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Sibling Relationships of Individuals with Parents Who Have Mental Illness: A Qualitative Study

Ebeveyninde Ruhsal Hastalık Olan Bireylerin Kardeş İlişkileri: Kalitatif Bir Çalışma

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ABSTRACT Objective: This research was performed with the aim of determining sibling relationships of individuals with parents who have mental illness. **Material and Methods:** This research was a qualitative study using phenomenological design. A total of 14 individuals, determined with the purposeful sampling method, with a parent who had mental illness for at least 20 years, with at least 1 sibling and from 7 family pairs were interviewed. Data were collected with a semi-structured interview form and analyzed with the content analysis method. Ethics committee permission and individual consent from participants were obtained. **Results:** The mean age of participants was 31.64±4.95 years, including 8 women and 6 men. Parents of 4 of the participants had schizophrenia, 6 had bipolar and 4 had depression diagnosis. The mean duration of mental illness in parents was 26.85±4.18 years. In the research, 2 main themes and 6 sub-themes emerged. The themes were determined to be solidarity (sharing, emotional support, personal development) and conflict (shifting roles, heavy burden, broken ties). **Conclusion:** The results of this study reveal the status of sibling relationships among individuals with parents who have mental illness. It appears that siblings living with parents who have mental illness is a process ensuring solidarity like sharing, emotional support and personal development, while also involving conflict from many perspectives like shifting roles, heavy burden and reduced sibling relationships. These results may be used to develop integrated mental health services by assessing sibling relationships of individuals with parents who have mental illness.

Keywords: Sibling relationships; parents; mental illness; qualitative study

ÖZET Amaç: Çalışma ebeveyninde ruhsal hastalık olan bireylerin, kardeş ilişkilerini belirlemek amacıyla yapılmıştır. **Gereç ve Yöntemler:** Bu araştırma, fenomenolojik desen kullanılarak yürütülen nitel bir araştırmadır. Amaçlı örnekleme yöntemi ile belirlenmiş, ebeveyninde en az 20 yıldır ruhsal hastalık ve en az 1 kardeşi olan 7 aile çiftinden 14 bireyle görüşülmüştür. Veriler yarı yapılandırılmış görüşme formu ile toplanmış ve içerik analizi yöntemi ile çözümlenmiştir. Etik kurul izni ve katılımcılardan bireysel onam alınmıştır. **Bulgular:** Katılımcıların yaş ortalaması 31,64±4,95, 8'i kadın ve 6'sı erkektir. Katılımcıların 4'ünün şizofreni, 6'sının bipolar, 4'ünün depresyon tanısı olan ebeveyni vardır. Ebeveynlerin ruhsal hastalığa sahip olma süre ortalaması 26,85±4,18 yıldır. Araştırmada 2 ana tema ve 6 alt tema ortaya çıkmıştır. Temalar; dayanışma (paylaşım, duygusal destek, kişisel gelişim) ve çatışma (değişen roller, ağır yük, kopuk bağlar) olarak belirlenmiştir. **Sonuç:** Bu çalışmanın sonuçları ebeveyninde ruhsal hastalık olan bireylerin kardeş ilişkileri durumlarını ortaya koymaktadır. Ruhsal hastalığı olan ebeveynlerle yaşamanın kardeşler arasında paylaşım, duygusal destek ve kişisel gelişim gibi dayanışma sağlayan bir süreç olduğu aynı zamanda rollerin değişmesi, ağır yüklerin olması ve kardeş ilişkisinin azalması gibi birçok açıdan çatışma yaratan bir süreç olduğu görülmüştür. Bu sonuçlar ebeveyninde ruhsal hastalık olan bireylerin, kardeş ilişkilerinin değerlendirilmesiyle bütüncül ruh sağlığı hizmetlerinin geliştirilmesinde kullanılabilir.

Anahtar Kelimeler: Ruhsal hastalık; ebeveyn; kardeş ilişkileri; kalitatif çalışma

The forms of interaction between children and parents are very important.[1] Mental disease in the parent may affect parenting skills or cause dysfunctional parenting.[2] Disruption of parenting skills may cause negative outcomes like insecure attachment, emotional problems, ineffective coping strategies and mental problems in childhood, adolescence and adulthood.[3] Additionally, children of parents with mental illness were stated to be protected from negative outcomes of mental illness in the parent by personality

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and temperament qualities, quality of attachment between child and primary caregiver, and social support from family members (healthy parent, siblings, etc.).[4]

Relationships between siblings are the longest duration relationship throughout a person's life-even longer than the person's relationships with their children or partner.[5] Siblings offer an unrivalled connection to the practice of developmental skills. Additionally, siblings are effective representatives of parenting practices.[6] For this reason, sibling relationships represent an example of an unrivaled family connection acting as a strong form of social support against the difficult nature of coping with a parent with mental illness.[7] Siblings are an important dimension of family life experience and are stated to have impacts on child development. Siblings may support each other or be a source of conflict during stressful events.[8] In families dealing with high conflict or other stressful situations, siblings are suggested to turn to each other for support as a coping tool.[9,10]

Considering the interrelations in interactions between family members, continuous effects on each other and the permanent effects of sibling relationships, it is considered important to assess the sibling relationships of individuals with parents who have mental illness.[11-13] There are limited studies assessing the sibling relationships of individuals whose parents have mental illness. For this reason, this study was performed with the aim of determining the opinions of individuals whose parents have mental illness about sibling relationships.

RESEARCH QUESTIONS

- How do individuals with parents who have mental illness define sibling relationships?
- What are the opinions of individuals with parents who have mental illness about their siblings?

MATERIAL AND METHODS

STUDY TYPE

This research, with the aim of assessing how individuals with parents who have mental illness assess sibling relationships, was a qualitative type study using the phenomenological design. This study was conducted according to the guidelines of the COREQ checklist.

STUDY POPULATION AND SAMPLE

The population for this research comprised individuals living in the Nevşehir region of Türkiye in 2022 whose parents had mental illness. The purposeful sampling method was used in the study. Individuals were reached using the snowball method. The sample comprised a total of 14 individuals, 8 women and 6 men, identified with the purposeful sampling method, accepting participation in the study, with parent who had mental illness for at least 20 years and at least 1 sibling. The sample comprised pairs of adult siblings from 7 families. Parents of individuals in the sample had diagnosis of schizophrenia for four cases, bipolar for 6 cases and depression for 4 cases.

Inclusion Criteria for the Study

The study included individuals

- Over 18 years of age,
- With at least one sibling,
- With parent with mental illness since childhood and living with siblings.

The study did not include individuals

- With mental illness diagnosis and sensory loss preventing communication.

DATA COLLECTION TOOLS

Data collection tools consisted of 2 parts; the "information form" with introductory information about individuals and the semi-structured "interview form".

Information Form: This comprised questions about descriptive features of individuals like age, sex, marital status, employment status, income level, educational level, number of siblings, sex of siblings and parent, and type and duration of parent's mental illness.

Semi-structured Interview Form: This comprised open-ended questions assessing opinions about sibling relationships of individuals with parents who have mental illness.

COLLECTION OF DATA

Data were collected by the researchers using the personal information form and semi-structured interview form from January-February 2022. After interviewing the first sibling, communication information for

the other sibling was obtained from them, then the second sibling was contacted and invited to the study. During interviews, questions were asked in the same order and additional explanations were made if necessary. All opinions were assessed as qualitative data. Data obtained from face-to-face interviews with individuals were recorded with a sound recording device. Permission was obtained to record the interview in written notes for participants who rejected use of the recording device. The personal information form was filled before the interviews. Interviews continued until data saturation and ended when data saturation was reached. Interviews lasted mean 40-45 minutes. Interviews were held in suitable environments in the individuals' homes. Care was taken to hold interviews in environments where the researcher and individual could see each other easily, where there was no noise or interruption and allowing comfortable communication.

EVALUATION OF THE DATA

Quantitative data on the personal information form were analyzed in the computer environment and given as number and percentage. Qualitative data were written as raw data and analyzed with content analysis. Qualitative data were first transcribed to the computer environment by the researchers and then analyzed with content analysis. Data in the research were categorized through coding by two separate researchers *(28 codes)* and then relationships between the categories were identified to create themes and subthemes. Expert opinion was sought from 2 independent researchers with experience and education about qualitative research for validity of the themes and subthemes. After expert opinions were obtained, unnecessary codes were removed *(3 codes),* connected codes were re-grouped and themes and subthemes were given their final form by identifying statements including the main ideas. Themes were supported by direct quotations. Quotations are shown with family code, sex and age *(G family-Female 32; E family-Male 33)*.

CREDIBILITY AND TRUSTWORTHINESS OF QUALITATIVE DATA

To ensure credibility in this study, long-duration interviews, participant confirmation and expert investigation methods were used. Before in-depth interviews, necessary information was given to create trustworthy communication between researcher and participant, and data were obtained on the planned day, time and location. Data obtained by researchers were summarized by the researcher for the individuals and the individuals were requested to state their thoughts about the accuracy of the summary for participant confirmation. Additionally, individuals were asked whether there was any opinion they wished to add. Additional explanations were recorded and the interview was ended. Expert opinion was sought in the planning stage of the study, about the questions on the interview form, and about the themes. Thus, expert opinions were obtained from the start to the end of the research in an attempt to ensure credibility. To ensure reliability of the study, researcher triangulation and method triangulation were used. In the name of confirmability, raw data were obtained as interview notes and notes about participant statements during interviews and the research report included direct statements made by individuals. Research results obtained from interviews performed with this sample group can be used in different environments with similar sample groups and thus, it is considered that the transferability criterion was met.

REFLEXIVITY

The first researcher (Ph.D) completed doctorate education in mental health and diseases nursing, while the second researcher (Ph.D) completed doctorate education in the field of public health nursing. The researchers have experience of scientific research about mental illness and qualitative research.

ETHICAL ASPECTS OF THE STUDY

The study protocol was carried out in accordance with the Helsinki Declaration of 1975 and approval was obtained from the Nevşehir Hacı Bektaş Veli University Non-Invasive Clinical Research Ethics Committee (date: July 14, 2021; no: 2021.08.280). The purpose of the research was explained to the participants individually and approval was obtained from the participants for their participation in the research. Participant names were not disclosed and individual statements are coded with family, sex and age (*E family-Male 33*) instead of names.

RESULTS

INTERVIEW AND SAMPLE CHARACTERISTICS

The mean age of participants was 31.64±4.94 years for 8 women and 6 men. They comprised adult sibling pairs from 7 families. Parents of 4 participants had schizophrenia diagnosis, parents of 6 had bipolar and parents of 4 had depression diagnosis. The mean duration of mental illness in the parents was 26.85±4.18 years. Of the 14 participants, 10 were married, all were literate, and 9 had moderate income level (Table 1).

THEMES EMERGING FROM THE INTERVIEWS

Two themes emerged in sibling relationships of individuals whose parents had mental illness in the research and these themes contained 6 subthemes (Figure 1).

THEME 1. SOLIDARITY

Most participants stated they stood in solidarity with their siblings. They emphasized that growing up with a parent with mental illness was a difficult process and this increased solidarity between siblings. They divided work in the negative conditions caused by mental illness of the parent, provided emotional support for each other in times of difficulty and stated they developed themselves in this way.

a. Sharing

Most participants emphasized that having siblings made their difficult lives easier, that they could complete work by dividing it up, especially housework, they supported their healthy parent and were grateful that their other parent was healthy. Participants in the research expressed their views on the subject as follows;

"When my mother was depressed, she couldn't do anything. As I was the only girl, I did the cooking, cleaning, etc., but my older brothers did the shopping. This was a good division of work." (D family; Female-24)

"If I didn't have a sister, we would have been hungry, she ironed our clothes. It's good that I have a sister, I can say she was like a mother to us." (D family; Male-27)

b. Emotional Support

Most participants stated they received most support from their siblings, especially emotional support, and they coped with negative emotions (sadness, anger, loneliness) with the support of their siblings. Participants in the research expressed their views on the subject as follows;

"People don't understand mental illness, only people who live with you understand your experience.

TABLE 1: Descriptive characteristics of participants.

Family	Participants's gender & age	Number of siblings	Age and gender of siblings (other)	Patient parent's gender - age	Patient parent's diagnosis & year
A	Male-48 Female-47	3	Female, 46	Mother, 66	Bipolar & for 29 years
B	Female-37 Female-31	3	Male, 21	Mother, 58	Bipolar & for 25 years
C	Female-32 Male-29	3	Female, 36	Father, 67	Schizophrenia & for 31 years
D	Female-24 Male-27	3	Male, 29	Mother, 57	Depression & for 29 years
E	Male-33 Male-39	2	-	Father, 66	Bipolar & for 23 years
F	Female-27 Female-21	2	-	Father, 54	Depression & for 26 years
G	Female-28 Male-22	2	-	Mother, 50	Schizophrenia & for 25 years

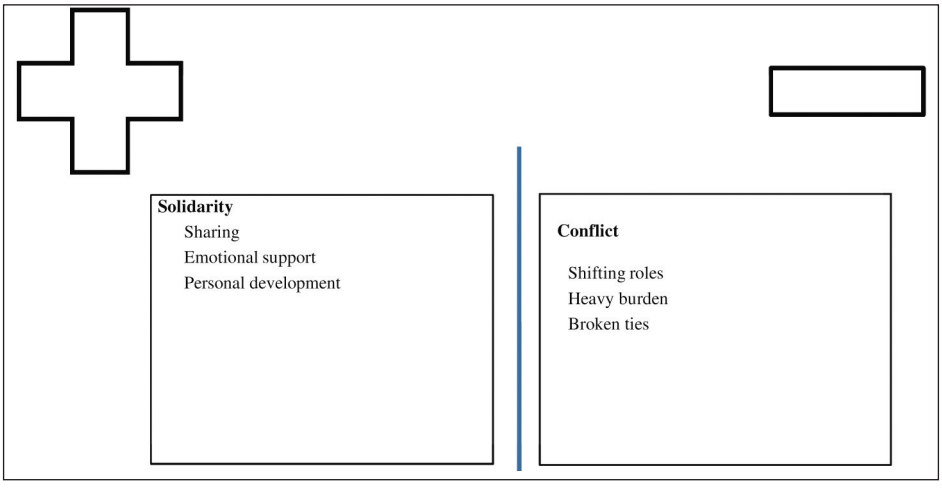

FIGURE 1: Themes and subthemes emerging from the interviews.

This was my older brother. When I was ashamed of my father, I would cry only with my older brother." (E family; Male-33)

"When my brother was ashamed of my father during high school, he didn't want to tell him about parent-teacher meetings. When he had to, he would tell me, I would go to the meetings to support him." (E family; Male-39)

c. Personal Development

Some participants stated they developed many skills due to their parent with mental illness, they preserved their mental health due to coping skills and were more resilient than their peers. Participants in the research expressed their views on the subject as follows;

"Because my mother was suspicious of everything, she wouldn't even make dinner. As a result, myself and my older sister had to develop ourselves. For example, when I was a child, I could make dinner for the whole family. My older sister at that time collected coal for the stove on her back." (G family; Male-22)

"My mother was continuously admitted to hospital. Everything I had to do to look after my brother at those times developed me a lot. Can my peers fix a tap like I can?" (Laughing, G family; Female-28)

THEME 2. CONFLICT

Most participants stated that living with a parent with mental illness created conflict within the family, roles changed, responsibilities increased, and they had difficulty managing this process along with life crises; for this reason, sibling relationships were negatively affected and conflict occurred between siblings. In situations like treatment and care of the sick parent, organizing roles and life created a burden for the family and they stated that children having to take up this burden created conflict between siblings.

a. Shifting Roles

Nearly all participants emphasized that roles changed since their childhood due to mental illness in their parent. While mostly caregiving roles were mentioned, like caring for younger siblings or caregiving experiences of older siblings, they stated that they entered the parental role by replacing their sick parent. Participants in the research expressed their views on the subject as follows;

"My mother was a woman who you would never know what she would do or where. My mother was not like a mother. My older sister worked so much for us... she would be paralyzed by whether to look after me or my brother." (B family; Female-31)

"My father had no other role but to live, it was like I was the father. I was responsible for shopping like a father, protecting my siblings' rights or the safety of the house. But how can a child in need of their mother and father be a parent?" (Crying, B family; Female-32)

b. Heavy Burden

All participants stated their lives were significantly affected by their parent with mental illness, this created a burden from many perspectives and they carried this burden from childhood. They stated that taking parental responsibility, along with their own responsibilities while growing up, was a heavy burden. They emphasized that this heavy burden disrupted sibling relationships and they could not develop relationships like siblings in other families. Participants in the research expressed their views on the subject as follows;

"School, home, parent, siblings... it was all confusing. I would be afraid my siblings would get sick because my mother couldn't even make soup. In those times we would discuss wanting support from my siblings." (A family; Male-48)

"It fell to my older brother to pay attention to our problems, our sicknesses, our schooling. When everything came on top of everything else, he would burnout, he would take his rage out on us." (A family; Female-47)

c. Broken Ties

Some participants stated they did not have healthy family relationships due to mental illness in their parents; for this reason, they did not fully learn the importance of the concepts of family, parent and sibling and had weak sibling relationships. They emphasized that their parents were excluded due to mental illness and their families were othered. This negatively affected their skills in creating and developing relationships with their siblings, social surroundings and society, they became lonely and did not have tight bonds with their siblings. Participants in the research expressed their views on the subject as follows;

"Instead of understanding and supporting, family relatives stigmatized and excluded us so I never learned how my relationship with my sister should be. I grew up without witnessing a relationship between my mother and her sisters." (F family; Female-27)

"As we never saw normal sibling behavior (it was uncertain who was the sibling and who was the mother-father), we felt alone and othered. My older sister could only understand my father, I don't think she understood me." (F family; Female-21)

DISCUSSION

In this study, experiences of sibling relationships were assessed for individuals raised by parents with mental illness (schizophrenia, mood disorders, depression).

The presence of a supportive and compassionate parent understanding the pain of having a parent with mental illness may be protective against negative outcomes on child development of parental mental illness. Additionally, social and emotional connections may lessen the impact of mental illness in parents.[4,14,15] In fact, in this study, participants stated they thanked God their other parent was healthy, the emotional support received from siblings was very important and they coped with negative emotions with support from siblings. In research, children were reported to develop a variety of coping strategies to cope with negative feelings and understand mental illness in parents.[16] However, it has been reported that the lack of support resources can harm the normal development of children/young caregivers.[15] Nurses working in community mental health should support sibling relationships when assessing families with mental illness from an integrated perspective and contribute to strengthening solidarity between siblings with this support. In this context, programs strengthening emotional support and solidarity may be included.

Sibling relationships are one of the longest duration and most important relationships that an individual will have during their life. Siblings teach each other social skills like problem-solving, empathy, social skills development and pro-social behavior and develop academic competence.[11,17] Additionally, when there is an unreliable parent, the importance of sibling relationships was emphasized by stating that a sibling may become an attachment figure.[18] In this study most participants stated that having siblings eased their difficult lives, they could complete jobs by dividing the work, especially housework, and they gained and strengthened many skills due to interactions especially with older siblings. In the literature, it has been reported that the experiences of chil-

dren/young people coping with the difficult living conditions due to having a parent with mental illness contributed to personal development, and also that the children of parents with mental illness had strong aspects like feeling independence, empathy and resilience.[15,19,20] In another study, it was stated that children describe themselves as more mature, independent, empathetic and have gained various abilities compared to their peers (children without parents with mental illness), and they also found social support, information about mental illnesses and the support of mental health nurses to be beneficial.[21] The study findings are similar to the literature. In this context, it can be said that the interaction of siblings is like a shield in children who grow up struggling with all the difficulties of living with parents with mental illness, at the same time professional support (nursing services) strengthens them even more.

Conflict in the family is associated with negative development in children, while positive development of children is linked to parental warmth with care, compassion, love and security.[1,11] A study reported that sibling conflict was associated with negative feelings and this negatively affected sibling relationships in adulthood.[22] Strong sibling relationships are stated to provide protection against the impact of conflict within the family.[23] In the literature, conflict between siblings was associated with problems, while closeness between siblings was associated with life satisfaction.[11,24] In this study, most participants stated that living with a parent with mental illness caused conflict within the family, roles changed, and responsibilities increased, so sibling relationships were negatively affected and conflict occurred between siblings. This context may provide a basis for mental health nurses to develop effective short- and long-term conflict resolution strategies. In this way, there will be contributions to protecting mental health of society.

In order to cope with mental illness in a family member, siblings were forced to change their roles within the family, played an important role in care of mental illness and siblings. It was stated to be important to develop awareness of the unique needs of siblings in terms of this topic.[25] In a project aimed at empowering the children of parents with mental illness; It has been pointed out that when the child looks after a parent, the parent-child roles are reversed and he takes more responsibility in the family than is appropriate for his age. In this direction, it was emphasized that it is important to empower children.[26] Nearly all participants stated their roles changed in childhood due to mental illness in a parent, they undertook caregiving roles due to experience in providing care for younger siblings and took over the role of parent instead of the sick parent. A child who requires interest and care from the parent, but who postpones their own needs while taking responsibility for younger siblings can be said to be at significant risk in terms of mental health. In this context, it is thought that therapeutic interviews with siblings about the role of caregiver and parent may offer them the opportunity to express themselves.

LIMITATIONS OF THE STUDY

In order to perform the interviews, there were difficulties in efforts to find the appropriate conditions and times. Limitations are considered to be that different results may emerge due to the inability to interview all siblings within a family, sex of the ill parent (being the mother or father), status of having 2 or 3 more siblings and for specific diseases.

CONCLUSION

Living with parents with mental illness may ensure solidarity like sharing, emotional support and personal development between siblings, but at the same time it may cause conflict from many aspects due to shifting roles, heavy burden and sibling relationships. During this process, undertaking adult responsibilities like caring for the parent and undertaking the parenting role may create a heavy burden and cause problems in terms of mental health in the long and short term. These heavy burdens may cause members of families to be even more vulnerable to mental illness. These results show that solidarity in sibling relationships should be supported, while conflicts should be reduced for the children of individuals with mental illness.

RECOMMENDATIONS

In line with this, mental health nurses are recommended to develop basic field models with an integrated approach for individuals with mental illness

and family members. Strong social support can be created by nurses by supporting and strengthening the sibling relationships of individuals with parents who have mental illness. Mental health nurses can plan the necessary care services so that siblings can communicate with each other and their surroundings, be functional at home and in their social lives, and take part in meetings that will allow them to express themselves. Mental health nurses may perform training, counseling, therapeutic interviews, etc. to strengthen sibling relationships and reduce conflicts.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: *Gülhan Küçük Öztürk;* ***Design:*** *Gülhan Küçük Öztürk, Kamuran Özdil;* ***Control/Supervision:*** *Gülhan Küçük Öztürk, Kamuran Özdil;* ***Data Collection and/or Processing:*** *Gülhan Küçük Öztürk, Kamuran Özdil;* ***Analysis and/or Interpretation:*** *Gülhan Küçük Öztürk, Kamuran Özdil;* ***Literature Review:*** *Gülhan Küçük Öztürk, Kamuran Özdil;* ***Writing the Article:*** *Gülhan Küçük Öztürk, Kamuran Özdil;* ***Critical Review:*** *Gülhan Küçük Öztürk, Kamuran Özdil;* ***References and Fundings:*** *Gülhan Küçük Öztürk, Kamuran Özdil;* ***Materials:*** *Gülhan Küçük Öztürk, Kamuran Özdil.*

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