

Chapter 1 : Growing Up With A Parent With Paranoid Schizophrenia | This Is Brave

*Growing Up With a Schizophrenic Mother [Margaret J. Brown, Doris Parker Roberts] on theinnatdunvilla.com *FREE* shipping on qualifying offers. An estimated two to three million people in the United States today were raised by a schizophrenic parent.*

The book is unique in that it includes an introduction on how children are affected by mentally ill parents and also covers the related research. The rest of the book is full of interviews, and personal stories of women who have experienced a mother suffering from mental illness. Although the book is about daughters and their mothers, anyone with a mentally ill parent or family member may find it beneficial. Susan Nathiel, the author, is an accomplished psychotherapist who is also a "daughter of madness" - and wrote this book with a wide range of audiences in mind; from professionals, to students, adults, and teens. The book is divided into sections based on age relevance of the stories, and includes perspectives on many different mental illnesses; including schizophrenia and bipolar disorder. At the bottom of this page we have links to where you can purchase new or used copies of the book. From Susan Nathiel, author of *Daughters of Madness: Susan*, Thanks for taking the time to answer our questions. Can you start by telling us a little about your background and education? My licensure is in Marriage and Family Therapy. I was also a founding member of a group that existed for about 6 years: The Center for Illness in Families, dealing with chronic and life-threatening illnesses affecting families. My approach to psychotherapy is rather eclectic: I do a fair amount of long-term work with individuals, and treat couples and families as well, usually for shorter periods of time. Can you tell us a little about your own family background to provide some perspective? What did your mother have, how did it impact the family? Since I continue to be in full time practice, I prefer to keep some confidentiality for myself as I did for the women I interviewed for the book. I do disclose in the book that my mother had a serious mental illness, with mixed diagnoses over a period of years, and she was hospitalized several times. My interest in writing the book had much to do with the fact that we never openly discussed her illness among ourselves until I was an adult. Part of the impact of her illness was the long years of silence and mystery surrounding her illness, and that is part of what prompted me to want to interview other women whose mothers were mentally ill. What are some of the topics covered in the book? Some of the major topics addressed include: What was your goal with the book? Who are you writing the book for? My goal has been to give a voice to women who have been silent or isolated about their experience growing up with a mentally ill mother. I hope that hearing a multitude of stories from different women will help break open that isolation, and will make it possible for women to talk more freely about their experience. I hope, too, that the book will help people understand why their early experience can still have powerful effects in the present. What type of audience is the book intended for, and who can benefit from reading it? *Daughters of Madness* is based on interviews with daughters of mentally ill mothers so obviously they are the core audience. But anyone growing up in a family with mental illness, or anyone growing up with a mother with serious problems, will benefit a lot from the book. And since there are so few books about adult children of mentally ill parents, the interviews themselves are a great source of information for professionals. As a professional in private practice, I look for books like this to inform me about a broad range of experience that I might only encounter occasionally in the office. Students in mental health fields would definitely find it very useful. What would be some of the suggestions to children who are in their teens common visitors to our web site on how to overcome challenges of having a mentally ill mother? My first suggestion would be a very strong one: If at all possible, find a mental health professional - any professional degree - who seems to "get it. If not, it might be somebody in a clinic, it might be your pediatrician. Find some adult to talk to. That could be a brother or sister, father, aunt, uncle, grandparent, whoever. If they deny or minimize it, go to someone else. Sherman and published by Seeds of Hope Books - at www.seedsofhopebooks.com. The more information the teen has, the better off they are. It can also be really important to find other adults to turn to, to get support from, and spend time with. Find outside activities that you like, where you can do well and make your mark. Do you include interviews about daughters who also have a mental illness? There are several daughters who were diagnosed with mental

illnesses in adulthood. In one case, the daughter of an undiagnosed and untreated severe personality disorder herself has been in and out of hospitals with her own depression and suicidality. A couple of the women were diagnosed bipolar as adults and made the decision to handle their illness in a very responsible way with full communication with people close to them. People with mentally ill family members often talk of the fear of repeating patterns: Yes, it was certainly a common theme. Women growing up with very depressed mothers feared becoming depressed, and women with bipolar mothers were fearful of both depression and also being "too happy" which might mean they were becoming manic. A couple of the women whose mothers were schizophrenic had fear of developing that illness, often more intensely when they reached the age their mother was when she became ill. You talk about the importance of the connection between mothers and daughters because daughters identify with their mothers, and the mother is the first model for how to be a "woman. There are two parts to this answer. No mother is perfect, obviously. I talk about this in detail in the first chapter of the book and also talk about the newest research in neurobiology and attachment theory and so forth. The second part of the answer has to do more specifically with being the daughter of an impaired mother. For a young child, "how mother is" and "how women are" can be one and the same. So if mother is volatile, mean, depressed, or neglectful, this can be confusing to the daughter. Being a woman may seem to be a bad thing, so a girl may do her best to be not-like-her-mother. It was very hard to separate what was the illness, what was the person, and what was the woman. Is it common for younger children to fear "catching the mental illness? By adolescence, that fear is more likely to surface. You stated that many children were "shamed into silence about the mothers conditions, because of the stigma and prejudices surrounding mental illness. When a child feels deeply ashamed of a parent, and shamed-by-association with a parent who is stigmatized, this has a huge impact on the child. The child often feels damaged and flawed by having a close family member who is "wrong" or "bad" in some way. Second, the child keeps important secrets from other people and that has a big impact on the way the child lives in the world. If a child has to avoid a whole huge topic like "my family" then they have to be on guard all the time. They learn to mistrust other kids and adults, which means they have fewer resources in times of trouble. They isolate themselves either internally or externally. Some kids just isolate themselves and have trouble even making friends. Trust is a huge problem. Since silence is not the best way for a child to deal with a mentally ill parent, how can someone discuss mental illness with a child? Is it better to acknowledge that their parent is sick and be direct and open about it? Yes, is the short answer! Left to their own devices, they usually make up incorrect and damaging explanations for things. Only one woman I interviewed had a really excellent experience with being told exactly what was wrong with her mother. They were told that their father and the doctor would take care of everything and they could ask any questions they wanted to ask. And they want resources, they want someone to call or talk to if things are difficult. Interestingly enough they also want to be able to help and alert professionals to problems that might be developing at home. So yes, the best course is to explain calmly what the problem is, and to explain that it has nothing to do with the child, and to convey that the adults are handling the situation. An older child might well want to be included in helping and if feasible, that would be good. What do you mean by a sense of "loss" that these children and adults with mentally ill parents can experience? Children may lose out on an extended family if the family they grow up in has to be secretive and isolated. What do you see as some of the protective factors that foster resilience in children of mentally ill parents? That used to be the misconception, that resilient children were "fine. So a teacher, a coach, a neighbor, the father, or another relative - any of these people can have a huge positive influence. If that person can be consistent, and loving, and supportive, that can have an enormous impact. I found, too, that many of the women I interviewed had very active imaginations as children. They pretended that their dolls were families and they acted out scenes of happy family life, or they made their stuffed animals into comforting friends. Many of them found some place outside the home where they had a more positive life: They often had almost two separate lives which they carefully kept apart so in one part of their world, they felt good, competent, appreciated, and worthwhile. Some kids spent a lot of time in nature and found solace and comfort in that. Then as adults they were able to build on the positives even though there were still many struggles. Resilience, too, comes from knowledge and information. Even women in their 20s and 30s, when they found out objective clear information about their

mothers, found that it made a big difference in their ability to live their own lives in a healthier way. As a professional and someone who experienced mental illness in your family, what treatment do you see as being most beneficial? Is it one modality of therapy, or a combination of treatments? I see two kinds of treatment as being the most helpful.

Chapter 2 : Growing Up with a Schizophrenic Mother by Margaret J. Brown

Growing up with a Schizophrenic is a game of chance, you never know what will set them off its especially scary when they start hearing and acknowledging the voices in their heads telling them to do certain things they normally wouldn't do.

By Kristina Randle, Ph. I grew up watching the woman I knew slowly fade away. It still pains me because she has had problems with taking her medication. She now lives in a treatment facility but still waves in and out of clarity. What can I do? I am not privileged to her progress because she is an adult. I cannot help because I do not know all of the facts. In addition, I would like to have a child of my own but have been putting it off out of fear that my child will have schizophrenia? What is the likelihood of that happening? Is it best that I not take my chances? I cannot imagine seeing my child go through what my mother has. Mother with Schizophrenia A. Many have said that schizophrenia is a family disease. They were some of the first researchers and clinicians to articulate the way in which schizophrenia affects a family. They even designed a therapeutic psychoeducational approach to treating schizophrenia that included the family and not just the person with the illness. Their approach transformed the way in which schizophrenia was treated. Relatedly, the National Alliance on Mental Illness NAMI , one of the largest family oriented advocate groups in the nation, arose out of the struggle for families to cope with the devastating effects of schizophrenia and other mental illnesses. Children whose parents have schizophrenia have their own unique challenges. They might have to witness psychotic episodes which can be very frightening and confusing. Some have to see a parent being carted off to a hospital, handcuffed and dragged out by the police or paramedics. All of these experiences can leave children feeling lost, afraid and even angry. She had problems taking her medication. You also said that you have spent a majority of your life being angry at her for having schizophrenia as well as feeling that you could have done more to help your mother. Your two primary feelings related to this ordeal seem to be anger and guilt. Your feelings are understandable but are they accurate or justified? If you are angry because your mother had schizophrenia and thus you had to essentially live with it then your anger may be justified. Growing up with a schizophrenic mother had to be challenging. Are you angry because your mother did not take her medication and thus could have prevented or decreased the symptoms of schizophrenia? If so, know that this is a common reason why family members feel frustrated and angry with their ill family member. Here is a fairly common family scenario: A person has symptoms of schizophrenia. There are medications that have been proven to decrease or eliminate psychotic symptoms and thus prevent future relapses, subsequent hospitalizations, etc. The family feels that person with schizophrenia should realize that there are medications to prevent the horrible symptoms of the illness and logically, take the drugs. This understandably aggravates the family. The family comes to see their ill family member as the problem. Many families in this situation feel helpless. It can drive a family apart. They literally are oblivious to the fact that they are ill. Approximately 50 percent of people with schizophrenia seem to have this condition. This means that almost half of the people with schizophrenia have an inability to recognize their illness. My point with this explanation is that your mother may not have been able to recognize her illness. Many families too become angry with their family members when they refuse to take their medication. Being aware of this new knowledge may not make it any easier to deal with your mother. But it at least provides an explanation as to why she might have had difficulty adhering to her medications. As for being angry at yourself, please understand that there was nothing that you could have realistically done to stop or prevent the disease. Schizophrenia is principally a brain disorder that requires medication for treatment. As a child there was certainly nothing that you could have done to affect the disease. You did not cause your mother to be sick. Schizophrenia is one of the most difficult illnesses to treat. But even without knowing why you feel this way I can say with confidence that you should never blame yourself for the disease. It should not deter you from having children. Schizophrenia is thought to be caused by a combination of factors including hereditary factors but environmental factors also play a large role. Generally, if children are parented by healthy individuals and raised in a safe, loving environment, schizophrenia or any other mental health disorder is an unlikely outcome. The best thing you can do is to try to

rid yourself of anger and guilt. Realize these feelings can be poisonous to your life and spirit as well as to the relationship with your mother. They are also probably misguided. The toll schizophrenia takes on the lives of individuals with the illness and their family is tragic and underestimated. But your mother is still alive. If you are able to still visit her, be with her when you can. She works in private practice with adults, adolescents and families. Kristina has worked in a large array of settings including community mental health, college counseling and university research centers. Retrieved on November 9, , from <https://>

Chapter 3 : Out from under my brother's dark shadow | Life and style | The Guardian

Growing up with a mother who has schizophrenia is tough on a child 20 Sep Ina Skosana In the summer of , Ayanda Mokoena and her mother got into a heated argument.*

Brown , mental health system , mental illness , schizophrenia , Susan Nathiel 22 Comments â€¢. Brown and Doris Parker Roberts. No one else could possibly have had the bizarre, surreal childhoods we had. We believe this because we grew up in layers of isolation, self-imposed by ourselves and our families due to embarrassment, shame, and the illness itself, and imposed from the outside by others: We were rarely asked about what was going on with us and our families, though in most cases it was obvious there was something wrong. If we did try to confide in someone, which was rare, we were explicitly told not to talk about it or made to feel the topic was inappropriate. Often, the mentally ill parent wanted nothing to do with others and drove everyone away. I grew up in the s, 60s, and 70s, when the stigma and silence surrounding mental illness were even more profound than it is today. Growing Up and Older with a Mentally Ill Mother by Susan Nathiel , contain excerpts from in-depth interviews with women and men who grew up with a seriously mentally ill mother. At the time they were researching their book, authors Brown and Roberts found little about the effects of mentally ill parents on children in the psychiatric literature, though that is changing. Margaret Brown and Susan Nathiel grew up with mothers who suffered from schizophrenia and, like many with similar backgrounds, both became therapists. The authors concede these books may be skewed because they are the stories of high-functioning survivors, many who now have loving, stable families and successful careers as accountants, therapists, lawyers, and sales people. Those not so resilient are less likely to volunteer to speak about their pasts. Yet despite the measure of success achieved by the adult children in these books, in many cases the stories they tell can only be described as horror stories. The adult children themselves have an unshakeable, lifelong sense of loss and loneliness, and some do not even have a solid sense of their own selves. One little girl, Naomi, learned to follow other children to school when she and her mother moved to a new neighborhood, as they often did, and enroll herself because there was no one else to do it. Other children learned how to cash welfare checks, go to the grocery store for food, and negotiate with landlords. In the very worst of these stories, seriously mentally ill mothers tried to kill their children by poisoning, turning on gas stove burners, parking on railroad tracks. Yet, in all of these instances, the children remained in the care of their mothers. Often, the parents divorced and the children lived alone with their ill mothers. In some cases, fathers tried to gain custody, but in decades past it was customary for mothers to have custody. In other cases, the fathers had serious psychological issues of their own or they chose to have little or no contact with the family. I was fortunate for a number of reasons: Though she could be hostile, frightening, and unpredictable my siblings and I were routinely left alone with her , she was never violent in the way some of the mentally ill mothers described here were, and there was no physical abuse. I found out years later my father discussed with his parents the possibility of us living with them. Our family doctor, our minister, my aunts and uncles knew, but no one said anything to me about it. As an older teenager, I turned to my aunt for some help, but throughout my childhood and adolescence I remember only two adults who initiated conversations about my mother: When I was ten or eleven, my teacher asked me if everything was alright at home. I had always considered my maternal grandmother to be my best friend. But one night when she was visiting, my mother had a severe psychotic episode. My grandmother was so frightened and upset she called a friend to come and get her. It was past midnight when I stood at the living room window and watched my grandmother drive away. When I was 19, I began to try and find help for my mother. She had never seen a psychiatrist. There was nothing wrong with her, it was the world that was crazy. I made an appointment with a social worker at the hospital nearby, which had a new psychiatric wing. She asked me several times if my mother was going through menopause. Finally, based on the cursory information I told her, the social worker told me not to do anything, because nothing could help my mother. Ultimately, my mother was hospitalized for a time that is another story , but no one else in our family was assessed or given counseling. I believe the mental health community was of little help to our family, and it failed my mother, too, in crucial ways. After some

badgering, the very reluctant Dr. M was intimidating and formal, without an ounce of warmth or ease. As far as he could tell, he said, she had paranoid schizophrenia. This was in The mental health system is far from what it should be, and public stigma and denial are still pervasive. They need our help.

Chapter 4 : How does it feel to grow up with a schizophrenic mother? - Quora

Daughters of Madness is a new book on daughter's experiences of growing up with mentally ill theinnatdunvilla.com book is unique in that it includes an introduction on how children are affected by mentally ill parents and also covers the related research.

The Longest Bereavement - Part 2i Four major types of child abuse are generally recognized: Child abuse is by no means limited to individuals who have a psychiatric illness. Some child abuse is physical. One mother once threw a hot iron and scissors at her child. Then we were beaten. The abuse stopped for me when I was 18 and went to college. We had to keep clean inside. One offspring noted that "fortunately, Mom never physically abused any of us kids. So, the kinds of things we had to deal with were her mood swings, her sometimes bizarre behavior, her argumentativeness. Considering that sexual abuse is sadly prevalent within families of all descriptions, and that plentiful research indicates that children who live with a psychiatrically ill parent are at risk for a broad spectrum of perils, it is plausible that one or more APS in this study were sexually abused but chose not to discuss this in our conversation. A third type of abuse, in addition to physical and sexual, is emotional abuse. Several participants in this study reported that the ill parent who abused them abused their siblings, as well. This study did not attempt to explore specific sequelae of such experiences among participants. Garbarino and colleagues indicate that a child in such a situation might lose or fail to develop a clear sense of how his or her actions affect the parent. One woman described being terrorized, a form of emotional abuse that overlaps with physical abuse. When she was eight years old, and her brother 12, their ill mother threatened them with a knife. She was kidnapped when she was little and brought to America. Nobody knows about it but her and me. That makes me a princess. As she grew up, she first extended her index of suspicion to include everything her mother said. By her twenties she "realized that there were many things she told me that were factual, but I had blown them off as more of her delusions. One night she drove her car off a cliff. She survived but with a broken back. Neglect can include failure to teach the child basic hygiene; omitting or delaying necessary health care; abandonment; inadequate supervision, and parentification. A mother suffering negative symptoms, for instance, might be physically present while emotionally absent. When a neglectful parent is emotionally unavailable, the child may feel rejected and become sad, withdrawn, or resignedly self-reliant. Any time my mom would notice me crying, she would associate it with someone else making me cry i. Another form of child neglect is parentification e. Parentification occurs when children or adolescents are made to fulfill the parental role in the family system before they are emotionally or developmentally ready. Such a child may become overfunctioning and parentified; this stress will be aggravated if the well parent is unavailable thanks to guilt, anger, depression, or substance abuse. However, taking a caregiving role per se is not universally damaging to a child. It is essential to notice that "parentification" is not universally a term of opprobrium. One individual explained that children providing care for their parents was "the done thing" in India. However, in instances of abusive, inadequate, or nonexistent discipline by one or both parents, such a child would absorb the primitive disciplinary tactics modeled by the parents. One mused-- I was a wonderful parent from 0 to 3. I was a horrible parent from 3 to 8. I was nurturing but had no skills at disciplining. I responded to misbehaviors by yelling, threatening and ranting. That is what led me to eventually seek therapy. My kids were too special, too wonderful to be victimized like that. The family--both nuclear and extended--is the first line of defense against the effects of illness, for both the ill parent and his or her children. Minimal or passive family involvement can result in a very fragile support system for parent and child Werner, Yet the very behavior that demands family participation-- the strange thinking and bizarre and unpredictable actions that characterize schizophrenia-spectrum illnesses--militate against it. Families who contend with psychotic symptoms every day can speedily become frightened, bewildered, and depleted. In addition to coming to grips with symptomatic behavior, family members must grapple with the loss of their hopes and expectations for the family member and perhaps for themselves as well. When the effects of mental illness are devastating, those who have the option to withdraw sometimes do so e. One son recalled that after his mother drove her car off a

cliff in a suicide attempt, "I remember [Dad] telling me softly that Mom had been in an accident during the night, and that she was in the hospital. He would leave for work after making sure my mother got her morning pills. Then an hour later, he would call her to make sure she was alright. One hour later, he called her again. He had contact with her every hour of the day. A few weeks before he died, he told me. Some offspring described the well parent as passive. One man noted, "All I was given as a teenager. There was no emotional support by either father or stepmother. A woman whose father became an alcoholic reflects, "it is impossible to guess if life with [a] sz spouse drove him to it. He "has never even said the word schizophrenia to me. It truly is amazing how taboo things remain to this day. One father, though an alcoholic with "a mean streak," was also depicted as a "paradox," who. He always said it was because 1. He loved his wife. He had promised to stay with her in sickness and in health. If he left her, there was nobody to take care of her and she was too sick to take care of herself. One father, who "did nothing to stop our mom from beating us," was nonetheless often kindly and sympathetic. When I had to have my tonsils taken out, he bought me an album for collecting stamps and spent some time with me placing the stamps in the album. She concluded that he "did the best he could in dealing with my mom. Of course, there is little to be gained when arguing with a psychotic person, so he tended to keep his head in the sand. Siblings It stands to reason that some APS might have more than one family member afflicted with a schizophrenia-spectrum illness. In addition, what is unromantically termed assortative mating the tendency to marry someone similar to oneself, cf. Three participants reported that one or more of their siblings were afflicted. Depending on when symptoms began to emerge, both the prodromal period and subsequent episodes of illness have implications for the level of support these siblings could provide to participants during their childhood and teens, and also at present. Several participants whose siblings did not develop schizophrenia report receiving much emotional and practical help from them. We left we lived about 10 hrs from him. As an adult, she "is better at navigating. When her father "showed up to collect his family and move us all to Michigan, to live as a nuclear family again, my aunt and uncle urged him to allow me to remain with them. I was safe from danger. I had to protect them from my mother. Yet, like ill parents, well parents, and step parents, extended family inhabited a realm that comprises "helpful," "absent," "damaging," and the territory between. This range was present both across families and within individual relatives. One APS recollected that among her relatives, "There was never anyone to appeal to. Following a stressful weeklong visit, another aunt packed mother and children back to an overwhelmed father. She was afraid of mother. Then, she noted simply, "His mother passed and I took over with him. There are many potential sources of support or nonsupport in the community. These may include friends, employers, and more formal sources of support such as teachers, mental health and social workers, and other professionals. This in turn depends on public policy, which originates in a far wider community-a city, state, or nation. As a group, the APS in this study recalled local community support in their childhood as scant to nonexistent. At least in part, some attributed this to the effects of stigma on family and community alike, plus a lack of concern for individuals with mental illness and their families. Friends were a potential source of community support. As a result, they became more and more isolated. Even if a child had been willing to confide in a friend, friends were scarce, because, as one individual wrote "my mom would yell at all their mothers. I was hateful, quick tempered, [and] sarcastic. I often was haunted with feelings of not fitting in, or having to prove myself. She has made some improvement. Informal support groups, including peer-led groups such as those often offered by the National Alliance for the Mentally Ill NAMI , which was founded in , were also described as potentially valuable resources. Participants indicated that counseling was often not readily available to them while growing up. A number of them urged clinicians to bring the entire family into problem-solving sessions, to take the lead in making sure children are evaluated. In adulthood, when APS became aware of community resources, several reported seeking help. When one woman sought group psychotherapy to address her parenting skills, memories, childhood dreams, and flashbacks "began bombarding my mind.

Chapter 5 : Growing Up With a Schizophrenic Mother Â« Books Can Save A Life

Growing up with a Schizophrenic Mother. I am exhausted. I am incredibly tired of properly educating individuals about schizophrenia. I've found my fellow Millennials think having a mental.

Sep 21, Angie rated it it was amazing Recommends it for: Anyone who has known a schizophrenic woman or child who grew up with schizophrenic parents. My copy is stained with tears that dripped off my chin as I read and related to the anecdotes. Easier, but impossible since nobody knew much about schizophrenia back in the day. Since we cannot go back and change what has been, we can at least read this amazing book filled with research, stories, and advice. Then, buy a bunch of copies and give it to anybody whose grown up with schizophrenic mothers! Survivors jumped out of their comfort zone to bring a public awareness of what a child experiences emotionally and physically in all aspects of their childhood. Hats off to the Margaret Brown for taking the time to understand this illness and crediting the survivors. The survivors walked a long road full of potholes and survived with scars but they will ca Having lived this life, this book is the best I have ever read that covers the struggles in depth of children living with schizophrenic moms. The survivors walked a long road full of potholes and survived with scars but they will carry what they have learned to all that will listen. Margaret thanks for depicting these survivors with the rainbows they deserved. I especially appreciate the empathy and compassion the author has for the mothers that fell victim to this terrible disease. Jun 05, Melissa Jean rated it it was amazing If you grew up with a schizophrenic mother, this book is essential reading. How do we change that? We can start by confronting our past. Take your time with it. So much If you grew up with a schizophrenic mother, this book is essential reading. So much was triggered; I had to take breaks. Yet so much was explained, too. This book is for EVERYONE who has a schizophrenic mother, yet it was extremely productive for me to read it after having many years away from my very difficult home situation. But even if you are still in the midst of the trauma, consider reading this book - it will help you to feel less alone.

Chapter 6 : Mother with Schizophrenia | Ask the Therapist

*Find helpful customer reviews and review ratings for Growing Up With a Schizophrenic Mother at theinnatdunvilla.com
Read honest and unbiased product reviews from our users.*

I was looking forward to lazy summer days at the pool, an art camp, a stack of Babysitters Club books, and daydreaming about my first crush, a boy with a splay of freckles and a mop of dark hair. Instead, I was forced to grow up too soon. This meant wearing deodorant and shaving my arm pits. It also meant seeing my mother in a state of complete psychosis, one in which she thought maybe she had killed the postman or the neighbor girl. She pranced around the house naked, claiming no one should be ashamed of their body. She thought she was going to die on the eve of her birthday. She thought she was God and had a mission to save the world. She believed my sister and I were the devil and she had to kill us. My mother thought she could get energy from lying under a lamp in the living room, that it would restore her and rest her mind. She worried incessantly about cancer and dying and who her soul mate was. I convinced her to slip into her beloved blue robe. He pried the keys from her fingers. He held them high above her head. We managed to get her into the front seat of the car and buckle the car seat. Twice, she tried jumping out of the moving car. At the hospital, a flurry of white rushed to our car, brisk, soothing voices attempted to get my mother into the icy-cool efficiency of the hospital. Why is she acting this way? Her gray-green eyes locked with mine and she relaxed. It does not cover her behind. Her legs are prickly and her face is gray, saggy. I look into the Plexiglass slot in the big, heavy door. There is a mattress on the floor, thin and navy blue. It is pushed against a spongy wall. My eyes lift to the ceiling. A single light switch is on the outside of the room. A chamber, a cell. She squeezes and smells rancid, like rotting meat, old cigarettes, and dirty hair. I wince and twist from her embrace. My mother is a husk, like the cicadas that litter the landscape that summer. It starts to crumble, our house. Where once there was a tiny fissure of unease, it has grown into the size of a fault line, large and jagged and gaping. I think it may open wide, swallow the entire two-story in one single gulp, rejecting the pieces that are indigestible: Our home becomes a type of prison. I do not ask to go to the pool. Mom was in what we believed her first acute psychotic manic state. For years I lived in fear that I would exhibit bipolar symptoms like my mother. I learned that children and teens who have a parent with bipolar disorder are 14 times more likely than their peers to have bipolar-like symptoms themselves, and two to three-times more likely to be found with anxiety or a mood disorder, such as depression. I started feeling depressed when I was about sixteen. Children of psychotic parents are rarely seen. If someone you know is experiencing a severe mental illness or psychosis and children are involved, keep these tips in mind: Tell the child it is not their fault their parent is in a psychotic state. Kids often think their poor behavior or something they said may have caused their parent to act strangely. This is simply not true. Focus on what the child is observing. Do you want to talk about it? Older kids may want to talk about the whys and hows. Try asking, Why do you think mom is acting this way? How does this make you feel? There are no right or wrong answers, but these questions can be used as a guide in directing the conversation. This is true for adult observers, too but children are especially vulnerable. If your mental health institution allows children to visit, consider this option with care. What might be the repercussions? Allow the child ren to just be a kid s. Taking on the role of caregiver is strenuous for anyone, especially kids. It is not their job to make sure medication is taken, meals cooked, or siblings cared for. Remind child ren involved that they are not their parent. Help the child ren be his or herself. Leslie welcomes bestselling and debut authors to her literary blog weekly, at: Leslie lives in the Chicago suburbs with her two daughters, husband, and basset hound. Growing Up with a Psychotic Mother. Retrieved on November 8, , from <https://>

Chapter 7 : theinnatdunvilla.com - Adult Offspring of Parents with a Schizophrenia

Growing Up With A Schizophrenic Mom Showaye Selassie, now 28, remembers her mom making her laugh so hard she could forget the pain of a sharp cut on her finger. But she also remembers her mom's.

Kim Houghton for the Guardian In the mids, when I was living in the west of Ireland, I watched my drinking spin out of control. I had moved to Ireland from the US a few years before, and had enjoyed more than a decade of often free-spirited carousing. But by my late 20s, I had entered a period of unhappiness and psychological unease. Hangovers had ceased to be mere physical discomforts and become conditions tinged with darkness and paranoia. Many days, I was shadowed by a free-floating anxiety; my perceptions often felt off-kilter. I would watch my hand reach for something and see it stutter, as though under a strobe light. When the telephone trilled, it seemed the air would shatter like a pane of glass. Other people assumed a hyperreal quality. I slept too much and was prone to grey, apathetic moods. My memory and concentration were sometimes terrible. My thoughts scrabbled fretfully over one another or else they dripped so slowly there seemed large blank spaces between them, and I would stare at whatever was in front of me, as though life were a dull slide show. Despite the fact that the reasons for my state of mind were right in front of me, I kept side-stepping the obvious. And just as I imagined that the shake in my hands might indicate the onset of a neurological degeneration, so I imagined my psychological distress might be linked to the onset of schizophrenia. It was not a random fear. Initially, interspersed with the hallucinations and delusions, he had periods of lucidity and increased motivation, when it seemed he might recover. Studies suggest that up to one third of people diagnosed with schizophrenia make a full recovery. But then there would be an episode – Mike taking off his clothes outside our church; Mike growing suddenly manic, racing in agitated circles around our front yard, yelping as he went – that would end with his re-admittance to hospital. He hated the hospital and would sometimes leave without telling anyone, hitch across the country, stop taking his medication and end up homeless and disoriented, at which point my parents would somehow get him back home and stabilised; then the whole cycle would be repeated. There were also all those summer days he spent in bed, buried under blankets and the layers of clothing he wore. There were hours and hours of doing nothing. There were the countless times I came home to find him sitting in our living room, stroking his beard and talking quietly to voices only he could hear. What I often wished for in those years was that Mike would disappear. Eventually, he did go to live in subsidised housing. And has remained in community care ever since. What are referred to as positive symptoms – hallucinations and delusions – were obvious and alleviated by medication; more insidious were the negative symptoms a diminishment in normal thoughts and speech and an absence of normal emotional expression and the disorganised symptoms confused thoughts, memory problems, and difficulty concentrating, following instructions and completing tasks. For although there has been much research, and advances in brain imaging that have enabled us to see certain differences in the brains of people with schizophrenia, the illness remains mysterious. It is thought that people who develop it have inherited a predisposition and that the illness arises from an interplay between genetic and environmental factors. And what struck me as particularly frightening was the way the illness had taken hold of my brother without any apparent warning. No one had seen anything in him growing up that indicated future trouble. Mike had been a golden boy – diligent, conscientious, athletic – and he won an academic scholarship to one of the finest universities in the country. Then, after two seemingly happy and productive years, the problems started. He began to phone home during his third year, telling our parents that he felt depressed. By then, Mike was doing various drugs – LSD, mushrooms, hash – and he himself thought the drugs might have something to do with his low moods and sense of disorientation. In retrospect, it seems that year marked the start of the "prodromal stage" – the period before the onset of schizophrenia, which can involve perceptual abnormalities, difficulty concentrating, a preoccupation with odd ideas, decreased emotional response, mood swings, social withdrawal and depression – some of the same problems that, for very different reasons, I would later experience. My mother was left with two kids still to raise – my brother Tim was 13, I was 11 – and she was looking after Mike. In , she also had to cope when Steve, my second

eldest brother, came to live with us before he quit drinking and turned his life around. Not only did my mother hold us together through all of this, she did so in a cheerful, loving and energetic spirit. Remarkably, in the years after the divorce, I do not recall any real tension in our home. My mother worked for a local newspaper, attended all our school matches and events, visited Mike at the mental hospital and tried to make him welcome and comfortable when he lived with us. She had a blithe way of getting on with things that in no way indicated a lack of caring or a ducking of unpleasant tasks; quite the contrary. But as I grew older, I realised that strength is not a given, that it is easy to implode under pressure, to lose perspective. These things became clear to me when I was in my 30s. In , at the age of 32, I quit drinking. The anxiety, the perceptual disturbances and the grey apathetic moods lifted almost immediately. I felt stunned and incredibly happy to find myself on the other side of a life and an addiction I had imagined I was stuck with. But in , a confluence of unhappy circumstances, and my catastrophic interpretation of them, resulted in my first experience of depression. Contrary to what I had long assumed, depression was not simply an excessively sad mood. It was a whole world view, one shaped by fear and pessimism. It also smacked of a frightening clarity, as though I had never, until now, seen life for what it was – a dark and flimsy house of cards. I got through the winter of , and though I have since experienced occasional bouts of grief and anxiety that seemed disproportionate to the events that precipitated them, I have come to understand the power of my own interpretations and learned to manage them better. Through meditation, I have found that things often turn out to be not such a big deal; dark feelings not nearly so solid as they seem. To say that feels like a betrayal. For what I have also begun to see is that it was not just that I feared I might become ill as Mike was, it was that I felt guilty for not becoming ill. It was classic survivor guilt.

Chapter 8 : Growing Up with a Psychotic Mother

Growing up with a parent having mental illness can have negative impact on offsprings. However, it can also have positive effects in terms of developing resilience in the presence of good support system.

The family relationships as given in Table 2 shows that majority of those with medium and high resilience have supportive relationship between parents, cordial relationship with mother, and cordial relationship with sibling. They reported being satisfied with the family functioning. Table 2 Open in a separate window Table 3 shows the kind of experiences that these offsprings had owing to illness of the parent. Majority of those with medium and high resilience were satisfied with the parenting received; however, they also reported difficulties in social and emotional aspects as well as lack of support. Among the factors that helped them to deal with difficulties, social support was most frequently used. The fact that majority of the parents had supportive relationship among themselves once again bring attention to the fact that family support exists for patients with schizophrenia. In those parents who were separated, again mothers had the illness, in such cases offsprings reported fathers being irresponsible or not being supportive. The findings reflect on the fact that cordial relationships between the parents seem to reflect itself in their relationship with the offsprings. Illness often contributed to the conflict between parents. Those who reported dissatisfaction, felt that, in their childhood, they were rejected by parents, and also that they did not have any support system, emphasizing the role of supportive relationships in dealing with the impact of parental mental illness. These findings give an overall picture of satisfactory relationships, which would have potentially contributed to the resilience. Similarly, the offsprings perceived satisfaction in parenting received. The findings shed light on the importance of the extended supportive family relationships as seen in other studies. Some of them had broken their relationship with neighbours and relatives due to the interference of illness such as being suspicious and getting angry. Stigma became the important part of the experience of growing up with a parent with mental illness. The stigma was experienced in the form of embarrassment in the public places, others making fun of them, and fear that others would think of them as having mental illness. Concealment was mostly used to avoid stigma. These findings are supported by other studies which show that feelings of stigma are known to be widely prevalent among family members living with a person having mental illness. The findings shed light on intensity of the emotional difficulties these offsprings had to go through. Study by Foster et al. Difficulties experienced with respect to emotional aspects included fearfulness about the symptoms of the parent, loneliness, and lack of sense of peace and happiness. Because of the above reasons, naturally they felt lack of emotional support and in addition they did not get guidance in studies. They felt that these experiences made them more selfless. The findings again emphasize the importance of the availability of support system, which seems to play a significant role in the life of offsprings. In the sample, more than half of the offsprings were found to be medium on resilience, and very less percent were low on resilience. This is substantiated by studies that show that significant number of children of people with mental illness show resilience. This emphasizes the role of positive reappraisal, which is found to be one of the contributing factors in the resilient individuals. Resilient individuals are said to draw on positive emotion eliciting coping strategies such as benefit finding and positive reappraisal. Effects of certain socio-demographic variables such as education and gender on resilience were not found since the current sample consisted predominantly of males and those educated up to less than 10th standard was not included into the study. The sample was not formally assessed for any psychopathology, which may also have confounding impact on the resilience and the reporting of the experiences. The sampling technique used was purposive and, hence, the results cannot be generalised. The sample comprised mainly of those individuals who accompanied parents, which shows that these individuals are functioning well. Hence, the sample may not be a representative of the offsprings of the parents with mental illness; however, as the study focused on resilience, the sample facilitated exploration of factors contributing to resilience. The study has drawn attention to an area that has not been studied in our cultural context. The study has shown the experiences of offspring of parents with schizophrenia and its relation to resilience. The findings indicate that there is an urgent need for early interventions based on resilience and are

aimed at primary prevention. Programs addressing coping, enhancing social support, dealing with a parent having mentally illness, and healthy adjustment and achievement in life could be of help. Also, there is an urgent need to address the parenting skills of parents with mental illness. The experiences they had were primarily negative. They had to face difficulties academically, financially, socially, and emotionally. Despite the negative experiences, majority of them perceived satisfaction in parenting received due to the support and care they received from other sources. Satisfactory relationship either with the healthy parent or with extended family members potentially contributed toward their resilience. Other factors such as positive distraction, reappraisal, and religious practices also helped them to cope with the difficulties. The study highlights the fact that the negative impact of the parental illness can be moderated by the presence of various protective factors and in turn can make them resilient.

Footnotes

Source of Support: The study has been carried out as a part of the M. Resiliency and vulnerability to adverse developmental outcomes associated with poverty. Ramchandani P, Psychogiou L. Interrelationships among possible predictors of schizophrenia. *Children at Risk for Schizophrenia*: Cambridge University Press; Teacher reports as a predictor of schizophrenia and borderline schizophrenia: A Bayesian decision analysis. The social and academic competence of children vulnerable to schizophrenia and other behavior pathologies. Social emotional, and intellectual behavior at school among children at high risk for schizophrenia. *J Consult Clin Psychol*. Peer evaluations of the competence of children vulnerable to psychopathology. *J Abnorm Child Psychol*. Offspring of depressed parents years later. A cross-sectional study to investigate current social adjustment of offspring of patients with schizophrenia. *Eur Arch Psychiatry Clin Neurosci*. Manjula M, Raguram A. Self-concept in adult children of schizophrenic Parents: *Int J Soc Psychiatry*. The differential effects of parental alcoholism and mental illness on their adult children. *J Clin Health Psychol*. Jacob T, Windle M. Young adult children alcoholic, depressed and nondistressed parents. Unpublished dissertation submitted to Bangalore University; A study of the psychological impact of parental mental illness on adult children. *Growing up with a psychotic mother: A group for the adult daughters of mentally ill mothers: Looking backwards and forwards*. *Br J Med Psychol*. Trauma, PTSD, and resilience: A review of the literature. Wilson JP, Drozdek B, editors. Introduction to the special issue on resilience. Resilience in ecosystemic context: Evolution of the concept. Loss, trauma, and human resilience. Have we underestimated the human capacity to thrive after extremely aversive events? Resilience in individual development. Successful adaptation despite risk and adversity. Educational Resilience in Inner City America. *Journeys from childhood to midlife: Risk, resilience, and recovery*. Clinical description and diagnostic guidelines. Development of a new resilience scale: Characteristics of patients with schizophrenia in two cities in the U. Childhood experiences and current adjustment of offspring of indigent patients with schizophrenia. Coping skills, strengths, and needs as perceived by adult offspring and siblings of people with mental illness: Australian Council for Educational Research Limited; *Children of Parents with a Mental Illness*. Impact of mental illness in families of mental health professionals. *J Nerv Ment Dis*. Psychiatric illness and family stigma. Stigma, depression and somatisation in South India. *Int J Qual Methods*.

Chapter 9 : What It's Like Growing Up With A Mentally Ill Mother | Thought Catalog

Growing up with a schizophrenic mother had to be challenging. It's not fair if your childhood was derailed or interrupted because of the disease. Randle, K. (). Mother with Schizophrenia.

Now, how would you feel if the day after that you came home and found that she had packed all her clothes in suitcases because Obama was apparently sending his men to pick her up that night? Yeah, confused is the gist of it. The first thing you feel when the doctors and eventually psychiatrists tell you that your mom is a schizophrenic is a slow build-up of fear. You realize that your life is never going to be the same again. That you can no longer depend on your mom the only parent you have at this point to raise you, and that you have to raise not only yourself but also the person who is supposed to be raising you. After having gone through fear and sadness, and after living with her in the worst moments of her condition for a bit you develop disgust. She neglects showering to the point where you have to do it for her. She neglects eating at times, and wearing clothes. Ever walked in on your parents naked? Multiply that by a thousand. It all eventually gets to the point where disgust wears down into extreme annoyance. But this is all home-life, life outside of the public eye. In public you feel shame, pity, and self-pity. Wait, those cops pitied you too! A month, a week, a day where you have no worries. And let me tell you, that feeling holds onto you for so, so long. There are people all over the world starving unjustly. There are animals and plants dying under hands that could care less about them. You start to not only tolerate her strange habits, but accept them. And in looking at the positive side, you realize that your mom being schizophrenic and you being male and an artist is very much linked. You realize that your shunning of sports to read books because you got so happily lost in the worlds they provided is most likely because of her genes. And you realize that all those childhood signs of her developing paranoid schizophrenia, of her keeping you and your sister in the house and away from untold dangers by being overly protective in fact helped you nurture those creative gifts that her genes gave you in the first place. All this leading to hope. Hope that your mom can overpower this condition like some people have and use it for good instead of it overpowering her. Hope that, similar to growing up too fast, this whole journey with your schizophrenic mom, yourself, and your sister, is hard now, but later a gift you can look back on. What if this all gets worse not better? What if she gets worse not better? Your feedback is private. Is this answer still relevant and up to date? What is it like growing up with a schizophrenic parent? I contemplated answering this one a few times. I hesitated because I have a lot of gaps in my memory in relation to it. My father has schizophrenia. As far as I know, he had it all through my life. I just thought he was who he was. On the medication, he was friendly, told funny stories, went to work, and lived a seemingly normal life. Then he would be afraid of television commercials. I recall a time when I was 7 or 8 when my family drove home from church. I sat behind him in the back seat watching this, thinking that all I wanted to do was open the car door and run down the road. But I was too afraid to move. His anger was such that when I was 10, he would make me sort the clothes in my dresser again and again. He slammed me against the wall, then took off his belt and hit me with it until I agreed to put the clothes away right. When I was a teenager, my father would pick my brother and I up from school. All about sinners and how to prevent being a sinner. I used to internally panic, feeling self-conscious as other cars drove by. Wondering what they thought about us sitting in this empty parking lot. He did this so many times that I began zoning out. I mean, I seriously went someplace else in my head. When I was around age 12, my mother started telling me tales about my father. She used to say that sometimes he would become so angry that she had to hide my brother and I in a closet. She said that he used to run down the center of the street. I either blocked them out or they never happened. When I was 16, he took me to the doctor to have me examined because he said he thought he had molested me. And he wanted to make sure he never had. The doctor said I was fine. As a teenager I researched everything I could on schizophrenia. There was my brother and there was me. Which one of us would get it? I was extremely paranoid within my own thoughts, always worried that if I thought too many strange things it might mean I would get it. When I was 19, my brother began bringing me a book called Good Omens, saying that he wanted me to read it to him. He said that he thought it had a lot of truth in it, that it was very important. People used to

think we were twins even though there were a couple years between us. So I read the book to him. His behavior started to change until one night he came to me in a panic. He was blowing air from his mouth like he was trying to blow something away from him. That was one of the hardest days I experienced. It felt like I was falling down a continual pit that would never end. Eventually my parents and I were able to visit my brother in the hospital. I brought him a cheeseburger, fries, and a strawberry shake every time I visited. It was so difficult to see him that way. He was a different person. During one visit I had to leave the room in order to cry in the hallway. A doctor came over to me and said a lot of encouraging and caring words to me. It was really the only time someone had stopped to even see me during that painful time. He thought I was the younger sister, since I always looked younger than my age. I told him I was the older sister, that I was He suddenly took everything back, changed his demeanor and told me I needed to be strong for my brother. Then he walked away. Eventually my brother came home, but not after several long months in the hospital, and a runaway attempt from the hospital where we had to go find him. He lives with my father now. I know the question was about a schizophrenic parent, which I answered. But I have to quietly admit that sometimes I felt extremely angry at him. I never developed it. Yet, even though so many years have passed by, deep down I still worry that one day it will creep up and envelop me.