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Parenting experiences of mothers living with a chronic mental illness

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ABSTRACT

Background: Intrapersonal, interpersonal, social and economic factors associated with chronic mental illness influence mothers' parenting abilities which in turn influence childhood mental health.

Aim: The aim of the study was to explore and describe the parenting experiences of mothers with a chronic mental illness.

Methods: An explorative, descriptive and qualitative research design was used. Ten participants were purposively sampled until saturation occurred. Data was collected using in-depth individual interviews and a content analysis was carried out.

Results: Mothers with a chronic mental illness experienced various challenges and expressed their family support needs.

Conclusion: A family-centred approach to mental healthcare, treatment and rehabilitation is proposed.

1. Introduction

Mental illness impacts on mothers' parenting skills and abilities and influences the whole family (Maybery & Reupert, 2009, p. 784). However, being a mother goes beyond the signs and symptoms of mental illnesses (Montgomery, Tompkins, Forchuk, & French, 2006, p. 26). Various intrapersonal, interpersonal, social and economic factors associated with mental illness influence mothers' parenting abilities, which could pose a risk to the well-being of their children. However, supportive family-centred interventions for mothers with a chronic mental illness have the potential to reduce risk and prevent negative outcomes for mothers as well as their children (Craig, 2004, p. 925).

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1.1. Background

Parenting is the process of raising and educating a child from birth until adulthood that involves endeavouring to realise the physical, emotional, psychological, and developmental needs of a child (David, Styron, & Davidson, 2011, pp. 143–144). Moreover, parenting is a long-term commitment requiring physical and practical tasks and psychological responsibilities such as providing affection, stimulation and effective discipline (David et al., 2011, p. 145; Ward & Wessels, 2013, p. 62). In addition, through all stages of development, effective parenting is characterised by consistence, warmth, responsiveness, nurturance, structure, developmentally-appropriate supervision and autonomy (Eshel, Daelmans, de Mello, & Martines, 2006, p. 995; Oyserman, Mowbray, Meares, & Firminger, 2000 p. 296; Ward & Wessels, 2013, p. 62). Responsive parenting is evidenced by prompt, contingent and appropriate interaction between parent and child. This form of parenting enhances growth and physical development, and is associated with better outcomes for children (Eshel et al., 2006).

Internationally, epidemiological studies indicate that the prevalence of mental illness is similar for men and women. However, depression and anxiety disorders affect more women than men (Doucet, Letourneau, & Stoppard, 2010, pp. 297–298; Moultrie & Kleintjies, 2006, p. 351). Various roles in society contribute to psychological pressure on women that have an influence on their mental health. For example, women are often expected to take primary responsibility for all the needs of their children and other family members, even if they are employed full-time (Doucet et al., 2010, p. 298).

Many women with a chronic mental illness are mothers as they have normal fertility rates and bear an average number of children (Kahng, Oyserman, Bybee, & Mowbray, 2008, p. 162). It has also been found that severely mentally ill women are more likely than men to be parents (Diaz-Caneja & Johnson, 2004, p. 472). Maybery, Reupert, Patrick, Goodyear, and Crase (2009, p. 22) report that 23.3% of children in Australia have a parent with a mental illness that is not related to substance abuse. In the United Kingdom, it has been found that 10–15% of children live with a parent with a mental illness (Falkov & Lindsey, 2011, p. 6). Although similar figures for South Africa could not be found, it is plausible to assume that many people with serious and chronic mental illnesses in South Africa, too, are parents (Oyserman et al., 2000).

Parenting is accompanied by challenges and opportunities. This is no different for mothers with a chronic mental illness. They do, however, have additional challenges related to their mental health and the associated influence on their intrapersonal resources, coping ability, interpersonal relationships and social and economic levels of function that lead to substantial additional stress for them (Craig, 2004, p. 924; Jessop & De Bondt, 2012, p. 150; Reupert & Maybery, 2011, p. 257). Serious and chronic mental illness thus has the potential to influence responsive parenting and affects functioning on a physical, psychological, social, occupational and interpersonal level (Sadock & Sadock, 2007, p. 467; World Health Organization, 2001). Serious mental illness is associated with difficulty in parenting, including elevated parenting stress and dampened nurturance and inappropriate affective responses (Maybery & Reupert, 2009, p. 784). It is therefore reasonable to assume that children of mothers with mental illness are an at-risk group (Craig, 2004). However, not all mothers and their children are affected by mental illness in the same manner.

The risk to the children of mothers with a mental illness is a multifaceted interaction between multiple factors. The onset and timing of the mental illness, the children's developmental age and sociocultural factors influence the risk to children (Oyserman et al., 2000, p. 296). Some mothers develop a mental illness before they have children; others following the change to parenthood. Some have single episodes and others have chronic relapsing disorders (Craig, 2004, p. 924). A mother with a serious and chronic mental illness might have more than one episode of illness, meaning that the child is exposed during more than one developmental phase (Oyserman et al., 2000, p. 296). Often, mothers are hospitalised during acute periods of illness or are separated from their children. In certain circumstances, when there is a concern for the child's safety, a mother might be unable to continue as the primary caregiver (Jessop & De Bondt, 2012, p. 152) and the child might have to be separated from her. It should, however, also be appreciated that separation between the mother and child over an extended period could have negative consequences for them both (David et al., 2011, p. 142).

It is not clear whether certain mental disorders impact on parenting abilities more than others. So-called "severe mental illnesses" such as bipolar disorder and schizophrenia have been reported to impact on parent-child attachment; however, the severity and chronicity of the disorder are possibly more significant than the type of disorder. The effect of a specific diagnosis on parenting practices and relational insufficiencies increase the risk to children (Ackerson, 2003, p. 190; Craig, 2004, p. 924).

The mothers' mental illnesses themselves are not the only risk to their children. Associated challenges relate to family disruptions and conflicts, being a single parent, social isolation, limited social support, stigmatisation, financial stressors and related problems of poverty (Diaz-Caneja & Johnson, 2004, p. 476; Jessop & De Bondt, 2012, p. 53; Oyserman et al., 2000, p. 311; Seeman, 2008, p. 335). Moreover, compared with women without a mental illness, women with a serious mental illness have more sexual partners, sexual assaults and unplanned pregnancies (Montgomery et al., 2006, p. 21).

1.2. Problem statement

The presence of a serious and chronic mental illness and implications associated with it threaten mothers' ability to parent (Montgomery et al., 2006, p. 26). Their children are an at-risk group (Craig, 2004, p. 924). These children may experience mental health problems (Craig, 2004, p. 925) and delays in their physical, social and emotional development (Craig, 2004, p. 924; Lagan, Knights, Barton, & Boyce, 2009, p. 55; Seeman, 2008, p. 334). However, interventions that support at-risk children and their mothers may reduce the risk to these children (Beardslee, Wright, Gladstone, & Forbes, 2007, p. 709).