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Parents with serious mental illness: Differences in internalised and externalised mental illness stigma and gender stigma between mothers and fathers

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ABSTRACT

Research demonstrates that people living with serious mental illness (SMI) contend with widespread public stigma; however, little is known about the specific experiences of stigma that mothers, and in particular fathers, with SMI encounter as parents. This study aimed to explore and compare the experiences of stigma for mothers and fathers with SMI inferred not only by living with a mental illness but also potential compounding gender effects, and the associated impact of stigma on parenting. Telephone surveys were conducted with 93 participants with SMI who previously identified as parents in the Second Australian National Survey of Psychosis. Results indicated that mothers were more likely than fathers to perceive and internalise stigma associated with their mental illness. Conversely, fathers were more inclined to perceive stigma relating to their gender and to hold stigmatising attitudes towards others. Mental illness and gender stigma predicted poorer self-reported parenting experiences for both mothers and fathers. These findings may assist in tailoring interventions for mothers and fathers with SMI.

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1. Introduction

It is well established that stigmatising attitudes towards people affected by serious mental illness are extensive; however, the actual lived experiences of those stigmatised have received less attention. Serious mental illness (SMI) refers to persistent and chronic mental illnesses that are subject to intensive mental health treatment for one year or longer (Mowbray et al., 1995). Public stigma about people with SMI involves negative stereotypes (e.g., dangerousness or incompetence), prejudiced reactions (e.g., fear or disgust), and discrimination by means of avoidance or restricting opportunities generally available to others (Alexander and Link, 2003; Corrigan et al., 2009; Fiske et al., 2002; Link and Phelan, 2001; Sadler et al., 2012; Wahl, 1999). In addition, people with SMI also experience self-stigma (i.e., they agree with, and internalise, public stigma; Corrigan and Watson, 2002) and, as a result, may suffer from lower self-esteem and self-efficacy, and overall poorer mental health outcomes (Corrigan et al., 2009; Corrigan and Watson, 2002; Sharaf et al., 2012; Verhaeghe and Bracke, 2011).

The majority of people with SMI become parents (Dolman et al., 2013; Howard et al., 2001). Biological parents include parents with a biological or genetic bond to their children. Non-biological parents consist of those parents involved in care-taking responsibilities for a child or who assume a parenting role, however are not biologically related to the child. These parents may include foster, adoptive or step parents (DiFonzo and Stern, 2013). Non-biological parenthood is common (Meyer et al., 2011; DiFonzo and Stern, 2013), with cross cultural studies indicating that more than one in ten school-aged children live apart from at least one of their biological parents (Chapple, 2009).

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Stigma may occur for parents with SMI due to incongruences between stereotypes associated with people with SMI and the perceived social role characteristics of parents (Eagly and Karau, 2002). Stereotypes regarding parents with SMI are often associated with expectations about not only their presumed inability to look after themselves, but also their inability to adequately care for their children (Ackerson, 2003; Jeffery et al., 2013; Nicholson et al., 1998). Similar to other parents, however, people with SMI identify parenting as a meaningful role and a desired life goal (Nicholson and Miller, 2008; Sands, 1995), with parenting providing a sense of purpose, and also an incentive for recovery (Diaz-Caneja and Johnson, 2004; Evenson et al., 2008).

A focus on deficits in parenting abilities, and the subsequent impact on the child, has overshadowed attention to research on the perspectives of parents with SMI. Subsequently, the experiences of stigma for this population have rarely been investigated (Jeffery et al., 2013). Currently, information regarding stigma for parents with SMI is provided by small, typically qualitative studies, mostly focusing on mothers. For example, Boursnell (2007) interviewed seven mothers and three fathers with SMI who reported encountering negative attitudes, such as being seen to fail to fulfil the role as "good-enough parents". Parents with SMI describe experiencing such stigma from child welfare services and the legal system in relation to child custody disputes, with their pathology being emphasised in custody decisions, rather than their parenting ability (Ackerson, 2003; Boursnell, 2007; Montgomery et al., 2011; White et al., 1995). In addition, mothers and fathers with SMI experience stigma from mental health professionals (Diaz-Caneja and Johnson, 2004; Howard, 2000; Jeffery et al., 2013; Oates, 1997; Reupert and Maybery, 2009), who rarely ask about parenting experiences, offer support with parenting, or assist with the grief associated with child custody loss (Diaz-Caneja and Johnson, 2004). As a consequence, many parents with SMI avoid treatment or fail to disclose parenting concerns, due to fears of stigma or child removal (Ackerson, 2003).

Although research in this area is limited, some studies suggest that both mothers and fathers with SMI internalise negative public attitudes and thus experience self-stigma. For instance, in a study with 32 mothers with SMI, Montgomery et al. (2011) found that many mothers questioned their parenting competence due to their mental illness. Similarly, Reupert and Maybery (2009) found fathers residing with their children described themselves as 'being undeserving' of this right. Both mothers and fathers with SMI report feelings of shame and guilt about being hospitalised and their children witnessing their suffering (Davies and Allen, 2007; Edwards and Timmons, 2005; Evenson et al., 2008; Montgomery et al., 2011). Research to date is yet to compare the self-stigma experiences for mothers and fathers; however, some evidence from non-parent populations suggests that women may be more likely to perceive and internalise stigma compared to men (Jenkins and Carpenter-Song, 2008).

People may also externalise stigma and thus hold stigmatising attitudes towards others with the stigmatised condition (Karidi et al., 2010). Little research has explored the perspectives of people with SMI towards others with SMI or investigated possible differences in externalised stigma between men and women. Some evidence suggests that men with SMI are more likely than women to hold negative attitudes towards others with SMI (Karidi et al., 2010). Given that the potential psychological consequences of internalising and externalising stigma are varied, it is important to investigate each of these responses to stigma separately.

In addition to mental illness stigma, both mothers and fathers with SMI may also experience stigma associated with the impact of their gender on their parenting. For example, for fathers, stigma may occur due to the traditional gender stereotype that parenting is a predominantly female domain (Bird, 1997) and that men are less warm and nurturing compared to women (Eckes, 2002). Indeed, Nicholson et al. (1999) reported that service providers rated parenthood as being less important to fathers than mothers and that mothers would be more likely to benefit from parenting support. Some evidence suggests that fathers with SMI internalise such gender stereotypes with regards to parenting (e.g., men being 'breadwinners' rather than 'care-givers') and suffer in silence rather than asking for help with parenting (Reupert and Maybery, 2009).

Conversely, some theories suggest that mothers may experience greater parenting stigma than fathers. The Shifting Standards Model (Biernat et al., 1991; Biernat and Manis, 1994), for example, proposes that individual members of stereotyped groups are judged based on within-group standards. Hence, given traditional gender stereotypes that women are more warm and nurturing than men (Eckes, 2002), and that parenting is predominantly a female role, mothers may in fact be judged against a higher and harsher parenting standard in comparison to fathers. Therefore, mothers, may be less likely to meet their respective gender-specific standards, and may experience greater stigma as a result. Although this model is yet to be empirically tested with parents with SMI, indirect evidence from healthy controls indicates that, in both the workplace and home settings, mothers indeed tend to be judged more harshly as parents (Bridges et al., 2002; Fuegen et al., 2004).

To summarise, parents with SMI may experience stigma related to both the impact of their mental illness and their gender on their parenting and may perceive stigma externally (public stigma), or internally (self-stigma). To date, there is little research regarding the specific impact of stigma for mothers and fathers with SMI.

To identify differences and similarities in stigma experiences for mothers and fathers with SMI, the present study explored and compared a sample of mothers and fathers with SMI with regards to (a) their experiences of perceived stigma and self-stigma associated with mental illness and gender and (b) the impact of these types of stigmas on their parenting experience. Firstly, based on evidence suggesting that women may be more likely to perceive and internalise stigma, we expected mothers to experience greater perceived stigma and self-stigma associated with the impact of their mental illness on their parenting, and to experience a greater negative impact of mental illness stigma on parenting experiences compared to fathers. Secondly, due to traditional gender stereotypes associated with parenting, we expected fathers with SMI to experience greater perceived stigma and self-stigma associated with the impact of their gender on their parenting, and to display a greater negative impact of gender stigma on parenting experiences compared to mothers.

This study also initiated an exploration onto the possible determinants of these stigma experiences by testing the relationships between these dimensions of stigma and parenting characteristics of both mothers and fathers, as well as the perceived sources of stigmatising behaviours (or discrimination) for mothers and fathers with SMI. Due to lack of previous research into this area, we had no explicit a-priori hypotheses about this portion of the results.

2. Methods

2.1. Participants

Participants with severe mental illness ($N=93$) from the Hunter ($N=54$), Orange ($N=17$) and Adelaide ($N=22$) regions of Australia were recruited from the database of the Second Australian National Survey of Psychosis (for comprehensive information about the survey design and participants, see Morgan et al. (2012)). All participants had screened positive for a psychotic disorder using the psychosis screener (Morgan et al., 2012), but not everyone met full criteria for a

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