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# Lived experiences: Growing up with a seriously mentally ill parent

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## Abstract

**Introduction:** Individuals with serious mental illness often have persistent and disruptive symptoms. These can profoundly affect their children's lives, exposing them to adverse social and psychological conditions. Such conditions can result in traumatic lived experiences during childhood, which can carry over into adulthood, influencing their self-perceptions and shaping their attitudes toward themselves and society. To gain insights into this phenomenon, this study explored the lived experiences of adults who grew up with a parent with serious mental illness and their perceptions of their lives in adulthood.

**Design:** This study used an interpretive phenomenological design.

**Methods:** Participants were invited to voluntarily participate in the study through a call posted on social media. Semi-structured interviews were conducted with 30 adults (age range, 20–55 years) who grew up with a parent with serious mental illness. The interviews were recorded and transcribed, and inductive thematic analysis was used to identify main and overarching themes.

**Results:** The overarching theme of transition from childhood survival to adulthood survival emerged and included four main themes: (1) a traumatic childhood, (2) perceived control, (3) resilience and general self-efficacy, and (4) adult quality of life. A traumatic childhood consisted of experiences of neglect and abuse, while participants used perceived control to achieve personal growth, self-care, and care of others. Resilience and general self-efficacy emerged during the transition to adulthood and helped participants further their social status and strengthen family bonds. Lastly, adult quality of life was described as being disturbed by feelings of loneliness and being burdensome, stemming from an inherent tendency to rely solely on themselves, leading to trust issues and mental health complications. Therefore, these adults found it difficult to reach out and get help or treatment for their concerns, as they initially did not want to appear dysfunctional or in need.

**Conclusion:** This study has illuminated the lived experiences of a specific, vulnerable population that has not been intentionally explored until now. To delve into these

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experiences, we employed a distinctive qualitative approach, merging the interpretive phenomenological perspective with an inductive thematic analysis. This allowed for rich insight with a relatively large group of participants and enabled an in-depth exploration within this methodological framework. Consequently, this study constitutes a notable contribution to the extant body of knowledge, exploring the intricacies of personal growth and its impact on participants' quality of life. It uncovers the essence of resilience and general self-efficacy, revealing how these elements intertwine with the negative results observed. However, the study findings emphasize the need for healthcare professionals, including nurses and other caregivers, to be mindful of the long-lasting effects of the adverse experiences of children of patients with serious mental illness. Prioritizing active clinical assessment and implementing tailored interventions to address such children's specific needs and difficulties across different developmental stages is imperative. Such comprehensive and targeted approaches are crucial in providing appropriate support and promoting the well-being of these individuals.

**Clinical Relevance:** Enhanced clinical attention in holistic psychiatric care is crucial for individuals and their relatives, especially children. Comprehensive assessments of children and adults raised by seriously mentally ill parents can enable tailored and preventive interventions, positively impacting overall quality of life.

#### KEYWORDS

childhood, lived experiences, mental health, parent with mental illness, quality of life, serious mental illness, survival

## INTRODUCTION

According to the World Health Organization [WHO] (2022), approximately one in eight individuals worldwide is living with a mental health [MH] condition. In Israel, the prevalence of MH disorders is 17.6%, while the global estimate is 13% (Solmi et al., 2022; WHO, 2022). The definition of serious mental illness [SMI] remains ambiguous worldwide, with no consensus. While it was suggested that mental illness should be classified as SMI if psychiatric treatment exceeds 2 years (Ruggeri et al., 2000), the National Institute of Mental Health [NIMH] defines SMI as a condition where significant functional impairment negatively impacts essential life activities (NIMH, 2023). In the United States, 5.5% of adults experience SMI (Mental Illness., 2023), but there is limited research addressing SMI on a global scale. Indeed, the WHO (2022) emphasized the persistent gap in applied research within the field of MH, particularly regarding detection, screening, diagnosis, and other non-basic research domains.

People with SMI experience negative symptoms that affect their personal and social functioning, particularly their relationships with their direct relatives. Children of mentally ill parents may have developmental and functional disabilities in later life due to inadequate interactions and relationships with their parents (Lannes et al., 2021; Puchol-Martínez et al., 2023). Indeed, such children experience poor social functioning, poverty, struggles in acquiring an education and profession, and have a high risk of developing a psychiatric disability

themselves. For example, the lifetime prevalence of schizophrenia in the general population is 0.3%. In contrast, children of a parent with schizophrenia have a ten times higher risk, which grows when both parents are diagnosed with schizophrenia (Gregersen et al., 2022; WHO, 2022).

Studies have highlighted the negative influence of parental psychiatric illness on their children's quality of life [QOL] (Fekadu et al., 2019; Leith et al., 2018), including psychosocial dysfunction and poor family relationships. This is particularly true when there is a high incidence of exposure to childhood traumatic events such as verbal, physical and sexual violence, and suicidality (Witt et al., 2019). Besides the negative effects of growing up with a parent with a mental illness, such children may develop protective personality factors such as personal resilience and general self-efficacy, which may influence their lives positively (Azizli et al., 2015; Cohrdes & Mauz, 2020; Estradé et al., 2023; Jain & Singh, 2014; Türk-Kurtça & Kocatürk, 2020).

While a few studies have documented the effects on minors with mentally ill parents (Dunkley-Smith et al., 2021; Reupert & Maybery, 2016; Saragosa et al., 2022; Wepf et al., 2021), we found few studies that have explored the perspectives and QOL of adult children who grew up with parents with SMI, and how they managed crucial life stages such as pursuing an education, starting families, and advancing in a career (Blake-Holmes, 2020; Foster, 2010). To our knowledge, no interpretive phenomenological studies have

conducted an inductive thematic analysis to explore the lived experiences of adults to parents with SMI. Moreover, the psycho-social transition pathway from childhood to adulthood within this population remains undefined (Blake-Holmes, 2020; Cramm et al., 2022). Therefore, this study aimed to explore the lived experience of young adults growing up with parents with SMI, including their childhood and young adulthood experiences. This is the first such study to be conducted in Israel.

## MATERIALS AND METHODS

### Design

This study used an interpretive phenomenological approach with inductive thematic analysis. This was chosen because it reflects the goals of qualitative research by focusing on understanding the life experiences of individuals and the meaning they attribute to these experiences (Larkin et al., 2021).

### Study population

Participants who were Hebrew-speaking adults (aged 18+ years) in Israel who grew up in childhood (below age 18 years) with a parent with SMI were included in the study. In Israel, Treating the Mentally Ill Regulations (1992) and the Regulations for the Disabled (1969) do not refer to SMI but rate disability severity according to functional incapacity. Since a consensus on SMI remains elusive, this study employed a two-dimensional approach and examined (i) the severity of functional impairment requiring hospitalization and (ii) the frequency of hospitalizations. For this study, a parent was classified as having SMI if they were diagnosed with a mental illness and had been hospitalized for psychiatric reasons at least twice during the participant's childhood.

### Recruitment and data collection

This study was conducted following the approval of the institutional review boards of Ben-Gurion University of the Negev (#45-2022) and the Barzilai Medical Center (#BRZ-0099-22). Permission was received to post a recruitment call in social media groups on Facebook for people with mental illness and family members of people with mental illness. The call described the inclusion criteria and asked potential participants to contact the researcher by phone, email, or instant message to get more information about the study. If the individual met the inclusion criteria and was interested in participating, an interview was scheduled at a time and place convenient for the participant. To secure informed consent from participants, they were introduced to the study using the consent form and encouraged to ask any questions related to the research. All participants signed the informed consent and were subsequently

included in the study. Following the IRBs' approvals, the forms were stored separately from the data at the Barzilai Medical Center.

Data were collected using a semi-structured interview guide to allow the interviewer to delve into the participants' responses and explore subtleties in their experiences (Larkin et al., 2021). Experts in mental health and qualitative research reviewed the interview guide. All the interviews were conducted by the first author, who has expertise in MH and conducting personal interviews. The interviews were conducted between December 2022 and February 2023 until saturation of themes was achieved (Larkin et al., 2021; Peat et al., 2019). The interviews lasted 60–90 min, conducted in a quiet and private area, and audio recorded. The recordings were transcribed by the first author, reviewed for accuracy, including any audible non-verbal cues such as pauses, changes in tone, and hesitations, and were deleted at the end of the analysis.

### Data translation and management

A professional linguist translated the transcripts from Hebrew into English under the supervision of the first author, who is bilingual. Consistent with the published literature, we retained the original language during the research process to the fullest extent possible (Suh et al., 2009; Van Nes et al., 2010; Yunus et al., 2022). The translation process included the translation of the final codes and themes with particular attention to grammatical errors, the translation of quotations, overarching themes, and metaphors.

### Data analysis

This study employed NVivo software version 1.7.1 to conduct inductive thematic data analysis following the six-phase process outlined by Braun and Clarke (2006, 2021). During the familiarization phase, the first author repeatedly reviewed and reread the data while keeping a research journal where he took notes and memos. In the subsequent initial coding phase, six interviews were analyzed and peer-reviewed with co-authors, Lindell, D., and Irani, E., to establish an initial codebook, which was then used to code the remaining transcripts, with new codes generated when needed. In the theme development phase, guided by the research purpose, codes were classified by relevance, merged, and clustered into themes in a continuous peer-review process. The phases of revising and defining themes were also peer-reviewed, resulting in the final thematic map (See Figure 1). Finally, in the interpretive report phase, the findings were further refined and elaborated into a singular output to address the study purpose.

### Trustworthiness

Trustworthiness was maintained through the use of an audit trail for all data management, analytic decisions, and peer debriefing at

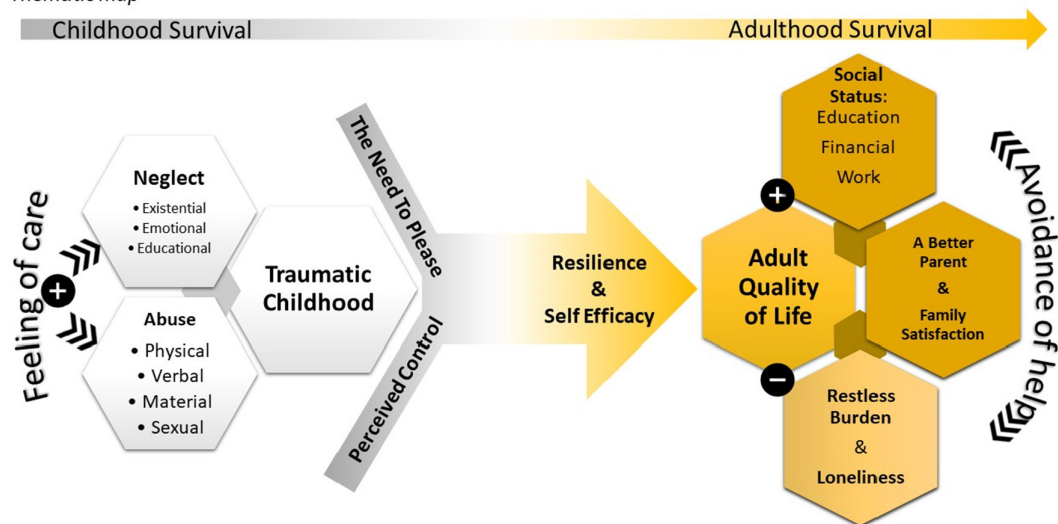


FIGURE 1 Thematic map.

TABLE 1 Sociodemographic characteristics of the study participants ( $n=30$ ).

Characteristic	Category	N	%
Gender	Female	26	86.7
	Male	4	13.3
Marital status	Single	6	20
	Married/in relationship	22	73.3
	Divorced	2	6.7
Have children		19	63.3
Region in Israel	Center	15	50
	North	9	30
	South	6	20
The parent with SMI	Mother	27	90
	Father	3	10
Employment	Employed	28	93.3
	Unemployed	2	6.7

various stages of the analysis process (Nowell et al., 2017). Bracketing was also used during the data collection and analysis process, following the recommendations of Dörfler and Stierand (2021). During the bracketing process, the first author kept a research journal to acknowledge his own subjectivity and beliefs as a professional health-care provider toward family members of mentally ill relatives.

## RESULTS

### Participants

An initial 48 individuals responded to the recruitment postings, of which 33 met the inclusion criteria and scheduled interviews. A final sample of 30 study participants aged  $37 \pm 3$  (range 20–55) met for the

interview; 87% were female. See Table 1 for the sociodemographic characteristics of the participants.

### Findings

Twenty-seven codes with definitions were generated. Eight sub-themes were identified during the subsequent phases of searching and reviewing for themes by merging and clustering codes. Upon reaching the phase of defining and refining, four main themes bound by an overarching theme were identified. This process is presented in Table 2 and discussed below.

The final thematic map (see Figure 1) summarizes the research findings from phases 3 to 5 of the data analysis process (Braun & Clarke, 2006). It presents the overarching theme, the primary themes, and the sub-themes identified during the analysis and provides a comprehensive overview of the study's results.

### Theme 1: Traumatic childhood

The participants described their childhood as full of negative experiences of neglect, exposure to violence, lack of parental functioning, and constant worry for their sick parent. The neglect referred to by the participants was not only material neglect, such as a lack of clothing, nutrition, and hygiene, but also situations of emotional neglect accompanied by loneliness. One participant described his experience: "This was my existential experience, a kind of orphanhood, even though both my parents were alive, I met orphanhood from both and tried to find strength" (P17).

Another participant stated:

"I think that life guides me. I think this feeling comes from childhood when I had no feelings of safety or

TABLE 2 Process of coding interview data into themes.

Codes	Sub themes	Main themes	
Child's educational problems	Neglect	A traumatic childhood	Overarching theme: Childhood survival into adulthood survival
Child's parental dysfunction			
Child's financial problems			
Child felt neglected			
Child experienced physical violence	Abuse		
Child experienced sexual abuse			
Child experienced material abuse			
Child exposed to verbal violence			
Child's intrusive parent	Feeling of care		
Child felt cared for			
Child experienced MH issues			
Child's sense of survival			
Child's sense of an unsafe world			
Child cares for the ill parent			
Child experienced social adversities			
Child's need for external guidance			
Child's caring stops prosperity	The need to please	Perceived control	
The need to please			
Child's sense of self control			
Child invests attention in self-parenting			
Adult's resilience		Resilience and general self-efficacy	
Adult's self-efficacy			
Adult's long-term treatment process			
Adult's uncertainty			
Adult's sense of survival	Restless burden & loneliness	Adult's quality of life	
Adult's sense of loneliness			
Adult's need to care for others	Social status		
Adult having financial issues			
Adult's quality of life	A better parent and family satisfaction		
Adult questioning parenting			
Adult's belief can be better than parent	Avoidance of help		
Adult not good partner or spouse			
Adult difficulty in being needy			
Adult having mental issues			
Adult caring for the ill parent			

embracement that a mother should provide for her child, so I have provided those for myself. But when you are alone for yourself, it's hard" (P12).

Other participants mentioned how they managed to care for themselves for existential needs, such as food:

"I remember myself preparing various omelets for myself. I don't remember myself taking any home-made food from the fridge. I guess Mom was not out of home all day, but this was my experience that I would come home and there'd be no one there" (P17).

"We lived a wild life in this world (...), we were constantly on the street and there was no parental figure who was regularly with us (...). I was cooking from a young age, from the age of 6-7 I made sausages for my brother, lifting pots as much as I could, or buying pastries from the store, we really used to raise ourselves like that" (P4).

One of the participants described her connection with her ill mother:

"I had a very hard time with her, I couldn't connect with her at all (...) she was depressed, at home all the time, not moving. So I really didn't like her as if I felt

very bad for myself, and felt like she was taking it out on me in a way" (P4).

One of the participants described the neglect she experienced:

"We were without rules (...), we were the only kids who lived all the time on the streets with dirty feet, we lived in a bad neighborhood, but my brother and I were considered 'the bad kids' you bring home to play. The mothers [of other neighborhood kids] didn't want us to go in [their homes]. We were children [that other mothers said] 'to stay away from them' because we were dirty and neglected children, our feet were always dirty as hell (...). I was very neglected; I wasn't taught trivial things that a young woman needs to know" (P4).

The participants mentioned that their parents' illness was accompanied by a functional disability that was reflected in environmental neglect in terms of housekeeping, unemployment, financial distress, disinterest in the child's education, and a lack of behavioral boundaries. Participants described these as:

"She used me to survive, she had no money so she would take me to work instead of school (...) I'd get up at 4 AM to go with her (...) selling sandwiches" (P4). "She used to sleep all day (...) she wasn't very functional (...) I had to do shopping and cleaning and cooking, all kinds of things" (P20).

The survival reality in which the participants grew up forced them to fulfill parental roles such as doing household chores, starting to work at a young age, and taking care of the needs of their siblings and other family members as well as the parent himself. The participants defined this situation as a "reversal of roles" between them and the sick parent. One of the participants stated: "Like now I'm the parent and she's the little girl (...) who has to be taken care of all the time (...) we switched roles (...) I didn't feel like I had a mother at that time" (P21).

The participants reported having physical, verbal, and material violence in their childhood due to their parent's SMI and intrusive parenting style. One of the participants described his mother's abuse:

"[She would have] all kinds of strange reactions to things. I could come home with some painting or something I did at school and it's very beautiful and in the middle of the night I would suddenly get beaten up because it's green or red and how come I didn't understand what color it should be (...). Everything was always in the shadow of my mother and her outraged behaviors (...). There were a lot of psychotic attacks in the middle of the night; she would break things and bang on my door, I had to lock my door at nights, she would call the police and scream" (P13).

One participant described the intrusiveness she experienced accompanied by material abuse:

"She would take my things and sell them (...) shoes for example, clothes (...). One day I asked her, where are my shoes? She said she had sold them without telling me; it really bothered me (...). She would also throw away my personal things (...); someone gave me a pen as a gift, a very beautiful pen with gold plating, I really liked it, in the sun it would make dazzling light reflections over the wall, I loved it very much, and then one day it was gone (...), she told me she threw it away. Simple as that, without any explanation, she could literally throw away all kinds of things that were my belongings" (P1).

The child's care for the sick parent focused on the parent's health condition, his basic needs, and official bureaucratic obligations such as paying bills or taking care of an educational framework for the children. One of the participants stated: "You come to a point where you fulfill parental responsibility (...) of course I had to take care of her for absolutely everything (...) to pay the bills (...) dress her (...) make sure that she had 24/7 supervision" (P16).

Participants described how their difficult childhood experiences prevented their progress academically and socially because they were completing various tasks due to a need to please others and have a sense of survival. One of the participants stated: "It was very comfortable for Mom to keep me as a sensitive, wanting to please, and emotional girl" (P 30). Another participant mentioned the way survival experience was for her: "It turned us into people with real independence and a non-normative ability to survive experiences at our young age" (P3). One of the participants described how it affected her progress in life: "I learned to be responsible, to be a mother to my parents (...) to cook and clean and take care of my little brother who called me a mom (...). I didn't study, I didn't go to the academy" (P5).

The participants indicated that they encountered significant challenges in navigating through life when they lacked trust in their surroundings, stemming from childhood experiences that instilled in them a perception of an "unsafe world". They described the difficulty of existing in such a world, where they were compelled to rely on their own resources to ensure their safety and that of those around them. One of the participants stated about those experiences:

"Mental maturity was forced upon me, but the soul itself is not strong, it is not able to deal with the world, the world is very big, there is also a lack of trust in the world, when you're born into such a reality, something is messed up in your basic trust system with the universe (...) It's hard. There is no stability, there is no stability ever, this is something that is very important to know that the world is very unstable" (P6).

On the other hand, support from family or friends played a crucial role in participants' perceptions of their childhood situations. Those with external support, such as from a grandmother or aunt, or in cases where a parent faced challenges in fulfilling all their parental roles, described their childhood as less negative and neglected. One of the participants stated: *"I don't feel that I lacked warmth and love because I was really surrounded by my father and my uncles and other family members (...) so what was I missing? (...) Yes, I didn't have a mother"* (P18).

Whether support was present or not, the participants defined these childhood traumatic experiences as those that stabilized their personality in building "resilience". As one of the participants stated: *"I see that I have powers, I know I have. I think I adapted within myself resilience (...) like back then there were processes I went through, mentally"* (P24).

## Theme 2: Perceived control

Throughout challenging childhood experiences, the participants described how they were able to experience personal growth by developing various skills. These included exercising control in their lives, managing their emotions, and practicing self-management. These skills helped them cope with their difficulties and enabled them to overcome them. One of the participants stated about their perceived control: *"Suddenly I got to feel something else...from this place of choosing me and connecting with myself. I also felt happiness for the first time in my life"* (P27).

Due to the lack of parental functioning and guidance, the participants even described the need to chart their own educational path and take care of themselves. One of the participants described what motivated him for action in childhood:

*"My mother is not perfect, and if I did not take care of myself, probably no one would, not for material things but rather for what would happen to my life? I needed to get an education, I needed to succeed, I needed to take care of myself, I needed to finance myself. It was to such an extent that I even went to look for a school by myself. I realized that I don't have parents, I do but I don't. I realized this at a very young age"* (P4).

Another participant described how he managed to take care of their education:

*"I went back there [to my mother's home] for a roof over my head. And I enrolled myself in a different school because my father was from a different region. As you have to come with a parent, there was no one to register me, so I asked a friend's mother to do it by pretending to be my mom"* (P4).

The participants mentioned the tendency to please others, which accompanied their processes of personal growth. One of the participants stated:

*"I thought that if I helped Mom, she wouldn't collapse. Then I became a super pleasing girl and whatever my mother said, I did running (...) I was kind of her slave (...) and suddenly I felt that it was also a matter of if I got good grades I would be more socially accepted. Then I suddenly started studying better (...) as soon as I realized that there was something in my behavior, then I immediately fixed it"* (P23).

The participants described they developed personal growth through a process of detachment from their parent, understanding their own needs, and reducing their tendency to please others. They also shared that they were thrust into being the main responsible role for their own lives and those of other family members, even though it was not necessarily their choice. One of the participants stated:

*"I have never been restricted in any way [by my parents] (...). [My parents told me] you are smart and we trust you, we want to consult with you. Like, it's something that gives a very good feeling, wow, I'm being consulted about all kinds of things, but on the other hand there were situations I wanted to say, don't consult me, just decide [as a parent], let's say about education"* (P 29).

While developing perceived control, participants found that pleasing others was an important behavioral ability. This ability stemmed from a better understanding of themselves, their needs, and their capacity to guide their actions. The participants indicated that the principle of pleasing others still influences their behavior to a certain extent even in their adult life. Although they advocate its benefits for their prosperous social status, they also suffer from it and wish to suppress it. Some of the participants stated: *"But if I want, I'll be the best there is, like I was in the army, it's always to please."* (P9). *"A big concern for me is that someone will feel very good and that I won't make them feel bad, it's really motivating me."* (P4). *"[I need to] stop pleasing and doing what I think I should, whether it's the way I act in my parenting, the way I choose my profession, or how I work in my job."* (P27).

## Theme 3: Resilience and general self-efficacy in adulthood

The participants described ambitions and a lot of preoccupation with their lives in adulthood that centered on a constant drive to seek emotional and social fulfillment in an environment where they could feel safe. One of the participants described: *"All your life you have to keep your head above the water (...) when I got my daughter I reached my solace, before that I was a crazy workaholic (...) I had to work to survive"* (P4).

The participants described that the same childhood personal abilities that helped them promote themselves developed over the



years into what they defined as qualities of “resilience” and general self-efficacy. One of the participants stated of her capabilities:

“There's some kind of flexibility (...) I have adapted and now have the ability to be flexible and resilient (...) this is a gift I received; it is who I am. I believe it is possible to go through [adaptation] processes. It will be difficult (...) it was tough (...) but I know that I can adapt” (P24).

The participants referred to “resilience” as their developed ability to effectively navigate stressful and extreme situations better than others. One of the participants stated for her developed ability:

“At a very early age, I recognized it (...) out of 5 siblings I was the girl with the most mental resilience (...). Children who grow up with parents [with mental illness] have crazy survival power and they are constantly on alert, there is no such thing as “calm and rest” in their minds (...) all the time you develop a need to survive and be independent and strong in the face of everything that life brings you (...) and this is some kind of resilience that my brothers and others don't have (...) I know how to turn off emotion and move on to functioning properly (...) there is no crisis that is too difficult (...) this is what I grew up with, I had no other option (P3).

Participants described their general self-efficacy as the positive ability to proactively face unknown risks to achieve personal fulfillment, overcome obstacles, and promote their social status by reaching educational or career enhancements. Participants stated:

“It started in childhood (...) as if this situation at home made me a strong person (...) if I want something, I know how to get it (...) and you don't run away. You don't run away” (P10). “It made me stronger (...) I'm not a person who gives in very quickly to difficulties (...) I will progress despite difficulties. I am also very calculated for my future (...) also financially. I have been working as if from a relatively young age” (P29).

#### Theme 4: Quality of life in adulthood

Participants describe their adult QOL by referring to social status, family achievements, and health. Participants generally defined their QOL in adulthood as good but accompanied by health and emotional difficulties. One of the participants stated: “Basically my quality of life is very good (...) I have everything I need.” (P28). Other participants mentioned difficulties: “I can't stand yelling (...) I'm not a warm welcoming person, I do little hugging, I'm apathetic and not easily excited

for things, the same for laughing” (P10). “I'm reckless and have a mood disbalance” (P9).

#### Social status

The participants referred to their good QOL regarding social status, noting that they had obtained, or were in the process of obtaining, a high level of education. Participants stated: “Finally, I feel like I've got to a better point in my life. Before, something managed me, some kind of worry, the anxiety” (P4). Other participant added: “I try to feel good with a high quality of life” (P5).

The participants also described their good QOL by attributing it to their career success and prosperity, which they achieved through their dedication, hard work and loyalty to their place of work. As one of the participants stated: “I think I am almost fulfilled because I'm very successful in my work (...) I've worked around the clock” (P5).

In addition, the participants mentioned that while earning adequately, they were interested in increasing their income or were in the process of doing so. One of the participants stated: “There are times that I make many deals and earn big money, but unfortunately, it is not progressing to a bigger house or bigger office” (P9).

Conversely, some participants described that they experience difficulties in their financial management, mainly around insufficient income due to the care and treatment of their sick parent, the need for external guidance and consultation for the effective management of their income, and their necessity for a spouse or other external support to achieve financial well-being. Participants described the financial impact they had and the way they tried to manage it: “[Caring for Mom] put me into financial difficulty that I still can't find a way out of today.” (P20). “I met my husband (...) he knows how to manage money, so it was a good connection” (P10).

The participants especially noted that while they continue to care for their parents with SMI during their adulthood, this has delayed them in achieving fulfillment in various areas of life, such as their careers, finances, and family. Participants stated: “It has affected my whole life, I didn't go to the army” (P14). “It is a burden (...) I couldn't devote myself to my education (...) I put all my studies and work aside to take care of her” (P16).

Regarding their social lives, the participants described having good relationships, but they expressed that their social circle as limited in size. One of the participants stated: “Although these are the only friends I have (...) we always get together for holidays and celebrations” (P1).

#### Family satisfaction and the drive to be a better parent

The participants described satisfaction in being able to establish a family in a positive and healthy relationship. Those who were parents expressed joy in having children. One participant stated: “My child is my solace” (P4).

Conversely, participants reported experiencing trust issues in their relationships over time, which they perceived as an obstacle to overcome to establish a devoted and fulfilling marital bond. As one participant stated about her difficulty with relationships: “I have a disability in sharing my feelings, because nobody could really understand

(...) it was hard for me to be in a relationship and find one (...) I am not used to somebody caring for me" (P18).

Additionally, regarding the topic of parenthood, the participants mentioned difficulty in deciding to have children due to fears about passing down mental illness to the child, concerns about taking responsibility for a child's life, and doubts about their own ability to be a parent. One participant stated: "I didn't think that it is a responsibility that I can bear" (P16).

However, the participants described that in situations where their partner provided them with the necessary support and trust, they were able to overcome the fear of being a parent, although sometimes it took a long time to make the decision to be a parent: "It took me about 5 years after marriage" (P4).

The participants mentioned the motivating desire to be a better parent for their children compared to the parenting experience they were exposed to in childhood. This contributed to their decision to have a child and gave some meaning to their experience with a mentally ill parent. One participant stated: "I will give my children love and all that I didn't get" (P8).

#### Mental health issues

The participants described that they experienced various MH issues in adulthood. One participant stated: "At some point I was diagnosed with PTSD" (P27).

A significant factor affecting the participants' QOL in adulthood was the challenge associated with seeking external help or support. One participant stated: "I have difficulty being the one who needs to get help, who needs to go to a therapist" (P17).

In fact, the fear of becoming ill and dysfunctional like their parent both disturbed and motivated the participants. A participant described how it is for her to meet with helplessness: "It's a situation that is very difficult for me (...) my automatic reaction is reluctance" (P10).

The participants described their tendency to avoid seeking help from others in any situation, relying solely on their own strengths and capabilities to achieve their goals. A participant P21 stated: "I don't trust anyone in this world, only myself".

They attributed this behavior to a fear of being in a vulnerable position, which could possibly lead to facing similar health or well-being challenges as their parent, and the belief that they should be able to handle everything on their own. One of the participants stated: "My parents consult with people all the time and get help from them. I can't do it, I will help others, but to ask for [help], not a chance." (P29).

The participants accordingly describe feelings of loneliness in caring for everything and everyone all the time while trying to achieve personal fulfillment. A participant described how caring for everyone affects them:

"I had to take responsibility for this by myself (...) I had a lot of conflicts with the family (...) feeling that I'm kind of being abandoned on the battlefield, they kept saying 'come on you coped, so keep going, you can'" (P16).

Indeed, this loneliness is accompanied by a feeling of great responsibility to utilize and dedicate their own personal resources while on their path to achieving success in adulthood. Such responsibility constitutes a significant burden on their lives that they wish to reduce. One participant described it in the following way:

"It's hard for me to just 'be' (...) to enjoy the journey and enjoy what I did manage to do, all my achievements. It's very difficult for me (...) as all the time (...) I am dealing with a feeling of survival. That I have to get enough because it won't be [otherwise enough to survive] (...) [I have] lots of restlessness (...) that I can direct to good things, but it also comes at a price because at some point it's too much" (P23).

Although they did not initially seek help from others, participants eventually mentioned using external assistance or guidance when they repeatedly struggled to overcome certain situations. They primarily utilized health services and professional financial guidance. Participants described what help and support they use to overcome their challenges: "Psychotherapy is an anchor in my life" (P2). "I'm on program at a social voluntary group that helps people to manage their finances" (P30).

The overarching theme that emerged from the four themes described above was that participants underwent a process of change where there was a transfer from childhood survival to adult survival.

### Overarching theme: From childhood survival to adult survival

The participants described survival situations during childhood as moments where they had to decide and act despite experiencing a disability or a scarcity and where no one was around to aid or support them.

Throughout their lives, the participants' definitions of survival situations underwent a noticeable shift. During their childhood, they primarily referred to survival situations in terms of their existential circumstances, such as a lack of food or clothes. However, in adulthood, the participants defined survival situations in terms of multiple pursuits, such as achieving success and prosperity, facing new challenges in various areas of life, and occupying multiple roles.

The process of "childhood survival to adult survival" consisted of four main themes: a traumatic childhood, perceived control, resilience and general self-efficacy, and adult QOL.

## DISCUSSION

The purpose of this research was to explore the lived experiences of adults who grew up with seriously mentally ill parent and to understand their perceptions of their adult lives. The use of a phenomenological qualitative research design was crucial to obtaining a more

comprehensive understanding of the participants' lives and perspectives. An overarching theme of transitioning from childhood survival into adulthood survival was identified. In this process of transition, four themes were addressed by the participants: a traumatic childhood, perceived control, resilience and general self-efficacy, and adult QOL. These findings expand the current knowledge about the long-term implications on children who grew up with a parent with SMI, and can serve as a foundation for developing policies, interventions, and programs to support such individuals in their adulthood.

## A traumatic childhood

A traumatic childhood in our study was found to consist of experiences of neglect and abuse. The neglectful situations were caused by parental dysfunction and were related to the absence of care for the existential, educational, and emotional needs of the child. The abusive situations that were found in our study were behavioral acts usually stemming from the symptoms of parental SMI that included material, physical, and verbal violence. To the best of our knowledge, this study is the first of its kind that used inclusion criteria for participants as children of parents with SMI. Guided by the saturation effect, it allowed for an in-depth understanding of this population's lived experiences from a phenomenological perspective. Nevertheless, these findings are in line with other recent findings that studied the lives of children of a parent with mental illness where disrupted communication, daily functioning, and judgment can lead to behavioral adversities, neglect, and abuse (Brockington et al., 2011; Cramm et al., 2022; Lopes et al., 2021; McCormack et al., 2017; Reupert et al., 2021). These suggest that regardless of the severity of the parental mental illness, its impact on the children's lives is profound.

## Perceived control

The participants described addressing challenging moments in their childhood as ones that involuntarily pushed them to develop personal capabilities to cope and survive when their existential needs were absent due to parental dysfunction. Participants described such capabilities as having perceived control and behaviorally pleasing others. Perceived control is described as one's belief in one's ability to achieve control over a situation (Ly et al., 2019). Similar findings were found in other studies that described such children's feelings in this regard as resulting in them being strong and mature, and seeking a healthy balance (Foster, 2010; Källquist & Salzmänn-Erikson, 2019). Indeed, we found that participants achieved functional survival and emotional management that helped them be emotionally stable in difficult situations. As previously reported, children who grow up with a mentally ill parent can develop early emotional maturity that helps them to be more aware of their surroundings (McCormack et al., 2017).

The other personal capability the participants nurtured during their childhood was pleasing behavior to gain privilege. This has been described in the results of previous studies as: "fitting in". However, fitting in was the training ground for seeking to please and modifying behaviors in response to other's feedback." (McCormack et al., 2017). This concept has also been termed "the false self", which is when an individual adapts to the demands or expectations of their environment, rather than expressing their true feelings and desires (Winnicott, 1960), and is linked to experiences of emotional neglect in childhood (Rosenthal, 1988).

The personal growth experienced by the participants who was found in our study can be explained by the theory of Post Traumatic Growth (Tedeschi et al., 1998). According to this theory, people who have experienced trauma may be forced to confront their beliefs, values, and assumptions about the world, and may develop a greater sense of personal strength and resilience. This growth can occur in several domains, including personal relationships and self-perception (Tedeschi et al., 1998).

To date, according to the existing literature, the design and methods of this study have offered an unparalleled opportunity for interpretive phenomenological research involving a relatively large number of participants. This distinction was realized through the unique inductive application of the thematic analysis process, facilitating a broad and in-depth exploration of the phenomena. The present study's findings therefore add to the body of evidence of the existence of a childhood growth process of perceived control in this population (Cramm et al., 2022; McCormack et al., 2017; Reupert & Maybery, 2016).

## Resilience and general self-efficacy

The study's findings revealed that participants reported acquiring positive personality traits over their lifetime, with a particular emphasis on self-efficacy and resilience during adulthood. These self-perceptions aligned with the theoretical frameworks of General Self-Efficacy proposed by Eden (1988) and Resilience put forth by Richardson (2002). Additionally, comparable results have been observed in other studies investigating the experiences of adult children to mentally ill parents (Blake-Holmes, 2020; Cramm et al., 2022; McCormack et al., 2017; Reupert et al., 2021; Saragosa et al., 2022). Although the referenced studies did not set parental SMI as inclusion criteria, they predominantly emphasized the positive connotations of the personality traits of resilience and self-efficacy. In contrast, our findings reinforce these positive attributes and underscore the potential negative impacts these traits might have on the adult QOL of participants. This will be detailed further in subsequent sections. Additionally, in comparison to other recent studies that delved into the lived experiences of adult children of mentally ill parents from varied qualitative methodological standpoints (Blake-Holmes, 2020; McCormack et al., 2017), we found that adult children of parents with SMI tend to develop a strong sense of general self-efficacy. While self-efficacy relates to one's belief

in their ability to handle particular situations, general self-efficacy encompasses a broader confidence in one's overall abilities across a range of achievement scenarios (Chen et al., 2001). By adhering to our study methods and ensuring saturation during the recruitment process, we maximized the potential to comprehensively understand participants' perceptions of their capabilities. As a result, our research findings significantly contribute to the existing body of evidence on these phenomena.

## Adult quality of life

The findings regarding the QOL of the participants in our study align with other research indicating that adults who were raised by parents with mental illness during their childhood tend to have positive outcomes in terms of education, profession, social relationships, and family life but also experienced several challenges (Blake-Holmes, 2020; McCormack et al., 2017; Reupert et al., 2013; Reupert & Maybery, 2016). As described earlier, in our study, we explored a distinguished population of adults raised in childhood by parents with SMI. As discussed earlier, it seems that the QOL of people who were raised by mentally ill parents is impacted regardless of the severity of the illness. In that way, the findings for QOL from our research make a significant contribution to the existing body of evidence on these phenomena. Specifically, we found in our study that participants experienced feelings of loneliness and a tendency to avoid seeking help or support. Previous research has also reported such feelings of loneliness among individuals with a similar background (Dunkley-Smith et al., 2021; McCormack et al., 2017). However, previous studies have not linked these feelings of adult children of parents with SMI to their learned skills of general self-efficacy and resilience. Our study further found that adult survival for these individuals was characterized by a restless burden and taking on a central role in caring for others, which contributed to their feelings of loneliness.

While some previous studies have noted that adults who grew up with mentally ill parents may seek help out of a fear of becoming dysfunctional like their parent (Blake-Holmes, 2020; Saragosa et al., 2022), our study sheds light on a deeper understanding of their help-seeking behavior. Participants in our study described a tendency to avoid seeking help altogether, preferring to do their best to manage their struggles independently and only seeking external help as a last resort. These findings could be explained by their developed high levels of general self-efficacy and resilience, which could contribute to their preference for managing their challenges independently. However, their reluctance to seek help was also influenced by struggles with trust issues and a lack of confidence in others' ability to understand or provide effective support. These two important findings of help-seeking behavior and personal skills contribute to an understanding of how individuals who grew up with a parent with SMI may navigate their adult lives. This can lead to negative perceptions about their QOL, as participants in our study reported ongoing struggles to find solace and peace in their lives.

## Study limitations

Several potential limitations were identified in this study, including selection bias, and social desirability bias, as the interview targeted sensitive topics and some participants may not have been fully comfortable in sharing their experiences. Despite the implementation of the bracketing process during the research, complete objectivity cannot be guaranteed, which may result in subjectivity during interpretation (Dörfler & Stierand, 2021). Additionally, posting the recruitment call only online may have led to selection bias regarding participant demographics reflecting the data. As participants were recruited voluntarily, social desirability bias may have affected recruitment and data collection procedures, leading to another possible selection bias.

## Clinical implications

While promoting care for adults with MH disabilities, nurses need to be aware of the potential adverse experiences of their patients' children. The study's findings suggest that this population is experiencing unique difficulties that begin in their childhood and continue into adulthood, which they struggle to manage without the right support. It is therefore important to establish active clinical assessment, followed by intervention planning and implementation, to provide support, services, and treatments that meet this population's specific needs at different ages and socially related developmental stages of their life. During childhood, assessments should be tailored to address existential needs and provide the necessary support and guidance to address potential educational and social challenges. As these children of parents with SMI transition into adulthood, it becomes imperative to instruct and educate them, particularly focusing on the origins of their perceptions. Such reflective processes can be an instrument and provide two main benefits. Firstly, it helps caregivers better understand these individuals, thus fostering improved collaboration. This understanding is especially vital, as many from this demographic might initially be resistant to seeking help. Secondly, comprehensive assessment in adulthood must pivot toward understanding the unique psychosocial adversities such individuals might encounter. These adversities, as elaborated upon in the current study, are especially pertinent when examining interpersonal relationships and familial ties. In synthesizing these approaches—both for children and for adults—there lies significant potential to benefit MH outcomes and holistic well-being for this distinctive population.

## Policy and educational implication

To date, neither national nor international guidelines exist that specifically address interventions for this distinct population of children whose parents have SMI. Considering the current absence

of a consensus regarding the definition of SMI, it is essential to establish a comprehensive, internationally recognized definition. This step is critical before making any inferences or taking action. A universally accepted definition will not only support the development of national policies but also facilitate the creation of a synchronized international framework. Such clarity is imperative for effectively implementing and coordinating policies at both the national and international levels. However, formulating policies for this demographic is important for enhancing MH, including a policy mandating intentional systematic assessments within all healthcare institutions providing MH services. Subsequent to these evaluations, care strategies should be tailored to address the unique needs of these children as adults, informed by the challenges elucidated in the present study. Through this approach, it becomes feasible to institute quality indicators conducive to the rigorous assessment of clinical outcomes.

Caregivers should be thoroughly equipped, not only with the foundational knowledge of mental health, but also with specialized insights that cater specifically to the unique demographic investigated in this study. To ensure this, educators and curriculum developers in the MH educational sector must take proactive measures. This should comprise a holistic training experience, integrating not just general principles of mental healthcare, but also diving deep into the specific nuances, challenges, and potential solutions associated with treating children of parents with SMI. Future professionals can be better prepared by incorporating the findings and topics highlighted in this study.

## Recommendations for research

A future quantitative study would be able to further enhance the findings of this qualitative study. For example, to verify the effect of resilience and general self-efficacy as possible moderators on the transition process from childhood to adulthood in the study demographic. Such quantitative findings would provide further evidence to assist in the development of recommendations for interventional opportunities and to establish healthcare policies for this population.

## CONCLUSION

This study provides a greater understanding of how growing up in the shadow of serious parental mental illness has long-term implications for children, shaping their transition from survival in childhood to survival in adulthood. They strive for personal and social success, leading to an improved QOL, but simultaneously carry a burden. Indeed, while traumatic experiences during childhood promote the development of coping mechanisms, in the long term these individuals face challenges such as MH issues, caregiving burdens, loneliness, and a reluctance to get help. Their avoidance stems from past experiences, trust issues, and resilient personality

traits. Further research should focus on quantitatively revealing these individuals' needs.

## CLINICAL RESOURCES

- What is serious mental illness? <https://smiadviser.org/about/serious-mental-illness>
- Severe mental illness (SMI) and physical health inequalities: briefing. <https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing>
- Mental health of children and parents—a strong connection. <https://www.cdc.gov/childrensmentalhealth/features/mental-health-children-and-parents.html>

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## CONFLICT OF INTEREST STATEMENT

The authors declare that there is no conflict of interest.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author (AS), upon reasonable request.

## REPORTING GUIDELINES

SRQR reporting guidelines were used.

## DECLARATION OF GENERATIVE AI IN SCIENTIFIC WRITING

No AI and AI-assisted technologies were used.

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