



## Mothers' personality and coping when caring for adult children with schizophrenia

*Osobowość matek a radzenie sobie z opieką nad dorosłym dzieckiem z rozpoznaniem schizofrenii\**

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### ABSTRACT

**Objectives.** Assessment of the relationship between mothers' personality traits (neuroticism, extraversion, openness to experience, agreeableness, conscientiousness) and their ways of coping in the situation of caring for an adult child with schizophrenia.

**Methods.** 71 mothers who cared for an adult child with chronic schizophrenia were included in the study. The NEO-FFI Personality Inventory, developed by Costa and McCrae and the Ways of Coping with Child's Illness Questionnaire (WCCI) developed by B. Kasperek-Zimowska and S. Steuden were used for data collection.

**Results.** High correlation coefficients were found between the neuroticism scale and the surrender scale ( $r=0.52$ ;  $p\leq 0.001$ ), between neuroticism scale and nursing grievance scale ( $r=0.40$ ;  $p\leq 0.001$ ) and between neuroticism scale and focusing on feeling guilty scale ( $r=0.39$ ;  $p\leq 0.001$ ).

**Conclusions.** Mothers with high level of neuroticism disengaged from active coping with the child's mental illness. Mothers with high agreeableness sought support in coping with the child's illness but did not distance themselves from the illness, which could increase the risk of burnout.

### STRESZCZENIE

**Cel.** Celem badania była ocena związku cech osobowości matek (neurotyzm, ekstrawersja, otwartość, ugodowość, sumienność) z ich radzeniem sobie w czasie opieki nad dorosłymi dziećmi chorymi na schizofrenię.

**Metoda.** W badaniu uczestniczyło 71 matek opiekujących się dorosłymi dziećmi przewlekle chorującymi psychicznie z rozpoznaniem schizofrenii. Do zebrania danych wykorzystano „Inwentarz osobowości NEO-FFI” Costy i McCrae oraz „Skalę sposobów radzenia sobie z chorobą dziecka” Kasperek-Zimowskiej i Steuden.

**Wyniki.** Najwyższe współczynniki korelacji uzyskano pomiędzy neurotycznością a rezygnacją ( $r=0,52$ ;  $p\leq 0,001$ ), neurotycznością a koncentracją na poczuciu krzywdy ( $r=0,40$ ;  $p\leq 0,001$ ) oraz neurotycznością a koncentracją na poczuciu winy ( $r=0,39$ ;  $p\leq 0,001$ ).

**Wnioski.** Matki z wysokim poziomem neurotyczności rezygnują z aktywnego zmagania się z chorobą psychiczną dziecka. Matki z wysoką ugodowością poszukują wsparcia w radzeniu sobie z chorobą dziecka, natomiast nie zachowują dystansu do choroby, przez co są bardziej narażone na wyczerpanie sił.

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**Key words:** mothers / personality / schizophrenia

**Słowa kluczowe:** matki / osobowość / schizofrenia

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In families, in which a relative is ill with schizophrenia, mothers are usually the main, first-line, carers [1]. They most often accompany children in their daily tasks and form strong emotional ties with them [2, 3]. The satisfaction they draw from caring is often

identified, in their case, with overall satisfaction with life [4]. Mothers of mentally ill grown up children are exposed to much higher stress and anxiety than their fathers [5]. Their experience is described as breaking a relationship with a healthy child and creating a new

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relationship with the ill child, based on new principles [1]. Mothers often feel that they have not only lost a healthy child but all hope of realizing their own lives through the child. This experience involves various illness-related ways of coping with the behaviour of their now adult child, such as, among others, adapting to new conditions, normalizing behaviour, setting new boundaries and keeping the “personal freedom zone”.

Personality traits belong to individual resources of mothers, which determine the process of coping with the stress of mental illness in the family [6,7]. The behavioural countermeasures in the case of mothers under stress are determined by all kinds of factors, although they also remain consistent in certain situations, which is due to personality traits, interpreted in terms of big five personality dimensions. Research by Costa, Somerfield and McCrea [8], the creators of the big five personality factors confirm the existence of a relationship between personality traits and coping with illness-related stress.

## OBJECTIVES

Based on these assumptions, the authors of this paper attempted to answer the question if maternal personality traits, i.e. the five personality dimensions such as neuroticism, extraversion, openness, agreeableness and conscientiousness were in any way correlated with the strategies of coping with the illness of a grown up child, and if so, in what way?

## METHODS

The empirical analysis were informed by the data gathered from 71 mothers who took care of their adult mentally ill children, diagnosed with schizophrenia. During the study the patients were under the psychiatric supervision of the following types of psychiatric rehabilitation centres: day wards, occupational therapy workshops, psychiatric clinics, community psychiatric self-help centres. Our data included socio-demographic characteristics of the subjects such as age, marital status, employment and income. Information about the patients (age, marital status, duration of illness, number of hospitalizations, source of income, parenthood) was obtained from the psychiatric facilities and the patients' mothers. The inclusion criteria for the mothers were: having a grown up child (over 18) with diagnosed chronic schizophrenia (F-20 according to ICD-10) [9], living with the grown up, ill

child. The exclusion criteria included: the patient being dependent on psychoactive substances, suffering from the CNS damage and, in the case of the mothers, being diagnosed with a mental illness.

We used Costa's and McCrae's NEO-EFI Personality Inventory in the Polish adaptation by Strelau, Szczepanik and Śliwińska [10] and the Ways of Coping with Child's Illness Questionnaire (WCCI) by Kasperek-Zimowska and Steuden (2008). The NEO-EFI inventory evaluates the five personality dimensions: neuroticism NEU, extraversion EXT, openness to experience OPE, agreeableness AGR and conscientiousness CON

- *Neuroticism* reflects a relationship between emotional adaptation and emotional instability.
- *Extraversion* is characterized by a number and quality of social interactions, level of activity, energy and capacity for feeling positive emotions.
- *Openness to experience* describes the individual's tendency to search for positively valued experiences in life, high tolerance for new experiences and cognitive curiosity.
- *Agreeableness* describes positive or negative attitude towards other people, interpersonal orientation manifested in altruism or antagonism, experienced feelings, thoughts and actions
- *Conscientiousness* is characterized by an individual's level of organisation, persistence and motivation in target-oriented activities.

The WCCI questionnaire has been devised to evaluate such coping mechanisms in the situation of caring for mentally ill adult offspring as: focus on nursing grievance, seeking support, focus on feeling guilty, seeking benefits, exercise control, surrender, distancing, redefining. The coefficients of internal consistency (Cronbach's  $\alpha$ ) for the subscales of the WCCI questionnaire were: focus on a nursing grievance  $\alpha = 0.80$ ; seeking support  $\alpha = 0.83$ , focus on feeling guilty  $\alpha = 0.72$ ; seeking benefits  $\alpha = 0.75$ ; exercise control  $\alpha = 0.66$ ; surrender  $\alpha = 0.59$ ; distancing  $\alpha = 0.62$ ; redefining  $\alpha = 0.61$ ).

## RESULTS

### Socio-demographic characteristics

The average age of mothers was nearly 60. Sons were cared for more often ( $n = 44$ ) than daughters ( $n = 27$ ). Duration of the illness was approximately 11 years, and the average number of hospitalizations during the entire course of illness was 6. The patients were diagnosed as chronically ill. Most of the mothers

had a secondary (n = 35) and higher (n = 27) education. Most were married (n = 40). The average age of schizophrenic patients was 32. Most of them completed secondary education (n = 50) and had no partners (n = 66) (Table 1).

**Table 1.** Socio-demographic characteristics of the subjects

Variable data	Mean	Standard deviation
Mother's age	59.24	9.05
Child's age	32.23	8.97
Duration of illness	11.41	7.92
Number of hospitalisations	5.89	5.49
	Number (N)	%
Mother's education	primary	9 14
	secondary	35 49
	higher	27 38
Mother's marital status	married	40 57
	divorced	16 23
	widowed	14 20
Child's education	primary	15 21
	secondary	50 71
	higher	5 7
Child's marital status	married	1 1
	divorced	2 3
	single	66 93
Child's sex	woman	27 38
	man	44 62

**Maternal personality traits and coping with care**

In order to determine a relationship between the ways of coping with the child's illness and personality traits, we correlated the mothers' scores in the WCCI questionnaire with those obtained in the NEO-FFI inventory. The correlation pattern has been presented in Table 2.

The results obtained in the neuroticism scale show a statistically significant, positive correlation with the results of the subscales: focus on a nursing grievance, focus on feeling guilty and surrender. The highest value of correlation coefficient was obtained for the surrender scale and focus on feeling guilty,  $r = 0.52$  ( $p \leq 0.001$ ) and  $r = 0.40$  ( $p \leq 0.001$ ). The stronger were the mothers' anxiety and bitterness in connection with the mental illness of the child, the more often they gave up solving problems associated with the illness, focused on internal suffering and looked for the cause of illness in their own mistakes. They felt guilty that they had a child that fell sick. The more severe were their anxiety and depression, the harder it was for them to come to terms with the situation, as they lost all hope for its improvement.

**DISCUSSION**

Our results confirm that maternal personality traits correlated with the ways of coping with the child's illness, although in varied combinations and with various intensity. Neuroticism was linked with emotional responses to illness, most of all with surrendering to the illness and focus on feeling guilty. Our figures are consistent with the results of the study conducted by McWilliams at al. [11]. Neuroticism primarily consists of anxiety, depressiveness and impulsiveness as well as excessive vulnerability [12], which is a group of properties that predisposes a person to experiencing negative emotions. People who experience strong anxiety are also ineffective in their remedial mechanisms, they seldom use problem-oriented strategies or take advantage of social support [8, 13], and are therefore exposed to excessive tiredness. Sadowska's and Steuden's research [14] revealed the connections between neuroticism and the intensity of exhaustion syndrome in parents who nursed mentally ill children.

The results presented in Table 3 pointed us towards the existence of correlations between extraversion

**Table 2.** Pearson's correlation coefficient (r) between the ways of coping with the child's illness according to the WCCI questionnaire and the NEO-FFI inventory.

NEO-FFI Dimensions	Ways of coping with child's illness							
	nursing grievance	support	guilt	benefit	control	resignation	distancing	redefining
Neuroticism	0,39***	-0.06	0.40***	0.21	-0.15	0.52***	0.16	0.08
Extraversion	-0.07	-0.09	0.01	-0.11	0.01	-0.39***	-0.24*	-0.17
Openness	-0.16	0.23	0.10	-0.06	0.16	-0.38***	-0.07	-0.20
Agreeableness	-0.16	0.31**	-0.12	0.10	0.22	0.04	-0.37***	-0.03
Conscientiousness	0.14	0.02	-0.21	-0.24*	0.08	0.04	-0.01	-0.04

Significant correlations at the level: \* 0.05; \*\* 0.01; \*\*\* 0.001

and openness with surrender, and agreeableness with distancing. These were negative correlations, which meant that a mother with low extraversion and openness to experience more frequently gave up actively fighting the illness, and a mother with low agreeableness distanced herself from the illness of her child. Extraversion consists of such features as assertiveness, sociability and activeness [12]. These correlated with such coping strategies as rational actions, deferred actions, positive thinking and seeking support.

Agreeableness correlated positively with seeking support. The results of research by Costa et al. [8] revealed that agreeable people sought social support more often, which was also confirmed in our study. Agreeableness consists of trust, straightforwardness, and belief in the good intentions of others. The presence of these traits is conducive to helping others and acceptance of receiving help [12]. More agreeable mothers more often sought support in coping with their child's illness. Agreeableness, however, showed a negative relationship with distancing from the disease, which may adversely affect the management of energies in dealing with the child's illness. Sadowska's and Steuden's study showed that high level agreeableness coexisted with exhaustion caused by caring for a mentally ill child [14].

## CONCLUSIONS

Specific personality traits co-occur with certain ways of coping with the child's mental illness. Neuroticism proved significant in this respect, as it coexisted with the focus on nursing grievance, focus on feeling guilty and surrendering to the child's illness.

The results of the study have significant practical implications:

1. Apart from group therapy and psychoeducation, mothers with high anxiety and depressiveness should be given additional individual support.
2. Mothers who are highly agreeable seek support on their own, but they find it hard to distance themselves from the child's illness, which means that they are excessively involved in combating the illness. This suggests that they should be taught better

strategies for coping with the stress of the child's illness to counteract the possible exhaustion.

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