

## **The Lived Experiences of Adolescents Living with a Schizophrenic Mother**

**Indah Mentari Siagian, Suryani Suryani, Titin Sutini**  
Faculty of Nursing, Universitas Padjadjaran, Bandung, Indonesia  
*Corresponding Email: indahmentari892@gmail.com*

Received: 06-01-2021   Revised: 17-03-2021   Accepted: 23-03-2021

### **Abstract**

The character building and the development of adolescents are greatly influenced by their mothers. Adolescents who have a schizophrenic mother can undergo problems in their development. This study aimed to explore the lived experiences of adolescents who live with a schizophrenic mother in Bandung. This is a qualitative study with a phenomenological approach. In-depth interviews were conducted with six adolescents aged 17–24 who live with a schizophrenic mother in Bandung. Interview transcripts were analyzed using the Colaizzi method. Eight essential themes emerged in this study. The participants were experiencing various negative emotions while living with their mother and lack of mother-child attachment, but they kept on trying to accept the mother's condition. They expected that there will be no stigma toward their mother. They needed supports and a friend who could understand and give advice. Notwithstanding the negative situations, they could find a lesson behind the hardship and the father became the source of inspiration. Getting supports from the father and having good friends are the main keys for them to survive. The implications for nursing practice are the need to provide health education programs to help adolescents manage emotions, the development of family-focused care programs, and peer-support groups. Further research is needed in Indonesia to develop appropriate interventions to address mental health problems for adolescents who have schizophrenic mothers in Indonesia.

**Keywords:** Adolescents, phenomenology, qualitative, schizophrenic mother.

## Introduction

A mother was a highly influenced figure in adolescent development. A mother-child relationship affected the adolescent to build their social relationship. The disturbance in the relationship might cause a tremendous problem in adolescent development (Santrock, 2014). The case study held by Cucu-Ciuhan (2015) declared that a schizophrenic mother had a high risk to experience a relationship disturbance with her children. The relationship disturbance was marked by disorganized attachment so that her children had difficulty trusting others.

Herbert, Manjula, and Philip (2013) stated that the relationship disturbance of the children who live with schizophrenic parents caused them to have emotional, social, and academic difficulty. The emotional difficulties felt by those children were fear, loneliness, and the loss of peace and happiness in the family. They were also afraid to go out with their parents and could not bring their friends' home. The lack of social support and the sorrow from the bad experience later caused difficulty in studying (Herbert et al., 2013).

Jundong et al. (2012) and Ranning et al. (2018) also supported that there was a learning difficulty on children with schizophrenic parents. They declared that children with schizophrenic parents had a worse school performance compared to those with non-schizophrenic parents. Jundong et al. (2012) study showed that the associated factor to the children's bad performance was the genetic factor. While according to Ranning et al. (2018), the environmental factor was the most associated with the children's school performance. The environmental factors were stress in the family and the parents had difficulty in helping with their children's homework.

There are many negative impacts caused by a schizophrenic mother on adolescent life. Hence, it was important to analyze the possibility of adolescent mental disorders and the factors used as an intervention in handling adolescent psychosocial problems. So far, the research on adolescent lived experience with a schizophrenic mother was held mostly in the western country. In Asia, this research was held in Hong Kong, Taiwan, Iran, India, and

Korea. There was not any phenomenological research yet on adolescent lived experience with a schizophrenic mother in Indonesia, especially in Bandung.

The preliminary studies by Dinas Kesehatan Kota Bandung recorded that the schizophrenic patients in 2019 increased from 741 to 941 patients. From that number, there were 876 patients in the productive age and about 20% among them were mothers. Therefore, the researcher was interested to conduct profound research about the lived experience of adolescents living with a schizophrenic mother in Bandung. Additionally, to analyze whether the culture in Bandung affected the adolescents' lived experience.

## Method

The descriptive phenomenological method was applied in this study. Six adolescents were selected based on the purposive sampling technique. The inclusion criteria for participants in this study were adolescents aged 10–24 years old who live with a mother diagnosed with schizophrenia for more than two years. The research was conducted in May–August 2020 in the working area of Puskesmas Babakan Sari, which is one of the places in Bandung with the highest number of schizophrenic patients. Data collection was completed through in-depth interviews by asking open-ended questions to explore the lived experiences of adolescents living with a schizophrenic mother. Each interview lasted about 30–90 minutes. The interview procedure was carried out under Covid-19 prevention protocol.

The interviews were transcribed verbatim and then analyzed using the Colaizzi method. The researcher read and re-read the transcript repeatedly to identify significant statements. The significant statements were highlighted and put into the formulated meaning table. Then, the researcher classified the significant statements and formulated meanings into sub-themes. The sub-themes were categorized into eight main themes after being analyzed carefully into each interview transcript, significant statements, formulated meaning, and sub-themes. After that, the researcher

developed a comprehensive description of the phenomenon based on the theme that had been composed. The researcher also performed bracketing to avoid mixed meanings with existing theories. Finally, the researcher validated the results to the participants to ensure that the themes obtained were appropriate with the participants' meaning.

The ethic approval of this study was provided by the Research Ethics Committee of Universitas Padjadjaran with the issuance of ethical clearance number 475/UN6.KEP/EC/2020. The participants in this study had signed informed consent. However, informed consent for the participant under 18 years of age was signed by parents. Data confidentiality was guaranteed by the researcher.

## **Results**

The participants of this study were six adolescents, consisted of three females and three males between 17-24 years old. Those adolescents lived in a house with a nuclear family. However, one of the participants was no longer living with the father because the parents were divorced and the father had remarried. The mothers had been diagnosed with schizophrenia for 10 to 20 years.

Eight essential themes emerged in this research: (1) experiencing various negative emotions while living with their mother, (2) lacking of mother-child attachment, (3) trying to accept the mother's condition even though it is very hard, (4) finding a lesson behind the hardship, (5) getting supports from many people, (6) expecting that there will be no stigma toward the mother, (7) needing a friend who could understand and give advice, (8) making the father as the source of inspiration.

### **Experiencing various negative emotions during their stay with their mother**

The participants in this study revealed various negative emotions they had during their stay with their mother. The feelings of bewildered, sadness, pity, anger, disappointment, mixed feeling, helplessness, fear, to feeling tired and stressed with their mother's behaviour.

Three of the six participants revealed

confusion when they saw their mother's behaviour. One of the participants revealed that he could not understand his mothers' behaviour when she had relapsed:

"Glasses, plates were flying..; broken...; And then she was playing with all of that... until...(huff)I don't know... I can't wrap my mind around it..."(P1)

Four of the six participants revealed that they were sad to see the behavioural changes of their mother and felt pity for her. A boy said that he was sad and sorry for his mother, moreover when he saw his mother was chained. Another participant said that he was sad because his life was not like others who could live quietly with their parents.

Four of the six participants also revealed their guilt to their mother. One boy thought that he caused his mother to stress and to have a mental illness.

"Maybe she was confused because of my sickness... She wanted me to have the surgery so I could get healthy. But it couldn't happen because there wasn't any money. So, maybe it caused her stress.... then she started to act weird"(P4).

Three of the six participants declared that they were angry and disappointed with their mother's behaviour. One boy revealed that he was disappointed, angry and sad when his mother said he was not her son. A girl stated that she felt tired and angry with her mother's behaviour:

"We were very tired, you know. Sometimes I felt so angry...Sometimes I was yelling at her. Even my sister, the oldest one, once hit her hand with a broom because she didn't want to let the knife go..."(P6)

Four of the six participants said that they felt helpless to deal with their mother's condition. Two of the participants said that they just stayed still and cried to see their mother's rage. They could not do anything to calm their mother. Another participant said that she did not want a life like this and there wasn't anybody who understood her.

Three of the six participants revealed that they were ashamed of their mother's condition. They were ashamed to bring their friends home and also when their mother was screaming at home.

Four of the six participants declared that they were afraid and startled to see their

mother's behaviour. A boy revealed that he was scared of his mother's emotional changes and his mother would commit a crime. Then, another girl stayed away from her mother because she was afraid that her mother would hurt and harm her physically.

Three of the six participants revealed their tiredness and stress in taking care of their mother. A girl said that she was sick and tired of her mother's endless behaviour. A boy revealed that even though he looked fine on the outside, he felt slump and depressed on the inside because his life was changed.

### **The lack of mother-child attachment**

This study revealed that since their mother had schizophrenia, they felt forgotten and ignored because their mother's behaviour changed to rude and ignorant. They also didn't trust their mother so it put their relationship away.

Four of the six participants revealed that they felt forgotten and ignored because of their mother's behavioural changes. Their mother became a very different person from before she had schizophrenia. One boy revealed that his mother became rude and treated him like he was not her son. Other participants felt that his mother slept too much, then she became ignorant and forgot her own family.

Two of the six participants said that they did not trust their mother's words. They said that sometimes they doubted their mothers' words and they didn't feel any connection when they talked to their mother. As a girl stated:

"It's been a long time since my mother was like that .... I didn't believe in her. Whatever she taught me, I would think that this person doesn't make sense. I don't want to listen to what she said." (P6)

### **Trying to accept the mother's condition even though it is very hard**

The participants in this research revealed that even though they had many difficulties while they were living with their mother, they still tried to accept their mother's condition as it was.

Five of the six participants stated that they reminisced about their mothers' unnatural behaviour. They remembered when their mother acted strangely and was

in a rage. Their first experience in watching their mothers' unnatural behaviour was an unforgettable bitter memory for them.

Three of the six participants revealed that it was difficult to tell their mother to take the medicine. Besides the medicine, another difficulty they faced was because their mother was childish. They felt like taking care of a child instead of being taken care by a mother. Then, two participants said that they had difficulty in taking care of their mother because their mother was stubborn and didn't want to listen to them.

Five from six participants revealed that their mother relapsed frequently on many things. This made them worried more about their mother's condition. The most frequent thing that made their mother relapsed was dropping out of her medicine. Besides the medicine, one participant said that his mother would relapse on tiredness. Then, another participant said that every time his mother was resentful, she would relapse and raged. Three participants also said that their mother would relapse if she was left alone at home.

The participants did many efforts to take care of their mothers and to keep their mothers calm. One boy said that he prayed for his mother, gave her understanding and motivation, gave presents to his mother (money and food), and he also took his mother to walk to calm her. A girl said that she tried to calm her mother by doing what she wanted and taking her to do her checkup. Their mother could also be calmed by encouraging her and joking with her. However, one of the participants said that she could not calm her mother, so when her mother relapsed she would lock her mother in a room or she would take her mother to be hospitalized in a mental hospital.

Five of the six participants revealed that they used to bury their own emotion and relieved the stress by doing activities outside the house. Most of the participants said that hanging out with their friends could eliminate their sadness, make them laugh and encourage them, as one girl stated:

"I ended up going out, culinary with my friends or watch the cinema. That's it... I merely go to the mall for refreshing...I just want to forget about it for a moment anyway..." (P6)

Other than hanging out with friends, another girl used to soothe her feelings by being alone in her room while listening to music. Then, a boy chose to join a youth organization to relieve his sadness, to get motivated and learn to be mature.

The participants said that the key to surviving their life changes was to be patient and to accept their mothers' condition. Three of the six participants revealed the importance to motivate themselves to become stronger. One of the participants said that he had to be strong to face his life fate because he was the only one who could change himself to be stronger. Another participant said that he tried to calm and to motivate himself to be stronger and living his life as it was. A girl said that she tried to put in herself to live her life as it was and not to feel sad about her family condition.

Three of the six participants revealed that the sources of their biggest strength in facing the life changes were their faith and their good friends. One of the boys said that his biggest strength was his faith. Doing prayer and reading the Quran made him stronger and he could forget about his problems. Besides his faith, having good friends was also a strength for him. A girl added that based on her religion 'heaven lies beneath the mother's feet'. So, the participant still tried to accept no matter how bad her mother condition was and tried to make her mother happy while she was still alive.

### **Finding a lesson behind the hardship**

Most of the participants in this study revealed that there was a lesson behind the hardship in their life. The changes in their mother's condition and their family situation made them learn to be an independent and responsible person.

Three of the six participants revealed that they wanted to do well at school. The participants made their mother's situation a motivation to be an achiever. Then, two of the six participants revealed their desire to continue their study to a higher level even with their effort. Their mother's condition and the changes in their family didn't hold their desire to continue their study.

Three of the six participants revealed that they had to become independent

since childhood because of their mothers' condition changes. They said they learned to be independent because they didn't want to trouble their parents, as one of the participants said:

"Yes, actually there was a lesson from what happened before. Honestly, since I was little I had to think how to stop bothering my parents anymore."(P4).

Two of the six participants said that they felt responsible for their parents. They felt that they needed to work and being responsible for the family. Another participant added that she had to take care of herself because it was no longer possible to depend on her mother.

### **Getting supports from many people.**

The participants in this study were getting support from many people to endure facing their mother's condition. They got the support from their father, siblings, close friends also from the community health centre. The support that they got encouraged them and made them hopeful in facing their mother's condition. Four participants said that their main support was from their father. While two other participants got their main support from their siblings. Besides that, they also had their grandmothers, uncles and aunts who gave them advice, prayers and care. These were some of the participant statements:

"My father's support was my main support. Then, the relatives who live nearby, like my aunts, my uncles, especially my grandmother... They also prayed for me... They said if I ever needed anything just go and tell them." (P1)

"...The most important was the support. The support that I get from the family and my siblings... The support encouraged me to accept this..." (P3)

Besides the support from their family, three of the six participants stated that they got advice as support from their close friends. Then, two of the six participants stated that they were glad to have support from the community health centre. They were glad when their mother was involved in the community health centre's activity. A boy stated: "I was glad when the community health centre had a program to make a slipper with ribbons....My mum was asked to join.... When she got home, there was some reward

like a wallet....and she was happy..” (P1).

### **Expecting that there will be no stigma toward the mother.**

Half of the participants in this research expected that there wasn't any stigma toward their mother. They received many negative attitudes from their neighbourhood and hoped that their mother could be accepted by the community. Two of the six participants said that their neighbours acted negatively because of their mother's erratic behaviours. One of the participants said there was a neighbour who looked at her cynically and a neighbour who mocked her mother. Another participant said that he was sad because people around him took his mother for granted and she was considered to have no potential.

Three of the six participants revealed that they wished their mother would be accepted by the community. They hoped people could understand their mother's condition and didn't isolate her, as a girl stated:

“What I wanted from my neighbourhood was for them to understand. The neighbours accepted her.”(P3).

Two of the six participants revealed that they were grateful because some of the neighbours accepted their mother's condition. The participants were glad because the neighbours talked to their mother and understood their mother's condition. The participants were also grateful because people had begun to accept their mother's childish behaviours.

### **Needing a friend who could understand and give advice.**

Living with a schizophrenic mother was a bitter experience for all participants. All the participants in this research revealed that they needed a close friend to understand them and to give them advice. All participants said that they didn't tell much about their mother's condition and only confided to their close friends. But there was a girl who revealed that she was confused about whom should she confide to. She wanted to share her story but she felt nobody understand her feeling.

Two of six participants said that they preferred to confide to their friends than to their family. They liked to confide to their friends better because they thought friends

were understood them more, as one boy stated:

”Usually, I confide to a friend. As for me, after junior high, I rarely told my matter to my parents. I preferred to tell my friends because to tell them it would be better. They knew me better.” (P4).

One of the six participants revealed that he liked to hang out with older people. His mother's condition changes made the participant preferred to interact with the older people so he could have some advice and lessons from them.

### **Making the father as the source of inspiration**

Five of the six participants in this study considered their father as their source of inspiration because their father was the only one who gave them a lot of advice and the role model to accept their mother's condition. Their father had a double role. He was also being a mother for them. This theme consisted of three sub-themes.

Two of the six participants revealed that they respected and obeyed their father. Since childhood, the participants were afraid of and obeyed their father. Then four of the six participants said that their father educated and gave them the advice. He was also being a mother to participants. As one boy said:

”Well my dad guided me; he was a father and a mother at once... He supported me to finish my study...That was my dad.”(P1)

A girl revealed that now she depended on her father and her father was the only one who taught her and gave her advice. She also revealed that their father was the one who did the house chores instead of their mother.

Three of the six participants stated that they got an example from their father to accept their mother's condition. One girl said that she respected her father's patience to deal with her mother's rude behaviour. Another girl said that she was able to endure living with her mother because she saw her father endured it as well. Her father accepted her mother's condition as she was and was always patient, she stated:

”I saw my dad. He could endure with my mum's condition, so I followed him to endure. That's it...we were together in this.”(P5).

## **Discussion**

This study revealed that adolescents who lived with a schizophrenic mother felt various negative emotions. Their mother's unnatural behaviour made them bewildered and scared, also ashamed toward their friends. They had sad experiences while living with their mother so they had a mixed feeling in their heart. They were sad and felt sorry for their mother, but they were also angry and disappointed because of their mother's bad behaviours. They felt helpless, yet they have no other choice but to accept their mothers' condition. Eventually, they were tired and stressed to take care of their mother.

In this study, three of six participants revealed that they felt ashamed of their mother's condition toward their friends. They were embarrassed to bring their friends home or to introduce their friends to their mother. This result was supported by the research from Chan and Heidi (2010) who declared that adolescent with schizophrenic mother tend to have low self-esteem. The participants in this research who revealed their shame were all female. It was possible because the female's self-esteem was lower than the male's which was shown in the research of Agam, Tamir, and Golan (2015) and the research of Minev, Petrova, Mineva, Petkova, and Strebkova (2018). According to Minev et al. (2018), male adolescents had higher self-esteem because they tended to be independent and didn't count on others' opinion while females were more vulnerable to conformity.

Besides that, four of six participants felt guilty for their mother. They thought that they had caused their mother stressed and resulted in mental illness. Ferguson (2011) research also showed that some children blamed themselves for causing their mother to have a mental illness. Ferguson (2011) declared that children who blamed themselves for their parents' illness might affect in low self-esteem. Dam and Hall (2016) also revealed that the children of parents with mental illness tend to blame themselves because they could not help healing their parents.

Living with an abnormal mother was hard for them. They were sick and tired of dealing with their mother. One of the participants

revealed that she was so tired of dealing with her mother 'like it was endlessly'. The participants who revealed their tiredness and stress in taking care of their mother were the youngest in the family. It proved that the child's age when the mother had schizophrenia for the first time affected their emotion and coping mechanism. This was supported by Foster, O'Brien, and Korhonen (2012) who declared that the older children tended to be tougher than the younger children. Hence, the older children also had more burden than the younger children because they had to take care of the younger children, their sick parents and house chores (Yamamoto & Keogh, 2018).

The participants in this study revealed that since their mother had schizophrenia, their mother became different and their relationships were distant. Perera, Short, and Fernbacher (2014) declared that the mental illness' symptoms affected negatively to mother and child relationship. In this study, the symptoms experienced by their mother made them rude to their child, could not talk properly and often daydreaming. Meanwhile, the effect of the treatment made her sleep more often and forget her children. So the mother and child relationship became distant.

In this study, there was not any specific measurement held about the kind of attachment bond between the adolescents and their mothers. However, most of the participants showed a lack of attachment to their mother. They were faced to a dilemma; on one hand, they wanted to be closer to their mother, on the other hand, they were afraid of their mother's aggressive behaviour. They wanted to confide in their mother but they didn't feel connected while talking to their mother. This made it difficult for them to be close to their mother. Because of this lack of attachment, the participants were sad, upset, and felt forgotten.

According to Power et al. (2016), one of the ways to improve the attachment model in the family was with open communication. The open communication about mental illness made the family enable to have better coping and better attachment relationship in the family. The family member's resilience might be built by joking with each other, doing a family event or family routine (Power

et al., 2016). Sutini, Keliat, and Gayatri (2014) stated that generalist therapy for families with ineffective coping suggested by the Community Mental Health Nursing (2006), included building rapport, identifying problems, discussing commonly used coping, discussing alternatives for problems solving and training the family members to use effective coping.

The participants in this study experienced various difficulties while living with their mother. They felt hard to deal with their mothers' unnatural behaviour and had difficulties to take care of their mother. They had difficulties in telling their mother to take her medicine because their mother was being stubborn and childish. Three of the participants felt that taking care of their mother was like taking care of a child. They had to give extra attention to her. This was similar to the research of Petrowski and Stein (2016) revealing that ten female adolescents who were participated in the research switched role with their mother. Sometimes they were the parent to their mother.

The interesting thing in this research was even though taking care of schizophrenic mother was a heavy burden to them; they still tried to endure and continued to take care of their mother. This result was supported by Chan and Heidi (2010) who revealed that although the adolescents with schizophrenic mother had various bitter experiences in their life, they felt responsible in their parents' treatment. They also wanted to keep giving emotional support to their parents. In this study, the participants revealed that they tried various ways to take care of and calm their mother, such as trying to understand her, comforting her, talking to her and joking with her, giving her presents, taking her to walk, and motivating her.

The participants in this research did various ways to cope. The coping they did was to avoid seeing their mothers. One of the participants soothed herself by being alone and listening to the music in her room. But most of the participants relieved their feelings by doing some activities outside their home such as strolling, hanging out with friends and joining a youth organization. This result was also revealed by Van Loon, Van de Ven, Van Doesum, Witteman, and Hosman (2014)

who declared that the adolescents living with mental illness parents sometimes purposely spent a long time with their friends outside their home to avoid their parents.

The participants also revealed that they could endure by trying to be patient, strong and accept their mother's condition as their fate. The source of the biggest strength for participants was their faith and good friends. One of the participants stated that by doing worship and reading the Quran, he could forget his problem and the negative things in his mind. This was appropriate with the research of Hernandez and Barrio (2015) who revealed that religion, faith and spiritual practice could reduce the emotional burden and help someone to have a good relationship and be more responsible in taking care of people with mental illness.

The religious value was upheld in the Sundanese community. Religion was taught strictly to the children in every family. Their religion encouraged them to get closer to God and considered that every trial in their life would never exceed their strength. They believed that everything that happened to them was God's fate (Kadiyono & Harding, 2017). This religious value encouraged the participants to accept their mother's condition as their fate.

Most of the participants revealed that they got lessons behind their hardship. The participants said that they learnt to take care of themselves since childhood because they couldn't depend on their mother anymore. Their family changes made them learn to be independent and responsible. They build a responsibility since childhood by working and helping to take care of their parents.

This result was supported by Chan and Heidi (2010) and Foster (2010). Chan and Heidi (2010) revealed that the adolescent got the lessons from their mother's problem. They were stronger, more mature and more considerate to others. They also learnt to see everything from a different point of view. Foster (2010) also revealed that children who had parents with mental illness tended to be responsible and independent since childhood.

However, the result in this study was different from Jundong et al. (2012) and Ranning et al. (2018) who declared that children with schizophrenic parents showed



a worse school performance compared to those with normal parents. Three of the six participants in this study said that their mother's condition and their family changes didn't affect their school performance. They were encouraged to do well because they wanted to devote to their parents and make them proud. The parents' happiness was an important thing and an obligation to the participants.

This study also revealed that the adolescents were getting support from many people. They got support from their father and family, close friends and the community health centre. Four participants in this study revealed that their main support was from their father. While two participants revealed that their main support was from their siblings. The difference might be because one of the participants only lived with her mother and her siblings while the father of another participant was rarely home.

Some study promoted the importance of family support for adolescents. Foster et al. (2012) declared that support from siblings could increase the resilience in children with mental illness parents. Perera et al. (2014) revealed that the main support system for children was from the nuclear family. The support from extended family was also important to children. Meanwhile, Grové, Reupert, and Maybery (2016) study explained that adolescence needed social support through groups, peer or anyone, even from someone they didn't know.

The participants revealed that they were also glad to have support from the community health centre. The things that made them glad was to see their mother could involve in the community health centre's activity, like making any kinds of handicrafts. They were also glad to see their mother could interact and mingle with others. By joining the activities, their mother was empowered and had positive changes.

In this research, half of the participants expected that there wasn't any stigma toward their mother. Even though they were grateful because some of the neighbours understood and accepted their mother, there were still some who acted negatively to their mother. They hoped the community could understand and accept their mother's condition.

Suryani (2015) revealed that a stigma could be the source of the family burden. The family would feel ashamed because their surrounding was gossiping about their family member with mental illness. They were isolated from the community because of their relative's bad behaviours or words. They felt that the stigma was one of the reasons for their relative's relapse. Fauziah, Suryani, and Hernawaty (2019) research about the Sundanese family's experience on mental illness stigma indicated that mental illness stigma on the Sundanese community was still strong.

Fauziah et al. (2019) declared that even though the Sundanese community upheld the Egalitarian (human's equal right and level), society still disdained people with mental illness. Society was still labelling people with mental illness as "crazy people" and treated them negatively. This made the family of people with mental illness experienced the feeling of being ashamed, insulted, resentful and sad. According to Fauziah et al. (2019), strong family bonding was one of the keys in enduring the stigma.

Most participants in this study never told much about their mother's condition to their friend and they only confided to their close friend, a very trustworthy friend who could understand them. They felt that their friends knew them and understood their situation better. The study of Grové et al. (2016) also revealed that part of the adolescents in their research tried to get support by confiding about their parents' mental illness to their peer. They did this because they felt that their friend could understand and wouldn't leak their secret to others. Bowden and Greenberg (2010) said that the adolescents didn't want to depend on their parents anymore. That's why they used their friends to receive a response to their ideas or their actions.

Different from other participants, the third participant said that she was confused about whom she should confide to. This was supported by Chan and Heidi (2010) study who revealed that the adolescents couldn't confide about their parents' mental illness to their friend because they felt nobody could help them. Yamamoto and Keogh (2018) also showed that children of parents with mental illness tended to conceal their parents'

sickness and their families' problems. Yamamoto and Keogh (2018) added that the children felt more comfortable if they could talk with friends who had similar experiences with them. Therefore, it was important for the mental health nurse to do a home visit or to form a peer-support group for the adolescents. With the peer-support group, those adolescents could share and support each other. They would freely confide in each other because of the same experience they had walked through.

Fortunately, most of the participants in this research had a kind and patient father. They declared that their father was their source of inspiration. They respected their father very much because their father was the only one who advised and educated them. Their father also played the mother's role. Besides, their father gave them a role model to accept their mother's condition. Their father was always patient in dealing with their mother's rude behaviour and endured to live with their mother. Their father was one of the reasons they could endure their mother.

The presence of a loving and dependable father was one of the keys in building trust and confidence for the adolescent (Santrock, 2014). Other than that, a father should be a supportive partner to his wife (Yogman & Garfield, 2016). The supportive partner was a partner who "understand", "care", "emotionally there" and someone who could always be a place to confide. The husband's presence and support were the main support system for a schizophrenic mother (Perera et al., 2014). In this research, the participants' father tried to be a supportive partner for their mother by helping to do the house chores, educating the children, calming their mother when she relapsed, giving a routine medicine and taking their mother to do her check-up.

Various negative emotions that were shown by the participants in this research indicated the importance of teaching them to manage their emotion. The implication for nursing practice was to help the participants manage their emotions, to give health education about the definition, signs and symptoms, also the schizophrenia treatment. The psychiatric nursing needed to conduct a home visit to find out the situations and challenges faced by the family to provide

good health education (Suryani, Komariah, & Karlin, 2014). By giving health education, the knowledge about their mother's condition was expected to increase so they could develop their confidence and positive mind in taking care of their mother.

## Conclusion

This study revealed that the adolescents still respected their mother as a parent because in their religion it said that 'heaven lies beneath the mother's feet'. They made their mother's condition and the changes in their life as a motivation to do well in school and they wanted to make their parents proud of them. Hitherto, they could take care of their mother by seeing their father as a role model. The presence of a kind and supportive father and also good friends were the reasons they could endure to live with their mother.

In this deinstitutionalize era, this study also suggested promoting family-focused care in community mental health nursing program in Indonesia. The mental health nurses were expected to do home visit regularly, give counselling or health education with the family of the schizophrenic patients. The mental health nurses could work alongside psychologists or psychiatrists to build family-focused care programs for them. Besides that, the interesting thing in this research was the importance of the community health centre's support to empower people with schizophrenia and to form a peer-support group for adolescence who live with a schizophrenic mother.

## References

- Agam, R., Tamir, S., & Golan, M. (2015). Gender differences in respect to self-esteem and body image as well as response to adolescents' school-based prevention programs. *Journal of Psychology and Clinical Psychiatry*, 2(5), 00092. Doi: 10.15406/jpcpy.2015.02.00092.
- Bowden, V. R., & Greenberg, C. S. (2010). *Children and Their Families: the Continuum of Care*. Philadelphia: Lippincott Williams &

Wilkins.

Chan, S., & Heidi, Y. (2010). Growing up with a parent with schizophrenia: What children say they need. *Journal of Children's Services*, 5(4), 31–42. Doi:10.5042/jcs.2010.0693.

Cucu-Ciuhan, G. (2015). Raised by a schizophrenic mother: Application of emotion focused therapy in a clinical case with mild depression. *Procedia-Social and Behavioral Sciences*, 205, 30–34. Doi: 10.1016/j.sbspro.2015.09.007.

Dam, K., & Hall, E. O. C. (2016). Navigating in an unpredictable daily life: A metasynthesis on children's experiences living with a parent with severe mental illness. *Scandinavian Journal of Caring Sciences*, 30(3), 442–457. Doi:https://doi.org/10.1111/scs.12285.

Fauziah, S., Suryani, & Hernawaty, T. (2019). The sundanese family live experience about stigma toward mental illness. *IOSR Journal of Nursing and Health Science*, 8(4), 69–76. Doi: 10.9790/1959-0804036976.

Ferguson, B. (2011). *Children of parents with mental illness: Parental disclosure, children's illness beliefs and the development of a shared understanding of mental illness in the family (Doctoral Dissertasion)*. The University of Adelaide, Adelaide, South Australia.

Foster, K. (2010). 'You'd think this roller coaster was never going to stop': Experiences of adult children of parents with serious mental illness. *Journal of Clinical Nursing*, 19(21–22), 3143–3151. Doi: 10.1111/j.1365-2702.2010.03293.x.

Foster, K., O'Brien, L., & Korhonen, T. (2012). Developing resilient children and families when parents have mental illness: A family-focused approach. *International Journal of Mental Health Nursing*, 21(1), 3–11. Doi: 10.1111/j.1447-0349.2011.00754.x.

Grové, C., Reupert, A., & Maybery, D. (2016). The perspectives of young people of parents with a mental illness regarding preferred interventions and supports. *Journal*

*of Child and Family Studies*, 25(10), 3056–3065. Doi:10.1007/s10826-016-0468-8.

Herbert, H. S., Manjula, M., & Philip, M. (2013). Growing up with a parent having schizophrenia: Experiences and resilience in the offsprings. *Indian Journal of Psychological Medicine*, 35(2), 148–153. Doi: 10.4103/0253-7176.116243.

Hernandez, M., & Barrio, C. (2015). Perceptions of subjective burden among Latino families caring for a loved one with schizophrenia. *Community Mental Health Journal*, 51(8), 939–948. Doi: 10.1007/s10597-015-9881-5.

Jundong, J., Kuja-Halkola, R., Hultman, C., Långström, N., D'Onofrio, B. M., & Lichtenstein, P. (2012). Poor school performance in offspring of patients with schizophrenia: What are the mechanisms?. *Psychological Medicine*, 42(1), 111–123. Doi: 10.1017/S0033291711001127.

Kadiyono, A. L., & Harding, D. (2017). Pengaruh nilai budaya sunda dalam upaya peningkatan kesejahteraan psikologis korban bencana tanah longsor. (The influence of Sundanese cultural values in an effort to improve the psychological well-being of landslide victims). *Journal of Psychological Science and Profession*, 1(3), 26–35. Doi : https://doi.org/10.24198/jpsp.v1i3.15232.

Minev, M., Petrova, B., Mineva, K., Petkova, M., & Strebkova, R. (2018). Self-esteem in adolescents. *Trakia Journal of Sciences*, 16(2), 114–118. Doi:10.15547/tjs.2018.02.007.

Perera, D. N., Short, L., & Fernbacher, S. (2014). There is a lot to it: Being a mother and living with a mental illness. *Advances in Mental Health*, 12(3), 167–181. Doi: 10.1080/18374905.2014.11081895.

Petrowski, C. E., & Stein, C. H. (2016). Young women's accounts of caregiving, family relationships, and personal growth when mother has mental illness. *Journal of Child and Family Studies*, 25(9), 2873–2884. Doi: 10.1007/s10826-016-0441-6.

- Power, J., Goodyear, M., Maybery, D., Reupert, A., O'Hanlon, B., Cuff, R., & Perlesz, A. (2016). Family resilience in families where a parent has a mental illness. *Journal of Social Work, 16*(1), 66–82. Doi: 10.1177/1468017314568081.
- Ranning, A., Laursen, T., Agerbo, E., Thorup, A., Hjorthøj, C., Jepsen, J. R. M., & Nordentoft, M. (2018). School performance from primary education in the adolescent offspring of parents with schizophrenia and bipolar disorder—a national, register-based study. *Psychological Medicine, 48*(12), 1993–2000. Doi:10.1017/S0033291717003518.
- Santrock, J. (2014). *Adolescence (15th Ed.)*. New York, US: McGraw-Hill Education.
- Suryani, S. (2015). Caring for a family member with schizophrenia: The experience of family carers in Indonesia. *Malaysian Journal of Psychiatry, 24*(1).
- Suryani, S., Komariah, M., & Karlin, W. (2014). Persepsi keluarga terhadap skizofrenia. (Family perceptions of schizophrenia). *Jurnal Keperawatan Padjadjaran, 2*(2). Doi: <https://doi.org/10.24198/jkp.v2i2.75.g71>.
- Sutini, T., Keliat, B. A., & Gayatri, D. (2014). Pengaruh terapi self-help group terhadap koping keluarga dengan anak retardasi mental. (The effect of self-help group therapy on coping with families with mentally retarded children). *Jurnal Keperawatan Padjadjaran, 2*(2). Doi: <https://doi.org/10.24198/jkp.v2i2.74.g70>.
- Van Loon, L. M., Van de Ven, M. O., Van Doesum, K. T., Witteman, C. L., & Hosman, C. M. (2014). The relation between parental mental illness and adolescent mental health: The role of family factors. *Journal of Child and Family Studies, 23*(7), 1201–1214. Doi: 10.1007/s10826-013-9781-7.
- Yamamoto, R., & Keogh, B. (2018). Children's experiences of living with a parent with mental illness: A systematic review of qualitative studies using thematic analysis. *Journal of Psychiatric and Mental Health Nursing, 25*(2), 131–141. Retrieved from Doi:<https://doi.org/10.1111/jpm.12415>.
- Yogman, M., & Garfield, C. F. (2016). Fathers' roles in the care and development of their children: The role of pediatricians. *Pediatrics, 138*(1), e20161128.. doi:10.1542/peds.2016-1128.