

# *Children, Parents and Mental Health:*

**A project initiated by Dulwich Centre**

Contributors include: Natasha Kis-Sines, Daria Kutuzova, Ruth Pluznick, Shona Russell, David Denborough, David Newman, and Cheryl White. These people have contributed to this project by offering stories for the project and/or by working on the document itself. Other contributors have remained anonymous.

This article presents initial material generated by the Children, Parents and Mental Health Project. It contains a collection of stories from children of parents with mental health difficulties, and serves not only as collective therapeutic document and a document of alternative knowledge about this topic, but also as a source of questions for those working with people whose parent has experienced mental health problems.

Keywords: children, collective narrative documents, mental health, narrative practice, narrative therapy, parents, therapeutic documents

## INTRODUCTION

This paper documents the Children, Parents, and Mental Health Project, initiated by Dulwich Centre, which aims to gather stories from young people and adults whose parents have had serious mental health difficulties. This project aims to gather together stories that relate to the experience of children whose parents or carers have/had serious mental health difficulties. We are looking for stories that not only richly acknowledge the difficulties faced, but also the skills and knowledge of children in these situations and the many different facets of the relationships between parents and child. We are interested in including examples of the ways in which parents with serious mental health concerns continue to love and cherish their children, and also ways in which other significant figures in children's lives play important caring roles during times of crisis. We acknowledge the complexity of experience for children whose parents are dealing with serious mental health concerns and wish to gather stories that richly convey this. These stories may include themes of love, heartbreak, holding onto hope, laughter, loneliness, confusion, solidarity, care, terror, beauty, and so on. We are interested in gathering stories from children/young people and also stories from those who are now adults about their childhood experiences.

This project dates back to a conversation in mid-2006 between David Denborough, Shona Russell, and Cheryl White about the ways in which the lives of children whose parents had a significant mental health issue are commonly described. David Denborough drafted a list of questions, and contributions were then made by David Newman and Shona Russell. The following questions are a result of this collaboration<sup>1</sup>:

- At the moment, how do you feel your experiences of living with a caregiver with mental illness have impacted on your life? In what ways?
- If you could send a message back to yourself as a child or as a young person, what would it be? Why would this be your message?
- During some of the more difficult or complex times, were there certain things or people who sustained you? Were there places you escaped to? People or pets or toys you turned to? Were there certain things that you did?

Were there certain ways of seeing, noticing, thinking, being, doing, that brought you comfort or safety?

- Were there any particular skills you developed to care for other members of your family? Or skills in trying to lessen or minimise the harm from difficult times? If so, how do you think you learnt these skills? Where did this knowledge come from?
- What do you think was most important to you during the times of growing up with a family member with a mental health issue? Is this still important to you? Why?
- Was there any person (adult/child, family member, friend, teacher, and so on) who made a particularly positive contribution to your life as a child? If so, how did they do this? How did you respond?
- Looking back, do you think you have gained particular understandings or learnings about life through your experiences of having a family member with mental health issues? Could you describe some of these learnings or understandings?
- Are there ways in which these learnings or understandings influence your life now? For instance, are there particular work practices that are important to you that are linked to these lived experiences? Or particular ways of being in relationship with others that you value which are linked to your past experiences?
- Does your lived experience spur you on in particular ways now, or sustain you in particular ways?
- In relation to your family member who lived with mental health difficulties, were there things they contributed to your life and the lives of others? If so, could you share a story or two about this?
- Were there particular hopes they held for their children or tried to teach? If so, have these hopes or values been carried on in your life in some way? Are any of these important to you?
- Are there memories of times with your family member that convey what was important to

him/her? If so, are there ways in which you have held onto these memories or shared them with others?

- Were there ways in which she/he tried to demonstrate care or love despite struggles with mental health difficulties? If so, did these acts of care or love make a difference in your life? Could you share a story about this?
- If you do remember your family member making efforts to care or love despite the mental health difficulties they were going through, what is it like for you to think about this? Does remembering these acts of care or love affect your memories of your family member and of your childhood?
- Have you gained any special understandings or appreciations about life through your experience of living with a family member who had serious mental health difficulties? If so, how do these influence your life now?
- Are there difficulties you still face from having had these experiences? What are the greatest challenges you currently wish to overcome? How do you think you might overcome these or find ways to overcome these?
- Since responding to these questions, has your perception of events and experiences changed in any way? If so, how and why?

People who had grown up with a parent with mental health difficulties were then invited to respond to these questions and Shona Russell co-ordinated this process. A collection of their responses are included in this paper. Before these are shared, however, we wish to discuss some unexpected gender issues that emerged during the project.

## **GENDER QUESTIONS**

Since announcing the project, we have received stories from adults and young people from Australia, Canada, Russia, Norway, and the USA. Interestingly, while some very significant stories were sent to us about fathers, and extracts from these are included below, the vast majority of the stories we received related to mothers who have struggled with mental

health issues. This puzzled us. Was there something that we did in the questions that we asked, or the people we approached that contributed to this phenomenon? How did 'parents' become read as 'mothers'? These seem like important issues to consider. At this stage, we do not have answers, but we have many questions<sup>2</sup>.

According to the World Health Organisation (2002), there do not appear to be sex differences in the prevalence of severe mental health experiences such as schizophrenia and bi-polar depression. On the other hand, the prevalence of less severe depression and anxiety is much higher in women, while substance use and antisocial behaviours are higher in men. So why is it that we received so many responses about people's experience of mothers with mental health issues and so few in relation to fathers?

- Is this due to the fact that women still do the vast majority of caring for children in most cultures?
- Is it that when men experience serious mental health issues they are less likely to remain connected with their children and families?
- Is it that women, even when debilitated by mental illness, try to do all they can to sustain a connection with their children?
- Or is there something gendered about which stories of 'unwellness' are able to be told in a society and culture? Is there some sort of 'cultural silence' around experiences of fathers with mental health difficulties?
- Are men less likely to want their stories shared? Are they more likely to keep their stories of mental health difficulties quiet, silent, private, and perhaps to expect the women and children in their lives to do similarly?
- Or are women's experience of mental health issues more likely to be named and become public than men's experiences?
- Are children and women more likely to take steps to cover up the mental health issues of men, or to explain them differently, to call them something else? To locate them elsewhere?

- Is there something cultural in the ways in which it is more possible to speak about women's and mothers' experiences of mental illness than to speak about what it means to grow up with a father with mental health struggles?

We do not wish to imply that it is only women who parent or should parent. Nor do we wish to imply that more mothers than fathers experience serious mental health concerns. The remainder of this article includes extracts from some of the stories that have been sent to us. You will read stories about both fathers and mothers, although the majority relate to stories of mothers. As the project continues, we hope to find some answers to the gendered questions we have just discussed. We also hope to include in the project more stories from people whose fathers had serious mental health concerns.

## DOUBLE STORIES

The stories below follow the narrative practice of being 'double stories' (White, 2006), richly acknowledge the difficulties faced, and also the skills and knowledges of children who grew up with mothers with mental health difficulties. We have also included examples of the ways in which parents with serious mental health concerns continue to love and cherish their children, and also ways in which other significant figures in children's lives play important caring roles during times of crisis. We acknowledge the complexity of experience for children whose parents are dealing with serious mental health concerns and have tried to gather stories that richly convey this. The responses we received are grouped into seven different themes. The first of these themes involved messages that people would choose to 'send back to themselves as children'.

## IF YOU COULD SEND A MESSAGE BACK TO YOURSELF AS A CHILD WHAT WOULD IT SAY?

I would say, 'It will be okay'. As a child, I witnessed my mother's suffering and pain. The way that she coped (as I understand much later) with pain and depression was through the use of alcohol and sedatives. At the time when I was growing up, my life, as well as the life of my sister and family,

was often marked by violence and abuse. At times, this invited hopelessness and fear about how life for my family and people that I loved would evolve. If I had heard something like 'It will be okay', I imagine it would have provided me with a sense of hope and comfort. It would also have been evidence that I was not alone.

I would say, 'Your mother and father aren't well, that's why they are doing what they're doing. It's not your fault.'

I would say, 'There is a future, life is not always gonna be like this'. Because when it was happening, I didn't even think of the future; it felt like it was going to be happening all the time.

I would say, 'It wasn't about you'. Why is this important? Having a mother take her own life had me wondering if she was unhappy because of me or my sister. Having a context for her actions (postpartum depression) helps me to separate what she did from the hopes and dreams she might have had for her life with us. This leaves space for a different mother/daughter story for me and my sister.

## RICHLY ACKNOWLEDGING THE DIFFICULTIES OF THE MENTAL HEALTH ISSUE ON ALL CONCERNED

As children of someone with a serious mental health issue, some of us were too embarrassed or scared to bring friends home. Or we were worried about our dad or mum. Sometimes we were so saddened by what they were going through. Or angry at how unfair life seemed to be. At times, there would be an aching guilt when we thought we could have prevented what took place. And then there was the fear ... the fear of not knowing what was going to happen next. Some of us had to deal with yelling and screaming or despair in our homes. There were arguments, hurts, misunderstandings, anger, criticism, and then the silence, the secrecy. If the mental illness brought conflict or meanness or abuse, sometimes this could make us feel very low. And if the neighbours then gossiped, it was like everything could close in. We think it is important that we have a chance to speak about these sorts of experiences.

Some experiences were difficult to comprehend, or talk about, or both:

*There were a number of occasions when my mother tried to take her own life. I remember*

waking up in the middle of the night to the sound of the ambulance outside our home. I remember waiting at the top of the stairs until the ambulance left. No matter how hard people tried, no-one could explain this to me in a way that I understood. There was no-one else to ask because there was no-one else in the neighbourhood like my mum. And I knew not to talk about these sorts of experiences.

When shame and blame becomes a part of life, this can divide families:

- *One of my earliest memories of my dad's illness was when I was in primary school. He was going through a manic phase and stormed into my classroom in a manic state and totally disrupted the class. I was so ashamed that I just wanted to curl up in a ball and disappear. Sometimes I would just wish he would go away.*
- *The blame was always put on my Mom for everything that went wrong. And my mum's doctor would call my father a 'saint'. Neither of these was at all helpful.*

Sometimes, as young people, we have ended up in the care of child protection agencies:

*I ended up in care because we didn't have a lot of money and Mom felt she wasn't capable of taking care of me the way she wanted me to be taken care of. She knew there were resources out there for me that she didn't have and she wanted me to have the best opportunities in life. But no nine-year-old can understand why his mother would put him in care. So I thought, 'I am a misbehaved kid. It's all my fault. What did I do so wrong?' And when you feel everything is your fault, sometimes just keeping on living can be difficult.*

## **THE SPECIAL SKILLS WE DEVELOPED**

*I was 'put in an ocean and had to learn to swim on my own'.*

*How did I do this?*

*I started flapping my arms and legs ...*

## **Make-believe**

I was immersed in other worlds and time passed very quickly ... I had a lot of make-believe friends, 15 or more. My make-believe friends helped me to feel less lonely.

## **Getting by on not very much**

When things are difficult and sad it would always do wonders for someone to make me laugh. We got by on not very much: the earth beneath our feet, a big wide sky, flowing water, clean fresh air, and hard work. These were what carried us through.

## **My cat and my dolls**

I was alone at home quite a bit when my mom was in hospital. My cat Ally was most important to me during those times. He kept me alive, he loved me, spread arms around me, he gave me a sense of security. He would know what I needed to get through. I used to read a lot when I was young, and my most common position was lying on my back on my bed. Even to this day, I read in bed and Ally still knows that he can't sit on my chest while I'm reading, unless I am holding the book up in the air, not resting it on myself. Having him with me all the time was a great comfort and still is. My dolls were also a comfort to me when I was younger. One of my favourite things to do was pretending they were sick and then I'd take care of them. I really enjoyed being a caretaker and I think I learned this from my mother.

## **Predicting**

I became pretty quick at detecting whether Mum was slipping into depression or mania, and this skill helped me predict her behaviour. When she was depressed, I became the parent – looking after her in bed, visiting her in hospital, encouraging her to do something little that day, reminding her of how much she was loved ... And when she was in the manic phase, I just tried to keep my distance.

## **Protection**

It was always important to me to try to protect my sister from painful experiences of our family life as much as I could. I believe that this led me to a place of developing a strong sense of responsibility (those who do not have strength/abilities to protect themselves need to be protected).

## Making difficult choices

Through the process of growing up, I think I developed an ability to make some difficult choices as well as to find ways to live with the consequences of those choices. At times, these choices would be extremely challenging because they would often entail a lose-lose situation.

I recently read a description that I think captures well how making a choice sometimes felt in Nicole Crauss' novel *The History of Love* (2005):

*Once Uncle Julian told me how the sculptor and painter Alberto Giacometti said that sometimes just to paint head you have to give up a whole figure. To paint a leaf, you have to sacrifice the whole landscape. It might seem like you are limiting yourself at first, but after a while you realise that having a quarter-of-an-inch of something you have a better chance of holding on to a certain feeling of the universe than if you pretended to be doing the whole sky.*

I know that growing up in my family there were times when I wanted to 'paint the whole sky', to 'save' my mother, to reclaim the family that at one time I was hoping we could be. However, I realised that I did 'not have enough colour to paint the sky'; something needed to be sacrificed ... I chose to paint a leaf, and hold onto my sister, and what we had together ... I am grateful for the choice that I made, and I also learned how to live with choices that I did not make. I suppose that is also a skill ...

### So many different ways

Until I considered this question, I hadn't 'consciously' been aware that I drew on certain sustaining activities (outside of a few such as reading). In considering these questions I have generated the following list:

Reading, nature, listening to music, singing, art and creating, roller-skating, bmx bike riding, swimming, dancing, other exercise, laughing with friends, the kindness of others, looking at the moon and the stars, standing in the rain, sharing love with animals, the kindness shown when parents weren't abusive, playing and imagining, noticing

beauty, being hungry for knowledge and answers and finding things out, the capturing of insight, experiencing moments of transcendence, seeing and experiencing things in a way I'd never seen or felt before, finding sanctuary in being alone and withdrawing into the self, finding peace and quiet away from distractions, observing, just being without judgement, sleeping, exploring and having adventures, trying different roles - experimenting with identity, having meaningful conversations with others, being inspired by others, being independent, accepting support, looking after one's self, having a quiet joke with one's self, forgiving, being loved, doing things that make one feel proud of one's self.

I don't think that this list covers everything and I think that everyone must have perhaps thousands of ways small and obscure, as well as extravagant, for coping during difficulty. Considering this question enabled me to bring into my conscious awareness the idea that I had ways of coping and to make me aware of what they were, but also to allow me to start to draw on them consciously as opposed to instinctually which is what I had been doing. By doing so it also made me aware that I have the capacity within myself to find other ways of coping, perhaps more meaningful and effective ways.

## ACKNOWLEDGING THE WAYS SIGNIFICANT OTHERS PLAY CARING ROLES DURING TIMES OF CRISIS

When mental illness is present, it can be vital in times of crisis that children have different places to turn to for support, comfort, and care. This section includes stories about the significant others who have played caring roles in times of crisis.

### My sister

When times were difficult I was always able to turn to my sister. Even when we were really young, we almost instinctively found ways to protect each

other – we would often go out and play, and not come home for hours. We often tried to escape violence just by going to our grandparents' home (this was a safe place for us). I think that we also got quite skilled in finding safe places (places to hide) in our backyard, on the attic ... It was a necessity, but I think that at times we were almost able to make a game out of hiding ... It seems that 'we always knew that we will have to look after each other, that it is up to us to make things different for ourselves'.

### **Raised by a collective not a nuclear family**

When times were difficult, there were many people around me and this made a difference. I was raised for the first five years of my life by my grandmother, an aunt who lived with her, an aunt and uncle who lived in the flat above, my father, his sister and parents, and with lots of cousins to play with – and given all their influence thereafter ... there was, at least in principle, always somebody there who cared about me and my sister. This is what we were told, this is what we believed, and it was helpful.

Sometimes those who offered care were not physically present; they were authors or characters in books:

- I found a great comfort in literature which provided me with both reassurance and sanctuary at a time when I had neither in my life. Growing up with a parent who was struggling with mental health made me realise the power of Dostoyevsky's words: 'Life is more fictional than fiction'. In a way, I think that literature was my bigger community ...
- I learned to read quite early, and books have been my faithful companions ever since. What was described in the books – the plot twists, the characters, and so on, was as real for me as the outside world. I am able to identify with the characters or with the timbre of the world that is described, and experience their emotions – vicariously, but intensely. For some time after my mother's enforced hospitalisation, I carried with me a book and, each time mindfulness alerted me of a tidal wave of negative emotions, I stopped

whatever I was doing at the moment, not caring what people might think, and opened the book. I read it for several minutes, until mindfulness informed me that the wave was over, then I closed the book and resumed my activities till the next wave. As Faramir said to Frodo in *The Lord of the Rings*, 'There are some perils from which a man must flee'.

## **HONOURING COMPLEXITY AND MULTIPLE STORYLINES IN RELATIONSHIPS BETWEEN PARENTS AND CHILDREN**

When a parent is experiencing mental health difficulties, this can be profoundly confusing:

### **Honouring different facets of relationship**

One of the most important themes that I wanted to hold onto during all that time, was honouring all the different facets of my relationship with my mother. During the times before the crisis, I struggled a lot with the issues of complexity and ambiguity. On one hand I was offended, angry, and I felt hurt by the unfairness of the way she treated me. At the same time I wanted to be a good daughter, to be able to respect my mother unconditionally, to have some closeness, understanding, and trust in our relationship.

### **Love and abuse**

As I was growing up, I was always striving to understand the complexity of the experience that we were going through as a family – how to make sense of love in the context of the abuse / how to make sense of the abuse in the context of love. These understandings changed for me over time, and I believe that this process is not over. With any new information comes a new negotiation about the meaning of what happened, the meaning of relationships, and new questions. The importance of honouring and understanding complexity is something that I hold dear in my personal and professional life.

### **Feeling torn**

Whenever I remember my mum I feel torn. Part of me wants to acknowledge the way my life was often swallowed up by her illness and behaviour. And part of me (especially now that she is no longer alive) wants to allow for other

knowledges of mum that speak of her humanness, the characteristics that defined her as a person irrespective of her mental illness, and the complexities surrounding her relationships. She, like all of us, still felt love, pain, had interests, dreams, talents, and character traits that made her unique. I don't want to silence the difficult times, but I also don't want to unfairly neglect the unique and positive aspects about my mum.

### **The kindness shown when parents weren't abusive**

My dad didn't know how to love. He was never home, always at work, and when he was home he usually ignored us or was angry and violent. My mum left when I was seven and my world ended. I lived in a kind of hell until age thirteen. My mum would visit about once a year. When she left the despair would descend. One of these times, I was about nine, I lost the will to live. I lay in bed for days in a darkened room and stopped eating. After a few days of this, my father came and sat next to my bed quietly. He asked in a choked voice if I wanted to eat. When I said no, he croaked 'I love you'. Then he left. It was the first time he'd ever said it and I haven't really heard it since. After he left I started to feel slightly better. After a few hours I emerged out of the bed and started to eat again. Remembering this act of kindness, makes me see my father as human. It makes me feel compassion for my father instead of seeing him as a monster. It makes me see the complexity of people and how things are not black and white. It makes me feel better to know my father cared in spite of some of the very harsh ways he treated me and still does. It alleviates a little portion of the darkness of those childhood memories.

## **MEMORIES THAT SUSTAIN**

Many of those who sent in stories said it was significant to them to remember some of the ways in which their parent(s) found ways to demonstrate care. As well as acknowledging the hard times, it can be significant for some of us to identify times and places where our parent demonstrated acts of care and love despite the effects of the illness. Deliberately seeking out childhood memories we wish to remember can change, in subtle but important ways, our relationship with the past:

### **Acts of kindness**

My mother could be extremely kind, particularly when I was a small child. I remember when I was small sitting in the love and warmth of her arms while she taught me how to read. I still remember the black words on the large white pages, the feel of the hard green cover in my hands. My mother read out the story while I watched the words. Out of the stream of mostly nonsensical words some began to emerge like islands of meaning. 'Cat' I would cry joyously to my mother's echo of delight.

### **She put up a fight for me**

When I was in seventh grade, I was badly bullied in school. I called my mom who was hospitalised at the time and she got involved. She called the school and said, 'Get those girls (who bullied me) suspended'. She put up a fight for me. This meant everything to me.

### **His stories were my inheritance**

Only recently, years after my father's death, a polished granite gravestone was placed in the empty space of his grave and one afternoon, in windy sunshine, I travelled there to sit by it for a while. If I could have said something at his funeral I would have thanked him for his stories. They were my inheritance. They have travelled with me into my leisure time, into my studies, and into my work. Now I tell his grandchildren the same stories.

### **Different legacies**

As we were growing up, as long as she could, my mother tried to provide for us, to financially support us, be there somehow ... I remember that as long as she was capable she wanted to cook good meals for us ... She used to be a really good cook, and she believed that having good, healthy food, and eating meals together as a family was important. She would get up early on Sunday morning to prepare the Sunday family meal for all of us. There are days when I still remember the smell of the homemade chicken noodle soup and baked marble cake from the kitchen in our family home on Sunday morning ... Later on when she was taken over by alcohol, meals became much more rare and different, but she still tried to hold onto something that she knew we once had as a family.

I know that as a legacy I carry both the value that it is important to be together as a family (including eating meals), as well as the practice of Sunday's lunch in my own family. There are days when I can 'feel' my mom's hope for her family in a cake that I am baking for my own son. For that legacy I am grateful.

### Memories of care

Lately, I have been more aware of the ways mum did care for me that were meaningful to me. I have been sorting through old photos and remembered that, despite battling depression, she taught me to swim and supported me while I was training by taking me to the sessions. I came across photos where she had taken me to play dates with other children and mothers, and ones where she had organised a party for me. These photos touched me and they also saddened me that these memories were not part of the discourse of our relationship – they had been overshadowed by memories of embarrassment, confusion, mental illness, fear, frustration, and disconnection. Mum certainly did try to love me in ways that were important to her and, sadly, I think the mental illness meant there was a genuine lack of awareness about how her actions negatively impacted me and others. While mental illness and manipulation did not endear her to me many times, I am aware that she believed she loved me, and I think that she did in her own way. It is particularly important to me that I have those photos that speak of moments when she must have loved me in ways that I appreciated. It also made a difference to me the way she lived in the weeks just prior to her death. My contact with her at this time could have been an opportunity for her to go over old ground, but I sensed that she was now above all of that. She could have chosen to elicit sympathy, manipulated the situation, or been bitter but she didn't. Instead, she graciously allowed us to have chatty conversations about what was happening in my life and that of the boys, and was amazingly peaceful. I thank her for that because our ending together could have been fraught with tension and drama, but instead it just ended on a note that I wished had been the song of our life together.

### ACKNOWLEDGING THE EFFECTS OF THE BROADER SOCIAL CONTEXT

In some of the stories sent to us, it was clear that dominant attitudes to mental health and some of the conventions of the times had played an influential role in the lives of both parents and children. A story sent to us from Russia explains this most clearly:

*When my mother overdosed on some psychotropic drugs that she found at home, I called the ambulance. They called this a suicide attempt and sent her to undergo enforced psychiatric treatment. Her enforced hospitalisation was such a traumatic experience for her and for me, especially seeing what shape she was in when discharged. People still often get mistreated and restrained by brutal force in the psychiatric wards, and my mother was not exempt from this. For her, this experience was not a humane and caring one; it was like her only daughter sold her to the torturers and sent her to a prison psychiatric ward. She hated me and insinuated that I wanted to get rid of her to have the apartment all for myself and my nefarious purposes. This experience – the fact that my mother overdosed and that I had to see her bound and taken in a psychiatric ambulance cab – was very traumatic for me. And, because psychiatry was so punitive, this significantly affected our relationship. There is a shameful history of Russian psychiatry. Since the mid 1930s, it was used to persecute and punish the people whose opinions differed from the 'mainstream understanding' promoted by the Communist Party. So people became really afraid of psychiatric hospitals and psychiatrists. The situation started to change in 1988, but it is a very slow process. There are very few communities and support groups for people who struggle with mental illnesses – and for their relatives. I did not find one for myself when I looked for it. I am holding onto the idea of creating a support group for people whose parents have mental health problems.*

*There would be many stories my mother and I could share in such a context. For instance, during one of her other stays in hospital, this time for a physical condition, I would sneak in several times a day, sometimes at the time when visitors were not allowed. I put on a white robe and blended into the company of medical students that were having some practical assignments at the clinic. I also took some music for meditation and recorded as a second track some hypnotic suggestions. These were about relaxing, bringing attention to those parts of the body that do not hurt, allowing the regenerative powers of the body to work, about peace and hope and gaining strength to live one's preferred life. This was my way to be with my mother and support her even though I was not able to sit by her side all the time; my voice was staying with her, and everything was going to be all right. I sneaked into her room the day after the surgery, when she was dosed with painkillers and antibiotics, and left her this cassette, a cassette player and several batteries for it. She listened to it almost non-stop for several days and it was very helpful – she felt really loved. On my way out of the ward, I was caught by the nurses and chastised for rule-breaking. I remember how I was standing quietly in front of them, tears rolling down my face, allowing them to see, on one hand, how much I was concerned and afraid, and on the other hand, sticking to this quiet dignity – I told them as calmly as I could that I was not doing any wrong, I was using the professional knowledge that they did not possess. So, they did not take the player away from my mother.*

*This was a unique outcome for us. After this episode, she agreed to take medication for her mental condition and to visit the psychiatrist regularly. Our relationship started to improve – very, very slowly (we still had quite a lot of rows), because she was not yet able to forgive me for committing her into the psychiatric hospital where people are so mistreated. Our relationship has moved on from there now but the effects of punitive psychiatry still affect so many families here who are struggling with mental health issues.*

## **HOW THESE EXPERIENCES SHAPE WHAT IS IMPORTANT TO US NOW**

For many of those who sent in stories, the experience of growing up with a parent with a mental health difficulty has influenced what is important to them in life and the ways in which they live and work in the present.

### **Questioning authority**

As a result of my experience growing up with a father with mental health challenges, I have learned to question people with authority or power over me due to a hierarchical structure. I have learned not to assume 'Father knows best' and so not to assume that government, bosses, professors, etc. know best either. At the same time, I have gradually come to consider that many behaviours that could be diagnosed as mental illness may in fact be shaped by a person's experiences of an unhealthy context. After searching for more information about my father and his life, I came to see that he had faced very harsh, even cruel circumstances that influenced him to see the world in particular ways and to react emotionally to things that may not cause most people concern.

### **Beyond cookie-cut lives**

With my friends and family as well, my own experiences in life have taught me to (for the most part) be curious, not judgemental, about lives and the sorts of problems we encounter and the ways we choose to respond. Because I haven't had a 'cookie cut' life, I really don't have the expectation that anyone else will.

### **Questioning professional discourse**

I studied child development in university and have always been opposed to mother/child 'bonding' discourse. This discourse always suggested to me that I was destined to experience difficulties in my life and relationships either because my biological mother had a mental health issue, or because I was raised by 'many mothers', or because a step-parent, not a 'real' parent took over the care of me and my sister. Because of these experiences, I've maintained a healthy questioning of professional discourses and this proves very helpful in my work.

### Searching for double stories

In my work as a counsellor, I know that it is important for me to always try to search for double stories. In doing so, it is my belief that stories of care, love, and personal agency cannot be recalled and told until the stories of pain and suffering are told. I also recognise that there might not be a 'balance' of the experience – that stories of pain and suffering might still prevail in one's experience.

### Special appreciations about life that came from these experiences

There are a number of special appreciations about life that I carry with me because of my earlier years:

- Things are not what they seem to be.
- Children have indefinite abilities and skills to get through difficult times.
- Stigma and secrecy in the community can destroy someone's life. Community can also save one.
- Those who are struggling with mental health difficulties are often voiceless, both in their families and in communities – they are judged and punished, rather than helped.
- Care and love can co-exist with pain and abuse.

### IDEAS FOR PRACTITIONERS

When working with children, young people and/or adults who grew up with a parent with significant mental health issues, each of the themes that have been described in this article can be explored:

- Messages that people would choose to 'send back to themselves as children'.
- Richly acknowledging the difficulties of the mental health issue on all concerned.
- Acknowledging the special skills developed by children whose parent(s) have/had serious mental health difficulties.
- Acknowledging the ways significant others play caring roles during times of crisis.
- Honouring complexity and multiple story-lines in relationships between parents and children.
- Exploring memories that sustain.
- Acknowledging the effects of the broader social context.

- Exploring how these experiences shape what is important to people now.

We hope the questions outlined earlier will be useful to practitioners in their consultations with people.

### Final words

It seems appropriate to leave the final words to two participants who describe their experiences of being a part of this project:

- *I think these experiences with my father may have some important influence in the way that I work and live now, even though I have not thought of them in that context before writing answers to these questions. I do think they have influenced me to treat people with respect and to see them from as large a context as possible. I also think that my experiences have contributed to my alertness and sometimes critical assessment of those given power and authority.*
- *For a long time, as I was growing up, my view of my mother was marked with anger, grief, sadness, and loss. I developed certain ways of being in the world and relating to my mother based on these feelings. This also left my mother and myself in a space of being distant from each other, not connected.*

*Searching for stories of love and care through this project was particularly challenging as it required stepping outside of usual ways of being in relationship with my mother and re-negotiating the relationship that I had with her – something that I found to be painful and difficult.*

*The memories of my mother's effort to care and love as I was growing up were unclear, hidden, and difficult to reconnect with. As I child, I could not access a lot of knowledge, information, context of my mother's life that is available to me now. I did not know or understand the painful effects that mental health has on people. We all just live (in) them. Incorporating this knowledge and understanding in what I know about my mother today made possible for me to recognise what she cared for, what was important to her as a mother.*

*In a way, this deepens the sadness of knowing that she did not have a chance to live those hopes and dreams through her actions because of the mental health challenges.*

*It also leaves me with a question about possibilities of changing a relationship with my mom today. Her health, both mental and physical, has deteriorated to the point that some conversations I would like to have with her are almost impossible. I am also realising that I do not have developed vocabulary for kinds of conversations that I would like to have with her. I do not have words for these experiences. A lot of them are still not storied ... We never spoke about things that I am realising now; we rarely lived them.*

*I like the word remembering. Remembering moments of love and care leaves me in this complex space of realising what life might have been if mental health did not get in a way of hopes and dreams that my mom had for us.*

*But realising that she had those hopes and dreams for us, her children, and her family, is a blessing. This realisation is now part of me.*

### **Next steps**

This project is continuing. We are looking forward to receiving people's responses and feedback to this published paper. We are then going to create a web-based resource for young people whose parents are experiencing mental health difficulties. At the same time, two colleagues in Toronto, Canada, Ruth Pluznick and Natasha Kis-Sines, are putting this project into practice with young people and mothers at the children mental health service in which they work (see Pluznick & Kis-Sines, 2008).

If you are interested in contributing to this continuing project, please contact us c/o Dulwich Centre. Thanks.

## **NOTES**

- <sup>1</sup> One of the contributors to the project who wishes to remain anonymous suggested a number of additional questions. While these did not inform this project, we have included them here in case they are of assistance to practitioners:
  - Were any negative views of your self formed from these experiences? If so, do you feel these currently define who you are? In what way? How do you think you might overcome these or find ways to overcome these?
  - Were any positive views of your self formed from these experiences? Or have you subsequently formed any positive views of your self? If so, how can these positive notions of self be supported to grow? How do you feel the people who have most loved you, and helped, have seen you?
- <sup>2</sup> It was Cheryl White who raised these concerns in relation to gender and facilitated discussions about this.

## **ACKNOWLEDGEMENTS**

We would like to acknowledge all the contributors who shared stories and ideas based on their experiences of life.

This paper was written by David Denborough.

## **REFERENCES**

- Crauss, N. (2005). *The history of love*. New York: W. W. Norton
- Pluznick, R. & Kis-Sines, N. (2008). Growing up with parents with mental health difficulties. *International Journal of Narrative Therapy and Community Work*, (4), 15-26.
- White, M. (2006). 'Responding to children who have experienced significant trauma: a narrative perspective. An interview. In White, M. & Morgan, A.: *Narrative therapy with children and their families* (chapter 3, pp.85-97). Adelaide: Dulwich Centre Publications.
- World Health Organization, (2002). *Gender and Mental Health* (position paper). Geneva: World Health Organization.

## **OTHER RESOURCES**

- Russell, S. (2006). Gathering stories about growing up with a parent with mental health difficulties. *International Journal of Narrative Therapy and Community Work*, 3:59-67.
- Children of parents with a mental illness:  
[www.copmi.net.au](http://www.copmi.net.au)



## DEAR READER

This paper was originally published by Dulwich Centre Publications, a small independent publishing house based in Adelaide Australia.

You can do us a big favour by respecting the copyright of this article and any article or publication of ours.

The article you have read is copyright © Dulwich Centre Publications Except as permitted under the Australian Copyright Act 1968, no part of this article may be reproduced, stored in a retrieval system, communicated, or transmitted in any form or by any means without prior permission.

All enquiries should be made to the copyright owner at:

Dulwich Centre Publications, Hutt St PO Box 7192, Adelaide, SA, Australia, 5000;  
email [dcp@dulwichcentre.com.au](mailto:dcp@dulwichcentre.com.au)

*thank you!*

We really appreciate it.

You can find out more about us at:  
[www.dulwichcentre.com.au](http://www.dulwichcentre.com.au)

You can find a range of on-line resources at:  
[www.narrativetherapyonline.com](http://www.narrativetherapyonline.com)

And you can find more of our publications at:  
[www.narrativetherapylibrary.com](http://www.narrativetherapylibrary.com)

