The International Journal of Indian Psychology
ISSN 2348-5396 (e) | ISSN: 2349-3429 (p)
Volume 6, Issue 2, DIP: 18.01.018/20180602
DOI: 10.25215/0602.018
http://www.ijip.in | April - June, 2018

The International Journal of INDIAN PSYCHOLOGY

Research Paper

Self-Perceptions about Parenting Efficacy and Nurturance among Parents with Mental Illness

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ABSTRACT

Parenting is a crucial life role for individuals with mental illness. However, relatively little research has explored how the parents view themselves in the parenting role. In this study, we compared individuals between the age group of 30 to 50 years who had been diagnosed with any Axis I disorder (DSM IV TR) of at least 2 years duration but were currently in remission and were high functioning (GAF above 60), with individuals with no prior history of psychiatric illness. We studied two variables- Parenting Efficacy, as measured by scores on the Parenting Efficacy subscale of the Parental Locus of Control Scale (Campis, Lyman and Prentice Dunn, 1986), and Parenting Nurturance, as measured by the Nurturance subscale of the Child Rearing Practices Report- Modified (Rickel and Biasitti, 1982). The two groups showed significant differences in scores on both measures- for Parenting Efficacy, $t(38) = 1.87$, $p<0.04$, and for Nurturance, $t(38) = 2.07$, $p<0.03$, with those with psychiatric diagnoses scoring lower on both. The results are discussed in terms of internalised stigma and real and perceived skill deficits. The findings have implications for psychosocial rehabilitation of parents with mental illness and community awareness programmes.

Keywords: *Parenting Self-Perceptions, Mental Illness, Parenting Efficacy, Nurturance, Mental Health Act*

In previous years because of the high focus on institutionalization for the mentally ill, parents with severe mental illnesses were unlikely to take on parenting roles, but now they are as likely as those without mental illness to have children and take care of them (Oyserman et al, 2000) and studying parenting related issues amongst them is crucial (Joseph et al, 1999).

Studies have found that a majority of parents with mental illness believe that parenting promotes their growth and development (Mowbray et al, 1995, cited Nicholson et al, 1998, and Montgomery et al, 2006, Seeman 2010, Short 2008, Diaz-Canejon & Johnson 2004, cited Perera et al 2014), with mothers with mental illness seeing motherhood as a "normalising"

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Received: April 4, 2018; Revision Received: April 6, 2018; Accepted: May 20, 2018

life experience (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). At the same time, there may be significant role strain and stress (Nicholson et al, 1998). Ackerson (2003) found that these parents face the dual strain of dealing with the mental disorder and parenting. Rampou et al (2015) found that their symptoms, insufficient finances, effects of medicines, lack of adequate childcare, fear of loss of custody, stigmatization, are additional challenges in parenting for those with mental illnesses.

A number of research studies on parenting skills and abilities and have found that parents with any given diagnostic category can have skills that range from excellent to maltreating (Rogosch 1992, Mowbray 1995, Lyons-Ruth et al, 1991, cited Mullick et al 2001). It is possible that attitudes towards parenting and their beliefs about own parenting ability may be important mediating factors between mental illness and parenting skills. It is therefore important to examine parenting self-construals amongst those with mental illnesses. Relatively lesser research is focused on the same (Oyserman et al, 2004).

The concept of parental self-efficacy is an important factor. Parenting efficacy has been defined as “parents' self-referant estimations of competence in the parental role or parents' perceptions of their ability to negatively influence the behaviour and development of their own children”(Coleman & Karraker, 2000).Research has demonstrated the importance of parental efficacy beliefs. Bugental et al (1989, cited Oyserman et al, 2004) found that abusive parenting behaviour is related to low parental efficacy. In the context of mental illness specifically, Teti and Gelfand (1991) found that maternal efficacy beliefs showed a strong correlation to maternal competency even when depression, levels of support, perception of child's temperament were controlled, and that maternal efficacy mediated the relationship between depression and parental competence. Parenting efficacy is negatively correlated with the development of post-partum depression (Coutroma & Troutman, 1986, cited Oyserman et al, 2004) and with depression in the mothers of infants (Teti & Gelfand, 1991).
Another variable of importance is parental nurturance. This attribute is crucial as it directly impacts parenting styles and parenting skills, however, relatively lesser research has explored parental self-perceptions of nurturance amongst those with mental illness (Oyserman et al, 2004, Kahng et al, 2008).

In this study, we compared parents with psychiatric diagnoses with those with no such diagnoses, on parental efficacy and parental nurturance.

METHODOLOGY

Sample

The subjects in the experimental group consisted of individuals who had been diagnosed by a psychiatrist with an Axis I disorder (based on the Diagnostic and Statistical Manual IV TR) 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 50 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 3 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.

Instruments

Parenting efficacy was measured using the Parenting Efficacy subscale of the Parental Locus of Control Scale (Campis, Lyman and Prentice Dunn, 1986). The 10-item 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.

Parental nurturance was assessed using the Nurturance subscale of the Child Rearing Practices Report- Modified (Block Child Rearing Practices, Nurturance subscale; Rickel and Biasitti, 1982). It is an 18-item self-report inventory with a Likert type rating scale with ratings from 1 to 6.

Both scales have been found to show adequate reliability and validity (Campis et al, 1986, Rickel & Biasetti, 1982).

The scales are available in English and were translated into Marathi for the purpose of this study using the 3- independent translators system. Marathi was chosen because that was the preferred language for most of the participants.

Procedure

Written and signed informed consent was obtained from the participants from both the EG and CG. Demographic details were obtained. They were administered 2 questionnaires

studying the variable in question. The data was collected and then analysed with the aid of online statistical tools (Lowry 2013, Vassar Stats).

RESULTS

There were 20 participants in the EG (15 mothers and 5 fathers) and 20 in the CG (17 mothers and 3 fathers).Among the participants in the EG, 8 had been diagnosed with mood disorders (6 unipolar depression, 2 bipolar disorder); 6 with psychotic disorders (5 schizophrenia and 1 brief reactive psychosis); 6 with anxiety disorders (2 Obsessive Compulsive Disorder, 1 Generalised Anxiety Disorder, 3 unspecified anxiety disorders).

Mean scores of the CG and EG participants on the Parenting Efficacy scale were 33.25 and 30.7 respectively (with 40 being the maximum possible score). Mean scores of the CG and EG participants on the Parental Nurturance scale were 95.55 and 86.15 respectively (with 108 being the maximum possible score). Two independent t-tests were conducted. For parenting efficacy, we found t (38)= 1.87, p<0.04. For nurturance, we found t (38)= 2.07, p<0.03.

DISCUSSION

The objective of this study was to investigate parental ratings of their parenting efficacy and parental nurturance amongst people with mental illness as compared to those without a psychiatric disorder. When considering individuals with mental illness, we focussed on high functioning mothers and fathers with mental illness, in full or partial remission. Most previous research has largely focussed on mothers (Nicholson et al, 2001) and has ignored experiences of fathers (Price-Robertson et al, 2015), and we sought to include both in our study.

Reported levels of parenting self-efficacy and parental nurturance were relatively high for both groups. However, results indicated that parents with mental illness showed significantly lower parenting efficacy and parental nurturance ratings, compared to parents with no history of psychiatric diagnoses.

While Oyserman et a (2004) found that mothers with severe mental illnesses feel moderately self-efficacious when it comes to parenting, they show lower perceived parental efficacy compared to those without a diagnosis (Jaenicke et al, 1987; Webster-Stratton & Hammond, 1988, cited Cummings et al, 1994).This is also in keeping with findings reported in a previous paper by Wandrekar and Nigudkarin India (2013) that parents with mental illness showed lower ratings than those without mental illness on their own ability to control their child's behavior- an attribute that is somewhat similar to parenting efficacy.

When it comes to nurturance, Kahng et al (2008) found that when symptoms of mental illness are high, nurturance ratings are low, but when symptoms decline, these ratings improve. Contrary to their hypothesis, they found that high intensity symptoms during the acute phase of the illness do not affect parental nurturance over a long term. We did not find this to be true, given that participants with mental illness in our study showed lower nurturance ratings

as compared to those without mental illness, even when their acute phase had passed and there was no active symptomatology, and even when psychiatrist ratings of their overall global functioning were high.

Our findings lead us to wonder- how may mental illness possibly contribute to low parental efficacy and nurturance? Bandura in 1984 originally outlined 4 sources of efficacy- performance experiences, emotional arousal, verbal persuasion, and vicarious experience. Individuals with mental illness may have had previous experiences where episodes have interfered with their parenting tasks; they may be naturally more vulnerable to emotional arousal; they may get verbal messages from others that they are not good parents; and they may not have parenting role models amongst those with illness. These factors may naturally lead them to show lower parenting efficacy. The same may possibly hold true for parental nurturance, given that the two may be linked, for instance, Oyserman et al (2004) have reported that parental nurturance may be the outcome of parenting efficacy beliefs.

The latter two factors- verbal persuasion and vicarious experience, may possibly be related to stigma. There is significant public stigma about those with mental illness, with people believing that these individuals are likely to neglect and abuse their children (Nicholson et al, 1998), and this may generate negative verbal persuasion messages. The society and media hold up such models, and do not describe models of parents who are 'successful' in the parenting role, leading to limited positive vicarious experiences. Price-Robertson et al (2015) found in their review of studies that many individuals with mental illness report public stigma, and they also reported having internalized this stigma. This internalized stigma may lead them to have a poorer perception of their parenting self-efficacy and nurturance.

This study is one of few studies that examine parenting self-construals, especially in India. In the Indian context, parenting is seen as a very important role that one must perform, and stigma for those who cannot be parents or are 'not good parents' is high. We are moving from an institutionalization model to a mental health care model in the country, especially given the latest Mental Health Care Act of 2017. The Act has emphasized the rights of individuals with mental illness to have children reside with them. Given this, work on psycho-social rehabilitation of those with mental illness needs to incorporate programmes specifically geared towards individuals with mental illness who perform a parenting role. These programmes, rather than focusing on parenting skills alone, also need to work on parenting self-beliefs, and increasing parenting self-efficacy and nurturance. The Act has also called for the need for community based destigmatisation programmes on mental illness. Based on the study, and the discussion on internalization of public stigma for parents with mental illness, we would propose that awareness campaigns also need to focus on reducing public stigma related to parenting.

Acknowledgments

The authors wish to thank the faculty and clients of the Institute for Psychological Health, without whom the study would not have been possible.

Conflict of Interests

The authors declare no conflict of interests.

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How to cite this article: Nigudkar A & Wandrekar J (2018). Self-Perceptions about Parenting Efficacy and Nurturance among Parents with Mental Illness. *International Journal of Indian Psychology*, Vol. 6, (2), DIP: 18.01.018/20180602, DOI: 10.25215/0602.018