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Self Perceptions about Parenting Control amongst Individuals with Mental Illness

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Abstract

The objective of this study was to compare perceived degree of parental control over one's child's behaviour among parents with mental illness and parents who have never been diagnosed with a psychiatric disorder. 20 participants each in the experimental and control group were asked to complete the Parental Control of Child's Behaviour (Campis et al, 1986) self-report measure. A significant difference was found between the two groups on scores on the measure ($U_{38} = 77$, $Z = 3.31$, $p < 0.001$), indicating that individuals with mental illness show poorer perceptions of parental control as compared to those with no psychiatric diagnoses. Furthermore, scores of individuals from three diagnostic categories (psychotic, affective and anxiety disorder) also showed significant differences ($H = 9.11$, $df = 2$, $p < 0.01$), with parents with schizophrenia showing the best perceptions of control and parents with anxiety disorders showing the worst self-ratings. Findings are discussed in the light of self-stigma, and also with reference to potential for therapeutic intervention.

Research has shown that people with severe mental illnesses often have the desire to be parents and to have parenting experiences (Caton et al, 1998; cited Oyserman et al, 2000). Therefore, parenting related issues are important for them (Joseph et al, 1999). However, research pertaining to parenting amongst people with mental illness has largely focussed solely on child outcomes and not so much on how these individuals make sense of themselves as parents (Oyserman et al, 2005).

Children with at least one parent with mental illness show a greater risk for many mental health problems (e.g.s, Beardslee et al, 1996; Canino et al, 1990; Oyserman et al, 2000, all cited Nicholson et al, 2001). The rate of psychiatric diagnoses among this group of children is 30-50% compared to a rate of 20% in the general child population (Friedman et al, 1996, cited Nicholson et al, 2001). Children of mothers with mental health problems are also likely to have academic problems in their youth (Oyserman et al, 2005). Goodman and Gotlieb (1999, cited Nicholson et al, 2001) have identified 'mechanisms of risk' that determine the relationship between parental mental illness and child outcomes. These include genetic influences, biological influences, illness characteristics such as the severity and chronicity of symptoms and level of adaptive functioning, parenting skills as well as a host of environmental influences. Oyserman et al (2000) in their review of studies related to parenting in mental illness, state that the child's age, developmental phase, gender and behaviour as well as the social and economic context of parenting also play an important role.

Studies focussing on parenting ability amongst people with severe mental illness have found that parents with depression show greater difficulties in interacting with their children, show more sad affect, are more intrusive, and show greater overt displays of hostility towards their children (Murray & Cooper, 1997, cited Kowalenko et al, 2012). They are also likely to show negative interactional styles and parenting attitudes (as summarised in a review by Oyserman et al, 2000). Mothers with unipolar depression show poorer parenting patterns as compared to those with bipolar disorder (Cytryn&McKnew, 1997; Hipwell, 1992; cited Foreman, 1998). Post-natal onset of schizophrenia has been related to a breakdown in parenting while in cases of later onset, the severity and chronicity of the illness influences the ability to parent (Hipwell& Kumar, 1996, cited Foreman, 1998). Mothers with schizophrenia are likely to be less involved and more uncertain while parenting and are less able to create a positive climate for their children (as summarised in a review by Oyserman et al, 2000).

Research has also shown that public perceptions of parenting amongst the mentally ill are frequently negative with the common belief that people with mental illness are more likely to abuse and neglect their children (Nicholson et al, 2001).Corrigan and Watson (2002, cited Brohan et al, 2010) described self-stigma as internalisation of public stigma associated with mental illness, where an individual begins to accept societal stigmatising attitudes and consciously or unconsciously uses the same attributions for himself. Therefore, stigmatising public perceptions about the parenting abilities of parents with mental illness may be internalised by these individuals. Given this, it becomes even more

important to understand the parents' own experiences in the parenting role. One study found that women with mental illness want the opportunity to talk about their fears and expectations about motherhood (Schwab et al, 1991, cited Nicholson et al., 1998).

Studies that have focussed on parental experiences of parenting among the mentally ill have found that a majority of these parents believe that parenting promotes their growth and development (Mowbray et al, 1995, cited Nicholson et al, 1998). They may also view motherhood as a "normalising" life experience that gives them a chance to manage an important adult role (Ritsher et al, 1997; Zemenauk & Rogosch, 1994; Miller & Finnerty, 1996; Sands, 1995; Nicholson et al, 1993; Schwab et al, 1991, all cited by Nicholson et al, 1998). However, they experience significant role strain and stress (Nicholson et al, 1998). They also find it difficult to discipline their children (Mowbray et al, 1995, cited Nicholson et al, 1998) and attribute normal problems in their children to their mental illness and blame themselves for the same (Nicholson et al, 1998). These parents tend to have unrealistic standards of parenting and suffer from stigma, the stress of having to prove themselves as parents and fear about loss of custody (Nicholson et al, 1998). Ackerson (2003) found that these parents face the dual strain of dealing with the mental disorder and parenting, and the main issues in their relationships with their children center around boundary issues, disciplining, and role reversal.

Depressed mothers have less confidence in their parenting abilities (Anthony, 1983; Kochanska et al, 1987; cited Cummings & Davies, 1994). They have lower levels of perceived parental efficacy and control (Jaenicke et al, 1987; Webster-Stratton &

Hammond, 1988; cited Cummings & Davies, 1994). The related and crucial factor of parental perception of control of child's behaviour has not been extensively researched.

This study attempts to compare self-ratings of one's ability to control their children's behaviour among high functioning people suffering from three types of mental illness (Axis I, according to DSM-IV-TR) and people in the general population who have never been diagnosed with a mental illness. We hypothesise that parents with mental illness will show lower perceptions of their ability to control their child's behaviour as compared to a matched group of normal controls. We also examine the differences in parental perceptions of control across three categories of diagnoses- affective, psychotic and anxiety spectrum.

Method

Sample

The subjects in the experimental group consisted of individuals who had been diagnosed with an Axis I disorder of at least one year duration and who were currently in full or partial remission. As a means of controlling for personality pathology, which may affect parenting, individuals with co-morbid diagnoses of personality disorders (Axis II based on the DSM IV TR) were excluded from the study. Since the focus was on high functioning individuals, a minimum Global Assessment of Functioning rating of 60 was required for eligibility. The participants were males or females between the age group of 30 to 58 years, living in a nuclear family, with a minimum educational qualification of graduation and hailing from the middle class. Individuals who were single parents,

divorced or widowed were excluded to avoid the confounding impact of additional stressors associated with single parenting. Participants could have either one or two biological children with no child below 2 years of age. Individuals with a history of mental illness or physical disability in the child or in the spouse were excluded from the study. The participants in the experimental group were recruited based on convenience from among individuals seeking mental health services at the Institute for Psychological Health in Thane and were referred by either psychiatrists, psychologists or social workers, who assigned the GAF ratings.

The control group consisted of individuals, including males and females, who had never been previously diagnosed with a mental disorder (Axis I and II) but who matched the experimental group on all other variables of age, education, socio-economic status, nature of the family set-up and mental health of the spouse and child. The control group participants were recruited on a convenience basis from among individuals who were not currently seeking any mental health service.

26 participants for the EG and 22 for the CG completed the questionnaire, but data of individuals not meeting complete eligibility criteria were excluded from the study, leaving data of 20 participants for the EG and 20 for the CG.

Procedure

Written and signed informed consent was obtained from the participants from both the EG and CG. Demographic details were obtained. They were administered a questionnaire

studying the variable in question.

Design

The design was a quasi-experimental design with two groups, with a history of Axis I mental disorders as the primary independent variable. The dependent variable was the individuals' ratings of their own ability to control their child/ children's behaviour, as measured by scores on a relevant scale. A further variable examined was the type of disorder.

Measures

Perception of ability to control the child's behaviour was measured using the Parental Control of Child's Behaviour subscale of the Parental Locus of Control Scale (Campis, Lyman and Prentice Dunn, 1986). The subscale is part of a larger scale devised by Campis et al to measure the locus of control specific to the parent- child relationship. The original scale consists of 47 items and 6 subscales. The Parental Control of Child's Behaviour subscale is a ten-item self-report measure for parents, that has been demonstrated to show adequate reliability and validity. The scale is available in English and was also translated into Marathi for the purpose of this study by an independent translator, as that was the preferred language for most of the participants. The data was collected and then analysed with the aid of online statistical tools (www.vassarstats.net).

Results

There were 20 participants in the EG (15 females and 5 males) and 20 in the CG (17

females and 3 males). Due to this skew in the gender distribution of the sample, no gender based comparisons were made. Mean score for the CG on the chosen measure was 31.5 (mean rank=26.7) while for the EG it was 25.6 (mean rank=14.4). A Mann Whitney U test was conducted to examine the difference between the scores of the CG and the EG on the above measure. The two groups differed significantly with $U_{38} = 77$, $Z = 3.31$, $p < 0.001$.

Further, a Kruskal Wallis ANOVA was conducted to examine the differences in scores across three groups of the EG participants based on diagnoses- i.e. those with primary psychotic disorders, affective disorders and anxiety disorders. 8 participants in the sample suffered from mood disorders (6 unipolar depression, 2 bipolar disorder); 6 suffered from psychotic disorders (5 schizophrenia and 1 brief reactive psychosis); 6 from anxiety disorders (2 Obsessive Compulsive Disorder, 1 Generalised Anxiety Disorder, 3 unspecified anxiety disorders). The mean scores for the three groups respectively were 49.11 (mean rank 12.8), 49.14 (mean rank 13.5) and 34 (mean rank 4.4). The three groups differed significantly with $H = 9.11$, $df = 2$, $p < 0.01$. Further, when data for the psychosis and the mood disorders groups were combined, and compared with data for the anxiety disorders group, the Mann Whitney value was found to be $U_{18} = 5.5$, $Z = 2.97$, $p < 0.01$.

Discussion

The objective of this study was to investigate parental perceptions of their ability to control their child/children's behaviour amongst people with mental illness as compared

to people in the general population. We focussed on high functioning mothers and fathers with mental illness, in full or partial remission.

We hypothesised that these individuals would have poorer ratings of their own ability to control their child's behaviour as compared to those who had never been previously diagnosed with a mental illness. Results were found to be in line with our hypothesis.

Although research on perceived parental control among the mentally ill as a specific variable is limited, there is some related research that has shown that these individuals show lower perceived parental efficacy (Jaenicke et al, 1987; Webster-Stratton & Hammond, 1988, cited Cummings et al, 1994). Related studies have also shown that mothers with a greater number of mental health problems are more likely to be permissive and this could be linked to a poor perception of the degree of control over their child's behaviour (Oyserman et al, 2005).

Public perception of the parenting abilities of people with mental illness has been found to be poor, with the general notion being that these individuals are likely to neglect and abuse their children (Nicholson et al, 1998). Self stigma may be the mediating factor here (as described by Corrigan and Watson, 2002, cited Brohan et al, 2010) thereby making it possible that individuals with mental illness, who are also parents, may internalise these negative beliefs about their parenting ability, which may lead them to have a poorer perception of their ability to control their child's behaviour.

Parents with mental illness tend to attribute negative parenting experiences to their illness and blame themselves for the same. They also have been found to hold unrealistic expectations of their parenting ability that they find hard to meet (Nicholson et al, 1998). Thus, it is likely that these negative attributions contribute to lower perceptions of control amongst these individuals.

In our study, it was also found that amongst the three diagnostic groups (psychotic, affective and anxiety), there were significant differences in scores on the chosen measure. Individuals with psychotic disorders had the best scores on perception of parental control whereas those with anxiety disorders had the worst. Additionally, individuals with mood and psychotic disorders together showed higher scores than individuals with anxiety disorders. This could be because social stigma leads to self-stigma, particularly for the group with maximum insight, that is, individuals with anxiety disorders, thus explaining their poorer scores on the chosen measure. However, it is interesting to note that societal stigma is likely to be highest against those with schizophrenia and mood disorders, but as they have lesser insight, they may not internalise it to the same extent, leading to them showing higher perceptions of parental control. Given the results obtained in our study, this area warrants further exploration and research in order to understand the reasons underlying these differences.

This study focussed on perceived parental control over their child's behaviour amongst both mother and fathers with mental illness. This is important considering most previous research has largely focussed on mothers (Nicholson et al, 2001). We believe

that additional strengths of our study are the focus on high functioning individuals, inclusion of anxiety disorders and control over a number of socio-economic variables, specific to the Indian context.

Possible limitations of our study include the lack of control over the age and gender of the child/children, as it possible that the child's developmental phase and gender related concerns might influence parental perceptions. Duration of the illness and the age of onset were also variables not studied along with gender differences between mothers and fathers. Finally, the sample size of our study was limited, thereby restricting the generalisability of the results.

Finally, research has shown the efficacy of programs such as the Mental Health Positive Parenting Program (Phelan et al, 2012) in enhancing the parenting skills of parents with mental illness. While these programs focus on improving parenting skills, this study, along with previous research (Nicholson et al, 1998), suggests that negative attributions held by parents with mental illness are likely to influence parenting ability and hence, further research needs to explore and understand these negative attributions. Targeting these negative self-beliefs before focussing on helping these individuals to further hone their parenting skills may be more beneficial from a therapeutic viewpoint. Oyserman et al (2004) also reported that parents might welcome such interventions that increase their sense of maternal self-competence and efficacy.

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