



RESILIENCE OF PARENTS DIAGNOSED WITH MENTAL HEALTH DISORDERS IN ADAPTIVE CHILDCARE

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Abstract:

This study aims to understand the phenomenon of resilience in parents diagnosed with Mental Health Disorders (GKM) in the context of adaptive childcare. Using a qualitative phenomenological approach, this study explored the subjective experiences of two participants (married couples) who both lived with GKM and had children. The results of in-depth interviews showed that although the diagnosis of GKM brought significant emotional and relational challenges, participants demonstrated strong resilience. This resilience is manifested through the discovery of meaning in the role of parents as a reminder to keep struggling, as well as the utilization of adaptive parenting strategies such as flexible task sharing and external support from spouses, family psychologists, and the community. The findings indicate that GKM does not necessarily hinder adaptive parenting capacity, but rather encourages unique resilience mechanisms. This research contributes to the literature by presenting a strengths-based perspective, highlighting the adaptive capacity of parents with GKM, and providing practical implications for developing more targeted psychosocial support interventions.

Keywords: Resilience, Adaptive Parenting, Mental Health Disorders

INTRODUCTION

Mental health is a fundamental pillar of individual well-being and significantly impacts various aspects of life, including family functions (World Health Organization, 2022). Worldwide, one in eight people lives with a mental health disorder (WHO, 2022), which can significantly affect a person's quality of life, social participation, and capacity to carry out their daily roles. When parents experience these disorders, the challenges that arise are not only personal but also have an impact on the dynamics and stability of the family system as a whole, especially for children who are still dependent on them.

Mental Health Disorders (GKM), such as major depression, anxiety disorder, bipolar disorder, and schizophrenia, present complexity in the context of parenting (Goodman & Gotlib, 1999). Parents with GKM often experience symptoms such as extreme mood swings, fatigue, social withdrawal, or even psychotic episodes, all of which can disrupt the consistency and responsiveness of parenting (Seeman, 2008). This condition can reduce parents' ability to perform their roles optimally, create an unstable home environment, and affect their children's emotional and social growth.

As a result, children who grow up with parents who experience GKM tend to face a higher risk of emotional, behavioral, and academic difficulties and difficulty in establishing social relationships (Cummings et al., 2007). Interaction between parent and child can be disrupted by parenting patterns that are



inconsistent, unresponsive, or even overly protective or neglectful (Luthar & Latendresse, 2005). In this context, the concept of adaptive parenting is fundamental – that is, the ability of parents to adapt their parenting strategies to changing children's needs and situations, even in a challenging psychological state (Bronfenbrenner, 1979).

However, not a few parents with GKM are actually able to show extraordinary capacity to survive and even thrive in parenting. This phenomenon can be explained through the concept of resilience, which is the process of positive adaptation to significant difficulties or trauma (Southwick et al., 2017). Resilience in parents with GKM is reflected in their ability to seek support, develop effective coping mechanisms, maintain expectations, and keep their children's needs first in the midst of the stress they are experiencing. Diving into how this resilience is formed and how it supports adaptive parenting is the primary focus of this study.

This research departs from the need to deeply understand the resilience experiences of parents living with GKM and how this resilience plays a role in enabling adaptive parenting. This study aims to contribute to the understanding of adaptive powers in the midst of mental health challenges, and at the same time, offers a conceptual basis for the development of more targeted psychosocial interventions that focus on the potential of individuals and families affected by GKM.

RESEARCH METHOD

This research uses an interpretative phenomenological analysis (IPA) approach, which aims to explore in depth the subjective life experiences of individuals in specific contexts. Science is particularly relevant to understanding how individuals interpret complex and emotional experiences, such as in the case of families with multiple parents diagnosed with mental health disorders (GKM). This approach not only delves into what the participants experience, but also how they interpret and construct the meaning of the experience (Smith, Flowers, & Larkin, 2009).

The following table presents a mapping between the main research themes, interview sections, key questions, and the relevance of the information sources used in the design of the interview guide. This mapping ensures that every aspect of the main research question ("Resilience in the Midst of Challenges: A Phenomenological Study of Families with Dual Parents Diagnosed with Mental Health Disorders in Performing Family Functions and Adaptive Childcare") is addressed systematically, demonstrating methodological rigor in qualitative research.

Research Theme	Interview Section	Sample Key Questions	Exploration Objectives
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Life experience as a parent of GKM	Family history and background	"Can you tell us how you and your partner initially faced the diagnosis of GKM?"	Understand the context of the experience and history of the disorder.
Dynamics of family function	Family roles and structures	"What are some of the challenges you have faced in carrying out your role as a parent?"	Exploring changes and adaptations of roles in the family system.
Adaptive parenting strategies	Children's parenting patterns and routines	"How do you and your spouse divide the duties of caring for the child?"	Know the adaptive mechanisms in parenting.
Resilience and meaning	Interpretation of experience	"What does parenthood mean to you in the midst of this situation?"	Exploring the construction of meaning against difficult experiences.
Resources and support	Social and institutional access	"What or who has helped you survive the most so far?"	Identify internal and external resources.

Interview designs like this allow for an in-depth exploration of the experience while ensuring connectedness to the research's objectives and theoretical framework. The following analysis process will use the step-based thematic interpretive techniques suggested by Smith et al. (2009): rereading the transcript, identifying themes, making connections between themes, and constructing a narrative structure for each case.

FINDINGS AND DISCUSSION

Early Experience of Facing a GKM Diagnosis: Shock, Denial, and Early Conflict

The diagnosis of Mental Health Disorder (GKM) in both parents has a

profound emotional and relational impact. Respondent A described his initial experience as a "second blow after losing his job", which caused "severe depression" in him and "severe anxiety" in his wife due to the increased household burden. Both respondents acknowledged the existence of an initial phase of denial and conflict. Respondent A stated, "We fight a lot because we blame each other", while Respondent B added that she felt "embarrassed to tell her extended family because she was afraid of being considered incapable of being a parent". However, awareness of the need for professional help is a turning point. Respondent A said, "Until finally we were assisted by a family counselor and began to accept that this is a disease that must be handled together". Similarly, Respondent B stated, "But over time we realized that we had to seek professional help, not just blame each other".

Challenges in the Role of Parenting in the Middle of GKM

Parents diagnosed with GKM face various challenges in carrying out their parenting roles, especially related to emotional stability and guilt. Respondent A highlighted "her biggest challenge is keeping her emotions stable", and admitted "Sometimes I'm too tired or irritable". He also noted, "Even the children were confused to see that we were not as strong as we used to be". Financial problems also become a burden, making them "feel incapable of meeting all the needs of the child", and create guilt: "I often feel guilty for not being able to always be fully present for them".

From the side of Respondent B, the most difficult challenge was "excessive anxiety and lack of confidence". She expresses deep fear, "Sometimes I'm afraid that the children will be abandoned because we're both sick," and a feeling of failure, "I also cry at night because I feel like a failure." In addition, maintaining communication with your partner becomes difficult when both are unstable: "maintaining communication with your husband is also difficult, especially if we are both unstable".

Adaptive Parenting Strategies: Flexibility, Task Sharing, and External Support

Despite the challenges, both parents showed adaptive strategies in the division of parenting tasks. Respondent A stated, "We try to create a flexible schedule", with an agreement on "who accompanies the child to study, who prepares the meals, and who drives them to school". The system also includes a *backup* mechanism: "If I am in relapse, my wife takes care of the children more, and vice versa".

Respondent B confirmed this pattern by "creating a weekly to-do list". She explained the specific division of roles: "I take care of the children's home and emotional needs, such as accompanying them with stories. Husbands often help with studies and activities outside the home". Importantly, they have an adaptation mechanism when symptoms recur: "If one of us is in a relapse, the task is temporarily shifted". The involvement of external support is also crucial: "We also involve grandparents if they are really stuck".

The Role of Parents as a Source of Motivation and Meaning in Life (Internal Resilience)

In the midst of GKM conditions, the role of parents is a source of strength and meaning of life for both respondents, which reflects internal resilience. Respondent A stated, "For me, the role of parents is a reminder to keep fighting. Even though I am sick, I am still their father". He wants his children to know that "his father tried his best", which ultimately makes him "feel that he still has a purpose in life, even if it is sometimes hard".

Respondent B also felt the importance of this role, "This role is vital. I feel that even though I am sick, I am still a mother who should be there for the children". For her, this condition even became a lesson for children: "It is precisely because of our condition that I want children to learn empathy, that parents are also human beings who can get sick". This encouraged him to be "more open and honest with them, certainly in the language they understand". "My children. They are the reason I wake up every day".

Support as the Main Pillar of Resilience (External Resilience)

Support from spouses, professionals, and communities is a key pillar that helps both parents survive. Respondent A explicitly stated, "The one who helped me the most was my own wife, " emphasizing that "Even though she is also sick, we encourage each other". In addition, she was helped by "family psychologists and support groups for parents with mental disorders, who also helped us a lot to feel not alone".

Respondent B also highlighted the role of children as the primary motivation: "My children. They are the reason I wake up every day". Professional and community support also means a lot: "I was helped by an online community of moms with anxiety disorders. I am also grateful that there is a family psychologist who accompanied us patiently".

DISCUSSION

Interpretation of Outcomes and Linkages to Resilience

The findings of this study provide a rich phenomenological picture of the resilience of parents diagnosed with GKM in the context of adaptive childcare. The initial experience of diagnosis, characterized by shock, denial, and interpersonal conflict, is in line with the early phases of the crisis described in the family resilience literature (Walsh, 2016). However, their ability to "accept that this is a disease that must be dealt with together" indicates an early step toward positive adaptation, a fundamental indicator of resilience (Bonanno et al., 2011).

Emotional challenges, such as mood lability, fatigue, anxiety, and guilt, expressed by both respondents, confirmed the impact of GKM on parenting capacity, as described by Goodman & Gotlib (1999) and Seeman (2008). However, instead of giving up, participants actively develop adaptive parenting strategies through flexible task sharing and mutual agreement. This flexibility, including the transfer of tasks when one relapses and involves grandparents, is a manifestation of dynamic adaptability, essential for adaptive parenting under

challenging situations (Luthar & Cicchetti, 2000; Bronfenbrenner, 1979).

The role of parents is a strong source of internal resilience for both respondents. They find purpose and motivation to fight for their children, which is consistent with resilience theories that emphasize the meaning of life and purpose as protective factors (Southwick et al., 2017). The desire to teach children empathy and honesty about their condition also indicates healthy cognitive and emotional adaptation. Partner support, family psychologists, and support groups (*online* communities) emerge as **very vital external resilience**. These findings underscore the importance of social support, which is widely recognized as a pillar of resilience in the face of chronic illness (Hobfoll et al., 2018; Walsh, 2016). Professional involvement (counsellors/family psychologists) is also crucial in helping them "accept" the diagnosis and find *coping* strategies together.

Relationship with Theory/Literature

These findings strongly support the ecological resilience model (Bronfenbrenner, 1979; Luthar, 2006), which emphasizes the interaction between individual and environmental factors. The resilience of parents in this study came not only from their strengths (e.g., motivation from children, desire to struggle), but also from interpersonal (couple) and institutional support (psychologists, support community). This reinforces the argument that resilience is a multidimensional process that involves internal and external resources (Cicchetti & Rogosch, 1997).

This research also enriches the understanding of adaptive parenting in the context of GKM, expanding concepts that may have previously been applied more to child developmental challenges or single crises. Parents in this study showed that adaptive parenting can be achieved even when both parents are facing GKM, through flexibility, communication, and the utilization of support networks. It challenges the deficit narrative that often dominates discussions about parental GKM, which is in line with efforts to adopt strengths-based perspectives in clinical and family psychology (Walsh, 2016).

Implication

This research makes a significant contribution theoretically in enriching the understanding of the concept of resilience, especially in the context of parents living with Mental Health Disorders (GKM). So far, resilience theory has been more often studied in the context of individuals in general, but this study shows that resilience can also be manifested in a complex way in the dynamics of parenting in the midst of chronic psychological challenges. The integration between resilience and adaptive parenting demonstrated in these findings reinforces the position of both concepts as essential foundations in explaining how families seek to maintain their social stability and functioning. Thus, the results of this study provide an initial foundation for the development of a more comprehensive conceptual model of family adaptation in the face of long-term and recurrent mental health disorders.

In terms of practical implications, this study encourages the adoption of a strength-based intervention approach, which focuses on identifying and

strengthening the resilience capacity that already exists in parents with GKM. These kinds of interventions are essential to foster adaptive parenting skills while enhancing social support networks at the family and community levels. In addition, it is necessary to expand the focus of support on individuals experiencing GKM and couples and families as a whole system. Intervention strategies that involve couples in the process of coping together and encourage role flexibility in parenting and household tasks are proving crucial. The involvement of extended family members, such as grandparents or siblings, can also reduce parenting pressure and create a more supportive and collaborative family environment.

Furthermore, this research also opens up space for public education and advocacy initiatives that aim to reduce the stigma against parents with GKM. Society often views individuals with mental health disorders as unfit or unable to carry out a parenting role, when in reality, many of them are still able to demonstrate extraordinary adaptive capacity. Therefore, the results of this study can be used by professionals to educate families and communities about the potential and resilience of parents with GKM, as well as encourage the creation of a more inclusive and empathetic environment. The findings from Respondent B, which highlighted the role of online communities, also emphasized the importance of using digital technology in providing safe spaces, sharing experiences, and expanding access to social support for parents who often experience isolation due to their conditions.

CONCLUSION

This study aims to understand the resilience experience of parents diagnosed with Mental Health Disorder (GKM) in adaptive child care, using a phenomenological approach. Findings from in-depth interviews with two respondents (husband and wife) indicated that the diagnosis of GKM in both parents triggered significant challenges, including emotional turmoil, guilt, and communication barriers. Despite this, the participants showed exceptional resilience capacity, both internally and externally. Internal resilience is manifested through the discovery of meaning and purpose in life in the role of a parent, which is the primary driver to keep fighting. Externally, support from couples, family psychologists, and support communities (including *online* communities) has proven crucial in helping them adapt and feel less alone.

Their ability to implement adaptive childcare can be seen in flexible task-sharing strategies, clear agreements, and mechanisms of responsibility transfer when symptoms of GKM recur. The involvement of extended family members, such as grandparents, is also an essential adaptive strategy. In conclusion, the resilience of parents diagnosed with GKM allows them to survive in the midst of adversity and actively facilitates responsive and adaptive parenting, confirming that adaptive strength can be found even in the most challenging situations. This research contributes to a strengths-based understanding of family adaptation in the face of chronic mental illness, as well as provides practical implications for the development of more personalized and supportive interventions.

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