

## Author



# Coping with Parental Depression

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As an active participant in research since her first year at UCI, Elizabeth Kirchner knows the importance of experience. She has gained experience not only through her research, but also through her extracurricular activities as a Research Design tutor and her position as the secretary of UCI's Psychology Club. Elizabeth has also volunteered her time with R'CHANCE, a community service club that works with disadvantaged children. Through practice, research and teaching, Elizabeth hopes to serve the mental health needs of children and their families. She plans to pursue a graduate degree in clinical social work at Columbia University.

## Abstract

The present study sought to gain insight into the ways that offspring cope with parental depression using the primary-secondary control coping model and to compare the coping strategies used for parental depression (a perceived uncontrollable stressor) with those used for school or work problems (perceived controllable stressors). Quantitative and qualitative responses were analyzed from an anonymous questionnaire that was completed by offspring (ages 12 years to 78 years,  $n=17$ ) of depressed parents. Respondents offered several consistent suggestions for how offspring can cope with the stress of parental depression. Analysis of the quantitative data indicated that offspring differ in their overall use of primary and secondary strategies in response to the stressors of parental depression and school or work problems. Offspring frequently reported using the strategies of emotion regulation and wishful thinking to cope with parental depression. In contrast, offspring frequently reported using the strategies of problem-solving and positive thinking to cope with school or work problems. These differences were statistically significant.

## Faculty Mentor



This study grew out of a superb paper that Elizabeth wrote for my Social Animal course in which she conducted a social psychological analysis of the consequences of living with a mentally ill family member. Elizabeth decided to expand on this topic for her Social Ecology Honors Thesis, where she examined the coping strategies employed by offspring of depressed parents as they attempt to cope with their parents' illness. Because it is so difficult to locate and study individuals who are coping with the stress of having a mentally ill parent, Elizabeth's conceptually and methodologically rigorous study advances the field considerably. Moreover, her interesting and important results will be useful for therapists as they assist people in coping with the stress of parental depression. I take particular pride in having the opportunity to have supervised Elizabeth's outstanding project.

## Key Terms

- ◆ Emotion-focused Coping
- ◆ Parental Depression
- ◆ Primary-control Coping
- ◆ Problem-focused Coping
- ◆ Secondary-control Coping
- ◆ Stressful Life Events

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## Introduction

Mental illness impacts not only individuals who suffer from the illness, but their family members as well. The effect of mental illness on family life can include modifications of family roles, heightened emotions, and disruptions of usual routines (Anthony, 1970). In addition, offspring of parents with a mental illness such as depression can be at higher risk for psychopathology (Fendrich et al., 1990; Kashani et al., 1985). Evidence exists that unusually high levels of stress, such as those resulting from chronic circumstances, episodic events, and a parent's symptomatology, can mediate offspring adjustment to parental depression (Adrian and Hammen, 1993). Researchers have further documented that stress can result from the undesirable parenting practices often employed by depressed parents. Disruptions in parenting can include unresponsiveness, inattentiveness, intrusiveness, inept discipline, and negative parental perceptions of children (Gelfand and Teti, 1990). In these ways, offspring of mentally ill parents can be greatly affected by parental illness. However, simply illustrating that parental depression places children at risk for psychopathology is not the end of the road. It is important to examine how children cope with chronic stress so that proper interventions can be implemented.

### *Background*

Past research concerning children's methods of coping with stressful events in families has tended to focus on the effects of parental physical illness (Compas et al., 1994), parental divorce (Sandler et al., 1994), and parental quarrels (Jenkins et al., 1989). Recently, some researchers have examined offspring coping responses to parental affective illness. There have been relatively few studies to date that focus specifically on the coping responses of offspring with depressed parents. Radke-Yarrow and colleagues (Radke-Yarrow, 1998; Radke-Yarrow and Brown, 1993) studied the hypothesized differences in general coping strategies used by resilient and troubled youths as part of a larger longitudinal study on the effects of parental depression. Results indicated, however, that resilient and troubled youths failed to use significantly different strategies. Klimes-Dougan and Bolger (1998) examined the general coping strategies of children of depressed and well mothers. No significant differences were found when the strategies employed by both groups of children were compared. The results of these groundbreaking studies are limited, however, because they focus on children coping with general stressors instead of the stress associated with parental depression. A recent study by Langrock and Compas (2000) attempted to address the limitations of previous research. These researchers investigat-

ed the ways in which children aged seven to eighteen years coped with parental depression and the association of these strategies with the development of behavioral and emotional problems. Results indicated that involuntary engagement responses, secondary control coping, and disengagement responses were used more frequently than primary control coping and involuntary disengagement responses (Langrock and Compas, 2000). However, these results were obtained from parental reports of children's coping styles, not from the offspring themselves. In sum, a variety of coping strategies for stressful life events have been identified in past studies, but the scopes of these studies were incomplete.

### *Theory*

The identification of coping strategies used by individuals has led to the development of several theories for coping with stressors in general. First, work by Lazarus and Folkman (1984) has differentiated between problem-focused coping and emotion-focused coping. Problem-focused coping includes attempts to act directly on the stressor (e.g., problem solving), whereas emotion-focused coping includes attempts to deal with the problem emotionally (e.g., avoidance, distancing) (Lazarus and Folkman, 1984). Second, a model of coping proposed by Rothbaum, Weisz, and Snyder (1982) introduced the concept of primary- versus secondary- control strategies (see also Weisz, McCabe and Dennig, 1994). Primary-control is defined as attempts to enhance, reward, or reduce punishment by changing objective environmental conditions (e.g., altering the stressor), whereas secondary-control refers to attempts to enhance, reward or reduce punishment by changing oneself (e.g., altering one's beliefs about a stressor). Problem solving, emotion regulation, denial, avoidance, and emotional expression are considered primary-control coping strategies. Cognitive restructuring (i.e., changing the way you think about the problem), distraction, positive thinking, wishful thinking, and acceptance are referred to as secondary-control coping strategies. An integration of these two theories suggests that primary-control coping strategies can encompass both problem-focused and emotion-focused coping strategies. Furthermore, Rothbaum and colleagues (1982) claim that primary-control coping strategies will be more likely used with controllable stressors and secondary-control coping strategies will be used with uncontrollable stressors. Examples of controllable stressors are school or work problems, because there are often actions that can be taken to alter the stressor. In contrast, parental depression would be considered an uncontrollable stressor because offspring cannot alter their parents' illness. Therefore, according to this theory, primary-control strategies would likely be used for school or work problems and secondary-control strate-

gies would likely be used for parental depression.

With the above-mentioned theoretical perspectives in mind, the present research project sought to study how offspring cope with parental depression. The two main purposes of the study were to gain insight into the ways that offspring cope with parental depression and to compare the coping strategies used for parental depression to those used for school or work problems. It was hypothesized that offspring would tend to use secondary-control coping strategies for parental depression. Further, primary-control coping strategies (e.g., problem-focused and emotion-focused strategies) were expected to be used for school or work problems.

## Methods

Participants for this study were recruited with the assistance of the National Association for Mental Illness of Orange County (NAMI), the *Irvine World News*, and UC Irvine's *New University*. Announcements were placed with these three organizations asking offspring of depressed parents to call or e-mail to request an anonymous questionnaire. Nineteen participants responded to the announcements and questionnaires were mailed to them with a self-addressed stamped envelope for return to the University of California, Irvine. In addition, a separate postcard was included with the questionnaires so that the participants could request results of the study and receive compensation for their time (gift certificates to local movie theaters). This ensured that the offspring's identification was not matched with his or her responses on the questionnaire. A reminder letter was sent out three weeks into the study to encourage those who had not completed the questionnaire to do so as soon as possible.

### Participants

Seventeen of the offspring who requested the survey returned a completed questionnaire. The sample consisted of two males and fifteen females of depressed parents in Orange County, California. Ages of the offspring ranged from 12 to 78 years old ( $m=36$  years). The ethnic breakdown was as follows: 70.6% White/Caucasian ( $n=12$ ), 11.8% Indian ( $n=2$ ), 11.8% Asian ( $n=2$ ), 5.9% Hispanic ( $n=1$ ). About two-thirds of the respondents ( $n=11$ ) had a depressed father, nearly one-fourth ( $n=4$ ) had a depressed mother, and the remaining respondents ( $n=2$ ) had both a depressed mother and father. Further, nearly equal numbers of the participants first became aware of their parents' depression during childhood ( $n=6$ ), during adolescence ( $n=6$ ), and during adulthood ( $n=5$ ).

### Survey

Data were collected from an anonymous questionnaire that contained several open-ended questions and 40 closed-ended questions (20 items for each stressor). The open-ended questions were: "Please describe what it is like to have a parent who is depressed," "What do you find most helpful in coping with your parent's depression?" and "Do you have any advice for other children of depressed parents?" The closed-ended questions were adapted from the Response to Stress Questionnaire by Connor-Smith *et al.*, (2000). Offspring rated the frequency with which they employed 10 strategies (i.e., wishful thinking, positive thinking, distraction, cognitive restructuring, acceptance, problem solving, emotion regulation, emotional expression, denial, and avoidance) for parental depression and school or work problems on a 5-point rating scale. For example, a closed-ended question intending to measure problem solving read as follows: "Circle how often you use the following strategy to cope with your parent's depression: I try to think of different ways to make my parent feel better. (1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=All the time)."

## Results

The results are arranged in two separate sections corresponding to the two main objectives of this study. First, the results from the open-ended questions will be discussed in order to gain insight into the ways in which offspring cope with parental depression. This will be followed by a comparison of possible differences between the coping strategies used for parental depression with those used for school or work problems obtained from offspring's responses to the closed-ended questions.

### Open-ended Responses

Each offspring offered an individual anecdote to describe what it is like to have a parent or parents with depression. Several consistent themes emerged in the open-ended answers. For example, many participants described the experience as frustrating, aggravating, a constant inclination to provide assistance, and extremely negative:

It can be a rather frustrating experience dealing with unexpected shifts to depression/anger. Frustrating both because you want to help and, at the same time, you don't understand why you should have to deal with it. — 21-year-old male

This respondent explains that frustration, uncertainty, and desire to help are part of the experience of having a depressed parent. None of the participants described the

experience as positive.

Many strategies were listed in response to the open-ended question, “What do you find most helpful in coping with your parent’s depression?” Nearly half of the respondents (n=8) mentioned strategies categorized as emotional expression. In addition, nearly 40% of the participants (n=7) mentioned avoidance as a helpful strategy. As one respondent wrote:

One of the ways that I used to cope with my dad’s depression is to concentrate all of my efforts and time on studies. I thought that schoolwork would divert my attention away from my dad’s depression. When I got older, I spent time in solitude (e.g., walks by myself in the park) to ponder over my dad’s depression. However, none of these methods helped either my dad or me as much as our talking about the problem with people such as friends. They give us ideas to deal with the problem, help us go through the bad times, and cheer with us through the good moments. — 20-year-old female

This respondent mentions failed attempts of distraction and eventual success with emotional expression.

Finally, respondents also offered suggestions for other offspring of depressed parents. The most frequently mentioned suggestion was to seek help, either through professional counseling or by informally talking to others. Other suggestions included knowing that parental depression is not the fault of the offspring, getting on with one’s life, and writing in a journal. The following excerpts best illustrate the suggestions of the respondents:

- 1) Find someone to tell you that it is not your fault.
- 2) Know that you can exert more control over your life than your parents may have felt they could over theirs.
- 3) Find role models that make you feel strong and empowered.
- 4) Talk to people about your feelings - they are nothing to be ashamed of.
- 5) Read self help books, see a therapist, consider hypnosis, etc., for help in creating a positive healthy environment and life for yourself. — 37-year-old female

It is not your fault that your parent is depressed. The best way to help them is to show you love them and support them no matter what. Get a journal, write it out, it helps, really. It has been tough, but I

know that my love keeps him from slipping away. —12-year-old female

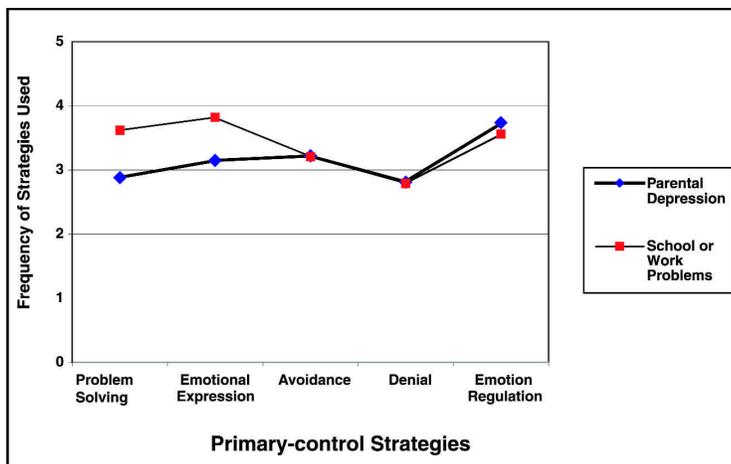


Figure 1  
Primary-control Coping Strategies Used by Offspring of Depressed Parents.

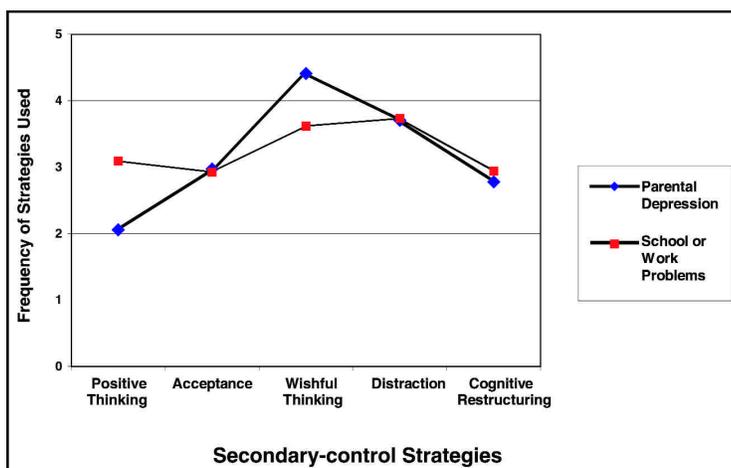


Figure 2  
Secondary-control Coping Strategies Used by Offspring of Depressed Parents.

**Closed-ended Responses**

To answer whether offspring cope differently with parental depression (a perceived uncontrollable stressor) as compared to school or work problems (a perceived controllable stressor), the frequency with which primary-control and secondary-control strategies were used by participants for each stressor were compared with t-tests and ANOVAs. Overall, primary strategies were used more often for coping with school or work problems than for parental depression (p= .097), but this difference only approached statistical significance. However, statistically significant differences were found for specific strategies within each category of primary-control and secondary-control coping.

As seen in Figure 1, which illustrates the frequency with which offspring used primary-control coping strategies, participants reported using problem-solving significantly more to cope with school or work problems than to cope with parental depression ( $t(16) = -3.647, p \leq .005$ ). Emotional expression was used marginally more for coping with school or work problems than for parental depression ( $t(16) = -1.943, p \leq .07$ ). Figure 1 also illustrates that offspring reported using emotional regulation more frequently than denial in cases of parental depression ( $p \leq .05$ ).

Figure 2 illustrates the use of secondary-control coping strategies. As can be seen, offspring used wishful thinking more to cope with parental depression than to cope with school or work problems ( $t(16) = 2.964, p \leq .01$ ). In addition, offspring used positive thinking more often to cope with school or work problems than to cope with parental depression ( $t(16) = -4.031, p \leq .001$ ).

In summary, offspring offered consistent descriptions of their experience and advice for others. Furthermore, offspring used specific coping strategies within the categories of primary-control and secondary-control coping in response to the different stressors of parental depression and school or work problems.

## Discussion

Overall, offspring did use primary-control strategies more for school or work problems and secondary-control strategies more for parental depression, but this difference only approached statistical significance. Significant differences were found in the use of different strategies within the categories of primary- and secondary-control coping for the different stressors. These results suggest that offspring indeed cope with parental depression somewhat differently than they cope with school or work problems. For parental depression, offspring report frequently using the strategies of emotion regulation and wishful thinking. In contrast, for school or work problems, offspring report frequently using the strategies of problem-solving and positive thinking. Finally, offspring provided fairly consistent descriptions of the experience of having a depressed parent, as well as their most successful coping strategies.

As previously mentioned, only four prior studies have examined the strategies used by offspring to cope with parental depression, and each has limitations that threaten the conclusions that can be drawn from their results. Some of the studies failed to examine parental depression specifically as the stressor (Klimes-Dougan and Bolger, 1998; Radke-

Yarrow, 1998; Radke-Yarrow and Brown, 1993). The study by Langrock and Compas (2000), which attempted to correct this limitation, nonetheless relied on parental reports instead of offspring reports of their use of coping strategies. Finally, the theoretical models applied to the identification of coping strategies in prior research have been inconsistent. The present study extends the literature by directly focusing on parental depression as the stressor, relying on offspring reports, and focusing on the primary-secondary control model of coping.

It must be acknowledged that there are some limitations to the current findings. The sample is likely not representative of all offspring of depressed parents because respondents were mostly female, Caucasian, and over the age of 18. In addition, the sample size is somewhat small and a larger sample may have been able to reveal additional group differences. Moreover, the sample may have been biased because the respondents were self-selected; perhaps the offspring who participated are more comfortable with discussing their parents' depression than others. However, despite these methodological limitations, the current findings still have important ramifications.

## Conclusion

As this is one of the few studies conducted on the topic of coping with parental depression, it is hoped that other researchers will continue research in this field. Particularly, future research might involve younger participants, examine the possible differences between sons and daughters, and examine the possible differences between coping with a depressed father versus a depressed mother. Moreover, subsequent research might employ in-depth interviews rather than anonymous questionnaires. Nonetheless, it is hoped that the identification of coping strategies presented here will provide information for mental health specialists in the treatment and development of interventions for offspring of depressed parents. It is likely that obtaining information directly from the offspring themselves is the most valid way to discover and create future treatment and interventions.

## Acknowledgements

I would like to thank the Undergraduate Research Opportunities Program for funding this project, the National Alliance for the Mentally Ill of Orange County, the *Irvine World News*, and UCI's *New University* for recruitment assistance, Dr. David Dooley for his resourceful workshops and seminars, and my family for their endless support.

Finally, I would like to acknowledge Dr. Roxane Cohen Silver for all of her guidance and assistance throughout this project.

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