The purpose of the present study was to give voice to fathers of young adult children diagnosed with schizophrenia within the last 10 years. A qualitative, phenomenological method was used to explore and describe the fathering experiences of the 6 volunteer participants. The findings suggest that mental health professionals should recognize the needs and important role of fathers in the lives of their children who have schizophrenia. Suggestions are provided for counselors working with this population.

The onset of schizophrenia in the family has been described as "a disaster in which all are victims of the event and its sequelae" (Terkelsen, 1987, p. 128). Early signs of the illness often occur during late adolescence or early adulthood when the child is often still living with his or her parents, especially for males. Females tend to have a later onset, often in their mid-20s (Hambrecht, Maurer, Hafner, & Sartorius, 1992). Schizophrenia is one of the most common of the major mental illnesses, with an overall 1% lifetime risk across cultures (Birchwood & Jackson, 2001; Jablensky, 1995). The illness can present with a range of positive symptoms, such as hallucinations, delusions, bizarre behaviors, and marked disorders of thinking, as well as negative symptoms, such as social withdrawal, impairment of attention, lack of energy, poverty of speech, or a blunting of drive or emotions (Andreasen, Roy, & Flaum, 1995). ("Positive" symptoms refer to "new behaviors that are clearly abnormal," and "negative" symptoms refer to symptoms that reflect "the loss of normal functions"; Pennington, 2002, p. 209.) It is well recognized that prolonged negative symptoms, especially when they persist over a number of years, result in a great emotional burden on the family and are associated with an increased likelihood of a poor prognosis (Birchwood & Jackson, 2001).

Despite the recognition that the illness results in enormous stress in the family, relatively few studies have focused on the experience of parenting an adult child with schizophrenia, and in particular the experiences of fathers. Early research implicated mothers (Fromm-Reichmann, 1948; Hajdu-Gimes, 1940) and, later, fathers and mothers in the etiology of schizophrenia (Bateson, Jackson, Haley, & Weakland, 1956; Lidz, Cornelison, Fleck, & Terry, 1957). These early theories implying parental responsibility have significantly contributed to the blame and guilt that have all too often characterized the relationships between parents of children with schizophrenia and mental health professionals (J. M. Atkinson & Cola, 1995; Terkelsen, 1987). Although it has been suggested that "when professionals blame mental illness on poor parenting, mothers take the majority of the blame" (Milliken, 2001, p. 160), fathers also have been implicated in their child's difficulties, in their interactions with their child, and in their relationship with their spouse.

There is strong evidence to indicate that the development of schizophrenia has a genetic component (Pennington, 2002). Recent studies have drawn attention to the possible roles of neurochemical processes and structural brain abnormalities (Pennington, 2002). However, the etiology of schizophrenia is not well understood (Birchwood & Jackson, 2001). With an emphasis on the biopsychosocial nature of schizophrenia, the vulnerability-stress model (Zubin & Spring, 1977) has gained some support. This model proposes that psychosocial stresses influence underlying vulnerability factors resulting in the emergence or exacerbation of psychotic symptoms.

Both quantitative and qualitative studies have contributed to the field's current understanding of the impact of schizophrenia on family members. For example, Brown, Birley, and Wing (1972) found a positive correlation between expressed emotion (critical comments, hostility, and emotional over-involvement) among family members, and the frequency of relapse in the family member who has schizophrenia. These findings have led to the assumption by many mental health professionals that families with high levels of expressed emotion "reflect[s] a stressful family situation that precipitates acute psychotic relapse in the schizophrenic family member and interferes with rehabilitative efforts" (Kanter, Lamb, & Loeper, 1987, p. 376). However, contrary to this assumption, in a recent quantitative study using a cross-lagged, panel analysis focused on examining the direction of influence between symptom severity in 29 adults with schizophrenia and the expressed emotion of their mothers, King (2000) found that expressed emotion appeared to be the effect of symptom severity rather than its cause. These findings further underscore the need for a greater understanding of the impact of schizophrenia on the family.
Further insight into the experiences of living with a family member who has schizophrenia was provided in a mixed methods study by Jones (1997), who explored the caregiver burden of 143 family caregivers, using telephone interviews and the Caregiver Burden Instrument constructed by Tessler (1989; Tessler & Gamache, 1994). The findings of this study suggested that individuals in various family roles experience subjective burden (a concept introduced by Hoenig & Hamilton, 1966) somewhat differently, an important consideration when seeking to understand the experience of fathers. The dominant subjective burdens voiced by the parental participants in Jones’s study resulted from the weariness associated with the long-term commitment to providing care, the ever present concern about the future when they would no longer be able to provide for their child’s needs, as well as feelings of guilt associated with having been blamed for causing their child’s illness. The largely qualitative research (Chesla, 1991; Crisanti, 2000; Howard, 1998; Milliken, 2001; Nyström & Svensson, 2004; Osborne & Coyle, 2002; Pauch, 1996; Pfeiffer, 2001; Ryan, 1993; Thorpe, 1994; Tuck, du Mont, Evans, & Sharpe, 1997) has contributed to a greater and richer understanding of the parenting experience than was possible with previous methods by giving voice to parents as they told their stories in their own language.

The few studies that have included both mothers and fathers (Chesla, 1991; Milliken, 2001; Tuck et al., 1997) have drawn attention to forms of parental caregiving, the impact of the diagnosis on the parental experience, and the changing nature of parental roles over the course of the illness. In one of the earliest studies, Chesla, using a hermeneutic phenomenological approach with 21 parental caregivers, reported that although both mothers and fathers were represented in engaged, conflicted, and managed forms of caregiving, only fathers were represented in the distanced form of caregiving—characterized by a dependence on the child’s mother to provide the direct care the child needed. Tuck et al. (1997), in their phenomenological study of the experience of 9 primary caregivers (2 fathers and 7 mothers), described the impact of the diagnosis of schizophrenia as “a destructive force that interrupts and radically transforms the normative family life trajectory” (p. 118). Caregiving after the diagnosis, for the parents in their study, was characterized by endless caring and learning to live with constantly changing levels of hope and despair. In her study of the experience of 29 parental caregivers, Milliken drew attention to the changing nature of parental roles over the course of their child’s illness. Using a grounded theory approach, she described a process of “redefining parental identity” (Milliken, 2001, p. 149), which included becoming marginalized and disenfranchised as a parent; becoming involved with other parents in a support group; becoming actively involved in volunteer work; and, finally, refocusing on themselves and their own needs.

Studies that have specifically addressed the experience of mothers of adult children with schizophrenia provide a springboard for questions about the experience of fathers. The studies (Pauch, 1996; Ryan, 1993; Thorpe, 1994) have drawn attention to the contradictory nature of mothering an adult child with schizophrenia, the “interminable” nature of the mothering experience, the support needs of mothers, mothering as a return to patterns of mothering when the child was young, as well as the nature of grief and loss as experienced by mothers.

A thorough review of the research literature revealed only three studies that specifically focused on the experience of fathers of adult children with schizophrenia (Howard, 1998; Nyström & Svensson, 2004; Pfeiffer, 2001). Many of the fathers who participated in these studies were moved to the point of tears as they told their stories (Howard, 1998; Pfeiffer, 2001). One father described his experience as “a life-crushing event” (Howard, 1998, p. 409). Similar descriptions voiced by other fathers suggest that fathers of children diagnosed with schizophrenia may be profoundly affected by their experiences.

In the first of these three studies, Howard (1998) used a qualitative naturalistic method with semistructured interviews to explore the caregiving involvement of 12 fathers of adult children with schizophrenia whose wives were reportedly the primary caregivers of their children. These fathers described themselves as caregiver helpers involved in “direct monitoring of the child during times of crisis and following hospitalizations; and assisting in decisions about medical treatment, education, work, and housing” (Howard, 1998, p. 406). The ongoing concerns voiced by these men involved finances, stressful disruptions in the life of the family caused by the illness, the struggle to give quality time to family members who are well, as well as the future care of their mentally ill child. The early years of the developing illness were reported to be the most stressful. When asked to compare the severity of the experience of caring for an adult child with schizophrenia with other difficult life events (e.g., abuse as a child, serious illnesses, death of a loved one, and war experiences), without exception, the fathers in Howard’s study stated that the experience of caring for an adult child with schizophrenia was the most difficult experience of their lives.

Pfeiffer (2001), in her qualitative phenomenological study, explored the experience of 28 fathers of adult children with schizophrenia spectrum disorders. As with the Howard (1998) study, the fathers in Pfeiffer’s study reported that the early phases of the illness were the most difficult. These men reported ongoing concerns about their child’s everyday well-being, as well as fears about their child’s future, especially fear of the recurrence of psychotic episodes that could compromise their child’s safety or the safety of others. Some fathers reported that they felt guilty about their inability to protect their families from the effects of the illness. Without exception, every participant was highly critical of the mental health system in crisis situations. They reported “a spectrum of experiences with mental health professionals [ranging from] ... extremely helpful to downright injurious and destructive”
Experiences of Fathers Who Have Children Diagnosed With Schizophrenia

(Pfeiffer, 2001, p. 169) in relation to in-patient settings. Out-patient care was reported to be more favorable: Professionals "who took a special interest in their child" (Pfeiffer, 2001, p. 169) were particularly appreciated by these parents. Pfeiffer also noted that the fathers in her study expressed a sense of loss related to their child's inability to function in a vocation. For some of the fathers in her study, enabling their child to be self-reliant was symbolic of successful fathering. The majority of the fathers stated that the experience of living with schizophrenia in the family had not adversely affected their marriage relationship, and some reported becoming more invested in their families as a consequence of their child's illness.

The most recent study of 7 fathers of adult children with schizophrenia, by Nyström and Svensson (2004), used a qualitative hermeneutic approach to explore and interpret their fathering experiences. An overarching theme of "the struggle to regain control" emerged in this study. Eight aspects of the struggle for control were identified as part of a continuum "from losing control to successively regaining it" (Nyström & Svensson, 2004, p. 368). The participants in Nyström and Svensson's (2004) study described an initial state of chaos, stress, and shock (p. 368) when confronted with the symptoms of schizophrenia. These fathers also reported feeling disrespected and humiliated by mental health professionals who did not understand their experience and blamed them for their child's difficulties. As the fathers became aware of the long-term consequences of living with a child with schizophrenia, they struggled with feelings of grief and loss. Nyström and Svensson (2004) suggested that the process of grieving was "necessary in order to regain control and adapt to the situation" (p. 371). After a period of grieving, the fathers in this study, similar to the fathers in the Howard (1998) and Pfeiffer (2001) studies, took on the role of "provider of practical support" (Nyström & Svensson, 2004, p. 371), whereas their spouses tried to provide emotional support. In contrast to the fathers in the Howard and Pfeiffer studies, all of the fathers in Nyström and Svensson's study reported that their relationships with their wives were negatively affected by their experience. All but 1 father pointed to the negative impact of family education interventions on their marital relationships.

Although these studies have provided valuable insight into the fathering experience, they are incomplete. Most of the participants were interviewed 15 to 25 years after their child had been diagnosed. Given the changes in the family structures and parental roles, as well as changes within the mental health system over the past few decades, the experience of fathering an adult child diagnosed within the last 10 years may be different. Delimiting the study to fathers whose children were diagnosed within the last 10 years also increased the likelihood that participants would be able to accurately recall and reflect on the differences in their fathering experiences before and after their child's diagnosis. The purpose of the current study was to provide a greater understanding of the experience of fathering a young adult child with schizophrenia by giving voice to fathers whose children had been diagnosed within the past 10 years. The following is the research question guiding this study:

What is the meaning and lived experience of fathers whose young adult children have been diagnosed with schizophrenia within the past 10 years?

Method

A phenomenological approach was used to explore and describe the experiences of the 6 fathers of young adult children with schizophrenia who participated in this study. This inductive qualitative approach focuses on uncovering and describing "the internal meaning structures of lived experience" (Van Manen, 1992, p. 10). The goal was to provide as rich an understanding of the phenomenon of fathering an adult child with schizophrenia as possible (Colaizzi, 1978; Van Manen, 1992).

Participants

The participants were recruited through notices distributed to support groups and community mental health clinics in a large, metropolitan West Coast city. Six fathers of young adult children with schizophrenia (four adult children had been diagnosed for approximately 4 years, two had been diagnosed for 8 years) volunteered to participate in this study. Consistent with the developmental literature, for the purpose of this study, young adulthood was defined as 18 to 35 years of age. Despite an attempt to recruit a diverse group of participants, all of the participants were middle-class Caucasian men. Four of these men were middle-aged fathers in their late 40s and 50s, 1 was in his early 60s, and 1 was in his early 70s. Five of the participants had a son with the illness, and 1 had a daughter with the illness. These children ranged in age between 18 and 31 years. At the time of the study, 5 of the participants stated that their child's illness was relatively stable and the child was living semi-independently out of the parental home. Only the most severely ill child was still living at home.

Procedure

An audio-taped, minimally structured data collection interview was conducted with each participant by the first author, who is a mother of a young adult child with schizophrenia. The first author worked very closely with the second author, who has extensive experience with phenomenological methodology but no personal experience with schizophrenia, to check the potential for bias or leading during the interviews. Presuppositions were articulated prior to the onset of the study, and consistent efforts were made to ensure that these presuppositions were bracketed throughout the data collection and process of analysis. Thoughts, feelings, and reactions were logged in process notes throughout the study. The results of each step of the data collection and data analysis processes
were reviewed with the second author, and all participants validated the findings as being accurate reflections of their experiences of fathering their children who have schizophrenia. The interviews ranged in length from 1 1/2 to 2 1/2 hours and took place in a private setting. A statement was read at the beginning of the interview to orient the participants to the study. They were then invited to share their fathering experiences, before and after their child’s diagnosis. Open-ended questions were used to facilitate a rich description and in-depth exploration of the participants’ experiences (e.g., How did your experience of yourself as a father change as a consequence of coping with your child’s illness?). Every attempt was made by the researcher (first author) to allow the participants to articulate their lived experiences of fathering children with schizophrenia (Colaizzi, 1978).

The data were analyzed according to the seven steps of phenomenological analysis outlined by Colaizzi (1978). The audiotapes of each interview were transcribed verbatim. The protocols were read several times to gain a feel for them. Significant statements regarding the experience of fathering an adult child with schizophrenia were extracted from each protocol. The researchers (first and second authors) then strove to illuminate the thematic meaning of each significant statement. The aforementioned steps were repeated for each protocol, and meanings were aggregated into common themes that reflected the experience of the 6 fathers of young adult children with schizophrenia who participated in this study. During a brief interview following completion of the data analysis, the fathers validated that the findings were an accurate reflection of their fathering experiences.

Results

Six common themes emerged from the data analysis. The way in which these themes were experienced by, and reflected in, the stories of the participants varied according to each father’s individual situation, as well as the severity and course of his child’s illness. The order in which the following themes are presented and discussed is not meant to reflect their importance or relevance in the lives or stories of these fathers:

1. Reflection on roles and responsibilities
2. A sense of devastation and vulnerability
3. A sense of sadness and loss
4. A sense of frustration with the mental health system
5. A sense of admiration for their child
6. Personal growth and learning

Wherever possible, direct quotes from the participants are used to illuminate the essence of each thematic description.

Reflection on Roles and Responsibilities

The participants in this study reflected on their roles and responsibilities (a) before the onset of their child’s illness, (b) as signs of the illness began to emerge, (c) in the early stages of the help-seeking process, and (d) after their child’s diagnosis was confirmed. Reflecting on their roles and responsibilities before the onset of their child’s illness helped these fathers make sense of the roles and responsibilities they assumed after the onset of the illness. Some experienced a sense of affirmation as they reflected on their early roles and responsibilities before the onset of their child’s illness, and others reported feelings of remorse and regret. Those fathers who experienced a sense of affirmation continued to build on the strengths and values that had shaped their early fathering roles before their child became ill. For example, 1 father, who had raised his sons on a cattle ranch, talked about how he used the values he had instilled in his child when he was young, such as meeting the challenges of life head-on, to help his son. Another father put it this way: “I would probably walk through a wall for him. . . . that’s just sort of the way I view how important he is in my life.” The participants who experienced a sense of regret and remorse as they reflected on their early fathering roles and responsibilities made intentional decisions to father differently as their child became ill. Personal growth and change became an important part of the fathering experience for these men.

As signs of the illness began to emerge, some of the fathers in this study tried to normalize their child’s confusing and sometimes aggressive behavior by making sense of it in light of their own experiences. One father put it this way: “I thought, OK he’s just a lot like me. I can work with him. I can see exactly where he’s coming from. But it seemed like it became more than that.” Later these fathers struggled with feelings of guilt as they blamed themselves for not recognizing the signs of their child’s illness earlier. The sentiments of participants regarding their failure to recognize early signs of their child’s illness were captured in the words of 1 father: “We always said we should have realized it sooner.” Perhaps unique to the fathers in this study, when they recognized their child’s need for help, all of them became actively involved in seeking help for their child. They were committed to finding ways of working through the help-seeking process together with their spouse, although this was reportedly more difficult for some fathers than for others. One father recalled saying to his spouse: “We’re going to make ourselves crazy. . . . I would prefer that we do this together.”

After their child’s illness was diagnosed, the participants in this study recalled making a point of learning as much as they could about the illness. In the words of 1 father: “It was really a period of learning. I was—we were—researching schizophrenia like mad.” As they became aware of possible genetic links in the etiology of schizophrenia, most fathers began to look back through their family history for some genetic link to the illness. For some fathers, this exacerbated feelings of self-blame. Reflecting the feelings of several participants, 1 father stated: “I blame my genetics for her condition.” As their child’s illness progressed, the fathers in this study reported assuming supportive roles to help their child cope with the limitations
of his or her illness. In times of crisis, they did their best to keep their child safe. Several of the fathers in this study have extended their support to others by taking on active roles to help others understand schizophrenia, some through self-help groups and educational organizations. In looking ahead, all of the participants reflected on their responsibility to provide and plan for their child's future. Their commitment was summarized in the following ways: "As a parent, I think parents should be there through thick and thin." "Our role is still to be the parent and do the best for him." "We have to make him have as good a life as possible . . . that's all we can do."

A Sense of Devastation and Vulnerability

Another theme that emerged in the stories of these fathers was a sense of devastation and vulnerability. This sense of devastation and vulnerability was experienced when their child received the diagnosis of schizophrenia, as they began to face the realities of living with a child with schizophrenia, and especially during crisis situations. Some fathers also reported a sense of vulnerability as they witnessed the effects of stress in their families and as they struggled with the limits of their control over the course of their adult child's life and illness. The sense of devastation and vulnerability was most poignantly reported, at the time of the data collection interview, by the father whose child was the most acutely and severely affected by the illness. The devastating impact of hearing the diagnosis at the psychiatrist's office was described by 1 father in the following words:

When he said that our daughter has schizophrenia, I just felt like the bottom had fallen out of my world and I felt very sad for my daughter. I felt like it was a death sentence for her and I was mute. I have to say I felt hopeless at that time . . . the other word is powerless.

The sense of devastation and vulnerability experienced by fathers as they became aware of the realities of living with schizophrenia for their families was described by 1 participant in the following way:

We were really hoping for a quick fix. I think most families are. Give him the right diagnosis, give him the right medication—things will be all right. It was a real eye opener when we started to realize that this was going to be a long, painful journey.

Crisis situations were reported by participants to be times of particularly acute devastation and vulnerability. Some fathers described a heart-breaking sense of devastation when their intervention was interpreted by their child as betrayal, abandonment, and rejection. As 1 father put it,

We brought him back to the hospital—forced him back. It was just horrible—and he was crying and angry and it was devastating. It was another major, major blow to us . . . Then he didn't want to see us—was holding it against us.

Another father, who initially stated that he was a man who did not show much emotion, described his experience of being with his son in a padded room of the emergency department in the following words: "I remember grabbing on to him and just saying, you know, that I love him and actually crying with him. And it was really weird because I don't do that . . . but I was just like—devastated." The following participants' statements summarize the sense of devastation and vulnerability experienced by the fathers in this study, as they attempted to cope with the reality and ongoing nature of their child's illness: "It's sort of like death." "It's probably the most devastating thing you can have in your life."

A Sense of Sadness and Loss

The participants in this study experienced a sense of sadness and loss related to their child's life, as well as to their own personal lives. Five specific losses were identified: loss of who their child once was, loss of their child's potential to be a productive contributor to society, loss of their dreams for their child's future, loss in their own lives and families, as well as loss of their hopes and dreams for their own future. These losses were experienced to varying degrees and in different ways by the fathers in this study.

The "loss of who their child once was" was particularly poignant for those participants whose adult children with schizophrenia exhibited a marked decrease in their level of functioning after the onset of the illness. One father described his son's current life as "not much of a life . . . It's just kind of existing. He doesn't have that energy—that get up and go and that drive that he always had." The loss of the potential to be a productive member of society was described by 1 father in the following words: "I really did feel he was going to make a mark in the world. I realize now that that's not going to happen. I can see that the illness has really taken away a lot of that potential." The participants in this study also talked about the loss of their hopes and dreams for their child's future. "So that image, the image of him being successful—of having a great life, is gone."

All of the participants also expressed a sense of sadness and loss in relation to their own present lives. Lifestyle adjustments were reported by all as being necessary for these fathers to meet the needs of their adult children with schizophrenia. Some reported a loss of freedom, joy, and pleasure in life, as well as losses in terms of physical health. In the words of 1 father as he reflected on the personal costs to himself and his wife: "The stress and everything—and the worry—it did age us for sure." Regarding the loss of their hopes and dreams for their own future, 1 father lamented: "I really feel the responsibility to care for our son is mine. So I still give up everything to have the responsibility, but I'm quite upset about the fact that I'm getting older and I don't know, I just won't be able
to do what I wanted to do.” Another father put it succinctly when he said, “It’s not our idea of something as a retirement gift.” Perhaps the impact of loss for these participants is best summarized by the father who said, “This was a huge loss. The death of my father, the death of my mother, other deaths I’ve experienced—I’ve never felt like I did when my child was diagnosed with schizophrenia.”

A Sense of Frustration With the Mental Health System

A sense of frustration with the mental health system was another theme common to the experiences of the participants in this study. The sense of frustration was experienced to different degrees and in response to different aspects of the mental health system. The help-seeking process was reported to be frustrating as most of the participants struggled to make sense of multiple, inconsistent opinions from mental health professionals regarding their child’s illness. As one father put it, “Here’s another psychiatrist telling me another story—just a different page. Is this person right? You get these different stories and you don’t know what to believe.” Some fathers reported a sense of frustration with the lack of resources or difficulty accessing resources to help them support and care for their child. In the words of one participant:

There was no easy way to access anything. . . . You know, it’s fine to say that resources are there, but there was nothing that allowed us to feel like it was part of—not a right, but something that is good to do—part of what we should be doing.

The fathers described their frustration with hospital admission procedures in crisis situations. One father stated, “Sometimes when we went to the hospital we have spent up to five hours in emergency to get him hospitalized. And we’re afraid our son will bolt on us.”

Frustrating and difficult interactions with mental health professionals were also reported by several fathers. For example, one father, who felt that his reports concerning his son’s severe functional impairment were not taken seriously by the mental health professionals he consulted, stated, “There were bad feelings on our part because a lot of the way through . . . we felt we were being criticized. Like—these people [mental health professionals] a lot of them think that they know more, yet we’re the ones who have been with this person their whole lives.” Some fathers also reported feeling particularly frustrated in response to decisions made by mental health professionals regarding hospital discharge planning and leave agreements. In the words of one dad, “They let him out of the hospital and he became psychotic again. I tried to take him back in and they said, ‘there are no beds.’ I said, ‘That’s your problem. He’s certified. You’re supposed to have a bed for him.'” Several fathers also expressed frustration with other parents of adult children with schizophrenia who appeared to have abandoned their kids.

Despite the number of frustrations experienced by the participants in this study, it is important to note that they were thankful for positive aspects of the mental health system such as improvements in the area of housing for mental health consumers; the availability of mental health allowances; and the help received through the programs offered by government-funded health, education, and support services for mental health consumers and their families. Gratitude was also expressed by the participants for the help received from specific mental health professionals who were described as very understanding, willing to take time to make accurate assessments, and prepared to give accurate information and involve parents “right off the bat.”

A Sense of Admiration for Their Child

The 5 participants in this study whose children were relatively stable and actively taking steps toward independence expressed admiration for their child as they told the stories of their fathering experiences. The father who did not express a similar sense of admiration for his child was the father of the most severely ill child, a child who, at the time of the interview, required a great deal of parental caregiving at home. Several fathers expressed admiration for their child’s courage and strength. One father put it this way: “He’s fought the illness. It’s maybe been counterproductive the way he’s fought it, but I’ve had to admire his courage. He has tremendous courage.” Several fathers reported a sense of admiration for their child’s ability to accept the limitations of his or her illness and to do their best within those limitations. For example, one participant who described his daughter as a hero said: “She accepted what was going on and embraced it—and didn’t try to fight it. I could not believe the strength of that.” Another father put it this way: “I’m proud of the kid actually. I’m really proud of him. I mean he’s gone out there. It looks like he’ll beat the odds—[yet], he still has the problem [schizophrenia].”

A sense of admiration was also expressed by some fathers for the ways in which their child was “giving back.” These fathers admired their child’s openness, honesty, and willingness to talk about his or her illness. One father, on hearing his son speak as a mental health consumer at a mental health conference, expressed his admiration in the following way:

There he was. He had a suit on and he looked like a million dollars and he just had this air of confidence and I thought he’s going to be fine. He just blew me away—and it reminded me of some of the things he was capable of doing before he became ill.

Several fathers spoke with pride as they described their child’s involvement in volunteer work, such as the father who said, “My son’s been involved with the Mental Health Association as a volunteer. Goes downtown a couple of times a week, answers the phone, gets information to people.” The sense of admiration experienced by the participants may best
be summarized by the father who said, “I’m prouder than hell of the kid, that he’s come as far as he has.”

**Personal Growth and Learning**

Another theme that was common to the fathers in this study was personal growth and learning. These men talked about how, throughout the course of their child’s illness, they gained a greater understanding of themselves as fathers. For example, one father reported having gained a greater awareness and understanding of his strength as a father. He put it this way: “I just feel like—I have to compliment myself and say I’m a strong person—because it just makes me realize that—when I talk to other parents who, when faced with this situation, couldn’t do it.”

Another father reported having gained, throughout the course of his child’s illness, a new perspective on and appreciation of his ability to change. In his words: “I think it’s a real eye opener to me to see how I can change... What I do know is that I’m willing to do it. It’s a fight between who I am and what I need to do for this child, right?”

For some fathers this increased self-understanding reportedly helped them make meaning of their fathering experiences and influenced them to make major personal and lifestyle changes. In the words of one participant, “As you go on you understand that it really doesn’t matter what your children do—it’s what you do for them.” Another participant described how the experience of watching his daughter deal with her illness prompted him to come to grips with issues from his own past. He reflected on how his experience of fathering his daughter who had schizophrenia when he said, “[It] became a portal and a gateway to be able to accept some of the things that happened to me in my life.”

Most of the participants in this study poignantly reflected on how they gained personally through discovering the depths of their love for their child. As one father put it, “Certainly we probably love him as much, if not more, because you just—It’s something we’ve been through together.” Another father said, “You know, in a positive way it has made me develop a father-son relationship that I should have developed a long time ago.” These fathers also reported a greater commitment to their marriage and their family since their child’s diagnosis. For example, one father stated, “I think, if anything, all of this experience strengthened our marriage—brought us closer together. We certainly have a common problem and we need to work together to deal with it.” Several participants also reported a sense of gratitude. In the words of one father, “She’s allowed me to look at myself and realize that I take things for granted. I feel like I’ve been given a gift, you know.”

Well, my marriage is stronger. The relationships in the family are stronger. I have met some wonderful people. We have had wonderful support from the couple’s group in our church and I think—I’m more compassionate—less judgmental.

**Discussion**

Although the sample in the current study was small and highly homogeneous, the results extend the findings of previous research examining the experiences of fathers of adult children with schizophrenia (Howard, 1998; Nyström & Svensson, 2004; Pfeiffer, 2001). They also provide additional insights that have important implications for counseling. As in the case of these previous studies, the fathers in the current study were profoundly affected by their experiences of learning about, understanding, and living to live with the reality and ongoing challenges of their child’s mental illness. Devastation was a common feeling reported by these fathers on confirmation of their child’s diagnosis of schizophrenia. The early years of the developing illness were reported to be extremely difficult, marked by confusion, crises, cycles of hope and despair, as well as an underlying anxiety regarding the possible long-term implications of living with the effects of the illness. As recommended by Nyström and Svensson (2004), it is important that counselors be aware of the impact of the experience of fathering an adult child with schizophrenia and seek to understand a father’s “life-world” (p. 363) by sensitively and actively listening to fathers as they tell the story of their experience. It may be particularly important to validate and normalize the emotions associated with the sense of devastation and vulnerability experienced by fathers in the early stages of coping with their child’s illness.

Many of the participants in this study reported becoming frustrated by multiple inconsistent opinions from mental health professionals during the help-seeking process—particularly in the early stages when they were seeking an explanation for their child’s behavior. Participants also described difficult interactions with some medical and mental health professionals in their attempts to access adequate care and support for their child. Difficult interactions between families and mental health professionals are well documented in the literature (J. M. Atkinson & Coia, 1995; Crisanti, 2000; Milliken, 2001; Nyström & Svensson, 2004; Terkelsen, 1990) and are often cited as sources of parental feelings of self-blame and guilt. For example, Nyström and Svensson (2004) suggested that the negative interactions with mental health professionals reported by the fathers in their study resulted in “the assignment of the role of being a failure as fathers” (Nyström & Svensson, 2004, p. 369). This profoundly affected their participants’ self-esteem, as well as “paralyzed for a long time their power of initiative” (Nyström & Svensson, 2004, p. 369). As recommended by Perkins, Nieri, and Kazmer (2001), it may be helpful for counselors to enquire about negative help-seeking experiences and provide a safe nonjudgmental environment where negative and frustrating experiences can be processed and the difficulty of establishing a diagnosis normalized.
It is interesting to note that the feelings of self-blame and guilt reported by the fathers in the current study were related to their frustration in not being able to access help for their child in the early stages of their child's illness, as well as their concerns about possible genetic links in the development of schizophrenia as opposed to being blamed for their child's behavior. Although they attempted to understand and normalize their child's early struggles by drawing comparisons with their own personalities or adolescent acting-out behaviors, they did not perceive that their parenting skills were implicated in these difficulties. This difference between the findings of the current study and those of previous studies is encouraging and may be an indication that the effects of some of the early theories that have implicated parenting as a causal factor in the development of schizophrenia are becoming less prevalent. It is clear that the participants in the current study wanted helpers to understand that they loved their child, wanted to help, and knew their child in ways that a professional never can. This finding underscores the need for counselors and all mental health professionals to recognize and value the desire of fathers and their important role in contributing to their child's care.

After their child received the diagnosis of schizophrenia, the participants in the current study entered a period described by 1 participant as a time of “researching schizophrenia like mad.” Having information on the nature and course of the illness helped them understand and appreciate the challenges faced by their child as well as helped them know how best to provide support. It is important, then, that counselors anticipate parents’ desires to educate themselves as fully as possible about the nature and course of their child’s illness, and counselors should be prepared to supply accurate and current information (Howard, 1998; Nystöm & Svensson, 2004; Perkins et al., 2001; Pfeiffer, 2001). References and reading lists accessible through informative Web sites (e.g., www.schizophrenia.ca, www.cmha.ca, and www.mnh.org), and referrals to local medical and mental health agencies and support groups, may be helpful, as well as practical information about how to assess risk and when to call for emergency intervention. Counselors can also play a valuable role in debriefing crisis situations and in validating the commitment, courage, and strength it takes for parents to take action, especially when faced with the necessary, involuntary hospitalization of their child during psychotic episodes.

The findings also underscore the profound sense of sadness and loss experienced by these fathers as they faced the ongoing challenges of their child's illness. Although feelings of sadness and loss have been well documented in the literature on parenting a child with a mental illness (S. D. Atkinson, 1994; Davis, 1998; MacGregor, 1994; Miller, Dworkin, Ward, & Barone, 1990; Milliken, 2001; Nystöm & Svensson, 2004; Pfeiffer, 2001; Thorpe, 1994), “loss of who their child once was” and “loss of their hopes and dreams for their own future” were themes not specifically identified or addressed in the literature that has focused on the experience of fathers of children with schizophrenia. Perhaps these losses are more poignant for fathers in the early stages of their child’s illness, as they attempt to adjust to the often dramatic differences in their child's personality and behavior before, and then after, the onset of their illness, and as they try to come to terms with the implications of their child’s illness concerning their own life plans and expectations regarding their parenting roles and responsibilities. Counselors can play an important role in helping fathers identify and work through the myriad of losses—for their child, for their families, and for themselves—following a diagnosis of schizophrenia by listening to and validating the stories of loss (Grams, 1996). Because schizophrenia is an illness that affects the entire family system, couple and family work similar to the emotionally focused approaches used during stressful family transitions (Dankoski, 2001) may also be useful to assist all family members in integrating this new reality into their individual lives and into the family system. The fathers in this study reported that they were committed to parenting together with their spouse, and acknowledged the challenges involved in this process. Counselors can provide a safe environment where couples can address these challenges.

Another theme in the current study that has not been reported in previous studies is the theme of “reflection on roles and responsibilities.” This process of reflection on fathering experiences appeared to help the participants make meaning of the roles and responsibilities they assumed after their child became ill and led to a deeper commitment for each of these fathers to the relationship they had with their child. Counselors are encouraged to facilitate this reflective process by asking fathers questions such as, “As you reflect on your fathering role before and since the onset of your child's illness, have these roles changed? And, if so, how?”

Consistent with the process of reflecting on, and making meaning of, their experiences of fathering their mentally ill children, when asked to reflect on the “gains” and what they have learned about themselves as fathers as a consequence of their experiences, the fathers in the current study identified, among other things, “strength,” “commitment,” and “compassion” and “greater closeness.” Although acknowledging and grieving the many losses associated with fathering a child with schizophrenia is important work, so too should counselors help fathers explore the ways in which they have gained personally from their fathering experiences. Sensitivity to appropriate timing when undertaking this type of exploration will no doubt be important. Given a trusting and caring therapeutic relationship at a stage when fathers are not dealing with a child in crisis, this type of exploration may facilitate new insights and be a source of strength and encouragement.

Unique to this study was the finding of profound admiration for their child on the part of all but 1 of the fathers in this study. The 5 participants whose adult children were relatively stable and taking steps toward independence were united in their pride and appreciation for the many ways their children faced and coped with their illness. Words like “courage” and
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“hero” characterized their perceptions of their children. A factor that may have influenced the emergence of this theme was the bond that the fathers in the current study had with their child, as well as their commitment to, and the extent of their involvement in, ensuring their child's well-being throughout the course of his or her illness. Consistent with the recommendation to focus on gains rather than just losses, parents of children who are mentally ill may also benefit from a focus on their child's strengths in the face of the many challenges they face. Timing, however, may be important. Questions that attempt to explore areas of courage and strength may be inappropriate with parents whose children are severely ill. For example, exploring strengths with the father of the child who was most severely ill in this study may have magnified his awareness of his child's losses rather than his strengths and resulted in a greater sense of discouragement. Finally, the findings of this study suggest that specialized professional development opportunities should be included in the training of counselors who work with this unique population.

Limitations and Implications for Future Research

The findings of the current study are necessarily limited by the size and ethnic homogeneity of the sample, as well as the degree to which the participants were willing and able to articulate their experiences. It is possible that the 6 fathers who participated in this study were highly motivated to share their experience. From the outset of their child's illness, the participants reported becoming mobilized to seek answers and find help for their child, suggesting that these participants may not be representative of many fathers who are faced with the challenges of parenting a child with schizophrenia. It is also important to note that phenomenological research never claims to be complete. This study represents an initial attempt to give voice to, and to better understand, the experience of fathers of young adult children with schizophrenia.

With these limitations in mind, it will be important for researchers to continue to refine these themes and learn more about this phenomenon, by exploring the experiences of diverse groups of fathers who are parenting children of all ages with schizophrenia. Of particular interest would be differences in the experiences of fathers for whom a genetic predisposition for schizophrenia runs in the family. With only 1 father—daughter pair in this study, it may also be important to explore similarities and differences in the experiences of fathers parenting daughters versus sons with schizophrenia. Also, the fathers in this study were parenting within intact marriages. It would be useful to explore the experiences of both parents and better understand the impact of parenting a child with schizophrenia, on the couple and on the family unit. The experiences of sole support parents of children with schizophrenia also warrant further investigation. Finally, mental health professionals working with these families may be a valuable resource in helping to identify the support and counseling needs of these families and the training needs of those interested in working with this population.

References


