

## **Life Experiences of Offspring of Mood Disorder Patients: A Qualitative Study**

*Gayatri Ajit \* Padiri Ruth Angiel\*\**

### **Abstract**

Mood disorders like depression, bipolar disorder are some of the chronic mental health conditions. Depression is characterized by feelings of hopelessness, worthlessness and helplessness for a period of at least two weeks. Bipolar disorder is a condition characterized by unpredictable episodes of mania (excitement, irritability, aggressiveness) and depression (lethargic, inactivity, fatigue). Growing up with a parent suffering from a mood disorder is a challenge, since the moods of the parent are unpredictable and it can adversely affect the psychological wellbeing and overall development of the offspring. The objective of the study is to understand the life experiences of the offspring living with parents suffering from mood disorders, their ability to cope with the situations, and being kind and compassionate to oneself and to their parents. The study also strives to understand how these individuals are able to forgive the adverse events and hurt they experience. A phenomenological approach was used where four participants who are the offspring of mood disorder patients, were selected by purposive sampling. A semi-structured interview was conducted with the participants and their responses were recorded and analysed using thematic analysis. Twelve themes were extracted from the data collected: 1. Struggles of mood disorder patients, 2. Characteristics of mood disorders - bipolar disorder and major depressive disorder, 3. Relationship with the parent, 4. Perceived social support and family support, 5. Self-perception, 6. Negative experiences and coping, 7. Values and challenges in life, 8. Forgiveness 9. Responsibility towards parent, 10. Empathy 11. Karma and 12. Gratitude. This research paper extensively discusses the identified themes during the process of research and elaborates on the experiences of the offspring whose parents suffer from mood disorders. The paper also suggests future directions for further research in the area and its limitations and recommendations have also been discussed.

*Keywords:* Life experiences, offspring, mood disorder patients, coping, compassion, forgiveness

\*M.Sc Applied Psychology (2020-2022), Department of Applied Psychology, School of Behavioural Sciences, Central University of Tamil Nadu, Email id: gayatriajit8@gmail.com, Contact number – 9207148570

\*\*Assistant Professor, Department of Applied Psychology, School of Behavioural Sciences, Central University of Tamil Nadu, Email id: ruthangiel@yahoo.com

Mood disorders are one of the most prevalent and chronic psychological disorders among the society which includes depression and unipolar/bipolar disorders.

Depression is characterized by a period of depressive mood or lack of interest in activities lasting for at least 2 weeks accompanied by other symptoms such as difficulty in concentrating, feelings of worthlessness, inappropriate guilt, hopelessness, recurrent thoughts of suicide, changes in appetite or sleep, psychomotor agitation or retardation and reduced energy or fatigue (World Health Organization, 2019).

Bipolar disorder is a chronic mental illness represented by fluctuating periods of mania which includes elated mood, irritability, excessive activity, inflated self-esteem, decreased need for sleep and depression characterised by low mood, profound loss of interest, changes in sleep and appetite, low self-worth, suicidal ideas and plans (Baruch et al., 2018). The lifetime prevalence of bipolar disorders is estimated to be 2% to 4% (3-5) affected by both men and women irrespective of age.

Providing care for the mood disorder patients is a herculean task but can be managed by certain interventions which can be given to the caregivers (spouses, children and other family members). When the family members are the primary caregivers of the patient it becomes emotionally and physically taxing for them too to deal with the same. One of the major problems that the caregivers (spouses, children and other family members) of the mentally ill patients, especially people with mood disorders, face is stigmatization. Empirically, 43% to 92% of the caregivers of people with mental illness report feeling stigmatized. The stigma of mental illness includes stress and psychiatric morbidity, genetic vulnerability, problems in interpersonal relationships, inhibition to social gatherings and limitations in employment and educational

opportunities. Stigma may also affect help seeking due to the fear of labelling (Baruch et al., 2018).

The offspring of mood disorder patients are one of the least explored groups of clinical population, particularly in India. Since many of the studies are done in western countries there is a need to understand the plight of this population in the collectivistic culture like India. Studies on the offspring of mood disorder patients are very important because the peak age of onset of many mental illnesses is in young adulthood (e.g., bipolar disorder) or middle adulthood and there can be a genetic vulnerability for a person. The offspring of mood disorder patients may go through the turmoil of physical, emotional, social issues which they may/may not share with others.

Resilience is one of the most important qualities that the offspring of the parents suffering from mood disorder possess. The American Psychological Association ([2014](#)) defines resilience as “the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress.” The adult children of parents suffering from mood disorders may find difficulties to cope with their parent’s mood fluctuations and it may adversely affect the way they perceive themselves (Koenders, et al., 2020).

Along with having coping skills, it is important that the offspring is able to be kind to himself, not be too harsh or judge himself negatively when he/she is going through difficult situations while living with their parent. Self-compassion is the way to perceive, relate and support oneself when he/she is going through a suffering and give a mindful response to distress that does not consist of avoidance and escapism of the problems (Neff, 2003). This increases the wellbeing and self-esteem of a person. A study by Dunkley Smith et al, (2020) shows that adult

children with parental mental illness have isolated themselves, ignored emotions and engaged in self-blame and self-judgment. This is an area where the mental health professionals have to ponder upon. It is not just the mentally ill patients that must be cared for, but also their family members, especially their offspring.

There may have been instances in the offspring's lives when they felt hurt, either by how they perceived themselves or by how they managed the parent. There is also the possibility of unintended or intentional harm from the parent, as well as other uncontrolled circumstances that may generate ill feelings in the offspring (Morning Star, 2013). This study also tries to understand how well individuals are able to forgive all these instances of hurt. Robert Enright defined forgiveness as "a willingness to abandon one's right to resentment, negative judgment, and indifferent behaviour toward one who unjustly hurt us, while fostering the undeserved qualities of compassion, generosity, and even love toward him or her" (Snyder & Lopez, 2007). Forgiveness includes Forgiving Self, Forgiving others and forgiving uncontrollable situations.

Research on offspring of parents with mood disorders shows increased mental disturbances, lower self-esteem, less social support, more alcohol consumption, less social adjustment, more social avoidance, and more anxiety, somatization, and depression symptoms (Ergun et al., 2017). This is where the significance of the present study comes into play. The present study tries to analyze life experiences of offspring of mood disorder patients, on how they cope with situations when it is related to living with the mood disorder parent and still find balance in adjusting with their parent and managing one's ambitions and goals, how kind are they towards themselves, their parent suffering from mood disorder and others. The study also ponders on how the participant perceives mistakes and hurt in life and how they let go of those events.

The researcher conducted the review of literature related to studies conducted among offspring of mood disorder patients to understand their experiences of living with their parent and she observed that there were only a few studies conducted in the specific population across the country and the world. This highlights the necessity of this study to be conducted among this population.

Morningstar E.A conducted a study in 2013 and explored how children of parents with a mood disorder, describe feeling invisible and/or misunderstood and rely on cultural stories that emphasize white, middle-class ideals to make sense of their childhoods and the consequences of their parents' illness. She found that participants described "lost" childhoods and feelings of "growing up too fast." They use these interpretations of their childhood to explain their choices and behaviours as they evolve to adulthood. Another study by Liu et al., (2021) on adult children of parents suffering from bipolar disorder in Chinese Society identified six themes in family resilience: ill parents try to be good parents, parents' personal strengths, parents' positive attitudes towards mental illness, flexibility of family role, cohesive relationships between family members, and families' social connections. Three themes were identified as deterrent in developing family resilience - poor parenting/family function, conflict between parents and poor mental health literacy. Collishaw et al., (2016) analysis on mental health resilience on adolescent offspring with parents with severe depression accounts that parent depression severity were consistent, and physical exercises helped in enhancing mood related mental health. It also shows that adolescent mental health problems are common, but not inevitable, even when parental depression is severe and recurrent. A study by Wijngaarden et al., (2003) on Family caregiving in depression and its impact on caregivers's daily life, distress and help seeking shows that the

caregivers and the patient's children are facing distress in them. Special attention has been recommended to the mental health of the caregivers and patient's children by the authors.

Koenders et al., (2020) studied in children of patients affected with bipolar disorder that they are at high risk to develop mood disorders. The aim was to investigate how environmental factors such as childhood trauma and family functioning were related to the development of mood disorders in offspring. The study suggested that emotional maltreatment is associated with development of mood disorder in the offspring. Bauer (2015) studied the experience of adult children of depressed and bipolar disorder patients including positive and negative factors as well as coping mechanisms and possible predictors of burden to identify children in need of professional support. All participants reported emotional burden due to parent's illness. High burden was significantly associated with child's age, severity of illness of the parent and specific diagnosis. The study also said that giving professional help to adult and minor children should be involved in clinical settings. Baruch et al., (2018) studied on how the family members support the relative who has bipolar disorder and how family members cope with the conditions. The results show that they were facing many challenges due to the nature of the disorder, specific illness phases, etc. It also emphasized on the need to provide clinical support also to the family members which should be strength based and of fulfilling their needs.

## **Objective**

1. To understand the life experiences of the offspring living with parents suffering from mood disorders and their ability to cope with the situations.

2. To understand the extent to which the offspring of mood disorder patients can be kind and compassionate to oneself and to their parents and be able to forgive the adverse events and the hurt they experience.

### **Research Questions**

1. What are the difficulties faced by the offspring who has a parent who is suffering from a mood disorder?
2. How do the offspring of mood disorder patients view themselves as an individual, perceive the challenges they have faced in life and come to an acceptance of themselves as they are?
3. How do the offspring of mood disorder patients cope with the difficulties they face while providing care to the parent suffering from a mood disorder?
4. What is the extent of perceived social support of the participants while providing care to the parent who is suffering from a mood disorder?
5. Are the participants able to forgive instances of hurt inflicted by the parent suffering from a mood disorder and still be able to lead a quality life?

### **Method**

This section helps in understanding the method and procedures undertaken during this research.

### **Aim**

The aim of the study is to investigate the different life experiences of offspring of mood disorder patients.

## **Research Design**

A phenomenological approach was used to conduct this research. The participants shared their life experiences of living with their parent, who is suffering from mood disorders. They also shared the subjective view about themselves. The study follows a phenomenological approach which gives an in depth understanding about the way the individuals feel and experience life.

## **Participants**

The participants were selected by purposive sampling method. The data was collected from four individuals of which three of them were offspring of bipolar disorder patients and one was the offspring of patient suffering from depression. The sample was selected from the database of patients diagnosed with these disorders at a tertiary care hospital in Hyderabad, Telangana. The institution gave the permission to conduct the study on the offspring of the mood disorder patients. Inclusion criteria included individuals above the age of 18 years. The age range of participants was between 30 to 46 years.

## **Procedure**

The participants gave their consent to be a part of this study through an online informed consent form. Socio demographic details of the participants were noted. A semi structured interview was conducted via telephone with the four participants and was recorded with their prior permission. The interview consisted of open ended questions to talk about their experiences of living with a parent suffering from mood disorder. The recorded interview was transcribed and the verbatim were coded and various subthemes and themes were extracted through thematic analysis.



## Result

The researcher transcribed the verbatim obtained from the semi structured interviews conducted with the four participants. The verbatim of each of the participants were read and reread to obtain a general idea of the content. Each transcript was then coded and the codes were analyzed and categorized into sub themes and themes.

**Table 1**

*The Codes, Subthemes and Themes Extracted in the Process of Analysing the Interview Data.*

<b>Codes</b>	<b>Subthemes</b>	<b>Themes</b>
Emotional difficulties	Difficulties and Triggers	Struggles of mood disorder patients
Physical difficulties		
Accident of spouse		
Loneliness		
Surgery		
Excess of sleep	Symptoms of mood disorder	Characteristics of mood disorder
Lack of interest		
Lack of appetite		
Hyperactive		
Impulsive		
Abusive		

Uncontrollable

Inseparable bond with parent

Bond with parent

Relationship with parent

Abusive

Have few but close friends

Sources of Support

Perceived Social support and

Good Support from friends

Family Support

Friends- detached

Family – constant support

Hardworking

Offsprings' perceptions about  
oneself

Self-perception

Ambitious

Have potential

Anger issues

Jealousy

Regret

Negative emotions

Negative life experiences and  
coping

Guilt

Attitude towards failure

Comparison with others

Striking a balance

Emotional coping

Failure – learning opportunity

Failure – state of mind

Take responsibility

Striking a balance between  
adjusting with the parent and  
managing their aspirations

Value of time

Life lessons

Values and challenges in life

Value of relationships

Perception of challenges

Communication with family

Challenge – a learning

Challenge – part of life

Responsibility to take care of  
parent despite hurt

Personal Responsibility

Responsibility towards Parent

Parent is not an outsider

Hurt from parents and  
extended family

Ability to let go

Forgiveness

Time heals hurt

Putting self in other's shoes

Empathy

Understanding parent's perspective  Concerns about hurting them	Religious Approach	Karma
People hurting the parent and the offspring  Punishment from God  Will pay for their deeds	Grateful	Gratitude
Feeling blessed – a supportive family  Lucky to have people who listen		

Table 1 summarises the codes, subthemes and themes extracted from the study. 12 themes were extracted from the study namely- struggles of mood disorder patients, characteristics of mood disorder, relationship with parent, perceived social and family support, self-perception, negative life experiences and coping, values and challenges in life, responsibility towards parent, forgiveness, empathy, karma and gratitude.

## Discussion

The aim of the study was to understand the life experiences of offspring of mood disorder patients. The study focuses on how the offspring's lives have been spent with their parents who suffer from a mood disorder, their coping methods in the wake of numerous stresses, including their parent's mood changes, and their perspective about life. The researcher, being an offspring of a mood disorder patient, has been inspired and motivated to conduct her study on this topic. She is able to relate and understand the experiences of the population under study. Offspring of mood disorder patients are the least researched group. There is a need for research in this area since stress from their family, extended family, other biological and social factors can cause their parent's mood to fluctuate, which in turn can adversely affect their upbringing and personality development. While interpreting the data acquired, the researcher did her best to avoid subjective bias.

The information was gathered from four individuals, two of whom are females and two of whom are males, who reside in a semi-urban region. Three participants had a parent who was suffering from bipolar disorder, and one participant's parent had major depressive disorder. The participants were honest in sharing their experiences with the researcher and found it enriching. The following themes were extracted from the responses of the participants:

### **Theme 1: Struggles of mood disorder patients**

During the course of the disorder, all of the participants have expressed physical and emotional challenges that their parents have undergone. When the researcher inquired about the reasons that led to the diagnosis, each participant cited a variety of psychological and physical reasons and triggers that led to the consultation with a psychiatrist. Participant 2 claimed that his mother suffered from depression after every surgery that she underwent for serious medical

ailments causing her to seek treatment from a psychiatrist. Participant 3 stated that her mother had had severe emotional trauma after her marriage, and that when her children married, she felt very lonely. Participant four also expressed that her parent had developed symptoms of depression as a result of her spouse's accident.

## **Theme 2: Characteristics of mood disorders - Bipolar Disorder and Major Depressive Disorder**

All the participants whose parent was suffering from bipolar disorder have expressed that during the phase of mania their parents are impulsive, hyperactive, aggressive, and difficult to manage. Participant 1 has expressed that:

“It is difficult to control him. He is very dominating and keeps on repeating the same things. Sometimes he makes others also aggressive by his behaviour.”

All of the interviewees mentioned that their parents do not interact with others much when they are depressed. They have very little energy and are often tired. All the offspring reported that they used to feel sad and sometimes irritated when their parent is in depressed state. It used to be tough for the family to look after their parent when they were inactive.

## **Theme 3: Relationship with the parent suffering from mood disorder**

The researcher was curious to know about the offspring's relationships with the parent since childhood till date. Three participants said they had a close and intimate relationship with their parent. They have been quite compassionate and supportive of one another. Participant 2 has expressed that:

“If my mother doesn't see me for quite a long time, she starts feeling uncomfortable.”

One of the participants had a little difficult but cordial relationship with his father. He claims that he and his parent have had differences of opinion especially due to the symptoms of bipolar

disorder and his aggressive nature adversely affected his mental wellbeing at times. Robert et al., (2023) studied that parent-son relationships showed stronger avoidant attachment compared to parent-daughter pairs in depressive parents which supports the result.

#### **Theme 4: Perceived social support and family support**

The participants were asked about their network of friends and whether they had spoken to them about their parents' condition. The participants were also asked about their alternate sources of support. Three participants reported they have a lot of friends but only communicated with their close friends about their parents' condition. They seemed to have received a lot of support and empathy from their friends and colleagues. One of the participants shared some negative experiences, such as how some of her friends distanced themselves from her after discovering her mother's condition. All the participants have expressed that their families have supported them in taking care of their parent who had mood disorder in their absence too.

“If my family hadn’t supported me, it would have been difficult for me to take care of my mother.” (Participant 3, Personal Communication, 14 April 2022)

#### **Theme 5: Self-perception**

The respondents were asked about their perceptions of themselves and their weaknesses. All of the respondents claimed that they have been extremely hardworking and ambitious throughout their lives so far. They have developed an optimistic outlook about themselves. Three of the individuals mentioned anger issues as one of their common vulnerabilities. One of the participants stated that it was tough for him to say no to others. All of the participants identified weakness in their performance and have been striving to improve it.

**Theme 6: Negative experiences and coping**

The participants spoke about unfortunate events they had throughout their lives and how they dealt with them. All of the individuals have experienced difficult life events that have resulted in feelings of guilt and regret. Taylor et al., (2013) studied that symptoms of anxiety, depression, and aggression were lower among depressed parents' children who used positive thinking to cope with a stressful parent compared to children who experienced involuntary responses like rumination. All of the participants have been hurt by their parents' harsh words and actions. Two of the participants have used emotional coping to deal with the hurt felt due to their parent's words or actions. Participant 3 has expressed that:

“My first reaction is crying. I am a very emotional person and express my anger and sadness very strongly.”

Participants reported that they used to dwell on their terrible experiences in the past, but as time progressed, they discovered a way to balance themselves.

**Theme 7: Values and challenges in life**

One of the participants shared that observing their parents' lives taught them various principles, such as maintaining good relationships with all the extended family members.

Participant 1 expressed it in his words that:

“I learnt a lot. The mood fluctuations of my father have affected all his relationships with others in the family and outside the family. I learnt a lot from there. I try to maintain good relationships with everybody.”

All participants recognized the value and importance of time. This has contributed in better understanding their parents, particularly during the pandemic's two years. They were able



to devote more time and effort in providing the best possible treatment. All of the participants viewed these challenges as a learning opportunity. Participant 4 has quoted that :-

“If there are no challenges, there is no life. Only if challenges are there in life, you will know what you are capable of doing. There will be inner growth in a person.”

When caring for a parent with a mood disorder, the participants experienced issues such as coping with the parent's violent behavior and difficulty providing medicines since parents sometimes refuse to take their medicine. The participants said it was difficult for them to deal with these situations, as well as for the spouse of the patient.

### **Theme 8: Forgiveness**

Participants were asked as to how they respond to mistakes and the hurt inflicted by others especially from the parent suffering from mood disorder and uncontrolled events. The participants acknowledged that mistakes are inevitable in life. The participants also talked about how they were hurt by their parents' abusive words and acts when they were suffering mood fluctuations. All of the participants were quick to respond that they can forgive their parent, persons and events that had caused them pain. Participant 2 expressed that:

“I have been hurt by my father but there are no instances where I cannot forgive him since it is done unintentionally. I will feel bad for a few days but I am able to overcome it. He is not an outsider but our family member, how can I not forgive him.”

All of the participants have the quality of forgiveness in them and believe that it is a trait that all humans should have.

### **Theme 9: Responsibility towards parent**

All of the participants spoke about their positive and negative experiences with their parent suffering from mood disorder from childhood to adulthood. Even with the worst hurt they

received from their parents, all of the participants were committed to the idea that it is the obligation of the offspring to care for their parents. Participant 3 has quoted these words:

“It's time for us to pay them back. They made us till where we are now, so isn't it our responsibility to take care of them?”

Dan, K et al., (2016) study on children whose parents suffering from mental disorders irrespective of age showed that they are responsible, loving and worrying children who want to do everything to help and support the parent which supports the present study.

### **Theme 10: Empathy**

Empathy is the ability to put oneself in someone else's shoes. All of the participants responded that when their parents inadvertently hurt them or did something that offended them, it led to outbursts of anger directed at the parent. The participants also reflect that their response would have caused hurt to the parent. Participant 4 had stated her concerns about how the parent's health problems might affect them, and she had been reflecting on her relationship with her mother.

“I have a few friends with whom I can share all my concerns but what about my mother she has no one to share her concerns and feelings with. It's a dark place for her. It makes me understand that now you need to give them help as a parent gives to the child.”

Empathy is one of the most essential skills to convey to a patient suffering from mood disorder so that they feel understood and not alone. It aids in the effective management of psychiatric conditions.

### **Theme 11: Karma**

The concept of Karma has been expressed by all of the participants. Karma describes the concept of reaping what one sows; getting back whatever you put forth - good or bad - into the

universe. The researcher enquired about extended family members' hurt and if the participants were able to forgive them and responded that they are able to forgive it but that they will pay back for their deeds. One of the participants also stated that what life he is leading now is due to his Karma. Participant 3 has expressed in her own words:

“There is no meaning in not forgiving the people who have hurt us. What else can we do?  
God will punish them for what they have done.”

Every participant has an own philosophy of life and Karma was one among the philosophies they shared.

### **Theme 12 – Gratitude**

The most positive attribute that the researcher could observe among all of the participants, is that everyone is appreciative of what they have. Despite having difficult circumstances living with the parent who suffer from mood disorders, they appreciate their blessings in all spheres of life. Participant 3, who is married, feels fortunate to have such a supportive family, as a result of which she was able to care for her mother to her full satisfaction. Other participants expressed their gratitude for having a comfortable life and financial security that they needed to care for their parents.

### **Investigator’s Observations**

The researcher conducted the study among four participants who have been very honest throughout the interview. There were few concerns regarding the confidentiality of their identity which was clarified by the researcher. All of the participants were receptive to all of the questions. The researcher could observe that all the participants had a positive attitude towards life. The difficulties they faced in the initial times of their life were considered as a learning

opportunity and working towards finding a balance in their personal and professional lives and achieving their goals.

The researcher also noticed that some of the offspring were hesitant about participating in the study. This made recruiting more participants for the research challenging. This might be due to a fear of being labelled or a lack of interest in discussing about their parents with an unknown person.

Since the researcher is a student and the daughter of a mood disorder patient, she gained valuable insight into how the participants dealt with a variety of challenging situations and gained optimism that she, too, will be able to face challenges in the future. Many of the participants in the interview shared experiences that the researcher could connect to.

### **Conclusion**

The present study investigates the life experiences of the offspring of mood disorder patients. There were four participants who were above the age of 18 years, who participated in the semi structured interview. They shared their experiences and thoughts about themselves and their parent suffering from mood disorder. The responses were transcribed and coded to form sub- themes and themes. A total of 12 themes were formed from the interview of all participants namely- struggles of mood disorder patients, characteristics of mood disorders - bipolar disorder and major depressive disorder, relationship with the parent suffering from mood disorder, perceived social support and family support, self-perception, negative experiences and its coping, values and challenges in life, forgiveness, responsibility towards parent, empathy, Karma and gratitude. The study was able to highlight the importance of psychosocial support to be provided not only to the persons suffering from mood disorders but also their immediate family members especially their offspring. The themes extracted cover almost all areas of the lives of the

participants which comprises of both positive and negative circumstances they have been through with their parents suffering from mood disorders. The findings of the present study will aid towards introducing interventions for the clinical population, their family members and help the mental health professionals in understanding this less studied population and provide them psychological support.

### **Implications of the Study**

The potential findings of the study can enhance the care provided in clinical settings. Previous literature about the offspring of mood disorder patients is limited worldwide and especially in India, which highlights the necessity of this research. The participants will get insight from the findings of this study since they will be able to comprehend that they are not alone in their experiences. The study also attempts to explore the subjective world of mood disorder patients' offspring, who may have had positive and negative experiences with their parents. The study also explores their self-concept, which has been shaped by their life experiences. The offspring of these patients often feel guilty, ashamed, or embarrassed for having a parent who suffers from a mental health condition. This, in turn, would have an impact on their general personal growth and development.

The findings of this study help to understand the perspective of offspring about life and the experiences with their parents who suffer from mood disorders, in an identical population throughout the world. This research will also help mental health practitioners better understand the psychological needs and concerns of the offspring of mood disorder patients and introduce interventions to support the patient and all family members especially the offspring. The study is also a contribution to research conducted among the caregivers of clinical population, which can also pave way to more research and fill the gaps from findings of the present study in future.

**Limitations of the Study**

The sample size of the study was limited. The samples were collected only from one state. There were less number of participants whose parent suffered from depression. All interviews were conducted via telephone due to which non-verbal cues of participants during the interview were not obtained accurately except for the voice modulation.

**Future Directions**

The present study could be done among population from other parts of the country. The size of the sample could be increased in the future. More psychological aspects in the same population could be studied. Future studies could be done by adopting different research methods like conducting an experimental study involving interventions for the offspring and then assessing their mental wellbeing before and after administration of the intervention.

## References

- Baruch, E., Pistrang, N., & Barker, C. (2018). 'Between a rock and a hard place': family members' experiences of supporting a relative with bipolar disorder. *Social Psychiatry and Psychiatric Epidemiology*, 53(10), 1123–1131. <https://doi.org/10.1007/s00127-018-1560-8>
- Bauer, R., Spiessl, H., & Helmbrecht, M. J. (2015). Burden, reward and coping of adult offspring of patients with depression and bipolar disorder, *International Journal of Bipolar Disorder*, 3(2). <https://doi.org/10.1186/s40345-015-0021-5>
- Chawla, J. M., Balhara, Y. P. S., Mohan, J., & Sagar, R. (2006). Chronic mania: An unexpectedly long episode? *Indian Journal of Medical Sciences*, 60(5), 199-201.
- Collishaw, S., Hammerton, G., Mahedy, L., Sellers, R., Owen, M. J., Craddock, N., Thapar, A. K., Harold, G. T., Rice, F., & Thapar, A. (2016). Mental health resilience in the adolescent offspring of parents with depression: A prospective longitudinal study. *The Lancet Psychiatry*, 3(1), 49–57. [https://doi.org/10.1016/S2215-0366\(15\)00358-2](https://doi.org/10.1016/S2215-0366(15)00358-2)
- Dam, K., & Hall, E. O. (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. <https://doi.org/10.1111/scs.12285>
- Dunkley-Smith, A. J., Sheen, J. A., Ling, M., & Reupert, A. E. (2021). A scoping review of self-compassion in qualitative studies about children's experiences of parental mental illness. *Mindfulness*, 12(4), 815–830. <https://doi.org/10.1007/s12671-020-01560-x>
- Ergün, G., Gümüş, F., & Dikeç, G. (2018). Examining the relationship between traumatic growth and psychological resilience in young adult children of parents with and without a mental

disorder. *Journal of Clinical Nursing*, 27(19-20), 3729–3738.

<https://doi.org/10.1111/jocn.14533>

Fraser, E., & Pakenham, K. I. (2009). Resilience in children of parents with mental illness: Relations between mental health literacy, social connectedness and coping, and both adjustment and caregiving. *Psychology, Health & Medicine*, 14(5), 573–584.

<https://doi.org/10.1080/13548500903193820>

Koenders, M. A., Mesman, E., Giltay, E. J., Elzinga, B. M., & Hillegers, M. H. J. (2020). Traumatic experiences, family functioning, and mood disorder development in bipolar offspring. *The British Journal of Clinical Psychology*, 59(3), 277–289. <https://doi.org/10.1111/bjc.12246>

Linley, P. A., & Joseph, S. (2004). *Positive Psychology in Practice*, John Wiley & Sons, New Jersey.

Liu, S. H., Hsiao, F. H., Chen, S. C., Shiau, S. J., & Hsieh, M. H. (2022). The experiences of family resilience from the view of the adult children of parents with bipolar disorder in Chinese society. *Journal of Advanced Nursing*, 78(1), 176–186. <https://doi.org/10.1111/jan.15008>

Morning Star, E. A. (2013). *Transition in Turmoil? Young Adult Children of Parents with mood disorders and the transition to Adulthood*. Thesis submitted for degree of doctor of Philosophy, Department of Sociology, University of Missouri- Columbia.

Mowbray, C. T., & Mowbray, O. P. (2006). Psychosocial outcomes of adult children of mothers with depression and bipolar disorder. *Journal of Emotional and Behavioral Disorders*, 14(3), 130–142. <https://doi.org/10.1177/10634266060140030101>

Neff, K. D. (2003). Development and Validation of a scale to measure self compassion. *Self and Identity*, 2, 223 – 250. <https://doi.org/10.1080/15298860309027>



- Shamsaei, F., Kermanshahi, S. M. K., Vanaki, Z & Holtforth, M.F (2013). Family caregiving in bipolar disorder: An experience of stigma. *Iranian Journal of Psychiatry*, 8(4), 188 – 194.
- Snyder, C.R, & Lopez, S J. (2007). *Positive psychology: The scientific and practical exploration of human strengths*, Sage Publications.
- Taylor, D., Millman, Z. B., Hawkey, C., Cosgrove, V., & Miklowitz, D. J. (2013). *Mood symptoms and stress response in youth at risk for bipolar disorder*, 10<sup>th</sup> International Conference on Bipolar Disorders.
- Tumasian III, R. A., Galfalvy, H. C., Enslow, M, R., Brent, D. A., Melhem, N., Burke, A. K., Mann, J. J., & Grunebaum, M. F. (2023). Avoidant attachment transmission to offspring in families with a depressed parent. *Journal of Affective Disorders*, 325, 695-700.  
<https://doi.org/10.1016/j.jad.2023.01.059>
- van Wijngaarden, B., Schene, A. H., & Koeter, M. W. (2004). Family caregiving in depression: Impact on caregivers' daily life, distress, and help seeking. *Journal of Affective Disorders*, 81(3), 211–222. [https://doi.org/10.1016/S0165-0327\(03\)00168-X](https://doi.org/10.1016/S0165-0327(03)00168-X)
- Vasudeva S, Sekhar C K & Rao PG. (2013). Caregivers burden of patients with schizophrenia and bipolar disorder: A sectional study. *Indian Journal of Psychological Medicine*, 35(4), 352-357.  
<https://doi.org/10.4103%2F0253-7176.122224>
- World Health Organisation. (2019). F32 Depressive Episode. Retrieved from <https://icd.who.int/browse10/2019/en#/F33.9>