The Silent Parent: A Critical Sociological Analysis of the Experiences of Parents with Mental Illness

Melanie Boursnell  
PhD Student  
University of Newcastle  
madhats@bigpond.com

Abstract:
This paper reports work in progress which provides a rare insight into the lived experiences of parents with mental illness on the Central Coast of New South Wales, Australia. A variety of sources were used to understand how parents with mental illness experience parenthood. Data sources included transcripts of in-depth interviews with parents who have mental illness and national mental health policies. In addition, a broad range of literature, field notes, and observations were utilised to contextualise a rich picture of parenthood, illness, care, and control.

The research charters new ground by gathering information about parenthood experiences in a field where little is known about the complex needs of families who live with mental illness. It is not surprising then that there is currently little recognition of the complex needs of this vulnerable group of families. In fact, there is only recently emerging evidence to indicate an awareness of children in the lives of parents with mental illness. Following a tradition of critical sociological analysis, the research focuses upon lived experience, social process, and social policy across the troubled terrain of mental illness.

The Silent Parents
The mental illness of a family member without doubt challenges the function of a family more than most other issues, as the illness is often protracted or even lifelong. It is difficult to ascertain exact information about parents with mental illness because many parents are reluctant to identify themselves as having a mental health problem. This is primarily due to concerns about potential system responses to their disclosure, such as the removal of their children from their care.
(Finke, 2004). However, as Cowling (1996) has estimated 27,000 Australian children would have parents with a psychiatric illness with at least 11 per cent of children having a parent who had a mental health problem.

A second issue in identification of parents is that most mental health systems in Australia make no attempt to identify a patient as a parent or record that patients are parents (Seeman & Gopfert, 2004). Because of this neglect, a culture has emerged within mental health systems whereby the importance of parenthood for clients with mental health problems has been ignored. A related concern is that lack of recognition of parenthood can potentially impact upon the actual mental health concerns of many clients.

Existing research into the concerns of parents with mental illness while limited, falls into three main areas: outcomes for children of parents with a mental illness (Bosanac & Burrows, 2003); effects of mental illness on mothers (Peden et al., 2004); and thirdly, deficits in parenting due to mental illness, which in turn focuses attention on child protection issues. Outcomes for children of parents with a mental illness have been studied extensively, although much emphasis has been placed on ‘mothers’ and their abilities to bond or attach with their children, especially when babies (Mowbray, Oyserman & Ross, 1995). Other studies of the parenting of patients with mental illness have been diagnosis specific and undertaken within institutional settings which may impact on the kind of information that is gathered (Ackerson, 2003). Very few studies have been undertaken to generate understandings of what it is like to be a parent whilst negotiating a personal mental illness.

The research presented in this paper incorporates the experiences of mothers and fathers with mental illness, an approach which differs from previous studies as most of what has been learnt in Australia addresses the experiences of mothers, mainly with severe mental illness and multiple life stressors. Based on known statistics about parents with mental illness and the population demographics of the Central Coast (approximately 300,000 people), at least 60,000 people will be suffering from mental illness during any one year. At least 60% of these people
never access mental health services or obtain treatment for their mental health concerns. This in turn equates to at least 36,000 who will only ever seek support from community organisations or support groups. Many of this group could potentially be parents. This research sought to access the inaccessible group of people with mental health, who exist on the margins often beyond the mental health services. The assumption was made that parents with mental health concerns had valuable stories to tell.

Who are the Silent Parents?

Children of parents with mental illness are often called ‘hidden children’ due to the lack of awareness by mental health service professionals as to which patients are parents (Fudge & Mason, 2004). However, another source of information uncovered in the research is a group of people who can be described as the hidden or ‘silent’ parents.

A picture has emerged of the ten parents who participated in narrative style interviews. Interviews were always conducted in the homes of the participants as they were most comfortable in their own surroundings. The majority of the parents were proud to introduce their children to the interviewer and show off their homes, which in turn, provided a deep and rich understanding of the context of their lives. Field notes were used to record this important additional information.

Seven of the interview participants were females: five of them were parenting alone, whilst the other two lived with very supportive partners. The men were all living with partners and children. All of the interview participants had children aged between two and eighteen years and had full-time permanent custody, with the exception of one lady who was hoping to regain custody of her son in the future.

A decision was made that parents did not need to have a medical model diagnosis to participate in this research, only to be accessing services based on their need for support and experience with mental illness. This lack of need for diagnosis is a commitment to advocate for the reclamation of parents identities from medicalised labels such as ‘schizophrenic’ or ‘bipolar’ to see them as parents with valid,
interesting and significant contributions to make to our knowledge and understandings about their lives.

**Four themes - What parents said …**

Four themes emerge from the data: (1) history of mental illness; (2) a good enough parent: (3) stigma of being a mentally ill parent; and (4) issues with mental health treatment. None of the themes are discrete with all informing each other and all being informed by broader societal structures and cultural understandings.

**History of mental illness**

Parents reflected on how and when their mental health issues had begun and what had first alerted them to having a problem. Most of the mothers in this research had not had major issues with mental illness until they became parents, for some it was diagnosed as post-natal depression. The mother who had a history of mental illness prior to the birth of her child said that she had post natal depression which was not diagnosed because:

> The psychiatrist basically said she’s got a mental illness that’s all and they kept dosing me with things for the [pre-existing mental illness] and for two and a half years I was undiagnosed (Ursula).

Other mothers were shocked at the onset of mental ill health, Dani, a mother of three children talked about knowing that she was having ‘issues’ after the birth of her first child:

> I must have got really bad post natal depression but I didn’t do anything about it, I didn’t seek any help at all even though I was paranoid and psychotic, I wasn’t sleeping at night, I was cleaning the house, doing craft, doing all these things and not stopping just going and going.

This theme was continued by Evie who said that:

> Everything was just going to fall into place and for the first few weeks it did, and then just bang … I noticed that it started off like a post natal depression and I did get sad and I started off feeling that I wasn’t a really good parent. I remember thinking to myself that he would be better off without me and that I should put him up for adoption.

Providing support to new parents experiencing mental illness for the first time appears to be critical. However, Maybery and Reupert (2006) suggest that there
are two significant barriers to working with these families. Firstly, the parents do not identify their illness as an issue for their children and secondly, denial that they have a mental health problem. Herein lays the multiplication of the population of ‘silent’ parents.

A good enough parent

Competency especially social competency appeared to be important to parents, for instance how they felt other parents would judge them because of their mental illness and the skills that they learnt so that people did not find out about their illness.

Ursula, a single parent often reflected on her concerns and worries about losing her son because:

    DoCS are involved and I’ve just got this terrible fear of becoming ill one day and losing him for good because I would be stuck in an institution.

This view was shared by Evie who said:

    That it is just horrible what they do to these kids they say its because mum has got mental illness and they say that they have got a right to destroy this child’s life and yet there was never any evidence of any abuse and neglect actually their reports to the court all say that I was an excellent parent.

Darren said that it was the fear of being a bad parent that often had forced him to carry on with life and do things with his children:

    I was finding it really hard to get through this swimming lesson. I had to get into the pool with them you know – and then I had to interact with other people. I was finding it really hard, and then I was thinking that I just have to push through this for her and it gave me something to focus on rather than focusing on myself.

This theme incorporates perceived issues about risk which emerged as an issue for the mothers parenting alone. Many mothers discussed living in fear of losing their children because they felt judged by their mental illness as opposed to their ability to be a ‘good enough’ parent. Cousins (2004) suggests that child protection issues become paramount often obscuring the real needs of these parents. This is combined with the medicalised model of mental health services operating from a risk perspective and has been found by Basset, Lampe, and Lloyd (1999) to present
additional barriers to parents accessing help and treatment even when they could benefit from support.

**Stigma of being a mentally ill parent**

The continuing issue of the stigma felt by people with mental health issues was often apparent in the stories told. As Goffman (1968) noted stigma reduces the expectations of others and is discrediting, indicative of a moral flaw. Some marks are always discrediting, especially if discovered. This was highlighted by parents who talked about feeling inclusion, exclusion or inequities in their local communities based on their mental health status if they became known or were apparent to people.

Such stigma was highlighted by Mike who talked about how his son was now trying to cope with other children at school knowing that he had mental illness he said:

> People are so narrow minded …. Because society will always label and at school they say your dad’s got bipolar you know and the other kids go ha ha your dad’s a nutter you know and he has gone and got suspended for punching some kids…..

Darren also had grave concerns about stigma which was embedded in his family history. Having lived the whole of his life feeling stigmatized he talked about feeling judged not only about being a mentally ill parent but also about being selfish about having children because of the risk of passing on his mental illness to his children. Darren said:

> My wife and me decided we would have kids and then when the birth came around I just went outside and said this prayer and that’s why I have got two girls because I prayed out loud for girls I don’t want it to go any further in this family.

Evie had lost custody of her son due to her mental illness. Throughout her story she reflected on the assumptions that people make about mental illness, which she felt was more apparent if you were a parent, she said:

> There is that bias about that .. Well if you’ve got a mental illness you are automatically a bad parent and there is so much more research that is starting to appear that is showing that you know that it’s not the case.
These findings suggest that the predicament for parents with mental illness is not their illness but people’s attitudes towards them based on societal discourses about mental illness (Nicholson, Sweeney & Geller, 1998). Once it becomes apparent to others that a person has mental illness, their behaviour, communication and actions is viewed through a stigmatised lens (Dietrich, et al., 2004). These results clearly show experiences of marginalization from the community which “locates the reason or the problem in the individual and not in the interplay between the individual and the social world” (Camden-Pratt, 2006:24).

**Issues with mental health treatment**

Many of the dialogues wove themselves around discussions about issues they had encountered with the mental health system. This was apparent for parents who had accessed both public and private mental health services as both are based on a clearly defined medical model. Vinnie felt that a lack of understanding by mental health professionals and a system clearly based on diagnosis only worked for people who were able to fit neatly into slots:

They couldn’t basically find anywhere for me, it took a long time before I actually found someone to help me.

Other parents felt frustrations about barriers they had encountered when trying to access services. Ursula had moved interstate and was shocked by the stark contrast between mental health services in other regional areas:

The hospital was excellent down there. They wouldn’t put me into the psychiatric ward; they would look after me there in that little hospital. Its been hard coming up here, because you only get help when you are at crisis point and you have to go into hospital and my case manager used to come and see me if he was going past in his own time you know, they cared.

Unfortunately, this dissatisfaction was also felt by other parents. Jen had suffered more because of systemic issues than because of her mental illness:

I can’t tell you, people will go to hell for what they did to me …. It’s not about me parenting her .. I didn’t realize that I was still so upset about it.

Jen’s comments lead into the next large issue for parents with mental illness, how do we adequately support for them?
How do people show generosity towards parents who have mental illness?

The concept of generosity is used by the Frank (2004) to refer to the ways in which health professional in clinical settings respond to patients. Qualities such as respect, empathy, and goodwill were all noted by parents as being pivotal to being understood and taken seriously. The concept of generosity is utilised in this study because a lack of care and generosity was evident in the narratives of all parents’. A system that supports medicalised notions of care appears to be inherent in providing services based on lack of care and understanding (Frank, 2004). Nita said:

They …. made me feel like it was my fault and I walked out of there thinking that this is all my fault. I try to be the best parent that I could be.

Reflecting on her own career as a nurse Dani felt that patients deserved better care than they were experiencing. Her commitment to patient care was entirely different to the treatment that she had received whilst in psychiatric care, she said:

It was awful, one night I ended up in seclusion and they were like sticking needles in my butt and that to sedate me, and I didn’t do anything and do you know they didn’t even ring my family and tell them what they were doing to me.

These thoughts were echoed by Ursula, who talked about the lack of care from both health service professionals and rejection from family. Her family felt shamed by her mental illness failing to understand her longing to be a mother. Talking about when she first became pregnant, and her partner committed suicide provided a poignant example of lack of care and understanding shown towards parents with mental illness:

I was really disturbed then and the doctor said that I wasn’t well enough to have a baby. So at 22 weeks they took the baby. They induced the baby and I had it in the shower.

These heartfelt narratives concur with Sands et al, (2004) who also found that parents with mental illness derive great meaning and pride from parenthood but this is often overlooked because of the narrow focus on their mental illness. Ackerson (2003) also found that parents with mental illness were more highly
motivated to get well as opposed to people without these interdependent relationships.

**How do parents cope? Emerging results**

The needs of the parents are clearly motivated by their social circumstances and situations. Many of the families lived relatively isolated lives, relying on support from close friends of family who they trusted and felt understood their issues. There could be various explanations for this marginalized position, however, it does appear that the experience of mental illness (and its associated illness identity and stigma) silence the parenting role and that label of mental illness either takes away or delimits the role of parenting (Goffman, 1968). This was even true for parents with good social capital which is known to enhance connectedness and found by Ackerson (2003) to be a mechanism for coping and reduced the likelihood of custody loss of children.

Most parents encountered a lack of generosity from public mental health services; including the lack of acknowledgement of their role as a parent or misunderstandings about their quality of parenthood based on medicalisation and institutionalisation of mental health. Nicholson, Sweeney & Geller, (1998), suggest that a key feature of mental health services based on medicalised discourses is a lack of flexibility which results in a juxtaposition for parents who know that support is needed, and want to access help but balance this against risks of increased surveillance inherent in these system. Smith (2004:10) takes this argument further suggesting "that to be effective in intervening between parents' mental health symptoms and their impacts on children, it is too late to wait until negative outcomes become apparent in the child, and they become a potential 'case' for child mental health services". Furthermore, Kleinman (1997) comments that “a central concern in ethnography should be the interpretation of what is at stake for particular participants in particular situations”, which in this case supports parents fear of accessing mental health services due to constant trepidation of losing their ability to parent and their institutional status as parents.
The parents in this study did however identify the need for parenting supports aimed at minimizing disruptions to parenthood. However, they suggested that any support should be offered preventatively before their mental health problems begin to disrupt family life. Therefore, this study suggests that for many parents, the experience of mental illness is not the only impairment in their lives. What is most disabling is not their mental illness but societal responses to it.

A complex myriad of issues is arising from this research highlighting both personal and practical difficulties for parents, especially for those lone parenting. The dialogues show a need to challenge discriminatory social practices and attitudes which are underpinned by power-laden assumptions about parents with mental illness; for example, constructions supporting beliefs about what is normal have been taken to be problematic. This challenge attempts to assist in advocating for emancipation of those who are constructed as ‘abnormal’ and thus positioned as the ‘other’.

Reflections

Whilst accepting the limitations of a small qualitative research project and taking into account issues associated with the neutrality of the texts which are embedded in the narratives of pain, and suffering this research will generate new information about the ‘silent’ parents. Current analysis emphasises the impact of negative discourses on parents and is a central concern in this research. Sharing ongoing results and utilizing platforms where like minded people gather is important in enabling others to join in this journey. Mental illness is often not only a tragedy for parents and their families but the trauma is compounded by society’s exclusion and lack of acceptance of people who live with mental illness.

Amid this emerging information, I live with the echoes of the voices of the parents. I feel an urgent need for their stories not only to be told and believed but also heard and listened to by genuine audiences who are willing to engage with challenging dominant discourses to ameliorate suffering of parents with mental illness. Whilst this may seem an unrealistic expectation, is it so far from idealistic? My vision is that this research will in part advocate for mental health services to acknowledge
the opportunity to reorientate systems which will not only treat parents’ illness but also heal their wounds and end their silence.

Acknowledgements:
I would like to acknowledge the ongoing support, enthusiasm, and tireless work of my fantastic supervisors Dr Bethne Hart and Dr Peter Khoury.

References


