



Exploring older adult narratives of living with a depressed parent

Master of Arts in Community-Based Counselling Psychology (MACC)

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Declaration

I declare that this research report, titled 'Exploring older adult narratives of living with a depressed parent' is my own work. It is submitted for the degree of Master of Arts in Community-based Counselling Psychology (MACC) at the University of the Witwatersrand, Johannesburg. It has not been submitted for any other degree or examination at any other university. All sources cited have been indicated and acknowledged by means of complete references according to APA 7th edition.

Signed:

A handwritten signature in black ink, appearing to be 'A.A.', written over a horizontal line.

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Abstract

Research on children of parents living with a mental illness is prevalent in developed countries and has shown that parental depression is linked to a higher risk of adverse outcomes for children. However, less research exists that focuses on older adult narratives, specifically regarding the lived experiences of growing up with a depressed parent. Therefore, this study provided a deeper exploration of older adults reflecting on their childhoods and highlighted the role that narrative hindsight has on the relationships between depressed parents and children. Exploring the narratives of people who grew up with a parent with a depressive disorder was the core interest of this study. Convenience and snowball sampling was used, and seven participants over the age of 60 years in South Africa were interviewed. Narrative theory was used as both a conceptual framework and a methodology, and narrative analysis was used to analyse data from the semi-structured interviews. The findings of the study suggest that the lived experiences of growing up with a depressed parent alter family dynamics and roles in the home, creating parentification in childhood, feelings of unpredictability, chaos, and uncertainty in the home environment. The role of narrative hindsight illuminated ambivalent feelings towards their depressed parents and revealed a significant influence on their own parenting decisions as adults, such as choosing not to have children. Beyond the immediate home environment, social factors such as stigma, institutionalisation and additional support arose as significant factors in the accounts of participants. The study explored the depth of the human experience in the participants' ambivalence, meaning making, and social context growing up with a depressed parent. Interviewing older adults highlighted the significance of narrative hindsight and its role in understanding how temporality and nostalgia can illuminate the narrative arc between parent and child. Overall, the study illustrated the need for further research in South Africa on older adult narratives that could possibly enrich the knowledge of health practitioners, educators and researchers about the lived experiences of growing up with a depressed parent, assisting with family-based interventions based on a deeper understanding of the effects of parental

mental illness over decades.

Keywords: *narrative, depression, depressed parents, hindsight, older adults, adverse childhood experiences*

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Chapter One

“To look ahead one must learn to look back.”

(Dreyfuss, 2012, p. 22)

1.1 Introduction

This study enabled a deeper exploration of older adult’s accounts of their childhoods raised in families with a depressed parent. It highlights the role of narrative hindsight on relationships between depressed parents and children. Exploring the narratives of people who grew up with a parent with a depressive disorder is the core interest of this study. Within this research, the voices of older people who grew up with parents with a depressive disorder are explored in depth, with a focus on how concepts such as hindsight, nostalgia, regret, and temporality exist and interact in older adult narratives, and how people reflect and make meaning of their childhood living with a depressed parent. Within this study, older adults refer to people aged sixty years and older.

While it is evident that parental depression has been linked to a higher risk of adverse outcomes for children, particularly in the arenas of mental health and social skills (Giannakopoulos et al., 2021), less research exists that highlights the voices of people with this life experience, and their own narratives. It is also established that research on children of parents living with a mental illness has predominantly been conducted in developed countries. Therefore, research on parental mental illness within the context of South Africa is important to undertake given the economic and social complexities that exist within the arena of mental health (McCormack et al., 2017).

1.2 Structure

This research report consists of six chapters. The first chapter, the introduction, comprises of an outline of the research problem, the rationale, research aims, and research questions framing this research. Additionally, this chapter briefly conceptualises the research problem

that informs this study and provides direction for future chapters. The second chapter consists of a literature review, encompassing existing literature that engages with adverse childhood experiences, mental health in context, parental mental illness, depressive disorders and family life, psychological diagnosis through a social constructionist lens, children of depressed parents, children's experiences of parental mental illness, as well as older people, narrative hindsight and storytelling. This chapter also outlines the conceptual framework, which provides Narrative Theory as the guide of this study. The third chapter presents the research methodology and the research design of the study. This chapter engages ethical considerations, the process of data collection and data analysis, participant characteristics, and reflections on my own positioning within the research. The fourth chapter presents the findings of the research. The fifth chapter provides a discussion of these findings. Chapter six outlines strengths and limitations of the study, implications, recommendations, and the conclusion of this research study. Attached to this research report as appendices is the ethical clearance certificate, consent forms, information sheet, and interview schedule.

1.3 Research Focus

The focus of this study was an exploration of older adult narratives of living with a depressed parent. This study highlights the value and complexity of storytelling and the context of interviewing older people in research, exploring what it means to produce meaningful research from an older person's childhood narrative. The research focused on how parental mental illness changes the daily family dynamics of a person's life, and some of the roles that children take on when caring for depressed parents (Pölkki et al., 2005). This research explored how older adults narrate their childhood living with a depressed parent, in which storytelling is used to affirm, narrate, and direct relationships (Frank, 2000). Additionally, this research engaged the unique context of parental mental illness within South Africa, acknowledging complex factors such as unemployment, poverty, and the stigma and adversity that often accompany mental illness (McCormack et al., 2017). This research

adopted a narrative focus, allowing for a deep exploration of people's identities they have about themselves that is grounded in language, self-experience, and cultural nuance (Crossley, 2000). The research applies a retrospective lens as it allows for the exploration of how older people narrate their childhoods, and how concepts such as nostalgia, hindsight, or regret may exist and interact within their narratives. In this way, the focus on the research presented an intimate narrative of the participant's self-narration (Kugelmann, 2001). Furthermore, the researcher's positionality allows for an added layer of meaning-making through the process of retrospective storytelling, as they adopt a narrative focus by retelling the participants' stories.

1.4 Rationale

An absent perspective in recent research regarding adverse childhood experiences is that of children of parents with a mental illness, also referred to as 'COPMI' (Cavanaugh & Riebschleger, 2021). Children of parents with mental illness are often deemed 'invisible' in the medical, social, and community spheres in which they exist, and are excluded from many of the social processes that shape their daily lives (Gladstone et al., 2006). Whilst the psychological, social, and physiological effects of parental mental illness have been established in literature, less is known about the lived experiences of children's exposure to mental illness in their household, with a focus on their unique perspective and voice (McCormack et al., 2017). Studying the effect of parental mental illness can illuminate the agency, resilience, and social capital within their household, and the relationships that children have with their parents, community members, teachers, and medical professionals (Gladstone et al., 2006). This is particularly relevant within the South African context, in which children continue to be one of the most vulnerable groups in society. It is well established that adverse childhood experiences, or ACEs, are highly disruptive to child development, and can lead to intergenerational trauma, long-term health, and psychological issues, particularly when passed down through parenting practices and parental modelling (Herbell, 2020). Much

of the research conducted on children with mentally ill parents has focused on the child's pathology and risk for mental disorders, rather than the child's perspective and voice in research (Mordoch & Hall, 2002). In this way, exploring the lived experiences of this group of people strays from the predominant focus of research in this field, and contributes to a more nuanced perspective through storytelling.

Exploring the narratives of people who grew up with a parent with a depressive disorder is the core interest of this study. Within this study the voices of children who grew up with parents diagnosed with a depressive disorder are focused on more in depth. Parental depression has been linked to a higher risk of adverse outcomes for children, particularly in mental health and social skills (Giannakopoulos et al., 2021). Weissman et al. (2016) explored the risk for major depression of children of depressed parents over 30 years, in which they discovered the risk was three times as high in those who had depressed parents. This study highlights the risk for depression, mortality, and co-morbidity to occur for these children throughout their life (Weissman et al., 2016). The study of children living with depressed parents is particularly poignant given the climate of South Africa, as marginalised groups are at a significantly higher risk of developing depression given socio economic stressors and economic burden (Mungai & Bayat, 2019). The operationalisation of depression in this study follows the general criteria as set out by the DSM-V, where a parent was diagnosed with a depressive disorder (American Psychiatric Association, 2013). However, it must be noted that philosophical contestations exist between the psychiatric and the social constructionist paradigms. These are explored in the ensuing literature review. Research on children of parents living with a mental illness has predominantly been conducted in developed countries, and so research on parental mental illness within South Africa will provide a rich, culturally sensitive perspective that is lacking in general research (McCormack et al., 2017). This research, using Narrative Theory as both a theory and method, allows for a deeper exploration of the perspectives that participants may have had as children and may highlight the role that narrative hindsight has on the recollection of the relationship between parents and children.

1.5 Research Aims

The aim of this study was to explore meaning making about living with a depressed parent in South Africa. It sought to explore how older people narrate their reflections on their childhoods in the various contexts in which they were raised. It is concerned with exploring this phenomenon through a narrative enquiry, focusing on how adults remember and narrate childhoods spent with a depressed parent. Furthermore, it aimed to explore this experience using a conceptual framework of narrative theory that recognises the complexity and nuance of the lived experiences of older people who grew up with a depressed parent.

Research Questions

- What are the retrospective accounts of lived experiences of people who grew up with a depressed parent in South Africa?
- What does narrative hindsight illuminate about the narrative arc of relationships between children and parents?

1.6 Conclusion

The introduction chapter provided an outline and direction of the research report and an overview of the research study's key tenets. It also aimed to give the reader an understanding of the reasons behind conducting this study, as well as the key focus of the study. Furthermore, the aims and rationale of this study were presented, including the research questions that guide this study. The next chapter provides a comprehensive literature review of the current literature surrounding older adult narratives of living with a depressed parent and the gaps within literature. This assists in locating the study and situating its contribution to the topic.

Chapter Two: Literature Review and Conceptual Framework

2.1 Introduction

In this chapter, literature pertaining to adverse childhood experiences, social considerations in mental health, parental mental illness and parenting, children's experiences of parental mental illness, depressive disorders and family life, and an overview of older people, narrative hindsight, and storytelling is reviewed. The chapter also pays attention to the conceptual framework informing the current research, which is narrative theory. The conceptual framework gives this study direction and conceptual structure. The application of narrative theory and its core tenets are explored and expanded upon in this chapter.

2.2 Adverse Childhood Experiences

The framework through which children of mentally ill parents is considered, is that of Adverse Childhood Experiences (ACEs). Exploring ACEs provides a necessary contextual background for understanding the experiences of children who grow up with a mentally ill parent as a potentially adverse experience. Adverse Childhood Experiences (ACEs) include persistent and present actions that affect children and prove to be traumatic and unsafe (Hesterman, 2021). Parental mental illness falls within the fourth category of household dysfunction of Adverse Childhood Experiences (Petruccelli, Davis & Burtman, 2019). Here, the child's household presents with a mental illness that may include institutionalisation, or attempted suicide (Hoskins & Kunkel, 2020). It is imperative that one considers the complexity of mental illness within South African households, as there is a great likelihood that many children grow up with mentally ill parents that have not yet been diagnosed because of stigma, accessibility to health care services, or a lack of mental health literacy (Hoskins & Kunkel, 2020).

ACEs create complex interactions between each system in a person's body, often compromising physical and emotional health because of the trauma children experience

(Hesterman, 2021). Ezell et al. (2021) suggest that adverse childhood experiences may result in difficulties in cognitive, behavioural, physical, and emotional functioning that are often long lasting and crippling in nature. These adverse experiences create an environment that is unstable, stressful, and often traumatic (Hesterman, 2021). In ACE literature, the onset of depression, violence, substance abuse, chronic health issues, and mental distress later in life have been noted (Agbaje et al., 2021). Research conducted by Agbaje et al., (2021) in Nigeria reveals that many of the participants in their study experienced at least one form of adverse childhood experience before the age of eighteen years. Agbaje et al. (2021) also found that parental factors may result in psychological distress in adulthood and are associated with negative outcomes amongst higher education students later in life. Although this study focused on Nigerian students, it holds relevance for the African context, and the prevalence of ACEs in Africa.

2.3 Mental Health in Context

It is important to consider mental health in context, particularly given this study's focus on the lived experiences of people who grew up with a mentally ill parent in South Africa. The role of context is necessary for exploring the specific experiences a person faces and the complex role of the environment and its role in how people construe their own narratives. Whilst it is worth noting that mental health data continues not to be nationally representative, Eyal and Burns (2019) provide evidence to the critical link between parental mental health and child mental health by exploring the intergenerational transmission of depressive symptoms in South Africa. This study found that one-third of South African adolescents suffer with depressive symptoms if their parent also presents with depressive symptoms. This supports the relevance of studying adult narratives of children who grew up with a depressed parent within the South African context.

The South African context of parental mental illness is characterised by complex factors of

unemployment, poverty, poor living conditions, and low-income settings in which mental illness becomes imbued with stigma and adversity which creates a considerably more complex context in which to explore children of parents with mental illness (McCormack et al., 2017). These conditions likely influence the dynamics of parental mental illness and child health, and often cannot be untangled from each other (Mordoch & Hall, 2002). Pillay (2019) reports that one in six South Africans have a mental illness relating to substance-use, anxiety, or depression, and that the overall state of mental health and wellbeing in South Africa is deeply concerning. In addition, one cannot explore the presence of parental mental illness within South Africa without considering the culture of violence that exists in the country, including endemic levels of gender-based violence, and the complexity of HIV and teen pregnancy rates (Meintjes et al., 2010). This may contribute to mental illness of parents, as mental health of people is significantly affected by gender-based violence, sexual assault, or unwanted pregnancy (Meintjes et al., 2010). Furthermore, diagnosable mental disorders are much more prevalent amongst people battling HIV/AIDS (Meintjes et al., 2010).

Sherr et al. (2017) investigated the links between poverty, impoverishment, economic hardship, and HIV on parenting relationships and the strain these factors put on families and household dynamics. This study is useful in understanding the impact that poverty and economic hardship may have on parenting and assists in understanding how parenting challenges may be linked to parental mental health challenges (Sherr et al., 2017). This study is helpful in portraying the complexity of parenting in a South African context. Furthermore, Choudhry et al. (2016) found that structural inequalities in South Africa contribute to poor mental health and can contribute to higher levels of stress and trauma, and this adds yet another burden to the difficulties that parents who live with a mental illness face. Understanding mental health in context allows for a more culturally competent exploration of narratives and provides a necessary foundation for exploring narratives within the South African landscape. It is also worth noting that the lack of research conducted within South Africa exploring older adult narratives of living with a depressed parent highlights the need for

research in this arena, given the complex difficulties faced within the South African landscape that contribute to mental illness.

2.4 Psychological Diagnosis through a Social Constructionist Lens

In this section, the complexity of psychological diagnosis is explored through a social constructionist lens. The narrative approach undertaken in this study is socially constructed as it examines how people construct and make meaning of their lived experiences (Crossley, 2003). Social constructionism refers to the construction of reality and knowledge through the lens of people's stories, histories and life experiences. These are formed through interpersonal engagements that focus on everyday life (Khan & MacEachen, 2021). In this way, a social constructionist way of diagnosing depression focuses on the participants' own understanding of depression within their context and the relationship with their parent through the lens of mental illness. In this way, a social constructionist view focuses less on the stringent criteria to meet the diagnosis of depression biomedically, and instead allows for differing experiences and interpretations of depression within their context.

Narrative conceptualisation strays from the medical model of diagnosis and focuses on lived experience. This raises a philosophical tension in relation to biomedical diagnostic categorisations. The DSM-V diagnostic criteria have been criticised for medicalising the lived experiences of people. Criticisms have pointed out the heavy focus on objectivity and de-emphasis on the person experiencing the mental illness (Venkatesan & Suresh, 2022). This approach is reductive and does not account for nuanced and differing experiences of diagnosis or mental illness in context (Venkatesan & Suresh, 2022). However, while the medical gaze is pertinent in the sample's criteria, it is not the focus of this research. Additionally, it is essential that the medical diagnosis requirement relating to the sample criteria is considered in data analysis, with a focus on how narratives of participants construct and make meaning of their parents' diagnoses. When engaging in a social constructionist paradigm, it is imperative to be cognisant of the complexity that exists with the reality of living

with depression and the diagnostic criteria of the DSM-V. Depression does not have a single story, nor does it operate in the same ways across cultures and contexts. However, as Weatherhead (2011) holds, it is possible to conduct a well-established and high-quality narrative project that maintains the key aspects of narrative theory without becoming engrossed in the philosophical underpinnings of this approach, although it should be acknowledged.

2.5 Children and Depressed Parents

It is important to consider the role that a depressed parent has within their child's life, and how parental mental illness may shift social, economic, and psychological factors within the family. Parental mental illness changes the family dynamics of daily life and may result in children living in homes where they become 'child carers.' These children carry out tasks and responsibilities in which they care for their physically or mentally ill parent. Pölkki et al. (2005) explore the prevalence of young carers and the way their lives are often characterised as riddled with stress, anxiety, uncertainty, and instability. This study is pertinent in highlighting some of the roles that children of mentally ill parents take on, and how these roles are narrated. In these roles, children assume responsibilities and tasks that are often supposed to be fulfilled by their adult caretakers. However, in saying this, one must be cognisant of the nuance of each family, insofar as these studies serve to explore the potential experiences of parents living with depression but must be considered alongside various other contextual factors.

Depressive disorders of family members, specifically relating to maternal and paternal depression, have been shown to negatively impact child development in relation to support, parenting styles, and child health (Sherr et al., 2017). This is due to multiple factors but may include an inability of the parent to manage behaviour due to fatigue or shifting moods, failure

to monitor the child's activity, as well as the use of discipline strategies that are inconsistent or withdrawn (Herbell, 2020). Furthermore, depressive disorders may have worsened effects within households where access to therapy is limited given the many factors like childcare, taking time off work, and socio-economic standing which often exacerbates barriers to health care services and support (Herbell, 2020). Furthermore, Sherman and Hooker (2018) found that socio-economic challenges and high levels of poverty may exacerbate mental illness in parents living in poverty. Sherman and Hooker (2018) found that depressed parents tend to display less affection, less intimacy, and lower levels of emotional regulation compared to non-depressed parents. In addition, reduced monitoring of the children and tense co-parenting relationships existed in depressed parents. Depression in parents may result in high levels of preoccupation, in which emotional needs of children may not be met, and their capacity to be responsive may be reduced when experiencing depressive symptoms (Hetherington et al., 2002). However, it is worth noting that parents with depression may experience these mood changes episodically, and medication and treatment programmes often enable more consistent and present parenting (Ostler & Ackerson, 2008).

Additionally, contextual factors exacerbate the effects of parental mental illness in households. For instance, shame and stigma are often the driving factors for keeping parental mental illness a secret within the immediate family unit. Parents may also be driven by fear of losing custody of their children due to their mental illness. This increases the burden of social isolation and may lead to the avoidance of help-seeking (Sherman & Hooker, 2018). However, Dykes (2016) reiterates the importance of family and culture in the recovery of mental illness, and it is worth noting that not all family roles may be negative when considering the role of mental illness. Parenting with a mental illness may create multiple burdens, as many face the stress associated with living with a mental illness, as well as the daily tasks and stresses involved with caregiving and raising children (Ostler & Ackerson, 2008).

2.6 Parental Mental Illness and Family Life

It is useful to explore literature that has considered parental mental illness and parenting in understanding the unique role that it has in the journey of parenthood. Mentally ill parents may also experience a sense of hopelessness and the perception of a lack of resources available for themselves and their families, specifically if their illness is chronic or severe (Sherman & Hooker, 2018).

Yates and Gatsou (2021) found that there is a considerable amount of self-stigma related to parents who struggle with mental illness, and that parents often question their own competence when it comes to parenting. Additionally, Kinsella et al. (1996) explored the coping skills, strengths, and needs of adult children and siblings of people with mental illness by means of a retrospective study. Mental illness as a familial experience was explored, and the experience of living with a mentally ill family member shows the significance of the research topic. In this regard, Kinsella et al. (1996, p. 24) observe that “Mental illness is, by its very nature, a familial experience. A single family member may exhibit symptoms, receive a diagnosis, and undergo treatment, but because of the interdependence that exists within a family system, each and every family member is affected in some specific way. Among the most vulnerable and most affected by a family member with mental illness are the children who live with that member”.

In their research, Kinsella et al. (1996) found themes such as escapism among participants. This included a desire to escape the pressure and intensity of living with a parent or sibling with a mental illness. Furthermore, the internalisation of emotions and unhealthy escapism were established, in which the internalisation of difficult emotions was common in adult children when reflecting on their childhood experiences. In addition, the theme of self-censoring behaviour was observed, in which several participants reported altering and monitoring their own actions and behaviour to maintain a sense of control within the chaotic

family environment in which they grew up. Kinsella et al. (1996) illuminate the role of resilience in many participants' lives. They found that children developed skills that gave them confidence to manage challenging situations and complex problems throughout childhood. Along with resilience, internal coping by objectifying their parent's mental illness was explored. This assisted participants with disentangling themselves from their parent and their mental illness and allowed for a sense of separation (Kinsella et al., 1996). This study highlights the complexities of people's lived experiences when growing up with a mentally ill parent, and considers themes of internalisation, self-censoring behaviour, and resilience that can occur simultaneously, highlighting the complex and interactive nature of experiences that can occur in adult children who grew up with a mentally ill family member.

Foster (2010) explored the experiences of being an adult child of a parent who had a serious mental illness in Australia, focusing on how adult children have coped with their lived experiences. This study identified four challenges that adult children experienced. These include struggles to connect with their parent, feeling overly responsible throughout their childhood, experiencing high levels of uncertainty that were akin to a rollercoaster ride, and seeking of some sense of balance, in which a sense of control was established because of the nature of uncertainty living with a mentally ill parent. This study highlights the nature of parental mental illness and how it can contribute to a chaotic family life, including the role reversal of parent and child. In addition, Foster (2010) outlines key themes that emerged when exploring experiences of adult children who grew up with a mentally ill parent. These included the uncertainty that came with a lack of information and communication about their parent's mental illness, the inability to distinguish the separation of the illness and the parent, and the experience of instability, in which parents often put on different faces and could change their mood and temperament with little notice. Additionally, themes of inevitability were presented as adult children reflected on their childhood, in which caregiver roles and responsibilities were assumed with little to no choice or agency.

2.7 Adult Children and Parenting

Considerations of factors such as connectedness, independence, and obligation are useful when exploring relationships between adult children and their parents. These familial ties influence psychological well-being, loneliness, and a sense of obligation, and therefore the relationship between adult children and their parents is significant (Abraham & Stein, 2010). Patrick et al. (2019) explored adult children's lived experiences of their own parenting roles in relation to their experiences growing up with a mentally ill parent. This study considered the narratives of adults reflecting on their own parenting. It found a desire to parent differently to their mentally ill parents and highlighted the lack of communication that existed surrounding mental illness whilst they were growing up. In addition, this study found that unpredictability and uncertainty was common within the home environment because of parental mental illness, which created a heightened sense of fear and anxiety growing up. Furthermore, themes of fear surrounding the parenting cycle created a sense of anxiety in participants, with the predominant fear being that adult children felt they would repeat the cycles of their parents. Lastly, themes surrounding a lack of support were established by adult participants, in which many found that they had disconnected familial relationships because of their parent's mental ill health (Patrick et al., 2019).

The participants in Patrick et al.'s (2019) work observed that negative experiences were common but that positive aspects of their relationship with their parents did exist and were reflected on in terms of their parents' commitment to parenting 'despite' their mental illness. The concept of new relational roles was also explored in this study. It found that adult children participants revealed that new meanings and perspectives of their childhood growing up with a mentally ill parent, in which they were able to make meaning of their experiences and their conceptualisation of their parent (Patrick et al., 2019). Furthermore, this study highlights the role of the internal parenting framework on adult children's participants' own experience of parenting, which may provide a sense of uncertainty and ambiguity. It is apparent that the

parental role is one that is heavily influenced by their own lived experiences throughout their childhood growing up with a mentally ill parent (Patrick et al., 2019).

Reupert and Maybery (2016) explored the impact of mental illness on parenting styles, in which parents may project their catastrophisation and anxiety onto their children. Additionally, children are also affected by the social learning that takes place in the parent-child relationship, where they learn to copy behaviours and social cues such as drinking alcohol to manage their mood. There is therefore considerable evidence to highlight the long lasting and potentially harmful consequences of parental mental illness on children, in all spheres of development and social functioning. This may last long after childhood, into adult years, and is therefore an important consideration when exploring older adult narratives in this arena of research (Manning & Gregoire, 2008).

2.8 Children's Experiences of Parental Mental Illness

As previously observed, the experience of a child living with parental mental illness (PMI) is often overlooked or ignored but is of great importance. Pölkki et al. (2005) found that parental mental illness changed the role of children within the household, with many children beginning to 'parent' their own parents. Parental mental illness was found to have been exacerbated by a lack of mental health literacy, particularly where children are not allowed to visit their parents in psychiatric hospitals or are discouraged from talking about mental illness with friends or family. For many children living with parents who have a mental illness, life is characterised by feelings of shame, guilt, fear, and an overall sense of chaos. Children may be exposed to a mentally ill parent that is prone to violence and has severe bouts of depression. They may be put in a position to care for their parents. Furthermore, life is characterised by incoherence where a child's stability, schooling, and daily routine revolve around the terms and conditions of the mentally ill parent and the intensity of their symptoms (Pölkki et al., 2005).

Another consideration is that of the co-occurrence of trauma, particularly when parental mental illness is severe in nature. Dong et al. (2004) found that adults who reported a single adverse childhood experience were significantly more likely to have experienced multiple other ACEs throughout the course of their childhood. This study explored the cumulative impact of multiple ACEs in childhood and is valuable for understanding how parental mental illness may lead to other adverse childhood experiences, resulting in cumulative trauma for children. Mordoch and Hall (2002) found that guilt was a common response of children of mentally ill parents, with a great sense of responsibility weighing on them regarding their parents' health. Furthermore, children had an added burden of fear about contracting mental illness themselves. This study highlights the lack of mental health literacy within households of mentally ill parents, and how this can exacerbate the negative experiences of children living in these environments. Thomas and Kalucy (2002) found that self-blame often occurs within children. Many children believed that their parents were hospitalised because of them, or to try to get away from them.

Some research (e.g. Thomas & Kalucy, 2002) points to risk of COPMI arising not from the parental mental illness itself, but rather from its nature and the subsequent disturbances to household function, relationships, and psychosocial challenges. Mordoch and Hall (2002) found that the experiences of children living with parental mental illness consist of multiple burdens including parental hostility, irritability, marital discord, and separation or divorce, which could prove to be more damaging than the mental illness itself. This study is pertinent to exploring risk and resilience of COPMI, as it highlights the complexities of mental illness and the household dysfunction that may arise because of it.

2.9 Resilience and Coping

Several protective and risk factors contribute to the experience of parental mental illness on children throughout childhood. Mowbray and Mowbray (2006) describe the protective and risk factors that adult children experienced growing up with mothers who had a long-term serious

mental illness, including phenomena such as social support, family strengths and stigmatisation. This study explored the potential for positive outcomes based on the presence of family behaviours and social support received during childhood whilst living with a mentally ill parent. However, prior research has tended to focus on a deficit model when exploring the coping mechanisms of children living with a parent with a mental illness (Abraham & Stein, 2010). The focus on children being at risk for psychological disturbances has dominated literature on COPMI, without considering the complexities of experience that affect the goals, relationships, and disruptions in a child's life (Abraham & Stein, 2010). The theme of resilience is well established in literature of COPMI and can be summarised as the process in which continued growth, knowledge, insight, and meaning making of one's world is established and continued, with a specific focus on a person's ability to resist adversity by overcoming adverse circumstances with relatively little difficulty (Dykes, 2016).

This process is usually fostered and perpetuated through a dynamic process that includes the presence of protective factors, often associated with resources, support networks, and social capital, which counter the risk factors presented in a person's life such as socio-economic difficulties, strained family dynamics, and mental illness (Dykes, 2016). Additionally, considering the presence of post-traumatic growth, which is a concept that is characterised by the personal development of a person after significant childhood challenges which result in an appreciation of life, the acknowledgement of new possibilities, improved interpersonal encounters, spiritual growth and increased personal strength (Tedeschi and Calhoun, 2004, as cited in Dykes, 2016). It is evident that while literature on children of mentally ill parents can create several complex difficulties, the potential for post-traumatic growth is evident and balances the deficit view that dominates this field of research.

2.10 Older people, narrative hindsight, and storytelling

Understanding the importance of storytelling and the context of interviewing older people in

research is necessary when considering what it means to produce meaningful research. There has been an increased level of research with older people, specifically relating to 'healthy' ageing, quality of life in old age, and various degenerative diseases (Bjursell, 2019). However, this research usually lacks an approach that understands the nuance and diversity among older people, and there is a less focus on meaningful narrative research (Amos et al., 2003).

Storytelling in older people and the influence of hindsight provides a contextual basis for exploring the narrative arc of relationships between children and parents and highlights the relevance of hindsight in retrospective studies. People use storytelling to create, affirm, and redirect relationships within the story they're telling (Frank, 2000). Storytelling allows the researcher to step into a storytelling relation that allows them to see and experience life differently to how they usually do. The role of storytelling is useful in exploring narratives of living with a depressed parent in South Africa, as it allows for a rich and in-depth exploration of older adult narratives, which is less prominent in South African research. In this way, the research allows "storytellers to tell stories because the texture of any form of life is so dense that no one can describe this form of life; the storyteller can only invite someone to come inside for the duration of the story" (Frank, 2000, p. 361).

The role of hindsight is key in narrative formation, particularly in the role of narrative configuration. The configuration of narratives refers to what Kvernbekk (2013) describes as the piecing together of elements into a coherent whole. Hindsight is a useful tool in narrative reflection, as it allows for the differentiation of starts, endings, and overall coherence (Kvernbekk, 2013). Furthermore, exploring older adult narratives allows for the emergence of temporality, which speaks to the integration of the past, present, and future in storytelling (Bjursell, 2019). Storytelling provides more than a biographical account of events and actions in a person's life but enables the expression of identity and the storyteller's self that is seen through their past experiences (Randall et al., 2015). Furthermore, research on older adult

narratives allows for multiple plots of a person's story to exist simultaneously, with what Bjursell (2019) describes aging as a combination of "holding back" and "moving forward."

2.11 Conceptual Framework

The conceptual framework orients this study and provides a conceptual structure embedded within a particular theoretical orientation. The conceptual framework that guides this study is Narrative Theory. It illuminates the various ways in which older people who grew up with a depressed parent experience and narrate their childhoods. Narrative theory provides a meaningful conceptual framework in which to locate research – one that is categorised by using subjectivity and focuses on how people recall their past whilst standing in the present (Bradbury, 2012). In this study narrative theory is used as both a theory and a methodology.

A narrative conceptual framework aims to explore the rich data within participants' stories through a qualitative analysis, which surfaces complex meaning that forms of quantitative analysis does not sufficiently capture (Mitchell & Egudo, 2003). In addition, this conceptual framework aims to analyse the content from participants' stories in a way that focuses on how these stories are narrated and constructed considering the participant's own self, their identities, and their relationship with others (Kugelmann, 2001). Narrative research as conceptual framework aims to understand how human behaviour exists within its social context through analysis and moves away from reducing a story to individualistic reflection (Moen, 2006).

Narrative theory is less focused on the historical accuracy of narrated stories but focuses on the narrative truth of a story, in which the truth of the storyteller is explored. This form of truth strays from producing absolute certainty and leans more intently towards the likelihood of meaningful and coherent data based on how people narrate their lives (Kugelmann, 2001). It is worthwhile acknowledging the critiques of narrative research in relation to the researcher's own reflexivity and positionality when engaging with participants' stories. This relates to

power dynamics between the researcher and participant, but more importantly the premise that the researcher must not infuse their own voice or imbed principles of right and wrong within the stories. To counteract this, self-reflexivity is used as a means to face the limitation of the researcher's own subjectivity and presuppositions that arise when attempting to use participants' stories in research (Squire et al., 2014). It must be acknowledged that in many ways the researcher's positionality is imbued in the retelling of the participants' stories, and this must be remedied through the process of self-reflexivity.

This theory is appropriate when considering the lived experiences of people living with a mental illness in a retrospective manner, as it allows for the exploration of how older people narrate their childhoods, and how concepts such as nostalgia, hindsight, or regret may exist and are recounted within these narratives. A narrative approach allows for the exploration of people and their identities, encouraging a deep exploration of how these identities are grounded in language, self-experience, and culture (Crossley, 2000). Narrative research is focused on presenting an intimate narrative of the self, straying away from other popular fields of social psychology (Kugelmann, 2001). Narratives allow for the possibility of re-imagining. Here, storytellers have agency to navigate the nuance and complexity of their lives (Riessman, 2005). Storytelling allows for a sense of meaning-making, a means of dealing with disruption, and a way to make sense of stories in people's lives (Leeman, 2011). The distinction between storytelling and narrative is often unclear in narrative research (Rankin, 2002). Frank (2000) explores the subtle nuance involved in differentiating narratives and stories. Storytelling does not follow an intrinsic formulation but can shift and change as the storyteller engages with their own experience. Narrative work suggests that there is an inherent structure underlying the people's stories, which may not be known to them at the time of storytelling. In this way, the structure of stories forms a temporal frame, encompassing the past, present and future, in which a narrative can be analysed and co-constructed with the researcher.

In addition, Riessman (2005) describes narratives as refractions of the past, not simply a mirroring. In this way, narratives consist of interwoven threads between the past, present, and future versions of people's selves. Narrative as a theory and method can give a sense of coherence and structure to experiences in a meaningful and nuanced way (Crossley, 2000). Narrative research is an approach that falls under the social constructionist paradigm as it aims to explore the human experience on an individual and social level, in which meaningful narratives are formed by considering the phenomenological experience of people (Crossley, 2000).

Bradbury (2012) holds that narrative psychology is particularly relevant in the South African context, where a pervasive narrative of 'leaving the past behind' regarding the socio-political history and apartheid atrocities create a culture in which people want to construct their future selves in a way that has no bearing to the past. Narrative psychology is useful in researching various recollections of the self, and it allows the storyteller to explore a sense of meaning, order, and coherence within their own narrative (Crossley, 2000). Narrative research is particularly useful in studying illness, as it can make meaningful connections within the lives of people that may not have been recognised previously (Crossley, 2000). It is also evident that a subjective recollection of one's past self will always be interconnected with the recollections and past experiences of others, in which people make meaning through the memories and narratives of others (Bradbury, 2002).

How older people recall their childhoods may be inflected through temporality, regret, nostalgia, or fictive elements. Frank (2000) observes that these elements do not change the truth or authentic claims of the story. Nostalgia is a common occurrence in storytellers, and nostalgic reverie influences how a person relates to the past and their present self. Osborn et al. (2022) explore temporal comparison in nostalgia. This entails a comparison of one's

current self to their past self. This often involves attempts to improve the conceptualisation of one's current self in relation to the past versions of themselves. In the same vein, people may construe their past self in relation to their current self, depending on pervasive feelings of regret or nostalgia. Narrative coherence is not dependent on a clear start and ending, but the flexibility of reflecting with hindsight may involve new perspectives on a person's childhood and their experiences of their parents (Frank, 2000). Wildschut et al. (2018) explore the role of nostalgia in narratives, in which people that may be more socially oriented perceive greater social support than what exists. In addition, they may relate stronger expressions of social ties and companionship. Nostalgia also fulfils an existential function, in which people reflect on their perceptions of life in a meaningful way thereby allowing for a sense of self-continuity. Żurawska-Żyła et al. (2022) explored the relationship between self-distancing and narrative wisdom that people undertake when reflecting on their own lives and their life stories. According to Żurawska-Żyła et al. (2022), narrative wisdom is attained throughout the development and construction of a person's life story which encompasses the narrative processing of individual experience. In this way, narrative wisdom can assist in the process of helping older adults reflect on their lives in a way that transcends recounting memories, and focuses on temporal dimensions of their stories, which allow for a more holistic consideration of the narrative presented. The process of self-distancing can "protect older adults against the sense of fragmentary and incoherent experience while preventing a distorted life review" (Żurawska-Żyła et al., 2022, p. 1031). In this way, through narrative processing, older adults provide rich narratives grounded in an understanding of their current self in relation to the past.

2.12 Conclusion

This chapter has provided an extensive literature review on research pertaining to adverse childhood experiences with a focus on parental mental illness which falls within the fourth category of household dysfunction of adverse childhood experiences (ACEs). Additionally, the

context of mental health within the South African context and the social and economic factors that exacerbate depression and its potential for intergenerational transmission was engaged. The key themes that arise in the literature on parental mental illness and parenting were explored. These included themes of instability, uncertainty, disturbances in psychological, emotional, and social functioning, and the role reversal between parents and children. In relation to literature on children's experiences of parental mental illness, themes that arose included self-blame, cumulative trauma, and being a young caregiver. Literature on depressive disorders and its effect on family life engaged issues related to internalisation, self-censoring behaviour, and resilience that can occur in homes where a parent has a mental illness. Studies of resilience in children arising out of living with mentally ill parents suggests that resilience may develop in the face of adversity. An overview of older people, narrative hindsight, and storytelling was explored in terms of how these considerations form an integral part of the study. In addition, the conceptual framework was outlined to create a sense of coherence and structure within the study. Narrative theory as a conceptual framework and a theory method allows for the navigation of people's stories with a level of nuance and sensitivity that acknowledges the complexity of their stories and allows for a sense of meaning making.

Chapter three: Methodology

3.1 Introduction

This chapter outlines the methodology used in this research. First, the nature of the research approach is explored, and the participants and sampling strategy are discussed. This is followed by an explanation of the data collection and data procedure undertaken in this study, followed by a detailed outline of the method of data analysis. This section outlines this study's credibility and trustworthiness and includes a focus on the researcher's reflexivity and how they are positioned in relation to this research. Furthermore, the ethical considerations of the study are explored in this chapter.

Research Questions

- What are the retrospective accounts of lived experiences of people who grew up with a depressed parent in South Africa?
- What does narrative hindsight illuminate about the narrative arc of relationships between children and parents?

3.2 Research Approach

The research design followed a qualitative approach, located within an interpretivist paradigm which conceptualises and makes meaning of the lived experiences of people who grew up with a depressed parent. Qualitative research allows for the exploration of beliefs and values that underly behaviour or social frameworks (Castleberry & Nolen, 2018). Qualitative research is useful for unpacking the experiences of people who grew up with a depressed parent. This is because it allows for a thorough exploration of the phenomenon directly related to the people who experience it and recognises differing viewpoints and unique perspectives (Castleberry & Nolen, 2018). A narrative analysis was undertaken to explore the

meaning and sense making of the participants' stories, in exploring non-linear and often complex data analysis (Bruce et al., 2016). Using a narrative method in research is concerned with meaning-making and is considered an empirical means which involves subjectivity in examining people's lives. This includes an engagement with the explicit and implicit contents of stories and their structural elements in the storytelling process (Adler et al., 2016).

3.3 Participants

The sample consisted of seven people aged between 59 and 75 years old. Three were men and four were women. These older people recalled growing up with a parent that lived with a depressive disorder throughout their childhoods. The size of the sample is appropriate for narrative research, as it allows for an in-depth exploration of these experiences and stories of participants (Weatherhead, 2011).

Table 1: Demographic profile of the participants

Pseudonym	Gender	Race	Age
Joseph	Male	White	60
Wanda	Female	White	62
Kirsten	Female	White	67
Lebo	Female	Black	64
Mary	Female	White	59
Darren	Male	White	75
Karl	Male	White	63

3.4 Sampling

Snowballing was used to access participants that meet the inclusion criteria for this study. This means that I relied on referrals to people that met the inclusion criteria for the study. Snowball sampling is a non-probability convenience sampling strategy that is effective when

conducting research with hard-to-reach groups of people, or people with highly specific characteristics, and provides an effective means of collecting data through requesting participants to invite members of their community to join (Handcock & Gile, 2011). The sampling criteria included willingness to participate, capacity to participate in research, and meeting the relevant requirements. When considering research about older people, it is important to consider that although they are not inherently vulnerable, they must be treated with a level of sensitivity. They should not be approached with a one-size-fits-all technique, but one of individuality and rapport-building as a focus within the storytelling process (Amos et al., 2003).

3.5 Data Collection and Data Procedure

The first step of data collection was to receive ethics clearance from the Wits Human Research Ethics Committee. The ethics clearance number for the study is: MACC/22/01. Data were collected from June – November of 2022 by means of referral. This was achieved by means of both purposive and snowball sampling. Several local retirement villages were approached for permission to circulate flyers and online posters detailing the interview requirements and logistics. A flyer was circulated with the permission of the retirement village (See Appendix F). Several participants were also sought outside of retirement villages and institutional settings through snowball sampling. Data were collected through audio-taped one-on-one interviews. Interviews were about one hour long, and a semi-structured approach encouraged participants to share their stories of living with a parent with depression. An interview schedule with several questions was shared with the participants prior to the interview. This set of questions were designed to remain open-ended and allow for a semi-structured approach to be followed that honours the nature of narrative research and the participants' storytelling. Through iterative discussion between the supervisor and researcher, the interview guide was formulated. Since data were collected in the aftermaths of the intense period of the coronavirus pandemic, interviews were either conducted online or

at the participants' home at the participant's discretion. Before the interview commenced, participants were provided with an information sheet and consent forms (for consent regarding the interview process and audio recording). As the researcher, I explained what participation and consent entailed to each participant. Once informed consent had been obtained, the interview then commenced. Participants were encouraged to contact me about any questions or concerns they had about the research or interview during or after the interview.

3.6 Method of Data Analysis

Narrative analysis was used to analyse data from the study. It is widely held that there is no one way step-by-step guide to do narrative analysis. This is because there are several differing interpretations and perspectives when considering how to conduct narrative analysis (Weatherhead, 2011). Instead, narrative analysis follows an approach that is constantly evolving and fluid. In this approach, people tell stories about their lives which the researcher crafts into a narrative chronology, often providing a collaborative narrative throughout the process between researcher and participant (Creswell, 2014). In this way, "narrative analysis allows us to see both which aspects of experience matter to the narrator and how they matter" (Kleres, 2011, p. 184). Narrative studies often highlight the nonlinear and messy nature of what it takes to undertake qualitative research, and therefore a sound structural means of data analysis was necessary (Bruce et al., 2016). Riessman (2000) raises a pertinent question in this exploration by asking the researcher to reflect on why the story was told in a specific way through the meaningful process of narrative analysis.

Narrative analysis can take on many different forms. The researcher, however, undertook a narrative constructionist approach that focuses on the 'positioning' of the people who are telling their stories, and the complex interactions that exist between their personal, cultural, and social spheres through their storytelling and the narrative process (Esin et al., 2014). In addition, the approach also incorporated elements of thematic narratives, without attempting

to fragment the storyteller's lived experience by means of structured thematic codes, but the presence of thematic threads that exist (Riessman, 2000). Narrative research does not hold to one specific means of analysis, but in this study narrative thematic analysis contained a structure loosely based on Riessman's (1993) exploration of how to conduct narrative analysis. This included a perspective that systematically studies lived experience of participants, accounting for the versions of these stories of the past that are being told and restoried with a vantagepoint of present reality (Riessman, 2000).

Furthermore, this approach aligns with the characteristics described in Squire's (2008) experience-centred approach of narratives, which assumes that narratives are sequential and meaningful in that they mirror and represent human experience and show the process of change. In addition, Weatherhead (2011) proposes a general guide to conducting narrative analysis, drawn from several key authors in the field. Additionally, elements of thematic analysis as proposed by Castleberry and Nolen (2018) have underpinned this general guide to narrative analysis. It is worth noting that several approaches to narrative analysis have been integrated from the perspective of different authors, which is used to analyse the data through five steps that follow a general narrative analysis. These are listed below. These five steps served to analyse the data meaningfully and allowed for the multilayering of stories and narratives to emerge with common thematic threads. This consisted of getting the full transcript, identifying boundaries of narrative segments, noting content and underlying themes, and identifying thematic and linguistic connections.

3.6.1 Step One – Transcription

After the interviews, the audio recordings were transcribed verbatim, and the transcripts were read through several times. This allowed me to become immersed within the storytelling of the participants, and allowed for a deeper impression of how the storytellers came to structuring their stories (Papathomas et al., 2015). This stage of immersion in the data involved reading and re-reading the transcripts to become intimately involved with the data

(Castleberry & Nolen, 2018). As a researcher I have aimed to engage in active thoughtfulness and prolonged reflection in this step, immersing myself in the narrative accounts of the participants to the best of my ability.

3.6.2 Step Two – Identify Boundaries of Narrative Segments

Next, the transcribed interviews were considered, and the emergence of the researcher's observations were written down. The step of disassembling involved a meaningful breakdown of the data into narrative segments (Weatherhead, 2011). Narrative segments describe key events or phases in a person's life that typically have beginnings and ends and usually have a structure (Kleres, 2011). This includes coherent and separable parts of the participants' storytelling, such as significant events and their notions of self (Weatherhead, 2011). These narrative segments have formed the basis of the creation of underlying themes in step three. Whilst stories can be explored through one overall narrative frame, it is more typical that memories, fragments of experiences, and moments constitute the process of storytelling (Bjursell, 2019).

3.6.3 Step Three – Note Content and Underlying Themes

As the researcher, I re-read the transcripts several times and highlighted specific quotes within the narrative segments. These were then assigned specific themes. These themes consisted of a descriptive label but at times formed more complex codes such as metaphors, abstract concepts, or key life events that hold meaning (Castleberry & Nolen, 2018). Key events in the participants storytelling that related to their family dynamics and relationships within the home were highlighted and then divided into sub-themes that explored the multi-faceted nature of their experiences, which surfaced sub-themes such as the role of parentification, unpredictability, and the home environment. The collection of content and underlying themes was recorded and collated to move to step four of analysis.

3.6.4 Step Four – Identify Thematic and Linguistic Connections

Identifying thematic and linguistic connections formed the final step of analysis, in which the narrative segments and underlying themes established from the storytelling were reviewed, refined, and further analysed using a thematic map. A thematic map consists of a visual representation of themes in which detailed descriptions are included. It provides a much-needed perspective on patterns and themes and the larger context in which they exist (Castleberry & Nolen, 2018). Linguistic connections comprise of connecting similar linguistic markers, which explore how people's use of language and phrasing in their narratives provide an analytical tool in which to identify emotions, meaning of events, and shifts in focus (Kleres, 2011). I however note that while this was the overall sequence to the process of analysis, it was not a linear process, and analysis at times began in the interview process. This is because researchers begin making meaning of data as soon as they enter the field.

3.5 Credibility and Trustworthiness

Trustworthiness refers to the level of confidence of the interpretation and methods surrounding the quality of research (Connelly, 2016). Additionally, trustworthiness refers to a simple breakdown of whether the research findings can be trusted (Korstjens & Moser, 2018). This was achieved by ensuring credibility and researcher reflexivity. Credibility is one of the most prominent criteria in research, and techniques that ensured credibility in this study included reflective journal taking during the research process, thorough engagement with participants, and a meaningful questioning of the data (Connelly, 2016). Credibility also refers to creating a faithful reflection of a participant's worldview, and whether confidence can be placed in the truth of the research findings (Korstjens & Moser, 2018). Credibility was ensured in the research process by means of prolonged engagement and persistent observation (Korstjens & Moser, 2018). Prolonged engagement in the research process included asking potential follow-up questions, and within the data analysis involved a thorough engagement of the data. Persistent observation involved reading the transcripts multiple times to get in-depth insight of the data.

3.6 Ethical Considerations

Informed consent was obtained through explaining what the study entailed, what participation required from participants, and obtaining written consent to participation and audio recording of the interviews. The participants received an information sheet that explained the nature of the research, the duration of the interview, and researcher details (See Appendix A). This was also explained to them verbally before the commencement of the interview. Participants were given information about the recording and duration of the interview and a general overview of the research before the interview began. A consent form detailing the voluntary decision to take part in the study and the acknowledgement of understanding what the research was about (See Appendix B) was signed by all participants. The interview guide is provided in Appendix C.

An Ethical Clearance Certificate for this research study was obtained from the Wits Human Research Ethics Committee before conducting research (Ethics number: MACC/22/01). Narrative research may evoke emotions and lingering thoughts and feelings due to the intimate nature of storytelling. Therefore, the consent, data collection, and debriefing processes take this into account (Adler et al., 2016). Since interviews are conducted face-to-face, the nature of narrative research does not allow for anonymity as the participants are known to the researcher. However, storage, use and reporting on the data allows for masking of identities of participants whilst still facilitating meaningful and rich narrative accounts to emerge (Adler et al., 2017). In this regard, all identifying information was stripped off the transcripts and data were reported in anonymised form.

Confidentiality was assured and participants' details were not shared with anyone beyond the researcher. Interview transcripts were only accessed by the researcher and her supervisor on a password protected computer. Furthermore, no identifying information is provided, and all

participants were given pseudonyms. Only the researcher and her supervisor had access to the raw data. Narrative research allows for an exploration of storytelling that often involves emotion and recollections of experiences that exist on a continuum, and may evoke feelings of joy, nostalgia, regret, or sadness. Therefore, information regarding free counselling services and helplines were provided to refer participants if they experienced emotional distress during or after the interview process. At the time of the interview, no research participants reported being emotionally distressed, and none were referred to counselling. The researcher's email address was given out to participants regarding any queries or questions throughout the interview process.

3.7 Self-Reflexivity

Reflexivity is paramount when considering narrative research. It includes the need for introspection, reflection, and mutual collaboration within the research process (Finlay, 2002). Researcher reflexivity involves a negotiation of self-analysis, self-disclosure, and personal reflection - considering the personal preferences, biases, and researcher relationships involved in the research process (Finlay, 2002). Reflexivity enhances the quality of qualitative research and allows for greater transparency within the research process (Korstjens & Moser, 2018). The researcher aimed to critically reflected on the assumptions and the positioning that they have within the construction of knowledge, not just throughout the analysis of data, but also their own presence as the researcher in the interview process (Finlay, 2002). This involved facing assumptions of what it means to live with a depressed parent, but also acknowledging the tensions that exist between being a researcher and a person who grew up with a parent with a mental illness. This refers to what Finlay (2002, p. 532) describes as moving from "what I know and how I know it, to recognizing how we actively construct our knowledge." Additionally, this process of self-reflexivity involved the need for self-disclosure whilst still representing what Finlay (2002) iterates as facilitating the multiplicity of voices within the research process. In this way, I was aware of my own subjectivity throughout the

research process, and the reasons why I chose to undertake the study growing up with family members who have had a mental illness. Throughout the research process, I remained aware that my interest in this topic arose from my own family biography and my own parent's recollections of growing up with a depressed parent.

At times, feelings of discomfort arose throughout the interview process, specifically when participants disclosed information that showed the severity of their parent's mental illness such as suicidal ideation and physical violence. It was important through the reflexivity process to reflect on these feelings of discomfort, and my own beliefs about how I would have handled the various situations in which participants were placed as children. In this way, I aimed to be particularly cognisant of my own experience growing up and relating to my parents, and how my childhood experiences may have coloured my interpretation of the data. I personally found that the stories of female participants were easier to listen to and relate to. In many ways, I believe this is because of my own experiences growing up as the eldest daughter within my family. This necessitated a strong need for introspection as I became aware of my own subjectivity.

My own experience of the racial dynamics within the study arose as part of my self-reflexivity and positioning as a white female researcher. In many ways, I believe that listening to the white participants' stories compared to the black participant was more relatable to me given that all of the white participants came from middle to upper class backgrounds and in many ways had a similar lifestyle to me growing up. Listening to Lebo's stories of childhood and growing up with a depressed mother whilst living in a rural setting was unfamiliar to me. My original hope was to interview a diverse group of people, and Lebo's interview in many ways provided me with a clear understanding of the importance and depth that interviewing a diverse group of people achieves in better understanding the complexity of living with a depressed parent in South Africa. As I reflected on these dynamics, it furthered my belief that future studies should be done with a greater diversity of participants.

As part of the process of introspection, I have kept a reflective journal, in which reflexive notes include aspects of the interview process, my own thoughts and perceptions relating to participants, and my immediate thoughts and feelings that arose during and after the interviews. This helped me engage with aspects of my identity and helped me reflect on how I have positioned myself within the research, especially considering my own experiences and conceptualisation of mental illness. Further, it must be acknowledged that the process of reflexivity is an ongoing process, in which the research process is shaped and refined through reflection, introspection, and mutual collaboration that does not start or end at a particular point but is upheld throughout the research process (Sriprakash & Mukhopadhyay, 2015). Lastly, through iterative discussion and reading of work, the research supervisor served as a reflective sounding board that further assisted the study's reflexive process.

3.8 Conclusion

This chapter has outlined the methodology used within this research. The nature of the research approach was explored, and the participants and sampling strategy were discussed in depth. This was followed by a section relating to the data collection and data procedure undertaken in this study which was followed by a detailed outline of the method of data analysis. This section outlined the credibility and trustworthiness of this study and included a focus on my own self-reflexivity and how I am positioned within the context of this research. Furthermore, the ethical considerations of the study were explored in this chapter.

Chapter Four: Findings

4.1 Introduction

This chapter presents a narrative analysis of the interview transcripts to explore the narrative themes that have emerged. The themes account for the versions of the stories of the past that have been understood and narrated within the context of present reality (Reissman, 2000). In this section, themes present an intimate narrative of the participant's self and their experiences growing up with a depressed parent. These themes arise from narrative segments and complex codes such as abstract concepts, life events that hold meaning, and metaphors (Castleberry & Nolen, 2018). Three broad themes are explored, with several sub-themes. These are family dynamics (parentification, unpredictability, and the home environment), narrative hindsight (ambivalence and the influence of childhood experiences on parenting), and social factors. The findings are supported by narrative segments and quotes from the participants. The length of data excerpts provides texture and form to the stories. This enables readers to have a sense of the stories and to formulate their own views alongside those presented in the analysis. The chapter concludes by providing the reader with a summary of the findings within the study.

4.2 Family dynamics

This theme explores how participants have come to make meaning of mental illness within their family dynamic, and how their parent's depression shaped and shifted the roles within the family. It expands on how participants make meaning of family interactions and explores key familial shifts and role changes experienced by participants. This includes the emergence of parentification, uncertainty and unpredictability, and disruption within the home environment. Additionally, family dynamics as a broad theme speaks to the lived experiences of people who grew up with a depressed parent in relation to their family relationships and home environment. The first sub-theme, parentification, explores the participants' familial

shifts and role changes that occurred within their family when growing up with a depressed parent.

4.2.1 Parentification: I knew from a young age that we did not have a good mother

Through their narratives, participants reveal the familial shifts and role changes experienced within their family dynamics which includes taking on emotional and physical responsibilities for their parents. Many of the participants' stories communicate a noticeable shift in the traditional roles of parent and child. The narrative accounts presented below show the extent to which these familial shifts occurred in the participants' lives and reflect the meaning of these shifts, which are shaped by their narrative hindsight.

I took on the role of the parent for my younger brother and sister in many ways...somebody had to step up and do it, especially when my father died and my aunts could not come to us immediately...It wasn't just bathing them and walking them home from school, it was also taking care of them like what I imagined a good mother must take care of her children...and I knew from young that we didn't have a good mother. In many ways, I think I felt I needed to be that woman...It was hard, but it was expected... to do that in my early days. At the age of ten years old I believe... (Lebo)

Lebo's account reveals a tendency toward emotional parentification, in which she took on the role of a nurturing and maternal presence in her younger siblings' lives. Furthermore, her reflection reveals how her mother, who she describes as chronically depressed, in many ways was emotionally absent from her children. This narrative account further highlights the shift in family dynamics as Lebo, the oldest child, experienced heightened emotional responsibility towards her peers and further frustration towards her mother's emotional disconnectedness within the family dynamic. Similarly, many of these shifts from 'child' to 'parent' roles came in the form of care taking, fulfilling other family members' psychological and emotional needs, and completing tasks for other family members.

I went into his business, I had to because he always wanted me to, but I just felt I should have done more with my life... I should have been... I should have gone to varsity. And when I was like first year after school, he was so bad...umm and I had to help my mom. So, I went into this business. And then - and that's what it was, I think he kept me in Pretoria, where I was brought up, where I should have moved on. Pretoria becomes a bit small for people... (Wanda)

I have an impossible husband who is...who has terrible PTSD and whatever...And I'm...I think I'm loyal to him. I think I should have walked out long ago...But it's kind of just the family together, and the family loyalty and all that...and what was it like? I became the parent...I became the parent and not the child, very young. And I'm very independent...It taught me a lot of independence...but it was terrible... (Kirsten)

Wanda's narrative explores her parentified role in the family at the age of seventeen, and her involvement in care taking and managing the household finances, including running her father's business. Through narrative hindsight, feelings of resentment and regret arise when reflecting on her role as financial provider. However, Kirsten iterates that her parentified role resulted in what she narrates as an inappropriate measure of independence, further highlighting the complexity that childhood parentification has in the home. Expanding on the theme of parentification, the narrative accounts illustrate how the role between parent and child became confused, in both emotional and physical aspects. Through their narratives, participants give insight into the roles and responsibilities that shifted the family dynamics, which was attributed to their parents' depression. Their parentified role often exposed them to situations in which they experienced feelings of anger, resentment, and heightened responsibility. Furthermore, throughout the narrative accounts, role reversal between parent and child was most strongly associated with the monitoring of their parents' suicidal ideation, and the heightened anxiety that came with this parental responsibility as a child. Darren's account is an instance of this:

She always threatened to commit suicide. She said this life is not worthwhile, but she never tried to do that ever in the whole time...she eventually couldn't stay in the flat even with me being there. She just, you know, you couldn't go out, you couldn't leave her on her own,basically...We had to be very careful with her as well, because she was taking some hectic medication, and she would forget she'd taken it; she'd double take it. She would fall. So, it was, it was this huge responsibility. (Darren)

Here, the weightiness of Darren's responsibility as a caretaker for his mother surfaces, largely driven by the fear that his mother would end her own life in his absence. This suggests that he felt responsible for keeping her alive. Similarly, Kirsten echoes that she felt she could not leave her father alone during his depressive episodes, further illustrating the complexity of emotion that comes with parentification in the home.

The highs are awful, but the lows are just even worse...You can't leave him alone. It's embarrassing. I'll never forget with L... I had a friend to play...and my mom was at the hairdresser, and I had to sit with my dad in his room. He had blades in his hand, and he had pills...and I had to take it all away. And I said to her, just sit there and I'll sit with my dad until my mom comes. And you know, you remember things like that. I mean, I'm thinking did that make me a stronger person or did it make me an angry person? I don't know, but I...it taught me independence...(Kirsten)

Kirsten seems to balance the terror of parentification with positive attributions like independence. The role of narrative hindsight allows her to find attributes that go beyond the terror of childhood. While recognized, the fear that she lived with is counterbalanced by learnings. However, after all this time, she is not resolved if the burden of childhood responsibility made her stronger or angrier.

She...she always told us "I want to die" you know. she said she can't go on, and it put a lot of fear in me... you know...she always said God would take her it was a lot for a child to hear these things but at that time it was normal because that was what ma did. (Lebo)

Here, Lebo surfaces the fact that she had to confront the possibility of parental death at an early age through her mother's suicidal ideation. Darren, Kirsten and Lebo describe their own hypervigilance as children in response to their parents' suicidal ideation. Parentification was most aptly noted in the above narrative accounts through the participants' responsibility and awareness of having to 'watch' their parents and ensure they remained safe and unharmed. The above narrative accounts highlight the increased responsibility and heightened anxiety participants experienced from a young age when taking care of a parent both emotionally and physically.

4.2.2 Home environment

This theme addresses the complexity of the home environment and illuminates the complications of living with a depressed parent during childhood. The home environment exists as a key theme around which many of the participants' stories cohere. It illuminates an intimate perspective of living with a depressed parent. The home environment emerges as a theme within the participants' family dynamics and reveals the complexity and nuance of home life growing up with a depressed parent. It speaks to the impact that the participants' depressed parents had within the home environment. The complexity of the home environment further supports the premise that narratives are numerous and can have several meanings depending on the contexts in which they are constructed. The narrative excerpts below illustrate the complexity of the home environment when growing up with a depressed parent.

We lived on a farm...My mother was always busy with things, you know, cleaning and cooking, making dinner for my father... She always cooked for all of us...she also took care of the goats

and sold them. She was always in the home, but she wasn't 'there' you know? She never bathed me. She never talked to us. She never hugged me... If I'm thinking now, she was actually good at business, like I said she sold goats, and she was very good at it... but I remember I was very, very young and one of the goats was my pet, and he followed me everywhere... and one day I came home, and she had sold my goat. I remember feeling so angry because it was my pet, you know? She never said sorry, and we never talked about it... She was a cold-hearted woman. (Lebo)

Here, Lebo explores the difference between her mother's emotional and physical presence in the home. Lebo's unmet emotional needs surface as she recalls the complexity of living with her mother and reveals heightened feelings of disconnectedness and anger as she reflects on her mother's decision to sell her pet goat. Simultaneously, Lebo grapples with the positive aspects of her mother's presence in the home, including her contribution of cooking, cleaning, and selling goats, whilst acknowledging the lack of connection in the home environment that evoked a sense of loneliness and emotional distance growing up. Lebo's labelling of her mother as a 'cold-hearted' woman further illuminates the lack of emotional warmth in the home. Similarly, Darren balances the acknowledgement of his mother's positive attributes with the lack of emotional connection he experienced.

You know, if I remember her growing up, she was hardworking... maybe not always loving, but she always looked after us. We never lacked anything. (Darren)

Darren attempts to balance the negative emotions he has towards his mother, with the premise that he was physically and financially provided for. Both Darren and Lebo's narrative accounts illuminate the complexity of the home environment and the lack of connection and emotional warmth they experienced. Similarly, Wanda explores the tension of feeling thankful for growing up with luxuries that other children her age did not have such as attending ballet, with the emotional volatility she experienced from her mother's change in mood. In addition,

Wanda notes her own heightened emotions of anxiety and tension as a child whilst living with her mother.

She cooked a meal for us every night. We had a modest home, but my overriding memory of my mum is of her sitting on the edge of her bed and with the cigarette dangling and it's so hard for me to say, but if we went in at the wrong time, we would get shoes flung at us, or it was honestly, if I look back, a time of tension. I remember my mum taking me to ballet and, and it's sort of, it's a... dissonance for me having to say that because I had the privilege and the happy childhood of going to ballet, but I can remember the car breaking down on the way and my mother just not coping and just being, and I was just tense and anxious all the time.

(Wanda)

The above narrative accounts highlight the participants' perceptions of the home environment whilst living with a depressed parent. The narratives explore the contrast between physical and emotional provision in the home. Wanda, Lebo and Darren note the presence of uncertainty, anxiety, and instability in the home environment when living with a depressed parent. The participants acknowledge the disparity of emotional and physical provision in childhood such as having access to housing, food, and clothing, whilst simultaneously grappling with the effect that depression had on their parent's ability to connect emotionally. Whilst several participants felt their basic needs were met, some allude to their emotional needs being neglected.

Additionally, within the home environment, the 'other' parent emerged within the home environment and provides necessary context as to how other relationships within the family were influenced by living with a depressed family member. All participants in the study grew up in a home with a traditional nuclear family, and a mother and father remained married throughout their childhood. The following excerpts explore the role of the other parent within the participants' narratives about their home environments. Lebo and Kirsten's non-depressed parent often had to step in the gap left by the depressed parent. Mary recalls

that her parents' relationship was characterised by suppressed emotions.

When I was very young my father would get us dressed in our church clothes because my mother would sleep and sometimes, he took us to the shop on Saturday... you know, my father really loved her... and I always asked myself, why did you marry a woman like this? (Lebo)

I never heard my parents argue ever, not even a raised voice. I suppose, just not the thing in the family... no one had been divorced in the family or anything like that. I suppose the emotions and things were just suppressed and that's where it was expected to be in those days. (Mary)

That period I was quite young. It gave me too much freedom. Because my mother was looking after my father... so, they spoiled me. Let me do what I like... and I had a wonderful time because I was just... I think was kind of spoilt... and he didn't allow my mother to live. I'm talking about, you know, being able to take her for coffee. No, no, no, I've got to be home to give dad a pill.... (Kirsten)

The above narrative accounts from Lebo, Mary and Kirsten illustrate the complexity of the relationships within the home environment, and how participants make meaning of their parents' relationship with one another. Mary's account explores her perception of the relationship between her mother and father, which she characterises as having a lack of emotional expression and the avoidance of conflict within the home. Furthermore, in the above excerpt, Lebo acknowledges her father's role within the home environment, which she provides as a contrast to the lack of caregiving she feels she received from her mother. Similarly, Kirsten's narrative account illustrates the family dynamics within her home, and the perceived unfair distribution of care and responsibility within her parents' relationship, in which her mother took on the role of caregiver and nurse to her father. Her narrative account further illustrates the anger and resentment present in her family dynamics. The presence of

heightened conflict and violence in the home emerged in Joseph's narrative excerpt as he attributes aspects of their tense home life to the depressed parents' behaviours and shifts in mood. Joseph's account indicates anger towards his depressed mother whom he feels initiated the conflict and instability within his home environment.

So, my mum was a go-getter. She started things at church like this youth group. She was very successful in the estate agency business and was really almost seemed to be put together and she was put together but she would have these dark periods within her life... what would happen is, she and my dad would fight fundamentally over money... she would provoke my dad, and he would lose his temper and break things in the house... they would fight, and he would just break things. He broke his foot once by kicking the car door and I can vividly remember him smashing things on the wall. He could be a wild man... She was, I guess, a high functioning depressive, but had these deep dark episodes, but they manifested in her what I consider projection towards my father... he was always blamed for the financial stress.

(Joseph)

Whilst these accounts vary in nuance and have differing contexts, they reveal a shift in familial roles and expectations in the home environment. Additionally, the above narrative excerpts illustrate the interdependence of family members, and participants' feelings and perceptions towards their home environment. It appears that whilst many of the participants acknowledge that their basic needs were met throughout childhood, their home life lacked emotional connection, stable interpersonal relationships, and healthy ways to cope with conflict amongst family members.

4.2.3 Unpredictability: always on eggshells

Unpredictability emerges as a common theme in which participants explore the sudden change in their parents' mood or actions. Often characterised as unreliable or erratic behaviour, Wanda, Darren, and Mary reflect on feelings of embarrassment, hesitation, and

'always walking on eggshells' living with a depressed parent.

...we were going to make fudge at my home, and I'm told that I was cheeky... I would talk before I thought, and I can just remember the embarrassment of being with my boyfriend and my friend and her boyfriend, and we were in the kitchen, and we were making the fudge on the stove. I said something, and my mother went off in a fit and a huff and walked down to the room and wouldn't make the fudge... and it was just like this atmosphere. (Wanda)

Wanda reflects on her own feelings of embarrassment and uncertainty as she recalls her mother's unpredictable behaviour. The narrative excerpt illustrates the uncertainty of everyday life and seemingly insignificant interactions living with a depressed parent that change the emotional climate in the home. Here, Wanda premises her 'cheeky' behaviour and her tendency to 'talk before she thought' to make sense of her mother's anger and unpredictable mood. In the above narrative excerpt, the depressed parent's erratic response left Wanda feeling shame and embarrassment as she is denied the opportunity to make fudge with her peers. Similarly, Darren echoes this by describing feelings of heightened anxiety and hypervigilance when having friends over.

You know, you are very weary of bringing friends around, I'm sure, because you never know how my mother is going to react... they couldn't understand, and I had to chat to them before they came. You had to be very guarded with who you brought home, and you had to watch my mom like a hawk hey. (Darren)

Like Darren and Wanda's experience of unpredictable emotional volatility in the home, Mary describes her mother's behaviour which could vacillate between social and emotional withdrawal to aggression and reactive behaviour. She explores the feelings of loneliness and uncertainty that surface in the presence of her mother's mood swings.

She was always fun until she wasn't...and so it was very confusing because you don't know, you know? You are always on eggshells...she was very reactive, in terms of, if we annoyed her or something, she could... by today's standard it's abusive. But then we'd get lots of hidings. Yeah, I think it was the way of coping with the emotion. And dealing with it, you know? She'd talk to us a lot, or she would just disappear, and they would be like, just be quiet, get on with things. Or she'd go with friends and then just kind of disappear almost like physically, emotionally... I remember just, often feeling alone... I only have one brother, so it was just him and I and then spending a lot of my childhood kind of alone. (Mary)

The preceding narrative excerpts surface heightened anxiety and hyper-vigilance in Darren, Mary and Wanda. The above narratives illustrate how unpredictability within the family dynamic creates emotional disconnectedness and heightened sensitivity towards their parents' mood.

4.3 Narrative Hindsight

Narrative hindsight allows for a deeper insight into narratives that exist over the trajectory of a person's entire life, which allows for the fluidity and continuity of the storyteller's perspective rather than providing a static image of a particular moment in their life (Carless & Douglas, 2017). Furthermore, older adults reflecting on their childhood experiences allows for decades of time, which creates what Riessman (2005) describes as a refraction of the past. This allows for the weaving of past, present, and future to exist in storytelling. This is what Andrew (2020) describes as the awareness of temporal fluidity, in which there is an acknowledgment that people change over time and that stories do not stand still in a static way. Within the context of older adults and their use of narrative hindsight, it provides a way for older people to form meaning of their life, archive their story, and make themselves heard (Hausknecht, Vanchu- Orosco & Kaufman, 2017).

This theme addresses the following research question, "What does narrative hindsight

illuminate about the narrative arc of relationships between children and parents?” This theme explores how participants have come to make meaning of their lived experience growing up with a depressed parent and how their understanding of their parent has been shaped by narrative hindsight. The sub-themes within this chapter, namely ambivalence, the influence of childhood experiences on parenting, and meaning making will be explored in greater detail. The first sub-theme, ambivalence, explores participants' lived experiences through the lens of narrative hindsight, in which complex and contradictory feelings emerge when participants reflect on their childhood growing up with a depressed parent.

4.3.1 Ambivalence: the good was so good and the bad was so bad

Ambivalence refers to the conflicting emotions that emerge in participants' storytelling when applying hindsight to their lived experiences of growing up with a depressed parent. The narrative segments below illustrate the contradictory and opposing ideas and feelings towards their parents that emerge in the participants' storytelling. Ambivalence indexes the complexity of the human experience and reveals participants' ability to hold contradictory and complex feelings simultaneously. In addition, it reiterates the intricacies of living with a depressed parent, and the view that parents with parental illness are multifaceted and cannot be characterised only by their depression.

Mary explores the contradictory feelings that emerge when she reflects on her childhood experiences. Here, she precariously balances appreciation for her mother's strength in the face of battling depression with the acknowledgement that she feels she did not step into the role of motherhood as she should have. Mary practices empathy for her mother but remains critical of her parenting failures.

So they can be, I mean my mom may be a stuff up, but they were not terrible parents. They really did the best they could... I do acknowledge her, and I think. I think her life was hard and I

think she was courageous despite it... but she needed to be braver as a mother, like step into that role of mother a little bit more, and I think it would've made my life and my brother's life a lot easier... I acknowledge her strength. I still love her a lot. I don't always like what she did. I do believe she did the best she could. (Mary)

Similarly, Kirsten explores the intensity of her childhood experiences and the seemingly contradictory narratives that emerge as she reflects on her relationship with her father.

When I finally realized I was about eight... He was a wonderful father when he was normal, and he was a very clever man... I learned a lot about life and people...and business and legal stuff...but it wasn't always easy. Ya, he was very loyal to my mother... But growing up, we had a wonderful childhood in his normal times. And there were like periods of five years when he was in a depression. I have to say my dad allowed us to be who we want to be... You know the good was so good, and the bad was so bad that it's difficult, and the good overtook the bad because you had the base was good. The younger years were good, wonderful holidays and as I said he tried to do everything for us... but if I could take away something... His hold he had on me...The guilt, he put on me...that would be it. (Kirsten)

Kirsten's narrative explores the ambivalence she feels towards her father as she reflects on her childhood growing up with a depressed parent. The ambivalence she feels towards her father surfaces through her use of definitive terms such as 'good' and 'bad' along with 'normal times' versus her father's five-year period of depression. The unambiguous terminology further illustrates the tension that exists between her father being a 'good' or 'bad' parent and reveals her deep ambivalence. Although her story suggests that the good outweighs the bad, she lives with the guilt that her father imposed on her. Similarly, Wanda reflects on the 'cognitive dissonance' that she experienced knowing that her mother chose to adopt her.

... as I said, I've got this cognitive dissonance, is it right if I say that cognitive dissonance of... feeling loyalty because she adopted me, but also feeling disappointed, angry, selfish, and

feeling that way that she wasn't there for me emotionally, and it's had major repercussions.

(Wanda)

Wanda explores her own beliefs about her mother being an inherently good person for choosing to adopt her as a young child, contrasted against the lack of emotional care she received from her mother in her formative years. This elicits feelings of discomfort as she grapples with feeling 'loyal' towards her mother whilst still confronting her anger and disappointment in her. Thinking about the aftermath, Wanda observes that it has had "major repercussions". Whilst Wanda and Kirsten engage with contradictory feelings towards their parents, Darren acknowledges the difficulty of holding complex feelings simultaneously when he thinks about growing up with a depressed parent.

You know, I saw all the years prior to that...I don't wanna remember those years with her

because they were difficult. They were horrible. It's not how I truly remember her. (Darren)

The preceding narrative accounts illustrate the multifaceted nature of participants' lived experiences and their contradictory feelings towards their parents that emerge through narrative hindsight. Many of the participants acknowledge both the positive and negative contributions of their parents as inseparable narrative segments, highlighting the deep ambivalence they feel towards them. This is illustrated by Kirsten's account that "the good was so good, and the bad was so bad." Furthermore, the role of ambivalence in the above narratives highlights the complexity of depression as a diagnostic construct and reinforces the premise that mental illness is not experienced in a universal way. In addition, through the participants' use of narrative hindsight the multifaceted nature of their depressed parents' lives is acknowledged. Karl, Mary and Lebo allude to why they believe their parents had depression, and how this influences their own perception of mental illness.

The old man was fourteen as a German, went to the second world war. He was eventually the cannon fodder that Hitler chucked in because he was starting to lose the war So all the kids were forced to go to war at fourteen. Problem is with the old man. Good old German. You know, we have no emotions...You do not cry... no food... eating dog. Stole the neighbour's dog to eat...that was how he grew up (Karl)

Karl shares his own perceptions of his father's childhood and how he feels it contributes to his depression in later years. His use of narrative hindsight illuminates the cognisance of his father's difficulties growing up in World War Two and further illustrates his ambivalence as he grapples with the knowledge of his father's traumatic childhood. Additionally, Karl also elaborates on his regrets about remaining in the family system.

I finished the air force, and I looked up and I said, I'm done. I'm leaving it all behind... and unfortunately, I let myself back into the family again. I turned my back. I should have stayed out. Cause now, the shit has hit the fan again. (Karl)

In addition, both Lebo and Mary explore their own beliefs about the origin of their parents' depression.

I think a lot of it was like not wanting to be a mom... she would go into her darkness and disappointment. I suppose not getting what she felt life could have been. Almost a little bit like a victim... nobody wants to hear the victim saga over and over, particularly when you're the child cause you're hearing it all the time. (Mary)

...Her own mother was like that. Bad moods you know...she slept a lot. My mother also lost a baby when she first got married to my father, and I don't think she was the same after. (Lebo)

Joseph's narrative excerpt further illustrates what he describes as the dichotomy of living with a depressed parent in the home, in which he balances the wisdom and counsel he received

from his mother, whilst acknowledging the violence and control that existed in the home.

It was really a dichotomy for me, because on the one hand there was financial provision but just these contrasting beliefs, contrasting feelings. There was just like a stability in the provision, but there was this instability in that it's, you never knew what was gonna happen next. The other thing that became apparent to me was that there was a very, very high level of control with my mom. She controlled, wanted to control situations. I developed a dependency on my mom for leadership advice, business advice, and she became a source of counsel for me and an authority figure that imparted wisdom, but a wisdom that I now believe was risk adverse. I can remember when I joined the police, and June and I were married. I knew that I could take the guys there and we could all meet at my mom and dad's place like at 1 a.m. in the morning. So, there was that element where...there was this freedom, there was this acceptance, there was this embracing, but at the same time there wasn't. So it was, there was an element of stability in that regard and as much as I didn't face any abuse in any way, I realized only later on that when I entered the police, that, you know, the PTSD needed a place to land. And it landed because I had experienced violence at a very young, young age.
(Joseph)

When reflecting on their own understanding of their parents' reason for depression, both Lebo and Mary share feelings of empathy and frustration. Furthermore, Kirsten, Darren and Karl reflect on their depressed parent's death, in which contrasting and mixed feelings of regret, frustration, and relief emerge through narrative hindsight. This ambivalence in many ways mirrors the precarious and complex relationship they had with their parents throughout their own childhood.

... and that made me angry... and my mother missed a lot... sitting around kind of waiting for him, so that made me a bit angry. My dad put himself to bed at seventy... And I must say it was a sense of relief when he died. Not being ugly, not hating him, but it was a sense of relief because he became a nuisance to everybody... we were all quite relieved when he finally

passed away. (Kirsten)

Kirsten explores the presence of both rage and relief towards her father, revealing the ambivalence she experienced when her father died by suicide. Similarly, Karl identifies the emotional distance he felt towards his father at the time of his death, whilst acknowledging that his relationship with his father had improved since childhood. His father kept his final illness a secret in his characteristic way of maintaining emotional distance.

... long story short, my dad and I did make amends and we actually got on quite alright in his ripe old age... and he still carried all the skeletons with him to the grave. He was terminal for a year... Again, he didn't tell anybody, cause 'I'm a stubborn German. (Karl)

Similarly, Darren reflects on his mother's death in which he expresses feelings of regret and disappointment.

I wish I had actually gone and spent more time with her at the home. It's only when your parents go, you realize when they die, I could have spent more time with them. (Darren)

In the above narrative accounts, participants explore the contrasting feelings of relief, anger, and regret that arise when reflecting on the death of their parents. Whilst nuance in the participants' narratives vary, it is evident that the loss of their depressed parent in many ways evoked complex emotions beyond the expected feelings of sadness relating to grief and loss. The presence of anger, relief, and regret further illustrate the ambivalence participants felt towards their parents after their death. In many ways the complicated feelings mirror the complexity of those that they felt before.

A central aspect of narrative hindsight is the ability to make meaning of events and experiences that are imbued with elements of temporality, nostalgia, and deeper reflection. In

the narrative excerpts below, both Kirsten and Wanda make meaning of their childhood experiences growing up with a depressed parent as they engage in narrative hindsight.

... so, in hindsight I'm a little bit angry. You do have anger and resentment or whatever but as kids, we still had a wonderful life... but it does hold you back... I have an impossible husband who is... who has terrible PTSD and whatever... And I think I'm loyal to him. I think I should have walked out long ago... But I didn't. (Kirsten)

Here, Kirsten's anger and resentment towards her father as a child surface as a means for her to understand herself and her relationships. As explored in a previous excerpt, Kirsten discusses the inflexible sense of loyalty she felt towards her father that 'holds you back', and how she feels this has been transferred into her marriage. Kirsten's narrative hindsight reveals her ability to reflect on her current self, as she attempts to make meaning of how her relationships and marriage have been shaped considering her childhood experiences growing up with a depressed parent. Like she could not leave her father, she cannot leave her husband. Similarly, Wanda makes connections from her childhood experiences to her older adult self by using narrative hindsight to make meaning of her current circumstances;

In my own journey, I now realize that I had major issues with boundaries in my life... I've been through challenges, tough times, which I attribute, if not wholly, certainly significantly to low self-esteem, boundary issues, lack of family support, and right up until 10 years ago when I got divorced after a 25-year abusive marriage... (Wanda)

Wanda and Kirsten's narrative accounts focus on how their adult relationships were shaped and influenced by childhood experiences growing up with a depressed parent. Both Wanda and Kirsten make meaning of these experiences in a way that shows a deep understanding of how their relationship with their depressed parent influenced their ability to connect with others. Whilst Kirsten explores how her devotedness to her father affected her present-day

relationships, Wanda premises that her lack of family support growing up created difficulties creating and maintaining boundaries.

Mary, Joseph, Kirsten and Wanda make meaning of the difficulty they experienced in childhood, in which aspects of resilience and optimism emerge.

...you know, like it's just when you think you've like, hey, I'm on the run to success baby. I've dealt with my stuff. And suddenly something comes up and says, but have you actually? I think my mother and I were incredibly similar in a lot of ways...So, I have a lot of respect for her in a lot of things that she did. And I do have an incredible love for her. I mean...if ghosts happen, she's probably sitting on the bed now going, yes, you do... Like, 'I'm hearing your cheek.' You know what I mean? ...but we can be a victim of our childhood, or we can be the warrior that goes beyond the impact of your youth. You know, you can continue to wet your bed and cry, or you can step out, shake it out and say, oh shit, I'll wet the bed, you know, but I'm okay...(Mary)

Mary explores the tension that exists between wanting to distance herself from her childhood experiences, by 'dealing with her stuff' whilst simultaneously exploring the likeness between herself and her mother. Narrative hindsight illuminates Mary's ability to precariously hold both positive and negative feelings towards her mother whilst acknowledging the negative impact that her childhood experiences have had on her later adult years. Similarly, as Mary describes 'not being a victim of our childhood', Kirsten echoes a similar view on accepting being 'given a depressed parent' as a child.

I had a good start. That's what you're given in life. And if you're given a depressed parent, you must learn to live and deal with it. If you're given a mother that's had polio, you'll learn to live with it. And that's what you've got to do. (Kirsten)

Joseph reflects on his desire to define his childhood experiences in a positive light, whilst simultaneously acknowledging the negative impact of his mother's emotional responses throughout childhood in relation to his own.

...because my mum's life was driven by fear so as a result, I became very comfortable with fear, and I never really experienced a positive experience of failure... If I could go back and rewind and say, you've got to define it through the lens that this happened for me, not to me.

(Joseph)

Similarly, Wanda uses narrative hindsight to make meaning of her mother's mental illness and her decision to forgive her mother's past behaviour. Narrative hindsight enables her to think empathically about her mother. She chooses to forgive.

But then, I choose to forgive. I choose to rather make her suffering... turn into something positive. It's such an honor to participate in your study in any way that I can turn this for her sake. It makes me want to cry when I think of her suffering and what she's been through.

(Wanda)

4.3.3 Childhood experiences and parenting: I didn't know if I could be a father

Five participants note the influence of their childhood experiences growing up with a depressed parent in relation to their own decision to have children and the ways in which they make meaning of their own parenting. This suggests that there is deliberate contemplation that informs participants' understanding of how their childhood experiences shaped and influenced their own parenting through narrative hindsight.

You, you know what the frightening thing is that you always feel that you're gonna end up like her, you know? And I think there was a fear that Penny and I were afraid that we would develop that. We were always wary of that, and I think we tried to guard our inner feelings as

parents with our own kids... (Darren)

Here, Darren reflects on his and his siblings' fears that their own parenting would replicate their childhood experiences of an emotionally unavailable mother. Similarly, Joseph explores his own feelings about becoming a father in light of his own childhood.

I made decisions in my life that were fear-based. So, fear became my friend and what happened in the past... I've loved being a dad, okay? But what happened in that is that I think that I disciplined my kids too harshly. I think that I was heavy-handed. I think that had a lot to do with the fact that I most probably wasn't secure in myself and I was like walking out this role of father and still trying to build the business and if there is one regret in my parenting, which I think is linked to this, is that had I been equipped, and I take full responsibility, but had I been equipped to regulate my emotions I would have been far more present. But when Lilly fell pregnant with Rebecca, I just fell apart. And we booked Sierra Ranch and we just walked and spoke and because I said to her, I don't know if I could be a father. (Joseph)

Here, Joseph reflects on his own insecurity and fear of parenting. His recollection of finding out that his wife was pregnant illuminates his own trepidation about fatherhood. The statement "had I been equipped to regulate my emotions..." illustrates how he feels his own childhood growing up with a depressed parent did not equip him for parenting. The preceding quotes show that the lived experience of growing up with a depressed parent influenced participants' decisions and perceptions around their own parenting. Several of the participants expressed fear that they may repeat the cycle of their parents and questioned their own parenting abilities. This fear was also acknowledged by Mary, whose decision not to have children was formed by her experiences growing up with her mother.

But it did impact me... I chose not to have kids. It did impact that I chose not to have children... because I didn't want to be like a, a really shit parent. I suppose I wanted to end that sort of cycle. It was a very conscious decision. (Mary)

Just as Mary discusses the fear of becoming a 'shit parent', both Karl and Kirsten reflect on their desire to filter out the negative aspects of their parents' influence on their own parenting, with a particular focus on not repeating their parents' missteps.

Whatever I went through, I will not do to my kids... I'll take all the good. There's lots of good, and I'll take it pass on to my kids, but all the bad I'll leave it behind. That's what I've done...
(Karl)

I keep telling my children not to sacrifice themselves for me. Like I did. You want to emigrate? Emigrate. Do you want to move to another city? Move. I've had my life, and my father should have done that with us. And he didn't. He depended and he nagged... but we've had our lives and children must be allowed to follow their dreams or whatever you want to do. (Kirsten)

In addition, the role of genetics was raised by several participants, regarding the fear of inheriting their parent's mental illness through family lineage. Furthermore, the effects of intergenerational parent child relationships emerged in the narratives, as Darren and Kirsten note the relationship that their children had with their own depressed parent.

...as a family we spent a lot of time with her... We tried to intervene when we saw situations at home with her getting out of control. So, the kids thought there was something odd about Granny, but didn't really know the full story... we took her back home for the weekend. She used to get anxious and hectic with my children, and I was forced to take her back, and she would get violent in the car. You know, she would start attacking me from the back seat. It was hectic. (Darren)

He wouldn't come when our children were born... to birthday parties or... You know, at 78, he put himself to bed. So, all my son remembers of him was the peppermints next to his bed. They don't remember anything about him. But as a young girl growing up, he made sure we all had the best of everything. (Kirsten)

Both Darren and Kirsten explore the tension of their parents becoming grandparents, and the difficulty of integrating their parents into their own family life. Whilst Darren reflects on her mother's violence and emotional volatility towards her grandchildren, Kirsten recounts her father as being emotionally reclusive and disengaging from having a relationship with his grandchildren. In the next section, we explore the social factors related to being raised by a depressed parent.

4.4 Social factors: Psychology was a taboo

This theme more directly addresses the following research questions: "What does narrative hindsight illuminate about the narrative arc of relationships between children and parents?" and "What are the lived experiences of people who grew up with a depressed parent in South Africa?" The theme explores how participants have come to make meaning of growing up with a depressed parent and how they understand the role of social factors in their lived experience. The narratives below illustrate the inability to separate a story from its social context. The social factors surrounding the lived experiences of participants are explored in this theme, with a particular emphasis on the presence of stigma, religious involvement, and institutionalisation. Kirsten, Mary and Lebo explore their parents' institutionalisation, which is interwoven with their perception of their parent's absence in the home, the lack of understanding about mental illness, and feelings of confusion and fear as a child.

My first memory of it was when I was about twelve. I remember going to see him...he still had the electrodes on his head. He just had shock therapy. When I was eighteen, I just got my license. I took him and my mother and I booked him into Tara for six months. (Kirsten)

Here, Kirsten discusses her father's institutionalisation and describes the severity of her father's depression and psychiatric treatment that she was exposed to from as young as the age of twelve. Whilst Kirsten alludes to a sense of openness and candour throughout her

father's institutionalisation, Mary discusses the secretive nature of her mother's psychiatric treatment and institutionalisation.

So, mom went off a couple of times, you know, for her "back" or something. I think it was called Sanatoria... she would be there until her back felt better... that's what we were told, that's what everyone was told. So, it wasn't easy because then obviously she would disappear, and it was very much... I suppose confusing as a kid... I mean, depression was seen not as we see it today... you were better off if you were an alcoholic. You know, they'd probably accept that more easily. (Mary)

Mary discusses her mother's institutionalisation and the secretive nature of her mental illness, which left her feeling confused and disoriented during her mother's periods of hospitalisation. Mary reflects on the stigma she perceived around mental illness. "You were better off if you were an alcoholic" captures the reality of the stigma associated with depression historically. Whilst Mary and Kirsten recall their parent's institutionalisation in younger years, Lebo explores her feelings as an adult when visiting her mother in the psychiatric hospital.

We used to go visit her at home when she got old. She was taking a lot of medicine... I can't remember a time when she wasn't on some kind of medication. It... it was a very dark and cold place... I remember polished green floors and very bright white lights in all the rooms. My brother and I paid for it for many years, and she stayed there until the day she went to be with the Lord... (Lebo)

Using narrative hindsight, Mary, Kirsten and Lebo reflect on the institutionalisation of their mothers, which they characterise as confusing and difficult to make meaning of. The above narrative accounts highlight the stigma of mental illness in the context of institutionalisation. The presence of narrative hindsight provides the participants with the ability to reflect on their own feelings towards their parents' institutionalisation. Similarly, the presence of narrative

hindsight reveals some participants' ability to make meaning of the historical and contextual understanding of their parents' mental illness during their childhood. Wanda, Kirsten and Darren surface feelings of regret, sympathy, and angst towards the social framework in which their parents' mental illness existed.

...it saddens me that it was undiagnosed... it was so stigmatized, I don't think she would've told me. But with her health, if she's looking back, you know, she could have been helped and had quality of life and, and it's just so sad. My heart aches for all the lost opportunities, and I know she didn't reach her potential. (Wanda)

People don't understand it. My mom and I used to say it's a pity, if he hasn't got legs and it would be easier. People would be sympathetic. I think people do understand a bit more today, but I still think people don't understand. (Kirsten)

I just wish that we had been more aware of medical conditions... it was frowned upon in those days. It wasn't seen in a good light even... even more so in those days had we realized what she was going through. Perhaps we could have done a lot more to cope with the situation and helped her along instead of just trying to run away from it. (Darren)

The above excerpts highlight the nuance of emotion that is evoked when discussing stigma as a social factor, in which participants feel a sense of guilt, sadness, and regret. The cultural and historical understanding of mental illness at the time was acknowledged as contributing to the stigma of their parents' depression. Wanda, Kirsten and Darren highlight a sense of frustration and regret in relation to the context in which their parents experienced mental illness. Narrative hindsight highlights many of the participants' ability to differentiate between the context of mental illness whilst they were growing up compared to current day. The preceding excerpts illustrate the context in which they grew up, which typically showed a lack of open communication, psychoeducation, and a general misunderstanding of mental illness. Participants' experience of their parents being institutionalised was often not explained, and

many of the participants were given an alternative story for why their depressed parents had left the home. Furthermore, Joseph noted the role of religion as a contextual factor that contributed to the stigmatisation of his mother's mental illness.

...And because we were a Christian family, and both mom and dad were actively involved in the church, it was a very taboo thing. Psychology was taboo. It was like everything was, you know, you just go to the word... Faith is the opposite of fear. You can't really be in touch with your emotions. So, I don't think the Christian community served my mom very well. (Joseph)

Karl, Darren and Joseph reflected on the relational context in which they sought additional support outside of the home environment. Darren, Karl, and Joseph's narratives illustrate the role of alternative parental figures in their life such as a karate instructor, older sister, and girlfriend's family members as a social network that created stability and support. Karl discusses the role his karate instructor had on his emotional development as a child as he sought to escape his parents' conflict in the home.

Cause by the time I got home, my parents had stopped fighting. I wanted to get home late because they'd gone to bed, and I had a very good karate instructor... if it wasn't for him, I would've been down the tubes a long time ago. He was very much on the Japanese method of thinking which taught me a lot of discipline and self-awareness I think... (Karl)

Similarly, Darren describes how his relationship with his older sister provided him with a sense of safety and escape from his mother's depressive episodes in the family home.

...I didn't know how to cope with it. So, to cope with it, I just used to run to Lillian, and I used to go and spend the evenings and spend time with her and just sleep there at night. So, I used to get away from it because I didn't know how to cope with it. (Darren)

Likewise, Joseph recalls staying with his girlfriend's family for long periods of time to avoid spending time at home. Here, the dysfunctional elements of his home life are exacerbated as he idealises this family as 'perfect.'

...in hindsight, now that I'd spend a lot more time with Evelyn and her family, I thought they were perfect... they lived in Tamara Drive, which was like in La Lucia, which was fancy - it's like the Hyde Park of Joburg, and her father was a top guy in a motor company and so I used to go there a lot... (Joseph)

The preceding narrative accounts illustrate the role of relational support within their context that provided a sense of belonging outside of the family home. Whilst participants received support from various differing contexts, their narratives illustrate the importance of relationships outside of the family dynamic that created a sense of belonging and safety.

4.5 Summary of Findings

The narratives presented in this chapter illustrate the complexity and nuance of the lived experiences of people who grow up with depressed parents. The research found that all the participants held the belief that their parents' depression had an impact on their family dynamics, which includes the shifting roles and responsibilities within the family system. The presence of parentification within the family dynamic of several participants was explored. A number of participants took on the responsibilities and tasks typically taken on by a parent within the family. As children, participants took on both emotional and physical tasks that were inappropriate for their age and created parentified roles. Furthermore, all the participants noted that unpredictability, which was most aptly described as 'walking on eggshells' was a common experience growing up with a depressed parent.

All participants noted that the home environment was significantly impacted upon by their depressed parents' moods, outbursts, or emotional volatility. Narrative hindsight emerged in

all participants' narratives as a tool to explore their own ambivalence towards their parent, their reflections on the influence of childhood experiences on parenting, and their ability to make meaning of their lived experience and their relationship with their depressed parent. Additionally, the research found that social factors emerged as a significant component of their narratives, including the presence of stigma, institutionalisation, social support, and religious involvement. This suggests that narratives are created within a social milieu that insists on the imbrication of the personal and social.

Chapter Five: Discussion

5.1 Introduction

This chapter discusses the themes outlined in the findings by engaging with them in relation to literature and narrative theory-method that underpins this study. The chapter discusses the following themes that emerged from narrative accounts of older adult narratives. The themes include family dynamics (the role of parentification, unpredictability, and the home environment), narrative hindsight (including the role of ambivalence and the influence of childhood experiences on parenting), and social factors. The aim of the study was to explore older adult narratives of living with a depressed parent. It illustrated participants' meaning making about living with a depressed parent through a narrative enquiry. It explored how older people narrate their childhoods, and how factors such as hindsight and nostalgia influence these narratives. The research focus presented an intimate narrative of the participant's self-scripting, by using narrative theory as a conceptual framework and method that considers the complexity of older people's narratives (Kugelmann, 2001). The following research questions were addressed through the study;

- What are the retrospective accounts of lived experiences of people who grew up with a depressed parent in South Africa?
- What does narrative hindsight illuminate about the narrative arc of relationships between children and parents?

5.2 Discussion of the findings

The study set out to explore meaning making about living with a depressed parent in South Africa. It sought to explore how older people narrate their reflections on their childhoods in the various contexts in which they were raised. The research questions sought to understand the lived experiences of people who grew up with a depressed parent in South Africa and

how narrative hindsight illuminate about the narrative arc of relationships between children and parents.

It explored this phenomenon through a narrative enquiry, focusing on how adults remember and narrate childhoods spent with a depressed parent. It aimed to explore these experiences using a conceptual framework of narrative theory that recognises the complexity and nuance of the lived experiences of older people who grew up with a depressed parent. The research allowed for the exploration of how older people narrate their childhoods, in which concepts such as nostalgia, hindsight, relief, and regret emerged through a retrospective lens. This gave the study a sense of overall coherence and allowed for the piecing together of story elements into cohesive narratives (Kvernbekk, 2013). The use of narrative theory as a conceptual framework allowed for rich storytelling by participants to create, affirm, and redirect relationships within their stories (Frank, 2000). Narrative theory allowed the researcher to step into each participant's story and gave them unique insight into the perspectives of an older adult growing up with a depressed parent.

The first theme in the findings chapter discusses how participants have come to make meaning of mental illness within the family dynamic, and how their parent's depression shaped and shifted the roles within the family using narrative hindsight. The study found that the complex familial shifts and role changes within the family allude to the presence of parentification, unpredictability, and the complexity of the home environment. This is grounded in Bradbury's (2012) premise that the recollections of one's past will inevitably be interconnected with the experiences and narratives of others, in which meaning is made through the narratives of others. This was apparent in how participants often enlisted the names of siblings, grandparents and other figures to retell their past experiences.

The presence of parentification within the family dynamic was significant amongst all participants. This included narrative accounts of participants taking on parental tasks and responsibilities as children. The findings of this study resonate with those carried out in

various other countries such as Australia. For example, Foster (2010) conducted a narrative study in Australia that sought to explore the experience of being an adult child of a parent with serious mental illness and how adult children have coped with their experience. The study identified similar themes such as feeling overly responsible throughout their childhood in which there is a chaotic family life where adult children assume substantial caregiving roles. This echoes the study's findings in which participants assumed responsibility for parental tasks that were not age appropriate, such as monitoring their parents' suicidal ideation and psychiatric medication. Similarly, Pölkki et al. (2005) conducted a study that aimed to examine the needs and stress reactions of children of mentally ill parents, which included the narratives of seventeen female grown up children of mentally ill parents. It explored the term 'young carers' and highlighted the various roles that children of mentally ill parents take on.

This study illustrates the complexity of how the family roles children take on within the household, with many children parenting their own parents. In addition, a meta-synthesis of qualitative literature from several countries relating to living with a depressed parent presented general themes which included growing up in a dysfunctional home environment that created reversed roles in the family dynamic, in which children felt overly responsible for their parents' wellbeing (Källquist et al., 2019). This aligned with the current study's findings which suggest that living with a depressed parent means stepping into the role of being a young carer, which often resulted in role reversal in the family. For example, three participants in the study reflected on their adult responsibilities such as monitoring suicidal ideation, checking the dosage of medication, and completing household tasks.

An additional aspect that emerged within the theme of family dynamics in the study was that of unpredictability. Hesterman (2021) iterates that adverse experiences such as growing up with a depressed parent can create an environment that is unstable and stressful. Foster's (2010) study, exploring how adult children coped with parents who had a mental illness,

discussed the theme of uncertainty being 'akin to a rollercoaster ride' in which participants sought balance and a sense of control from the uncertainty of living with a mentally ill parent. In addition, Patrick et al. (2019) found that unpredictability and uncertainty was common within the home environment because of parental mental illness, which created a heightened sense of fear and anxiety growing up. This is echoed in the current study in which participants experienced heightened levels of anxiety and responsibility in the family home. Participants discussed feeling as if they were 'walking on eggshells' around their parents. This aligns with what Sherman and Hooker (2018) found, that depressed parents tend to display less affection, less intimacy, and lower levels of emotional regulation compared to non-depressed parents which may exacerbate unpredictable behaviour.

In addition, the home environment was explored in the study as a complex and multifaceted aspect of the participants' family dynamics that highlighted the contrast between physical presence and emotional absence. It further highlighted what Herbell (2020) describes as the inability of a depressed parent to manage their own moods and behaviours, to fully monitor their child's activity, and a general lack of emotional presence in the home. For instance, a participant reflected on the absolute unregulated freedom of being raised by a father whose depression prevented parental supervision. Furthermore, this study highlighted the complexity of the relationships within the family system, and how the relationship between the participant's mother and father affected the home environment. This often meant that family boundaries were loose or non-existent since children were often co-opted into adult emotional burdens.

The second theme in the findings explores participants' lived experience through the emergence of their own narrative hindsight that comes with decades of reflection into their own adulthood. It found that narrative hindsight revealed the presence of ambivalence, the influence of childhood experiences on parenting, and the role of meaning making. Kvembekk (2013) holds that hindsight is key in the formation of a person's narrative, and assists in

narrative configuration, which includes the process of piecing together single elements into a coherent whole. Furthermore, it brings coherence to narrative reflection by differentiating starts and endings. In this way, narrative hindsight assists in the process of helping older adults reflect on their lives in a way that transcends recounting memories, and focuses on temporal dimensions of their stories, which allows for a more holistic consideration of the narrative presented. Narrative hindsight illustrates the complexity of the participants' lived experiences and acknowledges the multifaceted nature of their depressed parents' lives. Through the participants' narratives, a clear link between the present and the past was observed. In this regard, participants explored their own meaning making of their parents' mental illness and how it affected them throughout their adult lives. This includes the decision not to have children, parenting their own children differently, and reflecting on their fears of becoming like their parents.

Ambivalence emerged as a key narrative construct which surfaced the contradictory feelings towards their parents that often resulted in vacillating narrative accounts that show variance in emotion. In many ways, this relates to the possibility of re-imagining and navigating the complexity of participants' relationship with their parents (Riessman, 2005). Whilst reflecting on the ambivalence they feel towards their depressed parents, all participants acknowledged both positive and negative contributions of their parents throughout their childhood. The emergence of ambivalence within participants' narratives allows for a deeper sense of meaning-making, dealing with contrasting feelings towards their parents, and making sense of memories (Leeman, 2011). For instance, Lebo narrated extreme maternal neglect as a child but in telling her story recalled that her mother was a good businessperson who raised and sold goats to support the family. In her story, she spoke about the need for her adult self to forgive her mother by practicing empathy for her loss of a child and her subsequent depression.

The influence of childhood experiences on parenting emerged within the findings. This

surfaced many participants' decisions to parent differently from their parents or to not have children at all. Narratives emerged as to how growing up with a depressed parent influenced participants' decisions and perceptions around their own parenting. Patrick et al. (2019) similarly found that participants' own parenting roles in relation to their experiences growing up with a mentally ill parent revealed a desire to parent differently to their mentally ill parents and illuminated a lack of a parenting reference point or internal parenting framework. Additionally, the current study found that several of the participants expressed fear that many of them may repeat the cycle of their parents and reflected on having similar qualities. This is supported by Reupert and Maybery (2016) who explored the impact of mental illness on parenting styles. They found that children are affected by the social learning that takes place in the parent-child relationship. Children learn to copy behaviours and social cues to manage their mood. While participants did not directly name this phenomenon, narratives emerged that related to their own regret and feelings of apprehension in their own parenting roles. For example, Joseph expressed concern that he had parented his children too harshly to moderate his parents absent parenting. This reflects the importance of exploring older adult narratives, as experiences in childhood last long into adult years and have an intergenerational impact on parenting, and the understanding of mental illness (Manning & Gregoire, 2008).

The final theme explored the role of social factors in growing up with a depressed parent. The findings show that social factors such as stigma, religious involvement, and institutionalisation underpinned and coloured the lived experiences of participants. Social factors are essential in understanding the sociocultural context in which the person telling the story exists. In this way, we can surface how narratives tend to be set in shared social values and beliefs (Carretero & van Alphen, 2014). Participants were not given information about their parents' institutionalisation, and experienced heightened levels of stigma and shame within the historical context in which they grew up. In the present study, some participants were lied to when their parents were institutionalised. For instance, one of them was told that her mother

was institutionalised to treat a back problem.

Sherman and Hooker (2018) contend that the shame of mental illness leads to stigmatisation which is one of the driving factors for keeping parental mental illness a secret. This may lead to lies, excluding children from the facts of parental depression and social isolation. Moreover, this might result in the avoidance of help-seeking behaviour for family members. Furthermore, Polkii et al. (2005) highlight how parental mental illness is exacerbated by a lack of mental health literacy, particularly where children are not allowed visitations in psychiatric hospitals or are discouraged from talking about mental illness with friends, family and in places such as schools.

Narrative theory was useful in exploring the lived experiences of growing up with a depressed parent as it allowed for a varied and in-depth exploration of older people's perspectives that encompassed the complex interactions that exist between their personal, cultural, and social spheres through their storytelling and the narrative process without attempting to fragment the storyteller's lived experience (Esin et al., 2014). Additionally, it is worth noting that a narrative conceptualisation strays away from the medical model of diagnosis and focuses on lived experience. Whilst the study had a specific focus on the lived experiences of growing up with a depressed parent, the narrative accounts of participants revealed the multiplicity and nuance of their entirety of their lives, in which the ability to make meaning of their experiences was revealed. The study offers a unique perspective of older adults and their process of storytelling. It reveals the multifaceted nature of participants' relationship with their parents over the span of decades lived. Furthermore, it details the narratives of everyday life that encompass 'the good, the bad, and the ugly' of living with a depressed parent. It reveals the depth of the human experience in the participants' ambivalence, meaning making, and social context growing up with a depressed parent. Interviewing older adults provided the study with a distinctive focus on the presence of narrative hindsight and its role in understanding how the temporality and nostalgia of narrative hindsight can illuminate the narrative arc between

parent and child. This aligns with Tuohy and Stephen's (2012) premise that a consistent self is maintained through the biographical accounts of older adults, which allows for meaning making in the face of disruption and discontinuity within their stories.

5.3 Conclusion

The discussion chapter shows that this research's findings echo published literature in a variety of ways. Following a narrative approach, it has shown that the lived experiences of people who grew up with a depressed parent are imbued with a sense of complexity and ambivalence towards their relationship with their parents, and includes key factors such as the social context, role changes in the family, unpredictability in the home, feelings of rage, regret and relief when using narrative hindsight to make meaning of these lived experiences.

The study discussed the change in family dynamics when living with a depressed parent, in which there was a significant shift in the home environment, pervasive feelings of uncertainty and unpredictability, and role reversal between parent and child, resulting in parentification of children. Furthermore, narrative hindsight illuminated the presence of ambivalence in participants' lived experiences, identifying the often confusing and conflicting feelings participants had towards their parents. It further illustrated the ability of participants to make meaning of significant events in their childhood, as it relates to their present-day relationships, parenting decisions, and identity as an older adult in later years. Moreover, social factors such as stigma and institutionalisation were discussed as contributing factors to the participants' engagement with social stigma and withholding of the truth from children.

The narratives of participants demonstrated that the experiences of people who grew up with a depressed parent cannot be neatly defined or determined within the boundaries of the themes discussed in this study. Whilst the researcher has set out to answer the research questions, it must be acknowledged that the participants' storytelling and ability to make meaning of their childhood experiences cannot be summarised in a way that fully describes

the complexity of the human experience. This aligns with the views expressed in a study of how older adults story their lives. In that study, Randall et al. (2015, p. 156) observed that “People's life stories— manifest or latent, told or untold— feature all manner of subplots, themes, and chapters, making them challenging to summarize. In one article, we can scarcely do justice to the range of narrative material our participants shared”. As such, the use of narrative theory as both a methodology and conceptual framework was suitable as it allowed for the researcher to analyse the content from participants' stories in a way that focuses on the form of how these stories are narrated and constructed in light of the participant's own self, their identities, and their relationship with parents and others (Kugelman, 2001). Overall, the study has found that participants' experiences as children growing up with a depressed parent deeply and profoundly influenced their understanding of themselves, adult relationships, and decision making in parenting.

Chapter Six: Conclusion

6.1 Introduction

This chapter concludes the research study. A general overview of the findings and the strengths and limitations of the research are discussed below. This is followed by the methodological implications and recommendations for future research.

6.2 Overview of the Findings

The importance of narrative as a meaning-making mechanism for people emerges in the research as participants reflect on their lived experiences growing up with a depressed parent. Following a narrative approach, the study has shown that the experiences of people who grew up with a depressed parent are both nuanced and formative. The study has discussed the influence of living with a depressed parent on family dynamics. This includes a significant shift in the home environment, role reversal with parent and child, parentification, and pervasive feelings of uncertainty and unpredictability. Furthermore, through narrative hindsight, the presence of ambivalence in participants' lived experiences was illuminated, identifying the often confusing and conflicting feelings participants have towards their parents. Contextual factors such as stigma and institutionalisation were discussed as contributing factors to the participants' lived experiences.

The research demonstrated that the lived experiences of people who grew up with a depressed parent exist as contradictory, multifaceted, and intersecting stories of their lives. This included a particular focus on their childhood experiences, early relationships, parenting choices, and hindsight as older adults. It found that participants' experiences as children deeply and profoundly influenced their understanding of themselves, their decision making in parenting, and the trajectory of their adult years. It highlighted the value of narrative storytelling of older adults and revealed the need for further narrative inquiry to better

understand the accounts of the lived experiences of people who grew up with depressed parents.

6.3 Strengths and Limitations

A strength of the research study is the methodology used to analyse the data. This allowed for a non-directive approach that allowed data to emerge in a natural manner which enables an in-depth exploration of participants' experiences. The narrative approach used in this study enabled participants to tell their stories in a conversational manner facilitated by a semi-structured approach which assisted to maintain a level of focus on the core concerns of the study. This study provided an in-depth exploration of the accounts of the lives of older adults who grew up with a depressed parent and highlights the multifaceted effects of parental depression over the course of a person's life. It illuminated stories of an under-researched group of people, by focusing on the narratives of older adults. The narrative arch of retelling stories of childhood with the hindsight of a relatively long life from the vantage point of older age provides a unique perspective and illuminates the work of narrative hindsight.

The research further addressed areas for consideration and limitations, such as the transferability of the study. The nature of the study is such that the findings are transferable to locations, demographics and contexts that are similar to the conditions of the current study. In this case, as most of the participants are white and come from a middle to upper class background, the findings would not reflect the narrative accounts of most black and working class South Africans. Whilst efforts were made to include participants of several racial, socio-economic, and cultural groups, only one black female participant participated in the study. This may be related to several factors such as the snowballing method used in the study and difficulty with time constraints related to finding participants of diverse racial groups who were willing to discuss their lived experiences in an interview. It should also be acknowledged that based on the age of the participants interviewed, white people of a middle to upper class background would have had access to psychiatric services and formalised diagnoses during

apartheid. Seedat and Lazarus (2011) further suggest that mental health services were not available to many black people during apartheid. The resulting lack of diagnosis may have narrowed the pool of older black participants. In many ways this has limited the findings of this study.

The lack of transferability to black South Africans in the study is largely because people make meaning of mental illness and their own lived experiences within their unique context which includes race, language, and culture as key components of people's identity and how their stories are told and made meaning of. In this way, whilst useful, the research presented in this study, cannot be generalised to all older adults within South Africa.

6.4 Methodological Implications

The importance of using narrative as a methodology allows for the meaningful investigation of people's lived experiences, highlighting the necessity of storytelling and how stories are constructed, perceived, and structured. Furthermore, it allows for layers of meaning to emerge within the participants' narratives (Squire, 2008). The methodological implications of this study speak to how older adults narratives are necessary to pass on lessons for others (Coleman, 1999). The research suggests that narrative theory allows for a varied and in-depth exploration of older people's perspectives that encompassed the complex interactions that exist between their personal, cultural, and social spheres through their storytelling and the narrative process without attempting to fragment the storyteller's lived experience (Esin et al., 2014). In this way, narrative research enabled the emergence of stories that can "be perceived as familiar, informative, and relevant for those who hear about or read them" (Moen, 2006, p. 58). Furthermore, the research captured what Moen (2006) refers to as the 'multivoicedness' of living with a depressed parent and provided insight into the necessity of including narratives as a form of research when exploring the effects of parental mental illness on people over their lifespan.

6.4 Recommendations for Future Research

A key recommendation that emerges from the study is further exploration with a more diverse set of participants of varying the race, class and cultural groups within the South African context. This will add increased transferability to the literature presented in this study to ensure the applicability to other contexts and populations. Additionally, this will allow for the multiplicity of narrative accounts to emerge in ways that contribute to further knowledge production in the South African context. It is important to consider the varying cultural groups may make meaning of mental illness differently within the South African context. Further studies should be

conducted with diverse populations to create mental health awareness that is relevant to the contextual and cultural considerations of various communities within South Africa. This study points to the further need for additional research of older adults, specifically within the South African context. Research focusing on the lived experiences of growing up with a depressed parent has the possibility to enrich the work of health practitioners, social workers, researchers and policymakers within South Africa. It provides additional knowledge about how children experience parental mental illness, and possible avenues of support that could assist families. At a more fundamental level, it allows for lonely, difficult and putatively personal experiences to be told in ways that thread to the social. This is the work of psychosocial research.

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Appendices

Appendix A: Information Sheet

Dear Sir / Madam

My name is Rachel Dzenga. I am a Masters student completing a Masters of Community-Based Counselling Psychology (MACC) at the University of the Witwatersrand, Johannesburg. The research is supervised by Professor Hugo Canham. As part of my studies, I am conducting a research study exploring older adult narratives of living with a depressed parent. The study title is 'Exploring older adult narratives of living with a depressed parent' and aims to explore narratives and storytelling about what it was like living with a depressed parent. It aims to explore how older people narrate their reflections on their childhoods in their specific context and family.

I am inviting you to take part in an interview. If you decide to take part, your participation in this research study will take approximately one hour. With your permission, I would like to audio record the interview. This data will be stored in a password protected computer, and only my supervisor and I will have access to the data. When I share the results of the research study, I will not include your name or anything else that could identify you. With your permission, other researchers may use the data collected from this research study, but your name and any personal information will not be used or passed on. Pseudonyms will be used

in all written materials related to the research. If you decide to take part in the research study, it should be because you want to volunteer. You do not have to take part. You can withdraw your participation in the study at any time. You do not have to answer any questions if you do not want to. You will not get any direct benefits if you choose to join the research study. You will not lose any services, benefits or rights you would normally have if you decided not to join. Taking part in the research study will not cost you anything.

During the interview, I will need to ask for some personal information about you, including details about your childhood and your lived experiences growing up with a depressed parent.

The risks for

this research study are no more than what happens in everyday life, but some of the questions asked may make you feel sad or upset. If this happens, I will stop the interview and continue another time.

If you feel you need counselling services during or after the interview process, please contact Lifeline Johannesburg for toll free counselling on 086 132 2322.

This research study will be written up as a research report and or publication. The report will be available on the university library website. If you would like to receive a summary of this report, I will be happy to send it to you. If you have any questions during or afterwards about this research study, feel free to contact me or my supervisor on the details listed below. If you have any concerns or complaints about the ethical procedures of this research study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical),

telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za.

Your participation in this study will be greatly appreciated.

Yours sincerely,
Rachel Dzenga

Email: 1606663@students.wits.ac.za

Cellphone number: 082 757 2481

Supervisor:

Professor Hugo Canham

Email: Hugo.Canham@wits.ac.za



Appendix B: Consent Form

Title of project:

Exploring older adult narratives of living with a depressed parent

Name of researcher

Rachel Dzenga

I, _____, agree to participate in this research project.

I agree to the following:

(Please circle the relevant options below)

<p>The research study was explained to me. I understand what this study is about.</p>	<p>YES</p>	<p>NO</p>
<p>I understand that I may refrain from answering any questions.</p>	<p>YES</p>	<p>NO</p>
<p>I understand that I can volunteer to take part in the study.</p>	<p>YES</p>	<p>NO</p>
<p>I agree that the interview will be audio recorded.</p> <p>I understand that the audio-recordings and transcripts will not be seen or heard by anyone other than the researchers and/or their research assistants.</p> <p>I understand that the data collected will be kept indefinitely for research purposes once the study is concluded.</p> <p>I understand that the audio-recordings and transcripts will be kept in a password protected computer.</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p>	<p>NO</p> <p>NO</p> <p>NO</p> <p>NO</p>

<p>I agree that direct quotations from my interview may be used by the researcher in their research report, but that no identifying information will be used in the transcripts or the research report.</p>	<p>YES NO</p>
---	--------------------

<p>I agree that my participation will remain anonymous (my name will not be used by the researcher in their research report, I will be referred to using a pseudonym).</p>	<p>YES NO</p>
<p>I agree that other researchers may use the information I provide in my interview (depending on their own ethics clearance being obtained) but my name and any personal information will not be used or passed on.</p> <p>I am aware that the results of the study will be communicated in the form of a research report or journal articles.</p> <p>I understand that the research may also be presented at a local/international conference and published in a journal and/or book chapter.</p>	<p>YES NO</p> <p>YES NO</p> <p>YES NO</p>

..... (signature)

..... (name of participant)

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..... (date)

Appendix C: Interview Guide

Thank you for agreeing to participate in my study. Before beginning with the interview, I would like to assure you that everything you say during this interview will be kept confidential, between myself and my supervisor. Before beginning the interview, I would like you to read through and sign a consent form (See Appendix B). Thank you once again. When you are ready, we can begin with the interview.

QUESTIONS

The following question will be asked to facilitate conversation with participants.

- i. As a child, how did you experience life growing up with a depressed parent?

The subsequent questions may be asked as follow up questions with participants.

- ii. Please tell me about your childhood living with a parent suffering from depression?
- iii. As a child, how did you experience life growing up with a depressed parent?
- iii. When reflecting back on your childhood, how would you describe the relationship you had with your parent who had a mental illness?
- iv. In your experience, how did living with a depressed parent impact on your daily life?
- v. When reflecting on your childhood, how do you feel about your relationship with your parent?
- vi. When you think about your relationship with your parent as a child, what comes to mind?
- vii. Now, as an older person yourself, how do you make sense of your parents mental

illness? Has the way you think about your parents mental illness changed over the years, and if so, how?

Appendix D: Ethics Form

University of the Witwatersrand, Johannesburg

Ethics Application Form for Human Research Ethics Committee (HREC Non-Medical)

(SCHOOL ETHICS COMMITTEES: Revised January 2021)

Instructions

1. This form must be completed by Honours (4th year) and Masters by Coursework and Research Report students who require ethics clearance, or for ethics clearance for coursework activities as part of a taught degree. Note that staff non-degree applications, PhD and research Masters students must complete the online form.
2. Completed applications must be submitted to the relevant School Ethics Committee.
3. Applications may be submitted as hard or soft (electronic) copies, but the first page of the application must contain the signatures of the student and supervisor. Final revised versions must be in soft (electronic) copy as all documentation will be archived.
4. Incomplete or handwritten applications will **NOT** be considered, including where signatures are missing.
5. Necessary supporting documents (e.g. *Participant Information Sheet*, *Consent Form*, copies of instruments, permission letters, etc), must be provided.

SECTION A

Complete this checklist to show what documents you have submitted and that you agree with the conditions of application.

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Completed <i>Ethics Application Form</i> . |
| <input checked="" type="checkbox"/> | Copy of the <i>Research proposal</i> . |
| <input checked="" type="checkbox"/> | Copy of proposed <i>Research instruments</i> (e.g. questionnaires/interview schedules). |
| <input checked="" type="checkbox"/> | <i>Participant Information Sheets</i> (for each different sample group and/or instrument used). |
| <input checked="" type="checkbox"/> | <i>Consent forms</i> (for each different sample group and/or instrument used). |

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JOHANNESBURG

Relevant permission letters if required (from, e.g. company's HR department, National authorities such as Government departments, etc.) - consult the **Guidance on the Use of Permission Letters** document.

SIGNATURES (REQUIRED)

Declaration: We, the signatories, declare that all information on this form is correct and that we will strive to maintain the highest ethical standards in this research at all times, according to disciplinary and university expectations, recognising that ethical practice in research is always a continuing process.

<p>I recognise that it is my responsibility to conduct my research in an ethical manner according to Guidelines of the University of the Witwatersrand, according to any laws and/or legal frameworks that may apply, and according to the norms and expectations of my discipline. In preparing this Application for Ethics Clearance</p>	<input checked="" type="checkbox"/>	Y	<input type="checkbox"/>	N
	e	S	o	
<p>form, I have consulted the Guidelines for Human Research Ethics Clearance Application/Non-Medical (available on this website https://www.wits.ac.za/research/researcher-support/research-ethics/ethics-committees/). In receiving ethics clearance, I agree to abide by the conditions of data collection as outlined in the <i>Guidelines</i> document.</p>				

By signing this form, the researcher and supervisor of this project undertake to ensure that any amendments to this project that are required by the Human Research Ethics Committee (Non-Medical) and School Ethics Committees are made before the project commences.

	Date	Name	Signature*
Applicant	24/03/2022	Rachel Dzenga	

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Supervisor	24/03/2022	Professor Hugo Canham	
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*electronic signatures are permitted but there are requirements governing this – please see *Guidelines for Applicants* document.

SECTION B															
1. Summary of risk categories of this research project	X	Yes	<div style="display: flex; justify-content: space-around;"> <input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/> </div>												
1.1 Does this project involve human participants?															
<i>If NO, an ethics waiver may be appropriate. Please complete the Ethics Waiver application form</i>	X	Yes	<div style="display: flex; justify-content: space-around;"> <input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/> </div>												
1.2 I have read and understood the risk categories table															
<p><i>Applicants must have read the table of risk level category definitions on the final page of this document. This table is also available on the University Ethics Committee webpage.</i></p>															
1.3 The applicant must tick the box for the category that best applies to this project:															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Risk category</th> <th style="padding: 2px;">Tick the appropriate box</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">No risk</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Minimal risk</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Low risk</td> <td style="padding: 2px; text-align: center;">X</td> </tr> <tr> <td style="padding: 2px;">Medium risk</td> <td style="padding: 2px; background-color: #cccccc;"></td> </tr> <tr> <td style="padding: 2px;">High risk</td> <td style="padding: 2px; background-color: #cccccc;"></td> </tr> </tbody> </table>	Risk category	Tick the appropriate box	No risk		Minimal risk		Low risk	X	Medium risk		High risk		<p>Medium or high-risk applications must be submitted by the School Ethics Committee to the University HREC</p>		
Risk category	Tick the appropriate box														
No risk															
Minimal risk															
Low risk	X														
Medium risk															
High risk															
1.4 Are all of the participants selected as experts ?															
<i>See the Guidelines for Applicants document for the definition of an expert</i>															
	Yes	X	No												

1.5 Will human participant research involve **vulnerable categories**?

Yes

No

If **YES** state which ones:

N/A

If **YES**, how will **existing vulnerabilities** among research participants be addressed?

N/A

Yes

No

1.6 Does this research expose either the participant(s) or the researcher(s) to any **potential risks or harm** to which they would not otherwise be exposed?

If **YES**, how will **potential risks or harm** be addressed?

See the Guidelines for Applicants document for guidance on a distress protocol, if needed

N/A

NB: Vulnerability is context specific. The term 'vulnerable categories' includes, among others, children under 18, orphans, prisoners, persons with cognitive or communication disorders, people who are traumatised or currently in traumatic situations. Vulnerable categories do not necessarily include poor or marginalised communities, older people, women, people with disabilities (unless it results in diminished capacity to give informed consent). Not all research involving 'vulnerable categories' is Medium or High Risk research: here vulnerability must be considered in terms of the nature of the research and the context in which the research is carried out. Where necessary, include details of steps to be taken to facilitate data collection across language barriers (e.g. interpretation or translation).

2. Researcher's personal data

Your family name: Swart

Your first name: Rachel

Mr

Ms

X

Other: Mrs.

Title:

School:

The School of Human and Community Development

Your student number:

1606663

Your email:

1606663@students.wits.ac.za

Your tel number:

082 757 2481

Name of supervisor(s):

Prof Hugo Canham

Your supervisor's Wits email:

Hugo.Canham@wits.ac.za

Your supervisor's Wits tel number:

011 717 4516

2.1 Is this application for a multi-student project (i.e. several students

Yes

 X

No

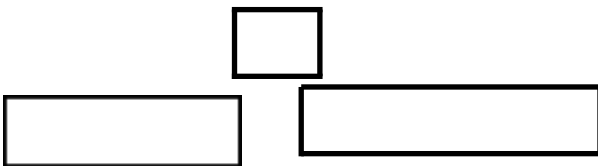
working on exactly the same topic under the same supervisor)?

If **YES**: List the names and student numbers of additional students working on this project:

3. Research project			
3.1 Title of research project: <i>Exploring narratives of living with a mentally ill parent in South Africa: a retrospective study</i>			
3.2 Is this research for degree purposes?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Yes	No
If so, for what degree?			
<input type="checkbox"/>	Honours	<input checked="" type="checkbox"/>	Masters (research report)
<input type="checkbox"/>	Other (specify) _____		
3.3 Has the proposal been approved by the relevant School or Faculty higher degrees committee or other unit?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	Submitted and pending		
3.4 Will any additional researchers be covered by this ethics protocol (including translators/interpreters, research assistants, etc. but not including supervisors)?			
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If yes, please specify their names, affiliations and roles:			

3.5 What are the **aims and objectives** of the research? (Please be specific)

The purpose of this study is to explore meaning making about living with a mentally ill parent in South Africa. It seeks to conduct an exploration of how older people narrate their reflections on their childhoods in the various contexts in which they were raised. It is concerned with exploring this phenomenon through a narrative enquiry, focusing on the how adults remember and narrate childhoods spent with mentally ill parents who have a depressive disorder. It aims to explore this experience using a biopsychosocial conceptual framework that recognises the complexity and nuance of mental illness that exists within the South African context and explore the protective and risk factors of children with a mental illness in South Africa.



3.6 Summary or abstract of the research (100 words maximum)

Give a brief outline of the research plan such that reviewers can understand what the study is about, who the participants are, and how you will collect the data

The purpose of this study is to explore meaning making about living with a mentally ill parent in South Africa, using individual semi-structured interviews to collect data. The study will consist of interviewing 10 to 12 people aged 60 years and older, using snowball sampling through relying on referrals. These older people must recall growing up with a parent that was diagnosed with a depressive disorder throughout the course of the participant's childhood.

3.7 Do you have any **financial or material interests or a relationship** associated with your research participants or with the organisations that you will be involved with in your research? (such as a familial relationship; lecturer/student relationship; collegial relationship; employer/employee relationship)

Yes X No

If yes, please explain how you will **manage any existing or potential conflicts of interest and potential coercion** during recruitment and data collection, if applicable:

N/A

4. Formal permission

4.1 Where will the research be carried out? (Please give a specific location and /or the names of specific organisations or institutions)

Wits University / Retirement Village of participant / Online interview

4.2 Has appropriate **formal permission been obtained**, if required (e.g. employer, government department, land owner, etc.)?

<input type="checkbox"/>	Yes (attached	X	Not required	<input type="checkbox"/>	Pending (must be supplied before ethics clearance c be given)
<p>NB: Obtaining permission is often necessary when conducting research <i>within the premises</i> of a particular site such as an ethnographic study of the functioning of a supermarket or a school, or the way staff interact with clients in a clinic or how members of a closed social media group interact/post on a specific topic. Permission is also required to use data from personal communication with participants or experts. Please note that any research done on Wits University campuses with employees or students of the University requires formal permission from the Registrar. Please read the detailed guidelines on Permission Letters from the Ethics website https://www.wits.ac.za/research/researcher-support/research-ethics/ethics-committees/</p>					

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<p>5. How will data on human research participants be collected (instruments, methods, procedures)? (tick all applicable boxes) (NB: All applicable instruments must be attached to the application)</p>	
<input type="checkbox"/>	Hard copy questionnaires or diagnostic tests, etc.
<input type="checkbox"/>	Online instruments (e.g. questionnaires, surveys)
X	Individual interviews (e.g. structured, semi-structured, etc.)
<input type="checkbox"/>	Personal communication (e.g. email or informal conversation with experts)
<input type="checkbox"/>	Group interviews (e.g. seminar/discussion groups, focus groups, etc.)

<input type="checkbox"/>	Ethnographic observation, participant observation, other informal descriptive, and/or interactive methods (you <u>must explain</u> the ethnographic methods in the box below)
<input type="checkbox"/>	Autoethnography
<input type="checkbox"/>	Community-based methods or techniques such as drama workshops, community theatre, training workshops, participant rural appraisal, rapid rural appraisal, etc. (you <u>must explain</u> in the box below)
<input type="checkbox"/>	Research on/in therapeutic or counselling contexts
<input type="checkbox"/>	Putting on your own exhibition / public performance

<input type="checkbox"/>	Observation of public performances, and/or public behaviour observation
<input type="checkbox"/>	Photography
<input type="checkbox"/>	Video recording
<input checked="" type="checkbox"/>	Audio recording (e.g. of interviews)
<input type="checkbox"/>	Use of data from social media
<input type="checkbox"/>	Other research methods or techniques (you must explain in the box below)

Explanation of **research methods** specified above, and / or explanation of any other **research methods that are not listed** above:

Semi-structured interviews will be used and consent for audio recording of interviews will be obtained.

6. Who will the research participants be?

6.1 List the **different** participant groups (e.g. experts, community members, key informants) that you will be working with in your project:

Community members

6.2 Description of these participant groups, including **age range** and **sample size**, for **each group**:

Participant group : older people that recall growing up with a parent that was diagnosed with a depressive disorder throughout the course of the participant's childhood.

Age group : 60 years and older

Sample size : 10-12 participants

7. How will informed consent be obtained?

7.1 How will **potential participants** be **identified / selected / recruited**?

Through the use of snowball sampling by referrals.

7.2 Will any **incentives** be offered to participants?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
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<p>(NB: it is NOT compulsory to offer any incentives. Please note for any curricula incentives, permission is required from the Registrar's office and DVC. Fiscal incentives are limited to R150 – see <i>Guidelines</i> document)</p> <p>If YES, please explain: N/A</p>						
<p>7.3 How will informed consent be obtained?</p> <table> <tr> <td><input checked="" type="checkbox"/></td> <td>Formal (Signed form)</td> <td><input type="checkbox"/></td> <td>Informal (e.g. verbal)</td> <td><input type="checkbox"/></td> <td>Other (e.g. online survey)</td> </tr> </table>	<input checked="" type="checkbox"/>	Formal (Signed form)	<input type="checkbox"/>	Informal (e.g. verbal)	<input type="checkbox"/>	Other (e.g. online survey)
<input checked="" type="checkbox"/>	Formal (Signed form)	<input type="checkbox"/>	Informal (e.g. verbal)	<input type="checkbox"/>	Other (e.g. online survey)	
<p>If you cannot obtain formal written consent, explain why:</p> <p>N/A</p>						
<p>NB: Attach <i>Participant Information Sheets</i> and <i>Consent Forms</i> for each sample group (please label these carefully), and/or other related materials. It is essential that participants in research be fully informed (irrespective of the method used) and then be able to agree on this basis to participate in the research.</p>						

8. Protecting participant identities				
8.1 Can confidentiality of participants' responses be guaranteed throughout the data collection process?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
8.2 Can anonymity be guaranteed throughout the data collection process?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
8.3 Can anonymity be guaranteed in resulting research reports or publications?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No

8.4 Explain how you will manage issues of **anonymity and confidentiality** in your project (What will participants be told in this regard?):

Confidentiality will be ensured, as participant details will not be shared with anyone besides the researcher, and the interview transcripts will only be accessed by the researcher and supervisor and stored on a password protected computer. Although anonymity cannot be ensured through data

collection, anonymity will be ensured in the resulting report through the use of pseudonyms, and identifying data and participant names will not be disclosed.

Definitions: **Confidentiality:** that any information considered confidential by the participant or researcher will not be disclosed to others. **Anonymity throughout the data collection process:** that you as the researcher will not be able to identify the participant. **Anonymity in the resulting reports:** that the participant's name/identifying data will not be disclosed and that anyone reading your results will not be able to identify the participant. **NB:** While confidentiality may be desirable, it cannot be guaranteed in, for example, focus groups, or ethnographic observations. Similarly, anonymity should be preserved in questionnaires, but cannot be offered in workshop methodologies, focus group research, etc. Participants should have the right to remain anonymous in the final report and this must be respected in handling of all data relating to them. Participants need to be informed about these issues through the *Participant Information Sheet*.

X

X

9. Protection of data during and after the research

9.1 How will the data be protected while the research is **in progress**? (This includes how the identities of participants will be protected).

The data will be stored in a password protected computer, and will be stored in digital form with all identifying features removed (pseudonyms will be used)

9.2 What is to be done with the research data **after completion** of the project? Please note that usage of data should be consistent with what is indicated to participants in the *Participant Information Sheet* and *Consent Form*.

Stored in archives (specify below)

Stored in online database (specify below)

Stored in password protected features computer

Stored in digital form with all identifying removed

Stored for future secondary of analysis

Destroyed after ... years (insert numbers years, if applicable)

Please specify which **archives or online databases** will be used (if applicable): N/A

10. Summary CV of applicant ALL boxes in the following table must be completed by the applicant. Do not attach a formal CV to your application.	
10.1 List your academic qualifications. Include dates or current registration status	Bachelor of Arts (Law Major) (Completed 2017 – 2019). Occasional Undergraduate Studies (Completed 2020). Bachelor of Arts Honours in the field of Psychology (Completed 2021). Masters of Arts in Community-Based Counselling Psychology (Currently registered – 2022).
10.2 Describe any ethics <u>content</u> training* you have received in the previous 3 years (e.g. ethics short courses; online courses; ethics CPD courses; ethical input as part of a research methods course)	Ethical input as part of a research methods course (Research Methods Course, completed during Honours Degree in the field of Psychology at University of Witwatersrand)

<p>10.3 List of instruments or methods used in this project, as listed in Section 5 of the application form (Tick the appropriate boxes and describe these specific instruments if necessary)</p>	<input type="checkbox"/>	Hard copy questionnaires or diagnostic tests, etc.
	<input type="checkbox"/>	Online instruments (e.g. questionnaires, surveys)
	<input checked="" type="checkbox"/>	Individual interviews (e.g. structured, semi-structured, etc.)
	<input type="checkbox"/>	Personal communication (e.g. email or informal conversation with experts)
	<input type="checkbox"/>	Group interviews (e.g. seminar/discussion groups, focus groups, etc.)
	<input type="checkbox"/>	Ethnographic observation, participant observation, other informal descriptive, and/or interactive methods (you must explain the ethnographic methods in the box below)
	<input type="checkbox"/>	Autoethnography
	<input type="checkbox"/>	Community-based methods or techniques such as drama workshops, community theatre, training workshops, participant rural appraisal, rapid rural appraisal, etc. (you must explain in the box below)
	<input type="checkbox"/>	Research on/in therapeutic or counselling contexts
	<input type="checkbox"/>	Putting on your own exhibition / public performance
	<input type="checkbox"/>	Observation of public performances, and/or public behaviour observation
	<input type="checkbox"/>	Photography
	<input type="checkbox"/>	Video
	<input checked="" type="checkbox"/>	Audio recording (e.g. of interviews)
<input type="checkbox"/>	Use of data from social media	
<input type="checkbox"/>	Other research methods or techniques (you must explain in the box below)	

	<p>Explanation of research methods specified above, and / or explanation of any other research methods that are not listed above:</p> <p>Semi-structured interviews will be used and the audio will be recorded.</p>
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<p>10.4 Describe your previous experience in deploying the instruments or methods of research which you are applying here (refer to Section 5 and table in Section 10.3)</p>	<p>N/A</p>
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*Ethics training is strongly recommended, especially for postgraduate students. Please consult the *Guidelines for Applicants* document for details of training options.

HREC (Non-Medical) Risk level categories definitions (January 2021)

This table identifies broad categories of risk. Schools/Departments can provide specific examples of these categories that are specific to that particular discipline, or the types of data collection methods or participant groups that are most common in that discipline. Please note that any study involving minors cannot be considered by Schools irrespective of the risk level.

Risk category	Definition	Examples	Notes
No risk	No contact with human participants	<ul style="list-style-type: none"> • Document analysis or literature review • Studies based on theoretical or secondary analysis alone • Use of non-human, quantitative datasets (e.g. economic data) 	These studies <u>do not</u> require full ethics clearance but an ethics waiver form should be completed if required by a university, faculty or external body.
		<ul style="list-style-type: none"> • Use of previously-collected human datasets (where permission from previous participants have been explicitly granted, and where a permission letter from the P.I. of the previous study has been obtained) • Use of anonymized and aggregated human datasets (e.g. census data) 	These studies <u>may require</u> full ethics clearance, dependent on the type of study and faculty requirements. If full clearance is not needed, an ethics waiver form should be completed, if required by

			<p>a university, faculty, or external body.</p> <p>Applications deemed No Risk can be considered at School level.</p>
Minimal risk	Where the likelihood and magnitude of possible harm are no greater than those imposed by daily life in a stable society, or routine educational or psychological tests	<ul style="list-style-type: none"> • Questions about people's everyday lives, activities, and opinions rather than detailed biographical information • No sensitive questions or topics • Review of privileged information (e.g. documentation not publicly available) 	Applications deemed Minimal Risk can be considered at School level.
Low risk	Where the only foreseeable risks is that of discomfort, or where there may be some sensitivity involved in terms of the questions asked	<ul style="list-style-type: none"> • Questions about people's everyday lives, activities, and opinions – may include biographical information and some potentially sensitive questions and/or topics • May include some vulnerable participants and / or contexts 	Applications deemed Low Risk can be considered at School level.
Medium risk	Where there is a likely risk of some harm for participants and/or the researcher, but where appropriate steps can be taken to mitigate or reduce risk	<ul style="list-style-type: none"> • Sensitive topics and/or questions that may have potential for trauma and emotional distress • May include vulnerable categories or marginalized groups, may include some types of low-level illegal activities, such as artisanal mining • Research locality itself may contain potential risks to the participants and/or researcher • There is a clear justification to undertake the research using this participant group and/or using the proposed instruments, despite the potential risks 	<p>Applications deemed Medium Risk cannot be considered at School level and must be referred to the main committee.</p> <p>Support/counselling services must be provided for participants, if appropriate. A distress protocol should be given, if appropriate.</p>

High risk	Where there is a real and foreseeable risk of harm which may lead to serious adverse consequences if	<ul style="list-style-type: none">• Highly sensitive topics, e.g. experiences of violence, rape, illegal activities• Vulnerable or marginalized groups, or where multiple vulnerabilities exist	Applications deemed High Risk cannot be considered at School level and must be referred to the main committee. Remedial
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	not managed in a responsible manner	<ul style="list-style-type: none"> • Research involving deception of the participants • Research involving serious illegal and criminalized activities, such as violence, fraud • Where the participants place themselves at risk of harm if they participate • Where the researcher may place themselves at risk of harm • Where the researcher may place themselves at risk of breaking the law • Where the research may reveal information that may place the participant or others at risk (e.g. victims of abuse, violence), requiring intervention from government, university or other institutions • There is a clear justification to undertake the research using this participant group and/or using the proposed instruments, despite the potential risks 	<p>interventions by external professionals can be taken should harm occur. Support/counselling services must be provided for participants and/or for the researcher. A distress protocol and debriefing strategy should be given, if appropriate</p>
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NOTES:

(1) Definitions of terms

Discomfort refers to a sensation of uneasiness, disturbance or mild pain.

Harm refers to damage incurred (which may include physical, psychological/emotional, social, economic or legal harm) as an outcome of an action, or through emotional distress.

Risk refers to (i) the likelihood of exposure to a particular negative consequence, and/or (ii) the magnitude of the possible consequences of exposure, and/or (iii) the possibility that research could result in harm.

(2) Discussion of risk

Individuals that may be at increased risk include:

- Those who are dependent/reliant on the institution/person who provides/mediates access to researchers;
- Those who are involved in illegal activities or who are criminalized by the state, e.g. drug dealers, sex workers, undocumented migrants.

NB: it is essential to consider the individual – not an aggregated group – when assessing risk.

(3) Discussion of vulnerability

Vulnerability can stem from: a lack of capacity or impaired ability to provide voluntary informed consent; health status; social pressures that may impact on the ability to make a free and informed decision; an inability to protect one's interests in research. Vulnerability may be considered as dynamic and specific to a particular context, and may arise as a result of power asymmetries between participants and researchers/institutions. There may be layers of vulnerability that function and interact within a participant's circumstances. Being vulnerable does not necessarily imply that harm or exploitation will occur, but it does increase the risk of harm or exploitation through research.

In addition to those in vulnerable categories, vulnerability may also include individuals whose ability to provide informed consent may be reduced where:

- Their decision-making capacity is limited due to individual mental health status;
- Their decision-making capacity is limited due to the environment in which they live/work, e.g. prisoners/detainees, residents of drug rehabilitation centres;
- They are under 18 years of age;
- They are dependent on the state to maintain a legal status, e.g. documented asylum seekers, documented refugees.

NB: it is essential to consider the individual – not an aggregated group – when assessing vulnerability.

The researcher needs to minimise the risk of harm, ensure that the consent process supports a truly informed decision, and put in place additional measures to ensure ethical involvement of vulnerable groups. Where necessary, include details of steps to be taken to facilitate data collection across language barriers (e.g. interpretation or translation) and/or in cases of illiteracy.

Useful references:

Bracken-Roche, D., Bell, E., Macdonald, M.E. and Racine, E. (2017). The concept of 'vulnerability' in research ethics: an in-depth analysis of policies and guidelines. *Health Research Policy and Systems*, 15 (1), 8, doi:10.1186/s12961-016-0164-6.

Horn, L., Sleem, H. and Ndebele, P. (2014). Research vulnerability. In: M. Kruger, P. Ndebele and L. Horn (Eds.), *Research ethics in Africa: A resource for research ethics committees*. Stellenbosch: SUN Press, pp. 81-90.

(4) Distress protocol

A 'distress protocol' is a procedure to follow in emergency situations where, for example, a participant becomes clearly distressed during an interview. Under such situations, the interview is terminated and the distress protocol

is enacted. Researchers may need to consider:

1. The possible distress experienced by the participant: e.g. questions that address issues of abuse, abandonment, previous negative sexual experiences, or traumatic memories that may induce distress. A distress

protocol must include the name and contact details of an appropriate provider who can provide support, at no cost to the participant. This may include counselling services or access to NGOs/law clinics;

2. The possible distress experienced by the researcher: this may include provisions for how the safety of the researcher will be supported, and should be discussed with supervisor and the name and contact details for counselling services provided if needed



Appendix E: Ethics Clearance Certificate

SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT ETHICS COMMITTEE

CONSTITUTED UNDER THE UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

CLEARANCE CERTIFICATE:

PROTOCOL NUMBER: MACC/22/01

PROJECT TITLE:

Exploring older adult narratives of living with a depressed parent

INVESTIGATOR

Dzenga Rachel (1606663)

SCHOOL/DEPARTMENT OF INVESTIGATOR

SHCD/Psychology

DATE CONSIDERED

13 May 2022

DECISION OF THE COMMITTEE

Approved unconditionally

RISK LEVEL

Low Risk

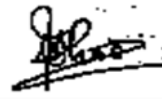
EXPIRY DATE

31 December 2024

UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG

ISSUE DATE OF CERTIFICATE 23 May 2022

CHAIRPERSON



(Dr Vinitha Jithoo)

Cc: Prof. Hugo Canham (Supervisor)

DECLARATION OF INVESTIGATOR

To be completed in duplicate and **ONE COPY** returned to the Chairperson of the School/Department ethics committee.

I fully understand the conditions under which I am authorized to carry out the abovementioned research and I guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee.

Signature:

A handwritten signature in black ink, appearing to be 'H. Canham', written over a horizontal line.

Date: 07 June 2022



Appendix F: Statement of Principles for Postgraduate Supervision

Statement of principles for postgraduate supervision

In a context of academic freedom and within a framework of individual autonomy and the pursuit of knowledge, this statement is written in the belief that there is a reciprocal relationship and mutual accountability between supervisor and student

THE SUPERVISOR AND THE STUDENT:	
<p>THE SUPERVISOR:</p> <ol style="list-style-type: none"> Undertakes to provide guidance for the student's research project in relation to the design and scope of the project, the relevant literature and information sources, research methods and techniques and methods of data analysis. Will provide guidance at the commensurate NQF level requirements for autonomy and accountability that the student is expected to demonstrate. Has a responsibility to be reasonably accessible to the students. Will be prepared for meetings with the student. This includes being up-to-date on the latest work in his/her area of expertise. Will expect written work as jointly agreed, and will return that work with constructive criticism within a timeframe (a suggestion of 2-4 weeks) jointly agreed at the outset of the research. Will provide advice that can help the student to improve his/her writing. This may include referrals for language training and academic writing. The supervisor will provide guidance on technical aspects of writing such as referencing as well as on discipline specific requirements. Detailed correction of drafts and instruction in aspects of language and style are not the responsibility of the supervisor. Will guide the student in the production of a research report, dissertation or thesis. Provision should be allowed for adequate, mutually respectful, discussion around recommendations made. Will assist with the construction of a written time schedule, which outlines the expected completion dates of successive stages of the work. Will encourage the student to present work at postgraduate/ staff seminars/national/international conferences as appropriate. Will assist with the publication of research articles as appropriate. Will discuss the ownership of research conducted by the student in accordance with the University rules on intellectual property, copyright, guidelines on authorship/co-authorship, and policy on research integrity. Will ensure that the student is aware of the University's Plagiarism Policy, knows what plagiarism is, and what the consequences are for academic dishonesty and violation of research integrity and intellectual property. Will ensure that the student is made aware in writing of the inadequacy of progress and/or of any work where the standard is below par. Acceptability will be according to criteria previously supplied to the student. Has a duty to refuse to allow the submission of sub-standard work for examination, regardless of the circumstances. If the student chooses to submit without the consent of the supervisor, then this should be clearly recorded and the appropriate procedures followed. 	<p>THE STUDENT:</p> <ol style="list-style-type: none"> Takes full responsibility for the research and its successful completion; including managing the process under the guidance of supervisor (s). Will attend such courses and lectures that are compulsory for the degree, and undertakes to catch up fully on any work, lectures and/or assignments, that are missed. Undertakes to work independently under the guidance of the supervisor(s). This includes reading widely and critically to ensure that the seminal and current literature pertinent to his/her chosen topic has been identified, consulted and critiqued. Undertakes to work in accordance with the academic standards expected by the University for the commensurate NQF level of qualification. Is obliged to make appointments to consult the supervisor(s) and arrange meeting times convenient to both parties well in advance. Should submit written work for discussion with the supervisor(s) well in advance of a scheduled meeting. The kind and frequency of written work should be agreed with the supervisor(s) at the outset of the research. Written work that is submitted to the supervisor, including final submissions to examiners, should be relatively free from basic spelling mistakes, incorrect punctuation and grammatical errors. Responsibility for the accuracy of language, the overall structure and coherence of the final research report, dissertation or thesis rests with the student. Cannot expect the supervisor to be proof-reader and editor of his/her work or to approve work with any of the weaknesses spelt out in 7 above. Undertakes to heed the advice given by the supervisor(s) and to engage in discussion around suggestions made. Ultimately the student has to take responsibility for the quality, integrity and presentation of the work. Should strive to maintain a focus on his/her research area and to work diligently within the agreed time schedule. Take responsibility to comply with all the requirements related to the ethical clearance of his/her research before the research begins. Agrees to honour agreements about ownership of the research and in accordance with the University's guidelines and rules in relation to co-authorship, copyright and intellectual property. Will ensure that the work contains no instances of plagiarism, violation of intellectual property and research integrity standards, that all citations are properly referenced, and that the list of references is accurate, complete and consistent. Agrees to work in accordance with the criteria of acceptability as supplied by the supervisor(s). Undertakes not to place the supervisor(s) under undue pressure to submit work for examination until the supervisor is satisfied that it has reached an acceptable, examinable* level of quality.
<p>We confirm that we have read and understood this statement and agree to be guided by its principles for as long as we continue to work together.</p> <p>Name of student: <u>Rachel Swart</u></p> <p>Student Number: <u>1806663</u></p> <p>Student's signature: </p> <p>Name of Supervisor: <u>Hugo Canham</u></p> <p>Supervisor's signature: </p> <p>Name of Co-Supervisor: _____</p> <p>Co-Supervisor's signature: _____</p> <p>The broad area of study is: <u>Narrative recollections of living with parents with mental illness</u></p> <p>Provisional submission date is: _____</p> <p>Degree: <u>Master of Arts in Community-Based Counselling Psychology</u></p> <p>School: <u>Human and Community Development</u></p> <p>Faculty: <u>Psychology</u></p> <p>Date: <u>28/03/2022</u></p> <p>Specific agreements pertaining to: ownership, joint publication, funding, confidentiality and disclosures pertinent to the Certificate of Clearance and ETD Form which the student and/or supervisor are required to sign, must be attached to this agreement as and when appropriate and kept in the Faculty Office. In the event of disagreements between the supervisor(s) and student, the parties should act in accordance with the University Grievance Policy.</p> <p>*Note: Consent by supervisor(s) to submit work for examination does NOT guarantee that the work will pass. The appointed examiners assess and determine whether the work is of a passable standard.</p>	
<p>2021/05/01</p>	