a sense of “obligation.” Researchers should be aware of this when interpreting felt obligation measure results.

In their study of 116 young adults attending college, Abraham & Stein (2013) found that having a mother with mental illness was associated with higher levels of role reversal, which was in turn associated with higher perceived psychological symptoms. This particular finding was difficult to replicate in the present study, with some aspects supported and others less so.
Although all of the participants had mothers with mental illness, each young woman described experiences with role reversal. Additionally, a majority of the participants spontaneously discussed their own experiences with symptoms of mental illness without being directly asked to do so. It is impossible to determine a “mediating relationship” between role reversal, maternal mental illness, and psychological symptoms using qualitative methods. Although this could be considered a limitation of qualitative research, the primary goal of the present research was not to untangle this relationship, but rather to contribute to an alternative narrative of mental illness within the family context. Therefore, what is particularly relevant is the finding that some of the young women in the present study viewed aspects of role reversal in their lives in a more positive light. A total of seven out of 10 daughters explained that they viewed their own experiences with mental illness positively, particularly when they experienced symptoms that were similar to and co-occurring with their mother’s own experiences. In fact, the ways the young women described their experiences with talking with their mother about their mental health, and learning ways to persevere in the face of both difficult symptoms and mental illness-related stigma could be considered a form of caregiving from which the young women benefitted and gained valuable skills. Although this may present a different image of caregiving than is typically represented or valued within a mother-daughter relationship, the young women interviewed in the study illustrate that this difference should not be considered a deficit.

The present study further contributes to an alternative narrative in the literature on mothers with mental illness and their children by explicitly examining positive experiences and outcomes that young women felt resulted from their mothers’ mental illness. Present findings both replicate and extend the limited research that currently exists on the topic. Overall, throughout the interview process, the young women appeared to express both a sense of
resilience and a level of adaptation in their ability to make use of strategies to cope with the potential challenges associated with having a mother living with mental illness. For example, daughters in the present study generally made great use of their social network, most notably in the form of their peers and siblings. Research suggests that social support networks may play an important role in helping individuals cope with negative life events (Dalgard, Bjork, Tambs, 1995). Several studies within this group of literature have examined the impact of social networks on outcomes faced by children of parents living with mental illness (Gass, Jenkins, & Dunn, 2007; Hoehnagels, Meesters, & Simenon, 2007). However, few have fully explored the roles that family members, particularly siblings, and friends can play in the lives of adults with parents living with mental illness. Thus, future research into this area is warranted.

The present study contributes to this limited research and suggests directions for further investigation on the topic. The young women discussed ways in which they found support and acceptance among members of their social network. Although women in both the positive and negative relationship with mother group both reported ways in which they were able to look to others for help in dealing with challenges, this was particularly the case for the women in the latter group. These daughters indicated that they were able to recognize their need to look beyond their mother for support and find it elsewhere among their family. They explained that they found a great deal of affinity with their siblings, in that they were able to rely on one another, form emotional bonds, and exchange caregiving and coping strategies. These findings point toward the need for research that explores the familial social context beyond the mother-child dyad, and that particular attention should be directed towards understanding sibling relationships.
Relatedly, the present study also sheds light on the ways in which young women with mothers with mental illness utilize peer support as a means of dealing with their situation. Most notably, a majority of the participants explained that they often find themselves interacting and becoming close with peers of similar family backgrounds, or who have their own experiences with mental illness, or are interested in the field of psychology. The women explained that they generally share more about their personal experiences with these individuals, and that they find it easier to relate to these friends. This finding, interestingly, suggests that these daughters are not reaching out to friends as a means of distancing themselves from mental illness. Rather, they are actually moving closer towards mental illness and increasing their understanding of it through their friendships. Similar to the adaptability inherent in reaching out to siblings raised in the same household, the women seek out peers with similar experiences who can exchange strategies, talk about shared experiences, and approach mental illness with empathy and openness. These findings speak to the importance of future research that further explores the impact of sibling and peer relationships on the lives on adults with parents living with mental illness.

Present findings suggest that daughters are impacted by their mother’s mental illness in a variety of ways. However, this study suggests that these daughters do not view all of their experiences as negative. On the contrary, findings from the present study support the notion that adults attribute a number of positive outcomes to having a mother with mental illness. Similar to some findings from previous studies (Kinsella et al., 1996; Mowbray et al., 2004; Dunn, 1993), the women in the present study discussed how they feel they have gained personal strengths such as empathy for and acceptance of others, creativity, independence, assertiveness, and a sense of resiliency. A majority of these daughters also discussed their goals of engaging in human
services work, as well as ways in which their experiences have inspired them to engage in advocacy work to reduce mental illness stigma and defend their mother in the face of prejudice or discrimination. Of particular note is the finding that women with both positive and negative overall relationships with their mothers discussed growthful experiences that resulted from their mothers’ illness. It may be that regardless of the nature of the child-parent relationship, adults look to make meaning of their experiences in positive ways. Present findings suggest that the exclusive focus of existing literature on negative outcomes, deficits, and dysfunction that can result from maternal mental illness may distort the actual experiences of adult children. This exclusive research focus on deficits may unwittingly perpetuate social stigma associated with mental illness.

Study Limitations and Implications for Clinical Practice

Although the present study presents intriguing results, it is limited in a number of respects. Participants were a small, non-random sample of female college students from a Midwestern, public university. The experiences of the present sample may not be representative of other young adult women with mothers coping with mental illness. Moreover, the study included daughters’ self-reports of their mothers’ psychiatric diagnoses that were not verified by independent sources. Overall, women in the sample reported several types of maternal mental illness including depression, bipolar disorder, and schizophrenia. As an initial step in the research process, the present study focused exclusively on the perspectives of daughters of mothers with mental illness. The views of family life would most likely be different if the research included the perspectives of multiple family members. The present study grouped participants according to their descriptions of their relationships with their mothers and found differences in their accounts of other aspects of their lived experience.
The present research is among the first to highlight differences in the accounts of adult daughters with mothers of mental illness according to their descriptions of the mother–daughter relationship. Obviously, the present study makes no claims about causality, as there is no way to know factors that shape daughters’ accounts of the quality of their relationships with their mothers. Present findings cannot be generalized to individuals of different cultural backgrounds, including adult women of different socioeconomic status, ethnicity, and education level.

Within the context of these research limitations, the study suggests a number of important implications for clinical practice. In particular, the findings speak to the importance of a systems perspective in working with individuals experiencing mental illness and highlight the needs of family members to receive adequate support and services. Findings of the study suggest that the entire family structure may be impacted by an individual’s mental illness, in ways both negative and positive, when a mother has mental illness, and that members may acquire unexpected or atypical roles within that structure. It is well established that mental illness “runs in families” (Williams & Corrigan, 1992; Dunn, 1993; Ensminger et al., 2003; Mowbray & Mowbray, 2006; Mowbray et al., 2006, Abraham & Stein, 2010), and findings from the present study highlight some of the familial consequences to the genetic component of mental illness. The present study also suggest the need for researchers and clinicians alike to pay attention to both positive and negative aspects of family experiences related to mental illness. Present findings underscore potential strategies that young women may use in coping with difficult circumstances caused by mental illness such as bonding with their mothers over shared mental health symptoms, building a support network with siblings and peers of similar backgrounds, or nurturing the development of positive characteristics such as empathy and understanding for others, as well as an openness to engage in advocacy.
Taken together, the present study speaks to the importance of conducting research grounded in the lived experiences of its participants. Through qualitative inquiry, 10 young women were able to fully describe and explain their experiences of being raised by a mother living with mental illness, giving equal weight to their challenges and their struggles, as well as their successes and their triumphs.
REFERENCES


Table 1

Sample characteristics

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<th>Participant</th>
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<th>Mother’s Age</th>
<th>Father’s Age</th>
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<td>Schizophrenia</td>
<td>50</td>
<td>54</td>
<td>Married</td>
<td>4</td>
<td>0</td>
<td>Middle</td>
</tr>
<tr>
<td>Autumn</td>
<td>21</td>
<td>Junior</td>
<td>Depression</td>
<td>57</td>
<td>59</td>
<td>Married</td>
<td>0</td>
<td>1</td>
<td>Youngest</td>
</tr>
<tr>
<td>Madeline</td>
<td>19</td>
<td>Freshman</td>
<td>Depression</td>
<td>57</td>
<td>59</td>
<td>Married</td>
<td>2</td>
<td>2</td>
<td>Middle</td>
</tr>
<tr>
<td>Winnie</td>
<td>22</td>
<td>Senior</td>
<td>Depression</td>
<td>50</td>
<td>57</td>
<td>Married</td>
<td>1</td>
<td>1</td>
<td>Oldest</td>
</tr>
<tr>
<td>Molly</td>
<td>18</td>
<td>Freshman</td>
<td>Depression</td>
<td>47</td>
<td>50</td>
<td>Married</td>
<td>0</td>
<td>1</td>
<td>Youngest</td>
</tr>
<tr>
<td>Rosie</td>
<td>21</td>
<td>Senior</td>
<td>Depression</td>
<td>53</td>
<td>55</td>
<td>Married</td>
<td>1</td>
<td>0</td>
<td>Oldest</td>
</tr>
</tbody>
</table>
### Table 2

**Relationship with mother themes and quotes**

Importance of mother-daughter relationship

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Participants</th>
<th>Exemplar Quote</th>
<th>Number of Participants</th>
<th>Exemplar Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Improved mother-daughter relationship due to mother’s mental illness</strong></td>
<td>1/5</td>
<td>“I developed mental illness at a time where I needed to bond with my mom, and it just kind of worked out that it was easier than it might be for some people. So, I think that part of that is why my mom and I are so close.” -Olive</td>
<td>0/5</td>
<td></td>
</tr>
<tr>
<td><strong>Missed out on mother-daughter relationship due to mother’s mental illness</strong></td>
<td>0/5</td>
<td></td>
<td>5/5</td>
<td>“She’s my mom and I am a girl and I am a daughter, and I’m supposed to look up to her, but really I don’t. I kind of don’t have a mom... It’s kind of like you don’t have one, because she’s so absent, for just so much of life. And I think that girls need that... I think it’s definitely changed who I am.” -Piper</td>
</tr>
</tbody>
</table>


### Changes in relationship over time

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive Relationship with Mother</th>
<th>Negative Relationship with Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increased distance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>helpful for relationship</td>
<td>Number of Participants</td>
<td>Exemplar Quote</td>
</tr>
<tr>
<td>1/5</td>
<td>“It’s kind of nice because you get to step back and look at everything, because at the time high school was rough for me, with my mom and I fighting about stuff. But in retrospect, that’s what my mom needed to be - the way she was with me.” - Bridgette</td>
<td>4/5</td>
</tr>
<tr>
<td>4/5</td>
<td>“I feel like we talk less. I moved away from home for college and even earlier in college we would talk more, but it seems like she’s more closed off now. She has her own problems and she tries to hide things from me so I’m not affected in school. So, she doesn’t tell me as much now. I’m the one who initiates conversation with her more, and she used to be the one who was always contacting me, like texting me or calling me or something.” - Winnie</td>
<td>1/5</td>
</tr>
</tbody>
</table>
Table 3

*Understanding mother’s mental illness themes and quotes*

<table>
<thead>
<tr>
<th>Feelings and reactions to mother’s mental illness</th>
<th>Positive Relationship with Mother</th>
<th>Negative Relationship with Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Number of Participants</td>
<td>Exemplar Quote</td>
</tr>
<tr>
<td>Neutral feelings about mother’s mental illness</td>
<td>1/5</td>
<td>“It didn’t really change much about how I looked at my mom because it was like ‘Okay, that’s fine,’ there’s a label for it. I know this is how my mom is” -Olive</td>
</tr>
<tr>
<td>Negative feelings about mother’s mental illness</td>
<td>1/5</td>
<td>“I guess I just felt like I didn’t want to become that person. So I would try to avoid being like my mother and so upset. So it was me trying to help her, but at the same time not trying to be swallowed by it.” -Winnie</td>
</tr>
<tr>
<td>Comparison to other families</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Number of Participants</td>
<td>Exemplar Quote</td>
</tr>
<tr>
<td>Compare own family to others to discern atypicality</td>
<td>3/5</td>
<td>“I’ve just always felt like she had something going on that wasn’t normal. I don’t know. I’d go to my friend’s house and their moms were always happy and able to deal with things, but my mom would get upset easily or she’ll end up arguing with my dad.” -Winnie</td>
</tr>
</tbody>
</table>
Table 3 Continued

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive Relationship with Mother</th>
<th>Negative Relationship with Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Participants 0/5</td>
<td>Number of Participants 3/5</td>
</tr>
<tr>
<td>Recalled having a specific conversation with about mother’s mental illness</td>
<td>Exemplar Quote</td>
<td>Exemplar Quote</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I think my dad told me. Because, you know, teenagers ask funny things. And because we would talk, and I would be like, ‘Why is a person like that, what’s their issue?’ Like that, ‘Why does she treat us like that?’ and stuff like that. It was just like, ‘Well, she has this, but, you know, she has a lot of underlying issues, as well.’” -Piper</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive Relationship with Mother</th>
<th>Negative Relationship with Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Participants 0/5</td>
<td>Number of Participants 3/5</td>
</tr>
<tr>
<td>Independent research</td>
<td>Exemplar Quote</td>
<td>Exemplar Quote</td>
</tr>
<tr>
<td>Conducted own investigative research on mental illness</td>
<td></td>
<td>“When you find that out, you try and learn a lot about it. I didn’t know that there are different types of schizophrenia and I looked them up, and I just wanted to learn about them. I guess it’s good to have knowledge about it, so at least you know what you’re up against.” -Piper</td>
</tr>
</tbody>
</table>
Table 3 Continued

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive Relationship with Mother</th>
<th>Negative Relationship with Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant’s own experiences with mental health</td>
<td>3/5</td>
<td></td>
</tr>
<tr>
<td>helped her understand her mother’s mental illness</td>
<td>“I didn’t get any confirmation that there was anything wrong with them until I was maybe 16. It was becoming apparent that my problems were not just, I’m a teenager… And it was when I started talking to my mom about how I was feeling that she would tell me, you know, you’re feeling this because you have, you probably have this condition, you probably have this condition because I have this condition. Then this is what that means, and this is what we need to do. It’s, you know, ok. There’s nothing wrong with you, that kind of thing.” - Olive</td>
<td>1/5</td>
</tr>
</tbody>
</table>
Table 4

*Parentification and role reversal themes and quotes*

<table>
<thead>
<tr>
<th>Experiences with parentification</th>
<th>Positive Relationship with Mother</th>
<th>Negative Relationship with Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category</strong></td>
<td><strong>Number of Participants</strong></td>
<td><strong>Exemplar Quote</strong></td>
</tr>
<tr>
<td>Have experience taking on a caregiver role with mother</td>
<td>5/5</td>
<td>“It’s kind of more of a friend thing - which might be an age factor and it might also be the mental stuff. She’s kind of never seemed to me that much of this high-up “mom” person. We were kind of on equal level and sometimes even I felt like I was the more mature one in a lot of situations.” - Brittany</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feelings about parentification</th>
<th>Positive Relationship with Mother</th>
<th>Negative Relationship with Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category</strong></td>
<td><strong>Number of Participants</strong></td>
<td><strong>Exemplar Quote</strong></td>
</tr>
<tr>
<td>Views caregiving experience favorably</td>
<td>4/5</td>
<td>“I never thought about it until college and then I’m like ‘Oh, I don’t have anyone to take care of.’ So I guess I didn’t think about it until after it when it was happening.” - Brittany</td>
</tr>
<tr>
<td>Views caregiving experience negatively</td>
<td>1/5</td>
<td></td>
</tr>
</tbody>
</table>
Table 5

**Felt obligation themes and quotes**

<table>
<thead>
<tr>
<th>Contact and ritual</th>
<th>Positive Relationship with Mother</th>
<th>Negative Relationship with Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Number of Participants</td>
<td>Exemplar Quote</td>
</tr>
<tr>
<td>Fine with current amount contact or would like more</td>
<td>4/5</td>
<td>“I feel like part of me wants to up the contact—even something like Skype—something that simple that will make it like ‘I exist as a person,’ and it’s not just texting or on the phone. I would like it to be more.” - Brittany</td>
</tr>
<tr>
<td></td>
<td>1/5</td>
<td>“There are times when I am happy about how much I do get to talk to her, but then there are other times that I wish that I could just go on maybe calling her once a day instead of three times a day. And maybe stay here a weekend.” - Molly</td>
</tr>
<tr>
<td></td>
<td>4/5</td>
<td>“I don’t like to do over an hour [on the phone], because I know there’s something I’m going to say that’s going to offend her at some point in the conversation. And sometimes she’ll hang up on me.” - Piper</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Self-sufficiency</th>
<th>Positive Relationship with Mother</th>
<th>Negative Relationship with Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Number of Participants</td>
<td>Exemplar Quote</td>
</tr>
<tr>
<td>Happy with current relationship and amount of independence between mother and daughter</td>
<td>4/5</td>
<td>“I’m pretty happy with our relationship the way it is. If anything, I wish that she would talk to me a little bit more. Often, I don’t think she takes me seriously when I tell her things like I want to know when you’ve gone to the doctor, I want you to do this, and I want to hear about it.” - Olive</td>
</tr>
<tr>
<td></td>
<td>1/5</td>
<td>“My mom’s the only person that birthed me, so there’s only one person for the job. To me. So I have to always be as close as possible, with her mental illness, because she doesn’t really like anyone to be around her.” - Piper</td>
</tr>
</tbody>
</table>
### Table 5 Continued

#### Self-sufficiency continued

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive Relationship with Mother</th>
<th>Exemplar Quote</th>
<th>Negative Relationship with Mother</th>
<th>Exemplar Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Number of Participants</td>
<td>Exemplar Quote</td>
<td>Number of Participants</td>
<td>Exemplar Quote</td>
</tr>
<tr>
<td>Want more or complete independence from mother</td>
<td>1/5</td>
<td>“I think she needs more independence from me. Like I’ve said that I’m her source of happiness. I keep trying to tell her that she needs to find some kind of activity or something to do so that I’m not her only sole [source].” - Molly</td>
<td>4/5</td>
<td>“I want to get to a place where if she feels like she doesn’t want to talk to me, I want to get to a place where that won’t stop me from living normally. Because it has in the past. It just hinders me.” - Madeline</td>
</tr>
</tbody>
</table>

#### Personal sharing

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive Relationship with Mother</th>
<th>Exemplar Quote</th>
<th>Negative Relationship with Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Number of Participants</td>
<td>Exemplar Quote</td>
<td>Number of Participants</td>
</tr>
<tr>
<td>Find personal sharing with mother to be helpful; choose to engage in personal sharing</td>
<td>5/5</td>
<td>“I don’t think there are very many people in my life that I feel comfortable having those kinds of conversations with. And I think that my mom is one of the few people that, if I tell her, I would feel comfortable having a very serious conversation with and she would have actual advice at the end of it.” - Olive</td>
<td>0/5</td>
</tr>
</tbody>
</table>
Table 5 Continued

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive Relationship with Mother</th>
<th>Negative Relationship with Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Participants</td>
<td>Exemplar Quote</td>
</tr>
<tr>
<td>Avoid personal sharing; feels mother does not deserve to know personal aspects of life</td>
<td>0/5</td>
<td>“I used to feel like I should let her know how she’s making me feel or how things are in my life with friends... I used to think that she would care how I actually felt, but I kind of realized I don’t think she really cares as long as I’m listening to how she feels. So I just kind of stopped telling her how I feel about things and I just let her tell me about her things.” - Madeline</td>
</tr>
<tr>
<td>Avoid conflict</td>
<td>5/5</td>
<td>“I just feel like I don’t want to say things that upset her too much now. So I’ll try to ask her to talk about more positive things, rather than things that I knew was bothering her.” - Winnie</td>
</tr>
</tbody>
</table>
Table 6

*Relationship with father themes and quotes*

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive Relationship with Mother</th>
<th>Negative Relationship with Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Participants</td>
<td>Exemplar Quote</td>
</tr>
<tr>
<td>Have experience taking on a caregiver role with father</td>
<td>0/5</td>
<td>“I do feel in certain situations that I need to reassure him that I don’t buy into things that mom said about you and I understand. I’m a rational person too and I understand that it’s okay. You’re okay. I felt that I needed to assure him that and really take care of him. Just assure him that I feel a certain way.” - Madeline</td>
</tr>
<tr>
<td>Do not have experience taking on a caregiver role with father</td>
<td>5/5</td>
<td>“I would never have caretaker feelings towards him because I don’t feel the same way toward him as I do my mom. Like, I couldn’t name a time that I would have, so I guess I probably don’t.” - Brittany</td>
</tr>
<tr>
<td>Positive parent relationship; lack of emotional closeness</td>
<td>3/5</td>
<td>“I remember being very confused growing up as to why my parents worked together. I never really saw them display that much affection towards each other.” - Olive</td>
</tr>
<tr>
<td>Negative parent relationship; lack of emotional closeness</td>
<td>4/5</td>
<td>“I don’t think they really pay attention to each other’s emotional needs at all. I don’t really think that’s a thing.” - Rosie</td>
</tr>
</tbody>
</table>
Table 6 Continued

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive Relationship with Mother</th>
<th>Negative Relationship with Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father deals with mother’s mental illness poorly or avoids it</td>
<td>Number of Participants: 4/5 (Exemplar Quote: “[My dad copes] very poorly, because he doesn’t understand. So he’s like, ‘Well, why do you just do this? Why are you freaking about this, just do it.’ He doesn’t really understand, so he doesn’t cope with it as well as I do.” -Molly)</td>
<td>Number of Participants: 5/5 (Exemplar Quote: “I don’t really know if he does, honestly. I don’t think he tries to deal with that at all. He just kind of goes with the flow, maybe.” -Autumn)</td>
</tr>
</tbody>
</table>
### Table 7

**About siblings themes and quotes**

**Siblings and caregiving: Who cares for mother?**

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive Relationship with Mother</th>
<th></th>
<th>Negative Relationship with Mother</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Participants</td>
<td>Exemplar Quote</td>
<td>Number of Participants</td>
<td>Exemplar Quote</td>
</tr>
<tr>
<td>More caregiving responsibilities with mother than siblings</td>
<td>5/5</td>
<td>“Me. I think my sister is getting there, but because she doesn’t really understand what the problem is, I think sometimes she does more harm than good, unintentionally.” -Olive</td>
<td>3/5</td>
<td>“My little brother really hasn’t had to do that much because he was the boy and boys don’t have to do laundry, apparently.” -Natasha</td>
</tr>
<tr>
<td>Aged into caregiving responsibilities with mom; currently do more than other siblings but did not in past</td>
<td>0/5</td>
<td>“I feel like it was kind of, not forced upon me, but everybody else left, so it’s down to me and my brother. But my brother wouldn’t do it, so I feel like I’m the only one who would want to make sure she’s not alone.” -Madeline</td>
<td>2/5</td>
<td></td>
</tr>
</tbody>
</table>

**Caregiving for siblings**

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive Relationship with Mother</th>
<th></th>
<th>Negative Relationship with Mother</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Participants</td>
<td>Exemplar Quote</td>
<td>Number of Participants</td>
<td>Exemplar Quote</td>
</tr>
<tr>
<td>Experiences with taking on caregiver role with siblings</td>
<td>1/5</td>
<td>“I don’t feel like I need to. I don’t feel like I’m responsible for her, or need to take care of her.” -Molly</td>
<td>5/5</td>
<td>“I had to cook for [my brother], make sure he’d get up for school. I used to cook him breakfast and I have had to drive him places and everything.” -Natasha</td>
</tr>
<tr>
<td>No experience with taking on a caregiver role with siblings</td>
<td>4/5</td>
<td></td>
<td>0/5</td>
<td></td>
</tr>
</tbody>
</table>
Table 7 Continued

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive Relationship with Mother</th>
<th>Exemplar Quote</th>
<th>Negative Relationship with Mother</th>
<th>Exemplar Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bond with siblings over shared experiences with mother; use this as a means to cope</td>
<td>4/5</td>
<td>“Sometimes there is that whole support factor of [my sister]. She sometimes realizes, ‘Dude, we went through this and this and this and this,’ and I’m like ‘Yeah, we totally did.’ And, you know, even if we didn’t talk about it explicitly, even if we weren’t there at the time, just the fact that we went through it with each other makes us feel like we have someone that understands our situation.” - Brittany</td>
<td>4/5</td>
<td>“My brother and I kind of share the same views. We’re kind of like a team about that. I mean, that was kind of a way to cope, to have a common feeling that we both shared.” - Rosie</td>
</tr>
</tbody>
</table>
Table 8

*Relationships with friends themes and quotes*

**Common qualities of friends**

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive Relationship with Mother</th>
<th>Exemplar Quote</th>
<th>Negative Relationship with Mother</th>
<th>Number of Participants</th>
<th>Exemplar Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have friends with similar background with mental illness or interest in psychology</td>
<td>3/5</td>
<td>“My friend also has very serious depression and has a very comparable family life. And when I was kind of detecting that this was a problem with him, I told him about how I was feeling and my home life, and now it’s one of the main things we talk about. You know, we check in with each other, like how are you feeling today, are you going to class, that type of thing.” - Olive</td>
<td>4/5</td>
<td>“[My friend]’s a psychology major, so I try to talk to her about it a lot because I know that she’s studying it, she’s interested. I find that it would be an interesting, helpful topic if I was into psychology.” - Piper</td>
<td></td>
</tr>
</tbody>
</table>

**Missed experiences with friends**

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive Relationship with Mother</th>
<th>Exemplar Quote</th>
<th>Negative Relationship with Mother</th>
<th>Number of Participants</th>
<th>Exemplar Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>More restricted in friendships and hesitant in having friends over at house</td>
<td>4/5</td>
<td>“My mom, like if I didn’t call her every 3 hours, she’d freak out and I’d have to take my time out and do that, and my friends were like, “Why can’t you just do…” and it’s like well, it’s just, you know, my mom, which is ok, I accept that.” - Molly</td>
<td>3/5</td>
<td>“I was a little bit ashamed with my friends and everything, growing up in junior high and stuff. Like sometimes, I just didn’t want my friends to come over because I thought that they would think my mom was strange or would ask about her.” - Autumn</td>
<td></td>
</tr>
</tbody>
</table>
### Table 9

**Positive experiences themes and quotes**

**Improved individual character**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Participants</th>
<th>Exemplar Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater appreciation for happiness and ease of coping with stress</td>
<td>3/5</td>
<td>“I think its formed who I am, so it’s hard to think about who I’d be if that hadn’t been the situation. Sometimes I’m like I’d be the same person, but I think it kind of accentuated and brought out a lot of my qualities and allowed me to demonstrate them instead of just saying ‘I’m a certain way.’ I actually got to put into practice all of my values.” -Brittany</td>
</tr>
<tr>
<td>Greater empathy, understanding, and acceptance for other, and increased independence</td>
<td>0/5</td>
<td></td>
</tr>
<tr>
<td>Caregiving and other unique experiences contributed to a deeper mother-daughter relationship</td>
<td>3/5</td>
<td>“It’s hard in some aspects, but in other aspects I’m very thankful that she's that way. And I think I’m happy for it because I got to be closer with my mom. I’m very fortunate and I love my mom a lot.” -Molly</td>
</tr>
</tbody>
</table>
mom a lot” -Molly

Table 9 Continued

<table>
<thead>
<tr>
<th>Category</th>
<th>Positive Relationship with Mother</th>
<th>Negative Relationship with Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Participants</td>
<td>Exemplar Quote</td>
<td>Number of Participants</td>
</tr>
<tr>
<td>Aspire to have a career in a human services field</td>
<td>2/5</td>
<td>“I kind of want to take care of everyone-I’m an education major. I just kind of want to do the whole kind of a nurturing thing.” -Brittany</td>
</tr>
<tr>
<td>Advocacy against mental illness stigma</td>
<td>2/5</td>
<td>“I think just being there is the most important thing for her because so many people don’t treat her well because of it. So, I think that’s the biggest thing, and I think I kind of am a little bit of an advocate for her.” -Brittany</td>
</tr>
</tbody>
</table>
APPENDIX A

YOUNG ADULT DAUGHTER INTERVIEW PROTOCOL

Introduction

Thank you for taking the time to meet with me today. I am interested in learning more about your experiences growing up with a mother with mental illness, and how these experiences may have affected your relationships with your mother and other family members. In order to learn more about your perspectives on this, I am going to be asking you a number of questions on several different topics. Please feel free to answer with as little or as much as you would like, and to ask me questions at any time. The interview should take about 1 hour to complete.

Consent Form Information

Demographics

I’d like to start by asking you a few basic questions about yourself:

1. Age: ____
2. Date of Birth: _ _ / _ _ / _ _
3. Gender: _____ Male _____ Female
4. Ethnic Background:
   _____ Caucasian _____ Asian-American
   _____ African-American _____ Pacific Islander
   _____ Hispanic _____ Other: ___________
5. Relationship Status:
   _____ Single, Never Married _____ Separated/Divorced (how long _____ )
   _____ Married/Partnered _____ Widowed
   _____ Re-married (how long _____ ) _____ Co-habitating (living together)
6. Current living situation
   _____ live at home with parents or other family members
   _____ own a house/apartment/condo
   _____ rent a house/apartment/condo (off-campus housing)
   _____ live in on-campus housing (dorm, etc.)
7. Educational Background/Current Year of School:
   _____ Freshman _____ Senior
   _____ Sophomore _____ Graduate
   _____ Junior _____ Other: ___________
8. Are you currently working? _____ Yes _____ No
If yes, about how many hours per week are you currently working (paid position?) (enter 00 if not employed) ____ hours per week

9. Family
   a. Number of brothers? ____ What are their first names and ages? __________
   b. Number of sisters? ____ What are their first names and ages? __________
   c. Mother: age ____
   d. Father: age ____
   e. Marital status of your parents:
      _____ currently married to one another
      _____ currently separated/divorced
      _____ remarried/cohabitating
      _____ co-habitating
   f. Who did you live with growing up? (check all that apply)
      _____ Mother          _____ Other: ___________
      _____ Father

Nature of Mother’s MI

Now I would like to talk with you about your experiences growing up with a mother who was coping with [a mental illness/name of mental illness].

10. Overall, how would you describe your relationship with your mother?
    a. Has that changed over the years? [prompt: growing up vs. currently, with being away at college]

Next, I’m going to ask you some questions about your mother and what you know about her and her [mental illness].

11. What is your mother’s current diagnosis?
    a. Has that changed over the years?
    b. Do you have an idea about when she was first diagnosed?
       i. [If during participants’ life time]: Do you have any memories of the situation? Can you remember what was going on in her life at the time?
          What about your own life?

12. What types of symptoms or difficulties does your mother currently experience with [her mental illness]?
    a. Has that changed over the years?

13. When your mother experiences these types of problems, what does she do to deal with them?

14. Does your mother currently take any medications for her mental health?
    a. If yes: Do you know what kinds?

15. Has your mother ever been hospitalized for mental health reasons? If yes:
a. About how many times?
b. To your knowledge, when was she hospitalized for the first time?

16. What types of treatment does your mother receive currently?
   a. Has that changed over the years?
   b. What role have you played in your mother’s treatment over the years?
      i. i.e., have you ever been asked to help or not help with her treatment, such as by helping her attend appointments, administer medications, contact emergency services, etc.?

Issues of Relationship with Mother

Now that you’ve given me some more general information about your mother’s illness and the ways in which it has changed over the years, I’d like to learn more about your perspectives and experiences of growing up with a mother with [mental illness].

17. How did you come to know about your mother’s illness?
   a. What was this learning process like?
   b. Did you learn about it on your own?
   c. Did someone tell you about it outright? If so, who?
   d. How did you feel when learning about it?

18. Thinking generally, what was it like for you growing up with a mother coping with [mental illness]?
   a. How do you make sense of your mother’s illness?
   b. How do you think it happened?
      a. What types of changes did you notice in your mother over the years?
      b. How did you make sense of these changes?
      c. Do you feel that there are things you had to change or do differently because your mother has a mental illness?

Felt Obligation

Now, I would like to talk with you a bit about the different types of responsibilities or obligations that you currently feel towards your mother.

Oftentimes, when it comes to family members, we feel like there are certain duties or debts that we owe them, such as visiting or communicating regularly and providing assistance when needed. This sense of obligation is thought to be particularly strong between parents and their children, with parents providing care for their children when they are young, and then a reversal of that relationship as the child enters adulthood.
Given what you said about caring for your mother while growing up, I’m interested in how you feel this may have impacted your sense of obligation or duty to your mother, or the ways that you feel you “need to” or “should” act with her.

So, thinking about your mother and your current relationship with her...

19. What kind of contact do you wish to have with your mother?
   a. How often should you interact with her?
   b. What kind of interaction should you have with her?
   c. Has this changed since coming to college?
   d. Prompt for example

20. Tell me about a time when you felt like you couldn’t speak your mind, or had to avoid arguing with your mother due to her mental illness.
   a. How often does this happen?
   b. Have you noticed changes with this since coming to college?

21. How do you feel about sharing and talking about personal things with your mother? Do you feel like you owe that to her?
   a. Has this changed since you started college?
   b. Prompt for example

22. What kinds of responsibilities or obligations do you specifically have with your mother?
   a. What kinds of help or assistance do you provide for her?
   b. Have these responsibilities changed since you started college?
   c. Prompt for example

23. How much independence or self-reliance would you like to have from your mother? How much independence or self-reliance should your mother have from you?
   a. Have you noticed in changes in this since you started college?

Relationships with Family Members and Maternal Caregiving

Now I would like to expand our discussion a bit to talk about your relationships with your entire family, rather than just your mother.

You mentioned that you have [number of siblings, brothers, sisters]. I’d like to ask you some questions about your relationships with them, now.

24. How would you describe your relationship with your siblings?
   a. Has this changed over the years?

25. What role do you think you and your siblings play in each other’s lives?
   a. Has that always been the case?

26. Do you sometimes feel that you need to take care of your siblings?
a. What was that like for you?
b. How long have you had that role?
c. How does the amount of care you provide for your siblings compare to that provided by your parents?
d. Has any of this changed over the years?

27. Have you ever felt like you’ve had to take care of your mother instead of your mother taking care of you? If yes:
   a. What was that like for you?

28. Out of you and your siblings, who do you feel takes care of your mother the most?
   b. Why? Prompt for example.
   c. How do you and your siblings negotiate these roles in your family? How did this come to be?
   d. Has this changed over the years?

29. How would you describe your parents’ relationship with one another? How do you think your [other parent] deals with your mother’s illness?

30. Do you sometimes feel that you need to take care of your [other parent]?

31. Some people find that they are able to rely on their family members to help them cope with their mother’s [mental illness]. Have you found this to be true for you?

**Relationships with Friends At Home and At School**

*Now that we’ve talked about your family, I would also like to learn more about the other relationships that you have in your life. Specifically, I’m interested in hearing about your friendships and other peer relationships.*

*First, I would like to start off by asking you a few basic questions about your friends.*

32. Thinking about your friends here at school, are you able to think of five people whom you would call your closest friends?
   a. What are their first names?

33. Now, think about your friends from home, and tell me about your five closest friends from there.

*I would like for you to keep these two sets of friends of mind as I ask you some questions about your experiences of sharing with your friends about your mother’s [mental illness].*

34. How many of your friends at school know about your mother’s mental health problems?
   a. What about your friends from home?
b. Who, specifically, on your lists of friends from both school and home, do you talk to about your mother’s [mental illness]?

c. If answer 0 for question 34: What do you think has stopped you from talking with your friends about your mother’s illness?

35. How much do you share about your mother’s mental health problems with these friends?

a. What types of things do you talk about?

b. What types of responses do you get from your friends?

c. Prompt for delineation between school and home friends.

36. Were there any other individuals outside of your family that have played an important role in helping you deal with your mother’s [mental illness]?

a. Prompt for explanation of how they played an important role.

b. Are you still in contact with this person (these people)?

**Feelings about Yourself**

So far, we’ve talked about the impact that your mother’s [mental illness] has had on your relationships with her and your other family members. Now, I would like to learn a bit more about you yourself.

37. How do you think having a mother with a mental illness has affected you?

38. Are there any experiences that other people your age have that you didn’t have because your mother has a mental illness?

39. Are there any unique experiences that you feel you gained because your mother has a mental illness?

**Closing**

We’ve talked about a number of different things today. Are there any types of things that we haven’t talked about that you think are important for me to know to better understand your experiences?

Do you have any questions for me?

It was a pleasure to get to know you, and I thank you for your participation in the study. If you would like to talk with someone in a professional capacity about personal issues, here is a list of community resources. If you think of any questions that you want to ask me, my email address is on the informed consent sheet that I gave you. Thanks again for your help.
APPENDIX B

PRE-SCREEN INTERVIEW PROTOCOL

1. Hello, my name is Catherine Petrowski and I am a clinical psychology doctoral student here at BGSU. You said that you were interested in participating in the study on the experiences of young women with mothers with mental illness. Is that something that you're still interested in? Do you have a few minutes to answer some questions?

2. Just as a reminder about the study, I’m interested in learning more about what it has been like for you to grow up with a mother coping with a mental illness. In this study, I would be asking you to share your views about your mother and her mental illness, and to discuss your relationship with her, other family members, and your friends.

3. If you are interested in participating in the study, you will be asked to complete an interview with me that will last about 1 hour. You will receive a $20 Amazon gift card for your participation. Do you have any questions about the study or what would be involved? Does this sound like something you would be interested in?

4. I have a few questions for you because there are specific requirements for who is eligible to participate in the study.
   a. I’m interested in the viewpoints of young adult women for the study. Are you between the ages of 18 to 25?
   b. I plan to learn more about the experiences of young women in the context of their family. Can you tell me briefly about your family and your past and current living situations?
   c. I would like to learn about the experiences of young women who have mothers coping with a mental illness. Can you tell me your mother’s current diagnosis?
   d. I’m interested in talking with people whose mothers have experienced a long-term mental illness. To your knowledge, how long has your mother had symptoms of [mental illness diagnosis]? Can you briefly discuss her symptoms?
   e. I’m interested in hearing about the experiences of young women with serving as caregivers for their mothers, fathers, and/or siblings. Can you recall having to serve as a caregiver for anyone in your family? Would you be willing to talk about it during our interview?

5. Those are all of the questions that I have for you today. Do you have any final questions?

6. Thank you for taking the time to talk with me today. I’m currently in the process of interviewing people who are interested in participating in the study, but I will be in touch with you soon to let you know if you have been selected to participant or 2) and I hope that you will be part of the project. I will be in touch to let you know and then we can schedule a time and place to conduct the interview.
   a. Can I contact you through email? Or would you prefer that I call you?

7. Thank you again, and please feel free to contact me if you have any questions.
Thank you for your submission of Revision materials for this project. The Bowling Green State University Human Subjects Review Board has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

The final approved version of the consent document(s) is available as a published Board Document in the Review Details page. You must use the approved version of the consent document when obtaining consent from participants. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that you are responsible to conduct the study as approved by the HSRB. If you seek to make any changes in your project activities or procedures, those modifications must be approved by this committee prior to initiation. Please use the modification request form for this procedure.

You have been approved to enroll 25 participants. If you wish to enroll additional participants you must seek approval from the HSRB.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. All NON-COMPLIANCE issues or COMPLAINTS regarding this project must also be reported promptly to this office.

This approval expires on January 20, 2015. You will receive a continuing review notice before your project expires. If you wish to continue your work after the expiration date, your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date.

Good luck with your work. If you have any questions, please contact the Office of Research Compliance at 419-372-7716 or hsrp@bgsu.edu. Please include your project title and reference number in all correspondence regarding this project.