CONFLICT OR SOLIDARITY: UNDERSTANDING SIBLING RELATIONSHIPS IN
FAMILIES COPING WITH PARENTAL MENTAL ILLNESS

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ABSTRACT

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Research has examined sibling relationships among families dealing with challenging life circumstances such as parental divorce or other high-conflict situations. These studies have primarily focused on the congruency and compensatory hypotheses of relationships to understand how sibling relate to each other in difficult family circumstances. The congruency hypothesis suggests that sibling relationships are reflective of parental or parent-child relationships. In contrast, the compensatory hypothesis contends that sibling relationships can act as buffering in families dealing with high conflict. Few studies have examined these conceptual frameworks as they relate to how adult siblings cope with a parent with mental illness. The present qualitative study examined first-person accounts of young adult siblings with mothers with mental illness (anxiety, depression, or bipolar disorder). A multiple perspectives research design was used to examine the accounts of 10 adult siblings from five families to understand their views of sibling relationships and family ties. Participants completed individual semi-structured interviews in which they discussed their relationships with their mother, father, and siblings, caregiving experiences, their personal mental health, and positive experiences related to having a mother with mental illness. Qualitative content analysis found support for both the congruency and compensatory hypotheses of sibling relationships among families living with parental mental illness. Findings also highlighted the potential for positive experiences and growth, as well as the significance of social support, for young adults who have a mother with mental illness. Implications of study findings for research and clinical practice are discussed.

ACKNOWLEDGMENTS

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INTRODUCTION

An estimated ten million adults in the United States live with a serious mental illness such as severe depression, anxiety, schizophrenia, or personality disorders (Substance Abuse and Mental Health Services Administration, 2014). Family members often serve as the primary source of support and care for their loved ones coping with mental illness (Rowe, 2012). There is a substantial literature that examines parental caregiving for adult children with mental illness (see Saunders, 2003 for a review), yet relatively little is known about the experiences of young adult children of parents living with mental illness.

Existing research has typically focused on negative consequences associated with children having a mother with mental illness, such as poor academic, social, behavioral, and mental health outcomes that are thought to persist into adulthood (Downey & Coyne, 1990; Beck, 1999; Mowbray, Bybee, Oyserman, Allen-Measures, MacFarlane, & Hart-Johnson, 2004; Williams & Corrigan, 1992; Dunn, 1993; Ensminger, Hanson, Riley, & Juon, 2003; Mowbray & Mowbray, 2006; Abraham & Stein, 2010, Petrowski & Stein, 2016). However, a small portion of the literature suggests the potential for protective factors for adult children that mitigate negative outcomes, such as social support received by other family members, particularly siblings (Mowbray et al., 2004; Kinsella, Anderson, & Anderson, 1996; Petrowski & Stein, 2016).

Sibling relationships represent a unique set of family ties that have the potential to serve as a powerful form of social support in the face of the challenging nature of coping with a parent living with mental illness (Petrowski & Stein, 2016; Hay, Vespo, & Zahn-Waxler, 1998). Although few studies have explored the nature of sibling relationships among families with parental mental illness, a number of researchers have examined sibling ties among families dealing with other difficult life circumstances such as parental divorce or other high-conflict situations. Two overarching approaches have emerged, the congruency and compensatory

hypotheses, to explain how siblings interact with one another when living in these types of family systems. The congruency hypothesis suggests that sibling relationships are reflective, or congruent, with parental and parent-child relationships in that a negative relationship in one dyad will be associated with a negative relationship in other family relationships (Blandon & Volling, 2008; Stocker & Youngblade, 1999; Voorpostel & Blieszner, 2008; Conger, Stocker, & McGuire, 2009; Kim, McHale, Osgood, & Crouter, 2006; Milevsky, 2004; Poortman & Voorpostel, 2009). The compensatory hypothesis, in contrast, suggests that sibling relationships can act as compensatory in families dealing with high conflict or other stressful situations, such that siblings may turn to one another for support as a means of coping with other strained family relationships (Weiss, 1974; Fuhrman & Buhrmester, 1985; Van Aken & Asendorpf, 1997; Kempton, Armistead, Wierson, & Forehand, 1991; Jenkins & Smith, 1990; Caya & Liem, 1998; Hay, et al., 1998; Milevsky & Levitt, 2005; Bush & Ehrenberg, 2003; Greenwood, 2014; Jacobs & Sillars, 2012; Voorpostel & Blieszner, 2008). Although there are key differences between the experiences of parental mental illness, parental divorce and other high-conflict family situations, existing literature on adult sibling relationships in difficult family circumstances provides a conceptual grounding for the role of siblings coping with parental mental illness.

The present qualitative study used first-person accounts of young adult sibling dyads raised by mothers with mental illness to examine the role of sibling relationships in this family context. Participants were invited to discuss their experiences related to having a mother with serious mental illness (i.e., serious mood disorders, anxiety disorders, or forms of schizophrenia) and ways that relationships with their siblings may reflect compensatory and/or congruency factors attributed to sibling ties. The present study utilized multiple perspectives in order to capture a more nuanced picture of the family system and to shed light on the ways individual and relationship factors may interact with the experience of having a mother with mental illness.

Families Living with Mental Illness

Research has documented risk factors associated with children and adult children of mothers with mental illness. Studies suggest that children raised in this environment are likely to face a variety of negative outcomes that begin during childhood and may persist into adulthood. Downey and Coyne's (1990) review of literature on the adjustment of children of depressed parents suggests that these children experience significant social and academic difficulties, as well as internalizing and externalizing behavioral issues as compared with children in the general population. The review suggests that children of parents with depression may also be at greater risk for developing their own symptoms of depression. Additional review studies, including a meta-analysis conducted by Beck (1999), have found similar results, such as a moderate correlation between maternal depression and child behavior problems. Mowbray and colleagues (2004) found that significant proportions of their sampled children of mothers with mental illness reported problems in school, such as poor academic performance, difficulty adapting to the school environment, and a tendency towards behavioral issues.

Review of the literature suggests that the negative outcomes associated with having a mother with mental illness may persist as the child continues into adulthood. A number of studies suggest higher rates of mental health diagnoses and use of mental health services among adults with mothers with mental illness than those whose parents do not have mental illness (Williams & Corrigan, 1992; Dunn, 1993; Kessler, Davis, & Kendler, 1997; Ensminger et al., 2003; Mowbray & Mowbray, 2006; Mowbray , Bybee, Oyserman, MacFarlane, & Bowersox, 2006, Abraham & Stein, 2010). Additional negative outcomes experienced by adult children of mothers with mental illness may include lower self-esteem, increased interpersonal problems, and higher incarceration rates and legal problems (Ensminger, Hanson, Riley, & Juon, 2003; Duncan & Browning, 2009; Mowbray et al., 2006; Williams & Corrigan, 1992). When asked

about their experiences through qualitative interviews, adult children of mothers with mental

illness have been found to reflect these quantitative findings. In one retrospective study of nine

adult women raised by mothers with serious mental illness, participants described feelings of

maternal abuse and neglect, isolation from their peers and communities, a sense of guilt, and

critical views of the mental health system (Dunn, 1993). In another qualitative study conducted

by Williams (1998), women with mothers with mental illness discussed feelings of stigma and

isolation, as well as difficulty forming close relationships with others.

Generally, families living with mental illness must often cope with issues of high conflict

and stress, as well as with disruption in the family system through increased conflict among

multiple family relationships (e.g., between parents, parents and children, and siblings). A life

course perspective provides a useful framework for understanding the impact of mental illness

among families more generally, and the effects of maternal mental illness on children and adult

children more specifically (Cohler, Pickett, & Cook, 1996; Stein & Wemmerus, 2001). This

perspective suggests that the life course consists of age-related stages, such as childhood,

adolescence, and young adulthood, each of which have associated norms about appropriate

behavior and accomplishments (Aldous, 1996; Hagestad, 1990). Mental illness is thought to be a

traumatic life occurrence that disrupts these developmental life tasks for both the affected

individual and their family members (Stein & Wemmerus, 2001).

One major life course disruption that may occur among families living with mental

illness is an alteration of typical caregiving roles and experiences, particularly among families in

which a parent has mental illness. A number of studies suggest that the typical parent-child

relationship may be altered in that the child may take on a caregiver role for their parent or other

family members, such as siblings, though process known as parentification or role reversal

(Jurkovic, 1997; Jurkovic, Thirkfield, & Morrell, 2001; Macfie, McElwain, Houts, & Cox,

2005). Researchers have most notably studied role reversal among disruptive family events such as parental divorce (e.g., Jurkovic et al., 2001), with few studies specifically examining the concept among families coping with parental mental illness. Overall, it is suggested that experiences of role reversal may lead to negative outcomes for adult children. Hooper, Decoster, White, and Voltz (2011) conducted a meta-analysis of 12 studies with a total of 2,472 participants that suggested that adults reporting high levels of role reversal or parentification also reported increased psychological symptoms in adulthood.

Several studies have examined parentification among families living with maternal mental illness. In an analysis of perceived role reversal, maternal mental illness, and psychological adjustment, Abraham and Stein (2013) compared the reports of young adults with mothers with mental illness with those of young adults with mothers without mental illness. Results suggest that perceived role reversal mediated associations between maternal mental illness and self-reported psychological symptoms. Having a mother with mental illness was associated with higher levels of role reversal, which, in turn, was associated with higher levels of psychological symptoms. These findings presented similar results to a previous study that found young adults of mothers with affective disorders reported higher levels of role reversal than did young adults without mothers without affective disorders (Abraham & Stein, 2012).

Findings from a qualitative study of 10 young adult women with mothers with mental illness highlighted similar themes (Petrowski & Stein, 2016). Each of the 10 women interviewed in the study described experiences consistent with role reversal, relating ways in which they have taken on a parent-like role with their mothers. Additionally, although no claims of causality can be made, a majority of participants spontaneously described their own experiences with mental health symptoms without being prompted to do so. Participants reported engaging in multiple forms of caregiving with their mothers, such as by providing emotional support or checking in

with their mother's mental health. Petrowski and Stein (2016) also prompted participants to discuss additional caregiver roles in which they may have engaged with other family members (fathers and siblings). Several of the participants reported taking on a caregiver role with their fathers, suggesting that role reversal may extend to both parents when only one parent has mental illness in a family.

Interestingly, participants also discussed caregiving experiences with siblings, providing insights that have been relatively unexplored by both the role reversal and parental mental illness literature. In analyzing findings of the study, Petrowski and Stein (2016) divided participants into two groups: those who described a close, positive relationship with their mothers (n = 5), and those who described a distant, negative mother-daughter relationship (n = 5). Although only one woman with a positive mother-daughter relationship reported engaging in caregiving towards her sibling, each of the young women with a negative mother-daughter relationship described experiences with caregiving for a sibling in some form. These participants discussed experiences of providing care for younger siblings or receiving care from older siblings, and suggested that the older sibling in these dyads often took on a "pseudo-mom" role. These findings suggest that not only may children of mothers with mental illness experience role reversal in regards to the parent-child relationship, they may also take on caregiver roles with additional family members such as fathers and siblings.

Researchers acknowledge substantial variability in outcomes for adults considered "at risk" on the basis of parental mental illness (Abraham & Stein, 2013), and several studies suggest factors that may protect against these negative outcomes, and even the potential for positive outcomes related to having a parent living with mental illness. Although parts of the sample of 166 adolescent children of mothers with mental illness in a study by Mowbray and colleagues (2004) reported negative outcomes, about one third of the sample was found to

possess high levels of positive coping skills and few mental health or behavioral problems. Similarly, participants interviewed by Dunn (1993) reported a number of negative experiences, but they also described a profound sense of loyalty to their mothers. Researchers have also found potential personal strengths associated with having a mother with mental illness, such as an increased sense of independence, creativity, empathy for others, a sense of strength and resiliency, a desire to engage in human services work, interest in fighting mental illness-related stigma, and even a sense of connection with their mothers due to shared mental health symptoms (Kinsella et al., 1996; Petrowski & Stein, 2016).

Mental Illness and Social Support

Literature suggests that social support may be an important mediator on the effects of maternal mental illness on young and adult children. Mowbray and Oyserman (2003) suggest that resources and social supports beyond the child's mother may serve as protective factors that could mitigate some of the challenges associated with living with a mother with mental illness. Several studies have found that a significant support network may assist with coping with parental mental illness and also lessen the relationship between symptoms of mental illness experienced by mothers and their children (Kinsella et al., 1996; Dunn, 1993; Petrowski & Stein, 2016).

One form of social support that may be particularly relevant for children and adults with a parent with mental illness is that provided by family members. Family relationships, particularly those with individuals who share a home, such as a parent or siblings, may serve as a positive influence and source of support from which both mothers with mental illness and their children alike may benefit (Dunn, 1993; Mowbray, Bybee, Hollingsworth, Goodkind, & Oyserman, 2005). Petrowski and Stein (2016) explored relationships with siblings and fathers and potential sources of support among the 10 young adult women with mothers with mental

illness interviewed in their study. A majority of young adults discussed ways they and their siblings provide mutual support for one another and bond over the shared experience of having a mother with mental illness. They discussed strategies that they have developed and shared with one another for approaching and coping with their mother, as well as a powerful sense of camaraderie associated with knowing that their siblings, and their siblings alone, fully understand their experiences of growing up with a mother living with mental illness.

These studies suggest that family relationships, particularly sibling ties, may serve as protective factors against negative consequences associated with having a parent with mental illness. The remainder of this literature review explores the nature of sibling relationships in order to lay the foundation for a research study on young adult sibling ties among families with mothers with mental illness. Given the small number of existing studies investigating sibling relationships among families with parental mental illness, this review also includes discussion of literature on sibling relationships among other challenging family circumstances such as parental divorce or high-conflict situations. It is argued that findings from these studies help inform research on sibling ties among families living with mental illness.

Sibling Relationships in Young Adulthood

As Cicirelli (2013) notes, sibling bonds are the longest relationship many people will experience across their entire lives. Sibling relationships are given, rather than earned or sought out, and have no official end, even if the siblings are separated or have few ongoing interactions with one another. Unlike other relationships, sibling ties appear to be more subject to change than other types of relationships based on the life course stage or life events. Specifically, many siblings have close, daily contact throughout their childhood and adolescence, and then experience varying degrees of separation as they enter adulthood (Cicirelli, 2013).

Although there may be differences between siblings based on age, physical size, knowledge, achievements, and other characteristics, the majority of siblings tend to express general feelings of acceptance for one another and relate as equals (Cicirelli, 2013). Due to close contact throughout childhood and adolescence, siblings often have a long history of shared experiences that contribute to their similarities. Additionally, siblings may communicate with one another about non-shared experiences, thus creating more similarity or empathy for one another's experiences. Although these unique qualities of sibling relationships suggest the significance of these ties, relatively little research has focused on understanding sibling bonds at various points in the adult life course.

Sibling relationships are thought to vary across the life course as children age and begin to distinguish themselves from their families of origin. Although there is a large amount of research on general social networks among young adults, a much smaller subset of this literature specifically focuses on sibling relationships among this age group (Milevsky & Heerwagen, 2013). Emerging adulthood is a life period associated with self-exploration and increased independence, particularly from one's family of origin (Arnett, 2000). Milevsky, Smoot, Leh, and Ruppe (2005) surveyed young adults with siblings and determined that young adult sibling relationships may be influenced by a combination of relational, familial, and contextual variables. For example, the researchers found more conflict among young adult siblings closer in age, perhaps due to the increased independence and self-exploration associated with this age period. Additionally, the researchers found associations between sibling closeness and other factors, such as economic conditions and religiosity (Milevsky et al., 2005).

The developmental period of emerging adulthood typically includes transitions to adulthood such as leaving home, finishing school, starting a job or career, marriage, and having children (Arnett, 2000; Mouw, 2005). Researchers exploring sibling relationships among

emerging adults seek to understand the ways these life transitions may impact sibling relationships. For example, how are sibling relationships affected when one or multiple siblings move away from home, begin working, and begin steps towards financial independence? Research that seeks to answer these questions present various findings, with some suggesting that sibling relationships may serve as a source of support and stability during this time period of change (Conger & Little, 2010).

Milevsky and Heerwagen (2013), using qualitative inquiry, identified several other characteristics of emerging adult sibling relationships. They found that perceptions of young adult sibling relationships may vary according to younger versus older siblings, and that older siblings often experience more blame and responsibility from parents than their younger siblings. Additionally, findings indicate that parental punishment and other types of engagement or intervention in the sibling relationship may lessen during the emerging adult period. Milevsky and Heerwagen (2013) also explored the potential impact of parental divorce and blended families on young adult sibling relationships. Findings suggest that sibling relationships may be influenced by both individual and relational factors, as well as various life events and experiences. Researchers have only begun to uncover the multitudes of ways sibling relationships develop and evolve, and the present study seeks to add to this growing area of research.

Mental illness, Parental Divorce, and High-Conflict Family Situations

Research suggests that social support, including supportive family relationships, may serve as an important source of coping and resources for young adults dealing with parental mental illness (Dunn, 1993; Mowbray, et al., 2005). Sibling relationships, in particular, may be a significant, yet relatively understudied source of social support. Although few research studies focus specifically on the topic of sibling relationships among families with a parent living with

mental illness, a number of studies have explored sibling relationships among other potentially stressful family situations, such as parental divorce and other high-conflict circumstances. Although differences exist between high-conflict situations, parental divorce, and parental mental illness, each of these circumstances contain common elements such as increased amounts of familial stress, increased caregiving responsibilities for children, and lifestyle instability. Due to these potential similarities, this review explores the existing literature on high-conflict and parental divorce family situations, with particular focus on sibling relationships in this context. Following this review, possible implications for families living with parental mental illness are discussed.

High-conflict family situations and parental divorce may be associated with a number of factors that can lead to negative outcomes for children raised in such a context. Milevsky and Heerwagen (2013) suggest that divorce often involves a significant level of hostility that may impact the entire family and cause tension within different relationships. Family ties may also dissolve or begin to slowly deteriorate (Poortman & Voorpostel, 2009). In terms of the parent-child relationship, research suggests that parent-child relationships may grow more distant with divorce, and children often experience less support from their parents (Poortman & Voorpostel, 2009). The sibling relationship may also be impacted. If they are separated or required to live with different parents, for example, siblings may grow both emotionally and physically distant from one another (Milevsky & Heerwagen, 2013). Separate households with different rules and lifestyles may lead to conflict, resentment, or jealousy in the sibling relationship (Milevsky & Heerwagen, 2013). Additionally, siblings may experience a variety of challenges in dealing with step-siblings and blended families (Milevsky & Heerwagen, 2013). This overall lack of support and warmth, as well as having fewer parental resources, has the potential to lead to a number of negative outcomes for children in such families.

Research suggests that children from families that experienced parental divorce are at risk for a number of negative outcomes, including increased aggression and hostility, problems with social interactions, difficulty forming relationships with others, academic difficulties, lower self-esteem and increased mental health symptoms, and risky behaviors such as sexual activity at a young age and illicit drug use (Milevsky, 2004; Amato & Keith, 1991; Hetherington, 1989). These negative outcomes are thought to persist into adulthood, with research indicating that adult children with divorced parents report less education and lower occupational status, lower income, and greater likelihood to marry young, divorce, and experience instability and conflict in their own marriage (Powell & Parcel, 1997; Ross & Mirowsky, 1999; Amato, 1996). Additionally, parental divorce has been shown to be related to a number of stressors, including financial issues, loss of emotional and social support, and parental conflict (Poortman & Voorpostel, 2009).

Although there is a substantial amount of literature on the impact of parental divorce on their children and their relationships with them, far fewer studies explore its effect on the sibling subsystem (Bush & Ehrenberg, 2003). Research suggests that positive sibling relationships are associated with a number of positive outcomes, including social, emotional, cognitive, and psychological adjustment (Milevsky & Levitt, 2005). Thus, the relatively small number of studies that do explore sibling relationships among divorce or high-conflict family situations typically comment on the potential for sibling relationships to act as protective among such family situations. The congruency and compensatory hypotheses are the two overarching approaches have most commonly been applied to understanding sibling relationships within the context of divorce or other high conflict, chaotic family situations

The Congruency Hypothesis

The congruency hypothesis borrows from a number of theories, including social learning, attachment, cognitive schema, and family systems (McHale, Updegraff, & Whiteman, 2013; Milevsky & Levitt, 2005; Teti & Ablard, 1989; Fiske & Taylor, 1991; Cicirelli, 1991; Milevsky, 2004). Each of these theories contributes information that suggests that sibling relationships will ultimately be reflective, or congruent, with parental relationships such that a negative parental relationship will be associated with a negative or conflict-ridden sibling relationship. Social learning theory currently stands as the theory most commonly applied to understanding sibling relationships, particularly among children and adolescents (McHale, et al., 2013). This theory suggests that through observing other relationships, particularly parent relationships, siblings learn how to interact with one another (McHale et al., 2013). Attachment theory, though applied less commonly, also contributes to the congruency hypothesis in that it suggests that relationships with caregivers are reconstructed in other significant or close relationships (Milevsky & Levitt, 2005; Teti & Ablard, 1989). From this theoretical perspective, a close or positive parent-child relationship may be associated with positive relationships with other important individuals such as siblings. Cognitive schema theory suggests a similar concept in that previous relationships, such as that a child forms with their parent, lead to individual schemas, or expectations, of relationships, that then influence other relationships an individual may form with siblings and others (Fiske & Taylor, 1991). Finally, family systems theory asserts that families are composed of subsystems, such as the parent subsystem, the parent-child subsystem, and sibling subsystems. Proponents of this theory suggest that each of these subsystems influence one another, so that conflict in one, such as the parent subsystem in instances of divorce, may lead to conflict in another, such as the sibling subsystem (Cicirelli, 1991; Milevsky, 2004).

Each of these theories provide context for research findings that lend support to the congruency hypothesis of sibling relationships. Several studies suggest that parent-child relationships characterized as warm and involved have been found to be related to more positive sibling relationships in both childhood (Blandon & Volling, 2008. Stocker & Youngblade, 1999) and adulthood (Voorpostel & Blieszner, 2008). The reverse may also be true such that living in a household with negative, conflict-ridden relationships may in turn be associated with negative and hostile sibling relationships. Discussing the congruency hypothesis, Conger, Stocker, and McGuire (2009) suggest that children growing up in a high-conflict household, in which aggression and fighting are the norm, may in turn infer that this is an acceptable way to interact with their siblings. The researchers propose a model of sibling socialization in which stressful life circumstances have a direct effect on interactions between siblings, as do parent relationship factors.

Unfortunately, only a small number of studies on the congruency hypothesis focus solely on sibling relationships in young adulthood. Therefore, in order to provide a full overview of the literature, research utilizing samples of siblings of all ages are discussed in this current review. Kim, McHale, Osgood, and Crouter (2006), for example, explored the relationships between marital conflict and closeness and sibling conflict and closeness. Using a longitudinal design in which they sampled children from 200 families during childhood and adolescence, they found results in support of the congruency hypothesis. Specifically, sibling closeness was found to be linked to mother-child closeness (acceptance, specifically). Additionally, the researchers found a relationship between sibling conflict and both father-child and mother-child conflict, such that higher conflict between parent and child was associated with high conflict in the sibling relationship.

Milevsky (2004) explored the effects of parental divorce and perceived parental marital satisfaction specifically among emerging adults and assessed several factors of the sibling relationship, including closeness, communication, and support. Using a survey of 305 young adults between the ages of 19 to 33, Milevsky (2004) found evidence that suggests that adults with divorced parents perceive a more distant, less supportive relationship with their siblings than those from intact families. Young adults with divorced parents also reported less communication with their siblings than those without divorced parents. Additional results suggest that young adults who perceived less parental marital satisfaction reported less sibling communication, less sibling closeness, and limited sibling support and warmth. Milevsky (2019) found results consistent with these findings in a later study in which 392 young adults (ages 17-22) were surveyed about the relationship between divorce, perceived parental marital satisfaction, sibling dynamics, and well-being. Results suggest that siblings with divorced parents appear to be less close than siblings with married parents, and that there is a positive correlation between parental marital satisfaction and sibling closeness and communication. Taken together, these studies suggest that sibling relationships may ultimately be congruent with parent marital relationships.

Poortman and Voorpostel (2009) examined the effects of parental divorce on adult sibling relationships, and specifically sought to determine if parental divorce or parent conflict more generally are more detrimental to sibling relationships. The researchers offer a discussion of the fact that parental divorce is commonly associated with additional stressors such as financial issues, lack of social and emotional support, and parent conflict, and that in high conflict situations divorce may actually help mitigate some of this associated stress. Based on a total sample of 5,414 adults (2,702 sibling dyads), results suggest that siblings with divorced parents experience greater conflict in their sibling relationships than those without divorced parents.

However, results also indicate that divorce may improve the sibling relationship in situations of

very high parent conflict, thus supporting the notion that parent conflict may be a more

worthwhile measure than simply assessing whether siblings' parents divorced. Taken together,

the described studies suggest that sibling relationships are largely congruent with other family

relationships, most notably the parent marital relationship or parent-child relationships, such that

a conflict-ridden parental relationship may be reflected in sibling interactions.

The Compensatory Hypothesis

The compensatory hypothesis is an alternative view of sibling relationships that suggests

that sibling ties have the power to act as compensatory, or buffering, in the face of situations

such as high family conflict or marital divorce. This viewpoint largely draws from one theory in

particular, social provisions theory, in which Weiss (1974) suggests that individuals seek specific

types of social support in their relationships with others, and that relationships are specialized so

that different provisions are received in different relationships. Fuhrman & Buhrmester (1985)

initially approached this concept by questioning if it might be possible to turn to another source

of support to compensate if one particular relationship is not supplying what is needed. These

researchers questioned if siblings might be able to turn to one another for support in situations

where they may receive inadequate support from a parent. The authors suggest that social

provisions can be obtained from alternative sources if needed.

Van Aken and Asendorpf (1997) further explored this concept and identified that

compensatory support may occur in the form of partial or full compensation. In cases of partial

compensation, the individual receiving the compensatory support experiences better adjustment

outcomes than one who does not receive any form of the needed compensatory support. For

example, several studies suggest that children growing up in high-conflict families with at least

one sibling experience better adjustment than those without a sibling (Kempton, et al., 1991;

Jenkins & Smith, 1990). Complete compensation, however, includes situations where a person receiving compensatory support experiences the same or higher level of adjustment to one receiving the needed support from the primary providers (such as parents; van Aken & Asendorpf, 1997).

This potential for sibling relationships to serve as compensatory has been studied by a number of researchers in several different contexts, such as high-conflict families (e.g., Caya & Liem, 1998; Hay, et al., 1998; Milevsky & Levitt, 2005) and families experiencing parental divorce (e.g., Bush & Ehrenberg, 2003; Greenwood, 2014; Jacobs & Sillar, 2012). Similar to studies conducted in support of the congruency hypothesis, few studies in support of the compensatory hypothesis focus solely on young adult relationships. Thus, again, studies exploring relationships between siblings of all ages throughout the lifespan are currently reviewed.

At the heart of the compensatory hypothesis is the idea that supportive sibling relationships can and often do provide a source of stability and security in highly stressful or chaotic family situations. Bush and Ehrenberg (2003) suggest that sibling conflict may even provide stability, as it can be familiar or "normal" during a time of upheaval such as during parental divorce. Overall, the compensatory hypothesis suggests that the children of a family can engage in actions that affect the family system just as the parents can. Rather than child adjustment outcomes being solely dependent on parental relationships or conflict, children have the opportunity to influence their own outcomes such as by building supportive relationships with their siblings and helping to foster resiliency.

Results from a number of studies lend support to the compensatory hypothesis of sibling relationships. Some, such as that conducted by Voorpostel & Blieszner (2008), point to a tendency for siblings to turn to one another for support in the face of distant relationships with

their parents. In their study of 1,259 triads consisting of two adult siblings and one parent, the researchers found that sibling emotional support and closeness appeared to be impacted by the parent-child relationship quality. Specifically, having a negative parent-child relationship with little contact was associated with increased sibling support and closeness.

Other findings in support of the compensatory hypothesis illustrate ways in which supportive sibling relationships can serve as protective and lead to improved outcomes and functioning. Milevsky and Levitt (2005), for example, conducted a study that explored sibling relationships among 695 students, ages 11 to 15. They found evidence of positive outcomes associated with supportive sibling relationships in any kind of family situation, in that participants who reported having supportive siblings had higher academic outcomes and fewer adjustment issues. Additionally, the researchers found support for the compensatory hypothesis, as sibling support was found to be protective in the face of ecological risk, such as low parent support or high family conflict. Supportive sisters were found to be generally helpful in such situations, and brother support was found to be particularly helpful with academic outcomes among participants with perceived low mother support. Thus, Milevsky and Levitt (2005) concluded that their findings add plausibility for the potential of sibling relationships to serve as compensatory.

Caya and Liem (1998) found similar results in their survey of college students from high-conflict families. Surveyed young adults who identified that they had supportive sibling relationships during childhood were found to be functioning as well as those individuals raised in homes without high conflict. Additionally, those college students with sibling support were found to report higher self-esteem that those without siblings or supportive sibling relationships (Caya & Liem, 1998). Milevsky (2005) found additional results in support of the compensatory hypothesis of sibling relationships in a study of 305 young adults between the ages of 19 to 33.

Young adults with high sibling support were found to score significantly lower than those without supportive sibling relationships on scales of loneliness and depression, and higher on scales of self-esteem and life satisfaction. Results also indicated that sibling support can specifically compensate for low levels of support from other relationships, including a lack of support from parents (Milevsky, 2005).

Several qualitative studies have explored supportive sibling relationships in the context of high-conflict families and parental divorce. Bush & Ehrenberg (2003), for example, conducted a qualitative study on young adult sibling relationships among participants with childhood experiences of parental divorce. Findings of the study revealed several themes regarding the impact of divorce on sibling relationships, ways the experience built a connection, and ways the relationship impacted their methods of coping with the divorce. In terms of the impact of the divorce on the sibling relationship, over two-thirds of participants reported that the divorce brought them closer to their siblings. Reasons for this increased closeness included factors such as spending increased time with their siblings so as to have support in navigating new life circumstances (e.g., splitting time between two homes), having more time alone with their sibling, and the sense that sibling relationships remain stable during a time of family restructuring. Additionally, participants discussed the unique nature of the sibling relationship. They explained that their sibling was the only person to whom they could turn in dealing with the divorce and the only one who fully understood the situation. Relatedly, the participants stated that the divorce provided the siblings with a common experience and a reason to open up to each other, creating a bond or "unspoken coalition" against their parents. Nearly half of the participants reported that they feel this bond created in response to the divorce was permanent or unbreakable.

Study participants also reported new roles that they took on in their sibling relationships in response to parental divorce. A total of 40% of the young adults discussed ways older siblings acted as parent-like figures and how they feel this had a positive impact on their relationship. Finally, about 66% of the participants surveyed reported that they feel their sibling relationship had a positive impact on how they coped with their parents' divorce. Participants discussed several different coping strategies including processing feelings and talking together, modeling, unspoken knowledge that their siblings were going through the same experience, unspoken support and comfort being together, humor, and diverting attention away from the stress of the situation. These findings illustrate the potential for sibling relationships to serve as powerful sources of support and to act as compensatory in the face of stressful family situations such as divorce. Taken together, findings from this study and others previously described provide evidence to suggest that sibling relationships have the potential to be compensatory, or buffering, in the face of stressful family situations such as high conflict or parental divorce.

Both Congruency and Compensatory Theories

A review of the literature indicates that these two hypotheses—sibling relationships as congruent or compensatory—tend to be the most common approaches used to describe the impact of stressful situations such as parental divorce or family conflict on siblings. Research adhering to a social learning perspective generally and the congruency hypothesis specifically is common, and studies that examine at the impact of parental divorce on siblings tend to find results that support the congruency hypothesis (McHale et al., 2013). However, a notable number of studies supporting the compensatory also exist, with the majority of these studies seemingly operating within the tradition of social support research (e.g., Jacobs & Sillars, 2012). Additionally, most authors tend to discuss their findings within the context of both theories, fully

explaining both approaches and identifying which hypothesis their results seem to support (e.g., Conger et al., 2009; Greenwood, 2014).

The literature on sibling relationships as congruent or compensatory contains a number of limitations. Although research that seeks to explore general sibling relationships often explores the impact of sibling characteristics and relationship factors such as birth order, age differences and spacing between siblings, and gender composition, few studies account for these factors when addressing the compensatory versus congruency hypothesis (see Conger & Little, 2010). Additionally, although research suggests that sibling dynamics may be impacted by family size and position in birth order (Milevsky & Heerwagen, 2013), the majority of existing studies explore only one dyadic relationship among siblings. This overlooks the potential for differences in relationships among various siblings, as well as the possibility for both compensatory and congruent sibling relationships in one family system. Future research that explores compensatory and congruent sibling relationships may do well to address these types of family system and sibling characteristics.

Implications for Families Living with Parental Mental Illness

It is likely that siblings living with a parent with mental illness experience many of the challenges identified by those dealing with divorce or other stressful situations, and these siblings may turn to one another for support in coping with these challenges. Similar to siblings with divorced parents, those individuals with a parent with mental illness may form an "unspoken coalition" or recognize that their sibling is the only other person who can fully understand their situation as a means of coping (Bush & Ehrenberg, 2003). Indeed, young adult women with mothers with mental illness interviewed by Petrowski and Stein (2016) expressed similar sentiments when asked about their relationships with their siblings, thus lending support to the compensatory hypothesis.

Further review of the literature yielded one additional study that discusses the nature of sibling relationships in families with a parent with mental illness. Hay and colleagues (1998) conducted a study of 55 families with young children (ages 1-8), including 36 with a parent coping with mental illness (depression or bipolar disorder). Using the compensatory hypothesis, authors proposed that children of parents with mental illness may have an increased need to rely on or care for each other. Through observation of family triads consisting of mothers living with mental illness and their two young children, the researchers found evidence to support a compensatory pattern of sibling relationships. Specifically, the researchers observed a sense of solidarity between the siblings, in that if a child observed their mother treating their sibling unfairly or poorly, the child was far less likely to do the same to their sibling. Hay and colleagues (1998) concluded that calm and supportive sibling relationships may provide a sense of protection, stability, and resilience in this potentially unpredictable family circumstance.

There are a number of potential differences between siblings who reside in high conflict families and siblings coping with parental mental illness. For example, divorce typically is a time-limited event and the event of divorce itself may not have the same significance as a life-long relationship with a parent living with serious mental illness. Additionally, it is a common notion that mental illness "runs in families," in that children of parents with mental illness are more likely to experience their own mental health issues (Williams & Corrigan, 1992; Dunn, 1993; Ensminger et al., 2003; Mowbray & Mowbray, 2006; Mowbray et al., 2006, Abraham & Stein, 2010). It is unclear how this type of genetic predisposition may impact sibling relationships. Furthermore, divorce has become a relatively common occurrence, perhaps leading to a decrease in stigma surrounding it (McHale et al., 2013). Mental illness, however, remains shrouded in stigma, and family members of individuals with mental illness often experience secondary stigma (Williams, 1998; Nicholson & Henry, 2003). It is unclear how the stigma of

mental illness might impact congruency and compensatory approaches to understanding sibling ties.

Researchers have begun to study how transitions and events thought to be normative for the emerging adult life stage, such as earning a degree, starting a career, or forming one's own family (Arnett, 2000), impact sibling relationships (Conger & Little, 2010; Milevsky & Heerwagen, 2013). However, few studies explore the impact on sibling relationships of family situations that disrupt the typical life course, such as having a parent with mental illness. Research suggests that young adults with parents with mental illness may take on non-normative roles, particularly in terms of caregiving for their parent and other family members, such as siblings (e.g., Petrowski & Stein, 2016). It also remains unclear which of the described hypotheses, sibling relationships as congruent or compensatory, may best apply to families coping with parental mental illness or if sibling relationships are best explained by either one or both of these two theories. Understanding the applicability of these hypotheses could have important implications for ways in which mental health providers treat families living with mental illness. For example, providers could work to help mitigate conflict in the sibling relationships should evidence support the congruency hypothesis, or otherwise determine strategies of building on the sibling bond if the compensatory hypothesis is supported. Research on sibling relationships among families with a parent with mental illness has the potential to contribute to interventions to support families coping with mental illness.

Qualitative Inquiry

Based on the small number of preexisting studies exploring this topic, qualitative methods could be particularly useful in describing issues related to caregiving, congruency, and compensatory processes in sibling relationships. Thus, the present research used

phenomenological qualitative methods and directed content analysis to enable participants to share their lived experience relating to having a parent with mental illness.

Phenomenological qualitative methods are particularly useful for exploring the lived experience of a specific phenomenon or situation, such as what it is like to have a mother with mental illness and how sibling relationships evolve in this context (Moustakas, 1994). Directed content analysis methods prove useful in studies that build on and extend existing theory or prior research (Mayring, 2000; Hsieh & Shannon, 2005). Within this methodology, current theories and prior literature may inform the study design and subsequent analysis process, but content gathered during the data collection process also helps guide the analysis process and informs the eventual presented findings (Mayring, 2000; Hsieh & Shannon, 2005). Additionally, qualitative methods serve as a helpful tool for exploring ways individuals function within a larger social context (Trickett, 1996; Stein & Mankowski, 2004). This provides a useful platform through which young adult siblings can discuss how their individual experiences have been impacted by their sibling relationships and larger family system.

These qualitative methods were used in conjunction with a multiple perspectives framework, in which two siblings from each family with a parent with mental illness were interviewed. The primary goal of the present research is to understand the nature of young adult sibling relationships within a specific family context. A vast majority of the reviewed studies on sibling relationships present the perspective of only one family member, suggesting a limitation of these previous studies that should be addressed in future research. Conducting a multiple perspective study can provide increased insight into the context of the family system, offers a more rounded picture of the lived experiences of participants, and promotes greater understanding of the "family culture" in which the participants live (Harden, Backett-Milburn, Hill, & MacLean, 2010).

Present Research Study

The present study examined the lived experience of young adult children of mothers with mental illness. Specifically, the research used qualitative inquiry and a multiple perspectives research design to examine the nature of sibling relationships among families living with maternal mental illness. A first goal of the present research was to describe commonalities and differences within and across families in young adults' understanding of their mother's mental health symptoms, their perspectives on the parental relationship, their own experiences with mental health conditions and their perceived consequences of having a mother with mental illness in their lives. A second goal of the present research was to examine participants' accounts as they may relate to congruency and compensatory hypotheses of sibling relationships among families living with maternal mental illness. The present study examined elements in these young adults' account related to the compensatory hypothesis such as unspoken sibling coalitions, and common understanding of family experiences related to living with maternal mental illness. Participants were invited to compare their sibling relationships and their relationship with parents, and also to describe their views of the relationship their parents have with one another in order to reveal aspects of family experience related to the congruency and compensatory hypotheses of sibling ties.

METHOD

Participants

The present study consisted of a sample of pairs of young adult siblings from five families, for a total of 10 participants. To be eligible to participate, participants needed to have a mother diagnosed with a long-term serious mental illness, such as schizophrenia and related disorders, or severe mood or anxiety disorders. Research suggests that it may be particularly challenging when mothers have a mental illness as opposed to fathers (Abraham & Stein, 2010) and thus the present study focused on families living with maternal mental illness. Additionally, participating siblings must have spent the majority of their childhood living with each other and their mother. The sample was recruited from a university in the Midwestern United States. Information about the study participants can be found in Table 1.

A majority (70%) of the sample identified as women and 30% identified as men. The mean age of participants was 24.9 years ($SD = 3.03$). A total of 80% of participants identified as White, and 20% as Asian-American. A majority of participants reported that they were single, never married (90%), and 60% of participants reported that they lived in rented apartments. Regarding educational background, 40% were current undergraduate students, 30% were current graduate students, and 30% reported that were college graduates who were currently working. A total of 80% of the sample reported that they are currently employed, and that they work a mean of 22.3 hours per week ($SD = 18.08$). All participants reported that they had at least one sibling and 80% of participants reported that their parents are divorced.

The mean age of mothers reported by participants in the sample was 54.1 ($SD = 6.03$) and the mean age of fathers was 56.4 ($SD = 4.92$). Regarding mothers' mental health diagnoses, 60% of participants reported that their mother lives with bipolar disorder, 20% of participants reported

that their mother lives with an anxiety disorder, 10% reported that their mother experiences

depression, and 10% reported that their mother lives with Borderline Personality Disorder.

Measures

      Interview protocol. This semi-structured interview protocol 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 relationships and dynamics among families

with maternal mental illness. Additionally, the protocol contained an introduction that explains

the purpose of the study, an informed consent procedure, and a closing that allowed for the

participant to provide additional information or ask questions about the interview process (see

Appendix A).

      Questions of the interview followed the research questions of the study. Topics of the

interview included: (1) the nature and history of mother's mental illness, (2) participants' own

experiences with mental health issues, (3) the nature of participants' relationship with their

mother, (4) their siblings, (5) and their second parent, (6) participants' perception of the

relationship between their parents, and (7) personal growth and advice for others based on

having a mother with mental illness.

      Specifically, after responding to demographic questions, participants were asked to

describe their mother's mental health diagnosis and symptoms. They were asked about different

types of treatment their mother has utilized and invited to share their views on mental illness

stigma. In section two of the interview, participants were asked to discuss any mental health

issues they themselves may experience, and types of treatment in which they may have engaged.

Participants were reminded that they could share as little or as much information as they would

like. Section three of the interview invited participants to discuss their relationship with their

mother, and also to share their perspectives on and experiences of growing up with a mother living with mental illness. Individuals were asked about times in which they may have taken on a caregiver role towards their mother and/or other family members.

In section four of the interview, participants were asked to discuss the nature of their sibling relationships, ways it may have changed over the years, and the potential impact of their mother's mental illness on the sibling relationships. Participants had the opportunity to discuss sibling roles, caregiving, and support. In the final phases of the interview, participants were asked about their relationship with their second parent and invited to provide their perspectives on their parent's marital relationship. Participants were also invited to describe ways they feel they have been personally affected by having a mother with mental illness, including unique or positive experiences, and to share any advice they may have for others who have a parent living with mental illness.

Procedure

Information about the study was disseminated through a variety of sources, including emails to students and classes, daily campus updates, and public flyers. Individuals interested in participating in the study were pre-screened through a telephone conversation protocol that asked a number of questions on the diagnosis of their mother, as well as their family structure and situation growing up (Appendix B). Individuals who met eligibility criteria were invited to participate in the research.

The interview protocol was used to conduct individual interviews with each participant. Although sibling relationships by their very nature tend towards an egalitarian power structure, small imbalances may nonetheless exist in conjunction with pressures of the family system that would lead participants to withhold information (Harden, et al., 2010). Thus, siblings were interviewed individually to avoid possible social desirability issues and to provide an

environment in which participants felt able to speak freely. At the end of the interview with the

first sibling, they were asked to provide contact information for the sibling they would like to

nominate to also participate in the study. The second sibling was then contacted and invited to

participate in the study. Those that agreed to also participate were then interviewed through the

same procedure. Each interview was audio recorded and notes were taken to describe key points,

impressions, personal reactions, and reflections. Upon completion, interviews were transcribed

verbatim and subsequently reviewed for accuracy.

Qualitative Analytic Approach

The study utilized a directed qualitative content analysis approach (Mayring, 2000; Hsieg

& Shannon, 2005; Miles, Huberman, & Saldana, 2014) in conjunction with phenomenological

methods (Moustakas, 1994). Although the aims of the study were guided by pre-existing theories

of sibling relationships (e.g., compensatory and congruency hypotheses), the near absence of

literature on the topic of sibling relationships among families living with maternal mental illness

called for an approach in which both existing literature and data generated by participants can

guide the analysis and presentation of findings.

Each individual interview was transcribed verbatim and subsequently analyzed through a

coding process to detect patterns and commonalities across the transcripts. This involved the

development of a coding manual that included a combination of coding categories suggested by

elements of the interview protocol and pre-existing theory, in addition to others generated based

on the data itself, which generated a series of 41 codes. Upon development of the coding manual,

each transcript was coded by the researcher, leading to a total of 450 utterances coded across the

10 transcripts. Following completion of the coding process, each coding category was analyzed

for common themes. Additionally, the validity of the coding categories was assessed, and

subsequently altered, until they provided an accurate representation of the data and the basis for a

coherent narrative. Any conclusions drawn from the data needed to provide a valid

representation of the original transcripts and coded utterances.

Interrater reliability of the coding manual was assessed through an additional phase of

coding in which a second rater was given a list of major coding categories and their operational

definitions and invited to independently code 10% of the utterances (randomly selected). The

independent coding yielded 88% agreement between coders. An interrater reliability analysis

using the Kappa statistic was performed to determine consistency among raters. There was

strong interrater reliability between the two raters, Kappa $= 0.88$ (95% CI, .78 to .98), $p < .000$.

The multiple perspectives methodology of the present study required additional processes

of data analysis and interpretation. Both "within" and "across" family comparisons and analyses

were conducted. Specifically, accounts from participants from within the same family structure

were analyzed and compared, as were the accounts between participants of each family unit.

Doing so allowed for greater insight into the complete family system, and also revealed both

differences and commonalities across multiple family systems.

RESULTS

Introducing Five Families

  The Walls family[1]. A first sibling pair consisted of Violet and Max Walls, ages 28 and 24 respectively. They grew up living with their mother and father, who are currently divorced. When asked to describe their relationship as siblings, both Violet and Max stated that they have grown closer over the years and that, while they may have different personalities, they share core values. Speaking of his relationship with his sister, Max stated that their bond is "closer than it's ever been." He went on to say, "We're both kind of like young adults and are able just to share some common thoughts and we're both on the same level now."

  Both Violet and Max reported that their mother copes with an anxiety disorder. When asked how he came to know about and understand his mother's diagnosis, Max explained that he observed his mother's behaviors and put together the information himself, based in part on his understanding of his own mental health concerns. Violet echoed this, stating that some of her earliest memories of her mother involved examples of her mother's anxiety. She also added that she found her mother's medication, stating, "I didn't know my mom was medicated until I saw her drugs in the medicine cabinet one day and I asked about it. So, she could've been medicated or suffering long before that and I just never knew."

  When asked about what it was like to grow up with a mother living with mental illness, Violet explained that her definition of "normal" shifted in that she came to view her mother's behaviors as "normal-oddness." Max explained that he did not fully understand that his mother was living with mental illness until his late teenage years. He explained, "I guess when you're a

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[1] All first and last names used in the manuscript are pseudonyms to protect the identity of participants.

kid you're just kind of selfish. So, being 12 and having anxiety, I was really just concerned about myself. I probably never even really knew my mom had anxiety until I was, like, 17 or 18."

The Driscoll family. Audra Driscoll, age 21, and Evie Driscoll, age 24, made up a second sibling pair. They were raised by their mother and father who are currently married, and they have an additional sister, age 15. Describing her relationship with her sister Evie, Audra stated, "She's definitely the most supportive person in my life." Both Audra and Evie reported that they had a rocky sibling relationship growing up, but that they currently have strong, very supportive ties. According to Audra, their mother copes with depression, while Evie stated that their mother has a psychiatric diagnosis of Borderline Personality Disorder. Both sisters were in agreement about the way they learned of their mother's mental illness, each stating their father shared the information with them in the face of silence from their mother on the subject. In discussing her mother and her mental illness, Audra reported, "She doesn't really talk to me a lot about, like, it. Most of everything I know, I know from my father talking about it."

Audra also explained that her mother's mental illness led her mother to be less involved in the family growing up, which then left space for her dad to fill. Audra reported, "My dad was more of the supportive one. He was the fun dad, and he would always go out and do stuff with us. Whereas my mom didn't really wanna go out and do anything with us, which might have been part of that... And as a kid I would always interpret it as she didn't wanna be around us, like we were the problem. It was hard to deal with as a kid. But, growing up, now I realize that it wasn't our fault, it was her problem and situation that she was dealing with." Evie disclosed having a similar experience of her mother, stating, "There was a time period of a few years where I remember things were pretty rough and I guess that [my mother] just didn't really want to do things as much... [She] was kind of more detached. And my parents were having some

problems and it was scary then, you know? And you're like 'I don't know what's gonna happen' and like 'I'm gonna like be leaving and going to college.'"

The Mendoza family. A third sibling pair included a brother, Ben Mendoza, age 26, and a sister, Camilla Mendoza, age 24. Their mother and father are currently divorced, and they have one additional sister, age 27. In describing their sibling relationship, Ben stated that although he and Camilla had more conflict in their relationship when they were younger, they now have a close and supportive bond. Camilla reiterated this idea, stating, "I'm like crazy close with my brother. Like he's my best friend and it's weird. My ex-partner definitely had to get used to the idea of having to realize like when it came to family, my brother was my world."

Both siblings agreed that their mother has been diagnosed with bipolar disorder. They each reported having early memories of their mother's mental health symptoms, stating that dealing with her symptoms was sometimes challenging. For example, Ben described, "I had to call the ambulances before for seeing my mom in an overdosed state where she was completely unresponsive and that was really tough and affected me a lot. I would always see her in a hospital gown, that was very common. And just her asking for money, I guess, is pretty unique. Like relying on me heavily and stuff. I did a lot of things by myself, not having anybody to rely on like parent-wise." Camilla also discussed the personal impact of having a mother with mental illness, saying, "When my mom needed me I'd be the one that was there for her and it always felt like I was the one that was taking care of her. But at the same time, it caused so much issues with me because I became so codependent on my mom, like with our living circumstances and everything."

The Pruitt family. Jamie Pruitt, age 25, and brother Russell Pruitt, age 20, are a fourth sibling pair in the present study. They lived with their mother and father growing up, who are now divorced, as well as their three additional sisters, ages 27, 15, and 13. Jamie and Russell

discussed being particularly close with each other, stating that they have bonded and spent more time together than anyone else in their family. Speaking of his sister, Russell said, "She's the one who knows the most about me and I know the most about her in our family and between all of the siblings."

Both siblings agreed that their mother is diagnosed with bipolar disorder. Like other participants in the study, they explained that they had observed their mother's behavior and suspected that she experienced mental health issues for some time but did not receive confirmation until later in life. Russell stated, "I suspected for a long time but [my mother] didn't verbally tell me until, I think, August of 2018. And she said that the diagnosis had happened within that year, so the formal diagnosis has been really recent." Jamie summarized what it was like for her and Russell to grow up with a mother living with mental illness. She explained, "It was difficult at times. I mean, I guess it was easy in the sense that I knew nothing else. It wasn't like I had had a birth mother who was mentally healthy and then they had divorced and my dad married someone with bipolar. So, in that sense it was easy because this is what a mom is, you know? This is what the expectations are." Russell echoed these sentiments and added that it was sometimes challenging to have a mother with mental illness. He said, "She wasn't really there a lot of the time. Like she was with us and in the household and was there for a lot of activities, but she seemed distant at times. And then after she split from the family we did not really get along and it really had a hard impact on my life as well as all my siblings."

The Marsh family. Cassidy Marsh, age 27, and Caroline Marsh, age 30, made up a fifth sibling pair of participants in the present study. Their mother and father are currently divorced, and they have one additional sister, age 26. Both Cassidy and Caroline reported some distance in their relationship, but stated that, overall, they have a positive, supportive relationship. Caroline

said, "We're really close. My middle sister and I are not as close…but my little sister [Cassidy] and I… we talk like all the time."

Cassidy and Caroline both reported that their mother has been diagnosed with bipolar disorder. Similar to other participants, the Marsh family sisters did not receive confirmation of their mother's psychiatric diagnosis until they were older, despite witnessing mental health symptoms throughout their childhood. Cassidy recalled some of the challenges associated with her mother's illness. She said, "I think for me it was kind of hard because [my mother] didn't ever feel like going to any of my sporting events. I did a lot of sports in high school and she never came to any to watch. And a lot of times like after practice if I needed a ride home she wouldn't pick me up, and she'd just be at home doing nothing, so I didn't understand, like, why am I sitting here waiting for a ride for hours and she's doing nothing…I think that's the part where I kind of resent her. That she wasn't really supportive of me." When asked about her experiences growing up with a mother with mental illness, Caroline reported that spending time with friends and seeing how their family experiences differed was particularly illuminating. She said, "I remember hearing stories or going over to my friend's house and being like, 'Oh my gosh, my house is not normal.' Like, it's not normal to have your mom cussing at you and yelling at you and screaming."

Relationships with Mother and Father

Table 2 summarizes themes discussed by siblings about their relationships with their mother and father growing up and their role in their mother's mental health treatment. These adult siblings discussed themes related to caregiving that included helping their mother cope with her mental illness and monitoring self-disclosures so as to not upset her. The negative impact of siblings' relationships with their mother on other important relationships was discussed by half of the sample. Most adult siblings also discussed having a close positive relationship

with their father but acknowledged their father's lack of communication with them about family issues related to mental illness.

Siblings' role in mother's coping with mental illness. Participants from each of the five families discussed their relationship with their mother, their role in helping their mother cope with illness symptoms over time, and changes in how they engage with their mother as young adults. Six of the 10 participants identified ways they have been involved in their mother's treatment and coping over the years, with the remaining participants stating that they actively chose not to get involved or that their mother was not receptive to their efforts. Several of the participants reported that their understanding of their mother and involvement in her treatment has increased over the years, while others described a lessening of their involvement as they reach greater independence and further distance themselves from mother.

Siblings Violet and Max Walls described similarly low levels of involvement in their mother's treatment and coping over the years. Both Ben and Camilla Mendoza reported that while they were more involved in the past, they are not currently engaged with their mother's treatment and coping. Siblings Jamie and Russell Pruitt both reported that they currently try to stay involved in their mother's treatment and coping.

Sisters Audra and Evie Driscoll offered differing accounts of their involvement with their mother's treatment and coping. Audra stated that she rarely gets involved, as her mother has not been open about her mental health concerns. Evie, however, stated that she and her mother have a greater understanding as she has grown older, and thus Evie has become more involved in her mother's treatment. Evie said, "As I've been more of an adult and gone to college and stopped being in the house all the time, I feel like we talk more and she has talked to me some about like her feelings. And I really in the last couple years have really encouraged her to… we're looking into mindfulness. You know, positive self-thinking and stuff like that." Sisters Cassidy and

Caroline Marsh described a similar divide. While Caroline reported some involvement in her mother's treatment and coping, such as by encouraging medication management or certain therapies, Cassidy explained that she made the decision to not get involved. When asked what role she has played in her mother's treatment over the years, Cassidy replied, "I don't think I really have. I kind of tried to stay out of everything."

Sibling changes and accommodations for mother. Participants considered changes that they have made in their lives in order to accommodate the unique needs of their mothers with mental illness. As seen in Table 2, a majority of participants (8/10) discussed ways in which they and their siblings monitor what they say around their mother. They explained that they worried about the impact of certain topics, such as personal stressors, on their mother's mental health. Adult siblings also described implicit instructions they received from parents to *not* discuss certain topics, such as their mother's mental health. Overall, participants reported that they learned to change their expectations for interactions with their mother as a result of her mental health issues.

Sibling pairs Ben and Camilla Mendoza, Jamie and Russell Pruitt, and Cassidy and Caroline Marsh were all in agreement with each other regarding changes and accommodations for mother. Each of the siblings reported that they often felt the need to "walk on eggshells" around their mother or monitor their words and behaviors around her for fear of worsening her mental health. Violet Walls and Audra Driscoll also reported that they have made these accommodations for their mother, but their siblings (Max Walls and Evie Driscoll, respectively) felt they did not. For example, Evie Driscoll stated, "I don't really think I had to change things… I don't feel like I really changed my life because of it." However, her sister Audra offered a different perspective. She suggested that she and her sisters received implicit instructions not to discuss their mother's mental health and explained, "There was a lot of not talking about things

because she didn't wanna talk about it, so I kind of took that as I shouldn't talk about her

problems. Like they were her problems and that was no one else's business."

Impact of relationship with mother on siblings. Half of the participants (5/10)

reported that their relationship with their mother with mental illness made other relationships

more challenging. These participants described distant or contentious relationships with their

mothers, and identified ways in which these experiences led to difficulties forming close bonds

with others, such as friends and partners. Violet and Max Walls and Audra and Evie Driscoll did

not feel that their relationship with their mother negatively impacted other relationships.

Additionally, Cassidy Marsh reported that her experiences growing up with her mother have

made romantic relationships and friendships more challenging, but her sister Caroline did not

identify similar experiences.

Ben and Camilla Mendoza and Russell and Jamie Pruitt, however, expressed shared

sentiments about the challenges of having a contentious relationship with their mother with

mental illness. For example, Jamie Pruitt summarized the impact of her relationship with her

mother on other relationships this way: "I was so deprived of attention I was just craving it, that

any attention was attention, that any easy thing was easy. But my first wholesome true love, like

actual healthy relationship, was when I was 23, so not even a full two years ago. And it just took

me a very long time to find someone that I felt comfortable enough letting those walls down and

actually caring about them, trusting them, for the fear that they could hurt me the same way that

[my mother] did."

Sibling relationship with father. Participants tended to describe their relationship with

their father in ways that contrasted with their interactions with their mother. A majority of

participants (8/10) reported having a positive, close relationship with their father, with only two

participants in one family (the Mendoza siblings) having reported negative or distant

relationships with their father. Seven of these eight participants stated that they feel more connected with their father than their mother. Similar to other participants, Caroline Marsh summarized her relationship with her father in contrast to her mother this way: "Me and my dad are really close... We don't talk everyday but we talk a lot and we've always been really close. Like if it's anything really serious I would probably confide in my dad first, mostly because he always has really good advice or he always like listens, like actually listens, and gives us feedback. Whereas if I were to tell my mom she would be like, 'So anyway, this happened yesterday.'"

Parents' marital relationship. It is noteworthy that parents divorced in four of the five families in the present sample (Audra and Evie Driscoll's parents are married). All eight siblings from divorced families reported that their parents had contentious, conflict-ridden relationships before their divorce and stated that their parents have now grown more civil towards one another after their divorce. As Russell Pruitt put it: "They [my divorced parents] will deal with one another and they'll cooperate and there's nothing outwardly harmful towards each other…And my mom wants to join the family again but my dad wants nothing to do with her being part of the family. But they'll cooperate with each other."

Overall, the majority of participants (7/10) reported that their father either deals with their mother's mental illness poorly or attempts to avoid dealing with it entirely. Only one participant, Audra Driscoll, discussed ways in which her father takes an active role in helping her mother cope with her mental illness. She said, "How he deals with her depression is just trying to fix her and help her, and be like, we can do this. He's a physician. He reads lots of scientific articles and tries to get her try other, like, not necessarily antidepressants, but like other alternative forms of medicine... Or trying to get her to talk through it and dealing with that [her illness]." Audra's sister, Evie Driscoll, did not discuss her father's involvement in her mother's mental illness.

The remaining participants (7/10) felt that their father tends to avoid getting involved in dealing with their mother's mental illness. With the exception of the Mendoza siblings (Camilla Mendoza did not discuss this topic), all of the other sibling pairs agreed with each other about their fathers' response to their mothers' mental illness. Participants discussed ways their father would avoid being at home or simply discount their mother's concerns. Cassidy Marsh, for example, stated of her father, "Now he stays out of it [dealing with my mother] as much as possible. He only talks to [my mother] if he needs to, like if she calls him or something. I think when we were younger he would just hide out or stay at work mostly…I didn't realize it at the time, but I think that helped him at least get out of the house and be gone all day. But when it was the weekends and stuff he would hide out in his office and just keep working."

Caregiving for Parents

Sibling caregiving for mother. Participants discussed their experiences with taking on a caregiver role with their mothers (see Table 3), a process described in the literature as "parentification" or "role reversal" (Jurkovic, 1997; Jurkovic, Thirkield, & Morrell, 2001; Macfie, McElwain, Houts, & Cox, 2005). Neither Violet and Max Walls nor Audra and Evie Driscoll had experiences caring for their mother related to her mental illness, but the rest of the participants (6/10) were able to identify such occurrences, with each of the sibling pairs offering similar perspectives on caregiving. Camilla Mendoza's comments are characteristic of other participants' accounts of parentification. Camilla said of her mother, "She kind of just gave up on being a mom… I don't know if it's that she just didn't know how to be a mom anymore… There came a point in my life where I never really saw my mom as my mom. More, I saw her as just like being an older sister because she didn't want to play the mom duties. I was always the one that was taking care of her..."

Sibling caregiving for father. Overall, the majority of participants described their relationships with their fathers in very different terms than they did their relationships with their mothers. When participants were asked if they've ever felt like they need to take care of their father, Ben and Camilla Mendoza were the only participants who discussed caring for their father. All eight participants from the other four families were in agreement that they have never felt the need to care for their father in the same way they have their mother. Evie Driscoll summarized this sentiment when she stated, "No, I never felt like I needed to take care of [my father]. I've always felt like, you know, he's definitely the parent."

Sibling Relationships

A number of topics emerged when participants were asked to discuss their sibling relationships and how they were impacted by having a mother with mental illness. Themes included the idea that only siblings can understand their experience of having a mother with mental illness, that siblings act as caregivers or protectors for one another, that there are sometimes strains in sibling relationships, that maternal mental illness impacts siblings, and that siblings must negotiate caregiving for mother among themselves. These themes and exemplar quotes are summarized in Table 4.

Only siblings fully understand. A majority of participants (9/10) discussed ways that their siblings are the only ones who can fully understand them. Participants generally discussed ways in which they've been able to bond with their sibling over their situation of having a mother with mental illness, and how dealing with the challenges together have brought them closer together and created an important, close relationship. Caroline Marsh reflected the thoughts of her sister Cassidy, and other participants, in her words: "I feel like it really brought us closer together. Cause I feel like we had that shared experience growing up… I'm not sure if

that's the correlation of having the shared common experience, like shared trauma, too, throughout life… We can all relate to each other with what was going on."

Siblings as caregivers and protectors. A majority of participants (8/10) discussed ways in which they and their siblings provide care, support, and protection for one another (see Table 4). They explained how, in the face of inadequate or disrupted support from their parents, they and their siblings have stepped up to care for one another. Sibling pairs Ben and Camilla Mendoza, Jamie and Russell Pruitt, and Cassidy and Caroline Marsh all discussed ways that they have offered care, support, and protection for one another. Ben Mendoza encapsulated this sentiment in his discussion of his relationship with Camilla and their other sister. He said, "I know my parents love me and they always mean well, but they just don't know how to share it… It just doesn't compare. [My siblings and I are] way closer and we look towards each other way more… We still love our parents, but they have their issues and it's hard to even look at them as parents."

The Walls family siblings and the Driscoll sisters offered differing perspectives on caregiving for siblings. Although Violet Walls reported that she occasionally felt the need to protect or support her brother Max in relation to their parents' frustrating divorce, Max denied any experiences with caregiving between he and his sister. Evie Driscoll also denied any experiences with caregiving for her sisters beyond what she described as typical older sister protectiveness, which she claimed had no relation to having a mother with mental illness. Audra Driscoll contrasted with her sister on this, stating, "I feel like my sisters have been more supportive than my parents. I don't talk about my mental issues with my parents at all. Basically, their support — [my siblings] have always been super loving and super supportive with anything I wanted to do. They've always been there for anything I needed, even if I didn't want to talk them about it."

Strain in the sibling relationship. Some participants (5/10) reported ways having a mother with mental illness has led to challenges in their sibling relationships. These young adults reported that the stressors associated with having a mother with mental illness sometimes acted as barriers between siblings, leading to strain in their relationships. Cassidy and Caroline Marsh were the only pair in which both siblings identified ways that having a mother with mental illness caused rifts in their relationship. They reported that while they have much in common, they often utilized different approaches to coping with the situation and thus would sometimes experience distance from one another. Although siblings in the Walls family did not identify strain in their relationship, one sibling from each of the remaining families identified negative impacts of having a mother with mental illness on the sibling relationship. Camilla Mendoza, for example, explained that her older siblings did not have a full understanding of what it was like caring for her mom, and that this caused strain. Camilla reported, "At first it was really hard because when my brother first got deployed he didn't really have a full understanding of how terrible my mom was to me and sometimes he would say, 'that's our mom, don't disrespect her…' And then as time went on [my siblings] kind of realized what was going on."

Impact of sibling relationships. Participants were asked to consider how things might have been different, for good or for bad, if they did not have their siblings around while growing up. A majority of participants (8/10) identified ways their experiences with their mother would have been harder without their siblings. Violet and Max Walls both identified ways having siblings made things easier, as did siblings Ben and Camilla Mendoza, and sisters Caroline and Cassidy Marsh. Violet Walls summarized the viewpoint of many participants when she stated "I think I may have been more anxious because my dad worked a lot, and so it would've been… basically my mom would've been the only person I saw day to day, and so I think that her quirks

would've been more normalized to me. But since my brother [Max] was there and I had someone to laugh about her quirks with, it was more like, 'oh, she is odd.'"

Some sibling pairs disagreed about the impact of having siblings while growing up with a mother with mental illness. For example, Jamie Pruitt expressed her belief that things would have been more difficult without her siblings, while her brother Russell speculated that not much would have changed, due to his tendency to internalize most of his experiences. Evie Driscoll stated that things would not have been any different without her sisters, while Audra Driscoll was able to identify ways in which having her sister made things easier with their mother. Audra said, "I think it would have been really different. So, my sister is the opposite of me in regards to how she talks about her emotions. She's the only one in my family, she's very emotional, and if something's bothering her she'll talk about it immediately. Whereas the rest of us, me and my parents and my other sister, we're not like that. We're very closed off, we don't talk about it. So, having her helps a lot with getting all of us, me especially, to talk about our feelings."

Caregiving negotiation among siblings. In discussing caregiving negotiation among siblings, two participants, Evie Driscoll and Russell Pruitt, felt that age determined who cared for their mother. Russell explained the logistics of his family and how caregiving responsibilities were determined by age. He stated, "My sister Jamie, she kind of fell into the motherly role because my eldest sister at the time was in college and was already removed from the family. And since we didn't really have a mom or at least our mom as she was before [mental illness] wasn't always there with us, my second older sister, Jamie, took over the role of taking care of the kids while my dad was gone... And since I was the third eldest, and Jamie shortly went out to college a few years after, I started to take over from there and I watched over the little kids."

Audra Driscoll and Jamie Pruitt (2/10 participants), in contrast, both thought that caregiving responsibilities were determined by personality. Audra talked about how her sister

Evie's personality prepared her for a better relationship with their mother, stating, "She doesn't really care as much about boundaries, like in terms of my mom being uncomfortable talking about her issues. Like, she'll go in there and talk to her anyway."

Four of the ten participants (Violet Walls, Ben and Camilla Mendoza, and Cassidy Marsh) believed that caregiving was negotiated based on the siblings' geographic proximity to their mother. The Mendoza siblings both agreed that Camilla provided the most care for their mother. As Ben said, "My little sister lived with her [my mother] the most time. Whenever my parents would break up she [Camilla] would always be with her. And I always kind just distanced myself from this stuff when I left [home]. And a lot of it I just didn't even know about because I didn't live with her that long."

Participants' Own Mental Health

All of the 10 participants described their own personal mental health issues and identified symptoms, diagnoses, and treatment they have received (see Table 5 for diagnosis information). Although participants differed across families in their feelings on personally experiencing mental health symptoms, sibling pairs tended to offer similar perspectives on the situation. Siblings Violet and Max Walls, for example, both stated that they were largely fine with experiencing their own forms of anxiety. Sisters Cassidy and Caroline Marsh were also largely in agreement that while their mental health concerns could be annoying or frustrating, they were not defining parts of their life. Siblings Jamie and Russell Pruitt both discussed positive experiences with mental health treatment and identified ways in which treatment has positively impacted their lives. Siblings Ben and Camilla Mendoza, in contrast to others, were united in their frustration with their mental health issues, citing worries about how it could impact their future and concerns that they would end up behaving like their mother. Audra and Evie Driscoll were the only sibling pair to offer differing perspectives to each another on this topic. Evie explained that

her mental health concerns do not have a large impact on her daily life, in contrast to Audra who expressed frustration with mental health issues. When asked how she feels about having mental health concerns, Audra stated, "It kind of sucks. I'm kind of at the point where like it's frustrating because I know I'm always gonna have to deal with this but there's not a lot that I wanna do to fix it. So, I'm kind of continuously just having to deal with it, which is frustrating."

Personal Growth

Although the present study highlights some of the challenges faced by young adult children of mothers with mental illness, participants' accounts also included positive experiences and ways in which they gained personal strengths related to their mother living with mental illness. As seen in Table 6, all 10 participants were able to identify positive experiences or outcomes, such as forming closer relationships with others outside the family, increased empathy for and acceptance of others, more knowledge and awareness of mental health, and greater resiliency.

Closer relationships with others. Seven of the 10 participants reported that qualities of their relationship with their siblings, such as their closeness, support, or caregiving experiences, inspired them to form close bonds with other people. Sibling pairs Violet and Max Walls, Jamie and Russell Pruitt, and Cassidy and Caroline Marsh all discussed ways in which the unique qualities and closeness of their sibling relationships gave them more confidence in connecting with friends and provided greater ease in forming close relationships. Neither Ben nor Camilla Mendoza identified ways their sibling relationships have inspired closeness with other outside of the family, and sisters Audra and Evie Driscoll differed in their accounts on this topic. Although Evie did not offer any words on the impact of her sibling relationships, her sister Audra explained that her bond with Evie helped her to feel more comfortable connecting with others. When asked about Evie's impact on her life, Audra said, "I think probably just me opening up to

more people. Talking through things with her first is a good way to kind of get all those rough emotions out and think about things differently and then maybe I'll wanna talk to someone else about something. Having better relationships with people and more helpfully dealing with bad situations and talking about what I need to talk about."

Empathy and acceptance. Reflecting on the impact of having a mother with mental illness, some of the participants (5/10) explained that they feel their experiences led them to have greater empathy for others, particularly those who are going through challenging situations or dealing with their own mental health concerns. Both Cassidy and Caroline Marsh reported that they feel they are better able to understand and relate to individuals going through difficult situations and credit this strength to their experiences growing up with a mother living with mental illness. Ben Mendoza discussed how his experiences with his mother impacted his life in a positive way, stating that she inspired him to want to help others. He explained, "I feel like she kind of made me want to help people more and to be more understanding... I don't know how it would have turned out if I didn't have a mother like that, if it made me a better person. I always want to help people and [my experiences] made me more wanting to help."

Knowledge and awareness of mental health. Half of participants in the sample (5/10) reported that growing up with a mother with mental illness increased their knowledge and understanding of mental health, a quality which they found valuable. Russell Pruitt summarized this theme for many participants when he discussed ways in which he has personally grown from having a mother a with mental illness. He stated, "It's helped me to understand more so some of the disorders people deal with. And even though I've been negatively impacted because of it, I wouldn't necessarily change those negative impacts because it's opened up my eyes more to how people are with these. And I think that's very useful, especially in the day and age that we are

currently in where people don't really know how to deal with them. Having that experience, I think, is highly valuable."

Resiliency. Some participants (6/10) discussed how having a mother with mental illness has granted them greater resiliency in the face of challenges, as well as strength and growth. These participants explained that they were both inspired by their mother's strength in dealing with her mental illness, and also feel that they gained personal skills in navigating the challenges of dealing with parental mental illness. Neither Audra nor Evie Driscoll spoke to this theme, nor did Ben Mendoza or Caroline Marsh. Sibling pairs Violet and Max Walls and Jamie and Russell Pruitt, however, both identified ways in which they have gained strengths and resiliency as a result of growing up with a mother with mental illness. Jamie Pruitt summarized this theme best when she explained, "I tend to think I'm a pretty resilient person and I'm pretty self-reflective. And so I'm pretty good at seeing why I might be feeling a certain way and doing something about it… I think part of those skills developed from my experiences… So, I could sit here and harp about how hard it made my life, but in another sense, I could also try to take that positive piece and be like, I would not be who I am today if I didn't go through this. And I like who I am so then maybe part of this was all worth it, you know?"

Advice to Others

When asked about any advice they would give to others with a parent living with mental illness, all of the siblings shared thoughtful words that reflected two major themes: 1) connect with other people and 2) build personal ways of coping.

Connect with other people. When asked to share advice for others in similar situations, participants (7/10) discussed the importance of reaching out to people, whether that be siblings, friends, or others outside of the situation (see Table 7). For example, sibling pairs Audra and Evie Driscoll and Caroline and Cassidy Marsh discussed the importance of connecting with

people who share similar experiences, such as friends who have been through comparable

situations or siblings who have been there and understand. Among the remaining sibling pairs,

only one sibling from each (Violet Walls, Ben Mendoza, and Jamie Pruitt) discussed the

importance of connecting with others. Ben Mendoza and Jamie Pruitt spoke generally on the

importance of reaching out to others for support, while Violet Walls was more specific. Violet

felt it was important to link with people outside of the family who are not dealing with mental

illness in the same way. She said, "While it's nice to connect with other people that have mental

illness or perhaps share or have that shared experience of knowing somebody, I also think it's

important to have people who don't suffer from mental illness in their life to kind of have a

reference of what is normal and to have people to talk to."

Build coping. Some participants (5/10) also gave advice about developing personalized

ways of coping (see Table 7). These participants offered a variety of ways of coping with having

a mom with mental illness, including prioritizing personal needs and taking care of oneself,

setting boundaries, and making sure not to internalize the situation, and finding a strategy that

works for people as individuals. Both Cassidy and Caroline Marsh offered this type of advice.

The sisters stressed the importance of building personal coping methods, particularly in the form

of setting boundaries and taking occasional respite from the situation. Caroline reported how

doing so has helped her cope with the challenges of having a parent with mental illness. She

explained, "Sometimes, I'll just have to be like, 'Mom, I can't talk to you right now, like I'm

already too stressed out.' And so I just had to find ways to cope with it that are for my own like

mental health and my own mental well-being. Even though she lives close to me, [I say] 'no, you

cannot come over to my house everyday unannounced, or unannounced ever, like, please let me

know before you come over.'"

DISCUSSION

The present qualitative study examined the experiences of ten young adult siblings from five families raised by mothers living with mental illness. This study used a multiple perspectives research design to describe the family experiences of siblings and highlight individual, relational, and well-being factors in the accounts of these young adults. Two siblings from each family were interviewed independently and discussed a variety of topics that included the composition of their families and family relationships, caregiving experiences for both parents and siblings, and aspects of their own mental health and well-being. Overall, results provide insights into the nature of families dealing with maternal mental illness and how varying family relationships and structures can shape young adults' lived experience.

Although the majority of research on adult children of mothers with mental illness has focused on negative outcomes (Downey & Coyne, 1990; Mowbray, Bybee, Oyserman, Allen-Measures, MacFarlane, & Hart-Johnson, 2004; Williams & Corrigan, 1992; Dunn, 1993; Ensminger, Hanson, Riley, & Juon, 2003; Mowbray & Mowbray, 2006), some evidence suggests that perceived social support can act as a protective factor in the lives of family members coping with a loved one's mental illness (Mowbray et al., 2004; Kinsella, Anderson, & Anderson, 1996; Petrowski & Stein, 2016). Present findings suggest that both within and across the five families, young adult siblings generally described having close, positive relationships with their siblings. About half of study participants identified ways that having a mother with mental illness led to strain or created barriers in their sibling relationships, such as when their siblings replicated challenging behaviors of their mother, or when participants coped with the situation in ways that further isolated them from their siblings. However, it is noteworthy that all participants identified ways that having a mother with mental illness allowed them to feel closer with their siblings or created a unique, caring bond. In fact, a majority of participants felt that dealing with the

challenges of having a mother with mental illness was something that they shared together, and that these family circumstances ultimately strengthened their sibling bonds and increased their feelings of closeness and regard for one another.

This interpersonal closeness appeared to lay the groundwork for sibling relationships that were also characterized by caregiving. Participants reported that they and their siblings were able to act as important sources of support for another and that they were able to provide care and protection, typically in the face of inadequate or disrupted support from their parents. These siblings explained how they came to view their siblings as more parent-like than their actual parents, particularly when it comes to providing emotional support. Although siblings serving as parent-like caregivers may stretch typical family roles, existing research indicates that this support may serve as a substitute for parental support. Social provisions theory suggests that specific types of social support are sought and provided in different types of relationships (Weiss, 1974). However, Fuhrman and Burmeister (1985) challenged this viewpoint by considering the possibility that individuals turn to another source to compensate if particular primary relationships are not supplying needed support. These authors argue that social provisions can be obtained from alternate sources. While support exchanged between siblings may be an unconventional form of primary caregiving in families, it has the potential to substitute for parental support.

Congruency and Compensatory Hypotheses

Existing literature on sibling relationships in distressed families posits that sibling ties can be best understood using the congruency (Blandon & Volling, 2008; Stocker & Youngblade, 1999; Voorpostel & Blieszner, 2008) or the compensatory hypotheses (Weiss, 1974; Fuhrman & Buhrmester, 1985; Van Aken & Asendorpf, 1997; Kempton, et al., 1991). The congruency hypothesis suggests that sibling relationships are reflective, or congruent, with parental and

parent-child relationships, in that a negative relationship in one dyad will be associated with a negative relationship in other family relationships (Conger, Stocker, & McGuire, 2009; Kim, McHale, Osgood, & Crouter, 2006; Milevsky, 2004; Poortman & Voorpostel, 2009). In contrast, the compensatory hypothesis suggests that sibling relationships can act as compensatory, in that siblings may turn to one another for support as a means of coping with other strained family relationships (Jenkins & Smith, 1990; Caya & Liem, 1998; Hay, et al., 1998; Milevsky & Levitt, 2005; Bush & Ehrenberg, 2003; Greenwood, 2014; Jacobs & Sillars, 2012; Voorpostel & Blieszner, 2008). The majority of studies that examine sibling relationships among stressful family situations cite either one or both of these two theories and then discuss which hypothesis is supported by their results.

Present study finding suggest support for both the compensatory and the congruency hypotheses among siblings in families living with maternal mental illness depending on various relationships in the family system. In support of the congruency hypothesis, some participants described a trifecta of contentious parental relationships, challenges in their relationships with their mother, and difficulties in their relationships with their siblings. Regarding the parental relationship, eight of the 10 participants reported that their parents are divorced, with only one set of siblings coming from a household where their parents are currently married. When asked to describe the nature of their parents' relationship, all of the siblings from the four families with divorced parents described a situation in which their parents had contentious, conflict-ridden relationships before their divorce, and then built a more civil connection following the divorce.

In terms of their relationships with their mother, some participants described ways in which they have felt problematic and distant relationships with their mother, and the need to provide care and support to their mother with mental illness. These sibling accounts are consistent with findings from previous studies that suggest that parentification, or role reversal

occurs among children and their parents with mental illness (Abraham & Stein 2012, 2013;

(Jurkovic, 1997; Jurkovic, Thirkfield, & Morrell, 2001; Macfie, McElwain, Houts, & Cox,

2005), Petrowski & Stein, 2016). Some young adult siblings in the present study also reported

that they often had to monitor their words and actions around their mother, afraid that if they

talked about certain topics they could worsen her symptoms or "set her off." Such strategies,

while perhaps helpful for managing their mother's mental illness symptoms, could act as a

barrier for participants in forming close, supportive relationships with their mothers.

These difficult parental relationships and challenging mother-child relationships were

replicated in some sibling relationships as well. As previously discussed, half of the participants

discussed times they have felt strain in their sibling relationships. They explained that they felt

having a mother with mental illness occasionally made it more difficult to feel close with their

siblings, with some explicitly stating that their sibling would act like their mother and thus they

would find it hard to connect. Additionally, half of the participants identified ways in which

growing up with a mother with mental illness created challenges in relationships with individuals

outside of the family, such as friends or romantic partners. These young adults explained that

feeling unsupported by their mother or never witnessing a close, loving relationship between

their parents gave them little to work with in terms of knowing how to form close relationships

with others outside the home. This suggests that the effects of the congruency hypothesis may

extend to other social systems beyond the family.

It should also be noted that the present study found support for the congruency hypothesis

among the siblings from five families in a way that could be considered helpful or positive.

Although most participants could describe negative aspects of their relationships with their

mothers, a majority of these young adults very clearly described close, positive relationships

with their fathers. These participants contrasted their relationship with their father with that of

their mother, explicitly stating that they feel closer to their dad or that they know they can rely on

him for support, rather than him relying on them for support or caregiving. Participants'

relationships with their fathers could be considered congruent with the close, positive

relationships that they described with siblings. Similar to accounts of their sibling relationships,

participants stated that they felt they could connect with their fathers and receive the support they

needed.

     In support of the compensatory hypothesis, young adults in the present study described

ways in which they felt closer with their siblings than anyone else in their life, how they formed

a special, unique bond with another, and the ways in which their siblings stepped up to provide

care and support when they felt they did not receive it from their parents. Additionally,

participants were asked to consider how things might have been different if they had grown up

without their siblings, of what the experience of having a mother with mental illness would have

been like were they an only child. All but two of the participants speculated that their lives would

have been more difficult without their siblings, in that having their support and solidarity made

the experience of having a mother with mental illness more manageable. These accounts from

adult siblings seem to suggest that, from their perspective, their siblings were able to step in and

compensate for a lack of support or closeness they might have witnessed among their parents or

felt from their mother. Although it does not speak directly to the compensatory nature of sibling

relationships, it should also be noted that the reported close father-child relationships of

participants can be understood as compensatory in the face of difficult mother-child

relationships. Participants recognized that were challenged in receiving full support from their

mothers, and thus looked to their fathers to make up for it and formed close relationships with

him in the process.

Overall, results suggest that elements of both the congruency and the compensatory hypotheses of relationships may be at play among families living with maternal mental illness. Family systems may not be so clear-cut as that the parental relationship, the parent-child relationships, and the sibling relationships can be uniformly labeled as "positive" or "negative" and compared to one another, thus pointing clearly to which hypothesis is supported. Indeed, while participants in the study were quite clear in labeling their relationships with their fathers in positive terms, they also discussed ways their father's actions could be understood in a negative light, particularly in terms of his response to their mother's mental illness. Most participants explained that they feel their father has not engaged in supporting their mother's recovery and has actually often actively avoided doing so. Sibling accounts in the present study reflect the reality that family relationships are inherently complex, and it is difficult to describe someone in entirely negative or positive terms. Moreover, these young adults' accounts reflect the complexity of navigating relationships with their mothers, describing both the challenges and positive ways that these relationships have evolved over time. Some participants reported how they have chosen to actively try and engage with their mother in her mental health recovery, such as by talking with her about treatment or the coping strategies she uses when psychiatric symptoms arise. Again, these young adult narratives speak to complexity and context in family relationships.

Individual Adjustment

The majority of studies examining the experiences of young adult children of mothers with mental illness have focused on negative outcomes for this population (Downey & Coyne, 1990; Beck, 1999; Mowbray, et al., 2004). Existing studies typically highlight the fact that mental illness often 'runs in families,' with children of mothers experiencing mental illness being more likely to experience their own mental health issues. Much like previous studies, all 10 of

the young adult siblings in the present study reported that they have experienced mental health

concerns during their lifetime. However, participants in the present study reported both negative

and positive aspects of their own mental health challenges. Some young adult siblings described

how they worried about what their mental illness means for their future goals or expressed

concern that they would fall into the same problematic patterns of behavior as their mother.

Other young adult siblings talked about their mental health in neutral or even positive terms.

Overall, participant accounts conveyed the idea that their own mental health challenges were just

a small part of who they are as people, something that contributes to their understanding of

themselves and the world, but that their mental health condition is not only thing that defines

them. Participants were generally positive about receiving mental health treatment and displayed

an openness about mental health challenges and recovery.

Additional results of the present study challenge the common idea that children of

mothers with mental illness experience nothing but negative outcomes. A small number of other

studies (Kinsella et al., 1996; Petrowski & Stein, 2016) have suggested that individuals growing

up with a mother with mental illness may gain valuable personal strengths from the experience.

Along this vein, all 10 participants in the present study were able to articulate positive

experiences or examples of personal growth related to having a mother with mental illness. Some

participants reported that they have gained knowledge and awareness of mental health issues

which they felt would be valuable throughout their lives. Rather than view maternal mental

illness in a totally negative light, they expressed a sense of pride about their knowledge of mental

health issues. Additionally, many participants reported that they believe that they have greater

empathy and understanding of others, particularly those who are going through difficult

situations. Recognizing the challenges that they experienced growing up with a mental illness

and perhaps reflecting on the helpfulness of having others, such as siblings, around who

understood their situation, these participants explained that they value compassion and concern for people who are struggling. In addition to these personal strengths, many participants also reported that they feel they tend to be resilient in the face of challenges, in large part due to their experiences growing up a with a mother with mental illness. They explained that while it was not always easy growing up, they were able to gain important personal strengths through these experiences that have given them the ability to navigate new challenges that arrive in life.

Participants also spoke to the importance of their supportive sibling relationships, in that the majority reported that their close sibling bonds inspired them to form close relationships with others outside of the family. As previously discussed, social support may be an important protective factor against the negative outcomes associated with having a mother living with mental illness. Previous studies (Petrowski & Stein, 2016) have suggested that young adults with parents with mental illness may utilize peer support as a mean of dealing with their situation. Some participants in the present study, when asked to share advice for others with parents with mental illness, identified the importance of connecting with others and building support networks. This suggests that these individuals recognize the benefits of connecting with peers, and that close sibling relationships may be an important mechanism for facilitating these bonds. The significance of these positive outcomes and examples of personal growth should not be overlooked. Each of the participants in the present study identified ways in which growing up with a mother with mental illness was hard. And yet, they were also all able to clearly point out ways in which the experience has had a positive impact on their life, with many participants stating that they would not go back and change their experiences, even if they had an opportunity to do so.

Study Limitations and Implications for Research and Practice

Although the present study findings are noteworthy, results are limited in a number of respects. Participants were a small, non-random sample of individuals, the majority of which attended a Midwestern, public university or had familial connections to it. Additionally, the sample was largely homogenous in terms of demographic characteristics (gender, race/ethnicity, etc.). Thus, the experiences of the present sample may not be representative of other young adults with mothers coping with mental illness, and present findings cannot be generalized to individuals of different cultural backgrounds. Additionally, the study used participants' self-reports of their mother's psychiatric diagnoses that were not verified by independent sources. Overall, participants in the sample reported several types of maternal mental illness, including anxiety, depression, borderline personality disorder, and bipolar disorder. The present study made strides in that multiple perspectives were gathered by interviewing sibling pairs. However, the requirement that individuals interested in participating in the study have a sibling also interested in participating likely further limited the representativeness of the sample. Sibling pairs who ended up both participating in the study may have had a greater level of closeness than those who did not express interest in the study.

It should also be noted that sibling pairs in four of the five families experienced their parents' divorce as an additional family stressor. Findings about young adult siblings accounts of family relationships must also be viewed in this context. Although having a mother coping with mental illness offers unique family challenges, it is unclear the degree to which sibling ties were also shaped by participants' experiences of their parents' divorce. Research is needed that acknowledges the multiple family stressors that family members coping with a loved one's mental illness often face.

If replicated, the present study suggests a number of important directions for future research. First, the study points to the importance of leaving room for nuance when conducting research on families dealing with stressful situations such as parental mental illness. Present findings suggest that, particularly when qualitative methods are used, it is not always possible to boil down complex family relationships into categories of "positive" versus "negative" and to then clearly identify if elements of the congruency or compensatory hypotheses, for example, are at play. Although it will likely be helpful for future researchers to consider both the congruency and compensatory hypotheses when examining family relationships as they provide helpful frameworks, it may also be helpful for studies to look beyond these concepts. The present study is among only a small group of literature that has examined the experiences of young adults with mothers with mental illness, and among an even smaller circle that has specifically focused on sibling relationships in such families. There are a number of essential questions for future research. For example, how do different demographic or cultural variables intersect with the experience of having a mother with mental illness? Beliefs regarding caregiving, family closeness, and mental illness may vary based on sociocultural backgrounds and demographics of participants. Additionally, what leads some adult children of mothers with mental illness to feel neutral or positive about having their own mental health concerns, while others experience tension over this? Future research should work to uncover the relevant factors related to participants' views of their own mental health challenges. The present study used a multiple perspectives design in which two siblings from the same family were interviewed. This research design allowed for a more detailed picture of family context, as siblings were able to share how their viewpoints on their family situations both related and varied.   Although difficult to conduct, multiple perspectives research reminds us that there is no single 'ground truth' about

family process. Multiple perspective research speaks to the interconnectedness of family ties and

acknowledges differences in siblings' lived experience within the same family.

The present study also has several implications for clinical practice. Findings speak

foremost to the advantages of using a systems perspective when working with individuals

experiencing mental illness and highlight the importance of involving family members in

recovery supports whenever possible. It is clear from the accounts of the young adults in the

present study that they experienced their mother's mental illness alongside her, and that it

impacted their family relationships and wider life experiences in specific ways. Clinicians

working with individuals with mental illness who are parents should consider the potential

impact of mental health challenges on children that may include ways that children can be

supported.

If replicated, present findings also suggest directions for clinical practice with young

adults with parents with mental illness. Results indicate that such individuals may not only

experience the stress of growing up in a such a context, but also deal with their own mental

health concerns. While some young adults may feel as if their mental illness is only one part of

their identity, others experience great distress at the idea of experiencing mental health

symptoms akin to their mothers. Clinicians can inquire about these issues and work with these

adult children to process their feelings and assess what they might need to feel empowered in

their mental illness and recovery. Relatedly, findings of the present study suggest the possibility

for personal growth in the face of challenges associated with having a mother with mental

illness. Clinicians can take steps to identify and nurture the development of these positive

characteristics, and consider how they might assist in a client's recovery. Finally, clinicians

should take care to assess the nature of relationships between family members of young adults

with parents with mental illness, particularly their relationships with siblings. The present study speaks to potential for such relationships to serve as powerful sources of support.

The present study represents an important first step in understanding the lived experience of family members coping with a loved one's mental illness. Hopefully, future research can build upon present study results to advance basic knowledge and inform interventions related to sibling ties in families coping with mental illness.

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APPENDIX A. TABLES

Table 1

Sample characteristics

Family	Participant	Age	Gender	Mother's Diagnosis	Mother's Age	Father's Age	Parent Relationship Status	Number of Brothers	Ages of Brothers	Number of Sisters	Ages of Sisters
Walls	Violet	28	Female	Anxiety	59	60	Divorced	1	24	0	N/A
	Max	24	Male	Anxiety	57	59	Divorced	0	N/A	1	28
Driscoll	Audra	21	Female	Depression	47	50	Married	0	N/A	2	24, 15
	Evie	24	Female	Borderline Personality Disorder	48	50	Married	0	N/A	2	21, 15
Mendoza	Ben	26	Male	Bipolar Disorder	49	54	Divorced	0	N/A	2	28, 24
	Camilla	24	Female	Bipolar Disorder	48	55	Divorced	1	26	1	27
Pruitt	Jamie	25	Female	Bipolar Disorder	55	55	Divorced	1	20	3	27, 15, 13
	Russell	20	Male	Bipolar Disorder	53	54	Divorced	0	N/A	4	27, 25, 15, 13
Marsh	Cassidy	27	Female	Bipolar Disorder	63	64	Divorced	0	N/A	2	30, 26
	Caroline	30	Female	Bipolar Disorder	62	63	Divorced	0	N/A	2	27, 26

Table 2

Relationships with mother and father themes and quotes

Siblings' role in mother's coping with mental illness		
Category	Number of Participants	Exemplar Quote
Help mother with coping and/or treatment for her mental illness	6/10	"There's been times where we've talked about like, hey, you should take some medicine for this." – Caroline Marsh
Sibling changes and accommodations for mother		
Category	Number of Participants	Exemplar Quote
Monitor what is said or discussed around mother	8/10	"There were certain things if I thought she would worry about I specifically wouldn't tell her." – Violet Walls
Impact of relationship with mother on siblings		
Category	Number of Participants	Exemplar Quote
Negative influence of relationship with mother on other relationships	5/10	"It's very difficult for me to open up to people… Relationships are something I never looked for because the only relationships around me were terrible. Like, why would I want to get into a relationship if it's going to be like that?" – Ben Mendoza
Sibling relationship with father		
Category	Number of Participants	Exemplar Quote
Positive, close relationship with father	8/10	"I definitely feel like because I haven't felt like I've always had a mom in that mom role I've relied more heavily on my dad." – Jamie Pruitt
Parents' marital relationship		
Category	Number of Participants	Exemplar Quote
Father deals with mother's mental illness poorly or avoids it	7/10	"I think he just kind of thought she was – I'm gonna use the term "silly" but I'm not sure if that's accurate. Definitely that she wasn't as critical or analytical as him, and that that made her less qualified to make larger decisions, and so he kind of did that because he thought he was better at it." – Violet Walls

Table 3

Caregiving for parents

Sibling caregiving for mother		
Category	Number of Participants	Exemplar Quote
Have experience taking on a caregiver role with mother	6/10	"When my mom needed me, I'd be the one that was there for her and it always felt like I was the one that was taking care of her." – Camilla Mendoza

Sibling caregiving for father		
Category	Number of Participants	Exemplar Quote
Have experience taking on a caregiver role with father	2/10	"I would still give [money] to him so I felt like I took care of him." – Ben Mendoza

Table 4

Sibling relationships

Only siblings fully understand		
Category	Number of Participants	Exemplar Quote
Feel very close with sibling(s) because they are the only ones who can fully understand	9/10	"I think in a way it gave us something to bond over. Picking on or commiserating about family was some of the times my brother and I agreed most growing up." – Violet Walls

Siblings as caregivers and protectors		
Category	Number of Participants	Exemplar Quote
Siblings provide care, support, and protection for one another	8/10	"She can call me at any time and be like, 'I'm having a rough time, I need to talk to you,' and vice versa. Just knowing that there's someone else there. That if there's ever something wrong you can talk to them." – Audra Driscoll

Strain in the sibling relationship		
Category	Number of Participants	Exemplar Quote
Challenges in the sibling relationship related to having a mother with mental illness	5/10	"A lot of times I would try to be alone… I didn't even want to be around my sisters. So we would just all go in our separate rooms and shut the doors." – Cassidy Marsh

Impact of sibling relationships		
Category	Number of Participants	Exemplar Quote
Having a mother with mental illness would be more challenging without siblings	8/10	"I think it's hard to say for better for worse, but I feel like it would have been a lot harder." – Jamie Pruitt

Caregiving negotiation among siblings		
Category	Number of Participants	Exemplar Quote
Age determines caregiving for mother	2/10	"[Our youngest sister] definitely was the least. She has never really had to take care of our parents." – Evie Driscoll
Personality determines caregiving for mother	2/10	"I do think a big part of it is personality for me, like one of the things I've always felt like I've just naturally been good at is putting myself in other people's shoes." – Jamie Pruitt
Proximity determines caregiving for mother	4/10	"My mom is definitely closer to my brother. He probably calls her more and has lived closer to her for the last five years." – Violet Walls

Table 5

Participants' own mental health diagnoses and concerns

Participant	Diagnosis
Violet Walls	Obsessive Compulsive Disorder
Max Walls	Anxiety
Audra Driscoll	Depression
Evie Driscoll	Seasonal Affective Disorder
Ben Mendoza	Social Anxiety, Depression
Camilla Mendoza	Anxiety, Depression
Jamie Pruitt	Depression
Russell Pruitt	Depression
Cassidy Marsh	Anxiety
Caroline Marsh	Anxiety

Table 6

Personal growth

Closer relationships with others

Category	Number of Participants	Exemplar Quote
Close sibling relationships inspire bonds with others outside of family	7/10	"I think being in that caring role for my siblings has primed me to be in that caring role for friends." – Jamie Pruitt

Empathy and acceptance

Category	Number of Participants	Exemplar Quote
Greater empathy for and understanding of others	5/10	"I think that I can relate to more people with their life situations that they're going through. And I think it's helped me at least have more [empathy] with other people. And I think I'm more tolerant of people or situations." – Cassidy Marsh

Knowledge and awareness of mental health

Category	Number of Participants	Exemplar Quote
Increased knowledge and understanding of mental health	5/10	"Just realizing that a lot of people deal with this, some people to a different caliber to others, and it's not a bad thing to go on medication or seek help. It's definitely not a bad thing to admit that you're feeling anxious and that you're having bad thoughts, and just to get help in any way." –Max Walls

Resiliency

Category	Number of Participants	Exemplar Quote
Greater resiliency in the face of challenges and personal strength	6/10	"My coping mechanisms have been improved because of my mom. So, I think that's why I think I have tough skin. Because now I don't let a lot of things get to me." – Cassidy Marsh

Table 7

Advice to others

Connect with other people		
Category	Number of Participants	Exemplar Quote
Reach out to and connect with others to process having a mother with mental illness	710	"I know talking to people about it and talking through it has really helped me dealing with it. And especially talking with my sisters and other people that have gone through it. Just, a) to vent sometimes, but b) to also get a different perspective." – Caroline Marsh

Build coping		
Category	Number of Participants	Exemplar Quote
Develop individualized ways of coping with having a mother with mental illness	5/10	"Stick through it and just put yourself first. If you need to escape for a little while, then do it. But don't give up." – Camilla Mendoza

APPENDIX B. YOUNG ADULT SIBLINGS INTERVIEW PROTOCOL

Introduction

Thank you for taking the time to talk with me today. I'm interested in learning about your experiences growing up with a mother with mental illness, and how these experiences may have affected your relationships with your family members, especially with your siblings. In order to learn more about your perspectives on this, I'm 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. What gender do you identify as?_____
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. Where are you from originally/what is your hometown? _____
8. Educational Background/Current Year of School:
   _____ Freshman   _____ Senior
   _____ Sophomore   _____ Graduate
   _____ Junior   _____ Other: _____
9. 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
10. 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. Second Parent: age _____
    e. Marital status of your parents:

___ currently married to one another
___ currently separated/divorced
___ remarried (if yes, gather additional information in Parental Relationship section)
___ co-habitating

f.   Briefly describe your living situation growing up (e.g., did you live with your mother, second parent, other? For how long?) _____
_____

g.   Briefly describe custody arrangements your parents/others had while you were growing up (e.g., who had custody and when)_____
_____

h.   What is your family's approximate income? (e.g., joint/parental family income; if parents divorced, obtain both family incomes)
___ less than $30,000   ___ $90,000 to $119,999   ___ $180,000 to $199,999
___ $30,000 to $59,999   ___ $120,000 to $149,999 ___ $200,000+
___ $60,000 to $89,999   ___ $150,000 to $179,999

Nature of Mother's MI

Now I would like to ask you some questions about your mother and what you know about her experiences with mental illness.

11. What is your mother's current diagnosis?
    a.   How 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.   How has that changed over the years?
13. When your mother experiences these types of problems, what does she do to deal with them?
14. What types of treatment does your mother engage in currently and/or in the past?
    a.   *Prompt for: Medication (consistent/regular use), inpatient/outpatient treatment, self-help groups, alternative medicine/healers, community-based services*
    b.   What role have you played in your mother's treatment over the years?
        i.   *Prompt for: have you ever been asked to help or not help with her treatment, such as by helping her attend appointments, administer medications, contact providers*

Own Mental Health Issues

Sometimes when a parent experiences mental health problems, other people in the family can also have mental health issues. I'm interested in hearing about any mental health issues you yourself may have experienced. Of course, you are free to disclose as little or as much information with me as you would like and feel comfortable with sharing.

15. Do you currently deal with any kind of mental health issues yourself?
    a. *If no:* Have you in the past?
    b. *If yes to either*: Do you have a diagnosis?
        i.   What kinds of symptoms do you experience?
        ii.   How long have you been dealing with [mental illness]?
        iii.   What kinds of treatment, if any, do you engage in for [mental illness]?
        iv.   How do you feel about having [mental illness}?

Relationship with Mother

I'd like to learn more about your perspectives and experiences of growing up and your relationship with your mother.

16. Overall, how would you describe your current relationship with your mother?
    a. Has that changed over the years? *[prompt: growing up vs. currently, moving away, etc.]*
    b. Some people describe having positive, close relationships with their mothers, and others describe a more troublesome or distant relationship. How would you describe your relationship with your mom?
17. 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?
18. Do you feel that there are things you had to change or do differently because your mother has a mental illness?
    a. *Prompt for example.*
19. Have you ever felt like you've had to take care of your mother instead of your mother taking care of you?
    a. *If yes:* What was that like for you?

Relationships with Siblings

I'd like to ask you some questions about your relationships with your siblings now.

[If have more than one sibling: For this set of questions, I would like you to think about your relationship with your sibling, [participating sibling], who is also participating in this study.]

20. How would you describe your current relationship with your sibling?
    a. *Domains to prompt for:*
        i.   *closeness/warmth: how much know about each other, similarities, do things together*
        ii.   *support: count on each other, let each other know you care, acceptance*
        iii.   *communication: how often, method, topics of conversation*

        iv. *conflict: irritate each other, competitiveness, jealousy, disagreements*
    b. How has this changed over the years?
        i. *Prompt for impact of emerging adulthood transitions: college/school, moving away, career/job, relationships/marriage, etc.*

Now I'd like to talk a bit more about support you might give to or receive from your sibling. You said that [reiterate what participant said about sibling support].

21. In what ways do you and your sibling serve as sources of support for each other, or, in other words, help each other out?
    a. *Prompts: support during stressful times, spend time together, sibling relationship provides stability, talking/processing/confiding, unspoken knowledge of shared experience, humor*
        i. *Emotional support: caring, concern, empathy, reassurance, make me feel good about myself*
        ii. *Informational: provide information, advice, etc.*
        iii. *Instrumental: help with chores, transportation, homework, other care*

22. How do you think having a mother with [mental illness] has affected your relationship with your sibling?
    a. Do you think your relationship with your siblings has impacted your experiences related to having a mother with [mental illness]?
    b. *Prompts: sibling only person they could turn to or who understands, gave them something in common, provided a reason to open up to each other, created an unspoken coalition, collaborate with sibling on ways to address situation, created common cause of caring for/coping with parent, act as caregiver or protector for sibling*

I would like you to think about the relationship that you have with your parents, as well as the relationship your parents have with each other.

23. Would you say that your relationship with your sibling is different or the same from your relationship with your parents?
    a. How does your relationship with your sibling relate to the relationship your parents have with each other?
    b. *Prompts: conflict, support, closeness, warmth, care*

24. 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?

25. 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. Are there any other unique features of your relationship with your sibling that you would like to share that I haven't asked about?

[If have additional siblings:

We spent a lot of time talking about your relationship with [sibling participating in study]. I'm also interested in hearing a bit about your relationships with your other siblings.]

30. Tell me about how your relationship(s) with your other sibling(s) is different from or similar to your relationship with [sibling participating in study]
    a. Prompt for: closeness/warmth, communication, conflict, support

Relationship with Second Parent and Parental Relationship

Now I'm interested in learning a bit more about your parents. In this section, I'll be asking about your relationship with your second parent. If you have step-parents or others who you think of as a parent, think about the parent who you would consider most relevant to your experiences of having a mother with mental illness.

31. How would you describe your current relationship with your [other parent]?
    a. Do you ever feel that you need to take of your [other parent]?

32. How would you describe your parents' relationship with one another?
    a. How do you think your [other parent] deals with your mother's [mental illness]?
33. Growing up, would you say your family dealt with very little or no conflict, a moderate amount of conflict, or a great deal of conflict?
    a. *Prompt for explanation*
    b. Were there any particular topics that your parents and other family members would often argue about or seemed to cause frequent disagreements?
        i. *Prompt for: general conflict vs. conflict surrounding mental illness*
        ii. *If have step-parent, etc. differentiate between biological and step-parents*

If the participant's parents are separated/divorced:

34. Can you tell me about the circumstances of your parent's divorce?
    a. When did they separate/divorce?
    b. What do you think led to the divorce/separation?
    c. What were the custody/living arrangements before, during, and after the divorce?
    d. How often did you see either of your parents after the divorce?

      e.   Did either of your parents remarry or engage in other life transitions?
      f.   What is the current nature of the relationship between your parents?
            i.   *E.g,, do they communicate, have a conflictual relationship?*

Relationships with Others

Sometimes our experiences growing up can influence how we relate to other people.

35. I am wondering how you would say your relationship with your mother coping with mental illness has shaped your relationships with others, such as friends or other important people in your life?
36. How has your relationship with your sibling shaped your relationship with others, such as friends or other important people in your life?

There is still a stigma in our society surrounding mental illness.

37. Have you had experiences feeling different or stigmatized because your mother has mental health problems? [because you have to deal with your own mental health issues?]
      a.   What has dealing with stigma been like for you?

Personal Growth and Advice

So far, we've talked about the impact of having a mother with [mental illness] on your relationships with her and other family members. I would also like to learn a bit more about you yourself.

38. How do you think having a mother living with [mental illness] has affected you?
39. Are there any unique experiences that you feel you gained because your mother has a mental illness?
40. What advice would you give to other people who have a parent living with mental illness?

Closing

We've talked about a number of different things today. Is there anything that we haven't talked about that you think would be important for me to know to better understand your experiences? Do you have any questions for me?

[Skip if interviewing second sibling] *Additionally, as we discussed during the pre-screen interview, I'm interested in hearing about the experiences of multiple siblings within one family. Could you again provide the name, age, and contact information of an adult sibling who you would like to nominate to learn more about the study?*

Name:
Age:
Phone number/email address:

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 C. PRE-SCREEN INTERVIEW: YOUNG ADULT SIBLINGS INTERVIEW

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

   a. *If screening second sibling:* As you know, your sibling [name] nominated you as someone who might be interested in learning more about the study to see if you might be interested in participating. *Is that something you're interested in? Do you have a few minutes to answer some questions? Beyond letting you know that you were nominated by your sibling, anything you share with me today and later during the full interview will be kept confidential and will not be shared with your sibling. I also will not share any of your sibling's responses with you.*

2. For this study, I'm interested in learning more about it has been like for you to grow up with a mother coping with mental illness. If you decide to participate, I would be asking you to share your views about your mother and her mental illness, your experiences with mental health issues to the degree that you feel comfortable, and to discuss your relationship with your mother, your siblings, and other family members and friends.

3. *[Skip if screening second sibling]* Additionally, I am particularly interested in the relationships between siblings who have a parent with mental illness and thus I'm hoping to get perspectives of two siblings from each family. In order to be eligible to participate, you must have a sibling over the age of 18 who you are willing to nominate to learn more to see if they would be interested in participating in the study. *Do you think you have a sibling who might be interested in learning more about the study and who you would be willing to nominate when you and I meet for the interview?*

   a. *[Skip if screening second sibling]* If you participate in the full interview, you'll be asked at the end to provide email or telephone contact information for your sibling. I'll then contact them to discuss the study and they will be free to decide if they would like to participate. Beyond letting them know that you nominated them to learn about the study, anything you share with me today and later during the full interview will be kept confidential and will not be shared with your sibling. I also will not share any of your sibling's responses with you.

4. If you are found to be eligible and are interested in participating in the study, you will be asked to complete an individual, one-on-one 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?*

5. I have a few questions for you because there are specific requirements for who is eligible to participate in the study. Again, anything that you share with me during this conversation and later in the full interview will be kept confidential and will not be shared with your sibling or others.

   a. I'm interested in the viewpoints of young adults for the study. What is your age?

    b. I plan to learn more about the experiences of young adults in the context of their family. Can you tell me briefly about your family and your past and current living situations?

    c. I'm interested in talking with people whose mothers have experienced a long-term mental illness. You will never be asked to provide any medical information related to your mother for this study. I am simply interested in your perspective. To your knowledge, how long has your mother had symptoms of [mental illness diagnosis]? Can you briefly discuss her symptoms?

    d. I'm interested in learning about sibling relationships. *Can you briefly tell me about your relationship with your siblings, particularly the one who you may nominate for the study?*

        i. *If screening second sibling: Can you briefly tell me about your relationship with your siblings, particularly the one who nominated you for the study?*

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

7. 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, but will be in touch with you soon to let you know if you have been selected to participate. We can then schedule a time and place to conduct the interview.

    a. Do you prefer email or phone for future contact?

8. Thank you again, and please feel free to contact me if you have any questions.

APPENDIX D. HSRB APPROVAL LETTER

BGSU.
BOWLING GREEN STATE UNIVERSITY
Office of Research Compliance

DATE: July 22, 2019

TO: Catherine Petrowski, M.A.
FROM: Bowling Green State University Institutional Review Board

PROJECT TITLE: [964029-8] Conflict or Solidarity: Understanding Sibling Relationships in
                         Families Coping with Parental Mental Illness
SUBMISSION TYPE: Continuing Review/Progress Report

ACTION: APPROVED
APPROVAL DATE: July 22, 2019
EXPIRATION DATE: July 21, 2020
REVIEW TYPE: Expedited Review

REVIEW CATEGORY: Expedited review category # 7

Thank you for your submission of Continuing Review/Progress Report materials for this project. The
Bowling Green State University Institutional 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 IRB. 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.

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 July 21, 2020. 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 orc@bgsu.edu. Please include your project title and reference number in all
correspondence regarding this project.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Bowling Green
State University Institutional Review Board's records.

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