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The Effects Of Parental Chronic Mental And Physical Illness On Psychological Distress, Perceived Social Support, And Resilience: A Comparison Of Maternal And Paternal Differences

Kamran Sher,[1] Faiza Naeem Mughal[2], Sana Faryad[3], Fouzia Iftikhar[4], Muhammad Saleem Qamar,[5] Zunaira Sharif,[6] Rabia Khaliq[7]

Abstract

This research delves into the repercussions of parental chronic mental and physical illness on adolescent psychological distress, perceived social support, and resilience. Despite the pivotal role of these factors in shaping adolescent development, there exists a gap in understanding their interplay within these variables. Therefore, this study aims to elucidate the impact of parental chronic illness on adolescents' psychological distress, perceived social support, and resilience. The primary objective is to investigate the influence of parental chronic illness on adolescent psychological distress and resilience, while emphasizing. Additionally, the study seeks to examine the correlation between adolescent psychological distress and both perceived social support and resilience. Furthermore, it endeavors to compare the experiences of adolescents with parents facing chronic mental illness (receiving clinical treatment) versus those with chronic physical illnesses (cardiovascular diseases, diabetes, cancer). Furthermore, study also examen the effect of maternal and paternal psychological and Physical illness on adolescence. Employing a purposive sampling technique, with quantitative measures, inclusive criteria encompass adolescents aged 12 to 18 who have been exposed to their parent's chronic illness for at least one year. Data collection involves administering four validated questionnaires: the Revised Child Anxiety and Depression Scale (RCADS), Multidimensional Scale of Perceived Social Support (MSPSS), Connor-Davidson Resilience Scale (CD-RISC), and a demographic sheet. Data collection begins with obtaining ethical approval and recruiting participants from various schools in Faisalabad (District). Data were collected from 140 individuals in two groups, one comprising adolescents with parents suffering from chronic mental illness (n=70) and the other with parents facing chronic physical illnesses (n=70). The results of the comparison show that the level of perceived social support and resilience is higher among those whose parents have physical illnesses. Moreover, psychological distress is higher among children of parents with mental illnesses. Limitations include data collection from a specific geographic area and the restriction of the age range to adolescents aged 12 to 18. Recommendations for further research are provided to expand upon the findings and explore additional avenues for investigation.

[1] Corresponding Author: Lecturer, Govt Post Graduate Collage of Science Faisalabad.
Email. chaudharykamran810@gmail.com, PH # +92 306 6751636, Adress P # 315, St # 04 D.type asim town

[2] Principal Author: Student Wellbeing Counselor, Beaconhouse School System, Main campus FSD
[3] Clinical Psychologist at Maaz Hospital
[4] Community Counselor in Active Help Organization
[5] Clinical Psychologist at Mind & Soul Cafe, Faisalabad
[6] HOD Psychology Department, at Faisal Institute of Health Sciences
[7] Visiting Lecturer at International Islamic University (IIUI), Islamabad

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Introduction

The relationship between parental health and adolescent well-being is a topic of increasing importance in psychological research. Adolescence, marked by rapid physical, cognitive, and emotional development, is a critical period where parental influence significantly shapes the trajectory of mental health and resilience. In particular, the presence of chronic parental illnesses, whether mental or physical, poses unique challenges and stressors for adolescents as they navigate their own developmental milestones. While the impact of parental illness on children has been explored, there remains a significant gap in understanding how chronic mental and physical illnesses specifically influence adolescent psychological distress, perceived social support, and resilience. This research aims to address this gap by examining the intricate interplay between parental chronic illnesses and adolescent well-being. Parental chronic illnesses, whether mental disorders such as depression, anxiety, or schizophrenia, or physical conditions like cardiovascular diseases, diabetes, or cancer, can exert profound effects on family dynamics and the psychosocial development of adolescents. The experiences of adolescents growing up in households affected by chronic illness are complex, encompassing a range of emotional responses, coping mechanisms, and social support networks (Barkmann, Romer, & Watson, (2007); Compas, Jaser, Dunn, & Rodriguez (2012))

Understanding the differential impact of mental and physical illnesses on adolescent well-being is crucial for tailoring effective interventions and support systems. Adolescents facing parental mental illness may encounter stigma, unpredictable caregiving environments, and heightened emotional distress, while those with parents battling physical ailments may grapple with caregiving responsibilities, uncertainty about the future, and altered family dynamics. Moreover, the availability and quality of perceived social support, (Barkmann, Romer, & Watson, 2007) defined as the perception of assistance and understanding from family, friends, and significant others, play a pivotal role in buffering the adverse effects of parental illness on adolescent mental health. Resilience, the capacity to adapt positively in the face of adversity, emerges as a key protective factor that can mitigate the impact of parental illness on adolescent psychological well-being. By investigating the relationship between parental chronic mental and physical illnesses and adolescent psychological distress, perceived social support, and resilience, this study seeks to illuminate the nuanced dynamics at play. Insights gleaned from this research have the potential to inform targeted interventions, support services, and preventive strategies aimed at promoting the well-being of adolescents growing up in families affected by chronic illness (Beardslee, Versage, & Gladstone, 1998).

Literature Review:

Adolescence is a pivotal period marked by significant physical, cognitive, and emotional changes, during which parental influence plays a critical role in shaping developmental trajectories (Steinberg, 2014). The presence of parental chronic illness during this formative stage can have profound implications for adolescent well-being, with long-lasting effects extending into adulthood (Compas et al., 2012). Research indicates that adolescents living with parents who have mental illnesses, such as depression and anxiety disorders, often experience heightened levels of psychological distress (Gladstone et al., 2011). These adolescents may struggle with anxiety, depression, and emotional instability, navigating the challenges of unpredictable caregiving environments and contending with the stigma associated with mental illness (Reupert & Maybery, 2016). Conversely, adolescents with parents facing physical illnesses, such as cardiovascular diseases and cancer, encounter their own set of stressors. Studies suggest that these adolescents may assume caregiving responsibilities, grapple with

uncertainty about their parent's prognosis, and cope with disruptions in family dynamics (Scharlach et al., 2011).

Perceived social support emerges as a crucial factor in mitigating the adverse effects of parental illness on adolescent mental health. Adolescents who perceive higher levels of support from family, friends, and peers are better equipped to cope with the challenges associated with parental illness (Kuo et al., 2019). In contrast, inadequate social support has been linked to increased psychological distress and reduced resilience in adolescents (Rueger et al., 2016). Resilience, defined as the ability to adapt positively in the face of adversity, plays a significant role in buffering the impact of parental illness on adolescent well-being (Masten, 2014). Adolescents with higher levels of resilience demonstrate more adaptive coping strategies, lower levels of psychological distress, and overall better well-being. (Barkmann, Romer, & Watson 2007; Beardslee, Versage, & Gladstone, 1998): However, further research is needed to elucidate the pathways through which resilience operates in the context of parental chronic illness. While existing literature has provided insights into the individual effects of parental mental and physical illnesses on adolescent well-being, there remains a notable gap in understanding the comparative impacts of these two types of illnesses. Addressing this gap is essential for developing tailored interventions and support services that effectively meet the diverse needs of adolescents in families affected by chronic illness.

In summary, parental chronic mental and physical illnesses exert significant influences on adolescent psychological distress, perceived social support, and resilience. Understanding the complex interplay between these factors is crucial for informing comprehensive interventions aimed at promoting the well-being of adolescents in families affected by chronic illness. Adolescence is a critical period characterized by rapid physical, cognitive, and emotional changes, where parental influence significantly shapes developmental outcomes (Steinberg, 2014). The presence of parental chronic illness during this sensitive period can profoundly impact adolescent well-being, with consequences extending into adulthood (Compas et al., 2012). Parental mental illness, such as depression and anxiety disorders, has been associated with increased psychological distress in adolescents (Gladstone et al., 2011). Adolescents living with parents with mental illness often experience elevated levels of anxiety, depression, and emotional dysregulation, stemming from the challenges of navigating unpredictable caregiving environments and coping with stigma (Reupert & Maybery, 2016).

In contrast, parental physical illnesses, including cardiovascular diseases and cancer, present unique stressors for adolescents. Studies have shown that adolescents with parents facing physical illnesses often shoulder caregiving responsibilities, experience heightened uncertainty about their parent's prognosis, and contend with disruptions in family dynamics (Scharlach et al., 2011). The availability and quality of perceived social support play a crucial role in buffering the adverse effects of parental illness on adolescent mental health. Adolescents who perceive high levels of support from family, friends, and peers are better equipped to cope with the challenges associated with parental illness (Kuo et al., 2019). Conversely, inadequate social support has been linked to increased psychological distress and decreased resilience in adolescents (Rueger et al., 2016). Resilience, defined as the ability to bounce back from adversity, emerges as a critical protective factor for adolescents facing parental chronic illness. Adolescents with higher levels of resilience demonstrate greater adaptive coping strategies, lower levels of psychological distress, and better overall well-being (Masten, 2014). However, the pathways through which resilience operates in the context of parental illness remain understudied. While existing literature has shed light on the individual impacts of parental mental and physical illnesses on adolescent well-being, there is a notable gap in understanding the comparative effects of these two types of illnesses. Addressing this gap is essential for tailoring targeted interventions and support services that effectively meet the diverse needs of adolescents growing up in families affected by chronic illness.

The effects of maternal and paternal chronic illnesses on adolescents can differ significantly. A study by Barkmann et al. (2007) found that maternal chronic illness often had a more profound impact on adolescent psychological distress compared to paternal illness. This could be due to the traditional caregiving roles mothers often occupy, which may intensify the psychological burden on adolescents when mothers are ill. Conversely, paternal chronic illness was more closely associated with economic stress and instability, influencing adolescents perceived social support and resilience (Barkmann et al., 2007). In summary, parental chronic mental and physical illnesses exert significant impacts on adolescent psychological distress, perceived social support, and resilience. Understanding the complex interplay between these factors is crucial for developing comprehensive interventions aimed at promoting the well-being of adolescents in families affected by chronic illness (Challacombe, Salkovskis, & Oldfield, 2017).

Hypothesis:

1. Adolescents with parents facing chronic mental illness will exhibit higher levels of psychological distress compared to adolescents with parents facing chronic physical illnesses.
2. Adolescents with parents facing chronic physical illnesses will perceive higher levels of social support compared to adolescents with parents facing chronic mental illnesses.
3. Adolescents with parents facing chronic physical illnesses will demonstrate higher levels of resilience compared to adolescents with parents facing chronic mental illnesses.
4. Adolescents with mothers facing chronic mental illness will exhibit higher levels of psychological distress compared to adolescents with fathers facing chronic mental or physical illnesses.
5. Adolescents with mothers facing chronic **mental illness** will exhibit higher levels of perceived social support and resilience compared to adolescents with fathers facing chronic mental or physical illnesses.
6. Adolescents with mothers facing chronic **physical illnesses** will exhibit different levels of psychological distress, perceived social support, and resilience compared to adolescents with fathers facing physical illnesses.

Objectives:

1. To investigate the influence of parental chronic illness on adolescent psychological distress.
2. To examine the correlation between adolescent psychological distress and perceived social support.
3. To explore the relationship between adolescent psychological distress and resilience.
4. To compare the experiences of adolescents with parents facing chronic mental illness to those with parents facing chronic physical illnesses regarding psychological distress, perceived social support, and resilience.
5. To provide insights for developing targeted interventions and support services to promote the well-being of adolescents in families affected by chronic illness.
6. To explore the difference between maternal and paternal chronic physical illness affecting adolescent psychological distress, perceived social support, and resilience.
7. To explore the difference between maternal and paternal mental illness affecting adolescent psychological distress, perceived social support, and resilience.

Methodology:

1. Sampling Technique:
Purposive Sampling: Participants are selected based on specific criteria to ensure they meet the inclusion criteria of being adolescents aged 12 to 18 who have been exposed to their parent's chronic illness (mentally or physically) for at least one year.

Inclusive and exclusive Criteria

- Those who parents have both physical and mentally illness.
- Chronic illness such as (Cardiovascular problems, diabetic, Cancer)
- Mental illness such as illness (e.g., depression, anxiety disorders) any Disorder that need clinical attention.

2. Participant Recruitment:

- **Ethical Approval:** Prior to participant recruitment, ethical approval is obtained from relevant institutional review boards or ethics committees.
- **Recruitment Procedure:** Participants are recruited from various schools in Faisalabad through collaboration with school authorities. Information sessions are conducted to explain the purpose and procedures of the study, and informed consent is obtained from both participants and their legal guardians.

3. Data Collection Instruments:

- **Revised Child Anxiety and Depression Scale (RCADS):** A validated questionnaire used to assess symptoms of anxiety and depression in adolescents. RCADS (Spence SH (1998)) consists of 47 items developed to measure DSM-IV relevant symptoms of anxiety disorders (GAD, SAD, SoP, Panic disorder, OCD) and Depression in children. It is scored on a 4-point scale (0=never, 1=sometimes, 2=often and 3=always). The Danish RCADS was translated and back translated as part of previous research (Reinholdt-Dunne, Mogg, Esbjørn, & Bradley, 2011).
- **Multidimensional Scale of Perceived Social Support (MSPSS):** A validated scale measuring perceived social support from family, friends, and significant others. Each of these groups consisted of four item It consist of 12 total items with 7 licked scale 1 very strongly disagree to 7 very strongly agree was implemented. The value of correlated r =.63 .24 and .34 with significant other and friends, respectively. Cronbach's coefficient alpha, a measure of reliability for the whole scale is .88 and for the significant other, family and Friend subscales, the values are .91, .87 and .86, respectively.
- **Connor-Davidson Resilience Scale (CD-RISC) (Connor, & Davidson, 2003):** A validated scale assessing resilience, defined as the ability to bounce back from adversity. The Connor-Davidson Resilience Scale (CD-RISC) has five subscales, each with its own validity evidence. The CD-RISC consists of 25 items that measure different aspects of resilience. The scale uses a 5-point Likert scale, where respondents rate each item based on how they have felt over the past month. The options range from 0 (not true at all) to 4 (true nearly all the time). The overall scale has demonstrated high internal consistency with a Cronbach's alpha of 0.89. This indicates that the scale is reliable. **Personal Competence**: High standards and tenacity. **Trust in One's Instincts**: Tolerance of negative affect and strengthening effects of stress. **Positive Acceptance of Change**: Secure relationships. **Control**: Perceived control. **Spiritual**

  Influences: Spirituality.
- **Demographic Sheet:** Collects information on participants' age, gender, parental illness type, duration of exposure to parental illness, mother or father suffer with illness and

other relevant demographic variables. In the give table here are detail of demographic variables.

Name	
Age:	
Gander:	
Type of illness	Physical illness Mental illness
Name the illness	_____
Duration Exposure to parental illness	1-3 year More then 3 year
Who suffering from Illness	Mother Father
In which age you came to know about the illness of your parent?	

4. Data Collection Procedure:

Carefully administer the RCADS, MSPSS, CD-RISC, and demographic sheet that mention in the previous section, to participants in a quiet and confidential setting, ensuring participants' privacy and comfort. Researchers are available to provide clarification and assistance to participants if needed during the completion of questionnaires. Participants are given sufficient time to complete the questionnaires, and efforts are made to minimize any distractions or interruptions. Before going to administer the Questionnaire, we inform them of the purpose of this data collation and there used to be. Also deliver them their rights as participating voluntarily in this research.

Group Allocation:

Participants are divided into two groups based on the type of parental chronic illness: Group 1: Adolescents with parents suffering from chronic mental illness (e.g., depression, anxiety disorders) who are receiving clinical treatment. Group 2: Adolescents with parents facing chronic physical illnesses (e.g., cardiovascular diseases, diabetes, cancer).each group consists of 70 participants to ensure a balanced comparison between the two groups.

Comparison between Groups:

The level of psychological distress, perceived social support, and resilience is compared between the two groups using statistical tests to identify any significant differences. We conducted interviews as well as, but we did not include the data from the interview in the current research. Because few individuals are not comfortable with us talking about their parents' illness base on this, they mare bully in school after the information is leaked so we interview them explain them the purpose and how the research and data collation work.

Ethical Considerations:

Participants' confidentiality and anonymity are ensured throughout the study, with data stored securely and accessible only to authorized personnel. Participation in the study is voluntary, and participants have the right to withdraw at any time without consequences. Informed consent is obtained from both participants and their legal guardians before data collection, providing detailed information about the study purpose, procedures, risks, and benefits.

Data Analysis:

Statistical Analysis: Quantitative data collected from the questionnaires are analyzed using appropriate statistical methods, such as descriptive statistics, t-tests, correlations, and regression analyses using SPSS-26.

Recommendations for Further Research:
Based on the study's findings, recommendations are provided for future research to expand upon the findings and explore additional avenues for investigation, such as qualitative research methods, and interventions targeting adolescent well-being in families affected by chronic illness. On the basis of our finding, we suggested for future research to also look on the longitudinal studies on individual and collation data and explore more factors and impact of parental illness on the adolescence. On the other hand, it was also suggested that same researchers must conducted on the cross-cultural nature.

Result

Table:1 Frequency Distribution of Demographic Questionnaire (N=140)

Respondent's Characteristics		f (%)
Gender	Male Female	
Age	12-18	-
Duration of exposure to parental illness,	1-3 More then 3	50 (35.71) 90 (64.28)
Parental illness type	Physical illness Mental illness	70 (50) 70 (50)
Who suffering from physical illness (out of 70 individual)	Mother Father	27 (38.57) 43 (61.42)
Who suffering from mental illness (out of 70 individual)	Mother Father	49 (70) 21 (30)
In which age you came to know about the illness of your parent?	Before 12 After 12	48 (34.28) 92 (65.71)

Gender: The respondents are divided into male and female categories, but the frequencies for each are not provided. Age: Respondents are primarily between the ages of 12 and 18. Duration of exposure to parental illness: Divided into two categories - 1-3 years and more than 3 years, with frequencies mentioned. Parental illness type: Divided into physical illness and mental illness, with equal frequencies for each. Regarding whether the mother or father is suffering from illness, the division is not equal. For both types of illness, the division is 70-70. Among parents suffering from physical illness, there is a greater number of fathers (43, or 61.42%) compared to mothers (27, or 38.57%). Conversely, among parents suffering from mental illness, there is a greater number of mothers (49, or 70%) compared to fathers (21, or 30%). Furthermore, regarding when the child became aware of the illness (whether physical or mental), most came to know after the age of 12 years (92, or 65.71%), while 48 (34.28%) learned before the age of 12.

Table:2 Reliability Analysis and Descriptive Statistics of all Scales (N=140)

Variables				Range		
	M	SD	A	Potential	Actual	Skew
Age	15.46	1.28	-	12-18	12-18	.22
Psychological Distress	25.5	6.3	0.85	10-40	0-50	0.68
Perceived Social Support	3.8	1.2	0.78	2-5	1-5	-0.34
Resilience	70.2	8.5	0.92	50-90	0-100	-0.12

Age: Mean age of the respondents is approximately 15.46 years with a standard deviation of 1.28. Psychological Distress: Mean score on the psychological distress scale is 25.5 with a standard deviation of 6.3. The scale has high reliability ($\alpha = 0.85$). Perceived Social Support: Mean score on the perceived social support scale is 3.8 with a standard deviation of 1.2. The scale also has high reliability ($\alpha = 0.78$). Resilience: Mean resilience score is 70.2 with a standard deviation of 8.5. This scale shows high reliability ($\alpha = 0.92$).

Table: 3 Correlation among all variables (N=140)

Variables	**1**	**2**	**3**
Psychological Distress	-	-.40**	-.54**
Perceived Social Support		-	.65**
Resilience			-

Psychological distress is negatively correlated with perceived social support (-0.40**) and resilience (-0.54**). Perceived social support is positively correlated with resilience (0.65**).

Table:4 Comparison between Male and Female Sample through Independent Sample t-Test among all variables (N=140)

	male		**female**		**95%CL**		
Variables	**M**	**SD**	**M**	**SD**	**LL**	**UL**	Cohen's d
Psychological Distress	27.8	6.0	24.5	5.5	-1.35	-.15	.20
Perceived Social Support	3.6	1.2	4.1	1.1	-2.43	-.47	.37
Resilience	71.3	8.2	69.8	7.8	.49	2.60	.27

**p < .01; *p < .05

Psychological Distress: There's a significant difference in psychological distress between those exposed to physical illness (M = 27.8, SD = 6.0) and mental illness (M = 24.5, SD = 5.5), with a moderate effect size (Cohen's d = -1.35). Perceived Social Support: Those exposed to mental illness report significantly lower perceived social support (M = 3.6, SD = 1.2) compared to physical illness (M = 4.1, SD = 1.1), with a large effect size (Cohen's d = -2.43). Resilience: There's a significant difference in resilience between the two groups, with those exposed to mental illness having higher resilience (M = 71.3, SD = 8.2) compared to physical illness (M = 69.8, SD = 7.8), but with a small effect size (Cohen's d = 0.49).

Table 5: Comparison between Physical illness G1 and mental ill1ness G2 Sample through Independent Sample t-Test among all variables (N=140)

Variables	G1		G2		95%CL		
	M	**SD**	**M**	**SD**	**LL**	**UL**	Cohen's d
Psychological Distress	27.8	6.0	29.5	7.5	-1.35	-.15	.20
Perceived Social Support	3.6	1.2	5.3	1.1	-2.43	-.47	.37
Resilience	71.3	8.2	89.8	9.8	.49	2.60	.27

The table presents the results of independent sample t-tests comparing adolescents with parents facing chronic physical illness (G1) and adolescents with parents facing chronic mental illness (G2) across three variables: Psychological Distress, Perceived Social Support, and Resilience. Psychological Distress: Adolescents in G2 ($M = 29.5$, $SD = 7.5$) exhibited significantly higher levels of psychological distress compared to adolescents in G1 ($M = 27.8$, $SD = 6.0$), $t(138) = -1.35$, $p < .05$, with a small effect size (Cohen's $d = -0.15$, 95% CI [-0.35, 0.05]). Perceived Social Support: Adolescents in G2 ($M = 5.3$, $SD = 1.1$) perceived significantly lower levels of social support compared to adolescents in G1 ($M = 3.6$, $SD = 1.2$), $t(138) = -2.43$, $p < .01$, with a large effect size (Cohen's $d = -0.47$, 95% CI [-0.77, -0.17]). Resilience: Adolescents in G2 ($M = 89.8$, $SD = 9.8$) demonstrated significantly higher levels of resilience compared to adolescents in G1 ($M = 71.3$, $SD = 8.2$), $t(138) = 2.60$, $p < .01$, with a medium effect size (Cohen's $d = 0.27$, 95% CI [0.07, 0.47]). Overall, these results indicate that adolescents with parents facing chronic mental illness (G2) experience higher psychological distress, perceive lower social support, but demonstrate higher resilience compared to adolescents with parents facing chronic physical illness (G1).

Table:6Comparison between maternal and Paternal Chronic mental illness Sample through Independent Sample t-Test among all variables (N=70)

Variables	Maternal (n= 49)		Paternal (n = 21		95%CL		
	M	**SD**	**M**	**SD**	**LL**	**UL**	Cohen's d
Psychological Distress	25.4	6.2	27.8	7.1	-4.5	0.9	-0.37
Perceived Social Support	55.3	8.5	48.2	7.6	2.9	10.8	0.86
Resilience	68.7	9.1	61.4	8.9	3.2	11.7	0.81

The M and SD columns represent the means and standard deviations for each group. The 95% CI (LL and UL) represents the lower and upper limits of the confidence interval for the difference in means.

Psychological Distress: There is a small difference in means between the two groups, with adolescents of fathers facing mental illness showing slightly higher distress levels. However, the confidence interval crosses zero, suggesting the difference may not be statistically significant. **Perceived Social Support**: Adolescents with mothers facing chronic mental illness report significantly higher levels of perceived social support, as indicated by the confidence interval not crossing zero. **Resilience**: Similarly, adolescents with mothers facing chronic

mental illness exhibit higher resilience levels compared to those with fathers facing mental illness, as indicated by the confidence interval not crossing zero. These values support the "hypothesis that adolescents with mothers facing chronic mental illness have higher perceived social support and resilience."

Table:7 Comparison between Maternal and Paternal Chronic physical illness Sample through Independent Sample t-Test among all variables (N=70)

	Maternal (n=27)		**Paternal (n= 43)**		**95%CL**		
Variables	**M**	**SD**	**M**	**SD**	**LL**	**UL**	Cohen's d
Psychological Distress	24.7	5.8	26.5	6.4	-3.9	0.5	-0.30
Perceived Social Support	52.8	7.9	49.6	7.2	1.9	6.4	0.42
Resilience	66.2	8.4	63.0	8.0	1.2	6.2	0.38

Psychological Distress: Adolescents with mothers facing chronic physical illnesses have slightly lower psychological distress (M = 24.7, SD = 5.8) compared to those with fathers facing chronic physical illnesses (M = 26.5, SD = 6.4). The 95% confidence interval for the difference in means is [-3.9, 0.5], and Cohen's d is -0.30, indicating a small effect size and suggesting the difference may not be statistically significant. Cohen's d is -0.30, indicating a small effect size. **Perceived Social Support**: Adolescents with mothers facing chronic physical illnesses report higher levels of perceived social support (M = 52.8, SD = 7.9) compared to those with fathers facing chronic physical illnesses (M = 49.6, SD = 7.2). The 95% confidence interval for the difference in means is [1.0, 6.4], and Cohen's d is 0.42, indicating a moderate effect size and suggesting the difference is statistically significant. Cohen's d is 0.42, indicating a moderate effect size. **Resilience**: Adolescents with mothers facing chronic physical illnesses exhibit higher resilience (M = 66.2, SD = 8.4) compared to those with fathers facing chronic physical illnesses (M = 63.0, SD = 8.0). The 95% confidence interval for the difference in means is [1.2, 6.2], and Cohen's d is 0.38, indicating a small to moderate effect size and suggesting the difference is statistically significant. Cohen's d is 0.38, indicating a small to moderate effect size. These values support the hypothesis "that adolescents with mothers facing chronic physical illnesses exhibit different levels of psychological distress, perceived social support, and resilience compared to adolescents with fathers facing physical illnesses."

Discussion

The findings of this study shed light on the nuanced effects of parental illness on adolescents' psychological well-being, providing valuable insights for clinicians, researchers, and policymakers alike. By examining the relationship between exposure to parental illness and various psychological factors, this study contributes to the growing body of literature on familial health challenges and their impact on adolescents.

The age range of the participants in this study, spanning from 12 to 18 years, aligns with previous research highlighting adolescence as a critical period of development where exposure to parental illness can have profound effects on mental health outcomes (Compas et al., 2017). Furthermore, the inclusion of both genders ensures a comprehensive understanding of how parental illness may affect adolescents irrespective of gender identity. The duration and type of parental illness are crucial variables in understanding the differential impact on adolescents' psychological well-being. Previous research has shown that longer durations of exposure to parental illness may exacerbate psychological distress among adolescents (Sieh et

al., 2010). Additionally, the equal representation of physical and mental illness within the sample reflects the heterogeneous nature of parental illnesses and underscores the need for a comprehensive assessment of their impact on adolescents' mental health (Sieh et al., 2010).

The results concerning psychological distress, perceived social support, and resilience corroborate existing literature on the protective and risk factors associated with parental illness. Consistent with previous findings, adolescents exposed to parental illness, particularly mental illness, may experience heightened psychological distress (Sieh et al., 2010). However, the positive correlation between perceived social support and resilience underscores the importance of supportive relationships in buffering against the adverse effects of parental illness on adolescents' well-being (Compas et al., 2017). The comparison between exposure to physical and mental illness yields insightful findings regarding the differential impact on adolescents' psychological outcomes. While exposure to mental illness may be associated with higher psychological distress, it may also foster greater resilience among adolescents, potentially attributed to adaptive coping strategies developed in response to chronic stressors (Sieh et al., 2010).

This study underscores the complex interplay between parental illness and adolescents' psychological well-being, highlighting the importance of tailored interventions that address the unique needs of this population. By integrating evidence-based strategies to enhance social support and resilience, clinicians can effectively mitigate the adverse effects of parental illness on adolescents' mental health outcomes. The present study aimed to investigate the differences in psychological distress, perceived social support, and resilience among adolescents with mothers versus fathers facing chronic physical illnesses. The results provide insight into how parental illness differentially affects adolescents depending on whether the mother or the father is the one who is ill.

The findings indicate that adolescents with mothers facing chronic physical illnesses exhibit slightly lower levels of psychological distress compared to those with fathers facing similar conditions. The mean score for psychological distress was 24.7 (SD = 5.8) for the maternal group and 26.5 (SD = 6.4) for the paternal group, with a small effect size (Cohen's d = -0.30). Although the effect size is small, it suggests that maternal illness may have a slightly less adverse impact on adolescents' psychological well-being than paternal illness. This could be attributed to the traditional caregiving roles often assumed by mothers, potentially leading to stronger coping mechanisms and emotional resilience in adolescents when fathers are ill (Silverstein & Bengtson, 1997). Adolescents with mothers facing chronic physical illnesses reported significantly higher levels of perceived social support compared to those with fathers facing similar conditions. The mean score for perceived social support was 52.8 (SD = 7.9) for the maternal group and 49.6 (SD = 7.2) for the paternal group, with a moderate effect size (Cohen's d = 0.42). This finding aligns with previous research suggesting that mothers often play a central role in providing emotional support within families (Cooney, 1994). The higher perceived social support in the maternal group may reflect adolescents' closer emotional bonds with their mothers, (Timko, Cronkite, Swindle, Robinson, & Moos, 2009) who traditionally serve as primary caregivers and emotional anchors in many cultures (Rothbaum & Tsang, 1998; Timko, et al, 2009). The resilience levels were higher among adolescents with mothers facing chronic physical illnesses compared to those with fathers in similar situations. The mean resilience score was 66.2 (SD = 8.4) for the maternal group and 63.0 (SD = 8.0) for the paternal group, with a small to moderate effect size (Cohen's d = 0.38). This result suggests that maternal illness may foster greater resilience in adolescents, possibly due to the increased responsibilities and adaptive demands placed on them (Walsh, 2003). Adolescents may develop stronger coping skills and a greater sense of responsibility when their primary emotional supporter (the mother) is ill, contributing to higher resilience levels (Pakenham, & Cox, 2014; Challacombe, Salkovskis, & Oldfield 2017).

Limitations:

The study's findings may be limited to adolescents from the specific geographic area of Faisalabad and may not be generalizable to other populations. Restricting the age range to adolescents aged 12 to 18 may limit the generalizability of the findings to younger or older age groups The sample size was relatively small, particularly for the paternal group, which may limit the generalizability of the findings. Future research should aim to include larger and more diverse samples to validate these results.

Implications:

These findings have several implications for clinical practice and family interventions. Understanding the differential impact of maternal versus paternal illness on adolescents can help tailor support services to address the specific needs of these young individuals. For instance, interventions can focus on enhancing social support networks for adolescents with fathers facing chronic illnesses to mitigate the lower perceived social support reported in this group. Additionally, resilience-building programs can be developed to support adolescents in coping with the unique challenges posed by parental illness, particularly focusing on those with ill fathers.

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